

PHA Board Meeting Minutes

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| **Date and Time** | **Venue** |
| 29 May 2025 at 1.30pm | Room E206/207, Ulster University, Coleraine |

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| **Member** | **Title**  | **Attendance status** |
| Mr Colin Coffey | Chair | Present |
| Mr Aidan Dawson  | Chief Executive | Present |
| Ms Heather Reid | Interim Director of Nursing, Midwifery and Allied Health Professionals | Present  |
| Ms Leah Scott | Director of Finance and Corporate Services | Present |
| Mr Craig Blaney  | Non-Executive Director | Present |
| Mr John Patrick Clayton | Non-Executive Director | Present (via Teams) |
| Ms Anne Henderson  | Non-Executive Director | Present |
| Dr Declan Bradley | Deputy Director of Public Health | In attendance |
| Mr Robert Graham | Secretariat | In attendance |
| Mr Robert Irvine | Non-Executive Director | Apologies |
| Mr Joseph Stewart | Non-Executive Director | Apologies |
| Dr Joanne McClean | Director of Public Health  | Apologies |
| Mr Stephen Wilson | Head of Chief Executive’s Office | Apologies |
| Ms Meadhbha Monaghan | Chief Executive, Patient Client Council | Apologies |

# **65/25 - Item 1 – Welcome and Apologies**

**65/25.1** The Chair welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine, Mr Joseph Stewart, Dr Joanne McClean, Mr Stephen Wilson and Ms Meadhbha Monaghan.

**65/25.2** The Chair said that the mental health conference that members had attended in advance of the meeting had been excellent and a worthwhile event. He noted that it would have been useful to have heard about what progress has been made year on year.

# **66/25 - Item 2 – Declaration of Interests**

**66/25.1** The Chair asked if anyone had interests to declare relevant to any items on the agenda.

**66/25.2** Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

# **67/25 - Item 3 – Minutes of previous meeting held on 24 April 2025**

**67/25.5** The minutes of the Board meeting held on 24 April 2025 were **APPROVED** as an accurate record of that meeting.

# **68/25 - Item 4 – Actions from Previous Meeting / Matters Arising**

**68/25.1** Mr Graham went through the actions from the previous meeting. For action 1, he advised that PHA had not received any correspondence from the Department regarding pandemic preparedness, but this matter would be raised with Mr Chris Matthews as he is due to the attend the Agency Management Team (AMT) meeting on 3 June.

**68/25.2** Mr Graham reported that for action 2, a Procurement Plan was brought to the meeting of the Planning, Performance and Resources (PPR) Committee last week and would be brought to a future Board meeting. He noted that action 3, regarding a meeting to discuss procurement, may no longer be required given this update.

**68/25.3** Mr Graham advised that an update on stakeholder engagement will be brought to a future meeting which will close action 4, and that for action 5, Ms Scott will give an update on the financial outlook for 2025/26 later in the meeting.

# **69/25 - Item 5 – Reshape and Refresh Programme**

**69/25.1** The Chair reported that there has not been a meeting of the Programme Board since the last Board meeting, but Board members did have the opportunity to attend a session with the Senior Leaders Forum which he said was very positive and allowed members to see what the challenges are in developing the Implementation Plan. He said that there is a clear commitment to take this work forward. He noted that one of the groups which was looking at outcomes was focusing on outcomes where PHA was in control, but he felt that PHA should not narrow its focus and even if there are other organisations holding PHA back, PHA should own the outcome. He asked if the Board could be invited to a further session and said that there needs to be a discussion around “people” and “data and digital” **(Action 1 – Chief Executive)**. He advised that the Reshape and Refresh programme is progressing well.

**69/25.2** Ms Henderson asked when all affected members of staff will be in their new posts as this process has been hanging over them for a couple of years. The Chair said that he has been asking the same question and that it will be covered in the presentation that is coming to the Board in June. He added that he is hoping to see a gap analysis in terms of what work PHA is required to do and then it would be up to the Board and himself to raise with the Permanent Secretary the need for more resources.

**69/25.3** The Chief Executive advised that there is a draft structure and there are posts currently being evaluated. He hoped that the structure would be approved by the end of June and populated over the summer. He explained that there are enough posts for almost all staff, with possible displacement. He clarified that there will be no need for compulsory or voluntary redundancy, but there will still be some gaps in areas, for example health protection consultants, although there are interviews scheduled for next Monday. He advised that there are 32 staff impacted and he was confident of a satisfactory outcome. Ms Reid added that there is an Assistant Director post out for recruitment which is closing today and that there is ongoing modernisation work.

**69/25.4** Ms Henderson asked if the affected staff know about the latest position. The Chief Executive replied that there has been a lot of communication with those staff and there has also been engagement with staff side to work through the process.

**69/25.5** Mr Clayton agreed that the session looking at the Implementation Plan was very useful and said that a further session would be beneficial and that he would encourage all members to take part. With regard to the movement of affected staff in PHA, he advised that there are processes in place across the HSC and welcomed that there has been engagement with staff side and Trade Unions. He emphasised that this needed to continue saying that this is as important now as it has ever been.

**69/25.6** The Chair advised that he has been visiting the PHA offices and engagement with staff has been very positive. Ms Reid noted that the new approach in PHA is to focus on population grouping instead of being drawn down professional lines. The Chair agreed that the concept of the Strategic Planning Teams (SPTs) is a good one. The Chief Executive advised that not only has there been a major transformation in PHA in terms of its structure and operating model, but also in terms of its culture and that the difficulty in achieving this shift should not be mis-underestimated especially as PHA was going into a pandemic and was not able to deliver what it needed to. He noted that the change process is not coming to an end, but rather it will continue to evolve as PHA develops a workforce with public health skills and knowledge over the next 5/6 years. He added that PHA can always improve and it will continue to invest in its staff to give them the skills that they need.

**69/25.7** The Chair said that PHA is in a good place and that the foundations are there. He added that it is up to the Board to help PHA become the leader in its field.

# **70/25 - Item 6 – Reports of New or Emerging Risks**

**70/25.1** The Chief Executive advised that there were no new or emerging risks since the last Board meeting.

**70/25.2** The Chair asked when the PHA Board should be made aware of new emerging public health risks. Dr Bradley replied that there is a new process within PHA where there is a weekly surveillance team meeting and where previously different teams would have worked in silos, these teams now come together to go through all the available data and prepare a report which is shared with the Department and the Chief Executive. He added that the Duty Room also shares information on outbreaks. The Chief Executive advised that there are always ongoing issues, but if there was going to be a major population event, for example avian flu, this would be brought to the attention of the Board.

**70/25.3** Mr Blaney asked if the Board could be made aware of issues before they appear in the media. The Chair said that members are already well-informed, and he would make a judgement call on whether matters should be shared. Mr Clayton noted that previously members would have been made aware of issues, but he acknowledged that there is an element of judgement in this.

# **71/25 - Item 7 – Raising Concerns**

**71/25.1** The Chief Executive advised that there were no new concerns to report on.

**71/25.2** The Chair asked if staff need to be reminded that there is a process by which they can report concerns. The Chief Executive advised this forms part of their induction and is picked up within mandatory training. The Chair welcomed this, but asked how effective the processes are. The Chief Executive acknowledged this and said that it is important that there is a culture where staff feel comfortable in speaking up.

# **72/25 - Item 8 – Updates from Board Committees**

*Governance and Audit Committee*

**72/25.1** The Chair noted that the Governance and Audit Committee had not met since the last Board meeting.

*Remuneration Committee*

**72/25.2** The Chair noted that the Remuneration Committee had not met since the last Board meeting, but that a meeting will be arranged in June.

*Planning, Performance and Resources Committee* ***[PHA/01/05/25]***

**72/25.3** The Chair said that the minutes of the meeting of the PPR Committee from February were available for members for noting and that the Committee had met again last week where one of the issues discussed was the Implementation Plan. He advised that there was a good discussion and that AMT will look at the timings for finalising it. He added that there was also a discussion on procurement and how it links with the new SPTs and the need for joined up thinking.

**72/25.4** Ms Henderson echoed that there was a good discussion on procurement and explained there is a volume of contracts which are currently being procured and a number currently being reviewed, as well as some that are proceeding through the use of grants. She added that this leaves a number which still require to be reviewed and for PHA to determine it if should be continuing with them. She advised that there are also contracts with Trusts that need to be reviewed. She asked what performance management role PHA has in terms of the overall health budget and what its commissioning role is.

**72/25.5** The Chair said that if PHA is going to have an underspend this year, it needs to identify this as early as possible. He advised that he had spoken to Mr Peter Toogood who had confirmed that PHA’s budget is for its own use. He asked that the Committee be kept informed. He noted that September is a key month because it is the halfway point of the year so that gives the organisation six months to make savings or reallocate the underspend.

**72/25.6** Mr Clayton noted that when the PPR Committee was established, part of its role was that, if PHA had ability to reallocate funding, it would look at the proposed areas for funding. He said that it would be useful for the Committee to understand in more detail where funding is being allocated.

**72/25.7** The Chief Executive advised that he is expecting to be asked by the Permanent Secretary to identify further savings and that any slippage that PHA has be returned to the Department. He added that he had made it clear to Directors that any slippage identified in their budgets is PHA slippage, and not for budget managers to reallocate. He noted that his preference is not to return funding, especially if it can be used to improve the health of the population.

**72/25.8** Ms Scott commented that the Financial Plan is currently being developed and that a lot of where PHA spends it money is dictated by policy and PHA cannot go beyond that. She added that it can be difficult to identify areas to spend slippage where there is not a recurrent tail.

**72/25.9** The Chair said that he accepted this, but said that PHA has always had slippage which is why September is a key month. He noted that last year PHA saved over £1m on vaccines. He stated that he wishes the Directors to be proactive and if there are opportunities to make savings, then to use that funding on other work as he does not wish PHA to be in a position where it is handing funding back.

*Screening Programme Board*

**72/25.10** The Chair said that he attended the most recent meeting of the Screening Programme Board and the big issue in that area is Encompass. The Chief Executive advised that a Digital Screening Board has been established and that Dr Dermot Hughes from Encompass is a member. He added that there is a terms of reference and that membership includes PHA, SPPG, the Department and it is intended to have a service user on board. He said that this is why he wishes to establish a Digital and Information directorate in PHA. Mr Blaney noted that previously that there had been a suggestion of a PHA Board member being involved. The Chief Executive noted that Dr Hughes had commented that this work is not only about digitisation, but about improving the health outcomes for everyone in Northern Ireland. Ms Reid said that there has been a change in terms of the approach to dealing with the Child Health System.

**72/25.11** Mr Blaney asked if Encompass is on the PHA’s Corporate Risk Register. Mr Clayton noted that there are separate risks on the Register relating to screening programmes and the Child Health System. The Chief Executive explained that Encompass is the name of the overarching programme for the digitisation of the HSC, but the system that is being implemented is called Epic. He added that previously PHA would have had a number of different systems in screening, some of which were supported by NHS England and the idea is that going forward, all of the functionality should be migrated onto the Epic system or a determination should be made as to what system to use. He noted that PHA is dependent on a number of organisations who hold and manage other systems.

**72/25.12** Dr Bradley highlighted that it is important that systems are operational because Trusts have a responsibility to report information to SPPG, for example on Anti-Microbial Resistance, but at present the reporting links are broken so he now attends a fortnightly meeting which looks at technical fixes for issues such as these.

**72/25.13** Ms Scott advised that PHA added a risk to its Risk Register in December relating to the Child Health System. The Chair said that as well as identifying risks, PHA needs to be able to mitigate them and he asked that this risk be reviewed **(Action 2 – Chief Executive)**. The Chief Executive outlined that Dr Hughes is the Senior Responsible Officer for Encompass and that to date, the priority has been getting the five Trusts operational, and now that that process has been completed, the focus is now on other organisations, for example PHA. The Chair suggested that there could be oversight of this area either through the Governance and Audit Committee, or through a sub-group led by Mr Blaney which would look at how the PHA Board can help. Ms Reid noted that once the system is switched over, it can take up to five years for optimisation.

*Procurement Board*

**72/25.14** There was no update on the Procurement Board.

*Information Governance Steering Group*

**72/25.15** Mr Clayton advised that the Information Governance Steering Group had met last week and that a new updated Information Governance Action Plan is being developed to take stock of current issues, for example procurement. He noted that there remains an issue with regard to the uptake of training among new and existing staff. He said that there will be an update at the next meeting of the Governance and Audit Committee.

**72/25.16** Mr Clayton noted that some of the Board members had attended the session on cyber security training and it was felt that cyber security does not sit within the remit of the Information Governance Steering Group so there needs to be a discussion as to where its natural home is.

*Public Inquiries Programme Board*

**72/25.17** There was no update on the Public Inquiries Programme Board.

# **73/25 - Item 9 – Performance Management Report [PHA/02/05/25]**

**73/25.1** The Chair said that there had been a good discussion on the Performance Management Report at the PPR Committee meeting last week. He sought assurance that those actions not achieved last year will be carried forward into this year. Mr Clayton echoed the need to ensure that PHA keeps track of those actions that were rated “red” as the new Business Plan is now in place.

**73/25.2** Mr Clayton asked about KPI 6 saying that it was unclear from the narrative what the uptake for pertussis and MMR vaccines was for those in areas of greater health inequality. For KPI 28, he asked for further details on how PHA would resource an R&D office and what function it would have. Finally, he asked about KPI 32 regarding PHA’s role in commissioning with SPPG and information on how this links with the new Integrated Care System (ICS), and how the PHA Board will get sighted on this going forward.

**73/25.3** The Chief Executive said that targets for vaccines are determined on a yearly basis so this will be looked at. He agreed that it is important that PHA focuses on those living in the most deprived areas. He assured members that the new R&D office would be funded. He explained that at present PHA oversees R&D for the whole HSC and core funding is used for R&D offices within the Trusts, but this will see PHA have its own office for specific public health research. With regard to ICS, he outlined that PHA has a specific role to work with SPPG on commissioning and that monthly meetings between the senior teams of PHA and SPPG have been re-established. He added that PHA has asked that the HSC Framework Document is reviewed, particularly with regard to PHA’s responsibilities.

**73/25.4** Mr Clayton agreed that for vaccinations, PHA needs to be able to evidence that its approach is making a difference and it if needs to change. The Chief Executive said that PHA is considering setting KPIs for its vaccination programme. He added that from the Live Better initiative, it has become apparent that GPs working in more deprived areas are having difficulties getting people vaccinated. He advised that at a meeting of the Chief Executives of the 4 UK nations public health bodies, there was a discussion about KPIs and vaccinations, and each nation is having similar issues.

**73/25.5** Dr Bradley advised that an evaluation is being finalised on the MMR campaign that took place and that this could look at inequalities as there is a dashboard which collects data on ethnicity. He noted that the capacity to look at this area is stretched. He advised that the Department has asked PHA to convene a group looking at behavioural change and it has held one meeting to date.

**73/25.6** The Chief Executive said that PHA has been approached by a private sector company to assist with Shingrix and that going forward there may be more public/private sector partnerships.

**73/25.7** The Board noted the Performance Management Report.

# **74/25 - Item 10 – Finance Report [PHA/03/05/25]**

**74/25.1** Ms Scott reported that PHA’s final year position showed that it had achieved an underspend of 0.5%. She said that she wished to draw members’ attention to the section in the Report outlining the changes to PHA’s budget over the year. The Chair welcomed this outcome and offered his thanks to the staff.

**74/25.2** Ms Henderson noted that the PPR Committee had considered this Report, and that the Report gives members an understanding of where some of the pressures are. She said that she did not know if there is an appreciation of the work to manage these pressures. She added that PHA is able to manage slippage in areas such as Nicotine Replacement Therapy (NRT) and vaccinations and that going forward the Board would like more oversight of slippage. The Chair said that this goes back to the earlier discussion around whether PHA has a plan for slippage. The Chief Executive explained that PHA goes through a process where it asks teams if they have projected slippage. He noted that this year PHA had to work out the cost of its new structure and that £1.25m of savings was taken from its bottom line.

**74/25.3** The Chair asked if the Reshape and Refresh programme will be a cost to the organisation. The Chief Executive replied that there will be a reallocation of costs, but the new Digital and Data directorate will be a new cost. The Chair said that the Permanent Secretary had been informed that there may be additional costs associated with the Reshape and Refresh programme so the Department is aware. Ms Henderson noted PHA gave back £2m last year. The Chief Executive pointed out that some of this related to vaccinations and clarified that PHA would not be able to cover the cost of any increase in vaccines from its own flat cash budget. He added that PHA has saved on some of the management costs for vaccinations, but not the vaccines themselves.

**74/25.4** Ms Henderson said that she would like to see potential areas for slippage highlighted earlier in the year. The Chair noted that each year PHA makes assumptions and each month it should know whether these assumptions are correct.

**74/25.5** Ms Henderson noted that the appointment of the new Digital Director post will take place later in the year so there is already slippage. Ms Scott said that this will be taken into account as part of PHA’s workforce plan.

**74/25.6** The Board noted the Finance Report.

*At this point Mr Clayton left the meeting.*

# **75/25 - Item 11 – Items for Noting**

**75/25.1** The Chair said that the Our People report, which was considered at the PPR Committee last week, was a very positive report. The Chief Executive noted that although PHA is going through a change process, the Our People Report shows that the majority of the workplace is in a good place.

# **76/25 - Item 12 – Chair’s Remarks**

**76/25.1** The Chair asked the Chief Executive if he had any matters he wished to update the Board on.

**76/25.2** The Chief Executive advised that PHA has now received correspondence from the Department confirming that it has approved PHA’s Corporate Plan.

**76/25.3** The Chair reported that he had met with the Minister and that the Minister has requested that they meet every six months. He added that he has also met with Mr Peter Toogood.

**76/25.4** The Chair advised that there was a discussion with the Permanent Secretary about how to drive forward change in the HSC and that a number of initiatives are being looked at, and while PHA is on the periphery of most of them, one that it may become involved in is the concept of a provider collaborative which looks at areas where organisations can work together. He explained that what is being considered is a Committee involving the Chairs and Chief Executives of each Trust. He said that PHA should play a role in this, especially if a prevention agenda is agreed as the way forward. The Chief Executive said that he has heard it described as a “Committee in Common” and that in England, these Committees have the power to make decisions so locally, this would mean the Chief Executives discussing issues and making recommendations which would go back to their own Boards. The Chair said that neither he nor the Chief Executive should attend these meetings without an understanding of the feeling of the PHA Board. He added that it will be inevitable that some Trusts will have to concede on issues. He said that he would raise this again at the next meeting **(Action 3 – Chair)**.

# **77/25 - Item 13 – Any Other Business**

**77/25.1** There was no other business.

# **78/25 - Item 14 – Details of Next Meeting**

*Thursday 19 June 2025 at 1.30pm*

*Board Room, County Hall, Ballymena*

Signed by Chair: ­­­­­­­­­­­­­­­­

Colin Coffey

Date: 19 June 2025