

Title of Meeting	163 rd Meeting of the Public Health Agency Board
Date	18 April 2024 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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| Mr Colin Coffey | - Chair |
| Mr Aidan Dawson | - Chief Executive |
| Dr Joanne McClean | - Director of Public Health |
| Ms Heather Reid | - Interim Director of Nursing, Midwifery and Allied Health Professionals |
| Ms Leah Scott | - Director of Finance and Corporate Services |
| Mr Craig Blaney | - Non-Executive Director |
| Mr John Patrick Clayton | - 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

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| Dr Aideen Keaney | - Director of Quality Improvement |
| Mr Robert Graham | - Secretariat |

Apologies

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| Mr Brendan Whittle | - Director of Community Care, SPPG |
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40/24 | Item 1 – Welcome and Apologies

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| 40/24.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mr Brendan Whittle. |
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41/24 | Item 2 – Declaration of Interests

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| 41/24.1 | The Chair asked if anyone had interests to declare relevant to any items on the agenda. |
| 41/24.2 | Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries. |

42/24 Item 3 – Minutes of previous meeting held on 20 March 2024

42/24.1 The minutes of the Board meeting held on 20 March 2024 were **APPROVED** as an accurate record of that meeting.

43/24 Item 4 – Actions from Previous Meeting / Matters Arising

43/24.1 An action log from the previous meeting was distributed in advance of the meeting.

43/24.2 The Chief Executive advised that for the action relating to Serious Adverse Incidents (SAIs) from the February meeting, he will complete this action as a follow up to the discussion on SAIs in the private session.

43/24.3 Ms Henderson asked if a Procurement Plan would be brought to the Board, but the Chair said that he was expecting this Plan to be brought through the Planning, Performance and Resources (PPR) Committee. The Chair added that the PPR Committee needs to be looking at these types of issues and be clear regarding timescales (**Action 1 – Chair**).

43/24.4 Mr Clayton noted that there was a discussion at the February meeting around the support to affected families following an SAI and he had e-mailed Ms Reid seeking clarity on this. Ms Reid advised that she would respond to Mr Clayton directly regarding this (**Action 2 – Ms Reid**).

44/24 Item 5 – Reshape and Refresh Programme

44/24.1 The Chair said that an update report on the Reshape and Refresh programme had been issued to members and that there will be a Programme Board meeting on Monday.

44/24.2 The Chair asked Ms Scott about the transfer of finance staff and Ms Scott replied that some staff have transferred across while others are being recruited.

44/24.3 The Chair advised that he has set up a meeting with Ms Scott to understand the budget principles and that he was extending an invitation to any other members who wished to attend.

45/24 Item 6 – Reports of New or Emerging Risks

45/24.1 The Chief Executive advised that there were no new risks to report on.

46/24 Item 7 – Raising Concerns

46/24.1 The Chief Executive reported that there were no new concerns to be brought to the attention of the Board.

47/24 Item 8 – Updates from Board Committees

Governance and Audit Committee [PHA/01/04/24]

- 47/24.1 Mr Stewart reported that the Governance and Audit Committee had met on Monday and that the approved minutes of the February meeting had been issued to members. He said that the paper requested on screening will be brought to the Board meeting in May.
- 47/24.2 Mr Stewart expressed his concern as what overall level of assurance the Head of Internal Audit will give PHA given that following the 5 audits carried out this year, 2 received a satisfactory level of assurance and 3 received a limited level of assurance. He added that a report on outstanding audit recommendations showed that only 80% had been fully implemented and while he acknowledged that audit clinics had taken place to review these, he noted that in previous years the figure was over 90%. The Chair asked how long these recommendations have been outstanding and Mr Stewart advised that there is a range of dates with some going back to 2015 and 2018. The Chair said that the Board needs to understand what is preventing these recommendations from being implemented. Mr Stewart advised that there are two recommendations which are linked to the lack of a strategic plan and there is a recommendation following an audit on recruitment where a suggestion was made that there should be a tracker for different stages of the process and he did not find it acceptable that management had deemed this it was not possible to implement this.
- 47/24.3 Mr Stewart said that there had been no risks added to, or removed from, the Corporate Risk Register. He added that there was a discussion about the risk on migration to SPPG and that this risk is now out of date and needs revised. He said that the information governance action plan had been considered and there were some targets rated “red” relating to training for new staff which he acknowledged is an issue the Chief Executive is keen to address. He advised that there was a discussion around the level of support given to ex-employees for Public Inquiries. He said that the Committee had considered the Nursing and AHP Directorate Risk Register. The Chief Executive advised that AMT had recently approved a proposal regarding a new induction programme where there will be a mix of in-person and virtual meetings with Directors.

Remuneration Committee

- 47/24.4 The Chair advised that the Remuneration Committee has not met since the last Board meeting.

Planning, Performance and Resources Committee

- 47/24.5 The Chair advised that the Planning, Performance and Resources Committee has not met since the last Board meeting.

Screening Programme Board

47/24.6 The Chair noted that the Screening Programme Board has not met since the last Board meeting.

Procurement Board

47/24.7 The Chair noted that the Procurement Board has not met since the last Board meeting.

Information Governance Steering Group

47/24.8 The Chair noted that the that the Information Governance Steering Group has not met since the last Board meeting.

At this point Mr Clayton left the meeting.

Public Inquiries Programme Board

47/24.9 Professor Rooney advised that the Public Inquiries Programme Board had met on one occasion and the main item for discussion was the continuing preparations for Dr McClean's appearance at the COVID Inquiry on 2 May. She said that she would be happy to assist in any way she can. She added that she spoken to Mr Alastair Ross about resources.

47/24.10 The Chief Executive said that it is anticipated that the Muckamore Inquiry will come to an end this year. He advised that two former Directors have been called to the Inquiry and PHA has offered support to them, but adding that the Inquiry dictates the level of support that can be given.

At this point Mr Clayton re-joined the meeting.

48/24 Item 9 – Operational Updates

Chief Executive's and Executive Directors' Report

48/24.1 The Chief Executive advised that he wishes to do some team building with the Executive Team.

48/24.2 Professor Rooney asked if there was any update in relation to the work on commissioning. The Chief Executive replied that he and the Chair are part of a group looking at this. The Chair said that PHA will have a different role to play in future. The Chief Executive commented that within the health system, PHA is seen as a trusted organisation and he expressed concern that in the vacuum created by the establishment of SPPG, there is more expectation on PHA. He advised that PHA has a role in commissioning which is outlined in legislation.

- 48/24.3 Mr Stewart said that PHA's role in commissioning is to provide professional advice and this should be only at the highest level. He noted that in the past the PHA Board would have received a Commissioning Plan that was essentially approved before it was brought to the Board.
- 48/24.4 Mr Clayton asked about the reconfiguration of labs and cervical screening and whether this process will work. Dr McClean explained that there are currently 4 laboratories in Northern Ireland and only 1 is required. She said that any staff impacted will be redeployed. Mr Clayton asked if this is the most feasible option. Dr McClean outlined that in the quality standards for cervical screening there should be 1 laboratory for every 35,000 tests, but in Northern Ireland there would only be a total of 18,000 tests. She added that it would be better to have one site from a perspective of sustainability, and that Trusts have been asked to look at their current staffing. Mr Clayton suggested in a few months' time there may need to be another review, but Dr McClean said that Trusts have been asked to come back if they feel they can deliver the service. She added that there was a workshop to look at options, which was dominated by staff and service users who felt that 2 laboratories would be the best option, but this is unsustainable.
- 48/24.5 The Chair asked Dr McClean how she anticipated that this would be resolved and Dr McClean confirmed that she expected that more than one laboratory will come forward for assessment and that others will not.
- 48/24.6 Professor Rooney asked about PHA being tasked with advance care planning. She suggested that this initiative required increasing public awareness, but since PHA cannot run a campaign, perhaps partnering with others such as Marie Curie might work. The Chief Executive said that he had not given consideration to a campaign. Ms Reid commented that doing this work is appropriate, but there are many different elements. She added that PHA has made it clear that it does not have the budget so it will either have to be funded by the Department or be funded through PHA slippage. She advised that a paper is going to the Department along with correspondence from the Chief Executive outlining the parameters for PHA carrying out this work.
- 48/24.7 Ms Henderson asked why PHA is doing this work when it has no budget to do so and cannot run a campaign. She asked if PHA has the capacity to facilitate this work. Ms Reid advised that a lot of the work is already happening with no impact on core work and this is about supporting healthcare professionals having conversations with families and about doing the right thing for people. She acknowledged that there is no capacity to have a campaign but PHA will try to integrate this with work that is happening in other areas.
- 48/24.8 The Chief Executive said that PHA would not run a campaign without a budget. Mr Stewart commented that he was not convinced and asked why PHA is doing this work without additional resources. Ms Reid said

that PHA has not previously taken on this work without those caveats in place. She advised that there are patients whose wishes have not been recorded and this gives clinicians a safety net. Mr Stewart said that this is about methodology and communication and there is a gap here that PHA cannot fill. The Chief Executive advised that PHA will be integrating this work through groups that are already in place. He added that PHA is not organising a campaign or recruiting any staff, but doing what it can do within existing resources.

48/24.9 Ms Henderson asked if there is a perception of PHA having a role in being at the interface between patients and carers and their wishes. Ms Reid advised that PHA has a role within organ donation of increasing awareness, but not about the decisions people make. She added that PHA can have a wide influence within the healthcare sector.

48/24.10 Professor Rooney asked if PHA is recording the conversations and how will PHA know if it has been effective. Ms Reid said that the information will be on Encompass. The Chief Executive advised that this work will sit within SPPG. The Chair sought assurance that this work will not take away from the core activities of PHA but Ms Reid replied that this is an enhancement of an existing service and is in line with what PHA would want to do. Ms Henderson said that it is helpful that the Board is aware of it.

48/24.11 The Chair said that at some point PHA needs to be able to determine if this work has or has not had an impact. Professor Rooney asked if there is an end point. The Chief Executive advised that there are discussions at AMT about initiatives that PHA would like to do, but PHA cannot do them if it is not resourced to do so.

Finance Report [PHA/02/04/24]

48/24.12 Ms Scott advised that the Finance Report reflects the current position and that PHA, despite having a saving target of £5.3m is on target to achieve a break-even position.

48/24.13 The Chair commended the work to achieve this outcome but noted that PHA is required to achieve the same savings in 2024/25. He asked if there is a financial plan to achieve savings. Ms Scott advised that a Plan is being developed and will be brought to the Board in June. She said that she is expecting that PHA will receive a flat cash budget with funding for pay.

48/24.14 The Board noted the Finance Report.

49/24 Item 10 – Complaints Report [PHA/03/04/24]

49/24.1 The Chief Executive presented the Complaints Report and said that there were no matters that he was concerned about. He noted that one complaint had a long timeline for completion, but this was due to the

- complexity of the complaint.
- 49/24.2 The Chair said that the Board needs to be aware of complaints and seek assurance that they are being progressed in a timely way.
- 49/24.3 Mr Blaney asked if there are any implications for PHA when a complaint goes to the Ombudsman. The Chief Executive explained that when a complaint is made a member of the public has the right to go to the Ombudsman if they are dissatisfied with PHA's response. He advised that the complaint currently sitting with the Ombudsman has been there for some time and a determination has yet to be made if it will be taken forward.
- 49/24.4 Mr Clayton suggested that if a complaint is not going to be resolved within timescales there should be a rationale outlined. He advised that the Governance and Audit Committee had seen an example of a complaint which he said was useful.
- 49/24.5 The Chief Executive pointed out that the report is about complaints and compliments, but no compliments have been received. The Chair advised that over the last few weeks he has met a lot of people and has not received any negative comments about PHA.
- 49/24.6 The Board noted the Complaints Report.

50/24 Item 11 – Substance Use Strategic Commissioning and Implementation Plan – Consultation Response [PHA/04/04/24]

Mr Kevin Bailey joined the meeting for this item

- 50/24.1 Mr Bailey thanked members for the opportunity to present this report today. He explained that since he last presented to the Board on the Substance Use plan, there has been a public consultation, during which 34 responses were received which were mainly positive. He said that PHA staff have been working on the responses and have engaged with over 150 individuals to develop a strategic plan.
- 50/24.2 Mr Bailey advised that in terms of the responses, the main feedback was that people wanted to see more clarity in terms of how priorities will be implemented and timescales for this. He said that minor changes will be made to the Plan and there will be a workshop in May/June to look at pathways for early intervention and prevention. He added that PHA needs to also look at its workforce and ensure that the right processes are in place as PHA will be held accountable for its work. He said that PHA is in a good place as it has the budget and there is a procurement process. He noted that there may be some challenges as some of the services need to be commissioned by SPPG.
- 50/24.3 Mr Bailey explained that previously PHA would have been responsible for Tier 1 and Tier 2 services while HSCB was responsible for Tier 3 and Tier 4, but there is now better engagement. He said that the focus is

- now on pathways rather than on a tiered structure. He added that people are keen for that change and there is a need to have a Regional Mental Health Service, and that he had an early discussion with Mr Paul Quinn in SPPG regarding this.
- 50/24.4 Mr Stewart noted a link between substance misuse and the benefits system and Mr Bailey said that the Department for Communities has been involved in this process.
- 50/24.5 The Chair asked about the ownership of this work and whether it is PHA or SPPG or both. Mr Bailey replied that it is a joint programme, but there are specific actions for each organisation. The Chair asked if there will be ongoing workshops and Mr Bailey confirmed that there is a small core team that will continue to meet on a monthly basis.
- 50/24.6 Professor Rooney noted that there are different tiers within the service but that PHA did not commission secondary services. Mr Bailey explained that there is little difference between Tier 2 and Tier 3, with one being in the community and one being in the statutory sector. He acknowledged that it is complex. Professor Rooney asked if there is a clear delineation. The Chief Executive said that within the SPT there will be service development leads and representatives who make those linkages. He added that the SPTs will bring people together to ensure that there is a consistent approach across the PHA.
- 50/24.7 Professor Rooney asked about PHA's specific role in commissioning Tier 1 and Tier 2 services. The Chief Executive said that PHA will ensure that these services are commissioned appropriately, and it will also aim to influence what SPPG and Trusts spend. Mr Bailey added that PHA has an aspiration to remove the tiers. The Chief Executive advised that having a regional mental health service will allow for better alignment with Trusts and make it easier for service users and practitioners to navigate the system.
- 50/24.8 Ms Henderson sought clarity that the next stage is for the Plan to be updated with any changes and then procurement to proceed. Mr Bailey advised that the summary document of the consultation responses will be placed online within the next week and a statement put on the PHA website. He added that procurement will commence but there is a lot of other work going on and staff are being lost so a paper will be brought to the Procurement Board in May.
- 50/24.9 Mr Clayton said that this document is useful as it shows how this work has developed and that it is good that consultees will see what changes have been made. In terms of the Plan itself, he asked whether the outcomes and actions will help reduce health inequalities. Mr Bailey explained that PHA's approach has changed where it will now target those most disadvantaged and there will be KPIs. The Chief Executive added that this work is focused on the 20% most deprived and PHA may wish to make this clear and upfront.

50/24.10 Professor Rooney asked if Mr Bailey is happy that this work is manageable and can be done within existing resources. Mr Bailey replied that there is a good list of initiatives to be done, but some of the work will depend on services being able to change. However, he added that for some elements, additional funding will be needed and he will be preparing a paper on that. He said that funding of around £1.5m will be needed over the next 3 years. The Chair advised that PHA needs to think further than the Department in terms of funding sources and link up with the community and voluntary sector or PEACEPLUS. Mr Bailey said that PHA already has a link with PEACEPLUS.

50/24.11 The Chair asked if Mr Bailey was content with the outcome of this work and Mr Bailey replied that he was. The Chair said that he wished to place on record his thanks to Mr Bailey and his team for their work. He also expressed an interest in attending the workshop that Mr Bailey is organising.

50/24.12 The Board **APPROVED** the Substance Use Strategic Commissioning and Implementation Plan consultation response.

51/24 Item 12 – Chair’s Remarks

51/24.1 The Chair reported that he had attended the recent PHA mental health conference which he said was excellent. He advised that he, along with other Chairs of HSC bodies, had met with the Health Minister. He said that he had met with staff in County Hall and they are keen to see change in PHA. He advised that he had presented certificates at a mental health first aid event.

51/24.2 The Chair said that he had met with the Chief Executive of North Down and Ards Council, the Chair of RQIA, representatives from Queen’s University and the Chief Executive of Fermanagh and Omagh Council.

51/24.3 The Chair advised that he had met with representatives from PHA’s Sponsor Branch in the Department and that these will be more regular going forward. He said that he had met with the Chair of the Northern Ireland Fire and Rescue Service and it is keen to work with PHA.

51/24.4 The Chair said that he and the Chief Executive had met with Ms Marie Mallon to look at Board development for 2024/25.

51/24.5 The Chair noted that following his meetings with Local Councils, a theme coming through is that PHA has good engagement at a local level. He said that PHA needs to have better stakeholder engagement and he intends to meet as many people as he can. He added that PHA needs to look at partnership working in order to get more funding.

52/24 Item 13 – Any Other Business

52/24.1 There was no other business.

53/24 | Item 14 – Details of Next Meeting

Thursday 16 May 2024 at 1.30pm

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

Signed by Chair:

A handwritten signature in black ink, appearing to be 'C. G. G.', with a horizontal line underneath.

Date: 16 May 2024