

Title of Meeting	151 st Meeting of the Public Health Agency Board
Date	16 February 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Brid Farrell	- Deputy Director of Public Health (<i>on behalf of Dr McClean</i>)
Mr Stephen Murray	- Interim Assistant Director of Planning and Business Services (<i>on behalf of Mr Wilson</i>)
Mr John Patrick Clayton	- Non-Executive Director (<i>For items 1-8, 11-14</i>)
Mr Robert Irvine	- Non-Executive Director (<i>via video link</i>) (<i>Joined between paragraphs 21/23.4 and 29/23.3</i>)
Ms Deepa Mann-Kler	- Non-Executive Director (<i>via video link</i>) (<i>Left after paragraph 21/23.2</i>)
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director (<i>via video link</i>)

In Attendance

Dr Aideen Keaney	- Director of Quality Improvement (<i>For items 1-4</i>)
Ms Deirdre Webb	- Assistant Director of Nursing
Ms Tracey McCaig	- Director of Finance, SPPG
Mr Robert Graham	- Secretariat

Apologies

Dr Joanne McClean	- Director of Public Health
Mr Stephen Wilson	- Interim Director of Operations
Mr Craig Blaney	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Brendan Whittle	- Director of Hospital and Community Care, SPPG
Ms Vivian McConvey	- Chief Executive, PCC

17/23 | Item 1 – Welcome and Apologies

17/23.1	The Chair welcomed everyone to the meeting. Apologies were noted from Dr Joanne McClean, Mr Stephen Wilson, Mr Craig Blaney, Ms Anne Henderson, Mr Brendan Whittle and Ms Vivian McConvey.
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18/23 Item 2 – Declaration of Interests

- 18/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.
- 18/23.2 Mr Clayton indicated that if the Chief Executive wished to give any update in relation to Public Inquiries under his Chief Executive's Business he would declare an interest given that Unison is engaging with the Inquiries. It was agreed that the Chief Executive would give an update on Inquiries at the end of the meeting and Mr Clayton would leave the meeting for that discussion.

19/23 Item 3 – Minutes of previous meeting held on 19 January 2023

- 19/23.1 The minutes of the Board meeting held on 19 January 2023 were **APPROVED** as an accurate record of that meeting, subject to the following amendments:
- 19/23.2 In paragraph 7/23.4, Ms McCaig suggested the addition, "...agreement with the Department regarding a retraction".
- 19/23.3 In paragraph 5/23.3, the following addition, "...is not only a matter..."
- 19/23.4 In paragraph 11/23.12, Professor Rooney suggested the following correction, "...not enough nurses, AHPs or ~~enough~~ psychologists..."
- 19/23.5 In paragraph 11/23.11, Mr Clayton suggested the amendment, "...was on sick leave, this created issues around capacity resulting in a backlog."

20/23 Item 4 – Matters Arising

- 20/23.1 The Chief Executive confirmed that following approval of the PHA Board Buddy Evaluation report, PHA will proceed with implementing the recommendations and Dr Keaney will take this forward. Dr Keaney advised that she would develop an action plan.
- 20/23.2 Professor Rooney asked if there was any follow up action following the discussion about PHA's expertise and the cost of living crisis. The Chief Executive said that he was proposing to give an update on this in his Chief Executive's business, but would do so at this point. He advised that at the last meeting he had informed members that a meeting had been facilitated by NICVA between various organisations in relation to the cost of living crisis, but that he was unable to attend due to the clash with the Board meeting. He said that at the meeting there was representation from bodies including Local Councils, the Department for Communities, PHA and the Department of Health. He advised that there was a lot of emphasis on working together and a number of presentations were delivered. He reported that the Department for Communities is providing additional support to the community and

voluntary sector through a grant scheme where applicants can seek up to £1,500 one-off non-consolidated contribution. He advised that the European Social Fund will be coming to an end on 31 March which is a concern. He said that the Northern Ireland Housing Executive is focusing on housing that protects health and that there was a discussion about community development work led by Armagh Banbridge and Craigavon Council in areas such as food banks. He advised that PHA will continue to engage with this group and that following a discussion at this week's Agency Management Team (AMT) meeting, he will have a conversation with the Chair of SOLACE (Society of Local Authority Chief Executives) around potentially helping community and voluntary sector organisations with a one-payment utilising PHA slippage funds.

20/23.3 For action 2, the Chief Executive advised that PHA has not yet received correspondence from RQIA regarding the SAI process and that it will be up to RQIA to contact PHA.

13/23.3 Accommodation

20/23.4 Professor Rooney asked if the booking system for desks has been implemented yet. Mr Murray advised that this has not yet been implemented as floor plans are being finalised. He said that there is a draft model but it needs to be agreed with Dr McClean.

20/23.5 Dr Farrell asked if PHA has purchased any air filters. Mr Murray advised that the advice on these has been mixed. Dr Farrell noted that the open plan areas on the 4th floor in Linenhall Street do not have any windows. Ms McCaig said that SPPG has been looking at this with BSO and the feedback has not been positive but that options are being explored. The Chief Executive asked if a baseline on settle plates has been produced, but Ms McCaig again stated that information is awaited from BSO. She said that the units that would be required are large and noisy and although smaller units are available, they will not be as effective.

20/23.6 Professor Rooney said that the issue of accommodation is important and asked if EY could assist. The Chief Executive advised that this is not in the current Statement of Works, but he is having a meeting with EY to look at the next phase and this could be built in. Ms McCaig reported that SPPG has been asked to be involved in the Greater Belfast accommodation review and PHA will also be included. The Chair said that in his view, PHA should move into its own accommodation. The Chief Executive said that the proposed move to staff working in the office 3 days a week from 1 March will have an impact and there are issues regarding the tidiness of the office. Ms Webb commented that when staff are in the office and are doing meetings via video calls they tend to speak louder. Ms McCaig said that staff can find it challenging at the beginning but they get used to it. Mr Murray said that it is hoped that some break out areas can be created by freeing up space. Ms Webb asked if that means that individual offices can be booked and Mr Murray said that will be part of the review. He

added that the final solution will not be perfect but it will aim to facilitate everyone. He pointed out that there is a balance to be struck in terms of spending a lot of money in the short term when the long term aim is to find new accommodation. He added that there have been discussions with BSO and the aim is to make the current accommodation as good as it can be.

- 20/23.7 Mr Clayton said that he presumed that what is being done is being carried out on a rota basis and asked if there is co-ordination across other sites. Mr Murray confirmed that there is co-ordination and added that PHA is linking with SPPG and BSO to look at shared spaces. Ms McCaig noted that there is a challenge given PHA is currently using all of the meeting rooms. She added that she is happy to share space on her floor. The Chair stated that hygiene factors such as staff accommodation and comfort have a major impact on performance and that is also important to improve air quality. Dr Farrell commented that there is office space in Tower Hill with ample car parking. Ms McCaig advised that a review of all SPPG offices is being carried out, but the immediate priority for the PHA is in Linenhall Street.

At this point Dr Keaney left the meeting.

21/23 Item 5 – Chair’s Business

- 21/23.1 The Chair said that as part of the Reshape and Refresh programme, he would like EY’s Organisational Development expert to speak to the PHA Board, but he has not yet had an opportunity to discuss this with the Chief Executive.
- 21/23.2 The Chair advised that there is not a Department of Health policy position yet on gambling harm in Northern Ireland. He noted that the Department of Health asked Mrs Briege Quinn and Mr Oscar Donnelly to write a report. He said that he has received a report which was written by Public Health Wales and contains more than 40 recommendations and an action plan. He advised that on Monday he attended a meeting of the All-Party Group on gambling and he felt powerless that PHA cannot do anything in this space. He said that something needs to be done in the absence of an Assembly or a Minister.

At this point Ms Mann-Kler left the meeting.

- 21/23.3 The Chief Executive advised that gambling sits under the remit of the Department for Communities but agreed that it would be useful for the Department of Health to develop a policy direction. The Chair queried why the Department of Health commissioned Mrs Quinn and Mr Donnelly to write a report.

At this point Mr Irvine joined the meeting.

- 21/23.4 The Chair reported that it is estimated there are more than 14,000

problem gamblers in Northern Ireland and that each of them affects the lives of six other people with whom they come into contact.

The Chief Executive said that he and Dr McClean are going to visit Public Health Wales within the next couple of months.

21/23.5 The Chair advised that he attended a conference on productivity in health. He said that the data were interesting although there is a need for a separate comparison in terms of what can be done with a Minister and without a Minister.

21/23.6 The chair reported that at that same conference he had also raised the issue of three-year funding and the Chair of the Northern Ireland Fiscal Commission agreed that it would lead to greater efficiency. The Chair had advocated that such a position should prevail in Northern Ireland since it was available to Government departments in England. He felt that such a decision by civil servants would not be at risk of judicial review.

21/23.7 The Chair said that it would be worthwhile looking at the reasons why the costs of health in Northern Ireland grew by 28% between 2015 and 2019. He added that according to a report by Professor John Appleby that at some point the health budget in Northern Ireland could use up to as much as 70% of the block grant. Mr Clayton said that he would challenge those assertions on the budget which had been raised previously. However, he added that he would be keen to look at the report.

22/23 Item 6 – Chief Executive’s Business

22/23.1 The Chief Executive reported that two staff engagement sessions regarding the Reshape and Refresh programme took place and both were very successful. He advised that one of the takeaway messages is that staff awareness about the programme has increased from 55% to 92%. He said that staff asked that in future there should be more notice of these sessions and he accepted that the workshops were arranged at short notice. He added that there is a need to focus on the cohort of staff who are not engaged with the process.

22/23.2 The Chief Executive advised that a new business plan cycle is under way and should be completed soon. Mr Murray said that the second part of the plan is currently being reshaped. The Chief Executive added that there has been good staff engagement in the process.

22/23.3 The Chief Executive advised that no new risks have been added to the Corporate Risk Register, but wording is being finalised on a risk regarding the Vaccine Management System (VMS).

22/23.4 The Chief Executive reported that there are no conduct issues.

22/23.5 Mr Clayton asked if there has been external consultation with regard to

the Business Plan. Mr Murray said that the development of the Business Plan is an internal process, but there would be external engagement on the Corporate Plan.

22/23.6 Professor Rooney asked if the “Team PHA” branding is solely for the review programme. The Chief Executive advised that it is, but it could be considered further going forward. The Chair said that if there is to be a rebranding exercise, there should be extensive consultation with both the Board and the staff. Professor Rooney commented that the branding appears inward-looking. She said that there is a need to develop a new organisation that is fit for purpose, and that the idea of branding, and engaging staff is very important.

23/23 Item 7 – Finance Report (PHA/01/02/23)

23/23.1 Ms McCaig advised that PHA’s year-end position is a projected surplus of £1.582m which is almost exclusively related to vaccines. She said that the Department has not yet given any indication whether it will retract the funding. Professor Rooney asked for more information. Ms McCaig explained that the funding was mainly the cost of flu vaccines, based on a projected 80% uptake. Dr Farrell said that there will be a spring booster and she asked if its rollout before 31 March would help reduce the surplus. Ms McCaig said that this could be explored. Dr Farrell advised that she would have more information on this within the next week.

23/23.2 The Chair asked if this funding for vaccination could be vired elsewhere and Ms McCaig confirmed that it could.

23/23.3 Ms McCaig reported that there is up to £10m of funding within the Health Improvement budget to be spent which means a significant amount of work is required to be completed between now and the end of the year.

23/23.4 Ms McCaig said that she would continue to liaise with the Department regarding the retraction of funding, but if this is not possible, and PHA cannot spend the money then the break-even target will be breached.

23/23.5 Mr Stewart asked whether the slippage for the vaccine is in relation to unused vaccine. He also asked what could be done in relation to the spread of Trust spend throughout the year to ensure that PHA is not left trying to find ways to use any surplus. Ms McCaig suggested that the Planning, Performance Resources (PPR) Committee could look at the issue of slippage in more detail, but in summary it relates to the aim of vaccinating 80% of people in the 50/64 age group. With regard to Trust spend, she assured members that there is no issue in terms of spend as it is profiled evenly across the year and if Trusts were to return funding, PHA would not accept it.

23/23.6 The Chief Executive advised that this is the second year in a row where PHA has been left with a surplus relating to vaccine because the amount

that was estimated for use was too high. He said that there is a need to put in a new process for estimating. He added that this has been referenced in PHA's savings submission and that if a better way of doing this can be found, any savings will benefit the whole HSC system.

23/23.7 Ms McCaig commented that finance is a governance responsibility and the Chief Executive added that all staff who manage budgets are being asked to undertake being required to undertake training in the management of budgets.

23/23.8 Ms McCaig advised that further information regarding how PHA utilised its surplus funds this year has been included, but she suggested that going forward this should be a standing item at the PPR Committee and that Finance will provide a report to accompany this. She reported that PHA staff cannot buy back annual leave this year so an estimate needs to be finalised regarding the cost of unused leave. She said that capital spend is progressing as expected.

23/23.9 The Chair asked when it will be known if the Health Improvement budget will be utilised. Ms McCaig advised that activity will start to ramp up in January and this will be reflected in the month 10 report. She said that there is a need to look at why it is backloaded towards the end of the year. Mr Murray acknowledged that this is a risk, but added that the budget is generally delivered.

23/23.10 Mr Clayton commented that the campaigns budget also tends to be backloaded towards the end of the year. Ms McCaig noted that some of PHA's slippage this year has come from campaigns. Mr Murray advised that this year, there was a delay in campaign spend due to the procurement of a new contract. He said that there is a schedule of works in place.

23/23.11 The Board noted the Finance Report.

24/23 Item 8 – Health Protection Update

24/23.1 Dr Farrell presented the latest data relating to COVID-19 and reported that no one variant is dominant. She said that Whole Genome Sequencing (WGS) is important as it can be the first warning sign that a new variant is coming.

24/23.2 Dr Farrell reported that the flu season has not been as bad as predicted and that PHA achieved good vaccination coverage in care homes. The Chief Executive said that the Trust Chief Executives had commented that the month of January was not as bad as had been feared and he asked whether this was because there was less flu. Dr Farrell said that the two main factors were a good uptake on vaccines and a good match between the vaccine and the dominant strain. She added that a piece of work is being done on excess deaths.

- 24/23.3 Dr Farrell advised that the number of cases of scarlet fever is starting to settle, but added that in terms of trends of Invasive Group A Streptococcus (IGAS), this was a particularly bad period. She said that if an individual were to contract scarlet fever and flu at the same time, they would be very likely to get IGAS. She shared data on cases of meningitis and showed how there were no cases between May 2020 and July 2021 because of the pandemic, but cases began to emerge again this winter.
- 24/23.4 Dr Farrell reported that over 500,000 vaccinations for both the COVID booster and flu had been administered. She said that VMS is a good way of tracking uptake in real time. She advised that GPs administer the vast majority of vaccinations while community pharmacies vaccinate those in care homes and Trusts administer to those who are housebound or immuno-suppressed. She said that PHA continues to push out messages to increase uptake, particularly for pregnant women who appear reluctant to get the COVID vaccine due to concerns around fertility.
- 24/23.5 The Chair asked if PHA targets obstetricians and midwives to get them to convince pregnant women to get vaccinated, and Dr Farrell confirmed that this would happen. Ms Webb said that uptake rates have improved, but they are still very low.
- 24/23.6 Dr Farrell said that this year, more vaccines were delivered and it was done more quickly, but Ms Webb commented that in the absence of an Assembly there is no national protocol. Dr Farrell said that regardless of this, it could still be done more quickly. She said that if PHA can see that the pace of administering vaccines is not as high as it would like, measures can be taken to address the causes of this and that PHA would have regular meetings with the Trusts to look at this. She advised that unfortunately more vaccines were drawn down than were needed, but she hoped that next year the programme could be started earlier.
- 24/23.7 The Chair asked if there has been an increase in excess deaths. Dr Farrell said that there is always a number of excess deaths during the winter months and a piece of work is being undertaken to look at this. The Chair noted that the number was particularly high in Australia.

At this point Mr Clayton stepped out of the meeting

25/23 Item 9 – Update from Chair of Governance and Audit Committee (PHA/02/02/23)

- 25/23.1 Mr Stewart advised that there were two historic sets of minutes for noting in the papers shared with members. He said that the Committee had met on 7 February and considered an extensively reviewed Corporate Risk Register into which AMT had put considerable effort. He advised that there were less risks and greater clarity on those, and a new risk had been added regarding funding.

25/23.2 Mr Stewart reported that the Committee received two reports from Internal Audit, the first of these was on Performance Management where a satisfactory level of assurance was given. He explained that there are some areas which AMT and the Board need to follow up, including the development of a Corporate Plan given that PHA is still working to the Plan which expired in 2021. He added that there was a recommendation that information in performance management reports needs to be more quantitative rather than qualitative and management have accepted the recommendations. He said that second report related to screening programmes and that a limited level of assurance had been given. He advised that there were some issues from that audit that he would refer to in the confidential session.

25/23.3 Mr Stewart advised that the Committee had considered the revised Standing Orders, Standing Financial Instructions and Assurance Framework and that a point was made about having a half-day workshop to consider the Assurance Framework. He reported that all of the reports, which are on today's agenda, were approved by the Committee.

25/23.4 The Board noted the update from the Chair of the Governance and Audit Committee.

26/23 Item 10 – Update from Chair of Planning, Performance and Resources Committee

26/23.1 The Chair reported that the PPR Committee had held an extraordinary meeting, and is due to meet again next week. He advised that the Committee had considered the response to be submitted to the Department regarding PHA's savings proposals and that a lot of work had gone into this. He said that members received a copy of the response on the Monday following its submission.

26/23.2 The Board noted the update from the Chair of the Planning, Performance and Resources Committee.

At this point Mr Clayton re-joined the meeting.

27/23 Item 11 – Review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority (PHA/03/02/23)

27/23.1 Mr Murray advised that a review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority has been carried out and that in Standing Orders, the main changes relate to updating any references to HSCB and changing these to SPPG, and including the establishment of the PPR Committee, where relevant. He noted that there is a reference to the Commissioning Plan and that there remains a lack of clarity around what PHA's role will be going forward. He said that updates have been made to EU thresholds. Within the Standing Financial Instructions and Scheme of Delegated Authority, he advised

- that only minor changes have been made.
- 27/23.2 The Chair asked if EU thresholds still applied and if that is the Government direction. Mr Murray said that a paper is going through Westminster regarding this.
- 27/23.3 Mr Clayton said that while he appreciated there is a lack of clarity with regard to the Commissioning Plan, this remains a core function and he felt the wording was vague. Ms McCaig advised that in the future, there will be a process, and PHA will have still a role so the present wording is fine, and can be updated when required. Mr Stewart commented that he had raised the same point at the Governance and Audit Committee and that the document was approved subject to getting that clarity. The Chief Executive agreed that this point needs to be raised. He said that the Permanent Secretary leads a Board which is looking at the implementation of the Integrated Care System (ICS), which is a new approach to health and social care commissioning in Northern Ireland which will have at its heart a regional Board as well as 5 Area Integrated Programme Boards (AIPBs) based on Trust boundaries. He advised that PHA will have a place on those Boards, but the detail on how commissioning will be transacted is still up for discussion. He added that legislation will have to go through the Assembly, at which point there will be clarity. However, at present, he said that it is important to note that PHA is engaged at a local and regional level. He added that there will be a pilot Board commencing shortly in the Southern Trust area and PHA will have a role in that.
- 27/23.4 The Chair asked about co-opted members and Ms McCaig said that it is possible for the Board to co-opt an individual if this was essential but that she felt it would require the permission of the Department of Health in advance.
- 27/23.5 Professor Rooney asked how the Lead Persons are agreed within Section 2.3. The Chair asked if these individuals can be changed and Ms McCaig said that for specific items, they could be. Professor Rooney commented that given that PHA is considering changing its functions, these titles may not be in keeping and Ms McCaig said that there is flexibility to change. Professor Rooney said that she was surprised to see this laid out in such detail. The Chief Executive noted that the Director of Public Health has specific powers under the 1967 Public Health Act.
- 27/23.6 The Chair noted that in the section under Remuneration Committee, the Chair has a role to scrutinise its decisions, but yet he is the Chair of that Committee. Ms McCaig undertook to clarify this (**Action 1 – Ms McCaig**).
- 27/23.7 Mr Clayton said that he welcomed Mr Stewart's comments with regard to the Commissioning Plan. The Chair asked when that clarity may be obtained, but the Chief Executive replied that it may be some time.

27/23.8 Subject to clarity on Section 2.3.5, the Board **APPROVED** the updated Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority.

28/23 Item 12 – PHA Assurance Framework (PHA/04/02/23)

28/23.1 Mr Murray said that the Assurance Framework had been revised in light of requests from the Board and the Governance and Audit Committee and a list of changes has been outlined.

28/23.2 Mr Clayton asked how a determination is made as to whether an item is for noting or for approval. He said that it would be helpful to know what the distinction is between the two as there were some areas he was unsure about. He also asked why the item relating to consultation responses has been removed. Mr Murray advised that there has been a change of approach from the Department whereby PHA does not formally respond to consultations but does so through the relevant policy lines. In terms of whether items are for approval, or for noting, he said that an item for approval is one where the Board has directly requested that its authority be sought whereas items for noting are generally for information or have been brought through a sub-committee. He added that there is no set definition. Mr Stewart said that whether items are for approval, or for noting, would emanate from the delegated authorities agreed upon by the Board. He reiterated the suggestion from earlier in the meeting that there should be a half-day workshop at least annually to go through the Framework. The Chair agreed with this suggestion.

28/23.3 The Board **APPROVED** the PHA Assurance Framework.

29/23 Item 13 – Joint Emergency Planning Annual Report 2021-2022 (PHA/05/02/23)

Ms Mary Carey joined the meeting for this item

29/23.1 Ms Carey advised that this is the Annual Report for PHA, HSCB and BSO. She explained that as it is for the period from 1 April 2021 to 31 March 2022, it references HSCB rather than SPPG. She advised that the next year's report will be finalised during the next quarter. She said that the report follows a standard template and covers a range of key areas.

29/23.2 Professor Rooney said the Report was very interesting and very reassuring. The Chair asked if there was much learning as a result of COVID and Ms Carey said that there was. She added that there is a piece of work being undertaken regarding the COVID Response Plan and ongoing exercise programme. The Chair asked which organisation takes the lead for this work in England. Ms Carey explained that there are different arrangements in England than in Northern Ireland, but in the context of public health, the lead organisation would be UKHSA (UK Health Security Agency). Dr Farrell said that the biggest learning for

PHA was in terms of the duration of the response, as it is now into its third year whereas previously a response may have been for 3/6/9 months.

- 29/23.3 Mr Clayton said that the report was very detailed and that the key issues and risks seem to be around training and the budget for training. He asked if this budget was adequate as it seemed that every standard in the report was being met, except for training. Ms Carey advised that there is a £30k budget, but as part of the discussion with the Department reviewing policy documents, it was decided that this would not be increased and that it is up to each Trust to carry out their own training needs analysis which puts the onus on them and then any training will be carried out based on their analysis.

At this point Mr Irvine left the meeting.

- 29/23.4 Mr Clayton asked if Trusts will hold the budget, but Ms Carey explained that PHA holds the budget and it will carry out an analysis of needs and aim to get the funding spent by July.

- 29/23.5 The Board **APPROVED** the Joint Emergency Planning Annual Report 2021-2022.

30/23 Item 14 – Performance Management Report (PHA/06/02/23)

- 30/23.1 Mr Murray presented the latest Performance Management Report against the Business Plan and advised that as at 31 December 2022, of the 31 key actions, 0 were rated “red”, 8 were rated “amber” and 23 were rated “green”. He explained that there is a target within the Part A Business Plan that 90% of the actions in the Part B Business Plan should be rated “green” and while this has been achieved, 2 targets have been rated “amber” and 1 rated “red”, and an exception report on these has been included. He said that he was happy to take questions on the content of the Report.

- 30/23.2 Mr Stewart questioned whether target 3e, relating to vaccination uptake, should be rated “green” given the discussion earlier in the meeting. Dr Farrell acknowledged that the target could be worded better, but PHA would like to see rates close to those pre-pandemic. The Chief Executive agreed, and said that while more vaccines have been administered and administered more quickly, there is still a lot of unused vaccine. He added that in discussions on the Business Plan, he has asked that the Plan contains more hard targets so there is no ambiguity.

- 30/23.3 The Chief Executive commented that target 7f relates to mandatory training and that from reading a report he received, he asked that Board members ensure that they have completed their training and lead by example.

- 30/23.4 Mr Stewart noted that Internal Audit had commented in its audit of

- performance management that there is a need for more quantitative measures.
- 30/23.5 Professor Rooney said that the cervical screening programme continues to operate 5 months behind schedule but yet the target is rated “green”. The Chief Executive reiterated that this is why it is important to have numbers as these data are not being demonstrated in a way he would like. The Chair suggested that there should be a percentage comparison with the uptake rates pre-pandemic.
- 30/23.6 The Chief Executive advised that he attends a monthly performance meeting with the Permanent Secretary and other Chief Executives and he has asked that public health performance data are included on this. He highlighted that vaccination data show a reduction in uptake rates among the under 5s, and this needs to be addressed or there will be a re-emergence of measles.
- 30/23.7 Mr Clayton commented that more clarity about measurements would be welcome. He said that for target 4a on the shaping and designing of the ICS, he would welcome clarity on PHA’s role. He added that 5 key public health areas are to be incorporated into the planning, it would be useful for the Board to discuss these.
- 30/23.8 The Board noted the Performance Management Report.
- 31/23 Item 15 – Any Other Business**
- At this point Mr Clayton left the meeting.*
- 31/23.1 The Chief Executive updated members on the COVID Public Inquiry and explained that there are different modules which are ongoing. For module 1 he reported that the PHA submitted a draft Witness Statement on Friday 3 February and that a meeting with the Inquiry Solicitors to discuss the draft Response will take place shortly.
- 31/23.2 For module 3, the Chief Executive advised that PHA has obtained “Core Participant” status. He said that PHA has been invited to attend a preliminary hearing for core participants on 28 February and an agenda for this meeting has been shared. He added that it is anticipated that Stephen Wilson and Karen Braithwaite will attend this meeting on behalf of PHA.
- 31/23.3 The Chief Executive advised that he submitted a Witness Statement to the Muckamore Inquiry on Friday 27 January. He added that PHA received correspondence which it has shared with all staff saying that anyone who previously worked at Muckamore should come forward and speak to the Inquiry.
- 31/23.4 The Chief Executive said that he would keep the Board updated on any further development in relation to these Inquiries.

32/23 | **Item 16 – Details of Next Meeting**

Thursday 16 March 2023 at 1:30pm

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

Signed by Chair:

A handwritten signature in cursive script, appearing to read "Ann Douglas".

Date: 16 March 2023