

PHA Board Meeting Minutes

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| **Date and Time** | **Venue** |
| 24 April 2025 at 1.30pm | Fifth Floor Meeting Room, 12/22 Linenhall Street |

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| **Member** | **Title**  | **Attendance status** |
| Mr Colin Coffey | Chair | Present |
| Mr Aidan Dawson  | Chief Executive | Present |
| Dr Joanne McClean | Director of Public Health  | Present |
| Ms Heather Reid | Interim Director of Nursing, Midwifery and Allied Health Professionals | Present  |
| Ms Anne Henderson  | Non-Executive Director | Present |
| Mr Robert Irvine | Non-Executive Director | Present |
| Mr Joseph Stewart | Non-Executive Director | Present |
| Mr Stephen Murray | Assistant Director of Planning and Performance | In attendance(*on behalf of Ms Scott*)  |
| Mr Stephen Wilson | Head of Chief Executive’s Office | In attendance |
| Professor Sir Michael McBride | Chief Medical Officer, Department of Health | In attendance |
| Mr Robert Graham | Secretariat | In attendance |
| Ms Leah Scott | Director of Finance and Corporate Services | Apologies |
| Mr Craig Blaney  | Non-Executive Director | Apologies |
| Mr John Patrick Clayton | Non-Executive Director | Apologies |
| Ms Meadhbha Monaghan | Chief Executive, Patient Client Council | Apologies |

# **50/25 - Item 1 – Welcome and Apologies**

**50/25.1** The Chair welcomed everyone to the meeting. Apologies were noted from Ms Leah Scott, Mr Craig Blaney, Mr John Patrick Clayton and Ms Meadhbha Monaghan.

# **51/25 - Item 2 – Declaration of Interests**

**51/25.1** The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

# **52/25 - Item 3 – Minutes of previous meeting held on 27 March 2025**

**52/25.5** The minutes of the Board meeting held on 27 March 2025 were **APPROVED** as an accurate record of that meeting.

# **53/25 - Item 4 – Actions from Previous Meeting / Matters Arising**

**53/25.1** The Chair advised that all of the actions on the action log were either complete or in progress. He noted that there will be a detailed update on the Reshape and Refresh Programme at a future meeting and hoped that this will include a reflection on how PHA has implemented the findings of the Hussey Review and the EY reports as well as the learning from Public Inquiries.

**53/25.2** The Chair said that with regard to updates from 4 Nations meetings, there was due to be a joint meeting of all of the 4 Nations Chairs and Chief Executives. The Chief Executive advised that there was due to be an in-person meeting of Chief Executives, but this is now a virtual meeting, and it will look at an agenda for the joint meeting with Chairs. He added that it was agreed that the Chairs’ meetings should focus on how organisations are run, rather than on specific public health issues, as that is for the Directors of Public Health to discuss. The Chair agreed saying that it is important that the Board is aware that these meetings are taking place.

**53/25.3** The Chair noted that there is an outstanding action relating to safety and quality and that this is part of a wider discussion around commissioning.

# **54/25 - Item 5 – Reshape and Refresh Programme**

**54/25.1** The Chair advised that since the last Board meeting, there has been one meeting of the Reshape and Refresh Programme Board and that the work remains on track. He reiterated that June is a key date as there will be a presentation to the Board on progress and he hoped that the Hussey Review and the EY reports will be put “in the rear mirror” as PHA moves forward. He explained that he would envisage that this Programme Board would be absorbed into a new HR/OD Committee to ensure there is continued oversight.

# **55/25 - Item 6 – Reports of New or Emerging Risks**

*Corporate Risk Register as at 31 March 2025* ***[PHA/01/04/25]***

**55/25.1** The Chief Executive advised that the Corporate Risk Register was discussed at the last meeting of the Governance and Audit Committee on 17 April and that no new risks were added.

**55/25.2** Mr Stewart said that the Committee was content with the revised Corporate Risk Register, but one issue that emerged from the cyber security training that some members attended was a concern whether the risk on cyber security covered the potential exposure that PHA has to a cyber attack. He added that Ms Scott has agreed to take this away for further consideration.

**55/25.3** Mr Murray restated that no new risks have been added to the Corporate Risk Register and that no risks have been removed. He added that the previous Register was considered by both the Committee and the Board. He noted that some members have attended cyber security training.

**55/25.4** The Chair asked about risk 75 on pandemic preparedness and expressed concern about the lack of feedback from the Department and if this needs to be escalated. Dr McClean replied that there is a Pandemic Preparedness Oversight Group and any concerns are brought through that forum. She added that the Group is aware that SPPG and PHA are awaiting feedback on their plans. The Chief Executive advised that Mr Chris Matthews will be attending an Agency Management Team meeting in May to update on Exercise Pegasus and this issue can be raised with him then. The Chair said that if PHA is not getting a response, it should be highlighted to the Board and he asked that an update is brought to the next meeting **(Action 1 – Chief Executive)**.

**55/25.5** Ms Henderson asked if there was any update on the Child Health System (CHS). The Chief Executive replied that PHA has held meetings with Encompass. He outlined that CHS is a Trust-led system, but PHA is a primary user. He advised that PHA has appointed a Project Manager and that the transfer of CHS to Encompass will take place next year. Ms Henderson asked if this issue features on Trusts’ Risk Registers. The Chief Executive replied that the Encompass programme features on Risk Registers. Ms Reid reiterated that PHA has had positive meetings with Encompass and while there is more assurance, the situation will be kept under review.

**55/25.6** Ms Henderson said that the cyber security training was a very thought provoking and useful course. Mr Irvine commented that it highlighted two areas of concern for him, the first being around PHA’s reliance on third parties to provide their IT security. He noted that this would not prevent all attacks as it would take one individual to click on a link which would create an incident, therefore training is important. He added that his second concern related to third party providers and their assurances to PHA that their systems are safe. He said that staff should be aware of traffic from external organisations, but added that Ms Scott has taken these concerns on board.

**55/25.7** The Chair noted comments regarding Business Continuity Plans and the alignment of staff to provide a sustained response in the event of a pandemic, and also around information sharing. Dr McClean explained that these were her reflections and that as PHA prepares for Exercise Pegasus, it has to consider what functions would be paused. She said that PHA needs to have all of its plans in place. Mr Murray added that each directorate has undertaken a Business Impact Assessment as staff would need to be redirected from core duties to help in the event of a pandemic, but they do not have specific roles so there is work to be done to determine which staff can be released and where they would be released to. Ms Reid added that there also needs to be a look at how long services can be stood down for.

**55/25.8** The Chair said that for the presentation to the Board in June, he is seeking assurance that PHA is ready and fit for purpose, and if there are gaps, it can tell the Department where they are. He stated that PHA is in a better place and is a better organisation. Mr Stewart advised that when the Committee reviewed this, they asked if PHA was ready for a pandemic and for a paper on where the gaps are.

**55/25.9** Professor McBride noted that capacity and capability is an issue that flows through a number of the risks. He added that the gap in health protection consultants has been on the Register since 2019. He asked if Tier 2 posts have been filled and if there are gaps. Dr McClean replied that Tier 3 is now 90% populated and Tier 4 is currently being populated, mostly through internal reorganisation. She said that there are still some capacity gaps, but there have been improvements as PHA has brought in Programme Managers and other staff have been reallocated and trained in new roles.

**55/25.10** Professor McBride asked if PHA is expecting 12/13 new trainees from the training scheme. Dr McClean confirmed that this is the case and added that an advertisement which was recently placed has attracted interest from outside Northern Ireland. However, she noted that the output is not keeping pace with the number of retirements. She added that the issue is not so much about numbers of staff, but being able to train them all.

**55/25.11** The Chief Executive said that PHA is in a better place than it has been as it has dismantled a lot of the silo working and there is more cohesive working with the team working together in areas such as surveillance and modelling. He advised that Tier 4 is under development. He added that he would like to reach a place whereby PHA has a working model for “normal” working, but then in the event of a pandemic, all staff know what their roles are. Dr McClean commented that while PHA has always been a public health organisation, not all of its staff had public health skills, so a lot of work has been undertaken to develop a public health skills framework.

**55/25.12** Mr Wilson noted that, with regard to Tier 4, there needs to be an affordability test carried out. The Chair said that for the presentation in June, he would like to know how far away PHA is from completing this work, and what the plan is to get there. He added that if PHA is being held back from completing its goals, due to a lack of funding from the Department, then this becomes a shared risk. The Chief Executive advised that there is a summit on Monday to discuss the financial situation, which is very challenging. The Chair said that PHA needs to come up with a process so it understands what its risks are, and to communicate these to the Department. Professor McBride advised that the Department could ask what PHA is doing to reprioritise within its existing funding, and added that if there is a gap in funding and there is a huge risk, then the Board should consider reducing what work is done in other areas.

**55/25.13** Ms Henderson said that PHA cannot be funded to be able to deal with a pandemic but it must be good enough and comparable with other organisations. Mr Stewart commented that this is not what is being asked for, but agreed with the Chief Executive’s suggestion that PHA should have two operating models as this would give a level of confidence. Mr Irvine said that if there are two models, then there needs to be a trigger point where organisations escalate matters to the Government. He added that if any plan is not activated quickly enough, it will not work. The Chair said that the learning from Pegasus should be that all parts of Government need to work together. The Chief Executive said that PHA’s relationship with the UK Health Security Agency (UKHSA) is also important, because even though Northern Ireland has the smallest population in the UK, it is still expected to do the same work as other parts.

# **56/25 - Item 7 – Raising Concerns**

**56/25.1** The Chief Executive advised that there were no new concerns to report on.

# **57/25 - Item 8 – Updates from Board Committees**

*Governance and Audit Committee* ***[PHA/02/04/25]***

**57/25.1** Mr Stewart said that the minutes of the Committee meeting from February are included for noting. He advised that all of the actions from that meeting have been completed, with one exception, which relates to an issue he has been raising for some time around the need to have a central repository for information. He suggested that there should be a scoping document for an information system and Ms Scott is going to speak to the Chief Executive concerning this.

**57/25.2** Mr Stewart advised that he gave an update to the Committee on the last meeting of the Audit Committee Chairs’ Forum where there was an update on budgets, and that HSC bodies should prepare a 3-year budget on the basis of flat cash. He said that this could impact on PHA being able to deliver on its new Corporate Strategy.

**57/25.3** Mr Stewart reported that the Committee had considered the Nursing and AHP Directorate Risk Register and noted that there are some issues within it that link back to the HSC Framework Document.

**57/25.4** Mr Stewart advised that the Committee received a report on Direct Award Contracts (DACs) which he had asked to be shared with the full Board for information as this is an area that needs to be kept under review. The Chair said that he would like to see a Procurement Plan that deals with DACs. Mr Murray advised that there is a plan for dealing with DACs and that over the next 18 months, there is a programme of work to deal with those in the area of drugs and alcohol. He added that there is not a significant number of other contracts, but the issue is how they are re-awarded so there are two slightly different issues, but they are related. The Chair asked if the Plan could be shared **(Action 2 – Mr Murray)** as he would like to know what PHA’s intentions are to get to a place where DACs become the exception rather than the rule. He suggested that there could be a separate meeting between himself, Ms Henderson, Ms Scott and Mr Murray to look at this and fully understand it **(Action 3 – Chair)**. Ms Henderson confirmed that there has been good progress made, but said that there are issues in terms of those contracts which have never been tendered. She added that there are other contracts where PHA needs to decide what it wants to procure and this is where the planning teams are important and a lot of work needs to be done around this. The Chief Executive said that he would like to see the planning teams make the decisions.

**57/25.5** Professor McBride pointed out that for many years PHA did not have a Director of Finance. The Chief Executive said that there are many pieces that need to be put together, including the new Corporate Plan, the structure at Tier 4, the development of the life course approach and to get away from silo working. He added that PHA needs to have more control and noted that it now has its own Director of Finance and better information processes, all of which will allow it to deliver procurement properly. He added that this is a lot of change for one organisation in such a short period of time. Mr Murray commented that if PHA does not get its procurement processes right, this could result in a legal challenge.

**57/25.6** Dr McClean said that PHA has previously not had operational expertise, and it needs to have this within its new model. Ms Henderson commented that PHA needs to recognise that some of its contracts have to be delivered by small organisations and the administrative costs to these organisations.

**57/25.7** Professor McBride noted that there used to be integrated HSCB/PHA teams, and asked if PHA gets support from SPPG and if PHA is asked to support SPPG when it comes to the Integrated Care System (ICS). The Chief Executive said that the impact on PHA of SPPG being migrated into the Department was not considered as SPPG staff are now being pulled into filling gaps within the Department. He advised that following a meeting he had with Ms Tracey McCaig, the joint senior management team meetings between SPPG and PHA have now been re-established and will take place monthly.

**57/25.8** Mr Stewart advised that Internal Audit reported on year-end progress against outstanding audit recommendations and that 86% of recommendations have been fully implemented. However, he noted that some recommendations have not yet passed their due date, but some of the due dates will fall shortly. He said that Executive Directors should give careful consideration when putting forward implementation dates. He advised that he had had discussions with Mrs Catherine McKeown and Ms Scott regarding the Internal Audit Plan and that audits on ICS and Serious Adverse Incidents were being put back to next year. He added that he has asked Mrs McKeown to look at the issue of the Framework Document when carrying out the audit on safety and quality.

*Remuneration Committee*

**57/25.9** The Chair noted that the Remuneration Committee had not met since the last Board meeting.

*Planning, Performance and Resources Committee*

**57/25.10** The Chair noted that the Planning, Performance and Resources Committee had not met since the last Board meeting.

*Screening Programme Board*

**57/25.11** The Chair noted that the Screening Programme Board has not met since the last Board meeting.

*Procurement Board*

**57/25.12** The Chair noted that the Procurement Board has not met since the last Board meeting.

*Information Governance Steering Group*

**57/25.13** The Chair noted that the Information Governance Steering Group has not met since the last Board meeting.

*Public Inquiries Programme Board*

**57/25.14** Mr Wilson said that there was an agreement that there would be a change in the architecture of this group and that it would report to the Governance and Audit Committee, but that change has not yet happened. He advised that PHA is currently preparing for a number of modules in relation to the COVID Inquiry.

**57/25.15** Mr Wilson advised that Ms Reid will be giving evidence for Module 6 which relates to care homes and that the Witness Statement will be finished this week. For Module 7, on Test Trace Isolate, he said that PHA’s Statement is almost complete, but PHA will not be called to give evidence. He added that work is under way in relation to Module 8 which concerns children and young people.

**57/25.16** Mr Wilson reported that Module 9, regarding the economic response, is timetabled for November/December 2025 and that the only core participant from Northern Ireland is the Department for the Economy. For Module 10 on the impact on society, he advised that PHA is not a core participant, but that the format of that module will be different in that there will be a number of round table discussions.

**57/25.17** Mr Wilson advised that PHA has received a letter from the Inquiry, placing it under notice regarding the report on Module 2 and indicating that it may be named.

**57/25.18** Mr Stewart noted that there is a lobby for a separate Public Inquiry for Northern Ireland and said that PHA would not have the resource to support this.

# **58/25 - Item 9 – Presentation on Mental Health Strategic Planning Team**

*Ms Mary Emerson, Dr Denise O’Hagan and Ms Fiona Teague joined the meeting for this item.*

**58/25.1** The Chair said that he saw Strategic Planning Teams as a cornerstone of how PHA operates as he would like PHA to be able to demonstrate how activities are related to corporate objectives and whether PHA knows when it should stop activities and redirect funding.

**58/25.2** Mr Murray opened his presentation by outlining the current membership of the Planning Team and explaining the purpose of having these teams. He advised that there is a lot of work ongoing in the field of mental health and explained the policy context. He outlined how the team operates and how its actions link in with those within different strategies in this area. He showed a diagram of where all the linkages are.

**58/25.3** The Chief Executive asked how there is assurance that this work links into PHA’s Corporate Plan. Mr Murray explained that this work is from the 2024/25 workplan and that the 2025/26 plan is being fine-tuned. The Chair asked if the work of this team is based on work that PHA was already doing, or what is should be doing. Mr Murray replied that there are new services being commissioned and new priorities.

**58/25.4** The Chair noted that this group has been in operation for 2/3 years and asked what the outcomes are, and what is being undertaken to achieve them. Dr O’Hagan replied that the group has been tracking population measures and indicators and that new indicators will be developed. The Chair welcomed this, but said that at some stage, there may be work that needs to be stopped. Ms Teague advised that as work progresses, and new services are being commissioned, there will have to be difficult conversations as services are reconfigured.

**58/25.5** The Chair said that nothing that PHA does will get a result within a 12-month period as some of the outcomes may take years, but added that there is a need to understand the activity and ensure that there are clear links between the Corporate Plan, the 3-year Implementation Plan and the Business Plan. He added that the Board needs to be able to support the group. He explained that this group is where the expertise is, and it is responsible for implementing strategy, but it needs to know what is working, and what is not working.

**58/25.6** Professor McBride noted that the diagram of the different groups seems complex, and felt that it need not be because there is the All Department Officials Group (ADOG), the Executive Group and Protect Life 2 group which are joined up. He commented that he did not see the linkage between this work and the target in Protect Life 2 outlining that every suicide costs £1.5m and asked if that “invest to save” case is highlighted here. He added that PHA should be making these arguments at the Finance summit on Monday. Ms Henderson asked which other organisations operate in the field of suicide prevention and if they are investing. Professor McBride advised significant funding goes to the Protect Life Implementation Groups (PLIGs) and community-based organisations.

**58/25.7** The Chief Executive said that suicide prevention is one part of the mental health agenda, and this team is PHA’s team for mental health, and their role is to also inform Trust expenditure in this area and provide professional input for how funding is spent. Ms Henderson asked if PHA has connections with each of the Trusts. Ms Emerson outlined that PHA is leading joint work with SPPG in the area of crisis, but this is only one element. She added that PHA works closely with SPPG and provides professional input. Professor McBride asked how much PHA is sighted on its work, given that the activity is being commissioned by SPPG and then delivered in Trusts.

**58/25.8** The Chair stated that if PHA is clear in terms of what outcomes it is seeking, then it should be focused on those outcomes and working out what is preventing it from achieving those outcomes. He added that PHA needs to think about what it can achieve over a 5-year timeline and who it needs to work with.

**58/25.9** Ms Henderson said that she was happy with this first presentation by a planning team and asked what benefit the members felt from having the team up and running. Ms Emerson replied that she has been working in the PHA since 2010 and whereas previously she would have felt more connected to HSCB, she now feels there is better linkages with PHA colleagues and that this team has come together as a collegiate group. She added that she has more awareness of what is happening within the community and voluntary sector and that the experience of this team working has been very positive with strong relationships being developed. Dr O’Hagan echoed this saying that good relationships have been formed with different parts of the organisations, but added that she always felt there were those relationships in the area of mental health.

**58/25.10** The Chair reiterated that PHA needs to ensure that there is a link between its Corporate Plan and the work that is happening on the ground. He said that this team should be telling the Board what PHA needs to do and what it should not be doing.

**58/25.11** Ms Teague said that with this new team, there is collective ownership and leadership. She felt that the team is still at the “forming” stage and said that it is the environmental impact that has slowed it down. She added that the potential is there, and that the strength will be knowing what PHA’s core business is and being able to say what is not in PHA’s remit. Mr Murray said that the challenge is getting staff aligned and getting the overall framework in place, particularly a performance framework which will look at how money is being spent on the ground.

**58/25.12** Dr McClean stated that mental health is the single biggest population issue and has the highest cost so PHA needs to ensure that it is a priority. Professor McBride asked if PHA has a plan for how it will address each of the actions in the plans. Mr Murray replied that there is a clear plan for the money that PHA directly invests. The Chair advised that from his meetings with Local Councils, they are keen to help PHA.

**58/25.13** Mr Stewart suggested that the team has been working so closely at the coal face, that it may need to step back and look to see whether the areas PHA is investing in are those where it can have the biggest impact, particularly given that there will not be any significant budget increase over the next 2/3 years.

**58/25.14** Ms Reid agreed that the diagram shown earlier is mind-blowing, particularly when it comes to determining what actions to prioritise. She added that there is then the administrative burden of keeping track of progress. She noted that there needs to be a discussion with the Department about its priorities.

**58/25.15** Ms Henderson stated that there is good synergy within this team which other teams will have to match. Dr O’Hagan said that, going forward, the connection between the teams will be vital.

**58/25.16** Mr Irvine said that for the Board, working at a strategic level, mental health is a huge priority and that it consists of two areas, prevention and treatment. He stated that prevention cuts across many Government departments so if PHA does not feel that there is enough being done in this area it should report this to the Board. He agreed that in order to address specific issues, there may be a need to reprioritise funding.

**58/25.17** The Chair advised that he had a meeting earlier to discuss stakeholder engagement and that if required he can influence Chairs of other organisations and that the Board is here to support the work of the team. The Chief Executive noted that from a meeting he attended this morning, there is an assumption that other organisations outside health know about work in mental health and suicide prevention, but they do not, so he has offered to do a presentation. The Chair said that he would bring an update on stakeholder engagement to a future meeting **(Action 4 – Chair)**.

**58/25.18** Mr Murray finished his presentation by giving an overview of the benefits of the new planning team approach, as well as some of the challenges.

**58/25.19** The Chair reiterated that PHA needs to be able to prioritise and that the Board will follow the recommendations of the team. He said that PHA needs to be innovative and it cannot be responsible for doing everything. Mr Stewart agreed and said that this is why PHA needs to determine what it should stop doing.

# **59/25 - Item 10 – PHA Business Plan 2025-26 [PHA/03/04/25]**

**59/25.1** The Chair asked if members had any comments on the updated Plan and if it can be approved. The Chief Executive advised that this Plan should be seen as part of a suite of documents including the Corporate Plan and the Implementation Plan. The Chair said that the Directors now need to give consideration as to how progress on this is presented at the end of the first quarter. He asked that when this comes to the Board in August, that there is sufficient time allocated to discuss it and that key questions need to be able to be answered, including, is PHA moving forward, and is it prioritising.

**59/25.2** Mr Stewart asked where actions around obesity are captured. Dr McClean explained that obesity is part of Living Well and that one of the initiatives being taken this year is a review of the Physical Activity Referral Scheme (PARS). She said that there will be an increased focus on physical activity. Mr Stewart asked whether PHA should be directing funds to areas where it has the biggest impact noting the difference in funding in obesity compared to areas such as mental health. Dr McClean suggested that there could be a more in-depth look at PHA’s work in the area of obesity at a future workshop, noting that there is work in a number of areas that link to obesity.

**59/25.3** Ms Henderson asked about PHA’s role in improving people’s diets given the impact of a poor diet on health. Professor McBride said that there is work to be done in changing behaviour. He noted that there is currently a once in a lifetime opportunity to reduce smoking and vaping. He added that telling people what they can and cannot do is not an approach that works. He referenced the Cook It programme as an initiative. He suggested that as a system, issues are not dealt with quickly enough.

**59/25.4** Professor McBride noted that PHA intends to produce a 3-year Implementation Plan which will contain some of the longer-term targets. He asked if these link with the Department of Health’s targets, particularly the Strategic Outcome Measures (SOMs). The Chief Executive said that he thought the SOMs would be revised, but added that PHA’s Implementation Plan will set out where it feels it can have influence. He advised that at a meeting with the new Permanent Secretary, Mr Mike Farrar, there was a discussion on shared outcomes.

**59/25.5** The Chair said that the Board needs to understand how everything fits together, and Dr McClean suggested that this could be done though having more workshops.

**59/25.6** Ms Henderson suggested that PHA should be getting more information out into public spaces. The Chair agreed that there needs to be a wider educational piece.

**59/25.7** The Chief Executive advised that the session the Board is due to have with the Senior Leaders Forum to discuss the Implementation Plan has been changed from 2 May to 16 May.

**59/25.8** The Board **APPROVED** the PHA Business Plan 2025-26.

# **60/25 - Item 11 – Finance Report**

**60/25.1** The Chair asked if PHA will achieve a break even position this year. Mr Murray replied that this is the case, for both revenue and capital. The Chair congratulated the team on behalf of the Board for achieving this outcome.

**60/25.2** The Chair asked if there was any update on the outlook for 2025/26. The Chief Executive advised that there is a Finance Summit meeting on Monday and that Ms Scott will be representing PHA at that meeting. The Chair asked if the Board could receive an update following that meeting **(Action 5 – Chief Executive)** and said that there should be a more in-depth discussion at the next meeting.

**60/25.3** The Board noted the Finance Report.

*At this point Mr Irvine left the meeting.*

# **61/25 - Item 12 – Annual Report on the Specialist Training Programmes in Public Health 2023/24 [PHA/05/04/25]**

**61/25.1** Dr McClean explained that PHA is required by the Northern Ireland Medical and Dental Training Agency (NIMDTA) to produce this annual update for the Board.

**61/25.2** The Board noted the Annual Report on the Specialist Training Programmes in Public Health 2023/24.

# **62/25 - Item 13 – Chair’s Remarks**

**62/25.1** The Chair asked the Chief Executive if he had any matters he wished to update the Board on.

**62/25.2** The Chief Executive reported that the new Senior Leaders Forum has been meeting over the last number of weeks on a Friday afternoon to look at structures and the new Corporate Plan. He said that good relationships are now being built and he hoped that this will continue further.

**62/25.3** The Chief Executive said that he attended a meeting of All-Ireland Chief Executives in Dundalk and one of the areas that there will be joint working on is Traveller health.

**62/25.4** The Chief Executive advised that the Chair and he had met with the new Permanent Secretary, Mr Mike Farrar and that it was a positive meeting. He outlined that Mr Farrar’s background is in the areas of prevention and early intervention and said that Mr Farrar is keen for PHA to be invited to a number of groups. He added that Mr Farrar is keen to look at the issue of shared outcomes.

**62/25.5** The Chief Executive said that next week PHA is participating in a “Big Discussion” event on Tuesday and a Finance summit meeting on Monday.

**62/25.6** The Chair advised that PHA invited the Minister and his Special Advisor to meet with Directors and that it was an interesting meeting. He added that he will be meeting the Minister on Friday afternoon.

**62/25.7** The Chair commented that as a consequence of the budget for health, PHA will have to look at re-prioritising.

# **63/25 - Item 14 – Any Other Business**

**63/25.1** There was no other business.

# **64/25 - Item 15 – Details of Next Meeting**

*Thursday 29 May 2025 at 1.30pm*

*Ulster University, Coleraine*

Signed by Chair: ­­­­­­­­­­­­­­­­

Colin Coffey

Date: 29 May 2025