

PHA Board Meeting Minutes

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| **Date and Time** | **Venue** |
| 19 June 2025 at 1.45pm | Conference Rooms 1&2, 2nd Floor, 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  |
| Mrs Leah Scott | Director of Finance and Corporate Services | Present |
| Mr Craig Blaney  | Non-Executive Director | Present |
| Mr John Patrick Clayton | Non-Executive Director | Present |
| Ms Anne Henderson  | Non-Executive Director | Present |
| Mr Robert Irvine | Non-Executive Director | Present |
| Mr Joseph Stewart | Non-Executive Director | Present |
| Professor Maria McIlgorm | Chief Nursing Officer, Department of Health | Present |
| Mr Stephen Wilson | Head of Chief Executive’s Office | In attendance |
| Mr Robert Graham | Secretariat | In attendance |
| Ms Meadhbha Monaghan | Chief Executive, Patient Client Council | Apologies |

# **79/25 - Item 1 – Welcome and Apologies**

**79/25.1** The Chair welcomed everyone to the meeting. Apologies were noted from Ms Meadhbha Monaghan.

# **80/25 - Item 2 – Declaration of Interests**

**80/25.1** The Chair asked if anyone had interests to declare relevant to any items on the agenda.

**81/25.2** Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries. He also declared an interest with regard to the section in the Annual Accounts on provisions for holiday pay as he had been involved in discussions around this in his role with Unison.

# **82/25 - Item 3 – Minutes of previous meeting held on 29 May 2025**

**82/25.5** The minutes of the Board meeting held on 29 May 2025 were **APPROVED** as an accurate record of that meeting, subject to an amendment in paragraph 69/25.5 where the words, “saying that this is as important now as it has ever been” should be added to the end of the paragraph.

# **83/25 - Item 4 – Actions from Previous Meeting / Matters Arising**

**83/25.1** The Chair went through the actions from the previous meeting. For action 1 regarding a follow up session for Board members to go through the Implementation Plan with the Senior Leaders Forum, he asked that this is not forgotten about.

**83/25.2** For action 2, the Chair noted the Corporate Risk Register is due to be updated at the end of June. He advised that he had had a discussion with Internal Audit and suggested that PHA should review its risk appetite. It was agreed that this should be considered through a planned a workshop on risk **(Action 1 – Mrs Scott)**.

**83/25.3** For action 3, the Chair advised that the proposal to introduce “Committees in Common” has not yet progressed. The Chief Executive reported that Mr Michael Bloomfield has met with Trust Chief Executives and is writing a paper. He added that Mr Bloomfield is meeting with the Permanent Secretary next week and is keen to get this group up and running as soon as possible.

**83/25.4** The Chair said that a challenge going forward will be around how to keep the PHA Board informed about the business of the Committees and how to garner PHA views. He explained that the Permanent Secretary wants the Trusts to work together in a provider collaborative approach. He added that the Committees in Common will not have the power to make decisions, these will have to go back to Trust Boards for ratification.

**83/25.5** A member enquired about the Board seeing the terms of reference. The Chief Executive advised that the first item of business at the first meeting will be to agree the terms of reference. The Chair welcomed that PHA is involved in this.

**83/25.6** The Chair noted some of the other actions where there is work in progress and said that updates on procurement and stakeholder engagement will come to a future Board meeting. With regard to stakeholder engagement, he advised that he had met with Armagh, Banbridge and Craigavon Council and they are keen to work with PHA.

# **84/25 - Item 5 – Reports of New or Emerging Risks**

**84/25.1** The Chief Executive advised that there were no new or emerging risks since the last Board meeting.

# **85/25 - Item 6 – Raising Concerns**

**85/25.1** The Chief Executive advised that there were no new concerns to report on.

# **86/25 - Item 7 – Statutory Public Inquiries and Reviews PHA Response - Implementation and Organisational Learning [PHA/01/06/25]**

*Ms Gráinne Cushley and Mr Alastair Ross joined the meeting for this item*

**86/25.1** Mr Ross began the presentation with an overview of all of the recent Public Inquiries with which PHA has had some involvement and work required in preparing for these. The Chair drew a distinction between what comes out of Public Inquiries are recommendations that PHA must do, but for the Hussey Review the recommendations are what PHA were suggesting needed to be done as they recognised the need to change to ensure they were fit for purpose. The Chief Executive said that Public Inquiries set a context for the wider HSC system and setting them aside, PHA’s main focus is on the Hussey Review and the Reshape and Refresh programme.

**86/25.2** The Chair said that what he wanted to get from the presentation and discussion was a clear sense whether the PHA’s new structure will make it is better placed to fulfil the recommendations of the Hussey Review and if PHA is a much more agile organisation.

*At this point Dr McClean and Professor McIlgorm joined the meeting.*

**86/25.3** Mr Ross went through the recommendations of the Hussey Review explaining that there were four main recommendations and 41 sub-recommendations. He showed that 31 of these had been completed and it was proposed that the 10 that are outstanding have been mapped onto the Reshape and Refresh programme and that the Hussey Review recommendations have largely been addressed though some will remain to be monitored going forward. The Chief Executive noted that the Hussey Review had a specific focus on health protection which then led into the Reshape and Refresh programme. Ms Cushley took members through the recommendation of that programme and the progress that has been made against each of them.

**86/25.4** A member stated that in his opinion the Hussey Review cannot be fully closed off yet and cited by way of example the ongoing staffing capacity issues relating to public health consultants. He noted the ability to scale up contact tracing still features on both Directorate and Corporate Risk Registers and therefore there needs to be further clarity about how these can be monitored by the Governance and Audit Committee and the Board.

**86/25.5** Another member commented that, from his experience of sitting on Audit Committees, he would like to be clear about where the request has come from to implement the recommendations, who monitors them and the checks that are in place. He said that part of that may be incorporating the recommendations into everyday working and added that he disagreed with the view that the Hussey Review cannot be closed because the recommendations can be morphed into everyday working and a process put in place where it can be checked that they have been completed, monitored and implemented. He suggested that there should be a Committee to monitor this and a monitoring report brought every 3/6 months.

**86/25.6** One member said that the Non-Executive Directors who were in post at the time saw the Hussey Review as an opportunity to deal with pertinent issues, for example, there was no Chief Executive and no Director of Finance. He added that the members were unanimous in wanting to see a new organisation and that while the outworking of the Review remains in progress, PHA is unrecognisable from the organisation that it was. He noted that there was still an issue in terms of R&D capacity and the thought that this Review was an opportunity for PHA to grow its funding and its staff complement. He said that while no funding has been made available, PHA has done the best it could with the resources it had available.

**86/25.7** Dr McClean said that she is particularly sensitive to the fact that PHA still faces a staff deficit. She added that the Hussey Review was about capacity and capability, and while PHA has expanded its workforce, it takes time to train staff. She noted that Exercise Pegasus is taking place later this year and it will highlight gaps in PHA’s consultant workforce.

**86/25.8** Ms Reid noted that PHA may be asked to undertake more surveillance work as part of the review of Serious Adverse Incidents. She added that there is still clarity needed about the role of PHA staff providing input to SPPG.

**86/25.9** The Chair said that Reshape and Refresh Committee should morph into a new HR and OD Committee which has that oversight function. He added that he would be content to be involved in that Committee and that it should be a formal Committee of the Board.

**86/25.10** The Chief Executive thanked Mr Ross and Ms Cushley for the presentation and he thanked members for their comments that echoed that PHA is a much different from when Dr Hussey commenced her review. He said that for this presentation PHA has taken a bird’s eye view and that it is important for PHA to take stock. He noted that the Reshape and Refresh programme superseded the Hussey Review and in his view since then, the culture of the organisation has changed, there is less silo working, the Board has a better understanding of the responsibilities of the organisation, PHA is open and transparent and the Board works well together. He added that staff now have an understanding of where they see themselves and there is a good relationship with the Department.

**86/25.11** The Chief Executive said that it will always be a struggle to set up a contact tracing operation and if there is another pandemic he would expect it to be subject to a “command and control” approach by the Department, and that following one of the recommendations of Module 1 of the COVID Inquiry, there may be a body that takes on some of those responsibilities. He said that while PHA is now unrecognisable compared to the organisation it was, he still has some frustration around the data and digital elements. He reiterated that the presentation has been useful, as well as the conversation and the comments.

**86/25.12** The Chair suggested that there should be a closure report on the Reshape and Refresh programme which is brought to the Board in September and thought should be given to a terms of reference for the new Board Committee.

**86/25.13** Professor McIlgorm said that previous ways of working had clear shortcomings a and suggested that the clinical and professional governance piece does need to form part of the Reshape and Refresh programme. She noted that she has had similar conversations with RQIA. Ms Reid advised that there is a piece of work under way and that there have been useful discussions with SPPG about what is meant by professional advice. She said that she and Ms Cushley are finalising this and will share their work with SPPG as well as the Chief Medical Officer, Chief Nursing Officer and Chief Allied Health Professions Officer.

**86/25.14** The Chair brought the discussion to a close and thanked Mr Ross and Ms Cushley for their attendance.

# **87/25 - Item 8 – Updates from Board Committees**

*Governance and Audit Committee* ***[PHA/02/06/25]***

**87/25.1** The Committee Chair advised that the minutes of the April meeting were available for noting and that the Committee had met on 12 June.

**87/25.2** He said that the Committee had received the Head of Internal Audit report which gave an overall limited level of assurance which he said was no surprise given PHA had 4 limited reports. He advised that PHA needs to develop a plan to address the matters raised so that by next year the level of assurance can return to satisfactory. He noted that PHA has responded well to a number of the recommendations, with the main audit areas being contracts with Trusts, vaccination programmes and Personal and Public Involvement.

**87/25.3** He advised that the Head of Internal Audit had stated that the Board as a whole is collectively accountable. He added that while External Audit had given an unqualified audit opinion, it had flagged up an issue with regard to vaccine management.

**87/25.4** He reported that the Committee members had met with the auditors and that this was a positive meeting where it was suggested that there should be a workshop to look at outstanding audit recommendations.

**87/25.5** He advised that the PHA Annual Report and Accounts were approved subject to some amendments, which have now been made. He added that the latest Information Governance Action Plan was considered and there remain some issues with getting new staff compliance with mandatory information governance training.

**87/25.6** The Chief Executive apologised that he had not been able to attend that meeting as he had a prior commitment in Manchester, but that he would be attending the next meeting in August where an action plan will be brought on how PHA will be addressing the outstanding audit issues. He agreed that while significant progress has been made, the Head of Internal Audit had no choice but to give the overall limited assurance. He advised that issue was discussed at PHA’s Ground Clearing Meeting with the Department and will be discussed again at the Accountability Meeting with the Permanent Secretary.

**87/25.7** There was a discussion around how Internal areas are identified and how this process could usefully support the organisation. The Chief Executive explained that it selects areas from the Corporate Risk Register where it perceives there may be weaknesses. The Chair said that he would look forward to seeing the plan.

*Remuneration Committee*

**87/25.8** The Chair noted that the Remuneration Committee had not met since the last Board meeting.

*Planning, Performance and Resources Committee*

**87/25.9** The Chair noted that the Planning, Performance and Resources Committee had not met since the last Board meeting.

*Screening Programme Board*

**87/25.10** The Chief Executive advised that the Digital Modernisation Programme Board has met and it will look at IT screening programmes that will be brought under Encompass, and that it will also look at the Child Health System. He added that planning is taking place for an extension to the Bowel Screening Programme that will bring Northern Ireland into line with the rest of the UK. He noted that there will be a focus on health inequalities as there is a poor uptake in screening programmes among those who experience the greatest inequalities and they have the poorest outcomes.

*Procurement Board*

**87/25.11** The Chair noted that the Procurement Board had not met since the last Board meeting.

*Information Governance Steering Group*

**87/25.12** The Chair noted that the Information Governance Steering Group had not met since the last Board meeting.

*Public Inquiries Programme Board*

**87/25.13** Mr Wilson reported that Ms Reid is currently preparing for her evidence session for Module 6 (Care Sector) of the COVID Inquiry. He added that Dr McClean’s Witness Statement for Module 7 (Test, Trace and Isolate) is being finalised but she will not be called to give evidence. He advised that PHA is working on its Statement for Module 8 (Children and Young People), and that it does not envisage receiving Rule 9 requests for Module 9 (Economic Response) or Module 10 (Impact on Society).

# **88/25 - Item 9 – PHA Annual Compliments and Complaints Report 2024/25 [PHA/03/06/25]**

**88/25.1** Mr Wilson presented the Annual Compliments and Complaints Report and advised that during the year, PHA received twelve compliments and three complaints. He noted that not all of the complaints were responded to within the timescales, but that there were mitigating factors and PHA kept the complainants advised.

**88/25.2** The Board noted the PHA Annual Compliments and Complaints Report 2024/25.

# **89/25 - Item 10 – PHA Annual Report and Accounts 2024/25 [PHA/04/06/25]**

**89/25.1** Mrs Scott advised that the Annual Report and Accounts was considered by the Governance and Audit Committee and that amendments proposed to the performance management and governance sections have now been incorporated.

**89/25.2** Mrs Scott gave an overview of the accounts saying that PHA received £141.5m together with £1.3m of other income and £6.9m of capital funding and ended the year with a surplus of £77k. She advised that PHA received a limited level of assurance from Internal Audit but an unqualified audit opinion from External Audit.

**89/25.3** There was a discussion about who the audience is for the Annual Report and if there is a way of presenting the Report to highlight PHA’s achievements and be more positive. The Chief Executive said that PHA is aiming to produce a more concise report next year which will highlight achievements Mrs Scott confirmed that this is a public document and a lot of work has gone into compiling it. She advised that PHA will share the report internally so that staff can identify with it.

*At this point Ms Henderson left the meeting.*

**89/25.4** The Board **APPROVED** the PHA Annual Report and Accounts 2024/25.

# **90/25 - Item 11 – Financial Plan 2025/26 [PHA/05/06/25]**

**90/25.1** Mrs Scott advised that PHA has received a draft allocation and has been carrying out work to align its budgets to the new structure and a costed workforce plan. She explained that this Plan is the product of that work and contains a number of recommendations in relation to how PHA will deal with cost savings from 2023/24 and 2024/25. She added that the Plan sets out a list of pressures which PHA is aiming to fund on a 1-year basis. She explained that PHA has kept the Department informed, noting that PHA is still operating on a single year budget.

**90/25.2** The Chief Executive said that there has been a lot of discussion at AMT about how funding will be allocated if PHA knows it is not going to be spent. He explained that by doing so, PHA can fund areas that would not have ordinarily received funding, for example Diabetic Eye Screening. He said that a considerable amount of thought has been given to this.

**90/25.3** A member noted that slippage in the management and administration budget had previously been used to fund pressures and asked whether by making this recurrent, this would impact on the total of the management and administration budget going forward and on PHA’s ability to grow. Mrs Scott explained that this has been included to formalise a recurrent cut and to realign the programme budget, but it will not have an impact going forward.

**90/25.4** The Chair commented that PHA is only able to achieve a balanced budget through the use of slippage. He expressed concern that PHA filled all of its vacant posts immediately it would not have any slippage and certain work would have to stop. The Chief Executive said that PHA has been able to manage its staffing without suppressing posts and that it will have a break-even budget. He added that this is an indicative budget and that by September will know if it has to meet further savings targets.

**90/25.5** In discussing the Plan, it was noted thatpreviouslymany of the easements have been given too late in the year to do anything with them so the Executive Team should be reviewing this more regularly. The Chair agreed saying that this process should take place by September.

**90/25.6** A member asked about the freeze on campaign spend and if it is time that issue was revisited. Professor McIlgorm agreed that discussion needs to take place. The Chair said that he would speak to Mr Peter Toogood about this. Professor McIlgorm noted that the absence of campaigns may came out of the latest Patient Client Council survey.

**90/25.7** The Board **APPROVED** the Financial Plan 2025/26.

# **91/25 - Item 12 – Draft PHA Implementation Plan [PHA/06/06/25]**

**91/25.1** Mrs Scott said that this is the current draft version of the Implementation Plan and that it will continue to evolve. She noted that there is a commitment to have a further workshop session with Non-Executives to go through the Plan.

**91/25.2** The Chair noted that it is not a final product but said that he would like to see some more tangible outcomes. The Chief Executive said that the Board and Executive Team own the Plan and that all PHA staff should have a connection with the Plan as it should feed into their appraisal.

**91/25.3** In response to a query around the potential for having more outcomes rather than a list of indicators, Ms Scott agreed that this is a difficulty for PHA and that while Outcomes Based Accountability is about “turning the curve”, it is difficult for PHA to take ownership of the curve. The Chair reminded members that if PHA is experiencing difficulty it should bring that to the Board for the Board to determine what to do. The Chief Executive agreed that PHA needs to have an appetite for risk and have a degree of courage when trying to achieve its aims and support its staff.

**91/25.4** A member agreed that it is appropriate that the Board is seeing this as a draft Plan and that there is a need to have a workshop. He said that the Plan does need to link to indicators and when he reviewed the indicators in the Hussey Review, he felt that there were two areas to which PHA needs to give further consideration – communication and campaigns. He added that PHA needs to think about how it can influence other bodies. The Chief Executive said that PHA is working on its Stakeholder Engagement Plan and how it works with other public sector bodies. He advised that a joint meeting between the senior teams of the PHA and the Northern Ireland Housing Executive is taking place soon.

**91/25.5** Professor McIlgorm asked how this Plan links to Programme for Government. She noted that the uptake in vaccination among children as Northern Ireland used to be the best performing region in the UK. The Chief Executive advised that he is meeting with Dr Alan Stout and Dr Ursula Mason to talk about Advanced Care Planning and vaccinations, and that he will also be discussing this with the Chief Medical Officer and the Permanent Secretary.

**91/25.6** Mr Wilson noted that the Hussey Review had highlighted issues around the PHA’s communications and PHA has now taken stock and while some of these issues are within PHA’s control, others are not. He said that PHA does not have expertise in digital marketing and PHA needs to look at how digital and AI can work for it. He added that there are obstacles, one of which is resourcing at present.

**91/25.7** The Board noted the draft Implementation Plan.

# **92/25 - Item 13 – Chief Executive and Directors’ Report**

**92/25.1** The Chief Executive advised that he had attended the NHS Confederation conference in England and said that this is a worthwhile event. He added that in future, PHA should give consideration to have more staff in attendance. A member said that all of the materials from the event are available online.

# **93/25 - Item 14 – Chair’s Remarks**

**93/25.1** The Chair advised that since the last Board meeting he had met with the Permanent Secretary. He added that he had attended a briefing on the financial situation for Northern Ireland and that it was not a positive picture.

# **94/25 - Item 15 – Any Other Business**

**94/25.1** There was no other business.

# **95/25 - Item 16 – Details of Next Meeting**

*Thursday 28 August 2025 at 1.30pm*

*Board Room, Tower Hill, Armagh*

Signed by Chair: ­­­­­­­­­­­­­­­­

Colin Coffey

Date: 28 August 2025