

Title of Meeting	162 nd Meeting of the Public Health Agency Board
Date	20 March 2024 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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| Mr Colin Coffey | - Chair |
| Dr Joanne McClean | - Director of Public Health |
| Ms Leah Scott | - Director of Finance and Corporate Services |
| Ms Geraldine Teague | - Interim Head AHP / Deputy Director (<i>on behalf of Ms Reid</i>) |
| Mr Stephen Wilson | - Interim Director of Operations |
| Mr John Patrick Clayton | - Non-Executive Director |
| Ms Anne Henderson | - Non-Executive Director |
| Professor Nichola Rooney | - Non-Executive Director |
| Mr Joseph Stewart | - Non-Executive Director |

In Attendance

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| Mr Robert Graham | - Secretariat |
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Apologies

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| Mr Aidan Dawson | - Chief Executive |
| Ms Heather Reid | - Interim Director of Nursing, Midwifery and Allied Health Professionals |
| Mr Craig Blaney | - Non-Executive Director |
| Mr Robert Irvine | - Non-Executive Director |
| Dr Aideen Keaney | - Director of Quality Improvement |
| Mr Brendan Whittle | - Director of Community Care, SPPG |

27/24 | Item 1 – Welcome and Apologies

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| 27/24.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mr Aidan Dawson, Ms Heather Reid, Mr Craig Blaney, Mr Robert Irvine, Dr Aideen Keaney and Mr Brendan Whittle. |
| 27/24.2 | The Chair welcomed Ms Leah Scott to her first meeting as Director of Finance and Corporate Services, and thanked Mr Stephen Wilson as this was his last meeting as Interim Director of Operations. |

28/24 Item 2 – Declaration of Interests

- 28/24.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.
- 28/24.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

29/24 Item 3 – Minutes of previous meeting held on 16 February 2024

- 29/24.1 The minutes of the Board meeting held on 16 February 2024 were **APPROVED** as an accurate record of that meeting.
- 29/24.2 Mr Clayton said that he had followed up directly with Ms Reid on a matter he was seeking clarity on with regard to the review of Serious Adverse Incidents and the involvement of affected families.
- 29/24.3 The Chair said that going forward, he would keen to ensure that there is a clearly defined Board cycle and he would like relevant officers to be attending meetings to present their work. He added that he was also keen to hold PHA Board meetings in other locations.

30/24 Item 4 – Actions from Previous Meeting / Matters Arising

- 30/24.1 An action log from the previous meeting was distributed in advance of the meeting. There were no other matters arising.

31/24 Item 5 – Reshape and Refresh Programme

- 31/24.1 The Chair reported that the Chief Executive had completed a series of engagements with staff in each of the local offices and the feedback from those is being collated. He said that he would like the Agency Management Team to give a presentation to the Board on the recommendations from the EY Report and how these have been adapted and to have this formally recorded. He advised that the Chief Executive is due to meet with EY shortly. It was agreed that the final EY reports would be shared with members to ensure completeness (**Action 1 – Secretariat**).
- 31/24.2 The Chair advised that he had met with EY earlier that day. He said that there is a sense that PHA staff wish to be engaged in the Reshape and Refresh programme. Dr McClean agreed saying that staff can be engaged to see how this work is shaping up and it is important that staff can take this work forward themselves. Ms Teague also agreed saying that staff welcomed the opportunity to hear from the Chief Executive and they felt that they were being listened to.
- 31/24.3 Ms Henderson asked what proportion of staff will be affected by the restructuring. Mr Wilson replied that it may be around 30 staff, mainly those working at Assistant Director level or the level below.

31/24.4 Professor Rooney welcomed that going forward there will be a greater emphasis in PHA's work on outcomes and impact. The Chair said that PHA will have operational activities in its Plan, but there will also be pillars, one of which will be people. He added that staff must be recognised and given the opportunity to develop.

31/24.5 Mr Clayton commented that engagement with Trade Unions should continue. He added that it is important that the right staff have the time to look at health inequalities.

32/24 Item 6 – Updates from Board Committees

Governance and Audit Committee

32/24.1 Mr Stewart advised that the Governance and Audit Committee has not met since the last Board meeting.

Remuneration Committee

32/24.2 The Chair advised that the Remuneration Committee has not met since the last Board meeting.

Planning, Performance and Resources Committee

32/24.3 The Chair advised that the Planning, Performance and Resources Committee has not met since the last Board meeting.

Screening Programme Board

32/24.4 The Chair noted that the Screening Programme Board has not met since the last Board meeting.

Procurement Board

32/24.5 Ms Henderson advised that she had met with the Chair, Mr Stewart, Mr Wilson and Mr Stephen Murray to discuss matters around procurement and that there was a useful presentation. She said that there is around £20m worth of contracts which need to be re-tendered and there is a lot of work to be done. Mr Wilson acknowledged that the procurement/commissioning cycle does not have a quick fix, and that there are areas where there is not a research plan in place.

32/24.6 The Chair said that there needs to be a plan in place and if the plan is not delivering against the timescales, that should be brought to the attention of the Board. He added that he was aware that there are a lot of Direct Award Contracts (DACs) in place, and that the Chief Executive wishes to see these reduced. He reiterated that the Board needs to be content with the plan and that if more resources are needed, this can be raised with the Chief Executive.

32/24.7 Ms Henderson said that priority areas across the organisation need to be identified for how PHA spends its funding, and she thought that this would be led by the Strategic Planning Teams (SPTs), but these are still in their infancy. Professor Rooney said that PHA needs to have a Corporate Plan, but the Chair noted that PHA will not have a Corporate Plan before 2025. Professor Rooney asked why it would take that long, the Chair said that as part of the Business Plan for 2024/25, there is a timeline for the development of a new Corporate Plan. Professor Rooney advised that some work to develop a plan had commenced prior to the Chair's arrival. Mr Stewart said that the end of the next financial year is too far away for and he could not accept that PHA has to wait to be told by the Department when it can develop its Corporate Plan. He added that he would be surprised if the Permanent Secretary was aware that PHA was waiting him to instruct PHA in this regard given that many of the work programmes will not change.

32/24.8 The Chair said that the next Corporate Plan will include the Reshape and Refresh programme as well as elements of data and digital, and that it will contain more than what is in the Business Plan. He added that the current Corporate Plan was extended due to COVID. Professor Rooney said that PHA needs to have a Corporate Plan and a timeline needs to be agreed. The Chair commented that the Corporate Plan will be for the period 2025/30 and will have a long-term vision. Professor Rooney said that the Corporate Plan needs to set out PHA's priorities.

Information Governance Steering Group

32/24.9 Mr Clayton advised that the Information Governance Steering Group met on Tuesday and look at the year end report for the Information Governance Action Plan for 2023/24 as well as the draft Action Plan for 2024/25.

32/24.10 Mr Clayton reported that a recent Internal Audit report on information governance had given PHA a satisfactory level of assurance, but that it was important to ensure that any of the Priority 2 recommendations were included in the new Action Plan. He advised that there was a discussion around the review of contracts.

32/24.11 Mr Clayton said that another ongoing issue is one that relates to information governance training as the target is not being met for new starts. He advised that there is a proposal to have an induction day.

32/24.12 The Chair asked about wider training such as cyber security. Mr Wilson advised that there is a range of training which is managed by HR.

Public Inquiries Programme Board

32/24.13 Professor Rooney advised that the Public Inquiries Programme Board met on two occasions since the last Board meeting. She reported that Dr McClean will be appearing at the COVID Inquiry soon and that PHA

has applied, and obtained, core participant status for the module relating to care homes. She added that PHA's submission for Module 4 was submitted last week.

- 32/24.14 Professor Rooney reported that, in relation to the Muckamore Inquiry, 2 previous employees of the PHA have been written to and they will receive support from PHA.
- 32/24.15 Professor Rooney advised that for Inquiries which have been completed, PHA has not yet had the opportunity to look back to see if it has implemented any of the recommendations due to capacity issues. The Chair asked if PHA has accepted the recommendations and if there should be a separate meeting to discuss this. Mr Wilson said there are pressures on staff to look at historic recommendations. The Chair proposed that the Board should receive an update. Mr Wilson assured members that PHA is committed to addressing recommendations using its resources as effectively as it can. He undertook to bring a paper to the Board (**Action 2 – Mr Wilson**).
- 32/24.16 Mr Clayton asked which Inquiries are being referred to and Mr Wilson replied that it is the Neurology and Hyponatraemia Inquiries. Mr Stewart agreed that it would be useful to have a short paper and then PHA can decide if it needs to bring in resources to deal with this.
- 32/24.17 Mr Stewart expressed concern about the professional guidance that PHA gives and how this is recorded as this has become an issue in terms of the Muckamore Inquiry when the Board had been previously advised that PHA was not involved in Muckamore, but it is now in front of the Inquiry. Mr Wilson reiterated that a paper will be prepared.

33/24 Item 7 – Operational Updates

Chief Executive's and Executive Directors' Report

- 33/24.1 The Chair asked if members could receive this Report sooner.
- 33/24.2 Dr McClean gave an overview of the Report and began with an update on the Area Integrated Programme Boards (AIPBs) saying that these will now have more of a focus on public health.
- 33/24.3 Ms Henderson asked for more information about the new joint commissioning groups. Dr McClean explained that there will be 7 or 8 new groups and they will help reformulate PHA's role into commissioning. Mr Clayton said that there remains an issue in terms of clarity around PHA's role because previously the PHA Board would have had a role in approving the Commissioning Plan and PHA would have provided professional advice to HSCB. He added that while he understood that AIPBs were operating along Trust boundaries, he was unclear around the regional piece and he asked PHA's role would be in that regard. He noted that PHA had previously contributed to the pilot

- that was run in the Southern Trust area.
- 33/24.4 Mr Clayton declared an interest in this area because he had been involved in completing a consultation response for Unison with regard to the new arrangements.
- 33/24.5 Dr McClean said that this work is still in flux. She advised that the AIPBs will look at prevention and PHA will have a joint role in commissioning, as per legislation. She added that there is currently no Commissioning Plan but that PHA will continue to provide professional advice as it had done so previously, but will push more on the public health agenda. She explained that her team would become involved in providing advice where a service may be at risk, but that the establishment of the new groups PHA will be work on priority areas.
- 33/24.6 Mr Stewart said that he agreed with Dr McClean that there is a lot of conflation between PHA's role and that of SPPG and that there needs to be an MOU regarding PHA providing professional advice. He commented that this was supposed to have been completed before SPPG was created. Mr Clayton noted that is on PHA's Corporate Risk Register. The Chair advised that he met with Ms Sharon Gallagher last week and that he will continue to raise the issues around AIPBs with the Chief Executive. He said that Ms Gallagher is keen to work closely with PHA. He advised that he would ask the Chief Executive for a further update **(Action 3 – Chair)**.
- 33/24.7 Mr Stewart said that PHA should be providing professional public health advice and that it needs to be clear on what its responsibilities are and be assured that it is executing them.
- 33/24.8 Dr McClean updated members on the cervical screening review and advised that a sample SITREP had been included with the Report. She reported that progress is being made against the backlog and it is hoped that this will be completed by the end of August.
- 33/24.9 Dr McClean advised that the health protection team is continuing to deal with a range of issues, including pertussis and an outbreak of eColi in the Omagh area.
- 33/24.10 Mr Clayton asked about the peer evaluation of PHA's quality assurance processes in relation to screening. He noted that terms of reference have been agreed, but he asked if the review could make recommendations that are outside's PHA remit, or if the focus is on PHA's internal processes. Dr McClean explained that NHS England had previously advised that they would unable to complete this piece of work, but now they are in a position to do so. She advised that they will look at PHA's quality assurance processes and how they compare. She noted that in the Southern Trust PHA had previously made recommendations regarding the performance of screeners, but the Trust is not accountable to PHA. The Chair said that PHA needs to be clear in terms of what quality assurance looks like and he asked about

escalation. Dr McClean replied that this issue was reported to the Southern Trust Board. She said that if primary HPV had been introduced 5/6 years ago, this incident would not have happened.

- 33/24.11 Professor Rooney said that PHA has known since 2014 that uptake rates of measles vaccinations were declining so it should have acted sooner. Dr McClean replied that a catch-up exercise was undertaken prior to the pandemic and the current exercise was planned last summer. She said that there has been a general reduction in uptake rates across the UK and Europe. Professor Rooney asked if PHA should have acted more quickly, but Dr McClean reiterated that PHA had planned to carry out this catch-up exercise as it was in the Business Plan. Professor Rooney asked for how many years the rates would have to fall before action is taken. Dr McClean explained that the World Health Organisation guidance is that rates should be around 95%, and that in Northern Ireland there are specific issues in Belfast and in certain population groups. She added that it would help if the GP Contract was changed. Professor Rooney said that this is a major area of work for PHA. The Chair commented that there should be a KPI in this area, and then a discussion around what action to take if the KPI is not being met.
- 33/24.12 Ms Henderson asked about a campaign around measles. Mr Wilson replied that PHA was given dispensation to carry out a small-scale campaign. The Chair said that PHA needs to look at the issue of the GP Contract. Dr McClean said that PHA relies heavily on primary care and added that the reduction in the number of health visitors has not helped.
- 33/24.13 Mr Wilson said that the next section of the Report focus on work within the Operations directorate and that the team is working on corporate governance areas in preparation for the year end.
- 33/24.14 Ms Teague advised that the Nursing and AHP section gave an update on work, including a report on a workshop which had taken place regarding dysphagia. She explained that there was a lot of data available from Serious Adverse Incidents (SAIs) and Adverse Incidents (AIs), and it was noted that 50% of AIs took place in care homes. She said that a workshop was held to look at areas of good practice and learning. She added that there is now a Swallow Aware campaign. Mr Clayton advised that members of his Trade Union would work in care homes and he would be content to assist in disseminating any learning.

Finance Report [PHA/01/03/24]

Mr Lindsay Stead joined the meeting for this item.

- 33/24.15 Mr Stead reported that the financial position at the end of month 10 is similar to that of previous months with a familiar pattern emerging of there being a degree of slippage in the management and administration budget offset by pressures on the programme budget, but that PHA is still projecting a year-end break-even position. He said that PHA cannot

carry forward any slippage so meetings are taking place every week to monitor the situation. He advised that while the year to date position is showing a surplus of £800k, there is some funding that has yet to be allocated so there is simply a timing issue. He advised that for the year-end, Directors have been advised to ensure there is no unauthorised spending.

- 33/24.16 For 2024/25, Mr Stead acknowledged that PHA needs to develop a Financial Plan and a process has commenced to pull this together and getting an understanding of the risks. He noted that for the previous year, PHA did not receive its opening allocation letter until May.
- 33/24.17 The Chair asked if there is any indication of how the Department will fund pay awards. Mr Stead replied that any pay awards for 2023/24 will be met by the Department, but he was not sure about the situation for 2024/25. Mr Clayton declared an interest at this point in his role as a Trade Union representative. The Chair said that he believed that pay awards for 2023/24 are part of the recent settlement, but for 2024/25 organisations will have to fund pay awards while only receiving a flat cash budget. Mr Stead said that this is an issue that need to be kept under consideration as well as whether the 2023/24 pay award will be funded recurrently.
- 33/24.18 Ms Scott said that she would be working with Mr Stephen Bailie to develop a set of working assumptions. The Chair noted that the budget for 2024/25 will be based on the new structures. Mr Stead noted that the new structure includes a new directorate so this would need to be costed as soon as possible.
- 33/24.19 The Chair asked if there was any risk around the £1.7m that is still owed to PHA. Mr Stead replied that there is a low element of risk as the money will be paid. The Chair asked if the auditors will be content. Mr Stewart advised that there was a timing issue and this was the subject of criticism by auditors. Ms Scott advised that there were some issues within SEUPB (Special EU Programmes Body), but they are now working to resolve this.
- 33/24.20 Professor Rooney asked about the cost of the new digital directorate and Mr Stead said that it will be approximately £1m. She asked if some of the external costs that are PHA is paying will move in-house and Mr Stead confirmed that where PHA can reduce its dependency on external contracts, this will reduce those costs.
- 33/24.21 Ms Henderson asked if the new digital directorate will up and running during 2024/25. Mr Wilson advised that job descriptions are being finalised and will be completed soon, but he noted that there is limited capacity within HR to review these with ongoing work in relation to Epic. He clarified that this will not be an entirely new directorate, but will have staff from the existing health intelligence and R&D teams. Professor Rooney noted that it was difficult for the Remuneration Committee to

sign off on the job description in the absence of the new structure.
Reports of New or Emerging Risks

33/24.22 There were no reports of new or emerging risks.

Raising Concerns

33/24.23 There were no reports of any concerns.

34/24 Item 8 – Complaints Report

34/24.1 Mr Wilson advised that, as per the Chief Executive and Directors' Report, there were no new complaints.

35/24 Item 9 – PHA Business Plan [PHA/02/03/24]

35/24.1 Mr Wilson explained that the Business Plan aims to capture key initiatives outside of those which can be deemed “business as usual” as they will be picked up on directorate business plans. He said that these are the high level key priority areas and there has been an effort to limit the number of KPIs and to ensure they have precise end dates. He advised that this is not a final draft as some amendments are still being done so he proposed that an updated Plan is approved by members via e-mail as PHA is required to submit this Plan to the Department by the end of March.

35/24.2 Professor Rooney asked about Early Years and links with the Mental Health Strategy and where that fits in. Mr Wilson explained that KPI 8 relates to this and is a key deliverable within the Mental Health Action Plan. Professor Rooney asked for more information about what the mental health hub is and its ownership. Mr Wilson replied that it is a PHA solution to an identified need and its development will meet actions 1 and 2 from the Mental Health Action Plan. He clarified that it is not competing with what is already available. Professor Rooney asked who owns it and Mr Wilson advised that PHA will have a lead role, but will work in partnership with other organisations. Dr McClean said that the KPI is too specific and that this work is really a scoping exercise about what will be an online hub and a resource to signpost people. Mr Wilson advised that the Department has indicated that it will resource it.

35/24.3 Mr Stewart said that the Business Plan is moving forward in the right direction and he welcomed that there will be further amendment. He sought clarity on what is meant by the Early Years knowledge hub and who the audience for it will be. Mr Wilson explained that his hub would underpin the work of the Early Years Strategic Planning Team (SPT) as data and evidence in this area is disparate at present. Professor Rooney said that this should sit within the digital directorate and commented that there is no point in collecting data, if not for strategic purposes.

- 35/24.4 Ms Henderson advised that she also welcomed the slimmed down Business Plan and asked about KPI 9 relating to the framework for drugs and alcohol and if that will be achieved. She added that there needs to be some focus on Protect Life 2. Dr McClean said that she held a business planning day with her directorate and it was agreed that some of the KPIs need to be reviewed with more detail being put into directorate business plans.
- 35/24.5 Ms Henderson said that she would like to see KPIs in relation to the establishment of 2 of the SPTs, mental health and one other, and that in future they will be linked to finance and resources. The Chair said that there is an issue for the Board in terms of knowing where resources are applied. Dr McClean advised that one of her staff has developed a map which shows where PHA is spending its funding and linking it with areas of deprivation. She suggested that there could be a demonstration of this at a future workshop.
- 35/24.6 Mr Clayton said that the Corporate Plan needs to be more front and centre and the development of a new Plan should be accelerated. He added that the introductory section of this Plan should indicate that this is a priority. He welcomed that there are more overt references to dealing with health inequalities. He commented that it is not clear how PHA intends to use equality data, particularly with regard to vaccine hesitancy. He asked whether those actions that were rated either “red” or “amber” in this year’s Business Plan would be carried forward. He commented that PHA should be using data to inform Government policy.
- 35/24.7 The Chair advised that he has asked for a stakeholder engagement plan and said that PHA needs to be more proactive in this area and this should be a target within the Plan.
- 35/24.8 Mr Clayton said that for KPI 16 relating to a further 10% of independent sector care homes implementing the falls pathway, it would be useful to know what the current uptake level is. He noted that there is no reference in the Plan to implementing Internal Audit recommendations, but said that this may be seen as “business as usual”.
- 35/24.9 Professor Rooney said that when the restructuring is in place, the names of responsible Directors will need to be reviewed. Dr McClean advised that this is unlikely to happen in-year. She added that at her directorate business planning day staff were bought into the new Plan and the focus on inequalities and there is an aim to develop some training for staff in this area, which will include Board members. Mr Clayton added that rural needs also need to be factored in.
- 35/24.10 Ms Henderson asked if there is any way of capturing the amount of work that PHA does in the area of commissioning. Dr McClean agreed that it should be included and it would feature within the introductory narrative.
- 35/24.11 Ms Teague said that this Plan represents an evolving process and staff

feel that this is a more collaborative process. The Chair suggested that in terms of not naming Directors in the plan, it should indicate departments, but Mr Wilson said the Chief Executive is keen to ensure that, while these are corporate priorities, there is a lead Director for the purposes of his quarterly accountability meetings. Ms Henderson asked about the role of the chairs of the SPTs and how they will push forward their work. Dr McClean advised that there will be a bigger focus on the SPTs and that the Chief Executive is considering changing the format of the weekly Agency Management Team meetings to reflect this.

- 35/24.12 The Chair said that in his view there were still too many KPIs. For KPI 19, he said that the Board should be involved in a review of the Business Continuity Plan and understand the terms of reference of any review. He felt that KPI 20 regarding procurements was vaguely worded. He added that KPI 21 relating to the Partnership Agreement would not be achieved by June, and that he did not understand KPI 22 around the Digital and Data Strategy.
- 35/24.13 The Chair commented that for KPI 25, he would like to see a plan for the development of a new Corporate Plan as soon as possible. He said that there should be a pillar within the Plan for people, and one for digital.
- 35/24.14 The Chair asked if members were content with the Plan and that a new draft would be issued within the coming days.
- 35/24.15 Professor Rooney asked about KPI 26 on the R&D Strategy. Mr Stewart said that there needs to be a proper discussion about R&D in the context of the new Corporate Plan. Dr McClean explained that there are R&D offices in each Trust, but PHA should be applying for R&D funding to set up its own R&D office. She added that the new directorate will not solely be focused on digital, but on information as well. She said that Dr Janice Bailie has some good ideas for how to take R&D forward.
- 35/24.16 The Chair said that the Board needs to understand what PHA is about and its role within the HSC family. He noted that PHA is doing a lot of work in the area of AIPBs.

36/24 Item 10 – Vaccine Management System [PHA/03/03/24]

- 36/24.1 Dr McClean advised that members had previously received a presentation on the Vaccine Management System (VMS) but had asked for more of an understanding regarding the costs. She said that this paper gives an overview of the elements that make up VMS. She advised that the funding for VMS runs out on 31 March and that a business case has been prepared because it will be at least 4 years before the system can be moved onto Encompass. She said that the business case is with Digital Health and Care (DHCNI) and she expected that it will be approved. She outlined that the cost is £4.7m over 4 years which is a reduction as PHA is reducing the external support costs.

36/24.2 Mr Stewart welcomed the paper and the reduction in the costs. He asked whether it will cost £3m to address the alternative strategies referenced in the paper. He asked for more information about GCloud and what assurance there is that Encompass will be able to pick this up in 4 years' time. Dr McClean explained that it is unlikely that anything will happen that will cause the system to crash. She added that GCloud is a Government procurement framework for IT services. Mr Stewart suggested that it is similar to a Direct Award Contract, but Mr Wilson said that it is a Government-backed system. Ms Scott added that it is a more straightforward means of procurement. Dr McClean said that at this stage PHA has no other way of completing the procurement on time. With regard to Encompass, Dr McClean advised that PHA has recently begun to engage with Encompass at a senior level and that it will be approaching Encompass to outline its priorities. She noted that most vaccines are administered in primary care and it will not have access to Encompass. She added that Encompass will have solutions that will assist with screening programmes. Professor Rooney said that she welcomed the reduction in the costs and she hoped that Encompass will be able to deliver.

36/24.3 Ms Henderson said that this was a useful paper and asked if the funding was ringfenced. Dr McClean explained that PHA needs to identify savings from the overall vaccine budget and that there is still some work to do with the Department in terms of looking at roles and responsibilities. She added that there is a meeting taking place on Thursday.

36/24.4 The Chair commented that the baseline data is based on the 2019 Census. Dr McClean advised that PHA uses a population estimate, but said that it is more difficult to work out the number of individuals under the age of 65 are who are deemed "at risk".

36/24.5 The Board noted the paper on the Vaccine Management System.

37/24 Item 11 – Chair's Remarks

37/24.1 The Chair reported that he had recently met with the Chief Medical Officer and has a further meeting scheduled next week. He added that he had also met with the Chair of the UK Health Security Agency and that there is the possibility of PHA hosting a meeting of the 4 UK nations public health bodies.

37/24.2 The Chair advised that he had met with the Chair and Chief Executive of RQIA to discuss HSCQI. He said that he had met with the Chair of the Southern Trust and that all HSC Chairs have expressed a keenness to have a co-ordinated approach in dealing with issues.

37/24.3 The Chair said that he and the Chief Executive had visited a primary school near Coleraine.

37/24.4 The Chair reported that he had met with the Chair and Chief Executive of the Patient Client Council and that he would like to invite them to attend PHA Board meetings. He advised that there is a further meeting coming up. He added that he had met with Ms Sharon Gallagher in SPPG.

37/24.5 The Chair advised that he had met with the Chair of the Institute for Public Health in Ireland and that they are keen to work with PHA. Professor Rooney noted that Ms Reid will be taking up a place on their Board.

37/24.6 The Chair said that he is commencing a series of meetings with the Chief Executives of Local Councils.

38/24 Item 12 – Any Other Business

38/24.1 There was no other business.

39/24 Item 12 – Details of Next Meeting

Thursday 18 April 2024 at 1.30pm

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

Signed by Chair:

A handwritten signature in black ink, appearing to be 'C. H. C. B.', with a horizontal line underneath.

Date: 18 April 2024