

PHA Board Meeting

Date and Time 28 August 2024 at 1.30pm

Venue Conference Room, Tower Hill, Armagh

Present

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

Dr Aideen Keaney	- Director of Quality Improvement
Mr Stephen Wilson	- Head of Chief Executive's Office
Mr Robert Graham	- Secretariat

Apologies

None

87/24 | Item 1 – Welcome and Apologies

- 87/24.1 The Chair welcomed everyone to the meeting. There were no apologies.
- 87/24.2 The Chair said that the session facilitated by Ms Colette Rogers in advance of today's meeting was very useful given the Minister's recent announcement regarding Live Better.
- 87/24.3 The Chair said that from today's meeting he wished to get a clear understanding of a number of things. He commented that the Live Better proposal is a huge opportunity for PHA and he looked forward to hearing an update on preparations for that.
- 87/24.4 The Chair said that he would like to receive an update on preparation for avian flu. He noted that the Department sees avian flu as a test for its

preparedness arrangements. He asked that this is put on the agenda of the next meeting for discussion (**Action 1 – Mr Graham**).

87/24.5 The Chair advised that he wished to take time to consider the first quarter's report on PHA's KPIs as this report is in a new format.

87/24.6 The Chair noted that this is Dr Keaney's last Board meeting as Director of HSCQI before she leaves PHA. He thanked her for her professionalism, dedication and commitment to PHA and said that he had enjoyed working with her.

87/24.7 The Chair asked that late papers should not be issued the evening before the Board meeting.

88/24 Item 2 – Declaration of Interests

88/24.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

88/24.2 After he joined the meeting, Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

89/24 Item 3 – Minutes of previous meeting held on 20 June 2024

89/24.1 The minutes of the Board meeting held on 20 June 2024 were **APPROVED** as an accurate record of that meeting.

90/24 Item 4 – Actions from Previous Meeting / Matters Arising

90/24.1 An action log from the previous meeting was distributed in advance of the meeting. The Chair said that he would speak to Ms Scott around the action relating to recruitment. It was noted that the other actions were either in progress or had been completed.

90/24.2 The Chair advised that he had received the terms of reference for all of the Committees that Non-Executive Directors sit on and he would like to have a meeting shortly to discuss their participation on these. He asked that Mr Wilson also join this meeting (**Action 2 – Chair**).

At this point Mr Clayton joined the meeting.

90/24.3 Ms Henderson asked about the costing of the new structure under the Reshape and Refresh programme. Ms Scott replied that phase one has been costed, but there are a number of assumptions and unknowns. She advised that there is enough funding for this year, but the assumptions will need to be reviewed again in December when looking at next year's budget. Ms Henderson asked if a short summary paper could be prepared. The Chair noted that June was a key month as by that date job descriptions had to be graded. He added that correspondence has now been issued to those individuals who will be impacted by the changes and once their responses have been received, there will be a better understanding of the overall picture so he

suggested that would be a more appropriate time for an update. However, he said that the cost of the new structure needs to be finalised as soon as possible because PHA has advised that the Permanent Secretary that it may need additional funding for next year.

91/24 Item 5 – Reshape and Refresh Programme

- 91/24.1 The Chair reported that PHA has written to those staff impacted by the new structure and a duty of care is being applied to those staff.
- 91/24.2 The Chair advised that an oversight board has been established to oversee the transfer of HSCQI to RQIA and that a number of meetings have taken place with this work now moving forward. He said that RQIA had not appreciated the impact on staff. The Chief Executive advised that the target date for the transition is 14 November, and added that PHA staff have behaved very professionally throughout this process.
- 91/24.3 The Chair said that the MOU that PHA has with SBNI is currently being reviewed. He advised that the Connected Health function is within scope for TUPE, and that work has commenced to establish an R&D office in the Agency.
- 91/24.4 The Chair advised that the People Plan has been launched and that the Skills Framework is continuing to be rolled out. He announced that a celebration event is taking place on 4 December. The Chief Executive explained that this date was chosen due to the availability of the venue as it is one of the only venues that can facilitate this number of staff. He added that this event will celebrate the achievements for this year, but after that an event will be held every 2 years. The Chair noted that while he accepted that, he felt that given June 2025 will see the conclusion of the Reshape and Refresh programme and the new Corporate Plan in place, there should be an event then. He added that staff should be briefed on the direction of travel as PHA moves away from silo working. The Chief Executive advised that he has given a commitment to visiting all of the local offices and he will be doing another round of visits shortly.
- 91/24.5 Dr Keaney suggested that as HSCQI will have moved to RQIA by that date, that their staff should be invited to the event as an opportunity to say “thank you” and “goodbye”. The Chair agreed with this.
- 91/24.6 The Chair reported that the job description for the Director of the digital directorate is out for comment. The Chief Executive noted that there is a KPI on the Business Plan relating to a Digital Strategy and not having this individual in post is an issue so an interim appointment will be made to take this work forward.
- 91/24.7 The Chair advised that staff engagement sessions continue to take place on the first Tuesday of each month with over 140 staff on average attending each event.

92/24 | Item 6 – Reports of New or Emerging Risks

Corporate Risk Register as at 30 June 2024 [PHA/01/08/24]

- 92/24.1 The Chief Executive advised that the main risk, from a public health perspective, relates to avian flu which has already been discussed. He said that he did not think that it will have an impact here in Northern Ireland.
- 92/24.2 Mr Stewart noted that a new risk has been placed on the Corporate Risk Register regarding the financial outlook for 2025/26 and he welcomed the fact that this has been put on the Register.

93/24 | Item 7 – Raising Concerns

- 93/24.1 The Chair noted that there is a new policy on raising concerns which has been shared with Departments. The Chief Executive commented that health may delay updating its policy given the Urology Inquiry and the ongoing Muckamore Inquiry.
- 93/24.2 The Chair advised that he will be asking one of the Non-Executive Directors to take on the role as the nominated NED for whistleblowing as outlined in the policy.

94/24 | Item 8 – Updates from Board Committees

Governance and Audit Committee [PHA/02/08/24]

- 94/24.1 Mr Stewart said that the minutes of the Governance and Audit Committee meeting of 13 June were available for members and that the Committee had met again on 8 August.
- 94/24.2 Mr Stewart advised that the Committee had considered the updated Corporate Risk Register where two new risks had been added. He said that an update on Direct Award Contracts (DACs) had been received and he had raised an issue as to whether the limit on DACs should be increased from £5k. He noted that External Audit were not clear where that figure had come from.

At this point Dr McClean joined the meeting

- 94/24.3 The Chair asked that Directors develop a plan around procurement that could be discussed at a separate session of the Board (**Action 3 – Chief Executive**).
- 94/24.4 Mr Stewart advised that the complaints report had been considered, and there was an issue in relation to an employment law matter which relates to an individual who works for SBNI, but SBNI is being released as a respondent and PHA will be the sole respondent. He said that this again raises the matter of PHA being held responsible for matters over which it has no control because the individual is employed by PHA. The

Chief Executive said that PHA has attempted to clarify this in the revised MOU in that PHA will only be responsible for core staff.

- 94/24.5 The Chair asked whether SBNI should report to the PHA Board once a year. He said that the hosting arrangement is not ideal. Ms Scott said that under the Reshape and Refresh programme she is now accountable for the hosting responsibilities and she is meeting with Ms Helen McKenzie twice a year to look at accountability issues. Mr Irvine commented that there should be a formal link between SBNI and the PHA Board. The Chief Executive noted that this is a delicate issue and the Board would need to be very clear about what comes to the Board because the SBNI's governance reporting is through its Chair and up to the Department so only issues relating to digital, employment and finance could be discussed by this Board. The Chair proposed that through Ms Scott, there could be annual update for the Board.
- 94/24.6 Professor Rooney asked what the long-term aim is in terms of the hosting. The Chief Executive replied that he has already raised with the Department that there is another organisation that could host it.
- 94/24.7 Mr Clayton said that the difficulty for him is that while PHA cannot direct SBNI operational matters, it does have oversight for how SBNI discharges its financial obligations in meeting its objectives. The Chief Executive agreed, but noted that if there is a financial issue, he would raise this immediately with the Permanent Secretary and that protects the PHA Board, but Ms Henderson pointed out that SBNI's accounts appear within PHA's accounts. Mr Stewart said that the Board needs to be satisfied that the Chief Executive is satisfied that he can exercise his responsibilities and if he cannot, then the Board should step in.
- 94/24.8 Mr Stewart reported that the Committee had considered its terms of reference and deemed that they remain adequate for the Committee to discharge its responsibilities.
- 94/24.9 Mr Stewart advised that Internal Audit had presented a report on vaccination programmes where a limited level of assurance was given. He gave an overview of the main findings of the report which related to the need for a formal MOU between the different parties, improved checks in relation to invoices, and a better process for validating stock levels. He said that all of the findings had been accepted by management. He noted that he and Mr Wilson had an issue in relation to one area, that relating to evaluating the impact of campaigns on uptake rates because Mr Wilson had not been consulted and therefore further discussion was required.
- 94/24.10 Mr Stewart said that there needs to sort out the arrangements with pharmaceutical companies and GPs, noting that GPs cannot access the Vaccine Management System (VMS). Dr McClean acknowledged that there are a number of weaknesses and areas that need to be tightened up.

- 94/24.11 | Mr Stewart advised that the Committee had held its annual private meeting with representatives from Internal and External Audit and that had been useful.
- Remuneration Committee*
- 94/24.12 | The Chair noted that the Remuneration Committee has not met since the last Board meeting.
- Planning, Performance and Resources Committee [PHA/03/08/24]*
- 94/24.13 | The Chair said that the recent meeting of the Planning, Performance and Resources Committee had been useful. He advised that there was an extensive presentation on Trust expenditure and he was surprised by some of the areas of spend and felt that this could be tidied up. The Chief Executive advised that this has been discussed at the Agency Management Team (AMT) meeting and that these are areas of funding which would sit more appropriately within SPPG or Trust baselines. Mr Stewart noted that Internal Audit has commenced an audit of Trust spend.
- 94/24.14 | The Chair advised that there had been a lengthy discussion on the quarterly KPI report, and his main comment was around the presentation. He said that this is the opportunity to link activity with strategic intent and to ensure that the Board is assured that PHA is moving in the right direction. He added that there needs to be a link between the Corporate Plan and what PHA is doing “on the ground” and have a paper to monitor that. He said that PHA should not be doing activity for activity’s sake. Ms Scott advised that this should be possible. The Chair stated that the Board needs to be assured that PHA is spending its funding in the best possible way. Ms Scott said that if PHA is reshaping, then it will have to review what it is doing, but that is a longer-term ambition. She added that this may mean PHA stopping doing certain work.
- 94/24.15 | The Chair said that he wants all Directors to be comfortable that PHA is going in the right direction. The Chief Executive noted that there have been improvements in reporting, but it is not yet perfect, and that the Corporate Plan will further help this process. Mr Wilson advised that the new planning teams will be responsible for looking at evidence and looking at how PHA spends its money and ensuring that there is a sound rationale for why investments are being made.
- 94/24.16 | The Chair advised that he is comfortable with the current terms of reference of the Committee and that although there had been a discussion about delegation of powers, he could not foresee a situation where the Committee would be approving anything in place of the Board.

Screening Programme Board

94/24.17 The Chair noted that the Screening Programme Board has not met since the last Board meeting.

Procurement Board

94/24.18 Ms Henderson advised that the Procurement Board is due to meet on Thursday. She reported that she had attended the launch of the Substance Use Implementation Plan which was excellent. She said that while she was pleased with the Plan, she had concerns around the timescales for procurement. It was agreed that Ms Henderson would brief the Chair following the Procurement Board meeting (**Action 4 – Ms Henderson**).

Information Governance Steering Group

94/24.19 Mr Clayton reported that the next meeting of the Information Governance Steering Group is due to take place in September.

Public Inquiries Programme Board

94/24.20 Mr Wilson advised that the Public Inquiries Programme Board continues to meet. He reported that two former Directors of Nursing, Mrs Mary Hinds and Mr Rodney Morton had received Rule 9 requests and have now been asked to appear in person at the Muckamore Inquiry. In relation to the COVID Inquiry, he advised that the Chief Executive will be travelling to London on 5 November to appear at the Inquiry in relation to Module 3.

94/24.21 Professor Rooney commented that the Board has not had clarity in terms of PHA's role with regard to Serious Adverse Incidents (SAIs), and that there has been a lot of discussion around what information was shared with the PHA Board. Mr Wilson noted that while Mrs Hinds and Mr Morton have been asked to appear in person, another former Director of Nursing, Mrs Pat Cullen has made a written statement, in which she indicated that she was not given access to files and that she had written to PHA and had not received a response. The Chief Executive advised that he had responded to Mrs Cullen and the same offer was made to her as was made to Mrs Hinds and Mr Morton. He indicated that this will be communicated to the Inquiry. Mr Stewart said that it is important that this is placed on public record.

95/24 Item 9 – Operational Updates

Chief Executive's and Executive Directors' Report

95/24.1 The Chief Executive said that it was a privilege for Northern Ireland to host the first ever face-to-face meeting of the public health Chief Executives from across the UK, and that there is now a commitment for this to happen once a year. He advised that following the meeting a

- number of working groups have been established to look at areas such as obesity, alcohol, vaping and a population health needs assessment.
- 95/24.2 The Chief Executive noted that, within the Report, Ms Reid has given an overview of the Live Better initiative and Dr McClean has given an update on monkey pox.
- 95/24.3 The Chair said that the fact that Northern Ireland hosted the first 4 Nations meeting was significant and that he had met with the group for dinner and for lunch. He commented that there is a massive amount of knowledge and expertise that PHA can tap into, and vice versa. He added that it would be useful to get information on the working groups. He noted that in Wales there is work ongoing looking at a “wellbeing economy”, where the Departments are working together.
- 95/24.4 The Chair noted that there was previously a forum for Chairs of the 4 Nations and the Chief Executive said that this will be reinvigorated and Scotland is taking the lead on this.
- 95/24.5 Professor Rooney said that the information gained from these events would be useful for the new Corporate Plan. The Chief Executive advised that Ms Jeanelle de Gruchy from the Office for Health Improvement and Disparities (OHID) had outlined the approach the new Labour Government will be taking to tackle inequalities.
- 95/24.6 Mr Clayton said that he had two queries, the first of which related to the review of screening processes. He also asked about the Live Better initiative. He advised that he had attended the workshop which was held last week and had found it very useful with a lot of information being put forward, but added that he was not clear in how this will be different to the work that PHA is doing on a day-to-day basis. He acknowledged that this may come down to how the initiatives are chosen. He said that much of what is done now is about monitoring the status quo rather than reducing persistent inequalities. From looking at the timeline for this, he queried how the PHA Board could have an input and how this links to the Corporate Plan and the Business Plan.
- 95/24.7 Dr McClean advised that for the review of screening, PHA has not been able to secure an external body to undertake this and consideration is being given as to whether this new proposal of a joint review will meet the brief. She said that it would have been preferable to have had a review of PHA’s quality assurance processes but PHA has not been able to secure help with this. She explained that the RCPATH report did not get into the detail of quality assurance, and that a review will now be carried out of the incident that led to the review of the slides. She advised that there are some individuals who can carry out this work, but the proposal would need to be discussed with the Department. As it is an independent review, she explained that the Department may wish to commission it. She added that it would have been her preference for NHS England to undertake the review.

- 95/24.8 | Dr McClean explained that in 2019, there was a recommendation that quality assurance processes should be reviewed, but this was not taken forward. She added that it must be borne in mind that primary HPV has now been implemented. Professor Rooney said that PHA needs to be seen to be doing something, and it should advise that the Department that it has not been able to get a response. Dr McClean explained that Public Health Wales could undertake the work, but will not produce a report, while NHS England is undergoing some form of reorganisation. She said that there needs to be a review of what happened in the Southern Trust and a review of PHA's own quality assurance processes, but it has a challenging getting someone to do it. She added that there had been a suggestion to approach colleagues in Scotland, but there are different standards there.
- 95/24.9 | Mr Blaney said that not having a response to PHA's request is not acceptable. Dr McClean agreed, but noted that PHA is asking these organisations to do them a favour. Mr Blaney noted that PHA had met with these other organisations and asked if they should not all be working together. Ms Henderson asked if there is pressure to undertake this independent review. Dr McClean replied that while primary HPV has been introduced, there is a need to see if processes are performing as they should. Ms Henderson asked if there is political pressure, but Dr McClean replied that this can come in waves.
- 95/24.10 | Ms Henderson asked about the audit of invasive cancers. Dr McClean said that some of the Trusts are behind in their audits and therefore there will be several years outcomes reported at once.
- 95/24.11 | Ms Henderson asked if it is the position of the Board that the review be carried out. Dr McClean said that in her opinion, a review is needed because there needs to be a quality assurance of all screening programmes. She suggested that the request could be escalated within NHS England.
- 95/24.12 | The Chief Executive advised that over the summer, a process was completed whereby all of the laboratory services were combined into one single laboratory so going forward there will be more centralisation. He said that a piece of work is ongoing with all of the laboratories regarding that. Professor Rooney asked whether there will be a different system if all work is being carried out by one laboratory, but Dr McClean replied that it will be easier to work with one. The Chief Executive added that there will be consistency.
- 95/24.13 | Dr McClean advised that there have been discussions about how to take forward quality assurance and if it would be possible to have external quality assurance. She said that there was unhappiness with Belfast being chosen. Mr Blaney said that with only one laboratory there is a risk of standards not being as high, or of an issue in case of a power outage, but Dr McClean advised that the Belfast laboratory has always performed across a range of services and also has a range of contingency measures. Mr Blaney asked about the closure of the other

- laboratories. Dr McClean advised that there is a group looking at how those staff can be redeployed.
- 95/24.14 The Chair said that there is a lot of work going on, but that there is a need for a peer review.
- 95/24.15 The Chair asked Ms Reid for an update on the Minister's Live Better initiative and if PHA has the capacity to deliver. Ms Reid advised that the Minister had met with AMT to highlight that inequalities is a priority issue for him and he was seeking ideas for how PHA could strengthen work in communities. She said that at a follow up meeting, the Minister proposed to call his initiative Live Better, and that he had presented it to the Assembly. She explained that the initiative will focus on two geographical areas where there is to be increased community involvement which will have a lasting impact. She said that this is major request given the timescales so there has been a focus on working with primary care and general practice. She added that primary care colleagues have been interested in work relating to health inequalities and there has also been interest from dentists and pharmacists.
- 95/24.16 Ms Reid outlined that as part of the initial planning, a workshop was arranged. She noted that there is no additional funding for this initiative so it is about optimising services that are already in place. At the workshop, she advised that many practical ideas were put forward and so the wish is to do a proof of concept as to how systems can work better together as Trusts, primary care and the community and voluntary sector do not often work together on the same issues. She said that the focus is around how to reach truly deprived areas where individuals cannot access primary care and there has been a look at practice elsewhere where GPs and health visitors are reaching out and engaging with individuals. She noted that in some areas it can be difficult to access a GP. She said that there were good ideas put forward about accessing care and how to reduce the threshold for admission to hospital.
- 95/24.17 Mr Clayton sought clarity that the two areas being chosen for the pilot will be chosen by PHA and Ms Reid confirmed this. He noted that there was a reference to Deepend, and said that Deepend initiatives usually have additional resource, but this will not be the case here although it is to be a Deepend-style project. Ms Reid confirmed that some resource will be needed. She explained that Deepend was about GPs working together to look at how to reduce inequalities, but now it is about reaching out to local Trusts and the community and voluntary sector. She said that in terms of working with the wider community, a good example would be working with schools regarding vaccinations. She outlined that the work is still in the planning phase and the intention is to get around half a dozen initiatives can PHA can focus on. She advised that PHA has written to GPs in 50 of the most deprived areas and the intention is to facilitate a session in early September to get support and test PHA's thinking.

- 95/24.18 | The Chief Executive outlined that this initiative is about working differently. He explained that traditionally Health Improvement and GPs would have worked in silos, but this is about working together in same community and targeting those groups which are hard to reach, those individuals who do not access health fair or attend their GP. Mr Blaney referred to the stand that PHA had at the Balmoral Show for farmers to have health checks. He added that at the PPR meeting there was a discussion around instilling habits in young people as spending small amounts of money now could make bigger savings in the long term.
- 95/24.19 | Professor Rooney sought clarity that there is no funding for this. The Chair said that funding may be required and he encouraged PHA to put funding in to make this initiative as big as possible and it is strategically important for PHA. Professor Rooney asked what work PHA would then stop if it funds, but also asked if this type of work is work that PHA should be doing in any case. Ms Reid explained that PHA needs to be cautious because if PHA provides funding then there needs to be an exit strategy. She added that there has not been a focus before on this type of work as there has been a silo mentality so this is a genuine effort to pull various strands together. She said that having this relationship with GPs will be beneficial.
- At this point Mr Irvine left the meeting.*
- 95/24.20 | Professor Rooney asked why PHA has not done this type of work before. The Chair said that the approach is obvious and people should be working together. He stated that PHA should be working to make a difference and this should start now. He added that this fits in with the Reshape and Refresh programme and the new Corporate Plan which will give PHA a new sense of purpose. He said that PHA has to take the lead in community health.
- 95/24.21 | Ms Henderson sought confirmation that the model is going to be based around GPs and so far 43 are on board. She asked if it is PHA that will come up with the ideas and how content PHA is that GPs will have the capacity to do this when the public cannot access their GP. Ms Reid replied that PHA is working hard on this and has made contact with the Royal College of GPs and it has a GP on board. She said that she is confident that practices will come forward but there will be more clarity next week. Professor Rooney reiterated her concern about how PHA is doing this within its existing resource. Ms Reid replied that PHA is re-prioritising and there is resource coming from public health nursing within Trusts.
- 95/24.22 | Mr Stewart said that while he was pleased that PHA is taking an approach not to “over promise”, but at the same time he expressed concern that PHA staff are being stretched in all directions to facilitate the Minister’s request. The Chief Executive advised that this is PHA work and that before the new Minister’s arrival, PHA had been meeting with RCGP to discuss this type of project, but the appointment of the Minister has accelerated that. He said that these are “proof of concept” projects and they need to have a beginning, a middle and an end point.

He added that the development of a new Corporate Plan has brought PHA into the space of setting priorities, developing these concepts and then handing them over. He said that this is an opportunity for PHA as there is a Minister in place who is interested in this work so PHA has to seize this chance to take this forward. The Chair advised that he has arranged a meeting with Ms Reid on Monday and felt that all NEDs would find a detailed briefing useful. He suggested that this should be organised when the programme is finalised and asked that a meeting be arranged (**Action 5 – Mr Wilson**).

95/24.23 Ms Henderson said that her initial response to this initiative is a positive one. She asked if it is two projects targeting one community and whether PHA will have control. Ms Reid replied that PHA will be managing this. She added that data is also important in this and an approach has been made to Digital Health and Care (DHCNI) about getting access to data. She advised that the Minister will be well briefed before his next announcement. She noted that the last thing PHA will want to do is cause harm so if PHA is working with primary care, it has to be in a stable area as there will be a limitation in terms of what will work.

95/24.24 Dr McClean advised that this work will have an impact, but there is a risk because it means more work on teams that are already depleted.

Finance Report [PHA/04/08/24]

95/24.25 Ms Scott reported that PHA received confirmation of its annual budget in July and as expected there are a number of challenges. She advised that PHA's recurrent funding has been reduced by £1m, but there has been an additional allocation of £700k for pay. She reported that the £3.2m of funding for the National Institute for Health Research (NIHR) has been set aside pending a decision by the Department.

95/24.26 Ms Scott advised that at the end of June PHA is reporting a surplus of £162k. She said that programme expenditure to Trusts is on target, and that there is an underspend in the management and administration budget. She stated that PHA is forecasting a year-end break-even position albeit there are a number of risks. She said that there are some assumptions within the management and administration budget. With regard to monies owed by the Special EU Programmes Body (SEUPB), she reported that a payment of €600k has been made with a further €1.1m due to be paid by the end of August/early September. She noted that there is £2.7m relating to pay awards and shingles vaccinations that PHA has not yet received funding for.

95/24.27 Ms Scott reported that the capital budget is on target, and that this relates largely to R&D expenditure.

95/24.28 The Chair said that this was a good report, and said that there is a need to have plans in place in the event of any further slippage.

95/24.29 The Board noted the Finance Report.

96/24 Item 10 – Performance Management Report [PHA/05/08/24]

96/24.1 The Chair noted that there had already been discussion on this Report and that it had been discussed at length at the PPR Committee meeting.

96/24.2 The Chief Executive commented that he is content with the Report, but would like to see quicker progress.

96/24.3 The Board noted the Performance Management Report.

97/24 Item 11 – Draft Annual Progress Report 2023-24 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order [PHA/06/08/24]

97/24.1 Ms Scott advised that the Annual Report for submission to the Equality Commission is for members' approval. She reported that PHA has made good progress in relation to training. During the year, she said that PHA screened two policies and both were screened out without the need for an Equality Impact Assessment. She advised that there has been one policy consultation.

97/24.2 The Chair noted that within the Plan there was reference to a re-tender that was due to be completed last year, and asked if this would be completed in 2024/25. He said that he had some other queries and he would pick these up with Ms Scott outside of the meeting (**Action 6 – Chair/Ms Scott**).

97/24.3 Mr Clayton said that the Report is in a prescribed format which makes it unwieldy. He noted that the purpose of the screening process is to inform policy development which should help organisations adopt actions to mitigate against any equality implications. What he found concerning, he said, was that although there is an exceptionally high number of PHA staff trained, this has not translated into screenings. He commented that there are lots of initiatives which promote equality of opportunity, but there is not much visible evidence to say that this work is being done, and added that perhaps the Board needs to play a role in encouraging staff to do this. He pointed out that PHA is required to undertake screenings under its Equality Scheme and it can be challenged by the Equality Commission for not doing so. He reiterated that the low number of screenings is a concern and it should be highlighted to staff that undertaking a screening can assist them. He said that when a business case comes to AMT it should indicate if it has had an equality screening.

97/24.4 Mr Clayton advised that there is an action within the Action Plan that appears to have stopped after Year 1 and he said he would welcome further information on that (**Action 7 – Ms Scott**).

97/24.5 Ms Scott said that there are check boxes on AMT papers where staff must indicate if they have carried out an equality screening. She noted that staff do undertake screenings on policies and procedures but not

necessarily on programmes. Mr Clayton said that this should happen. Ms Henderson advised that when proposals are brought to the Procurement Board, they are accompanied by Equality Screening documents and this should be reflected in this Report.

97/24.6 Professor Rooney recalled that after last August's Board meeting there was a discussion about meeting the Equality Commission to look at changing the format of this Report. Mr Wilson advised that PHA did meet with the Equality Commission who considered PHA to be an exemplar organisation. He agreed that PHA should not be only carrying out screenings on policies. Ms Scott advised that PHA is going to create a group. Mr Wilson added that PHA did speak to the Equality Commission about the format of this Report.

97/24.7 The Board **APPROVED** the draft Annual Progress Report 2023-24 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order.

98/24 Item 12 – Complaints and Claims Report [PHA/07/08/24]

98/24.1 The Chief Executive reported that there have been no new complaints. He noted that complaints can arrive in batches where they relate to a specific issue. He advised that the Ombudsman has closed one complaint that had been forwarded to them.

98/24.2 The Chief Executive said that going forward, this report will be a "complaints and compliments" report.

98/24.3 The Board noted the Complaints and Claims Report.

99/24 Item 13 – ALB Self-Assessment [PHA/08/08/24]

99/24.1 The Chair said that he hoped that this will be the last time that PHA completes this form of self-assessment. He advised that he had some comments that he will incorporate. With regard to the appointment of a new Non-Executive Director, he updated members on a request he has made to the Department. He advised that the Chief Medical Officer is attending the Board meeting in November and that he has also invited Mr Peter Toogood to a future meeting.

99/24.2 Mr Clayton suggested that within Section 4 of the document, there needs to be a more specific reference about what PHA's plan is with regard to reaching out to external groups. The Chair advised that there is a Stakeholder Engagement Plan as part of the development of the Corporate Plan. Mr Clayton also noted that PHA does not have external input into its Business Plan, or the Self-Assessment.

99/24.3 The Board **APPROVED** the ALB Self-Assessment.

100/24 | Item 14 – Partnership Agreement between Department of Health and Public Health Agency [PHA/09/08/24]

- 100/24.1 Ms Scott advised that PHA has been liaising with the Department on the Partnership Agreement for some time and that this Agreement is based on a template that reflects the status quo in terms of roles and responsibilities. She said that there are a number of areas where PHA needs to get clarity, but this is a good first draft. In terms of earned autonomy, she explained that PHA can decrease control and increase outcomes. She advised that the Agreement will be reviewed annually and that the Engagement Plan will be refined as the year goes on. She added that the Department is keen to get this agreed.
- 100/24.2 Mr Stewart commented that all departments are keen to get these agreed. He said that given PHA has been established since 2009, he did not see this as a “starting point”. The Chair agreed and noted he had some queries. He asked about the Strategic Outcomes Framework referenced at section 9.2 as he has not seen this. Mr Stewart noted that there is reference to the Department’s Risk Register which the PHA Board has never seen. The Chair noted that in section 9.3 it refers to an exchange of skills between PHA and the Department and said that while PHA staff may assist the Department, he queried if the reverse happened.
- 100/24.3 The Chair referred to Section 11 and the Engagement Plan, and said that while he is not averse to the PHA and the Department agreeing shared outcomes, he is not clear in terms of what this seeks to achieve. Ms Scott noted that there is more detail on the Engagement Plan in Appendix 2 and that is really for officers.
- 100/24.4 The Chair said that the section on strategic planning needs to be beefed up. He asked how PHA wants to work with the Department. Mr Stewart noted that there is no reference to engagement between the Chair and the Minister and the Chair and the Permanent Secretary. Mr Clayton added that the Department has a power to direct the PHA and that is not referenced. He queried whether this should be highlighted because there have been some difficulties in the past.
- 100/24.5 Professor Rooney suggested that there should be a separate meeting to discuss this. The Chair noted that he did not know if this document is to alongside the Management Statement, but Ms Scott said that this is to replace it. The Chair said that it is a good document, but is lacking in some critical areas. Ms Scott advised that PHA has pushed back on some areas with the Department.
- 100/24.6 Mr Stewart said that fundamentally this Agreement should document the relationship between PHA and the Department, and that it does not do that, and that it needs to cover the relationship between the Chair and the Board. He added that it does not cover the issues raised in the report around RQIA.

100/24.7 | The Chief Executive suggested that there should be a focus on the areas that are missing. Ms Scott asked whether it would be helpful to have a representative from the Department present. Mr Wilson added that it would be helpful if this Agreement was accompanied by an updated Framework Document. The Chief Executive said that PHA has asked for this on numerous occasions.

At this point Ms Scott left the meeting.

101/24 | Item 15 – Information Management Systems in the Population Screening Programmes [PHA/10/08/24]

101/24.1 | Dr McClean noted that there had been a concern around IT systems in screening programmes as this had been on the Corporate Risk Register for some time. She said that there needs to be a review to determine if the risk is high because PHA is in a better place. She explained that the Chief Executive will be chairing a Programme Board that will look at the different issues, what software is going out of date and how Encompass will help mitigate the risk.

101/24.2 | Mr Stewart said that while his concerns have been reduced, they have not totally cleared. He pointed out that this issue has featured on the Corporate Risk Register for some time, and has been an area of concern for the Governance and Audit Committee, and he did not understand how the risk can now be deemed as low when there is a high probability that the systems could collapse leading to reputational damage for the PHA. He said that this is a big change and he was not assured that having a Programme Board will produce an outcome. He added that he is not clear with regard to Encompass, timescales or risk.

101/24.3 | Dr McClean explained that the issue in the past related to skills as PHA did not have the required expertise in relation to IT and that when HSCB migrated into SPPG, the responsibility for the systems sat with eHealth and PHA now has Mr Gary Loughran who has been to give PHA a better understanding of the situation. She said that there is a programme of work that needs to be resourced and PHA needs to have individuals who understand IT and who can link with Encompass and this has been a challenge. She added that the Chief Executive is now on the Encompass Programme Board and he will ensure that there is a senior representative from PHA on the PHA Programme Board.

101/24.4 | Mr Stewart said that he is not clear how this will protect the system if its collapses. Dr McClean replied that there was an audit undertaken and the systems have a low risk of collapsing. Mr Clayton noted that in terms of categorising the risk, the impact would be catastrophic, but the chances of this have reduced. He said that having this oversight is sensible but pointed out that there are many different programmes with different systems. From a risk perspective, he commented that this will only mitigate the risk if all the systems are gone through one by one. He stated that the Board should be kept informed and agreed that not having IT expertise previously was an issue.

- 101/24.5 | The Chief Executive acknowledged that this has been on the Risk Register for some time, but advised that the difference now is that PHA has brought in Mr Loughran who he asked to undertake a review of all of the systems and how they could be moved over to Encompass. He added that he asked Mr Loughran to advise, programme by programme, which system was in place, where it stood, when it would go out of contract and beyond its useful life and how it would go into Encompass. In completing that review, he said that he also asked Mr Loughran to outline the risks and the mitigations that need to be put in place.
- 101/24.6 | The Chief Executive advised that Mr Loughran had reported that although some contracts will come to an end, there is no risk of the system collapsing. He said that the new Programme Board will help understand the landscape and the link with Encompass. He added that there will be a benefits realisation group. He noted that hospitals are having some difficulties with Encompass, but said that there are always risks. He said that he is trying to assure the Board that PHA has looked at the risk and has brought in an individual with the relevant expertise and that the previous issues arose because PHA did not have someone with Mr Loughran's expertise.
- 101/24.7 | Professor Rooney said that her query is around the fourth directorate in PHA because PHA still does not have the right intelligence. She noted that PHA has Mr Loughran and is also buying expertise from the Strategic Investment Board. The Chief Executive advised that PHA can utilise Mr Loughran for as long as it wants. He said that PHA is developing a digital directorate because it has never had that type of directorate previously and that it will play a significant part. He noted that in the past PHA would have attended meetings regarding IT without the right expertise so there is a need to address that. Professor Rooney said that during the pandemic, it was noted that PHA did not have the knowledge, intelligence or population overview.
- 101/24.8 | Mr Blaney noted that PHA now has full ownership of VMS and that previously it was not going to fall under the Encompass programme, but with the Chief Executive now sitting on the Encompass Programme Board, it could be raised there. The Chair said that that is a separate issue.
- 101/24.9 | The Chair said that PHA had a risk which was rated high, and whether the Board now accepts that this should be reduced and that the plan of action outlined addressed the concerns raised by members. Mr Blaney asked whether VMS should be included, but the Chief Executive explained that it is currently well supported and is a system that Mr Dan West would like to see brought in at a future date. He advised that PHA has taken forward a Discovery project where all of this will be explained. He added that while Epic is not in a position to take on what VMS can deliver at present, it may be able to do in 4/5 years' time.
- 101/24.10 | Ms Henderson advised that in her view, the programme of mitigation can be supported by the Board and that there should be a report back on progress (**Action 8 – Chief Executive**).

- 101/24.11 | The Chair said that the Board still has concerns, and there is a need to bring something back that can give the Board an overview and an understanding of what the plan is. Mr Blaney commented that all PHA can do is mitigate as best as it can as no system is completely fool proof. Mr Stewart said that one of the biggest shifts is that Encompass is now willing to take on these systems. The Chief Executive said that Mr West has acknowledged that PHA should not have been excluded from the Encompass programme.
- 101/24.12 | The Board noted the update on information management systems in screening programmes.
- 102/24 | Item 17 – PPI Update Report [PHA/12/08/24]**
- Mr Martin Quinn joined the meeting for this item.*
- 102/24.1 | Mr Quinn thanked members for the opportunity to present at today’s meeting. He delivered a short presentation outlining the recent work of the PPI team. He began with an overview of leadership and the changing culture before moving on to outline how PPI and PCE (Patient and Client Engagement) are like strands of DNA. He showed the increase in PPI-related activity, both internal and external, and made specific reference to a project in the Western Trust that his team has been involved in which highlighted the importance of meaningful involvement.
- 102/24.2 | Mr Quinn advised that there has been an increasing number of individuals who have completed training or participated in webinars.
- 102/24.3 | Mr Clayton said that when it comes to hospital reconfiguration it is important that there is meaningful engagement. He asked if communities can see that there has been meaningful engagement and if that is something that PHA would be involved in. Mr Quinn explained that PHA has a member of staff who has been seconded to the Department which helps ensure consistency because if one Department carries out engagement one way and another does it in a different way, there could be criticism. He outlined that while PHA does not take responsibility for the day-to-day training of Trust staff, it does try to ensure that there is consistency. He added that PHA is a touchstone for guidance and advice as per a Department Circular.
- 102/24.4 | Mr Quinn advised that PHA cannot compel organisations to undertake engagement, but he would have a good working relationship with the PPI leads in the Trusts so he would use that to try to bring about consistency. He added that PHA continues to receive queries about providing guidance, but sometimes when it is too late in the consultation process. He said that engagement needs to take place as soon as possible and that he would advocate for the use of a decision-making matrix to be able to track decisions that have been made.
- 102/24.5 | Mr Clayton noted that PHA is the lead for PPI and would previously have received PPI reports from each Trusts. He asked what is done with

those reports. Mr Quinn said that as the Engage website grows and develops these reports could be placed there.

102/24.6 The Chair said that he thought this was an excellent Report and he is keen to see how PPI will fit in with the Reshape and Refresh programme. He added that he envisages that the Strategic Planning Teams (SPTs) will be key going forward. Mr Quinn said that his team works with the SPTs.

102/24.7 The Board noted the PPI update report.

103/24 Item 16 – UK Covid-19 Inquiry - Module 1 Update Paper [PHA/11/08/24]

103/24.1 The Chief Executive said that although PHA is not directly criticised in the Module 1 Report, that it would be helpful to extract the learning and look at how PHA can take this forward. He explained that it will be the Department who will take the lead in progressing the actions. Mr Stewart asked if the Department has put this into writing. The Chief Executive replied that he has discussed the matter with Mr Peter Toogood and has been advised that this matter will sit with Mr Chris Matthews, but he undertook to write to Mr Toogood (**Action 9 – Chief Executive**).

104/24 Item 18 – Chair’s Remarks

104/24.1 The Chair reiterated his best wishes to Dr Keaney in her role. Mr Blaney thanked Dr Keaney for being his Board “buddy”.

104/24.2 The Chair again stated that the presentation the members had received in advance of today’s meeting had been excellent.

105/24 Item 19 – Any Other Business

105/24.1 Mr Clayton noted that he had welcomed the statement released by the Chair and Chief Executive regarding the recent racist violence. He said that, from a PHA Board perspective, it would be useful to have a statement stating that the Board abhors what has happened and that it supports those organisations which work with ethnic minorities, and the staff who support them.

106/24 Item 20 – Details of Next Meeting

Friday 18 October 2024 at 10.00am

Conference Rooms 1-3, 2nd Floor, 12/22 Linenhall Street, Belfast

Signed by Chair:

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

Date: 18 October 2024