

PHA Board Meeting Minutes

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| **Date and Time** | **Venue** |
| 27 February 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 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 |
| Professor Nichola Rooney | Non-Executive Director | Present |
| Mr Joseph Stewart | Non-Executive Director | Present |
| Mr Stephen Wilson | Head of Chief Executive’s Office | In attendance |
| Ms Emily Roberts | Designated Nurse for Safeguarding Children and Young People | In attendance  (on behalf of Ms Reid) |
| Mr Robert Graham | Secretariat | In attendance |
| Ms Heather Reid | Interim Director of Nursing, Midwifery and Allied Health Professionals | Apologies |
| Ms Meadhbha Monaghan | Chief Executive, Patient Client Council | Apologies |

# **17/25 - Item 1 – Welcome and Apologies**

**17/25.1** The Chair welcomed everyone to the meeting. Apologies were noted from Ms Heather Reid and Ms Meadhbha Monaghan.

# **18/25 - Item 2 – Declaration of Interests**

**18/25.1** The Chair asked if anyone had interests to declare relevant to any items on the agenda.

**18/25.2** Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

# **19/25 - Item 3 – Minutes of Previous Meeting held on 30 January 2025**

**19/25.5** The minutes of the Board meeting held on 30 January 2025 were **APPROVED** as an accurate record of that meeting, subject to three amendments proposed by Mr Clayton. He indicated that in paragraph 8.25/10, “Procurement Board” should read, “Information Governance Steering Group” and the penultimate line should read “…Scoring Social Value…”. In paragraph 11.25/7, he asked that the wording be clarified to indicate that the Board had previously asked to see the terms of reference.

# **20/25 - Item 4 – Actions from Previous Meeting / Matters Arising**

**20/25.1** An action log from the previous meeting was distributed in advance of the meeting and members were content with the progress noted.

# **21/25 - Item 5 – Reshape and Refresh Programme**

**21/25.1** The Chair advised that there has not been a meeting of the Programme Board since the last Board meeting, but noted that the leadership group at Tier 3 continues to be established. The Chief Executive reported that there are now monthly meetings of that group and a development day has been arranged at which Professor Phil Glasgow will be in attendance to facilitate a session on teamworking which will then be carried out with other teams. He added that the planning teams are also being worked on. The Chair asked when the Board can expect to receive the first presentation from one of the Strategic Planning Teams and the Chief Executive replied that he and Ms Scott had discussed this, and the aim is to bring a presentation from the Mental Health Strategic Planning Team to the Board in April.

**21/25.2** Ms Henderson asked if there will be an opportunity to look at what that team may require in terms of resources, and a look at funding around key themes, but the Chief Executive said that it is too early for this and that the current ask is that the team ensures that its work is aligned to the Corporate Plan. The Chair noted that the Board will receive the Implementation Plan at the March Board, but Ms Scott explained that while progress is being made to collate this, it is a challenge because the structures are not yet fully in place and that a draft Plan may be available. The Chair said that the Plan needs to be approved by 1 April, but Ms Scott clarified that the Business Plan will be ready but the Implementation Plan may not. The Chair said that there needs to be a link between the Corporate Plan and activities on the ground, and there needs to be a Plan that the Board can approve. The Chief Executive pointed out that quite often, the formal budget is not signed off until after 1 April. Mr Stewart advised that he had attended a meeting of Audit Committee Chairs and at that meeting, Ms Brigitte Worth had outlined that the financial outlook is one of a “flat cash” scenario. The Chief Executive said that his understanding is that it will be “flat cash” or less because there remains a £100m funding gap.

**21/25.3** Professor Rooney asked for an update on the new Digital directorate. The Chief Executive reported that the job description for the Director post is currently with the Department of Health for evaluation. However, he added that the Department is currently reviewing the structures of all HSC organisations but said that PHA had put forward representation that it should not be included as it is currently undergoing a restructuring. Professor Rooney asked about the work of the new directorate. The Chief Executive outlined that PHA currently has good information systems and there is work happening in that space. He advised that he and Ms Scott had met with Mr Paul McWilliams to look at a digital health model. Professor Rooney asked if there is a directorate in place. The Chief Executive replied that there is not, but explained that each of the Directors currently looks after an element of its work.

**21/25.4** Professor Rooney said that the Board should write to the Department because it was part of the meetings with EY to look at a new structure for PHA and now this is on hold. The Chief Executive advised that he has raised this with both Mr Jim Wilkinson and PHA’s Sponsor Branch because he would like to see this progressed. He added that BSO has also raised it and reiterated that PHA is not the only organisation affected. Professor Rooney pointed out that PHA is the only organisation where the Department has paid for it to go through a restructuring exercise. The Chief Executive reiterated that he would continue to raise the matter.

*At this point Dr McClean joined the meeting.*

**21/25.5** Ms Henderson asked whether not getting this directorate in place will mean that PHA has not fulfilled the Reshape and Refresh programme. The Chief Executive replied that a lot of progress has been made with new structures in place and that progress will continue to be made. The Chair suggested that there should be a presentation for the Board on this **(Action 1 – Chief Executive)**.

**21/25.6** Mr Stewart commented that PHA is no further on than it was two years ago and agreed that a letter should go to Mr Peter Toogood because the Department, like PHA, is committed to the Reshape and Refresh programme and this issue needs to be sorted. The Chief Executive reiterated that good progress has been made, but added that element was always going to be difficult. He added that he did not think that writing a letter was the best way forward. The Chair noted that there is also an issue in terms of being able to recruit for the post, but Mr Stewart said that was a totally different issue. The Chair suggested that PHA should obtain a timeline from the Department about how this will be resolved, and if this timeline is not satisfactory, then PHA should write to the Department.

**21/25.7** Professor Rooney noted that at the start of the pandemic, a major issue for PHA was information, and the establishment of this new directorate was crucial. The Chief Executive said that in terms of whether PHA has advanced in how it uses information, progress has been made. He added that he would be content to bring Dr Declan Bradley to present on this. He advised that there will also be digital pieces of work developed so the foundations of that directorate are being put in place. He noted that there will be challenges in relation to Encompass, but he would mention these later. He reiterated that in terms of surveillance, PHA is in a better place than it was in 2019. Professor Rooney said that it would be useful to have that assurance for the Board. The Chair said that he and the Chief Executive would speak to the Department concerning this **(Action 2 – Chair/Chief Executive)**.

**21/25.8** Ms Henderson asked if this should be placed on PHA’s Corporate Risk Register. She asked if the population health modelling work carried out by Gartner has been completed. The Chief Executive replied that this is the work he described earlier. The Chair asked Dr McClean for her thoughts. Dr McClean said that how PHA works with information has been transformed since the pandemic and that the population health model work and the digital pieces are the way forward.

# **22/25 - Item 6 – Reports of New or Emerging Risks**

*Corporate Risk Register as at 31 December 2024* ***[PHA/01/02/25]***

**22/25.1** The Chief Executive advised that one new risk has been added to the Corporate Risk Register and there would be a briefing on this in the confidential session.

**22/25.2** Mr Stewart said that the Corporate Risk Register is brought to the Board can be satisfied. He noted that the Chair had previously suggested that there should be a session for the Board to take a detailed look at the Register and advised that at last week’s Governance and Audit Committee meeting, he had spoken to Mrs Catherine McKeown regarding a session for members on the 3 Lines Assurance model.

**22/25.3** Mr Stewart advised that the Committee had gone through the Register in considerable detail and he drew members’ attention to risk 74 around the Integrated Care System (ICS) and the prospect of PHA acting *ultra vires*. He said that this links to the lack of progress on the development of a new HSC Framework Document and that this risk lies with the Department and needs to be moved up the agenda. He added there is also the issue around joint commissioning and that there is not an urgency to resolve these.

**22/25.4** Mr Clayton agreed that PHA is exposed and felt that the mitigating actions are operational in nature. He added that there is a wider governance piece about roles and responsibilities so clarity is needed.

**22/25.5** Mr Clayton said that there was a substantive discussion around risk 55 which relates to staffing and how this risk has morphed over time given it began as a risk around public health consultants. He suggested that it may be useful for the full Board to receive an update so it is sighted **(Action 3 – Dr McClean)**.

**22/25.6** Ms Henderson asked about the new risk on the Child Health System (risk 74) and if this has been escalated to the Department and if it is on its Risk Register. The Chief Executive said that PHA would need to ask the Department. Mr Stewart advised that the Committee recommended that PHA should write to the Department and point out these gaps. Mr Wilson noted that there was a Departmental representative at the Committee meeting and they would have heard this discussion so he agreed to follow up with them **(Action 4 – Mr Wilson)**. The Chair advised that he is meeting Ms Tracey McCaig on Monday afternoon.

**22/25.7** Professor Rooney said that for Risk 71, relating to Public Inquiries, the original risk was around PHA’s capacity to respond, but as the Inquiries are coming to an end, the risk is now around potential criticism for PHA. She added that the Muckamore Inquiry may be a difficult one, and asked if the wording reflects the risk. The Chief Executive noted that it is difficult to know what is in the Inquiry reports until they are published. He added that when the COVID Inquiry recommendations came out, they were for the Government rather than PHA, and that although there is an Oversight Board for the implementation of recommendations in the Department, PHA is not a member and was told it was not required.

**22/25.8** Mr Stewart stated that the Corporate Risk Register is about potential risks, and he has a concern that the rating has been changed from “high” to “medium”. He said that the wording needs to be revised as the risk is about potential impact and reputational impact and that the Agency Management Team (AMT) should review it. The Chair added that AMT needs to bring an update to the Board on lessons learned from Inquiries as the Board needs an assurance that PHA is in a better position. The Chief Executive said that Mr Wilson and the Inquiries Group is undertaking a piece of work looking at the recommendations from previous Inquiries.

# **23/25 - Item 7 – Raising Concerns**

**23/25.1** The Chief Executive advised that there were no new concerns to report on.

# **24/25 - Item 8 – Updates from Board Committees**

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

**24/25.1** Mr Stewart said that the Governance and Audit Committee had met on 13 February and it was an extensive meeting. He reported that two Internal Audit reports relating to Trusts had been considered and PHA had received limited assurances on both and this is an area that PHA needs to be concerned about. He advised that the Committee had considered a paper on recruitment, which should be shared with all members **(Action 5 – Secretariat)**, and it showed that while BSO is meetings its timelines, there are issues in terms of PHA meeting its targets.

*Remuneration Committee*

**24/25.2** The Chair advised that the Remuneration Committee had met prior to the Board meeting to discuss pay awards for 2022/23 and recommendations have now been made.

*Planning, Performance and Resources Committee* ***[PHA/03/02/25]***

**24/25.3** The Chair said that the minutes of the November meeting of the Planning, Performance and Resources Committee were available for members and that the Committee had met last week.

**24/25.4** The Chair advised that there had been discussions about structures aligning to outcomes and the need for these to be a link between corporate outcomes, Strategic Planning Teams and with SPPG commissioning teams. He said that there is a lot of work going on in the background.

**24/25.5** The Chair said that the Committee had gone through the Performance Management Report and he would like to see how it links with the Corporate Plan and how its activities are taking the organisation forward. He added that PHA needs to ensure that what it is working on will deliver what the organisation needs, which is pertinent given that funding continues to be tight.

**24/25.6** The Chair advised that there was a discussion on procurement and this will now become a standing item on the Committee’s agenda. He said that PHA needs a plan to take this forward as it links to work on commissioning and how PHA ensures that it is reviewing what it is doing and making the right decisions.

**24/25.7** Mr Stewart said that the Governance and Audit Committee had received a copy of the External Audit Strategy and as part of its audit, there will be a review of Direct Award Contracts.

**24/25.8** The Chair advised that the PPR Committee had discussed commissioning and working with SPPG, and said that PHA needs to look at how it can make a difference and review what it is doing to get out of the habit of doing what it has always done.

*Screening Programme Board*

**24/25.9** The Chair noted that the Screening Programme Board has not met since the last Board meeting.

*Procurement Board*

**24/25.10** The Chair noted that the Procurement Board has not met since the last Board meeting.

*Information Governance Steering Group*

**24/25.11** The Chair noted that the Information Governance Steering Group has not met since the last Board meeting.

*Public Inquiries Programme Board*

**24/25.12** Professor Rooney gave an overview of the work of the Public Inquiries Programme Board and said that there is a number of modules upcoming that PHA will have to attend to give evidence. Dr McClean advised that she will be giving evidence for the module on Test on Trace, and explained that while PHA had not considered itself as a core participant for the module on Children and Young People, it has received a lengthy Rule 9 request. Ms Roberts said that there will be meetings with a number of key people to look at the request. Dr McClean added that there is a module on Care Homes that Ms Reid will have to attend to give evidence on. Professor Rooney said that it is very stressful for staff having to appear at these Inquiries and it is important that they receive support. She commended the work of the Programme Board to date.

# **25/25 - Item 9 – Performance Management Report [PHA/04/02/25]**

**25/25.1** Ms Scott advised that the Performance Management Report was discussed at the PPR Committee and that AMT also went through the Report in detail. She explained that AMT was quite strict in marking targets “red” if the timescale for them had not been met.

**25/25.2** The Chair said that his only concerns related to some of the targets which were rated “red”, for examples those pertaining to the new structure. He also highlighted KPI23 around procurement and said that there should be more detailed information. He expressed disappointment that the targets are not linked to corporate outcomes. Ms Henderson advised that the PPR Committee had looked at KPI32 on commissioning teams and noted that this is a strategic risk which is outside PHA’s control.

**25/25.3** Mr Clayton asked about KPI6 on vaccinations and the reference to the migration to Encompass and being able to access records. He also asked for clarity in terms of how PHA is dealing with inequalities. With regard to KPI14 on cancer networks, he asked how far apart PHA and the Department are in terms of seeing this as a priority area.

**25/25.4** Dr McClean replied that for KPI6, there was a catch-up campaign for the MMR vaccine and PHA mapped geographical areas and focused on areas where there was a large migrant community. She added that PHA also ranked schools with the lowest uptake. She advised that there is an evaluation report which can be shared with members **(Action 6 - Dr McClean)**.

**25/25.5** Dr McClean explained that when there was a pertussis outbreak, there was a focus on getting pregnant women vaccinated as it can make babies sick. However, she outlined that there was an issue with Encompass and getting data out of the system.

**25/25.6** Dr McClean advised that, with regard to the Cancer Strategy, this was published in 2022, but the actions that were prioritised related to service. She explained that information from Health Intelligence would indicate that the number of people who will be diagnosed is going to increase and the system will not be able to cope with the treatment needed. She advised that PHA is writing a business case for an extension of the bowel cancer screening programme. Ms Henderson asked how much this would cost. Dr McClean replied that she did not know the exact cost, but explained that if there are more tests, there needs to be more colonoscopy capacity. Ms Henderson noted that Northern Ireland is out of step with the rest of the UK in this area.

**25/25.7** Professor Rooney asked if there are any charities raising this issue. Dr McClean clarified that both PHA and the Department deem this as a priority and once the business case has been completed there will be a review of where the capacity issues are. The Chair asked if PHA has carried out any research. Dr McClean explained that the bigger concern is how to fit this into the service as there are already long waiting times for colonoscopy. Mr Wilson advised that PHA has a partnership with Cancer Research UK to raise awareness.

**25/25.8** Ms Henderson asked if the Board could get an update on the age extension for bowel cancer screening **(Action 7 – Dr McClean)**. The Chair asked how PHA can better influence the prioritisation of the Department saying that delivery experts and policy experts need to work together. Dr McClean said that in the same way as reducing the risk of getting any other condition, cancer can be reduced by improved diet etc. Professor Rooney asked if there is any financial modelling. Dr McClean replied that she believed that there is modelling which looks at the long-term cost of more people getting cancer.

**25/25.9** The Board noted the Performance Management Report.

# **26/25 - Item 10 – Operational Updates**

*Chief Executive’s and Executive Directors’ Report*

**26/25.1** The Chief Executive advised that PHA has produced a Health Protection report which gives improved information across a range of areas. He said that next week there is a session with the Department to discuss winter pressures and Dr Bradley has produced a paper. He explained that there is an ageing population, with more co-morbidities which creates pressures on health and social care services. He added that there is increased poverty with people having less access to the tools they need to live a healthy life.

**26/25.2** The Chair asked if PHA will make reference to the fact that it does not have the funding to influence behavioural change which would have an impact. The Chief Executive said that this is part of an ongoing discussion. Dr McClean advised that the workshop will have a clinical focus and will look at how to improve flow in hospitals. She said that there will be information about how many people presented at hospitals and how this leads to congestion in Emergency Departments. The Chair asked who is leading the session and Dr McClean replied that it is being jointly led by the Chief Medical Officer and the Chief Nursing Officer.

*Finance Report* ***[PHA/05/02/25]***

**26/25.3** Ms Scott reported that at the end of December, PHA has slippage of around £1m. She explained that as £250k of this is unlikely to be spent, PHA has returned it to the Department to fund the pay award. Mr Clayton declared an interest noting his union’s involvement with the pay award.

**26/25.4** Ms Scott advised that PHA is funding a series of projects within R&D which will help improve access to clinical trials over the next 5 years. She said that the PPR Committee had scrutinised this Report at its last meeting.

**26/25.5** The Chair asked if PHA will have a balanced budget at the year end. Ms Scott replied that PHA is on target and it has a good relationship with both the Department and SPPG and there remain a lot of moving parts.

**26/25.6** The Chair asked about the outlook for 2025/26. Ms Scott replied that PHA has received an indicative allocation. She explained that PHA had highlighted £1.243m of pressures and that it has been asked to meet these pressures from savings. She advised that the allocation is for £133m, which is broadly a flat cash scenario.

**26/25.7** Ms Henderson said that she would work with Ms Scott to look at how this Report can be shortened as the format has been unchanged for a number of years.

**26/25.8** Mr Clayton noted that PHA has had slippage within its management and administration budget and asked if it would be possible to get a breakdown of what this has been allocated against as there is not a clear sense of that within the Report. Ms Scott said that PHA is looking at realigning budgets and develop a thematic approach to how it organises its business and this exercise will take a bit of time, but is the direction of travel as the PPR Committee wishes to see this.

**26/25.9** The Board noted the Finance Report.

# **27/25 - Item 11 – Complaints, Compliments and Claims Quarterly Report [PHA/06/02/25]**

**27/25.1** Mr Wilson advised that this Report is for the period up to December 2024 and by that time PHA had received three complaints, compared to six for the same period last year. He said that the Report shows the origin of any complaints and details of those which are closed. He advised that there are currently no open complaints and no cases ongoing with the Northern Ireland Public Services Ombudsman.

**27/25.2** Mr Wilson reported that PHA is starting to collate information on compliments. With regard to claims, he advised that one claim has been closed while a further claim, in respect of an employment law issue, remains open.

**27/25.3** The Board noted the Complaints, Compliments and Claims Quarterly Report.

# **28/25 - Item 12 – PHA Complaints Policy [PHA/07/02/25]**

**28/25.1** The Chair noted that this Policy was brought to the Governance and Audit Committee. Mr Wilson explained that the extant Complaints Policy had been in place for some time and this was flagged up by Internal Audit. He said that PHA put together this new Policy based on reviewing processes across the HSC and good practice, but he pointed out that there is going to be a launch of a new HSC policy following work undertaken by the Ombudsman and once this has been completed, PHA will amend its policy accordingly.

**28/25.2** Mr Clayton welcomed that there is now clarity that the Policy covers both PHA staff and the Board, but noted there are parts of the Policy where it indicates that decisions lie with the Chief Executive. He said that if there is a complaint about a Board member, that would go to the Chair and this should be indicated here. The Chief Executive pointed out that he is a member of the Board so any complaint should go to the Chair. Mr Wilson explained that this has been clarified on page 5. Mr Clayton asked if this is line with the Partnership Agreement and Mr Wilson said that he would need to check that **(Action 8 – Mr Wilson)**.

**28/25.3** Mr Blaney asked how complaints come into the organisation, and Mr Wilson advised that it can be through a variety of ways. Mr Blaney noted that an individual in an organisation may wish to submit a complaint anonymously.

**28/25.4** Mr Blaney noted that he is the Non-Executive Director with responsibility for whistleblowing and he asked at what stage he would become involved in any complaints. Mr Wilson replied that they would be two different processes. Mr Clayton commented that this a good question, but felt that internal complaints would be dealt with through the grievance process. Professor Rooney noted that the Belfast Trust was criticised by Judge O’Hara because it did not deem people raising concerns as complaints. The Chief Executive said that the complaints process is a learning process, but noted that some people who submit complaints are seeking retribution. Professor Rooney said that for PHA, it is about how it deals with concerns and how it can learn.

**28/25.5** Mr Blaney asked again about how much information he would need to know about complaints, but the Chair said that the Board’s role is to ensure that processes are carried out correctly. Mr Blaney asked if his e-mail address should be published. Mr Stewart said that it should be and added that when it comes to grievances, complaints or raising concerns, a matter could fall into any of those. He said that if an individual feels they cannot speak to anyone in the organisation they should be able to speak to Mr Blaney. The Chair agreed that this process needs to align with what it is in the Partnership Agreement.

**28/25.6** Ms Scott said that it can depend on the nature of the issue and that whistleblowing is more about a systemic issue and it may be appropriate to either go to the Chief Executive’s office, the Department or the Board. The Chair agreed and said that if an issue is raised he, and the Chair of the Governance and Audit Committee, should be made aware of it. He added that the organisation has a duty of care to the individual who raises an issue.

**28/25.7** Mr Wilson said that he would be happy to discuss this further with Mr Blaney outside of the meeting **(Action 9 – Mr Wilson)**.

**28/25.9** The Board **APPROVED** the Complaints Policy.

# **29/25 - Item 13 – Final Partnership Agreement between Department of Health and Public Health Agency [PHA/08/02/25]**

**29/25.1** The Chair said that he continues to have an issue with the Agreement in that it needs to be more specific in terms of his capability of meeting with the Minister.

**29/25.2** Ms Scott noted that this Agreement came to the Board last August. The Chair said that he wished to draw out this point. Ms Scott explained that this is an Agreement and not a legal document and that there are still concerns around some legislative issues. She said that she intends to submit these concerns alongside the Agreement. She advised that with regard to the reference to a meeting with the Minister, it indicates “either/or”, but she undertook to highlight this again **(Action 10 – Ms Scott)**.

**29/25.3** Mr Clayton said that part 9 deals with the Department and it is there that there should be reference to the powers that the Department has to direct the PHA, and that if it applies those powers, this should be notified to the Chair of the Board. The Chair said that he has raised this issue with Mr Toogood and there has been an acceptance that previously the Board was not treated properly.

**29/25.4** Mr Stewart suggested that rather than redrafting the section of the Agreement, there should be a covering letter highlighting the issues raised.

**29/25.5** Ms Scott advised that this version has been sent to the PHA as a final version for approval. The Chair noted that there are issues around SBNI, but Ms Scott said that the SBNI MOU will be included in the final document once it is finalised. The Chair said that the MOU needs to come to the Board.

**29/25.6** The Chair suggested that the caveats around the powers to direct PHA should be included, noting that the role of the Board has to be respected. The Chair said that final approval of the Partnership Agreement should be done by correspondence.

**29/25.7** Professor Rooney asked if Section 5.3 will be updated to reflect the new Directors’ titles. Ms Scott replied that at present these are the correct titles. Professor Rooney suggested highlighting the fact that these will be changed.

**29/25.8** Ms Henderson asked if the Board could see the cover letter before it is issued and the Chair said that it will be shared **(Action 11 – Chair)**.

# **30/25 - Item 14 – Establishment of PHA Working Group [PHA/09/02/25]**

**30/25.1** Mr Wilson said that PHA has built up capacity within the Public Inquiries team and it now wishes to focus on the recommendations from Inquiries and bringing any learning to the Board. At an operational level, he explained that there is a directorate-wide working group.

**30/25.2** Mr Wilson said that the Public Inquires Programme Board has benefitted from having Professor Rooney so this new group should report through AMT and the Governance and Audit Committee. He advised that the intention is to have this group up and running at the start of the next financial year.

**30/25.3** The Chair noted that there had been a previous discussion about having a presentation to the Board in June 2025, although he acknowledged that a lot of the learning from Inquiries has already been implemented. The Chief Executive advised that Dr McClean and he have gone through the Neurology Report and he would be content to bring a SITREP to the Board in June **(Action 12 – Chief Executive)**. He added that PHA will continue to learn from other Inquiries.

**30/25.4** Professor Rooney said that she was pleased with this development. She added that some of the learning from the Muckamore Inquiry will likely be around the quality assurance of the commissioning process. Dr McClean noted that PHA has to be cognisant of the complexity of some of the recommendations.

**30/25.5** Mr Irvine said that Professor Rooney has undertaken good work in this area, and it is appropriate that is now sits under the purview of the Governance and Audit Committee as its role is to question and challenge. He added that the establishment of this working group shows that the organisation is learning. Mr Stewart commented that it is important that PHA records what it can do, and what it cannot do when it comes to Inquiry recommendations as recommendations are not absolute, so it is possible to say that they cannot be accepted.

**30/25.6** The Board noted the paper on the establishment of a PHA Working Group.

# **31/25 - Item 15 – Items for Information**

*Our People Report* ***[PHA/10/02/25]***

**31/25.1** The Chair said that he felt that members should see this Report and although it was in a slightly different format, it was still an important for members to have it.

# **32/25 - Item 16 – Chair’s Remarks**

**32/25.1** The Chair paid tribute to Professor Rooney as this was her last PHA Board meeting. He said that she was a stalwart and provided great assistance to PHA as it came out of the COVID pandemic. He acknowledged her contributions to the Reshape and Refresh Programme Board, as well as the Remuneration Committee and the Public Inquiries Programme Board. He said that she was a great member to work with and was sad to see her go.

# **33/25 - Item 17 – Any Other Business**

**33/25.1** There was no other business.

# **34/25 - Item 18 – Details of Next Meeting**

*Thursday 27 March 2025 at 1.30pm*

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

Signed by Chair: ­­­­­­­­­­­­­­­­

Colin Coffey

Date: 27 March 2025