

Title of Meeting	157 th Meeting of the Public Health Agency Board
Date	19 October 2023 at 1.00pm
Venue	Board Room, County Hall, Ballymena

Present

Professor Nichola Rooney	- Interim 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 (<i>via video link</i>)
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Ms Tracey McCaig	- Director of Finance and Corporate Governance, SPPG
Mr Brendan Whittle	- Director of Community Care, SPPG (<i>via video link</i>)
Mr Robert Graham	- Secretariat

Apologies

Ms Deepa Mann-Kler	- Non-Executive Director
Dr Aideen Keaney	- Director of Quality Improvement

108/23 | Item 1 – Welcome and Apologies

108/23.1 The Chair welcomed everyone to the meeting. Apologies were noted from Ms Deepa Mann-Kler and Dr Aideen Keaney.

109/23 | Item 2 – Declaration of Interests

109/23.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

109/23.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

110/23 Item 3 – Minutes of previous meeting held on 17 August 2023

110/23.1 The minutes of the Board meeting held on 17 August 2023 were **APPROVED** as an accurate record of that meeting.

111/23 Item 4 – Matters Arising

111/23.1 Mr Graham advised that all of the actions from the last meeting were either completed or would be picked up as part of the discussion at today's meeting.

111/23.2 The Chair noted that the Chief Executive would pick up on one of the actions in the confidential session.

112/23 Item 5 – Chair's Business

112/23.1 The Chair advised that since the last meeting she had attended a number of events, a list of which she had shared with members. She reported that the Chief Medical Officer had opened the 25th anniversary event for the Institute of Public Health in Ireland (IPH) and that at the event along with Professor Breda Smyth. The Chair of IPH is keen to have PHA representation on the IPH Board, following on from Dr Harper's previous attendance. The Chief Executive undertook to follow up on this (**Action 1 – Chief Executive**).

112/23.2 The Chair said that with regard to the Reshape and Refresh Programme, the terms of reference of the Programme Board have been updated to emphasise its strategic role. She added that she had e-mailed the joint Chairs to stress that once EY has completed its work, the implementation of the operating model and structures should be the remit of the PHA Board and that and that the focus of the Programme Board should be more strategic, in terms of clarifying PHA's partnership working and its specific role in professional advice and service development.

112/23.3 The Chair reported that she has attended meetings of the Public Inquiries Programme Board and that she has seen the draft response the PHA is submitting for Module 3 of the COVID Inquiry. She recommended that all Non-Executive Directors read the response.

112/23.4 The Chair advised that she has met with Mr David Nicholl to discuss training on Board effectiveness, but added that following a meeting she attended this morning she learnt that the Leadership Centre is developing a CPD programme for Board members. She said that it is unlikely that this would be available soon enough for the planned Board effectiveness workshop, but that this training will be taken forward when the new Chair takes up post.

113/23 Item 6 – Updates from Non-Executive Directors

- 113/23.1 Mr Clayton reported that he has recently attended two meetings of the Information Governance Steering Group (IGSG) where a lot of policies have recently been brought for approval following review. He said that at the meeting he was pleased to note that the Agency Management Team (AMT) oversaw a review of the PHA's FOI process following the recent PSNI data breach incident.
- 113/23.2 Ms Henderson asked if IGSG is an Executive meeting. Mr Clayton advised that it is a sub-group and that his role is to contribute to the discussions and ask questions. He added that there is an Information Governance Action Plan, reports of which are brought to the Group and to the Governance and Audit Committee.
- 113/23.3 Ms Henderson advised that she had attended a meeting of the Procurement Board and that there are some issues pertaining to procurement emanating from a recent Internal Audit. She advised that there was a discussion about GDPR and the need for a process to be developed for ensuring contracts are GDPR compliant because this is creating a bottleneck in the procurement process. She noted that some procurement exercises are being held up because of the current savings review, but Ms McCaig said that she was not aware of this. Mr Wilson explained that there are some issues for PHA in terms of new procurement exercises and he agreed that the GDPR issue is creating a bottleneck, but work is ongoing with Legal Services on this. He said that procurement is time consuming and this issue highlights the need for more legal capacity. He acknowledged that there is a need for good GDPR compliance, and that it is causing a delay, so there is a need to try to find a balance.

114/23 Item 7 – Chief Executive's Business

- 114/23.1 The Chief Executive reported that a piece of work on falls in care homes, led by the PHA Frailty Network was awarded the overall winner in the service improvement section at the Advancing Healthcare Awards last Thursday. He outlined the outcomes of the work and said that the team will be presenting this at a future AMT meeting.
- 114/23.2 The Chief Executive updated members on the development of a protocol for the response to, and review of, Sudden and Unexpected Deaths in Infancy and Childhood (SUDIC). He advised that the draft protocol will be finalised by the end of December.
- 114/23.3 The Chief Executive advised that PHA has submitted to the Department a joint piece of work with SPPG around scoping the actions and costs associated with offering antenatal screening for fetal anomalies to all pregnant women which would be delivered as a managed, quality assured programme in line with UK NSC recommendations.

- 114/23.4 The Chief Executive said that following a piece of work led by Professor Ray Jones on Children's Social Care Services in Northern Ireland, there is a consultation on the recommendations of that review and PHA will be responding to it.
- 114/23.5 The Chief Executive advised that an action plan to deliver actions from the Mental Health Strategy has been signed off the Mental Health Strategy (MHS) Early Intervention and Prevention Steering Group and regional subgroups. He explained that there will be 3 subgroups and as part of this work there will be a conference held in March 2024 around public mental health and the need to prioritise prevention.
- 114/23.6 The Chief Executive announced that PHA's "Talking Really Helps" campaign was awarded runner up for Best Social Media Campaign in the Public Sector at the 2023 Northern Ireland Social Media Awards on the back of picking up two UK Agency Awards and a bronze at the Drum Roses Awards. The Chair offered her congratulations for this. Mr Blaney asked if it is PHA staff who come up with the campaigns, but Mr Wilson explained that PHA works with an agency.
- 114/23.7 The Chief Executive reported that at the Advancing Healthcare Awards he had presented the public health award to a team in the Northern Trust. He advised that PHA has received an invitation from Mr Duncan Selbie to join the International Association of National Public Health Institutes (IANPHI) and attend a conference in Rwanda.
- 114/23.8 The Chief Executive said that PHA has nominated Ms Siobhan Rogan as its representative on a regional group looking at the Policy on Restrictive Practices. He noted that restrictive practices in an issue that has come up at the Muckamore Inquiry.
- 114/23.9 The Chief Executive advised that an international conference on Integrated Care will be taking place in Belfast from 22nd to 24th April 2024 and that PHA is considering participation at the event.
- 114/23.10 The Chief Executive said that there is currently a consultation taking place around the Area Integrated Programme Board regulations and PHA is responding to this.
- 114/23.11 The Chief Executive advised that he participated in a 4 Nations meeting last week which was informative. He said that following the Prime Minister's announcement on a smoking ban, Scotland and Wales issued statements of support and he felt that a similar statement should be issued in Northern Ireland. Ms Henderson noted that there is an ongoing consultation around smoking. Dr McClean agreed that a statement would be helpful and she advised that PHA is assisting partner organisations with their responses to the consultation by providing relevant information.
- 114/23.11 The Chief Executive said that at the 4 Nations meeting, it was agreed

- that there should be a group formed to look at obesity. He added that there were also discussions around population health modelling and overdose prevention facilities.
- 114/23.12 The Chief Executive advised that he had attended the recent Integrated Care System (ICS) Steering Group meeting at which the Permanent Secretary indicated that he would welcome a discussion around the functions of a regional group. He said that Ms Martina Moore is going to follow up on this. He queried that if authority is given to a regional group, where would that leave Trust Boards.
- 114/23.13 The Chief Executive said that at the last meeting he had agreed to share the draft HSC Framework document but when he found the e-mail that had been sent to him, it noted that the draft was confidential and not for wider circulation. Mr Stewart asked that the Chief Executive go back to the Department to clarify this as the new Permanent Secretary has been saying there is a need for real partnership working. The Chief Executive agreed to do this **(Action 2 – Chief Executive)**.
- 114/23.14 The Chief Executive reported that the vaccination programme for flu and COVID is underway. Dr McClean advised that to date the uptake has not been high. The Chief Executive said that last year there was a good uptake and he would be disappointed if this was not maintained, but he felt that this may be due to “vaccine fatigue”. Mr Blaney noted that there was a discussion around this at the Planning, Performance and Resources (PPR) Committee and how the lack of a campaign may impact on uptake. The Chief Executive advised that he has raised this with the Chief Medical Officer.
- 114/23.15 Mr Stewart advised that this was also discussed at the Governance and Audit Committee and one of the actions emanating from that was an action to bring a proposal to the Board that a letter should be sent by the Board to the Permanent Secretary saying that PHA should be treated differently and that campaigns should not be paused. The Chair agreed that having no campaigns restricts PHA.
- 114/23.16 Ms Henderson asked whether PHA has considered doing interviews or other proactive media work to improve uptake of the COVID vaccine. Mr Wilson advised that there is ongoing work and PHA is working to get messaging out using different approaches. Mr Clayton suggested that PHA should bring on board individuals with influence to get messages out. In order to increase uptake within the HSC workforce, he suggested that Trade Unions could help. Mr Wilson advised that PHA relies on comms partners within Trusts. He pointed out that PHA usually pushes its messages out at a later stage of the programme.
- 114/23.17 Dr McClean showed members a graph outlining the uptake to date. She added that there is an incentive for GPs to get both vaccinations done by 31 October in order to receive an additional payment. The Chief Executive noted that one of the complications is around the definition of

a frontline worker.

- 114/23.18 Mr Clayton recalled that during the pandemic people would have had concerns about getting vaccinated and he said that he would be happy to assist in terms of sharing information. Ms Reid noted that ECHO sessions were carried out with public consultants to debunk some of the myths around vaccination. She added that there are HSC staff who come from different countries where there is a different culture when it comes to vaccinations. The Chief Executive said that he would welcome assistance from the Trade Unions. He noted that there has also been discussion around making vaccinations mandatory and this being included in terms and conditions. Mr Clayton commented that this is where there would be a difference of opinion and that making vaccinations mandatory could be counter-productive. He suggested that it would be useful to find out why staff are not getting vaccinated.
- 114/23.19 Mr Stewart asked if the Board is content that a letter should be sent to the Permanent Secretary. Members agreed that correspondence should be sent (**Action 3 – Interim Chair**).
- 114/23.20 The Chief Executive advised that PHA is supporting SPPG around issues with the ENT/maxillofacial cancer service
- 114/23.21 The Chief Executive reported that he had visited Cedar Integrated Primary School in Crossgar for the launch of a new organ donation educational resource pack.

115/23 Item 8 - Update on Refresh and Reshape Programme

- 115/23.1 The Chief Executive said that there has been a lot of discussion around the “life course” approach. He advised that there has been engagement with senior teams. He added that there was a meeting with Trade Unions after which a list of questions was submitted. He said that he would share those, and the responses, with the Chair.
- 115/23.2 The Chief Executive advised that work with EY will come to an end in November. He added that Mr Gary Loughran is now working temporarily with PHA to assist with a digital strategy.
- 115/23.3 Mr Clayton returned to the discussion in the previous item on the ICS Steering Board meeting and said that it would be useful to get a greater understanding of the direction of that work, particularly given PHA’s previous role in the development of the Commissioning Plan. He noted that the Department’s approach seems to be changing and reverting back to the original commissioning process so he said that he would be helpful for the Board to understand the current position given PHA’s relationship with SPPG and how PHA then fits into the overall ICS framework. The Chief Executive said that there has been a major rethink and that he would be happy to have a conversation with the Chair about that. He added that there needs to be a discussion about

what PHA's role is vis-à-vis commissioning as it does appear that it may revert back to the original process.

115/23.4 Ms McCaig commented that she is still trying to resolve it in her own mind saying that the process is about having a baseline, profiling, innovation and translating policy and aiming to ensure that all of those parts are working and that there are no gaps. The Chief Executive said that 12 months ago, it would have been envisaged that a regional group would have been setting the policies, but there is no legislation so there is no mandate. He added that PHA retains a significant interest in commissioning. He commented that the change in Permanent Secretary has also seen a change in direction. The Chair said that this is the type of strategic work that PHA should be involved in, so as to ensure that its actions do not impact on other areas.

115/23.5 Mr Stewart said that even after attending two sessions at the NICON conference on ICS, he felt no better informed. The Chief Executive advised that the implementation date for ICS has been pushed back until next September. He said that the plan was to have the legislation passed by this stage but in the absence of an Assembly this has not been possible.

116/23 Item 9 – Finance Report (PHA/01/10/23)

116/23.1 Ms McCaig advised that the latest Finance Report shows the position as at the end of August. She reminded members that PHA opened the year with a projected deficit of £650k, but this has now changed to a break-even position. She added that a mid-year review of the budget has been carried out.

116/23.2 Ms McCaig explained that the slippage has come about in areas such as campaigns and the management and administration budget. She said that while PHA is in a break-even position, work will be required to maintain this. She advised that she expects there to be slippage within the vaccine budget. She reported that PHA received good news this week with approval being given to the £3.2m of funding for the National Institute for Health Research.

116/23.3 Ms McCaig advised that work is ongoing to review the recurrent savings position. She outlined that £2.5m of savings has been identified and if the decision to pause campaigns is not reversed this will increase to £4.1m. She said that this is not an unreasonable position to hold while PHA goes through the outworking of the Reshape and Refresh Programme. She added that as the costing of the new structure is being worked out, PHA can determine what level of savings is available. She noted that there is a risk that further savings may be applied to PHA. She advised that there is a list of potential activities to manage cost pressures.

116/23.4 Ms Henderson asked about the inescapable pressures. Ms McCaig

- explained that for this year PHA has total slippage of £6.9m so once the £5.3m of savings is deducted, this leaves £1.6m. She advised that there is a list of pressures totalling £1.7m/£1.8m to be addressed so this leaves PHA in a break-even position, but this excludes any potential slippage relating to vaccination. She also noted that these figures include £1.5m relating to campaigns so there are many moving parts.
- 116/23.5 Ms Henderson noted that it will be difficult to use campaign funding this year. Mr Wilson agreed saying that the window is closing for media buying. Ms McCaig said that this should be highlighted to the Department.
- 116/23.6 Mr Blaney commented that the Vaccine Management System (VMS) incurs huge expenditure and it is unusual that it is not funded recurrently. Dr McClean advised that VMS is used all the time and can generate reports. Mr Blaney sought clarity on the £2.7m cost, and Dr McClean replied that this is to maintain the system this year. Mr Blaney said that he thought that there would be a one-off cost, but the Chief Executive explained there will be always be a revenue tail.
- 116/23.7 The Chief Executive advised that VMS was developed for the COVID vaccine but subsequently PHA has added the flu vaccine and is hoping to add childhood vaccinations. He explained that each year PHA has to submit a business case and this has to fit in with the Digital Health and Care Northern Ireland (DHCNI) strategy. He added that there is an assumption that much of what PHA does can be provided by Encompass, but although Encompass may have some of the functionality it cannot do everything. He explained that during COVID, VMS allowed PHA to dig into the data right down to looking at uptake among vulnerable groups and different postcodes which then allowed PHA to contact relevant Councils to get them to put out messaging to encourage uptake. He said that there is a team involved with VMS and that PHA would argue that as it developed the system, it should take control of it.
- 116/23.8 Dr McClean advised that VMS also facilitates delivery as it helps community pharmacies to upload information. Mr Blaney said it is an expensive piece of software and he would like to receive more clarity on how much it costs year-on-year and how long private companies can keep supporting it. Ms McCaig suggested that it may be helpful to bring a paper to show how PHA has mitigated these risks. The Chief Executive said that some of these vulnerabilities would exist no matter which company was running it and even if Encompass was being used.
- 116/23.9 Mr Clayton thanked Ms McCaig for the update. In relation to recurrent savings going forward, he noted that when considering the savings for 2023/24, proposals were given a low, medium or high risk rating so he asked what process is being taken forward in that regard and if an equality screening is being undertaken. Ms McCaig explained that there are no “forced” savings, any savings are those which have occurred

naturally, for example there has been reduced demand for Nicotine Replacement Therapy (NRT), there is slippage within the management and administration budget, and there is general slippage. She said that these are areas where slippage has naturally occurred, and then there is the pause on campaigns which PHA has been instructed not to spend. She added that a process has not commenced for identifying other areas. She explained that some of the savings can be made recurrent because at present there are no plans to use that funding and she clarified that PHA has not made any decisions to stop any work. She said that at present there is £4.1m of potential savings, but noted that this is before any recruitment is undertaken following the Reshape and Refresh work.

116/23.10 Ms Henderson suggested that it would be useful for members to see the paper that went to the PPR Committee as it clearly set out the recurrent savings area. Ms McCaig said that she would be happy to share the paper (**Action 4 – Ms McCaig**).

116/23.11 The Board noted the Finance Report.

117/23 Item 13 – Annual Quality Report (PHA/03/10/23)

Ms Denise Boulter and Mr Brendan Forde joined the meeting for this item.

117/23.1 Ms Boulter presented the Annual Quality Report (AQR) and explained that previously PHA would have developed this in conjunction with HSCB, but as HSCB no longer exists, this is PHA's first solo report. She said that the Report shows how much PHA does on its own and is as robust as any Report that has been produced before. She advised that following any final amendments, the Report will be submitted to the Department and published on World Quality Day on 9 November. She acknowledged the work of Mr Forde in compiling the Report and said that Page Setup designed the final Report. Ms Reid added that the Report is only a sample of the number of projects going on across PHA. The Chair said that the Report was easy to read and that a great deal of effort had been put into producing it.

117/23.2 Mr Stewart sought clarity on whether "Strengthening the Workforce" meant the PHA workforce or the HSC as a whole. Ms Boulter replied that the focus would primarily be on PHA, but there are pieces of work that PHA staff are involved in that could be replicated across the HSC.

117/23.3 Mr Clayton said that the part around PPI within the Transforming the Culture section was interesting because while a lot of work has been done, there is little about outcomes, and while there is narrative on service users and carers experience, there is not so much on outputs and policy change given there has been a lot of service change over the last year. Ms Reid advised that there has been discussion with the PPI team about strengthening how PHA engages with the public. She

added that training has been provided for other organisations so there is a question about how that training has been put into practice. She advised that there is now NICE guidance around decision making. Mr Clayton said that engagement is important as part of any service change and community groups are currently not feeling involved.

- 117/23.4 Ms McCaig said that PHA is aiming to improve its performance management and while she liked this Report, she felt that there were elements of it that could be reported through the performance management reports. The Chair commented that this is linked to some of the discussions at the last PPR Committee and the need for PHA to be able to measure the difference that it is making.
- 117/23.5 Ms Henderson commented that the Report was very interesting and asked whether it is a PHA Report or a Report for the system, to which Ms Boulter replied that this is PHA's contribution to the system. In the section on Raising the Standards, Ms Henderson said that new models on prescribing will have a huge impact. She asked how the call is made for what to include in the Report and said that there needs to be a proper system for capturing all of this information. Ms Boulter explained that PHA receives a letter from the Department and on the back of that, in the absence of a formal system, a call is put out across the organisation for what to include in this Report. She acknowledged that there are other pieces of work which will not be included, but going forward the AQR will be a year-round task. Ms McCaig added that this process begins with the Business Plan and the Corporate Plan so this work is embedded in what PHA does.
- 117/23.6 Ms Reid said that there is a list of projects that PHA has done in relation to quality and commented that within quality and safety, quality can play second fiddle. She added that there have been ongoing conversations about what organisations can bring in terms of commissioning, but PHA has that joint role in terms of quality and safety. She advised that the Mealtime Matters resource was a finalist at the National Awards.
- 117/23.7 The Chair asked about HSCQI. Ms Boulter explained that there is a short narrative within the Report about HSCQI and a link to their own report. The Chief Executive advised that HSCQI develops its own report as it is focused across the whole HSC system.
- 117/23.8 The Chair congratulated all those involved in the production of this Report.
- 117/23.9 The Board **APPROVED** the Annual Quality Report.
- 118/23 Item 10 – Update from Remuneration Committee**
- 118/23.1 Mr Stewart said that part of the role of the Remuneration Committee, as outlined in Standing Orders, is to approve job descriptions, and that the job descriptions for the new Director posts were approved at a meeting

of the Committee subject to clarification on a number of points and that he was not sure if these had been resolved. He noted that the structures beneath Director level have not yet been completed.

118/23.2 The Chief Executive advised that one of the issues that needs to be resolved around the job descriptions relates to SBNI and that there is ongoing dialogue with the Department to get that clarification. He explained that the Director of Public Health and Director of Nursing are 2 of 3 representatives on the SBNI Board, but that has never featured in any previous job description. He added that opening dialogue with the Department on this has now led to discussion around expectations of PHA vis-à-vis SBNI and the role of the PHA Board.

118/23.3 Ms Henderson asked when the structures between Director level will be finalised. The Chief Executive advised that under the current timetable, EY is due to complete its work in November and that part of their work is to develop a structure. The Chair added that there needs to be a discussion at the Programme Board with regard to professional advice and service development.

118/23.4 Ms McCaig said that as part of the finance training session in November, she would give an update on the transfer of finance staff to PHA.

118/23.5 The Board noted the update from the Chair of the Remuneration Committee.

119/23 Item 11 – Update from Chair of Planning, Performance and Resources Committee

119/23.1 The Chair advised that the Committee considered the mid-year Finance review which will be shared with members as above. She said that when looking at opportunities for utilising slippage, PHA needs to have a more strategic view informed by impact on health inequalities instead of funding individual short term initiatives year-on-year.

119/23.2 The Chair said that PHA needs to be more focused on performance and outcomes and that there is a need for more resource in the area of performance management given that this is an important area of responsibility for the organisation. She stated she was disappointed to learn that the senior staff who had been employed to develop a performance framework have been redeployed into other areas and given the importance of this area there is a need to think of another way of getting resources to bolster this work.

119/23.3 The Board noted the update from the Chair of the Planning, Performance and Resources Committee.

120/23 Item 12 – Update from Chair of Governance and Audit Committee (PHA/02/10/23)

120/23.1 Mr Stewart advised that the Governance and Audit Committee had met on two occasions since the last Board meeting and that the minutes of the September meeting were shared with members.

120/23.2 Following the September meeting, Mr Stewart highlighted that there were two audit reports, one on procurement and one on complaints, which both received a limited level of assurance. He advised that through the hard work of Mr Wilson's team many of the recommendations in these audits have been implemented. From the complaints audit, he advised that there was an issue with regard to how information on complaints was stored, but this has been resolved following the decision to move complaints management to Mr Wilson's directorate.

120/23.3 Mr Stewart said that following the audit on procurement, there is an issue that the Board needs to be sighted on and that is whether the review of all contracts can be completed by the target date of March 2026 because there are resource issues and process issues. He added that he had raised with the Head of Internal Audit.

120/23.4 Mr Stewart reported that the Committee had considered a General Report from Internal Audit which reports on all HSC organisations and it was worth noting that the percentage of audits across the HSC which received a satisfactory level of assurance fell below 50% for the first time, mainly due to process issues.

120/23.5 Mr Stewart advised that a number of policies were brought to the Committee for approval and these are included on today's agenda. He said that the Committee would recommend Board approval.

120/23.6 The Board noted the update from the Chair of the Governance and Audit Committee.

121/23 Item 15 – Updated Policies and Procedures (PHA/05/10/23)

- **Business Continuity Policy / Plan**
- **Risk Management Strategy and Policy**
- **Records Management Policy**

Item 16 – Information Governance Strategy / Framework (PHA/06/10/23)

121/23.1 Mr Wilson advised that work was undertaken to bring these policies up to date with a small number of changes made in each.

121/23.2 Mr Wilson said that the Risk Management Policy has been updated to reflect the introduction of the 3 Lines Assurance model. He added that the Information Governance Strategy has been updated to show how

PHA is bringing GDPR on board.

- 121/23.3 Mr Clayton commented that there was discussion at IGSG and the Governance and Audit Committee about how these policies should be applied. He advised that there will be a training session for members on the 3 Lines Assurance Model. He noted that with the ongoing Reshape and Refresh programme, there could be staff moving so it is important that all staff are aware of their responsibilities under the Information Governance Strategy. He said that lines could become blurred so there is a need for clarity.
- 121/23.4 The Chief Executive suggested that on the back of the earlier discussion on procurement that there could be a joint session between the Procurement Board and the Governance and Audit Committee. Mr Stewart said that he had an issue regarding procurement that he wished to raise in the confidential session. The Chair noted that this was also mentioned at the Planning, Performance and Resources Committee.
- 121/23.5 The Board **APPROVED** the updated policies and procedures and the Information Governance Strategy.

122/23 Item 14 – Mid-Year Assurance Statement (PHA/04/10/23)

- 122/23.1 The Chief Executive advised that the Mid-Year Assurance Statement has been considered by the Governance and Audit Committee. Mr Stewart advised that the Committee had asked for some amendments to be made and these have been reflected in the updated version.
- 122/23.2 Mr Clayton noted that an amendment was made in the section on the Board Self-Assessment but asked about the process for completing this. The Chair advised that she has been speaking to Mr Graham about progressing this.
- 122/23.3 Ms McCaig suggested that given the recent events around cervical screening, there should be reference to that in the Statement. She acknowledged that the Statement is at 30 September, but given the Statement is still being amended, it should be included (**Action 5 – Mr Wilson**).
- 122/23.4 Subject to the inclusion of narrative around cervical screening, the Board **APPROVED** the Mid-Year Assurance Statement.

123/23 Item 17 – Equality and Disability Action Plans 2023/28 (PHA/07/10/23)

- 123/23.1 Mr Wilson said that members will be familiar with the Equality and Disability Action Plans as they form part of the Annual Equality Report which is submitted to the Equality Commission. He advised that it is incumbent on PHA to develop new 5-year Equality and Disability Action Plans and that these draft Plans have been consulted on.

- 123/23.2 Mr Clayton said that there are a lot of good suggestions in the Plan, but the timelines could be tightened up as many of the actions have target dates at the end of the 5-year period. He added that some of the indicators in the Equality Action Plan seem vague and without clear targets, particularly in the Service Development and Screening section. He welcomed that PHA has a target around an LGBTQ+ staff forum, but advised that in at least one Trust, there is also a forum for ethnic minorities and that PHA should also consider establishing such a forum. He added that there is a section about equality monitoring and noted that although PHA is developing policies, the number of equality screenings and EQIAs carried out on those seems to be out of sync. He said that while he is content with the Plan, there is a need to be able demonstrate progress towards completing it.
- 123/23.3 Mr Wilson said that he agreed with Mr Clayton's comments and that there is a need to further embed equality in PHA's work and to that end, a Steering Group is being established to look at equality and disability with representatives from all directorates. He added that PHA is keen to address this issue and going forward this new Group could link with the PPR Committee. He said that he would be happy to look at the timelines again and that he could report back to the Board once the Steering Group has been established.
- 123/23.4 The Chair said that equality should be part of the work of the Strategic Planning Teams and Mr Wilson agreed that it will form part of their agenda.
- 123/23.5 The Board **APPROVED** the Equality and Disability Actin Plans.

124/23 Item 18 – Any Other Business

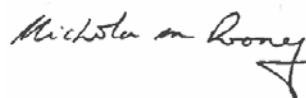
- 124/23.1 There was no other business.

125/23 Item 19 – Details of Next Meeting

Thursday 16 November 2023 at 1.30pm

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

Signed by Chair:



Date: 16 November 2023