

<b>Title of Meeting</b>	161 <sup>st</sup> Meeting of the Public Health Agency Board
<b>Date</b>	15 February 2024 at 1pm
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

**Present**

Mr Colin Coffey	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Joanne McClean	- Director of Public Health
Ms Heather Reid	- Interim Director of Nursing, Midwifery and Allied Health Professionals
Mr Stephen Wilson	- Interim Director of Operations
Mr Craig Blaney	- Non-Executive Director
Mr John Patrick Clayton	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

**In Attendance**

Ms Tracey McCaig	- Director of Finance and Corporate Governance, SPPG
Mr Robert Graham	- Secretariat

**Apologies**

Dr Aideen Keaney	- Director of Quality Improvement
Mr Brendan Whittle	- Director of Community Care, SPPG

**15/24 | Item 1 – Welcome and Apologies**

15/24.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney and Mr Brendan Whittle.

**16/24 | Item 2 – Declaration of Interests**

16/24.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

16/24.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

**17/24 Item 3 – Minutes of previous meeting held on 30 January 2024**

17/24.1 The minutes of the Board meeting held on 30 January 2024 were **APPROVED** as an accurate record of that meeting, subject to two amendments proposed by Mr Clayton in paragraphs 8/24.3 and 11/24.3.

**18/24 Item 4 – Actions from Previous Meeting / Matters Arising**

18/24.1 An action log from the previous meeting was distributed in advance of the meeting. There were no other matters arising.

**19/24 Item 5 – Reshape and Refresh Programme**

19/24.1 The Chair advised that this will be a standing item on future agendas, but for this meeting, there was no update due to the workshop taking place following the end of this session.

**20/24 Item 6 – Updates from Board Committees**

*Governance and Audit Committee [PHA/01/02/24]*

20/24.1 Mr Stewart advised that the Governance and Audit Committee had met on 1 February and it was a busy meeting. He said that training for members on the 3 Lines Assurance model needs to be arranged. He reported that Mr Wilson and Mr Stephen Murray have facilitated a series of audit clinics so he hoped that there will be a reduction in the number of outstanding audit recommendations by the year end.

20/24.2 Mr Stewart reported that the Committee had approved the Corporate Risk Register but suggested that there should be a risk around the implementation of the Reshape and Refresh programme. He added that the Committee had considered the public health directorate risk register where there was a particular focus on staffing and screening, and particularly the antiquity of the IT systems to support screening programmes. He advised that as some of these systems are coming to end of their life cycle, the Committee has asked for a full report to be brought to the PHA Board. He added that at the meeting, Dr McClean had advised that there have been discussions with Encompass, but he was not convinced that it is seen as a priority area.

20/24.3 The Chief Executive advised that earlier this week he met with Mr Dan West and Dr Lourda Geoghegan to discuss screening infrastructure. He said that as part of the restructuring, PHA will have a Digital and Information directorate which will take this work forward but, in the meantime, there will be a task and finish group which will look at what needs to be done to take this forward and the report of that group will be brought to the Board. He said that he wishes to ensure that the needs

of all of the different systems are taken into account, and that there are adequate bridging arrangements in place if required.

- 20/24.4 Ms Mann-Kler said that as part of the scoping exercise, PHA should have the right expertise on its side. The Chief Executive advised that Mr Gary Loughran is currently working for PHA. He explained that there are two elements, the technical end and the programme end, and PHA must ensure that both are brought together. He added that while Digital Health Care (DHCNI) holds the overall digital portfolio for the HSC, Mr Loughran will ensure that PHA's interests are represented. Ms Mann-Kler said that it is important there is future-proofing, but the Chief Executive explained that Encompass is the future, and everything will run through it.
- 20/24.5 Mr Clayton said that he welcomed that a report is being prepared, but he asked that if there are so many different systems, is it possible for them all to be consolidated within Encompass, or is this simply a mitigating action. The Chief Executive replied that Encompass is the name of the project, but the system is called Epic and there will be an analysis to determine what Epic can, and cannot, do. Mr Clayton asked if it is up to PHA to solve this issue, but the Chief Executive explained that PHA is a user of IT infrastructure and the solutions come from BSO and DHCNI. The Chair asked how this will be monitored going forward as the Board will need to know that progress is being made. He suggested that this should be a standing item on future Board agendas (**Action 1 – Secretariat**). The Chief Executive advised that there will be updates given to the Screening Programme Board, but the Chair said that the Board needs to be kept updated.
- 20/24.6 Mr Irvine asked whether PHA's specification for the IT system is adequate for the current system, and if there is any wriggle room to take account of future changes. He commented that public sector IT systems are notorious for being under specification, not delivering on time and being full of glitches, and that there have been several recent scandals. He said that while PHA outsources to BSO and draws on their expertise, it should have a mechanism for being able to service its own system as it is too much work for one body who will have their own priorities. Ms McCaig advised that in terms of prioritisation, there is a regional framework and PHA is part of that. The Chair suggested that the Screening Programme Board may not have the right individuals who can ask the right questions. He asked that consideration is given as to how PHA can ensure that the system is fit for purpose so the Board can be assured that the system can deliver what is required.
- 20/24.7 Mr Stewart reported that the Committee had considered two Internal Audit reports, one on information governance, where a satisfactory level of assurance was given, and one on business continuity, where a limited level of assurance was given. He said that the Executive Directors had expressed concern about the limited assurance as the audit had a very narrow focus. He advised that the Internal Audit Strategy was agreed

with the Chief Internal Auditor and the Chief Executive and it has been amended with an audit on screening being deferred. He added that there will be an audit looking at the Vaccine Management System (VMS) as well as an audit looking at the performance management of Trusts.

20/24.8 Mr Stewart said that the final External Audit Report to those Charged with Governance was presented to the Committee as well as the External Audit Strategy.

20/24.9 Ms Henderson suggested that for the audit on business continuity, management could have rejected the audit. Ms McCaig advised that there has been a discussion with Internal Audit and the Department of Finance about the number of limited audits. She said that she did not feel that this reflects organisation's risk appetite and that it is not possible to fix everything. Mr Wilson said, that from a management point of view, the audit did not have any Priority 1 recommendations and that PHA came unstuck because it did not have directorate business continuity plans. The Chair said that the Board should have a session on risk management at the start of the new year (**Action 2 – Secretariat**). The Chief Executive noted that the auditors spend a lot of time auditing Trusts and need to recognise that PHA is a much smaller body than a Trust.

#### *Remuneration Committee*

20/24.10 The Chair advised that the Remuneration Committee has not met since the last Board meeting.

#### *Planning, Performance and Resources Committee [PHA/02/02/24]*

20/24.11 The Chair advised that there needs to be a review of the working of the Planning, Performance Resources (PPR) Committee. He said that in terms of the attendees, the Chief Executive and other Directors should attend as required as it is unfair on Mr Wilson and Mr Murray to deal with all of the queries. He added that he will work with Mr Wilson and Mr Murray to look at this. He said that he welcomed the contribution of Mr Lindsay Stead at the last meeting.

20/24.12 Ms Henderson said that there needs to be a focus on performance management. The Chief Executive advised that as an Executive Team, the Directors have discussed this and that PHA remains on a journey. He said that last year he introduced quarterly financial management meetings with Directors and this year he wants to add performance management to the agenda of those meetings. He added that bringing the two together will be a challenge, but he is keen to work with the Board.

20/24.13 The Chair pointed out that there is no split in the Board and that Executive and Non-Executive Directors should work together to agree a way forward. The Chief Executive acknowledged this, but said that it is

- up to Executive Directors to get this right and provide the necessary assurance to the full Board.
- 20/24.14 The Chair advised that he had shared the draft Agri-Food and Biosciences Institute (AFBI) Business Plan with the Committee as he is keen to ensure that there is a linkage between PHA's Corporate Plan and PHA's activities on the ground. He said that he wishes to ensure that the work of PHA has an impact and delivers outcomes.
- Screening Programme Board*
- 20/24.15 The Chair noted that the Screening Programme Board has not met since the last Board meeting.
- Procurement Board*
- 20/24.16 The Chair noted that the Procurement Board has not met since the last Board meeting.
- Information Governance Steering Group*
- 20/24.17 Mr Clayton advised that the Information Governance Steering Group has not met since the last Board meeting and that an update on the last meeting was given at both the last Board meeting and at the last meeting of the Governance and Audit Committee.
- Public Inquiries Programme Board*
- Declaring an interest Mr Clayton left the meeting for this item.*
- 20/24.18 Professor Rooney advised that the Public Inquiries Programme Board met on Wednesday and that the amount of work going on cannot be underestimated. She said that there were no updates on the Hyponatraemia Inquiry or the Neurology Inquiry. She advised that PHA is awaiting the publication of the report from the Infected Blood Inquiry.
- 20/24.19 Professor Rooney said that the Chief Executive had appeared at the Urology Inquiry and had done well. She advised that PHA is expecting further questions from the Muckamore Inquiry, and that it will be writing to the Inquiry to proactively seek this information so as to be prepared.
- 20/24.20 Professor Rooney said that the COVID Inquiry is a concern because of the nature of some of the queries which are coming back from the Inquiry. The Chief Executive agreed and said that there will be instances when what PHA advises the Inquiry will disagree what the Department has advised. Mr Stewart commented that this goes back to the need to distinguish between the role of the PHA and the role of the Department and the view that all organisations are "in it together".
- 20/24.21 Professor Rooney said that the Programme Board is helping with the

quality of the submissions that are being made. The Chief Executive agreed that PHA is improving in this work, but reiterated that it is resource-intensive and there needs to be an assessment of the opportunity costs.

## **21/24 Item 7 – Operational Updates**

### *Chief Executive's and Executive Directors' Report*

- 21/24.1 The Chair asked for an update in relation to measles. Dr McClean advised that there are no confirmed cases to date in Northern Ireland and while there have been some probable cases, there have been no positive test results. She said that communications materials have been sent to Trusts to help raise awareness and that there is an HSC planning group. She noted that these are only mitigations, and that what is required is an increase in the uptake of MMR. She advised that the Health Improvement team will work with areas where there has been a low uptake of the vaccine.
- 21/24.2 Dr McClean advised that a huge amount of work will be required to respond to a single case and PHA is planning for how it will manage a sustained response. She suggested that cases will come in children who are not vaccinated.
- 21/24.3 Ms Mann-Kler asked what the situation is in the Republic of Ireland. Dr McClean said that they are experiencing similar issues and that she is attending a joint meeting later this afternoon. She noted that in the Republic of Ireland individuals do not have free access to GPs. She reported that there has been one case, and sadly the individual died.
- 21/24.4 Mr Clayton agreed that without a mass media campaign, it will be difficult to improve uptake. He asked if PHA has a sense of why vaccination rates have been falling. Dr McClean replied that there are multiple reasons. She advised that a detailed piece of work is being undertaken in England to look at this. She said that there has been a change in the makeup of the Northern Ireland population whereby there are more groups who have different views on vaccinations. She added that misinformation and mistrust are also factors. She noted that there are changes in how health services are delivered with less health visitors. She advised that there has been good engagement with GPs. Mr Clayton asked if the vaccination can be delivered in schools, but Dr McClean said that normally the vaccine before children reach school age, but there will be a push to get schoolchildren vaccinated.
- 21/24.5 The Chief Executive advised that this month's Report is shorter given it has only been two weeks since the last meeting.
- 21/24.6 Ms Henderson said that the information in the Report is useful, and commented that the learning from the Level 3 Serious Adverse Incident (SAI) is a complex matter, but she welcomed seeing the information

- being presented to the Board. She added that she would like to see the outcome of the rapid review.
- 21/24.7 The Chief Executive advised that this is an evolving situation and PHA has been asked to put forward a nominee to sit on a group to take forward the recommendations from the SAI review. Ms Reid explained that the current process has been ongoing for 7 years and SPPG/PHA have taken the opportunity to obtain an independent view to develop an exit strategy. She added that the families are involved in this process. She said that there needs to be better inter-agency working.
- 21/24.8 Mr Stewart asked for an update on the overarching review of the SAI process as he felt that PHA should not have a role in the process. Professor Rooney noted that PHA appears to be intricately involved. Ms Henderson suggested that for this particular SAI there needs to be a meeting involving PHA, PSNI, NIAS and Trusts.
- 21/24.9 Mr Clayton agreed that it would be useful for the Board to see the report of the rapid review. He noted that there had previously been an issue about engagement with the family as part of the original SAI, but Ms Reid said that there has been engagement with them and it has been carried out in an appropriate way.
- 21/24.10 Ms Reid advised that the review of the SAI process is being led by the Deputy Chief Medical Officer and agreed that the process should be passed back to where governance and risks sit, and that the focus should be more on Trusts.
- 21/24.11 Mr Stewart expressed concern that the Board had been previously advised that PHA's sole responsibility with regard to SAIs was around issuing learning letters, but this does not appear to be the case. Ms Reid said that PHA would provide professional advice and would link with Trust colleagues on the development of learning letters. She added that PHA would provide input to, and advice on, the SAI process. Mr Stewart said that this is not what is reflected in the Internal Audit report on SAIs. The Chief Executive said that he would like to check this **(Action 3 – Chief Executive)**. The Chair agreed that clarity is required. The Chief Executive advised that there will be a section on SAIs in the reports of both the Urology Inquiry and the Muckamore Inquiry.
- 21/24.12 Ms Mann-Kler queried whether the Northern Ireland Audit Office had ever audited or planned to audit existing assurance systems that are already in place across the HSC, including SAIs. Given that NI unfortunately has the highest number of Public Inquiries across the UK, she queried whether there was more the system could do to better protect patients and the public. The Chief Executive said that he was not aware of such an audit, but pointed out that SAIs were designed to be about learning with the process underpinned by compassion, but that appears to have been lost. He added that if an incident is in relation to underperformance by professionals, there are other systems for dealing

with that.

*Finance Report [PHA/03/02/24]*

- 21/24.13 Ms McCaig reported that at the end of December, PHA's financial position showed a surplus of £800k, but this is against an opening position of a £650k deficit. She advised that there is a number of moving parts which may impact on the year-end position, including vaccine spend, but she had no significant concerns at this time. With regard to capital spend, she noted that there remains a lot of work to be done to utilise the R&D budget, but this was not unusual at this stage of the year.
- 21/24.14 Ms McCaig advised that at the Governance and Audit Committee, members received an overview of the transition plan to the end of the financial year, during which time Ms Leah Scott will take over. She explained that there will be an MOU and SPPG will work with the auditors Cavanagh Kelly, but after 26 April, once her team delivers the final accounts, full responsibility for finance will move over to PHA. She advised that the TUPE process will commence on 1 March, but any staff transferring from SPPG will not move over until 1 April and that work will continue behind the scenes between the two teams. She noted that this will be her last PHA Board meeting.
- 21/24.15 Ms Henderson said that the arrangements outlined make for a smooth transition. She asked if the £800k surplus is a timing issue. Ms McCaig explained that some of it is, and there is a process being worked through, but she remained confident that PHA would achieve a year-end break-even position.
- 21/24.16 Mr Stewart asked if there was any update on next year's position. Mr Wilson replied that he and Mr Murray had met with Ms Brigitte Worth from the Department, earlier this week. He advised that PHA's best case scenario is a "flat cash" one, and that there is a suggested strategy to manage PHA's overall deficit, whereby PHA will not be required to make any further savings, but it will have to absorb inescapable pressures of around £0.8m, as well as the costs of VMS on the basis that those costs can be met from savings in the vaccine budget. He added that the vaccines element presents some challenges for PHA as procurement may have already commenced so it may not be possible to make those savings in the short term. Ms McCaig said that this outturn is a reasonable one for PHA, but it presents risks. She said that PHA will need to review its savings plans in the light of this development. Mr Wilson added that the Department has agreed that it would meet the costs of HPV.
- 21/24.17 Mr Clayton thanked Mr Wilson for the update and asked if there had been any discussion around the campaigns budget and whether "flat cash" meant the moratorium staying in place. Mr Wilson replied that there was discussion around campaigns and he put PHA's points



across, but there was no accommodation.

- 21/24.18 Mr Irvine sought clarity as to whether the costs of the staff transferring from SPPG to PHA will also transfer. He also asked about the cost of pay increases and if these will be covered by the Department. Mr Clayton declared an interest given his role as a Trade Union representative. Ms McCaig advised that the staff will be released from her budget and transferred to PHA, with the exception of one additional Band 7. In terms of pay, she said that there has been a lot of discussion around that issue, and that the situation will continue to evolve.
- 21/24.19 The Chief Executive said that with regard to vaccines, he has made it clear to the Permanent Secretary, that PHA will not be responsible for funding any IT development costs and he has now written to Mr Peter Toogood concerning this. He added that there needs to be an understanding about what PHA's role in managing vaccines would look like. Ms McCaig suggested that PHA should take funding for VMS and advise the Department that PHA will assist with making savings on vaccine costs.
- 21/24.20 Mr Blaney noted that there will be a lot of pressure on the budget from across many different Government departments.
- 21/24.21 The Chair advised that PHA was the only organisation which had put forward proposals for savings and that from a reputational point of view, PHA has come out of this exercise in a good light. Mr Stewart asked if it would be possible for members to receive a short briefing on the financial situation (**Action 4 – Mr Wilson**).
- 21/24.22 The Chair thanked Ms McCaig for her professionalism and said that he hoped she would continue to be a firm supporter for the PHA. Ms McCaig thanked members for their support and said that she would miss working with this Board.

*At this point Ms McCaig left the meeting.*

*Reports of New or Emerging Risks [PHA/04/02/24]*

- 21/24.23 Mr Stewart said that it is important that all members go through the Corporate Risk Register to ensure the organisation is on the right track. The Chair reiterated that he would like to have a session dedicated to risk at a meeting in the new year.
- 21/24.24 Ms Henderson asked for an update on the cervical screening review. Dr McClean advised that around 2,000 reviews have been completed to date, but she had hoped that more would have been done. The Chair asked if the Belfast Trust laboratory has had its accreditation reinstated. Dr McClean replied that a recommendation for accreditation has been made, but there are some issues to be resolved.

**22/24** | **Item 8 – Performance Management Report [PHA/05/02/24]**

22/24.1 The Chief Executive said that the Performance Management Report has served a purpose, but he felt that it could be improved to bring in financial management and other measures. He added that PHA is looking at a new planning model.

22/24.2 Ms Henderson welcomed this new approach. She noted there is a number of actions rated “amber” or “red” and asked if there were any of concern. The Chief Executive replied that the one that concerned him most was the target around vaccinations and that from a public health point of view, PHA needs to be focusing its efforts there because if vaccinations rates drop, measles will return. He commented that he would prefer to see more targets rated “amber” or “red” than ones rated “green” for mediocre achievements. Ms Henderson said that for next year, there needs to be fewer targets in this report, with more at directorate level as there is too much information. The Chief Executive said that next year, PHA needs to focus its efforts on the 20% most deprived in society. Ms Henderson commented that the implementation of primary HPV has been a major success.

22/24.3 Mr Clayton asked about progress on the People Plan. The Chair advised that there had been a presentation on this at the PPR Committee and he asked that the presentation be circulated to members (**Action 5 – Secretariat**). The Chief Executive noted that within the latest report, he was pleased to see the increase in appraisals.

22/24.4 The Board noted the Performance Management Report.

**23/24** | **Item 9 – Items for Noting**

*Complaints Report [PHA/07/02/24]*

23/24.1 The Chair said that going forward he would like to see “complaints” on the agenda as a standing item so members are kept informed.

23/24.2 The Board noted the Complaints Report.

*Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2022/2023 [PHA/06/02/24]*

23/24.3 Mr Clayton said that he had two queries in relation to this Report, the first of which related to the training budget. He noted that the budget was last agreed in 2012, and at £30k, is not sufficient to meet the needs of the service. He asked if there is a plan to address this with the Department. The Chair suggested that the PHA Board should write to the Department regarding this. Mr Clayton said that it is not clear what level of budget is required.

23/24.4 Mr Clayton noted that PHA did not meet the relevant standards this year

and asked if this is being looked at. Dr McClean explained that PHA fell below the standard because it did not have sufficient staffing, but this year it was given some non-recurrent funding.

23/24.5 Mr Wilson said that his understanding is that the training budget is ring fenced. The Chair reiterated that if the funding is not sufficient, PHA should advise the Department. Mr Stewart agreed that the amount is insufficient and is not enough given the need to learn from the COVID pandemic. The Chief Executive advised that the level of the training budget was highlighted in the evidence PHA presented to Module 1 of the COVID Inquiry.

23/24.6 Ms Henderson said that PHA should raise its concerns with the Department, particularly in the context of the COVID Inquiry, and have those concerns on record (**Action 6 – Chair**). The Chief Executive noted that it was his belief that when the first report from the COVID Inquiry comes out, there will be a recommendation for more funding in public health.

23/24.7 The Chair asked if PHA has embedded the learning. Dr McClean noted that while she was not certain there was a robust process in place to capture all of the learning, she is aware that Ms Mary Carey keeps a log.

23/24.8 Mr Stewart said that his only comment on the Report related to the multiplicity of forums that PHA is expected to be involved in.

23/24.9 The Board noted the Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2022/2023.

*Director of Public Health Annual Report 2021 [PHA/08/02/24]*

23/24.10 Mr Clayton said that the Director of Public Health Report was useful but noted that it covered the year 2021. He asked how the information is published and if it informs a wider debate on public health in real time. Dr McClean advised that there has been a discussion at AMT about the report, both in terms of the timeline and the audience and that an outcome has yet to be agreed. She said that it is unlikely that a report will be done for 2022 and that the concept of the report needs to be reviewed as it is outdated. Mr Irvine asked if formal Board approval is required but Dr McClean explained that this is the Director of Public Health's report and is not required to be signed off by the Board.

23/24.11 The Board noted the Director of Public Health Annual Report.

**24/24 Item 10 – Chair's Remarks**

24/24.1 The Chair advised that he is continuing his series of meetings with Chairs of other HSC bodies and he proposed that future PHA Board meetings should take place in Trust Boardrooms where there is then the opportunity for the Board to meet with the Trust Board. He added that it

is important for PHA to engage with its stakeholders and reach out to them.

24/24.2 The Chair noted that this is Ms Mann-Kler's last Board meeting and he thanked her for her immense contribution to the work of the Board. He said that other Non-Executives have enjoyed working with her. Ms Mann-Kler said that it has been an interesting 8 years and she is leaving an organisation with an exciting future and she hoped that PHA gets the kudos it deserves. She said that when a recruitment exercise commences for a new Board member, attention needs to be paid to the gender balance of the Board.

**25/24 Item 11 – Any Other Business**

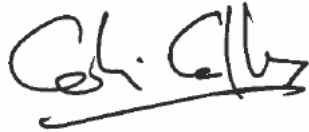
25/24.1 There was no other business.

**26/24 Item 12 – Details of Next Meeting**

*Thursday 21 March 2024 at 1.30pm*

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

Signed by Chair:

A handwritten signature in black ink, appearing to be 'C. Mann-Kler', written over a horizontal line.

Date: 20 March 2024