

PHA Board Meeting Minutes

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| **Date and Time** | **Venue** |
| 30 January 2025 at 1.30pm | Fifth Floor Meeting Room, 12/22 Linenhall Street |

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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 Heather Reid | Interim Director of Nursing, Midwifery and Allied Health Professionals | 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 |
| 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 Peter Toogood | Deputy Secretary, Department of Health | In attendance |
| Ms Meadhbha Monaghan | Chief Executive, Patient Client Council | In attendance |
| Mr Robert Graham | Secretariat | In attendance |
| Mr Robert Irvine | Non-Executive Director | Apologies |

# **1/25 Item 1 – Welcome and Apologies**

**1/25.1** The Chair welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine.

# **2/25 Item 2 – Declaration of Interests**

**2/25.1** The Chair asked if anyone had interests to declare relevant to any items on the agenda.

**2/25.2** Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

**2/25.3** Ms Monaghan declared interests in relation to public inquiries and the PHA’s Reshape and Refresh Programme, given PCC’s role and interests in each area.

# **3/25 Item 3 – Minutes of previous meeting held on 21 November 2024**

**3/25.1** The minutes of the Board meeting held on 21 November 2024 were **APPROVED** as an accurate record of that meeting, subject to minor amendments.

# **4/25 Item 4 – Actions from Previous Meeting / Matters Arising**

**4/25.1** The Chair went through the action log. For action 1 relating to members receiving an updated organisational structure, he said he was pleased to note the number of individuals who have been appointed. The Chief Executive reported that following interviews that took place earlier this week offers have been made for the Assistant Director of Commissioning post and the Assistant Director of R&D post.

**4/25.2** The Chief Executive updated members on action 2 which related to the work programme of the new senior leadership team. He advised that the group has now met on two occasions and will meet monthly for the rest of the year. He added that Mr Phil Glasgow will be brought in to work with the team. Given the development of the PHA Corporate Plan, he said that this is a good time for this group to come together. He added that this is a group of senior leaders who should work together to solve problems, bring down silos and act as a catalyst for the planning teams.

**4/25.3** Ms Henderson welcomed seeing the diagram outlining the structure and asked what morale is now like. Ms Reid replied that there has been a change but added that understandably there remains some nervousness. She added that the Chief Executive will be meeting with the staff at Band 8b level and it should be a relatively straightforward process putting them into the new structure. She advised that there has been some reflection on what has worked well in this process, what has not worked well and what has caused anxiety. Professor McClean said that from her perspective, there are staff who are unhappy with the overall direction of travel, but it is always difficult to please everyone and many people are excited about working in the new teams and in a multi-disciplinary way.

**4/25.4** The Chair asked if there is a timeline for the next stage and the Chief Executive replied that transition should take place over the next couple of months.

**4/25.5** The Chair said that he had met with the new senior leadership group and had outlined to them how important he saw their role and how it fits in with the objectives of the new Corporate Plan and Business Plan. He added that the work of the new Strategic Planning Teams (SPTs) needs to come to the Board and that needs to happen as soon as possible.

**4/25.6** Professor Rooney advised that she has been approached by staff who are unhappy. She asked if PHA is content that the issues being raised are individual or systemic. Ms Reid replied there is not a groundswell of dissatisfaction, and that in terms of managing it, she had had 1:1 meetings with staff and has offered the opportunity for staff to contact her and talk to her at any time. Dr McClean agreed that there are always areas of discontent, but felt that once the Tier 3 structures are in place, it will start to settle down. The Chair stated that the level of engagement has been first class and that Ms Grainne Cushley has done a good job in meeting and updating staff.

**4/25.7** Ms Scott said that she chairs the culture workstream as part of the new Organisation Development and Engagement Forum (ODEF) and that it is currently collating the feedback from the staff event that was held in December. The Chair asked when this feedback could be shared with the Board **(Action 1 – Ms Scott)**. Ms Scott replied that there is not a timeline, but the Chair said that he would like to see it as it will be interesting. Ms Scott advised that a lot of the feedback relates to the change process.

**4/25.8** The Chief Executive advised that staff who are unhappy have spoken to him and he appreciated that this can be difficult. He added that he has travelled to each of the local offices on at least a quarterly basis to talk to staff and while there are some that are unhappy, there are others who are wholly committed to the change. He said that PHA needs to evolve. The Chair noted that for that to happen, there needs to be a period of self-reflection.

**4/25.9** Ms Henderson agreed that the level of staff engagement has been high. She asked if the timescales for recruitment have been communicated to staff. Mr Wilson advised that there are updates given at each of the “First Tuesday” sessions for all staff.

**4/25.10** The Chief Executive advised that from the interviews that have taken place this week, it is clear that there are individuals who want to come and work in the PHA and some difficult decisions had to be made as there were excellent candidates.

**4/25.11** The Chair said that from a governance perspective, it is important that the Agency Management Team (AMT) and the Board receives a report to show how the recommendations of the EY Report have been enacted and he hoped that this will be brought to the Board in June.

**4/25.12** Moving on to action 3, which related to the Performance Management Report, Ms Scott advised that the draft Report for Quarter 3 was considered at AMT yesterday and where at the end of Quarter 2, there were 9 targets rated “amber” and 6 rated “red”, there are now 6 targets rated “amber” and 11 rated “red”, principally due to a number of deadlines being missed. The Chair said that he does not view this Report as a means of blaming individuals, it is a statement of fact. Mr Stewart agreed adding that when setting targets, staff should ensure that they set realistic dates. The Chief Executive echoed this and said that there is a need to change the culture as he did not wish to see all target dates being set for March. He advised that there are targets which are rated “blue” and “green”. He added that this is about focusing staff attention on what PHA’s priorities are.

**4/25.13** The Chair noted that for action 4, there is an update on Advanced Care Planning in the Chief Executive and Directors’ Report, and that for action 5 a date has been suggested for those staff who delivered the smoking cessation presentation to the Planning, Performance and Resources (PPR) Committee to come to the Board.

**4/25.14** For action 6, which related to obtaining information from the last 4 Nations Chief Executives’ meeting, the Chair noted that he now sits on a meeting of the 4 Nations Chairs which he finds extremely useful and advised that there will be a joint session in the future. He advised that he and Mr Graham would consider how information from these can be shared with the wider Board **(Action 2 – Chair/Secretariat)**. He said that there is a view that health and economy are linked and that keeping people out of hospital will help create economic growth.

**4/25.15** The Chair advised that the Our People Report had been shared which closed action 7. Mr Clayton said that this was a very useful report, but noted that mental health is the predominant cause of long term sickness absence and asked what the drivers of that may be, and what PHA could do to mitigate this.

**4/25.16** Mr Wilson suggested that action 8, relating to the learning from Public Inquiries could be picked up as part of the discussion on Item 12 later in the meeting.

**4/25.17** Mr Clayton noted that the Board had received a written briefing about the Live Better initiative and said that it would be helpful to get an update on the direction of the programme, actions taken and how success will be measured given the constrained timescales. He noted that the aim of the initiative is to reduce health inequalities. Ms Reid advised that Mr Toogood is the co-chair of the oversight group. She said that a framework around an evaluation will be presented at the next Oversight Board meeting, but it is difficult to get traction on some of the outcomes, for example vaccination rates and oral health. She advised that this work is not solely about outcomes, but looking at how there can be improved working together, for example the community and voluntary sector are keen to use their networks to link with the local population. She added that access to medical input and input from Trusts has been helpful.

**4/25.18** Ms Reid said that this initiative has given a good insight into how PHA can influence the wider system and have improved engagement with community and primary care. She advised that to date most of PHA’s relationship with primary care was through the GP contract, but now there is closer working. She said that the evaluation will be multi-factorial and will use proxy indicators. She noted that mental health is one area in the initiative where there has not been much progress so that element may be stood down. Mr Toogood commented that when trying to translate what Live Better looks like, it is a crowded space with many similar initiatives, but this initiative has helped to shine a light on how the system can work better. He added that all participants have been willing and able.

**4/25.19** Mr Clayton noted that these have been place-based initiatives and there is a need to look instead at the deprivation indices. He gave the example of the Family Nurse Partnership programme, which has evidence-based outcomes. He asked if the Board could be kept informed on this work.

**4/25.20** Ms Monaghan asked about Live Better and how it could inform the rollout of the Integrated Care System (ICS). Mr Toogood replied that if ICS and the Area Integrated Programme Boards (AIPBs) were in place, the Minister could ask for a piece of work to be undertaken and it would be something the AIPBs would take forward. However, he expressed concern that there is a need to be able to work more quickly.

**4/25.21** Returning to Mr Clayton’s queries on the Our People report, Ms Scott advised that there is a breakdown of the causes of long term sickness absence, and particularly the mental health element. Ms Reid advised that there are well-defined processes for dealing with this, including the stress toolkit, talking to staff, and having phased returns.

**4/25.22** Mr Stewart said that the Our People report was excellent and gives a good indication of how far the organisation has shifted. He commented that the level of absenteeism would be the envy of many other public sector bodies. He suggested that rather than focus on long term absence, there should be more of a focus on short term or casual absence. The Chair said that this report should always be included in the packs of papers for members **(Action 3 – Secretariat)**.

# **5/25 Item 5 – Reshape and Refresh Programme**

**5/25.1** The Chair advised that he had chaired the meeting of the Oversight Board which took place on 9 December. He referenced the earlier discussion around the senior leadership forum which has now met on two occasions. He said that HSCQI has completed its transition to RQIA, but that Connected Health still remains within PHA. The Chief Executive advised that PHA is liaising with BSO and Digital Health and Care (DHCNI) to resolve this.

**5/25.2** The Chair reported that there was a workshop in January looking at the planning teams and that a governance framework is under development. Ms Reid advised that this is almost completed. The Chair said that there will be a meeting with SPPG to look at the implementation of ICS. The Chief Executive said that there has not been much progress in this area.

# **6/25 - Item 6 – Reports of New or Emerging Risks**

**6/25.1** The Chief Executive advised that he would cover this item in the confidential session.

# **7/25 - Item 7 – Raising Concerns**

**7/25.1** The Chief Executive advised that he would cover this item in the confidential session

# **8/25 - Item 8 – Updates from Board Committees**

*Governance and Audit Committee*

**8/25.1** The Chair said that he would like there to be a session on risk awareness for the whole Board and he has asked Mr Stewart to discuss this at the next meeting of the Governance and Audit Committee.

*Remuneration Committee*

**8/25.2** The Chair advised that this Committee has not met since the last Board meeting, but he will be convening a meeting shortly.

*Planning, Performance and Resources Committee*

**8/25.3** The Chair noted that this Committee has not met since the last Board meeting.

*Screening Programme Board*

**8/25.4** The Chair advised that the Screening Programme Board met on 29 January and stated that it was an excellent meeting with good presentations and clear papers. He said that there was a good discussion on breast screening and he felt assured that PHA was in control of the issues. He added that there was an update on all of the other programmes. He queried whether risks from these programmes go onto operational risk registers or the Corporate Risk Register. He commented that if this Programme Board was not in place, the various parties would not get together. Dr McClean advised that there are other internal meetings and meetings involving BSO.

**8/25.5** The Chair noted that the terms of reference for the Digital Modernisation Board are now in place.

*Procurement Board*

**8/25.6** Ms Henderson said that the Procurement Board had met on 22 January and that progress is being made on 64 contracts with fewer Direct Award Contracts (DACs). She added that while there is progress in the area of drugs and alcohol, there is approximately £10m worth of contracts that have never been tendered. She stated that there is a need to get the planning teams in place and she hoped that with the Assistant Directors now in post, that will progress. She queried whether PHA is using its resources in the best way possible as there are a lot of legacy projects. She also suggested that the Procurement Board is possibly not the best vehicle for this work, but it will continue until there are new structures in place. She highlighted that while there has been progress, there is now new procurement legislation that PHA may not be compliant with.

**8/25.7** Ms Reid agreed that there is a need to get the planning teams up and running and a need to look at how the work is carried out as the process is laborious. Ms Henderson said that it is a learning curve and there is a piece of work in terms of getting the new procurement legislation disseminated. The Chair stated that this work is central to PHA and that AMT has to own it and develop a plan. He said that he was delighted that progress has been made, but acknowledged that it is laborious.

**8/25.8** Professor Rooney expressed surprise that the SPTs would be looking at procurement, but Ms Henderson clarified that their role is to set out what is needed. Professor Rooney said that PHA should be helping community groups if its strategic priority is to help the 20% most deprived. Ms Henderson said that PHA is looking at opportunities for grant funding. Professor Rooney asked if PHA is measuring this in terms of impact on communities. Mr Wilson advised that issues around procurement have surfaced as part of the consultation process for the new Corporate Plan and that it will also likely appear in written responses to the consultation.

**8/25.9** The Chief Executive said that PHA will always have to make decisions around procurement, but it needs to make more joined up decisions. He noted that the Procurement Board meeting highlighted two issues, GDPR and the logjam within BSO. He said that PHA may have to make a decision as to whether it funds a post in BSO.

**8/25.10** Mr Clayton commented that GDPR has been a perennial issue raised by the Procurement Board and he appreciated that PHA is attempting to get on top of the issue. The Chief Executive said that PHA will approach Ms June Turkington from the Directorate of Legal Services for a meeting in an attempt to move this issue forward. Mr Clayton said that the procurement landscape is changing across health and it is timely to look at this. He added that looking at Scoring Social Value fits in with the priorities of PHA.

**8/25.11** Ms Henderson said that there is now a tension between how much PHA spends on community and voluntary sector contracts and how much it spends on management and administration, and asked whether the balance needs to be changed. She stated that PHA needs to look at staff development and have its own expertise. The Chief Executive said that there are some decisions that will have to be taken as a Board as PHA works its way through its procurement work. He commented that if PHA is seen to stop funding a particular service, there will be issues raised by MLAs. Professor Rooney said that if there is a clear rationale and evidence base then there is no argument. She added that PHA needs to look at its historic contracts, as well as developing an outcomes framework.

*Information Governance Steering Group*

**8/25.12** Ms Scott reported that the Information Governance Steering Group had met and there is a lot of activity happening in this area. She said that the Group went through the 2024/25 Action Plan and that one of the areas looked at was training and awareness. She said that while uptake of training is improving there remains an issue in terms of getting staff to complete their training within one week because of how long it can take to get staff onto the necessary systems. She advised that there were discussions around Data Sharing and risks in relation to information assets. She reported that there were two near misses and one data breach, none of which required to be reported to the Information Commissioner’s Office.

**8/25.13** Mr Clayton noted that the Governance and Audit Committee will review the Action Plan.

*Public Inquiries Programme Board*

**8/25.14** It was agreed the update on this Programme Board would be picked up under Item 12 on the agenda.

# **9/25 - Item 9 – Presentation on Protect Life 2**

*Ms Fiona Teague, Ms Shauna Houston and Ms Kathy Owens joined the meeting for this item*

**9/25.1** Ms Teague thanked members for the opportunity to present at today’s meeting and give an update on the Protect Life 2 Strategy. She said that suicide prevention is a key public health area and that those who work in this area are passionate about it. She explained that PHA is the lead organisation with responsibility for co-ordination and implementation of the Strategy.

**9/25.2** Ms Teague advised that a review of the Strategy was carried out in November 2023 and a high-level action plan has now been developed. She outlined the makeup of the staff in PHA who work in this area.

**9/25.3** Ms Owens gave an overview of the data from the Self-Harm Registry for 2021/22 as well as the Self-Harm Intervention Programme (SHIP) and the Lifeline service.

**9/25.4** Ms Houston outlined the work of Postvention Services and noted that these do not operate in all Trust areas. The Chair asked why this is the case and Ms Houston explained that this is being reviewed with the procurement process being actively worked on. Ms Houston gave an overview of some of the support initiatives in place as well as training and the short term funding programmes that PHA funds.

**9/25.5** Ms Teague advised that a number of procurements have either been completed or are in progress. She said that this is an area that requires resources.

**9/25.6** Ms Owens finished the presentation by showing members the work undertaken to refresh the “Minding Your Head” website and other PHA publications in this area.

**9/25.7** The Chair asked if other Departments are promoting this initiative as much, or if it is being led by PHA with others following along. Ms Teague replied that there are specific action owners so for example, the Department of Infrastructure has been leading work on restricting access to bridges etc. She added that there are specific areas that other Departments are signed up to. She advised that there is a regional group which is chaired by the Chief Medical Officer and there is greater accountability to Ministers.

**9/25.8** The Chair noted that one of the initiatives outlined is only available in three Trust areas and asked what additionality is required to make this available across all five Trusts. Ms Teague advised that this is the postvention service which is £1m. Ms Houston advised that the additionality would be £350k. Ms Teague anticipated that in a year’s time, this service will be in all Trusts. Dr McClean explained that there is a lot of historic investment and PHA is trying to move forward and ensure there is regionalisation.

**9/25.9** Mr Clayton said that he was glad to see that a service specifically aimed at children and young people will be available in all areas. In terms of inequalities, he commented that short term funding programmes are short term in nature, and that there are significant inequalities in relation to suicide. He asked what more PHA could be doing in the area of inequalities. He noted that PHA is commissioning research in the area of self-harm and ideation. He added that it is difficult to get a sense of what online content children are accessing and he asked if this is being looked at. Ms Teague explained that within the strategy there is an action around media monitoring whereby if there is any inappropriate reporting of suicide, PHA activates a response. She added that there is an online tool being used in the Republic of Ireland and England that PHA would like to use.

**9/25.10** Mr Clayton asked what can be gained from short term funding. Ms Houston advised that short term funding is very specific and helps smaller local community groups come forward and puts mental health and suicide prevention on the radar of groups where it may not be. She added that PHA is aiming to increase capacity and help these organisations respond to the area of suicide. She said that PHA wants individuals to be confident about having conversations.

**9/25.11** The Chair asked how PHA can make a difference in communities where there may be individuals that PHA cannot help but Ms Teague said that PHA is making a difference. The Chair asked what more PHA can do in its working with other Departments. Ms Owens said that all Departments have this work on their radar. In terms of health inequalities, she said that PHA can look to work with groups such as Travellers and LGBT. She added that as part of advertising the Lifeline service, it can target messages to those in socially deprived areas.

**9/25.12** Ms Henderson said that having asked for this presentation, she was delighted to hear about the work that is being done as this is an important area of PHA’s work. She added that there is a lot of work happening and a strong team leading it.

**9/25.13** The Chair thanked Ms Teague, Ms Houston and Ms Owens for attending the meeting.

# **10/25 - Item 10 – Presentation on the Development of Regional Multi-agency Guidelines for Sudden Unexpected Death in Infancy and Childhood (SUDIC)**

*Dr Lynsey Patterson, Ms Eilidh McGregor and Ms Linda Craig joined the meeting for this item*

**10/25.1** Dr Patterson began the presentation and gave an overview of the development of SUDIC guidelines and explaining the definition of SUDIC. She advised that there are approximately 30/40 sudden and unexplained deaths of children in Northern Ireland each year the majority being in children under the age of one.

**10/25.2** Dr Patterson outlined the approach to developing the guidelines and explained how the process would work.

**10/25.3** Ms McGregor advised that there is a multi-agency group working in this area and two areas that PHA is looking at in the first instance are co-sleeping and quad bike deaths. She highlighted some of the challenges in this work.

**10/25.4** Ms McGregor invited the Board to participate in an exercise where there had been child deaths and to determine if the SUDIC protocol should be used, thus demonstrating the complexity of this work. Ms Henderson asked who the SUDIC Lead is, and Ms McGregor replied that at present there is not one.

**10/25.5** Mr Clayton surmised that when there is multi-agency involvement in an area such as this, there are those wanting to focus on the cause and those focusing on the learning. He asked if there has been a barrier between PHA and those looking at deaths from a legal perspective. Ms McGregor said that PHA has been fortunate in that, although there are different agencies, the focus has been on the child. Mr Clayton said that knowing when to trigger the protocol may be an issue, but Dr Patterson advised that the SUDIC Lead will decide when to trigger it.

**10/25.6** Mr Clayton noted that SBNI asked PHA to lead on this work, but SBNI is a safeguarding organisation. Ms McGregor agreed, but added that this is also to do with population health. She added that Child Death Overview Panels (CDOPs) sit together to look at the learning, but they are not established yet in Northern Ireland.

**10/25.7** Mr Stewart said that he was struck by the reference to quad bike deaths and asked if PHA has considered interacting with the Ulster Farmers Union or other rural organisations. Ms McGregor said that as Northern Ireland has a higher rural population there is a higher number of quad bike deaths. She explained that quad bike deaths are different as there are a lot of legal issues so PHA is currently working with PSNI but could look to work with other organisations in the future to make sure it is getting the right messages to the right people in the right way.

**10/25.8** Ms Henderson asked what will happen once this protocol is operational and whether PHA will be to receive information. Dr Patterson replied that the child death team will continue to receive and analyse information. Ms McGregor added that Trusts are aware that they will lead the process, gather information and forward it to PHA as PHA already has a role is review all child deaths. Ms Henderson said that this is important work.

**10/25.9** Ms Reid said that PHA was asked to co-ordinate this protocol and to share it with the Department once it is developed. She added that engagement is part of that process. She advised that PHA receives some information on neonatal deaths at present.

**10/25.10** Mr Blaney commented that, in terms of when to implement the SUDIC protocol he would like to have seen some examples of when it would not be implemented because it could become a case of all deaths being put forward to the SUDIC lead. He added that there needs to be clarity in case a family feels let down that they have not been contacted. Ms Reid said that this is one of the reasons why training is so important.

**10/25.11** Professor Rooney asked if CDOPs are required to be established in Northern Ireland. Ms Reid explained that their establishment is contained within the SBNI regulations. In response to Professor Rooney’s question as to where these would sit, Ms Reid explained this would be for the Department to determine.

**10/25.12** Ms Craig gave an overview of the work involved in explore the parent experience while developing this protocol. Given this is a sensitive area, she explained that a different approach will have to be taken as not many parents would wish to revisit the trauma of losing a child. She outlined an approach which could involve parents giving their stories. She noted that there is a gap in terms of bereavement support and if this was in place parents might speak about their experience. She said that it is about bringing clarity for families in a sensitive way.

**10/25.13** The Chair thanked Dr Patterson, Ms McGregor and Ms Craig for attending the meeting.

# **11/25 - Item 11 – Operational Updates**

*Chief Executive’s and Executive Directors’ Report*

**11/25.1** Dr McClean updated members on matters relating to cervical screening and advised that she and Dr Tracy Owen had attended a meeting of the Health Committee which she described as lengthy and challenging. She said that while the session was used to present facts and statistics, it was felt that PHA did not acknowledge what had happened, but Dr Owen did acknowledge this and presented the facts.

**11/25.2** Dr McClean explained that in terms of the reports PHA has prepared on the issues within the Southern Trusts, these will now be reviewed by experts from Wales and Scotland. She reiterated that the cervical screening programme was a cytology-based programme and it will not pick up 1 in 4 cancers. She said that the report being prepared by the external experts will not be ready until the end of February. In terms of the review being led by NHS England, their team will be coming over from 13 to 16 March.

**11/25.3** Dr McClean advised that there is now a single lab, located in the Belfast Trust, for analysing results, but the timescales for doing so are much longer than hoped with results taking up 8/10 weeks. She explained that the Trust had begun with a backlog and there is also an IT issue, but these should be resolved within the next 6 weeks. She reported that the UK Accreditation Service (UKAS) has confirmed that it will accredit the lab in Belfast. She said that the move to one lab has created challenges. Mr Toogood echoed this saying that screening is complicated and attempting to explain a process in tragic circumstances is a perfect storm. He added that calls for a Public Inquiry will not go away. He said that it is necessary to get this report completed so as to fill the vacuum. He added that the Department, Trusts and PHA are working well together.

**11/25.4** Professor Rooney asked if PHA has a communications plan for when the report is completed and if PHA has supported the “ladies with letters” group. Mr Wilson explained that PHA is not working alone in this and that there will be a co-ordinated response with the Southern Trust and the Department, with the Southern Trust leading on a number of aspects. He noted that no matter how many times it has been explained how screening programmes operate, there remains a gap in understanding. He confirmed that there will be a dedicated comms lead in PHA.

**11/25.5** Dr McClean advised PHA carried out an omnibus survey to get a feel for public confidence in screening programmes. She added that the Trust put in extensive support, including a helpline as part of the review. She said that there were many conversations with the “ladies with letters”, but they have engaged extensively with their locally elected representatives. She noted that their views are not representative of the 17,500 women who were recalled. She advised that the Trust has tried very hard to engage with them. Ms Monaghan said that PCC would be happy to help PHA with the engagement, but added that this is starting from a point where there are individuals who have lost trust. She noted that there is a difference between engagement and support and there is a need to determine what outcome PHA is trying to seek.

**11/25.6** Ms Henderson said that the presentation made to the Health Committee was excellent and was clear and understandable. She added that there was a clear audit trail of what actions had been undertaken and at what point. She said that PHA has handled this issue extremely well, despite having limited resources, and has done everything that could be done.

**11/25.7** Mr Clayton said that he was pleased to see that the peer review by NHS England was being undertaken and noted that the Board had previously asked to see the terms of reference. He noted that it is important that the Board gets a sense of the review as there is a difference between a quality assurance process and a regulatory process. Dr McClean gave an overview of the terms of reference stating that they will review whether PHA had carried out what it undertook to do, what PHA actually did, whether there were any gaps and if there are gaps in PHA’s current processes. She advised that going forward, as part of the introduction of primary HPV, there is a need to look at what the quality assurance of that programme will look like.

**11/25.8** The Chair stated that there is a need for a discussion around what is meant by quality assurance adding that he had hoped that this would have come out of the presentation at the previous Board meeting around Serious Adverse Incidents (SAIs). Dr McClean said that there is a question about what does quality assurance mean within the context of screening. She advised that over the year, PHA has analysed data and highlighted issues, and wrote to the Trust Chief Executive, but ultimately the duty of quality and safety lies with the Trust. The Chair said that if PHA had identified a risk, it should have been escalated to the Trust Chair, and that the Trust Board should have been involved.

**11/25.9** Professor Rooney said that links back to the need to understand what PHA’s role is in terms of safety and quality. The Chair indicated that he was not clear about what the role is and he asked the Directors to look at this further outside of the meeting **(Action 4 – Executive Directors)**.

**11/25.10** The Chief Executive passed on his congratulations to Ms Michelle Tennyson who has received a professorship from Ulster University. Dr McClean reported that Dr Janice Bailie is retiring from PHA on Friday.

*Finance Report* ***[PHA/01/01/25]***

**11/25.11** Ms Scott presented the Finance Report for the period up to 30 November 2024 and invited questions from members.

**11/25.12** Ms Henderson expressed concern that it had been her understanding that the management and administration budget was underspent by £1.3m due to vacant posts not being filled, but it appears there is a £1.3m overspend on programmes which the underspend in management and administration is funding. She said that she would speak to Ms Scott about this outside of the meeting given that it will not be possible to have this situation next year. She also asked if the format of the report could be changed as it is a long report.

**11/25.13** Mr Clayton echoed these concerns and asked if PHA is using slippage to fund spending commitments and what position that leaves PHA in. He also asked about monies owed by the Special EU Programmes Body (SEUPB). Ms Scott advised that the outstanding money has reduced considerably.

**11/25.14** Ms Henderson asked about vaccine stock levels. Ms Scott replied that there is close ongoing work with the vaccination team and that stock levels will not be as high as in previous years. Ms Henderson asked if less people are being vaccinated. The Chief Executive advised that PHA has saved £1m and that more people have been vaccinated. Mr Stewart said that it is good that there has been a review of PHA’s methodology and improved communication with GPs and pharmacies etc.

**11/25.15** The Board noted the Finance Report.

# **12/25 - Item 12 – Establishment of PHA Working Group [PHA/02/01/25]**

**12/25.1** This item was deferred until the next meeting.

**12/25.2** The Chief Executive advised members that Ms Jennifer Lamont is finishing working with PHA on 31 January and he acknowledged the work that Ms Lamont has done helping the Agency with its responses to Public Inquiries.

# **13/25 - Item 13 – Final Partnership Agreement between Department of Health and Public Health Agency [PHA/08/02/25]**

**13/25.1** This item was deferred until the next meeting.

**13/25.2** The Chair said that there needs to be more time for discussion for this item.

# **14/25 - Item 14 – Chair’s Remarks**

**14/25.1** The Chair advised that he had no business to report on.

# **15/25 - Item 15 – Any Other Business**

**15/25.1** There was no other business.

# **16/25 - Item 16 – Details of Next Meeting**

*Thursday 27 February 2025 at 1.30pm*

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

Signed by Chair: ­­­­­­­­­­­­­­­­

Colin Coffey

Date: 27 February 2025