

<b>Title of Meeting</b>	160 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	30 January 2024 at 2pm
<b>Venue</b>	Meeting Rooms, Linum Chambers, Bedford Street, Belfast

**Present**

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|--------------------------|--|
| 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 ( <i>via video link</i> )                       |
| Mr John Patrick Clayton  | - Non-Executive Director ( <i>via video link</i> )                       |
| Ms Anne Henderson        | - Non-Executive Director   |
| Ms Deepa Mann-Kler       | - Non-Executive Director ( <i>via video link</i> )                       |
| Professor Nichola Rooney | - Non-Executive Director   |
| Mr Joseph Stewart        | - Non-Executive Director ( <i>via video link</i> )                       |

**In Attendance**

- |                  |  |
|------------------|--|
| Mr Lindsay Stead | - Assistant Director of Finance, SPPG (for item 9) |
| Mr Robert Graham | - Secretariat                                      |

**Apologies**

- |                    |  |
|--------------------|--|
| Mr Robert Irvine   | - Non-Executive Director                             |
| Dr Aideen Keaney   | - Director of Quality Improvement                    |
| Ms Tracey McCaig   | - Director of Finance and Corporate Governance, SPPG |
| Mr Brendan Whittle | - Director of Community Care, SPPG                   |

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

- 1/24.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine, Dr Aideen Keaney, Ms Tracey McCaig and Mr Brendan Whittle.

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

- 2/24.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

- 2/24.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.
- 2/24.3 For item 11, the Chair declared an interest as his wife works for CCEA (Council for Curriculum, Examinations and Assessment) and has a responsibility for developing resources in the area of Relationships and Sex Education (RSE).
- 3/24 Item 3 – Minutes of previous meeting held on 14 December 2023**
- 3/24.1 The minutes of the Board meeting held on 14 December 2023 were **APPROVED** as an accurate record of that meeting.
- 4/24 Item 4 – Actions from Previous Meeting / Matters Arising**
- 4/24.1 The Chair advised that there was one action from the previous meeting which related to sharing a paper with members relating to campaigns and that was done shortly after the meeting.
- 5/24 Item 5 – Updates from Board Committees**
- Governance and Audit Committee*
- 5/24.1 The Chair noted that the Governance and Audit Committee (GAC) is due to meet on Thursday 1 February and there will be a fuller report at the next meeting.
- Remuneration Committee*
- 5/24.2 The Chair advised that the Remuneration Committee met on 16 and 22 January to consider the matter of Senior Executive Pay and that the outcome of that meeting was shared with members.
- Planning, Performance and Resources Committee*
- 5/24.3 The Chair said that a meeting of the Planning, Performance and Resources Committee is due to take place on Thursday 8 Friday. He asked if a copy of its terms of reference could be sent to him (**Action 1 – Secretariat**).
- 6/24 Item 6 – Updates from other Programme Boards/Committees**
- Screening Programme Board*
- 6/24.1 The Chair noted that the Screening Programme Board has not met since the last Board meeting.
- Procurement Board*
- 6/24.2 Ms Henderson advised that there is a lot of work to be carried out in the

area of procurement with a number of outstanding Internal Audit recommendations. Mr Stewart noted that updates on these would be brought to the Governance and Audit Committee. It was agreed that the Chair would meet with Ms Henderson, Mr Stewart and Mr Wilson to review these (**Action 2 – Chair**).

*Information Governance Steering Group*

- 6/24.3 Mr Clayton reported that the Information Governance Steering Group (IGSG) met recently. He advised that a recent Internal Audit in this area has returned a satisfactory level of assurance. At the meeting, he said that one of the main issues discussed related to how quickly new staff can complete their online training. He noted that the Agency Management Team (AMT) is considering an “induction day” for new starts and that Mr Stephen Murray is to provide an update from HR regarding this. He added that the IGSG Action Plan will form part of the agenda for the GAC meeting on Thursday.

*Public Inquiries Programme Board*

- 6/24.4 Professor Rooney advised that the Chief Executive is due to present evidence at the Urology Inquiry shortly. The Chief Executive reported that he, along with Dr McClean and Mr Brian Donnelly from the Directorate of Legal Services (DLS) had met with the Inquiry barrister who outlined areas of questioning which he felt to be helpful and will allow him to be better prepared for the session. He noted that PHA is not a significant organisation for the Inquiry and that the work of the Inquiry is almost complete.
- 6/24.5 Professor Rooney said that the Programme Board has a lot of focus on the COVID Inquiry and that Dr McClean will be giving evidence to the Inquiry in April/May. Mr Wilson reported that PHA has a number of actions to follow up on across each of the four modules of the Inquiry, including a further Rule 9 request relating to Module 2c. He said that a comprehensive amount of work is required to be completed in a short period of time. The Chair asked if the work is manageable, but Mr Wilson replied that the issue for PHA is more about how much of the information is readily available.
- 6/24.6 Professor Rooney suggested that it would be useful to work out the cost of PHA of servicing the Inquiry. She echoed the concern around the loss of corporate memory with staff having left the organisation.
- 6/24.7 Ms Henderson asked about PHA’s role in relation to urology. The Chief Executive explained that PHA’s role relates to commissioning and the management of Serious Adverse Incidents (SAIs) as well as its governance responsibilities. Ms Henderson asked if PHA has collated all of the SAIs relating to urology and how many there are. Dr McClean replied that there are around 10.

*At this point Ms Mann-Kler joined the meeting.*

- 6/24.8 The Chief Executive outlined that PHA's role in relation to SAIs is to disseminate learning, but the focus of the Inquiry is around the practice of an individual, and that issue should have been removed from the SAI process and dealt with by the Trust through a different process. He reiterated that PHA's role is around disseminating regional learning.
- 6/24.9 Ms Henderson commented that SAIs expose PHA to weaknesses within the HSC system and that it is a big ask for PHA to be responsible for disseminating the learning. The Chief Executive noted that the issue with SAIs is that it is not possible to ignore what becomes known. He added that SAIs were set up as a learning tool, but for issues relating to the practice of individuals there are systems for appraisal and revalidation. Ms Reid explained that it is not the role of the Designated Responsible Officer (DRO) in PHA for any SAI review to provide clinical advice, but to look at the process. She added that the SAI process is currently being reviewed and that the Permanent Secretary has asked that this is completed within 12 months. She said that the implementation of any new process will take years.
- 6/24.10 Professor Rooney said that there are similarities with PHA's role in quality assurance and that PHA should review this. The Chair suggested that an update on this should be brought to the Board in a few months' time (**Action 3 – Chief Executive**).

#### **7/24 Item 7 – Risk Management**

- 7/24.1 The Chair noted that the Corporate Risk Register has been reviewed as at 31 December and will be considered by the GAC at this meeting on Thursday. He asked if any new risks have been placed on the Register. Mr Wilson advised that a new risk regarding the impact of having to make savings in 2024/25 has been added.
- 7/24.2 Mr Clayton said that at the December Board meeting, there had been discussion around placing a new risk on the Register regarding the difficulties in recruiting public health consultants. Mr Wilson advised that this is still contained as a constituent part of the risk on staffing. Mr Clayton said that this will be discussed further at the GAC meeting on Thursday.

#### **8/24 Item 8 – Chief Executive's and Executive Directors' Report**

- 8/24.1 The Chair asked the Chief Executive and Directors if there were any specific issues they wished to bring to the attention of the Board. The Chief Executive said that in next year's Business Plan there will be a target around vaccinations as there has been a decline in childhood vaccinations which in England has led to an increase in measles cases, although that has not happened in Northern Ireland. He added that there has also been a reduction in the uptake of both COVID and flu

vaccines. He outlined that PHA will be establishing a Vaccination Programme Board and its terms of reference will be brought to the Board shortly along with a request for a Non-Executive Director to sit on it. He said that vaccination is a pillar of good public health.

- 8/24.2 Mr Stewart commented that reading the Report highlighted to him that PHA is involved in many work areas and he questioned whether it should be involved in all of them when it does not currently have the capacity. He highlighted in particular work around the primary care nursing workforce. The Chair said that following the workshop taking place in February, he wants to have clarity around PHA's core purpose, focus and strategic direction. Returning to Mr Stewart's query, Ms Reid explained that PHA is involved in primary care nursing as a means of ensuring that public health needs are being met and that HSC staff have the required knowledge and skills in that area. She added that it is about ensuring that public health messaging is being put out.
- 8/24.3 Mr Clayton noted that the update on the Deep End project made reference to work in areas of deprivation and advised that he has had some involvement with a project and would be happy to discuss this further with any of the Executive Directors. He asked if there was any update on cervical screening and the review of PHA's quality assurance processes. Dr McClean advised that she had written to all Trusts to establish an incident team. In terms of the quality assurance review, she explained that approaches had been to Public Health Wales and NHS England. While Public Health Wales were able to carry out a review, she said that they would not be able to prepare a report. For NHS England, an approach was made to management to approve the carrying out a review, but this was refused so she explained that one option was to engage their staff in a private capacity.
- 8/24.4 Dr McClean reported that the implementation of primary HPV testing is progressing well and will be used to clear the backlog. She said that Trusts have been asked to indicate how long this will take. She advised that the Belfast Trust should have the accreditation of its laboratory reinstated next week. She agreed to share the SITREP that is prepared with members (**Action 4 – Dr McClean**). With regard to the review of slides in the Southern Trust, she reported that to date only approximately 1,000 slides have been reviewed and that the uptake has been low. She advised that she is attending a meeting of the All-Party Group on Wednesday to discuss cervical screening.
- 8/24.5 Mr Wilson noted that the potential reinstatement of the Northern Ireland Assembly will see a new Programme for Government which will then initiate the process for PHA to develop a new Corporate Plan.
- 8/24.6 Ms Henderson commended the work that has been carried out to date on screening. She suggested that for governance purposes, it would be useful for a short report to place on the record. She said that PHA has done a tremendous job in what has been a stressful and pressurised

environment. She added that PHA needs to be more creative in terms of getting messages out to improve uptake of the MMR vaccine.

**9/24 Item 9 – Finance Report (PHA/01/01/24)**

- 9/24.1 Mr Stead presented the Finance Report for month 8 and advised that the position is similar to that of month 7 with PHA carrying a small year to date surplus, but that it should achieve a year-end break-even position. He added that AMT is continuing to monitor expenditure and slippage, particularly the vaccine slippage.
- 9/24.2 Mr Stead said that PHA's management and administration budget continues to have an underspend of around £2m, and although staff turnover is reducing, it is unlikely that there will be many more job appointments in the last quarter. He noted the new PHA structure will inform the cost of the management and administration budget going forward.
- 9/24.3 Mr Stead advised that some slippage is being offset by expenditure within programmes, for example Nicotine Replacement Therapy. He added that there continues to be a timing issue in terms of the receipt of monies from the Special EU Programmes Body (SEUPB).
- 9/24.4 Mr Stead explained that it is difficult to pin down an accurate figure for slippage within the vaccine budget. He said that a review is being carried out across children and adult flu vaccines, as well as the shingles vaccine. He advised that the flu vaccine has been opened up to a new cohort making it difficult to estimate the uptake. He added that there could also be a delay in GPs making claims. He estimated that the slippage will be in the region of £150k/£200k, with PHA's overall slippage around £450k/£500k. He explained that Ms McCaig has alerted the Department of this situation.
- 9/24.5 The Chair asked if there is any update on the position for 2024/25. Mr Stead commented that he did not know what impact the reinstatement of the Assembly would have, but he expected an update within the next couple of weeks. Mr Wilson advised that a meeting has been scheduled with the Department on 1 March to discuss PHA's saving proposals.
- 9/24.6 The Board noted the Finance Report.

*At this point Dr McClean left the meeting.*

**10/24 Item 10 – Annual Report on the Specialist Training Programme in Public Health (PHA/02/01/24)**

- 10/24.1 The Chair asked if members had queries on the report noting that Dr McClean had had to leave the meeting.
- 10/24.2 Mr Clayton queried how the findings of this report link with the risk on

the Corporate Risk Register in terms of the shortage of public health consultants. He noted the issue referenced in the report about the need to allow current consultants the time to mentor trainees. He added that the findings of the survey were interesting. Professor Rooney said that she would wish to understand more about the issue in relation to wellbeing.

10/24.3 Ms Reid agreed that there are capacity issues. She said that PHA is exploring training for non-medical staff by portfolio assessment as a way of trying to get senior staff trained by a different route.

10/24.4 The Board noted the Annual Report on the Specialist Training Programme in Public Health.

**11/24 Item 11 – Sexually Transmitted Infections in Northern Ireland Annual Report 2022 (PHA/03/01/24)**

11/24.1 The Chair asked if PHA works with CCEA to develop resources and Ms Reid replied that to her knowledge, PHA does. The Chief Executive added that PHA has a good working relationship with the education sector.

11/24.2 Mr Stewart commented that while this was a good report, he felt that there was a need to look at other initiatives as PHA appears to be continuing to do the same work, but not making the same impact. The Chief Executive agreed with the points made and said that while PHA is doing a lot of work, perhaps it needs to think of a different approach. Mr Wilson noted that many of the comparisons are being made with 2020/21 which was during the pandemic, therefore comparisons with 2018/19 would be more significant. He added that PHA had previously run successful media campaigns in this area and was due to run that campaign again this year. He suggested that the increase in the number of STIs could be linked to the improved accessibility of home testing.

11/24.3 Mr Clayton noted that in the past PHA would have targeted interventions for higher risk groups, for example men who have sex with men (MSM), and asked if the absence of a campaign budget has had an impact on work in this area. Mr Wilson replied that there has been some impact but advised that PHA does work with Rainbow and will be carrying out a comprehensive body of work for Sexual Health Week 2024.

11/24.4 The Board noted the 2022 Annual Report on Sexually Transmitted Infections in Northern Ireland.

*At this point Mr Clayton left the meeting.*

**12/24 Item 12 – Chair's Remarks**

12/24.1 The Chair advised that he had attended a meeting with Mr Peter

Toogood and reiterated that need for PHA to be able to show how it is spending its funds effectively and getting outcomes. He said that if PHA is able to demonstrate this, then Mr Toogood will back PHA's efforts to secure more funding and put a case forward for PHA.

12/24.2 The Chair said that he would like to have a separate Board meeting for the Board to consider the progress against the recommendations of the EY report and receive an update from the Directors regarding this **(Action 5 – Secretariat)**.

12/24.3 The Chair asked for an update on the Integrated Care System (ICS). The Chief Executive advised that he will be having a meeting with Ms Martina Moore later this afternoon to discuss this. He added that he had attended a meeting with SOLACE (Society of Local Authority Chief Executives) before Christmas which had been useful. He said that the role of the Area Integrated Programme Boards (AIPBs) has changed over the last two years from a decision making one to a more collaborative one.

*At this point Ms Henderson left the meeting.*

12/24.4 The Chief Executive commented that not having the Assembly in place has allowed time for reflection in terms of how ICS will work. He advised that PHA's role will be to provide population needs health assessments, but PHA needs to have better developed information systems.

**13/24 Item 13 – Any Other Business**

13/24.1 There was no other business.

**14/24 Item 14 – Details of Next Meeting**

*Thursday 15 February 2024 at 1pm*

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

Signed by Chair:



Date: 15 February 2024