

Meeting minutes

# PHA Board minutes

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| **Date and Time** | **Venue** |
| 21 November 2024 at 1.30pm | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast |

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| **Present** | | |
| Mr Colin Coffey  Mr Aidan Dawson  Dr Joanne McClean  Ms Heather Reid  Ms Leah Scott  Mr Craig Blaney  Mr John Patrick Clayton  Ms Anne Henderson  Mr Robert Irvine  Professor Nichola Rooney  Mr Joseph Stewart | -  -  -  -  -  -  -  -  -  -  - | Chair  Chief Executive  Director of Public Health  Interim Director of Nursing, Midwifery and Allied Health Professionals  Director of Finance and Corporate Services  Non-Executive Director  Non-Executive Director  Non-Executive Director  Non-Executive Director  Non-Executive Director  Non-Executive Director |
| **In Attendance** | | |
| Mr Stephen Wilson  Professor Sir Michael McBride  Ms Meadhbha Monaghan  Mr Robert Graham | -  -  -  - | Head of Chief Executive’s Office  Chief Medical Officer, Department of Health  Chief Executive, Patient Client Council  Secretariat |
| **Apologies** | | |
| None |  |  |
| **Scribe** | | |
| Robert Graham | - | Secretariat |

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

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| **126/24** | **Item 1 – Welcome and Apologies** |
| 126/24.1 | The Chair welcomed everyone to the meeting. There were no apologies. |
| **127/24** | **Item 2 – Declaration of Interests** |
| 127/24.1  127/24.2  127/24.3 | 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.  Ms Monaghan declared interests in relation to public inquiries, the PHA’s Reshape and Refresh Programme and in relation to the SAI Redesign Programme, given PCC’s role and interests in each area. |
| **128/24** | **Item 3 – Minutes of previous meeting held on 18 October 2024** |
| 128/24.1 | The minutes of the Board meeting held on 18 October 2024 were **APPROVED** as an accurate record of that meeting, subject to minor amendments. |
| **129/24** | **Item 4 – Actions from Previous Meeting / Matters Arising** |
| 129/24.1  129/24.2  129/24.3  129/24.4  129/24.5 | Mr Clayton asked about a briefing for members on the Live Better initiative. Mr Wilson advised that a full update will be brought to the Board once the two practices that have been selected have agreed the outcomes that they will be focusing on.  Mr Stewart asked whether correspondence has been sent to the Minister regarding campaigns. The Chair replied that he has spoken to Professor McBride about this. Professor McBride agreed that it is counter strategic not to have campaigns as they are needed to affect behavioural change. He felt that it would be timely to write to the Minister concerning this. Professor Rooney advised that she has had discussions with universities about behavioural change. She stated that if PHA has a budget for vaccination programmes, it should be allowed to carry out a campaign. Mr Clayton restated his offer that Trade Unions can assist with getting messaging out to staff about getting their flu vaccine.  The Chair asked if members were content to record that the Annual Quality Report, which was circulated by e-mail, was approved by members. Members **APPROVED** this.  In relation to the action log that was circulated, the Chair advised that for action 1, a meeting will be set up to discuss joint commissioning. For action 2, he said that he would also raise this with Mr Peter Toogood as well as at PHA’s Accountability Review meeting on 11 December. For action 7, the Chief Executive explained that an update on Protect Life 2 will come to the Board in January as it would not have been possible to accommodate this on today’s agenda.  Ms Henderson asked about action 5 and the terms of reference for the NHS England Quality Assurance Review. Dr McClean advised that these are still under development. |
| **130/24** | **Item 7 – Reports of New or Emerging Risks** |
| 130/24.1 | The Chief Executive advised that he had no new or emerging risks to report on. |
| **131/24** | **Item 8 – Raising Concerns** |
| 131/24.1 | The Chief Executive advised that he had no new concerns to report to the Board. |
| **132/24** | **Item 6 – Reshape and Refresh Programme** |
| 132/24.1  132/24.2  132/24.3  132/24.4  132/24.5  132/24.6  132/24.7  132/24.8  132/24.9  132/24.10 | The Chair noted that members had received an update on the Reshape and Refresh Programme. He noted that the recruitment of the senior leadership team remains ongoing.  The Chief Executive advised that there is a number of interviews taking place and he hoped that the exercise to recruit the Assistant Director posts would be completed by the end of the first week in December. He added that following the establishment of this senior leadership group, he would like it to meet at least once a month to discuss how areas can be taken forward, for example the Corporate Plan. He said that this group should be fully informed of what PHA’s priorities are and be aware of their responsibilities and the expectations of the Board.  The Chief Executive said that he was excited to see this group working together as it will be involved in setting up the layers underneath that tier. He added that they will look at the life course approach and the running of the planning teams. The Chair said that the new strategic planning teams are crucial and how they interact with the Board will be key. He added that there needs to be a clear set of priorities with PHA setting its own goals, linking with stakeholders and making sure people are aware of PHA.  Mr Irvine asked if it would be possible to have an organisational chart now that the Programme is progressing, as well as a timeline for filling all of the other posts. The Chair said that Ms Gráinne Cushley could provide that **(Action 1 – Chief Executive)**.  Professor Rooney said that there had been discussion about learning and reflection at the Public Inquiries Programme Board and asked what difference the new structure will make to the organisation. The Chair agreed that this is an important point and that the Board should get a presentation from the Agency Management Team (AMT) showing how PHA is implementing the recommendations from Public Inquiries as well as the EY and Hussey Reviews, and what the risks are. The Chief Executive said that he was content to have a workshop with the new senior leadership team and task them to do this **(Action 2 - Chief Executive)**. He advised that there was a meeting with the Chief Executives of the 4 UK nations public health bodies and that Scotland and Wales will share their approaches.  The Chair noted that the Programme commenced 18 months ago and asked if PHA is evolving and developing. He agreed that the workshop is a good idea and suggested that Non-Executive Directors should attend if they are available. He added that the Board needs to have oversight of this and suggested that there could be a session once a year going forward so that the Board can be assured that learning continues to be embedded.  Professor McBride said that at the outset, the purpose of the Hussey Review was around preparing PHA for the next wave of the pandemic. He added that PHA was responding to a huge challenge and it was not surprising that PHA was challenged. In future, he said that a question will be asked as to whether PHA is now in a better place to respond.  Mr Clayton agreed that the workshop with the new team would be useful as it could look at areas such as campaigns, pressures on public health consultants, staffing and data, but he noted that one of the main features of the Hussey Review was about PHA strengthening its resources and capacity and he did not feel that this has happened yet. He said that while the structure may be better, he queried if PHA is properly resourced. The Chair said that if there are any gaps, PHA has to advise the Department.  Dr McClean said that a lot of the Hussey Review has been implemented, and the Chair agreed that there needs to be a recognition of what has been achieved.  The Chair said that he wished to acknowledge how well the Chief Executive and senior team were communicating with PHA staff during this Programme and how well staff are being kept informed. He added that he could not fault the amount of effort that staff are putting in. |
| **133/24** | **Item 5 - Presentation from Department of Health Serious Adverse Incident Redesign Programme Team** |
| 133/24.1  133/24.2  133/24.3  133/24.4  133/24.5  133/24.6  133/24.7  133/24.8  133/24.9  133/24.10  133/24.11  133/24.12  133/24.13  133/24.14  133/24.15  133/24.16  133/24.17  133/24.18  133/24.19 | *Dr Lourda Geoghegan, Dr Seamus O’Reilly and Ms Julie Houston joined the meeting for this item*  Dr Geoghegan said that she wished to update members on work ongoing in this area, including a planned public consultation, data on current Serious Adverse Incidents (SAIs), outstanding learning reports and feedback from the Patient Client Council (PCC) Engagement Platform. She advised that the team has been meeting with all Trust Boards to get their help to refocus the SAI system and that there have been discussions with senior officers in the Department as well as the previous and current Health Ministers.  Dr Geoghegan explained that the proposal is to go out to public consultation by the end of November on four documents. She said that there has been a focus on changing the language to reframe the public narrative. She added that there needs to be standards and principles for dealing with what will now be called Patient Safety Incidents.  Dr Geoghegan advised that the next piece of work is to discuss the backlog in SAIs with Trust Boards as these represent a huge risk. She noted that some Trusts are in a better position than others.  Dr Geoghegan said that there is a need to rebalance governance oversight, but the detail of that has not yet been worked through as help is needed from Trusts, SPPG and PHA. She explained that going forward it will be responsibility of provider organisations’ Boards and senior teams to ensure that learning is implemented. She added that surveillance data is also needed.  Dr Geoghegan explained that this will be an iterative change and it is hoped to have the new process in place by early autumn 2025. She said that this later date is due to there being a new complaints process and two Trusts introducing Encompass. She added that the transition needs to be effective. She said that this is a unique opportunity to get this process right in Northern Ireland. She advised that there will be a robust surveillance function for PHA and that PHA’s assistance will be required in reshaping the regional oversight arrangements.  Dr McClean said that PHA staff need to step back from being involved in the detail of individual SAIs and agreed that PHA needs to have a surveillance system. She queried how regional change will come about at local level.  Mr Stewart said that the Board has had a major concern in its ability to be clear about what PHA’s responsibilities are within the SAI process and it has been seeking this clarity for 3/4 years. He added that when agreement is reached, that clarity needs to be there in terms of where PHA’s responsibilities start and stop.  Ms Henderson welcomed the presentation and said that this will bring a huge cultural change. If the plan is to push this back towards the Trusts, she asked how it will be enforced. Dr Geoghegan explained that the current process is not delivering and the extant governance arrangements are that responsibility lies with the Trusts, and there is also the whole system of accountability and ground clearing. Ms Henderson hoped that within the next number of years there will be a change of culture and increased awareness and Trusts will take accountability. Dr Geoghegan agreed that this is the aim. Ms Henderson asked if the Trusts are in agreement with this, and Dr Geoghegan reiterated that this is their responsibility and there should never be a situation where SAI reports are outstanding for 3/4 years.  Mr Clayton said that as a Trade Union representative, it would be useful to ensure that this work is flagged up with the regional group and if there is to be a new process, that Trade Union advice is sought. He advised that PHA had an Internal Audit of SAIs and it highlighted that there were issues for PHA in terms of disseminating learning, and that PHA seemed to be giving advice. Dr McClean explained that part of PHA’s role is to ensure terms of reference are appropriate. She said that nurses and doctors can be left feeling vulnerable following an SAI review. She welcomed that the responsibility will be placed back with the Trusts and that PHA will have an oversight role and provide surveillance. Mr Clayton said that the lack of clarity has been a difficulty for the Board and he reiterated that staff side engagement would be important.  Professor Rooney also said that clarity of roles is important, and that the specific responsibilities of PHA needed to be clearly stated. She added that the process takes too long from the perspective of service users and needs to work more efficiently.  Mr Irvine welcomed that there will be clear definitions around roles, but said that he would emphasise the need for accountability. In the past, he said that if historic reports had not been finished they would fall away, so there is a need for a timeline to get these up to date. He added that there will be negative consequences if work is not completed on time and unless people are held to account, the process will rumble on. Professor Rooney said that rather than a culture of blame and punishment, staff needed to be incentivised to come forward within a learning culture.  Ms Monaghan said that from a PCC perspective, it is important to bring the public along if there is to be a culture change. She said that this has to be got right and that patient safety really matters. She noted that there remain particular concerns about public trust, independence, regional oversight, and Board assurance as well as questions about checks and balances and the quality of investigations. She said that trust needs to be rebuilt and having an independent view can be useful with that and she offered PCC’s assistance.  Professor McBride stated that the current process is not working and it will be hard to bring individuals along with any new process who have been hurt. He said that there is no dodging the fact that the statutory duty of quality is an extant requirement. He added that there will be no new funding to do this work. He said that as part of the new escalation process, independence is crucial and Trusts needs to think about how they can access that expert advice and give assurance to families about how standards are being adhered to.  Dr Geoghegan said that the importance of disentangling this whole process cannot be underestimated, and that blame and retribution are putting people off from coming forward. She acknowledged that there is a responsibility to the public, but this has to be balanced with supporting staff. She said that there needs to be a learning system that supports people and supports learning.  Professor Rooney agreed that this is a complicated area and asked who the intended audience for the consultation was. She stated that in its present form she was concerned how accessible it was and asked  how this is going to be put across to the public. Dr Geoghegan said that the frameworks and standards are in a format that the public will be able to understand.  The Chair asked whether all outstanding cases will move across to the new process, but Dr Geoghegan explained that there will be an iterative change to the new arrangements. The Chair asked what this new process will mean for PHA. Dr McClean replied that PHA will have a different role as it will be developing surveillance and identifying trends so PHA will need a different type of resource. She added that she did not consider learning letters to be the best way of disseminating learning. She noted that this is a complex area and given the same issues are recurring, it is clear that the system is not learning so all organisations have to come on board.  The Chair said that he could sense that there is support but if this is to happen during 2025/26, he would like to have an understanding of the cost so as to determine if PHA can support it. Dr McClean advised that this needs to be scoped because PHA’s focus will be different. Professor Rooney added that PHA will be developing its health intelligence.  Ms Henderson asked if the new terminology should be used. Dr Geoghegan advised that there is an aim to move away from SAI technology and refer to Patient Safety Incidents or Patient Safety Events, therefore moving from a culture of retribution and blame to one of learning and improvement. Dr McClean advised that once the new framework comes out and there is clarity on PHA’s role, PHA will have another look at it.  The Chair thanked Dr Geoghegan and the team for their presentation. |
| **134/24** | **Item 9 – Draft PHA Corporate Plan 2025/30 [PHA/01/11/24]** |
| 134/24.1  134/24.2  134/24.3  134/24.4  134/24.5  134/24.6  134/24.7  134/24.8  134/24.9  134/24.10  134/24.11  134/24.12  134/24.13  134/24.14  134/24.15  134/24.16  134/24.17  134/24.18 | *At this point Ms Reid joined the meeting*  *Ms Julie Mawhinney joined the meeting for this item.*  Ms Scott said that work commenced in early summer to develop PHA’s Corporate Plan with the intention being to develop a 5-year Plan rather than a 3-year one. She outlined the approach to developing this Plan which included sessions with staff where there was robust and extensive engagement, and also the project structure around the Plan. She said that she hoped that the Plan reflected PHA’s current priorities.  Ms Scott showed the timeline for developing the Plan and advised that the aim today is to seek approval to go out to public consultation with a view to a final approved Plan being published for the new financial year.  Ms Mawhinney explained that PHA’s Plan has been developed around four outcomes, each with their own ambition, priorities and measures. She advised that the purpose and vision have been revised following consultation with staff and there is also a new strapline.  Ms Mawhinney demonstrated how the design of the Plan represents the overlapping nature of the work that PHA does. She added that there will be slightly different reporting arrangements. She advised that a longer-term implementation and delivery plan will be provided with the new public health teams having their own plans.  Ms Mawhinney gave an overview of the main changes between this Plan and PHA’s previous Corporate Plan. She then outlined the consultation process and what communications there will be.  Mr Clayton said that he had a difficulty with the draft Plan in that there is no accompanying implementation plan so he is not sure as to what PHA’s priority actions are over the next 5 years. He added that the Plan seems very general and while it talks about the right areas, it lacks in specificity and he is not clear what PHA is going to prioritise. With regard to the Equality Screening, he said that it does not identify any differing needs or priorities and while it makes a commitment to carrying out Equality Screenings of different elements, he noted that historically PHA does not have a good record of conducting many Equality Screenings. He said that it is known that different Section 75 groups have different needs, this is not reflected in this Plan. He acknowledged that while PHA’s annual Business Plan is clear, this document is not clear in terms of trends over time.  Ms Mawhinney said that she took the point about the specificity of the Plan, but population health and an Outcomes-Based Approach (OBA) do not generally sit together. She explained that PHA is looking at long term issues, and while PHA can set measures, there are some that it cannot achieve without the help of others. She said that the delivery plan will set out the annual aims as it is difficult to be specific in this Plan while trying to cover everything that PHA does. For the Equality Screening, she advised that there is a document that sets out where PHA can see issues, but this is still in draft, and she acknowledged that Equality Screenings are not carried out as often as they should. Mr Clayton said that he was confident that this would improve. He asked if there will be an implementation plan and Ms Mawhinney replied that developing that is the next step.  Mr Stewart said that he wished to recognise the amount of work that has been carried out by the team on this Plan which he said is understandable and not too long. He asked where PHA wants to make an impact. He said that PHA has a budget of £130m, and once staffing costs are taken out, it has the funds to invest in people’s health and he would like to get a sense of where that money is going and how it will help and how PHA will influence and improve societal measures. He added that even if PHA cannot make the target, it should still set a target. Ms Scott agreed that PHA needs to be seen to be making a difference and she would like to spend time getting performance frameworks in place to underpin this Plan.  Dr McClean said this Plan has been developed against a challenging timeframe. From the engagement she had with staff, she advised that one of the issues that arose was around the level of detail which members have referred to, but this is a high level document. She added that this is a 5-year Plan where PHA has to identify the health needs for a range of groups.  Ms Reid said that the Plan is an opportunity to reset and put processes in place, starting at a high level and working down. She added that there will be more detail in the directorate plans and that the implementation plan for the first year will be helpful. She advised that the public health planning teams are up and running so there are a lot of things happening together which will take time to settle down.  Ms Henderson advised that she welcomed this Plan and noted that while her initial reaction was that she would not know how PHA had achieved success after 5 years, she is convinced that there will be a detailed plan against which PHA can measure success. With regard to inequalities, she said that everything PHA does is at the hard end of that. She felt that this document is sufficient in terms of setting direction, and that she would support the draft Plan as is. Mr Clayton commented that while people will have a clear idea about how PHA can make change, PHA should state what changes it would like to see, and that should be in the Plan. He acknowledged that this Plan is being developed during a period of change. He said that while the Plan might set direction, he is not sure as to what the destination is.  Professor Rooney said that she would be content if PHA set a target, and if it did not meet the target, at least it was known that it had tried. She agreed that the implementation plan is needed so as to protect the organisation and for PHA to outline its priorities to the Department so that if it is required to carry out any other work, this will have to wait until PHA has the resources.  The Chief Executive advised that the Corporate Plan has to be seen in tandem with an implementation plan. He said that a lot can happen in 5 years, and that after 2 years priorities may change. He stated that this is PHA’s strategy and that PHA is not in a position to determine the priorities for Black and Ethnic Minorities (BAME), but it can work with these groups to determine what is important for them and that engaging with these groups is part of the strategy.  The Chief Executive said that the organisation has come a long way in a short period of time because previously the Board has sat together and could not come up with a plan that all members bought into, but now there is one. He added that this Plan is about being focused and working with all groups.  Professor McBride said that he feels better informed now having had that presentation, and can see that it is clear that there are things that PHA cannot fix and the Plan needs to indicate that there are areas where PHA will have to work with others to achieve its aim. He added that the Plan should state upfront that it will be accompanied by a delivery plan. He commented on some of the pictures in the documents and if they were truly representative. In the Equality Screening template, he suggested that the order of the list of documents should be reviewed to reflect the order of the policies which form PHA’s work, noting that Making Life Better was at number 13. He said that it was a good document.  Mr Wilson said that this document does not capture the journey that PHA has been on and there is a need to strike a balance between giving staff clarity about their priorities over the next 5 years and how PHA can deliver against population indicators. He noted that the previous Plan did not include an implementation plan. He accepted that the Plan is not perfect because if an individual is looking for specifics, it does not contain those, but if an individual is looking for an OBA-type Plan, it may be too detailed. He said that progress will commence on the delivery plan.  In summary, the Chair advised that there are changes that need to be made and he asked if those could be done. He suggested that the foreword needs to reference the implementation plan. He said that it would be useful to see how this Plan will affect the role and operation of the Board going forward and said that there should be a discussion at the January meeting around this.    Subject to amendments, the Board **APPROVED** the draft Corporate Plan. |
| **135/24** | **Item 10 – Performance Management Report [PHA/02/11/24]** |
| 135/24.1  135/24.2  135/24.3  135/24.4  135/24.5  135/24.6  135/24.7  135/24.8  135/24.9 | The Chair advised that this Report had been considered by the Planning, Performance and Resources (PPR) Committee, but the Committee was not content with it and it has been updated as result. He stated that the Report must be linked to PHA’s strategic intent.  Ms Scott said that a revised version of the Report had been circulated to members and while the Report is for the period up to 30 September, it has been further updated based on current intelligence.  Ms Scott reported that there are concerns around vaccination uptake levels, particularly for pertussis and flu, and there are also concerns around the Child Health System (CHS) and having a new system in place by March 2025. She added that there are issues around reducing smoking cessation figures, and she reported that there are two targets which should not have been included in PHA’s Business Plan as there are no additional resources.  Ms Scott advised that there are some issues in relation to procurement which PHA is reflecting on. She added that PHA will not deliver an updated Partnership Agreement on schedule as there are still some queries to be resolved. She said that the target relating to the Data/Digital Strategy is rated “red” as timescales need to be finalised for the establishment of the new directorate. She reported that the delivery of health inequality training has been delayed due to staff absence.  The Chair asked if there are plans to get those actions rated “red” to “green”. Ms Scott explained that there are mitigations included in the Report outlining plans in place, but she noted that for some of the targets, there are external factors. The Chair noted that this is a quarterly report, but asked if there could be a further update at the January meeting **(Action 3 – Ms Scott)**. Mr Stewart suggested that if targets cannot be met due to factors outside PHA’s control, then these targets should be set aside.  The Chief Executive advised that AMT wishes to meet with Mr Dermot Hughes to discuss IT systems. He said that there is a recognition that CHS sits within the Trusts, but it needs to be pushed forward through the Encompass programme and he would like to keep it in this Report so as to maintain PHA’s focus on this area. The Chair said that he would like to know where PHA is being let down so that the Board can take action. He added that a lot of the work that PHA is going to undertake during its 5-year Plan will rely on help from others. He said that if PHA sets a KPI, then it owns that KPI. The Chief Executive advised that there is now more reflection by AMT on KPIs now than there would have been previously. Professor Rooney thanked AMT for their work in updating this Report following the PPR Committee meeting on Monday.  Ms Reid reported that for KPI 18 on Advanced Care Planning, a paper has been prepared for the Department. Professor McBride advised that Advanced Care Planning is one of his key priorities and it will be a recommendation from the COVID Inquiry. In addition to PHA, he said that it will be an issue for SPPG, in its role as commissioner, as it will be delivered in care homes. Ms Reid said that she would share the options appraisal that went to the Department with Professor McBride.  Ms Henderson noted that when Advanced Care Planning was handed to PHA, there was no additional resources and PHA had made a case to the Department that it required funding, so she felt PHA had no ownership of it. Professor McBride advised that everyone should have an advanced care plan and that this is an important area of work. Ms Henderson asked whether it should sit with PHA as she was shocked it became one of PHA’s KPIs. Professor McBride stated that all ALBs should look to prioritise within their existing budgets. Ms Henderson said that PHA will have to revisit this and review its resources. Ms Reid agreed and said that there is a huge risk if this work is not done properly. The Chair said that he would welcome a further update as part of the next Chief Executive’s Report **(Action 4 – Ms Reid)**.  The Board noted the Performance Management Report. |
| **136/24** | **Item 11 – Updates from Board Committees** |
| 136/24.1  136/24.2  136/24.3  136/24.4  136/24.5  136/24.6  136/24.7  136/24.8 | *Governance and Audit Committee*  Mr Stewart advised that while this Committee has not met since the last Board meeting, he attended a meeting of the Audit Committee Chairs and he would report on this in the confidential section of the meeting.  *Remuneration Committee*  The Chair noted that this Committee has not met since the last Board meeting.  *Planning, Performance and Resources Committee* ***[PHA/03/11/24]***  The Chair advised that the PPR Committee had met on Monday and there had been a good presentation on tobacco control which he would like to see presented at a future Board meeting **(Action 5 – Dr McClean)**. He noted that under the new tobacco and vaping bill, there will be new powers. The Chief Executive advised that at yesterday’s 4 Nations there had been an update from Ms Jeanelle de Gruchy and he agreed to share her presentation with the Board **(Action 6 – Chief Executive)**.  The Chair said that the Committee had talked about the Corporate Plan and the Performance Management Report and had received an overview of the Finance Report and the Our People report. He asked that the Our People report is circulated to members **(Action 7 – Secretariat)**. Ms Henderson said that the Committee is a useful clearing meeting before the Board.  *Screening Programme Board*  The Chair noted that the Screening Programme Board has not met since the last Board meeting.  *Procurement Board*  The Chair advised that the Procurement Board is due to meet next week, but he has asked that procurement becomes a standing item on future PPR Committee agendas.  *Information Governance Steering Group*  The Chair noted that the Information Governance Steering Group has not met since the last Board meeting.  *Public Inquiries Programme Board*  Professor Rooney reported that the Programme Board continues to meet and that there is a lot of work for staff at present and a lot more work to come. She said that the key issue is learning. The Chair agreed and said that a date needs to be planned for a meeting to look at the learning **(Action 8 – Secretariat)**. |
| **137/24** | **Item 12 – Operational Updates** |
| 137/24.1  137/24.2  137/24.3  137/24.4  137/24.5  137/24.6  137/24.7  137/24.8  137/24.9  137/24.10  137/24.11 | *Chief Executive’s and Executive Directors’ Report*  The Chief Executive said that members have received this Report and he and the Directors would be content to respond to any queries.  Mr Clayton asked about the Renfrew Report and if there was a sense yet as to whether any of the recommendations would be relevant to PHA and its role. He also asked about the increase number of cases of HIV among people who inject drugs and for an update on PHA’s involvement in this area and what options the Trust is looking at in terms of buildings it can free up for services for people who inject drugs.  Ms Reid advised that, with regard to the Renfrew Report, this was commissioned as part of a wider review looking at safety within maternity services. She said that the findings are at a high level and PHA is now working with the Department to review these and look at what these mean and what actions there are. She advised that there has been a lot of engagement with mothers about their experiences.  Ms Reid said that the Maternity Services Strategy ran out last year so the aim is to bring various strands of work together and PHA will work with SPPG on developing recommendations, and she would bring further updates to the Board. Mr Clayton stated that this is a complex area and that PPI is important as well as assessing safety and quality of services. Ms Reid advised that a piece of work to identity stakeholders has commenced and it is hoped that there will be an action plan in due course.  Responding to the HIV issue, Dr McClean advised that PHA’s first responsibility is to chair an Incident Management Team (IMT), and it will come up with a range of a measures. She added that PHA commissions a needle exchange scheme and makes testing available. She said that PHA would like to get an Inclusion Health Team out into the community, but she explained that some of the actions being taken forward are outside the reach of the health sector.  Dr McClean reported that Belfast City Council is scoping potential premises and is working hard to identify some. She advised that the Needle Exchange Scheme in Royal Avenue is very busy. She noted that one of the causes of this is homelessness which is a longer term issue.  Ms Henderson asked about the backlog in screening. Dr McClean advised that there is a plan to clear this backlog. She explained that there is now one laboratory, which has been operating since 1 November, and while a backlog was anticipated, it became bigger than expected due to a machine breaking down in the Western Trust area. However, she said that the Belfast Trust has engaged with an NHS Trust in England and all tests should be completed by next Friday and then there will be a manual process to get these inputted onto the system. She stated that the backlog should be cleared by the end of the year.  *Finance Report* ***[PHA/04/11/24]***  Ms Scott presented the latest Finance Report and advised that from a budget of £136m, PHA is currently managing a surplus of £237k which has arisen from various underspends offset by pressures in other areas. She advised that the PPR Committee had scrutinised this Report and there are some areas that she is going to follow up on. She reported that the capital budget is on target.  Ms Scott advised that PHA has been contacted by the Department and asked if it can surrender slippage to assist with pressures across the wider system. She said that, taking that into consideration, PHA is still forecasting a break-even outturn at the year end.  Ms Henderson agreed that there had been a good discussion on this at the PPR Committee where it was noted that there is a £0.2m underspend in the management and administration budget, but an overspend of £1.4m on the programme budget, and that there will be more information on this in the next Report.  The Board noted the Finance Report. |
| **138/24** | **Item 13 – Sealing of MOU between Western Trust and PHA [PHA/05/11/24]** |
| 138/24.1  138/24.2  138/24.3 | The Chair explained that PHA Board approval is required when the PHA Seal is to be applied to any document and he asked if members were content that the Seal is added to this Memorandum of Understanding with the Western Trust.  Mr Wilson advised that this relates to premises PHA leases from the Trust in Omagh.  Members **APPROVED** the use of the PHA Seal. |
| **139/24** | **Item 14 – Chair’s Remarks** |
| 139/24.1 | The Chair advised that he had no business to report on. |
| **140/24** | **Item 15 – Any Other Business** |
| 140/24.1 | There was no other business. |
| **141/24** | **Item 16 – Details of Next Meeting** |
|  | *Thursday 30 January 2025 at 1.30pm*  *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast* |
|  | Signed by Chair: ­­­­­­­­­­­­­­­­  Colin Coffey  Date: 30 January 2025 |