

Meeting minutes

# PHA Board minutes

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| **Date and Time** | **Venue** |
| 18 October 2024 at 10.00am | Conference Rooms 1/3, 12/22 Linenhall Street, Belfast |

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| **Member** | **Title**  | **Attendance status** |
| Mr Colin Coffey | Chair | Present |
| Mr Aidan Dawson  | Chief Executive | Present |
| Dr Joanne McClean | Director of Public Health  | Present |
| Ms Leah Scott | Director of Finance and Corporate Services | Present |
| Mr Craig Blaney  | Non-Executive Director | Present |
| Mr John Patrick Clayton | Non-Executive Director | Present |
| Ms Anne Henderson  | Non-Executive Director | Present |
| Mr Robert Irvine | Non-Executive Director | Present |
| Professor Nichola Rooney  | Non-Executive Director | Present |
| Mr Joseph Stewart | Non-Executive Director | Present |
| Mr Stephen Wilson | Head of Chief Executive’s Office | In attendance |
| Mr Robert Graham | Secretariat | In attendance |
| Ms Heather Reid | Interim Director of Nursing, Midwifery and Allied Health Professionals | Apologies |
| Ms Meadhbha Monaghan | Chief Executive, Patient Client Council | Apologies |

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| **Item #** | **Item details** |

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| **107/24** | **Item 1 – Welcome and Apologies** |
| 107/24.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Ms Heather Reid and Ms Meadbhba Monaghan. |
| 107/24.2 | The Chair said that he had attended the NICON conference over the previous two days and was pleased that prevention was the main theme. He commended the presentation delivered by Dr McClean and Ms Reid and said that Ms Jayne Brady has asked for a copy. He advised that the First Minister and Deputy First Minister were in attendance and they had agreed that there needs to be a cross-departmental approach to health. |
| **108/24** | **Item 2 – Declaration of Interests** |
| 108/24.1108/24.2 | The Chair asked if anyone had interests to declare relevant to any items on the agenda.Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries. |
| **109/24** | **Item 3 – Minutes of previous meeting held on 28 August 2024** |
| 109/24.1109/24.2 | The minutes of the Board meeting held on 28 August 2024 were **APPROVED** as an accurate record of that meeting.The Chair said that going forward he would like the minutes to be more concise and to detail the outcomes that have been agreed and the decisions made. |
| **110/24** | **Item 4 – Actions from Previous Meeting / Matters Arising** |
| 110/24.1110/24.2110/24.3 | Mr Stewart noted that as per the action log, the correspondence relating to campaigns had been sent to Mr Peter Toogood and not to the Minister as was requested by the Board. He outlined that if PHA cannot inform people about vaccinations through a campaign programme, then uptake rates will decrease and there will be vaccine wastage. Dr McClean advised that PHA does raise this issue with the Department and agreed that a letter from the Chair to the Minister may be helpful. Mr Wilson added that PHA made specific reference to campaigns when it submitted its savings proposals for the year and informed the Board that in the area of organ donation, PHA has been asked not to proceed with a campaign where previously there was ring-fenced funding.Ms Henderson asked if PHA is ordering less vaccine stock this year and Dr McClean replied that approximately £1m less of flu vaccine has been ordered. Mr Clayton noted that there is a challenge for PHA in terms of the misinformation on vaccines if it cannot undertake a mass media campaign.Mr Clayton asked about the “Live Better” initiative and a separate briefing for the Board on this. Dr McClean advised that two areas have been identified for the pilot, one in Belfast and one in the north west. Mr Wilson added that there is an oversight board meeting on Monday where the outcomes of the pilot will be agreed as well as an action plan. |
| **111/24** | **Item 5 – Reshape and Refresh Programme** |
| 111/24.1111/24.2111/24.3 | The Chair reported that progress is ongoing and that interviews have taken place for some of the Deputy Director posts, but others will have to be advertised externally. He expressed concern around the time taken for this process to complete and if it could be speeded up. The Chair advised that he had received correspondence from the Royal College of Nursing, and that he spoke to both the Deputy Permanent Secretary and the Chief Nursing Officer about it. He said that he had responded to the letter and had heard nothing further. Dr McClean explained that historically PHA would have been an organisation of specific different staff groups, but now it needs to become an organisation of staff with all sorts of qualifications who are focused on public health. She noted the Chair’s concern about the length of time the process is taking, but said that there are affected staff and this needs to be borne in mind.Mr Blaney asked whether there should be a member of the Board that staff can reach out to. Dr McClean advised that there are a number of different routes staff can utilise. She outlined that there have been staff engagement sessions, engagement with HR and Trade Unions and Ms Gráinne Cushley has been offering to meet with staff. Mr Clayton said that meetings with Trade Unions should continue and agreed that there needs to be a balance struck between following the correct process and ensuring staff are treated sensitively. Mr Stewart said that the Board should not be involved given the mechanisms that are already in place. |
| **112/24** | **Item 8 – Updates from Board Committees** |
| 112/24.1112/24.2112/24.3112/24.4112/24.5112/24.6112/24.7112/24.8112/24.9112/24.10112/24.11112/24.12112/24.13112/24.14112/24.15112/24.16112/24.17112/24.18 | *Governance and Audit Committee* ***[PHA/04/10/24]***Mr Stewart reported that the Governance and Audit Committee (GAC) had considered a range of papers beginning with the Corporate Risk Register. He noted that while no new risks have been added to the Register, and no risks removed, the rating of the risk relating to Public Inquiries has been reduced from “high” to “medium” with the rationale being that this is due to the completion of a lot of work relating to Inquiries. However, he felt that there is an element of the risk relating to reputational damage, and this has not diminished, therefore the GAC would recommend the rating remains as “high”. Mr Wilson explained that the Agency Management Team (AMT) had discussed this and had reviewed all aspects of the risk, including the reputational damage element, and it was felt that as the findings for Module 1 of the COVID Inquiry are for the system as a whole, rather than individual organisations, the risk of reputational damage has reduced. He acknowledged that there is potential for criticism from the Muckamore Inquiry but following the evidence given by the two former PHA Directors of Nursing, the Inquiry felt assured about PHA’s role and while the potential for criticism has not been removed, the view is that the Inquiry is looking at systems rather than individual parties. He added that the risk will be kept under review.Ms Scott commented that taking action to cover a reputational risk is a risk in itself. The Chair said that with the outworking of the Reshape and Refresh programme and the development of a new Corporate Plan, PHA has an opportunity to reposition itself in the health system and should be wary of anything that could impact on that. Mr Stewart said that the Board needs to be sighted on areas of reputational risk.Ms Henderson said that PHA should be following Public Inquiries closely and taking action while they are being heard. She asked if PHA is changing any of its processes while Public Inquiries are ongoing rather than waiting 2/3 years down the line. Mr Wilson replied that PHA is looking at the recommendations from all Public Inquiries and acting on any implications. The Chair said that a paper should come to the Board on this.Mr Irvine commented that when reputational damage is lost, it is hard to regain so PHA needs to heighten its awareness and mitigate any potential damage.*At this point the Chief Executive joined the meeting.*The Chief Executive said that he was content to keep the risk rated “high” if that is the advice of the Board.Mr Stewart advised that the Committee had considered the Finance and Corporate Services Directorate Risk Register which contained a risk around the antiquity of the finance system.Mr Stewart reported that a review has been undertaken of PHA’s Standing Orders and Standing Financial Instructions and while most of the amendments were around the updating of references to reflect the appointment of PHA’s Director of Finance and Corporate Services, there were two areas of concern, one relating to PHA’s role as “providing professional leadership” to the HSC and the other relating to a need for clarity around what is meant by “joint commissioning”.Mr Wilson advised that the reference to “professional leadership” comes from the 2011 Framework Document which remains the extant Framework. The Chief Executive noted that in the past two of PHA’s Directors would have also sat on the Board of HSCB. He said that PHA would have provided advice into commissioning through professional lines, but he noted that there has not been a Commissioning Plan for a number of years.Mr Clayton noted that there has not been a Commissioning Plan since 2019/20 and this is linked to the new Integrated Care System (ICS). He added that within the Corporate Risk Register, there is reference to PHA operating *ultra vires*. He said that as ICS is not yet set up statutorily. PHA needs to be clear about its legal powers and responsibilities, and if it will be providing professional advice and information. Ms Henderson said that even from reading the Corporate Plan, she does not understand what PHA’s role is vis-à-vis commissioning. The Chief Executive asked her to outline what she feels the risk is and Ms Henderson replied that the whole system is in doubt as to where responsibilities lie and this makes it inefficient and ineffective, and therefore a risk to PHA and for the system. The Chief Executive said that it is a shared risk and the argument could be made that all ALBs face the same risk so ultimately the risk could belong to the Permanent Secretary or the Minister.The Chair said that there is a recognition that there needs to be a change to the commissioning approach. Ms Henderson asked if staff can continue to operate in a context where there is no clarity. Dr McClean said that PHA would keep notes of meetings where it has given professional advice, and that she is hopeful that there will be clarity in future.Mr Clayton asked for clarity around what the risk is because by stating that PHA could act *ultra vires* would suggest that PHA is outside its legal powers and using its funding inappropriately. The Chief Executive said that in the future, commissioning might disappear. He explained that commissioning is a contract and the funding goes to the Trusts and the contract is with SPPG, not PHA. He added that at a regional level, there is a high level set of outcomes and the accountability and risk is with the Trusts, whereas PHA’s role is about advice and joint planning. He noted that PHA can provide advice and that advice can either be accepted or ignored.Mr Stewart said that there have been a lot of meetings to discuss the future of commissioning, but no progress and at present Ms Scott is the Director responsible for the Commissioning Plan and the PHA Board has responsibility for approving a joint Commissioning Plan that in his view, is not joint. He added that the Board needs to note the concerns from GAC that the reference to the Commissioning Plan in Standing Orders is misleading.The Chair agreed that PHA needs to raise this issue as it has been ongoing for over 2 years. It was agreed that there should be a meeting to discuss this involving the Chair, the Chief Executive, Mr Wilson, Mr Stewart and Mr Clayton **(Action 1 – Secretariat)**. The Chair undertook to raise this at his next meeting with Mr Peter Toogood **(Action 2 – Chair)**.Mr Stewart reported that Internal Audit had awarded a satisfactory level of assurance following a recent audit of Board Effectiveness. He noted that one issue that remained from the previous audit was around the development of a Corporate Plan. He advised that 78% of outstanding Internal Audit recommendations have been completed, but added that he had received correspondence from the Chair of the Department’s Audit and Risk Committee about the level of outstanding audit recommendations across health as a whole.Mr Stewart advised that there was an update on the Information Governance Action Plan which highlighted issue around training and induction. He reported that there were no cases of fraud and that the Committee had approved the Anti-Fraud Plan subject to an amendment around the role of Director of Finance and Corporate Services in reporting fraud to the PSNI.The Chair thanked the Committee for its work in going through all of these papers in detail.As he had to leave the meeting, Mr Irvine raised some queries on the Joint Emergency Preparedness report which had been considered by the Committee. He said that the Report details a lot of activity and he had a query who was in overall charge and it seemed to be the PHA by default. He highlighted a concern around the adequacy of the training budget. He said that the Report should contain an Executive Summary highlighting the key issues and how these will be addressed so that these can be reviewed in the next year’s Report. |
| **113/24**  | **Item 6 – Reports of New or Emerging Risks** |
| 113/24.1113/24.2113/24.3113/24.4113/24.5 | *Corporate Risk Register as at 30 September 2024* ***[PHA/01/10/24]***Ms Henderson outlined that there needs to be a risk on the Corporate Risk Register around the limited findings in relation to community and voluntary sector contracts. She said that PHA is rolling forward £20m of contracts and Internal Audit has raised questions about value for money. While she accepted that most of the funding is being appropriately spent, she said that some of the funding could be redirected or re-prioritised into other areas. She added that there also needs to be reference to the £10m being managed through the Procurement Board.Ms Henderson said that this risk needs to be clearly articulated in PHA’s Governance Statement and Mid-year Assurance Statement. She acknowledged that Ms Scott is taking forward work in this area.The Chair noted that procurement has been an issue since he joined the organisation and that the AMT is taking this forward as a corporate issue, but said that there needs to be a plan.*At this point Professor Rooney joined the meeting*The Chief Executive said that PHA’s Corporate Plan should govern how it spends its funding and that will help PHA realign its priorities. Ms Henderson said she welcomed the fact that PHA now has more resources in the area of Finance.Members **AGREED** that the new risk should be included and **APPROVED** the Corporate Risk Register.*At this point Mr Irvine left the meeting.* |
| **114/24** | **Item 10 – Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2023/2024 [PHA/06/10/24]** |
| 114/24.1114/24.2114/24.3114/24.4114/24.5114/24.6114/24.7114/24.8114/24.9 | *Ms Mary Carey joined the meeting for this item*Dr McClean advised that PHA compiles this Report in conjunction with SPPG and BSO and then send it up to the Department. She said that Ms Carey and her team do the bulk of the work in terms of writing the Report.Ms Carey said that the Report follows a set template which she hoped will change and that this has been highlighted to the Department. In terms of the Report itself, she advised that there are variances in terms of the level of information provided by Trusts. She explained that the core standards are a national assurance framework so Northern Ireland can be aligned with the rest of the UK. Ms Carey noted the points made by the GAC in terms of the Report having an Executive Summary outlining any risks for PHA and how these will be mitigated and said that this will be fed back to the team at the Department, but added that there is a new team at the Department in Emergency Planning. With regard to the training budget, she explained that this has been raised and PHA is preparing a business case as part of a wider application for all HSC bodies.Mr Clayton commented that the GAC was struck by how low the budget was given the nature of the work and felt that this is a concern that needed to be raised with the Board. He noted that PHA’s level of compliance with the standards was rated as “partial” for the second successive year, and this is the first time this has happened. He suggested that this is partly due to the shortage of public health consultants and this should also be flagged with the Department. Mr Stewart added that the risk to PHA has been exacerbated by the fact that neither SPPG nor BSO have any dedicated resource in this area, and that should also be flagged up. Dr McClean agreed that a £30k training budget is light and that this has been flagged up with the Department. She welcomed the Board’s support in terms of raising this again but said that as the team at the Department is relatively new, she suggested that she and Ms Carey should meet with them in the first instance **(Action 3 – Dr McClean)**.The Chair sought clarity as to whether the Preparedness Group had met in 2024 and Ms Carey replied that they had, but adding that some of the monitoring meetings had been stood down. The Chair noted that within the Report there are paragraphs on the emergency preparedness arrangements within SPPG and BSO, but nothing about PHA. Dr McClean advised that the overall Report describes the work of PHA. Responding to a query the Chair raised about the learning from exercises, Ms Carey explained that there are debriefs to look at any actions that need to be taken forward.The Chair asked about pandemic preparedness work which was to have been completed by January 2024. Ms Carey explained that all Trusts were due to have submitted their preparedness plans by that date and that there is a workshop taking place this afternoon. The Chair asked again about whether PHA is confident that it is taking forward any learning, particularly given the funding constraints. Dr McClean advised that this is a complex area and said that all the learning will not have been taken forward, but added that there are plans, but some of these require funding. She outlined how, at the start of the pandemic, PHA was not able to stand up a Contact Tracing Services at scale and these types of issues need to be thrashed out with the Department. She added that PHA has asked for £250k to have a resilience team.The Chair said that looking at it from a purist perspective, if PHA has been told by experts that it needs to be able to deliver a particular service, but PHA cannot because it needs resources, then PHA should ask for those resources. He added that for pandemics, PHA should develop a pandemic plan. Ms Carey explained that pandemics are one element of emergency planning. She highlighted that for CBRN (c**hemical, biological, radiological, and nuclear), the Department of Justice is leading on a gap analysis which will be included in a paper about training. She added that there is also mass casualty training as well as other areas so all of this needs reviewed in terms of what training can be delivered, and then there will be the need to take forward the recommendations from Module 1 of the COVID Inquiry.**Ms Henderson asked at what level these issues have been raised with the Department. Ms Carey replied that it is at the Emergency Planning Forum. Mr Stewart said that if PHA knows that it needs more resources, this should be raised with the Department because it goes to the heart of the Hussey Review. Ms Henderson asked if the Board could see the paper that is prepared. Dr McClean advised that a draft has been shared with the Department and that further engagement is needed with Trusts, but she would share it **(Action 4 – Dr McClean)**. Ms Carey added that after this afternoon’s meeting, PHA would like to meet with the Department to agree the next steps as there needs to be a consolidated policy document and a plan developed.The Board **APPROVED** the joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2023/2024. |
| **115/24** | **Item 7 – Raising Concerns** |
| 115/24.1115/24.2115/24.3 | *Raising A Concern in the Public Interest (Whistleblowing) Policy 2024 [****PHA/02/10/24]***The Chair advised that this updated Policy was approved by the Governance and Audit Committee and added that Mr Blaney has agreed to become the designated Non-Executive Director with responsibility for oversight of the Policy. Mr Blaney asked about training and if this will be provided.Mr Clayton commented that this is a complex area and suggested that the appendix which details the process should be put more upfront in the Policy. Professor Rooney noted that at NICON there was a lot of emphasis on candour, and the issue around people knowing what to do and others acting appropriately. The Chair said that PHA has a duty of care to both staff who raise concerns and those whom the concerns are raised about.Members **APPROVED** the Raising A Concern in the Public Interest (Whistleblowing) Policy 2024. |
| **112/24** | **Item 8 – Updates from Board Committees (ctd.)** |
| 112/24.19112/24.20112/24.21112/24.22112/24.23112/24.24112/24.25112/24.26112/24.27112/24.28112/24.29112/24.30112/24.31112/24.32 | *Update from Committees* ***[PHA/03/10/24]***The Chair advised that he had gone through all of the terms of reference for the various Boards/Committees that members participate in and asked if members were comfortable with their roles in terms of whether they are decision makers or observers.Mr Clayton explained that the main function of the Information Governance Steering Group is to set the work plan for the year which goes to the Governance and Audit Committee for sign off, adding that he would wish to avail of Information Asset Owner training.Mr Wilson said that it is useful to have members on groups as “critical friends” who can provide assurances back to the Board. Ms Henderson agreed that Non-Executive Directors are there as observers and not decision makers, adding that being on these groups gives Non-Executives visibility. She noted that the Procurement Board is not a decision making Board as its recommendations go to AMT.Professor Rooney commented that she was concerned when the Public Inquiries Programme Board was set up about questions around what the Board knew, or did not know, and therefore felt it was useful to have that oversight, but agreed that she does not get involved in decision making. The Chief Executive advised that there are good processes in place for handling Inquiries and said that it is useful to have a Non-Executive Director in attendance. Ms Scott added that she also welcomed Non-Executive Director presence.The Chair summarised the discussion saying that Non-Executive Directors were content to be involved and he would review the paper. He added that when terms of reference are reviewed they should clearly indicate that Non-Executive Directors are observers.*Remuneration Committee*The Chair noted that the Remuneration Committee has not met since the last Board meeting.*Planning, Performance and Resources Committee*The Chair noted that the Planning, Performance and Resources Committee has not met since the last Board meeting.*Screening Programme Board*The Chair noted that the Screening Programme Board has not met since the last Board meeting.*Procurement Board*Ms Henderson advised that the Procurement Board has met since the last Board meeting and that the issues discussed have already been covered earlier in the meeting.*Information Governance Steering Group*Mr Clayton reported that the Information Governance Steering Group met in September and that there were two issues he wished to raise.Mr Clayton noted that there remain issues with regard to completion of online training for new starts in relevant policies and although there is a new start induction day, the situation has not improved. He advised that an Annual Report on Information Asset Registers was not completed in 2023/24 because some of the Registers were not reviewed with Information Asset Owners indicating that they were not clear about how to complete these. He added that there was an action to initiate some training.Ms Scott reported that following last week’s GAC meeting, action was taken to prepare a 2023/24 report which would note exceptions for those Registers not completed.The Chief Executive said that there has been an improvement in the uptake of mandatory training among new starts, but there needs to be some follow up with existing staff.*Public Inquiries Programme Board*Professor Rooney advised that since the last Board meeting, three former Directors of Nursing have provided information to the Muckamore Inquiry. She noted that the questioning from the Inquiry focused on where PHA’s role starts and ends with regard to the commissioning process. She said she hoped that the recommendations from the Inquiry will help clarify that. She asked how the new structures in PHA will deal with this. The Chair advised that he has discussed this with the Chief Executive and that in 2025, the Directors will present a report to the Board answering these questions. |
| **116/24** | **Item 9 – Operational Updates** |
| 116/24.1116/24.2116/24.3116/24.4116/24.5116/24.6116/24.7116/24.8116/24.9 | *Chief Executive’s and Executive Directors’ Report*The Chief Executive advised that he had spent Sunday and Monday in Humberside as part of a delegation looking at their ICS planning and performance arrangements. He said that 20 years after its introduction, it is still working to resolve some areas, but he added that it was interesting to note that there is an unrelenting focus on equity and creating equity in the health system.Mr Clayton expressed concern at the data around maternal mortality and asked what is being done in Northern Ireland to improve this. The Chief Executive advised that a report on midwifery services, prepared by Professor Mary Renfrew, is about to be published and that Ms Reid has been part of a group providing advice on how its recommendations will be taken forward.Mr Clayton asked if there is a terms of reference for the review of PHA’s quality assurance processes in relation to cervical screening being undertaken by NHS England and if the Board can see these. Dr McClean replied that a meeting with NHS England took place on Monday and a draft terms of reference are being drafted, and she would be content to share these **(Action 5 – Dr McClean)**. Ms Henderson asked if the review will look at PHA’s new model, but Dr McClean advised that the focus will be on the old system. In response to a query from Professor Rooney as whether this review will impact on other quality assurance processes, Dr McClean explained that review is solely looking at cervical screening.Professor Rooney asked if PHA would get extra resources to carry out work on Traveller health. The Chief Executive said that this has to be explored but he explained that this was identified as an area of co-operation at a meeting with Chief Executives from both sides of the border as this group faces high levels of health inequalities.Professor Rooney said that if PHA is being asked to undertake the management of vaccination programmes, which clearly involves raising awareness, it should have the freedom to undertake a campaign. The Chief Executive explained that there is a blanket ban on TV and radio advertising. Ms Scott advised that there is a targeted approach being undertaken by GPs, but Professor Rooney reiterated that PHA should not have its hands tied behind its back when clearly uptake required giving public the information  She stated that PHA should have the freedom to act.Mr Clayton welcomed the update on the Pandemic Preparedness Group and said that it would that it would be helpful for the Board to be briefed about it **(Action 6 – Dr McClean)**.Ms Henderson asked when the Board would receive an update on Protect Life 2 and the Chief Executive said that this will be brought to the next meeting **(Action 7 – Chief Executive)**.*Finance Report* ***[PHA/04/08/24]***Ms Scott reported that PHA is projected to achieve a break-even position at the end of the year. She said that the next few months will be critical as underspends are likely to be identified. The Chair asked if PHA has options in the event of an underspend and Ms Scott replied that a paper on this will be brought to the next AMT meeting.The Board noted the Finance Report |
| **117/24** | **Item 11 – Review of Assurance Framework [PHA/07/10/24]** |
| 117/24.1117/24.2117/24.3 | The Chair noted that the Assurance Framework was approved by the Governance and Audit Committee.Mr Stewart said that the Committee had raised the concern around joint commissioning which was raised earlier in the meeting. Mr Clayton commented that the Framework needs to be reviewed on a biannual basis.Members **APPROVED** the Assurance Framework. |
| **118/24** | **Item 12 – Mid-Year Assurance Statement [PHA/08/10/24]** |
| 118/24.1118/24.2118/24.3 | The Chair said that, following the discussion earlier in the meeting, the Mid-Year Assurance Statement will need to be updated. Ms Scott agreed to share the updated version with members **(Action 8 – Ms Scott)**.Mr Clayton noted that while the section on cervical screening was revised, the section on RQIA reports remains unclear in terms of what it is referring to. Ms Scott noted that this is a mid-year position and it will be updated further for the Annual Report.Subject to amendments, members **APPROVED** the Mid-Year Assurance Statement |
| **119/24** | **Item 13 – Complaints, Compliments and Claims Quarterly Report [PHA/09/10/24]** |
| 119/24.1119/24.2119/24.3 | Mr Wilson advised that a process has now been put in place to capture compliments in this Report. With regard to complaints, he said that there was nothing significant to report.Mr Wilson noted that there remains one legal issue, relating to SBNI. The Chair asked how this now sits with the new MOU in place and Ms Scott explained that an MOU is not a legal document so would not impact on any legal process.Members noted the Complaints, Compliments and Claims Quarterly Report. |
| **120/24** | **Item 15 – Policies for Approval** |
| 120/24.1120/24.2120/24.3120/24.4 | *Data Protection Confidentiality Policy* ***[PHA/10/10/24]****Access to Information Policy* ***[PHA/11/10/24]***Ms Scott advised that these policies have been updated based on best practice.The Board **APPROVED** the Data Protection Confidentiality Policy and the Access to Information Policy.*Anti-Fraud and Anti-Bribery Policy Statement & Response Plan* ***[PHA/12/10/24]***Ms Scott advised that this Policy has been amended following an issue that was raised at the Governance and Audit Committee.The Board **APPROVED** the Anti-Fraud and Anti-Bribery Policy Statement & Response Plan |
| **121/24** | **Item 14 – Update on Avian Flu** |
| 121/24.1 | Dr McClean advised that there is no new updates in relation to avian flu and work in this area is continuing alongside other pandemic planning work. |
| **122/24** | **Item 16 – HSCQI Annual Report 2023-2024 [PHA/13/10/24]** |
| 122/24.1122/24.2 | The Chief Executive advised that this will be last HSCQI Annual Report as the function is due to move over to RQIA on 1 November. He said that he would like to take the opportunity to acknowledge the contribution of HSCQI to the work of PHA under the leadership of Dr Aideen Keaney.The Board **APPROVED** the HSCQI Annual Report 2023/2024. |
| **123/24** | **Item 17 – Chair’s Remarks** |
| 123/24.1123/24.2123/24.3 | The Chair gave an overview of recent meetings he had attended. He said that he had attended the Needle and Syringe Exchange event, and commended the work that PHA is undertaking in this area.The Chair said that, along with the Chief Executive, he had facilitated a meeting with HSC Trust Chairs to give them an overview of ICS.The Chair reported that he had attended the NICON dinner, and he gave members an update on the recruitment of new Non-Executive members for the Board. |
| **124/24** | **Item 18 – Any Other Business** |
| 124/24.1 | There was no other business. |
| **125/24** | **Item 19 – Details of Next Meeting** |
|  | *Thursday 21 November 2024 at 1.30pm**Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast* |
|  | Signed by Chair: ­­­­­­­­­­­­­­­­Colin CoffeyDate: 21 November 2024 |