HSC Public Health Agency

Meeting agenda

PHA Board Meeting

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

Item	Topic and details	Presenter
1	Welcome and Apologies	Chair
2	Declaration of Interests	Chair
3	Minutes of Previous Meeting held on 27 March 2025	Chair
4	Actions from Previous Meeting / Matters Arising	Chair
5	Reshape and Refresh Programme	Chair
6	Reports of New or Emerging Risks **[PHA/01/04/25]**	Chief Executive
7	Raising Concerns	Chief Executive
8	Updates from Committees: • Governance and Audit Committee **[PHA/02/04/25]** • Remuneration Committee • Planning, Performance and Resources Committee • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board	Committee Chairs
9	Presentation on Mental Health Strategic Planning Team	Ms Scott

10	PHA Business Plan 2025-26 **[PHA/03/04/25] (For approval)**	Ms Scott
11	Finance Report **[PHA/04/04/25]**	Ms Scott
12	Annual Report on the Specialist Training Programmes in Public Health 2023/24 **[PHA/05/04/25]**	Dr McClean
13	Chair's Remarks	Chair
14	Any Other Business	Chair
15	Details of next meeting: *Thursday 29 May 2025 at 1.30pm* *Ulster University, Coleraine*	Chair

PHA Board Meeting Minutes

Date and Time	Venue
27 March 2025 at 1.30pm	Fifth Floor Meeting Room, 12/22 Linenhall Street

Member	Title	Attendance status
Mr Colin Coffey	Chair	Present
Mr Aidan Dawson	Chief Executive	Present
Dr Joanne McClean	Director of Public Health	Present
Ms Heather Reid	Interim Director of Nursing, Midwifery and Allied Health Professionals	Present
Ms 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
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

35/25 - Item 1 – Welcome and Apologies

35/25.1 The Chair welcomed everyone to the meeting. Apologies were noted from Ms Meadhbha Monaghan.

36/25 - Item 2 – Declaration of Interests

36/25.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

36/25.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

37/25 - Item 3 – Minutes of previous meeting held on 27 February 2025

37/25.5 The minutes of the Board meeting held on 27 February 2025 were **APPROVED** as an accurate record of that meeting.

38/25 - Item 4 – Actions from Previous Meeting / Matters Arising

38/25.1 Mr Graham advised that the actions on the action log had either been completed, or were in the process of being completed.

38/25.2 Mr Stewart noted that the correspondence sent to the Department regarding the Partnership Agreement did not refer to points raised by the Board about the Department having the power to direct PHA. Ms Scott said that this can be reviewed again, but pointed out that PHA has raised the matter of the Framework Document. Mr Clayton outlined that the issue is that PHA has had experience of the Department directing the Agency, but for matters not within PHA's statutory functions. He added that while this has been acknowledged, the other concern was around the manner of how the direction was issued which created governance issues.

38/25.3 The Chair said that the Board needs to be satisfied that this is dealt with appropriately as there has been an acknowledgement that the Board was not treated respectfully in the past. He added that if he were to raise this with Mr Peter Toogood, he was confident he would receive a satisfactory response. The Chief Executive advised that following the governance review of RQIA, correspondence was issued outlining that any directions from the Department to ALBs should be sent to the Chair and copied to the Chief Executive and suggested that it may be worth referencing this correspondence.

38/25.4 Mr Clayton acknowledged that there is a desire to move on and get the Agreement finalised, but he felt that it was right and proper that this issue is articulated.

Ms Scott said that she would take this matter away for further consideration **(Action 1 – Ms Scott)**.

38/25.5 The Chair noted that there had been a discussion at the last meeting regarding shared risk and that if PHA is being asked to carry out a function that it is not mandated to do, this represents a risk. He advised that shared risk was also discussed at a recent NICON meeting and was raised by Trust Chairs and the Department has now acknowledged this. He suggested that the Governance and Audit Committee may wish to look at this further.

39/25 - Item 5 – Reshape and Refresh Programme

39/25.1 The Chair advised that while there has not been a formal meeting of the Programme Board, progress remains ongoing.

39/25.2 The Chief Executive reported that all but one of the Assistant Director posts has been filled and that the remaining post will be going out to advertisement soon. He advised that a session of the new Senior Leaders Forum is being planned with Professor Phil Glasgow and that this group has recently come together to work on the Corporate Plan and Business Plan. He added that at their next meeting, the Forum will start to look at the next tier of posts, as well as how the new planning teams will function. He commented that it has been satisfying to see the new Forum work together rather than there being silos.

39/25.3 The Chief Executive advised that he has received an assurance from Mr Peter Toogood that the new PHA Digital Director post will not be affected by the current review that Korn Ferry is undertaking.

39/25.4 Ms Henderson welcomed the update and asked whether it is appropriate to have the new structure in the Corporate Plan if it is not yet in place. The Chief Executive replied that the new structure is in place, but it is not yet completely populated, adding that there is a commitment to get the next tier of posts recruited by June 2025. He advised that he had delivered a presentation to the senior management team of the South Eastern Trust earlier this week and they were very engaged, asking lots of questions, as many did not have an understanding of the full breadth of work that PHA does. He added that PHA is now going to aim to carry out similar sessions with the other Trusts.

39/25.5 The Chair said that he would like to see the overall work programmes for the Strategic Planning Teams (SPTs). The Chief Executive advised that the Mental Health SPT will be presenting at the next Board meeting.

39/25.6 The Chair asked the other Executive Directors for their assessment of the current progress. Ms Reid said that she is starting to see the benefits, in terms of stabilisation, and added that the new group is working well together, and enthusiastically. She conceded that there is still some way to go, but progress is going in the right direction. The Chair asked that Directors are honest about where the weaknesses are. Ms Reid outlined that there are still some teething issues, and that the professional governance framework needs to be completed. She added that whatever restructuring is undertaken is not going to please all staff. Dr McClean agreed that it

has been important getting the Tier 3 posts filled as many of the structures have been in place since 2009. Mr Wilson echoed this and added that it is important that momentum is maintained.

39/25.7 The Chief Executive advised that on Wednesday, PHA facilitated a primary care symposium and noted that PHA has not previously done a lot of work with primary care, but yet primary care works closely with individuals in the most deprived communities.

39/25.8 Ms Scott noted that while work is being undertaken on the restructuring, PHA business is continuing and all this is being done using core resources, but she felt that PHA has reached the top of the curve. The Chair asked about the new directorate and PHA being able to obtain the data and information to make the right decisions. Ms Scott said that it is coming together and it may take until the end of the first year of the new Corporate Plan for everything to be in place. Ms Reid commented that PHA still has some work to do around information and data flows.

40/25 - Item 6 – Reports of New or Emerging Risks

40/25.1 The Chief Executive advised that there were no new or emerging risks to report on.

41/25 - Item 7 – Raising Concerns

41/25.1 The Chief Executive advised that there were no new concerns to report on.

42/25 - Item 8 – Updates from Board Committees

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

42/25.1 Mr Stewart said that he had omitted to advise the Board at the last meeting that at the most recent Governance and Audit Committee, the Committee had agreed with a recommendation from management that two internal Audit recommendations related to newborn screening should be written off as it is impossible to implement them due to a lack of funding from the Department.

Remuneration Committee

42/25.2 The Chair noted that the Governance and Audit Committee had not met since the last Board meeting.

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

42/25.3 The Chair noted that the Governance and Audit Committee had not met since the last Board meeting.

Screening Programme Board

42/25.4 The Chair noted that the Screening Programme Board has not met since the last Board meeting.

Procurement Board

42/25.5 The Chair noted that the Procurement Board has not met since the last Board meeting.

Information Governance Steering Group

42/25.6 The Chair noted that the Information Governance Steering Group has not met since the last Board meeting.

Public Inquiries Programme Board

42/25.7 Mr Wilson advised that work is continuing to finalise responses for different modules of the COVID Inquiry. He noted that while PHA has responded to Module 7, relating to Test Trace Protect, he did not envisage that PHA will be called to give evidence. He said that going forward work will pivot round to look at the learning and recommendations from this, and other Inquiries.

43/25 - Item 9 – Draft PHA Corporate Plan 2025-30 [PHA/01/03/25]

43/25.1 Ms Scott advised that this version of the Corporate Plan represents the culmination of a number of months of work. She said that she wished to acknowledge the delay in getting a final draft of the Business Plan completed given the timescales from the public consultation for the Corporate Plan closing in February, undertaking the analysis of the responses and presenting those to the Agency Management Team (AMT) and the Senior Leaders Forum.

43/25.2 Ms Scott said that, overall, the Corporate Plan was well received with 102 consultation responses received, which included 17 from PHA staff. She advised that the feedback was positive in terms of the structure and there was a general acceptance of the Plan. She said that most of the changes were around the wording and there is now an increased focus on health inequalities. She noted that there were some suggested changes around PHA's life course approach, but these were not implemented as this is a key part of the Reshape and Refresh programme. She said that there were suggestions from the focus groups about their priorities, but it is impossible for the Plan to include every single client group. She noted that some respondents were confused about the role of PHA. She advised that the Consultation Report gives more detail on each section. She said that there was good support for the Plan and it is now being brought to the Board for approval.

43/25.3 The Chief Executive noted the positivity of the responses, with only four being in the "strongly disagree" category and the majority being in the "agree" and "strongly agree" category. He added that there were 51 responses from agencies, and these came from a wide range of bodies.

43/25.4 Mr Clayton said that the number of responses shows that there is a significant amount of interest in PHA and what it does. While he accepted that the Plan outlines the broad direction, he would like to see the Implementation Plan as the targets in the Plan do not give clarity on the sort of measures PHA is looking for, and in the absence of an Implementation Plan, there is a bit of disconnect.

43/25.5 Mr Clayton welcomed the additional Equality Screening information saying that it was very helpful, but asked how it translates into the Business Plan or the Implementation Plan. He said that he is seeking an assurance around the Implementation Plan and that it sets out PHA's direction of travel. He added that championing the whole system approach across Government will be a challenge.

43/25.6 Ms Scott advised that these discussions have been taking place at AMT. She said that the Business Plan will form Year 1 of the Implementation Plan and PHA is working on a 3-year Plan, but it is not at a stage where it can be shared. She acknowledged the point about using outcomes as indicators, but for some outcomes, she said that these may be a trend rather than a specific target and added that PHA needs to be mindful about its remit and span of influence.

43/25.7 Mr Clayton said that PHA has talked about its role in championing the whole system approach for a number of years and this needs to be done with PHA having the right data and intelligence. He reiterated that he would be keen to see the draft Implementation Plan. He commented that many of the indicators in the Plan may not be owned by PHA, and do not capture the full range of Section 75 groups.

43/25.8 Mr Irvine said that this Plan is a high-level document but it needs another plan underneath it, both for staff and for external stakeholders. He noted that the Board had approved the draft, but he would like to have seen the tracked changes and outlined how when his Local Council went through a similar process it grouped the responses into themes and then prepared management responses and said whether suggested changes would be accepted or not. He said that this process shows consultees that the consultation exercise has been meaningful with all responses considered and that the organisation is a listening one. Mr Wilson advised that this information is available, and that PHA took the approach of grouping areas of responses and providing an overall comment rather than individual comments. Mr Irvine said that he would welcome seeing this **(Action 2 – Mr Wilson)**.

43/25.9 Ms Henderson said that the public engagement has been very successful and that people now have a better idea of what PHA does. She advised that she liked the Plan, but she asked about the wording of the indicator around dying. The Chief Executive explained that there has been an increase in the number of people dying in hospital rather than at home and it is about people having conversations with their loved ones and being able to die in their preferred place. Ms Henderson noted that there have been discussions around Advanced Care Planning, but it does not feature in the Business Plan this year. She reiterated that the Corporate Plan is a great success and she is very pleased with it.

43/25.10 The Chair said that the Corporate Plan needs the Implementation Plan and asked how it can be completed. The Chief Executive replied that PHA has been trying to do a lot in terms of finalising the Corporate Plan, Business Plan and Implementation Plan, and establishing the teams to take this work forward. He advised that an Implementation Plan could be brought to the Board in April. Ms Scott added that there

is a draft. The Chair asked if it is worth sharing at this stage, but Dr McClean suggested that there needs to be some breathing space to allow it to be finalised and the Senior Leaders Forum needs to focus on it. Ms Henderson said that she did not object to Dr McClean's reasoning and felt that there is no need to rush it, but the Chief Executive said that he would like to see it completed.

43/25.11 The Chair asked if Dr McClean was content with the draft Business Plan and she replied that she was. He asked if the Business Plan represented a suitable plan for Year 1 of the Corporate Plan and Dr McClean said that she did, but she felt that the Implementation Plan requires further work.

43/25.12 Mr Clayton said that he was happy to take a steer from the Board in terms of the timeline for the Implementation Plan, and suggested that could be a workshop. The Chair agreed with this suggestion. The Chief Executive said that he would like to have this ready by the end of April. Mr Wilson said that the expectations of the Board have to be met.

43/25.13 Ms Henderson sought clarity on the statement within the Corporate Plan that PHA is responsible for the quality assurance of screening programmes. The Chair said that this is correct, but the issue is around the definition of quality assurance, and where PHA's role starts and ends. Dr McClean advised that PHA carries out quality assurance, but it is not a regulator. The Chair said that he has raised this with the Chief Medical Officer and the Department.

43/25.14 The Board **APPROVED** the draft PHA Corporate Plan 2025-30.

44/25 - Item 10 – PHA Business Plan 2025-26 [PHA/02/03/25]

44/25.1 Ms Scott acknowledged that the Business Plan had only been shared with members on Wednesday as it has been going through a number of iterations following consideration by both AMT and the Senior Leaders Forum. She said that the Plan is framed along the same lines as the Corporate Plan and will align with it. The Chief Executive also acknowledged the short notice and suggested that the Board holds off on formally approving the Plan until members have had more time to consider it.

44/25.2 Mr Clayton said that he appreciated the overview of the issues which have led to the delay. He noted that there will be actions from this year's Business Plan which will be rated "red" or "amber" and sought assurance that these will not be overlooked. He said that as a Business Plan this appears to be more process focused. The Chair echoed this and said that he would like to have been able to see how the Plan is taking forward the initiatives in the Corporate Plan and that if this Plan represents Year 1 and the start of a journey, how it all comes together.

44/25.3 The Chair noted that there was previously a discussion about the subjective nature of KPIs and he would like to move away from those. He queried if there should be a workshop as he would like to be clear as to why these have been chosen as the priorities for Year 1 of a 5-year Plan. The Chief Executive advised that that was the focus of some of the discussion last Friday afternoon and while he accepted the Plan is not perfect, he felt that it is moving in the right direction and is more focused. He added that this may be the last year of single year budgeting so the idea of a 3-year plan

makes more sense. The Chair said that prioritisation will be necessary so in addition to asking whether PHA is going in the right direction, it will also be about whether PHA is spending its funding appropriately.

44/25.4 Mr Clayton said that Live Better is not in the Business Plan. The Chief Executive explained that this is a specific project with a start date and an end date and there will not be any discussion on it until the summer. He added that the Minister would like to see the initiative embedded, but until there is an evaluation and a clear direction of travel, it would not be right to include it.

44/25.5 The Chair said that it will not be possible to approve the Business Plan at this meeting unless members wished to accept it as a draft. Ms Henderson asked about KPIs. The Chief Executive advised that there are some parts of the Plan where the KPIs are clear, and some where they need further work. Ms Reid said that the Plan is a good first draft but requires more work. Ms Scott suggested that the indicators from the Corporate Plan should be aligned to the Business Plan.

44/25.6 Mr Stewart commented that some of the outcomes in the Plan appear vague and it is missing impact. Dr McClean agreed with the suggestion that the indicators should be matched across from the Corporate Plan to the Business Plan.

44/25.7 Noting that the Business Plan requires further work, the Chair proposed that further time be taken to review it. Mr Wilson commented that it would have been better to have the Implementation Plan. The Chair asked if there is a timeline for the Implementation Plan. Ms Scott proposed that the Business Plan is submitted to the Department as a draft, and then further work is undertaken before it is brought back to the Board in April. Mr Wilson suggested that there could be a session of the Board with the Senior Leaders Forum to look at the Implementation Plan and the Business Plan **(Action 3 – Mr Wilson)**.

45/25 - Item 12 – Finance Report

45/25.1 Ms Scott reported that at the end of January, PHA is projecting a break-even position. She advised that while there is currently a surplus of £668k, this will reduce through the remainder of the year.

45/25.2 Ms Scott explained that in Section B, there is an overview of the programme and management and administration budgets, where it shows that the underspend in the management and administration budget is helping to fund the overspend in the programme budget. She gave an overview of the risks which she said are broadly the same as before.

45/25.3 The Chair noted risk 7 around the Reshape and Refresh Programme, and asked how much it is costing. Ms Scott replied that it is not going to cost PHA, but the Chair said that PHA had advised the Permanent Secretary that it may need additional funding. Ms Scott advised that this is not the case, to which the Chair suggested that this risk should be removed, but Ms Scott felt that it cannot be removed until the recruitment of Tier 3 posts is complete. The Chair said that at the start of the year, PHA had indicated that it may need additional monies. Ms Scott advised that it is still a worry as there is a risk around the new directorate. The Chief Executive explained that there

may be some bridging funding required as there may be staff who will be on pay protection for 5 years.

45/25.4 Ms Henderson asked if break even is achievable. Ms Scott reported that the initial indications are that at the end of February, the surplus has reduced to £100k. Ms Henderson asked if there are any concerns. Ms Scott replied that her major worry is if SPPG or Trusts hand money back to PHA at this late stage. The Chief Executive noted that funding relating to vaccinations has been better managed with reduced wastage. The Chair said that for PHA to be in this position at this stage is good.

45/25.5 Ms Scott advised that ring fenced funding will break even as well as capital funding, which is mainly R&D and is monitored very closely by that department. Mr Blaney noted that a high proportion of R&D funding went out in November and asked if there is a reason for this. Ms Scott said that there is a comprehensive programme of R&D activity with money administered at different times. Dr McClean agreed that money is issued at different points in the year.

45/25.6 The Chair asked about the outlook for 2025/26. Ms Scott advised that PHA has received an indicative allocation letter and that it has been asked to fund £1.2m of pressures from within its own allocation. She said that her team will be working to develop a Financial Plan which will be brought to the Board in June. The Chair asked if there has been any correspondence around a 3-year budget, but Ms Scott replied that PHA has not been asked for anything.

45/25.7 Mr Wilson advised that within the allocation letter there is a reference to the current pause in campaigns.

45/25.8 The Board noted the Finance Report.

At this point Ms Scott left the meeting.

46/25 - Item 11 – Chief Executive's and Executive Directors' Report

46/25.1 The Chief Executive advised that he had attended the PHA learning disabilities Conference, *Dying for Change*, where there were some very powerful stories. The Chair echoed this saying it was an excellent event with the speakers happy to share from their experience what has worked and what has not worked.

46/25.2 The Chief Executive said that there had been a good turnout at the AAA (Abdominal Aortic Aneurysm) event and explained that Northern Ireland is above the national average in terms of good outcomes.

46/25.3 The Chief Executive advised that he had attended the "Big Discussion" event and that there will be future events. From a presentation delivered by Dr Declan Bradley, he noted that attendances at Emergency Departments are below those pre-COVID, but they are more complex.

46/25.4 The Chair reported that the Chief Executive, Mr Wilson and he had met to discuss stakeholder engagement and that there will be an update at the next Board

meeting. He explained that work is being undertaken to identify PHA's top 10 stakeholders and then engage with each of them.

46/25.5 Ms Henderson welcomed the update in the report around a business case to expand the bowel screening programme, but Dr McClean advised that there is currently no funding for it. Ms Henderson said that it needs to be stated that Northern Ireland is an outlier in this regard.

46/25.6 Ms Reid advised that the meeting of the Policy Review of Public Engagement working group, which was due to take place on Friday, has been cancelled.

47/25 - Item 13 – Chair's Remarks

47/25.1 The Chair advised that he wrote to the Minister and that the Minister will now be visiting PHA on 10 April.

47/25.2 The Chair asked Dr McClean to update the Board on Operation Pegasus. Dr McClean advised that is a cross-departmental pandemic planning exercise with over 10,000 players. She said that there is a huge planning infrastructure and PHA will be nominating an individual to help plan the logistics for this to ensure staff can be released to participate. She added that is likely that PHA will set up a planning group. She explained that there are three phases between September and November, each lasting up to a week. The Chair said that this will be an opportunity for PHA to show how much it has changed.

47/25.3 Mr Clayton asked how this will link with the exercises that PHA does which are referenced in the Joint Emergency Planning Report. Dr McClean replied that this exercise will become part of the emergency planning team's workplan. Mr Clayton asked if there is a north/south element. Dr McClean advised that it is being co-ordinated through Central Government, but she anticipated that there will be engagement with the Republic of Ireland.

47/25.4 The Chair said that he would like to have a discussion at a future meeting on AI as this was discussed at a meeting of the 4 Nations Chairs and England has been progressing work in this area. He added that it was agreed that there should be a similar approach across the 4 Nations, and that he has spoken to the Permanent Secretary about this who told him that there is a group within the Department looking at this.

47/25.5 The Chair advised that he has meetings scheduled with Non-Executive Directors and that he wishes to commence the Board review and Chair review in the next few weeks.

47/25.6 The Chair said that the Chief Executive and he are meeting the new Permanent Secretary, Mike Farrar, on 17 April and he will extend an invitation to him to meet with the Board.

47/25.7 The Chair advised that he had sought clarity on what a quorum is for the Board and that he will be raising the issue of Board vacancies with the Public Appointments Unit.

47/25.8 Mr Blaney expressed concerns around Encompass and asked if the Board should establish a sub-group. The Chief Executive said that Encompass is a big system, but it is not owned by PHA, and the Child Health System (CHS) sits within Trusts and PHA is a secondary user. He advised that PHA is now sitting on the regional Encompass board and has established an internal sub-group for CHS. He said that he would keep the Board updated with progress. Mr Blaney said that he remained concerned about data transfer, but added that he would be happy to take a steer as to whether it was felt that a subgroup is needed. Ms Reid said that PHA's role is around quality assuring the data and testing the system. The Chief Executive reiterated that he is content to bring regular updates to the Board.

48/25 - Item 14 – Any Other Business

48/25.1 There was no other business.

49/25 - Item 15 – Details of Next Meeting

Thursday 24 April 2025 at 1.30pm

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

Signed by Chair:

Colin Coffey

Date: 24 April 2025

PHA Board Action Log

Public Session Actions

Date of Meeting	Reference	Action	Owner	Due Date	Status	Notes
27/03/2025	1	Ms Scott to liaise with DoH regarding Partnership Agreement and reference to DoH powers of direction	Ms Scott	24/04/2025	COMPLETE	
27/03/2025	2	Mr Wilson to share version of Corporate Plan showing where changes have been made and responses to comments made in the consultation	Chief Executive	24/04/2025	COMPLETE	Shared with members 18 April
27/03/2025	3	Mr Wilson to invite members to a meeting of the Senior Leaders Forum to discuss the Implementation Plan	Mr Wilson	24/04/2025	COMPLETE	
27/02/2025	1	Chief Executive to arrange for presentation to the Board on progress on the Reshape and Refresh Programme	Chief Executive	27/03/2025	IN PROGRESS	To be delivered in May 2025
27/02/2025	2	Chair/Chief Executive to speak to the Department regarding Encompass	Chair / Chief Executive	27/03/2025	COMPLETE	
27/02/2025	3	Dr McClean to give update to the Board on the situation with regard to recruitment of public health consultants	Dr McClean	27/03/2025	COMPLETE	
27/02/2025	4	Mr Wilson to follow up with Department regarding whether CHS features on its Risk Register	Mr Wilson	27/03/2025	COMPLETE	
27/02/2025	5	Secretariat to share update on recruitment paper with full Board	Secretariat	27/03/2025	COMPLETE	
27/02/2025	6	Dr McClean to share evaluation report on MMR catch up campaigns with Board members	Dr McClean	27/03/2025	COMPLETE	
27/02/2025	7	Dr McClean to provide further update on progress to extend the bowel cancer screening programme	Dr McClean	27/03/2025	COMPLETE	
27/02/2025	8	Mr Wilson to check if PHA Complaints Policy aligns to the Partnership Agreement with regard to complaints	Mr Wilson	27/03/2025	COMPLETE	
27/02/2025	9	Mr Wilson to speak to Mr Blaney regarding his role in complaints/whistleblowing	Mr Wilson	27/03/2025	COMPLETE	
27/02/2025	10	Ms Scott to highlight to Department the reference in the Partnership Agreement to the Chair meeting the Minister	Ms Scott	27/03/2025	COMPLETE	
27/02/2025	11	Chair to ensure that covering correspondence to the Department on the Partnership Agreement is shared with the Board	Chair	27/03/2025	COMPLETE	
27/02/2025	12	Chief Executive to bring a SITREP to the Board in June on how PHA is progressing against recommendations from Public Inquiries	Chief Executive	19/06/2025	IN PROGRESS	Update scheduled for June Board meeting
30/01/2025	1	Ms Scott to share feedback from PHA staff event in December 2024	Ms Scott	27/02/2025	IN PROGRESS	Report and Action Plan currently being finalised for sharing with PHA Staff

30/01/2025	2	Chair/Secretariat to meet to discuss how information from 4 Nations meetings can be shared with wider Board	Chair / Secretariat	27/02/2025	INCOMPLETE	Not yet discussed
30/01/2025	3	Secretariat to include Our People Report in Board paper packs when available	Secretariat	27/02/2025	COMPLETE	
30/01/2025	4	Executive Directors to look at PHA's role in safety and quality and report back to Board	Executive Directors	27/02/2025	IN PROGRESS	

item 6

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	24 April 2025
Title of paper	Corporate Risk Register as at 31 March 2025
Reference	PHA/01/04/25
Prepared by	Karen Braithwaite
Lead Director	Leah Scott

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to bring the Corporate Risk Register, as at 31 March 2025, to the Board for noting.

2 Background Information

To support these assurances, a process has been established to undertake a review of both directorate and corporate risk registers on a quarterly basis i.e. the end of each financial quarter.

The previous review was undertaken as at 31 December 2024 and the Corporate Risk Register was approved by AMT on 29 January 2025 and forwarded to the Governance and Audit Committee for approval at its meeting which took place on 13 February 2025.

The attached Corporate Risk Register reflects the review as at 31 March 2025 and has been carried out in conjunction with individual directorate register reviews for the same period.

The Corporate Risk Register was approved by the Agency Management Team at its meeting on 8 April 2025, and by the Governance and Audit Committee at its meeting on 17 April 2025.

3 Outcome

- There have been no new risks added to the register this quarter:
- There have been no risks removed from the register this quarter.
- No risks have had their risk rating altered this quarter.

4 Next Steps

The next review of the Corporate Risk Register will be undertaken after 30 June 2025.

PHA Corporate Risk Register

Date of Review:
31 March 2025

Introduction

Managing risk is a key component of the wider governance agenda for the PHA. It is therefore essential that systems and processes are in place to identify and manage risks as far as reasonably possible.

The purpose of risk management is not to remove all risks but to ensure that risks are identified and their potential to cause loss fully understood. Based on this information, action can then be taken to direct appropriate levels of resource at controlling the risk or minimising the effect of potential loss.

The PHA has recognised the need to adopt such an approach and has a systematic and unified process in place to ensure a fully functioning risk register at both corporate and directorate levels as set out in the PHA Risk Management Srategy and Policy.

The Corporate Register that follows identifies corporate risks, all of which have been assessed using a 'five by five' risk grading matrix (see below) which is in line with DoH guidance. This ensures a consistent and uniform approach is taken in categorising risks in terms of their level of priority so that appropriate action can be taken at the appropriate level of the organisation.

IMPACT	Risk Quantification Matrix				
5 - Catastrophic	High	High	Extreme	Extreme	Extreme
4 – Major	High	High	High	High	Extreme
3 - Moderate	Medium	Medium	Medium	Medium	High
2 – Minor	Low	Low	Low	Medium	Medium
1 – Insignificant	Low	Low	Low	Low	Medium
LIKELIHOOD	A Rare	B Unlikely	C Possible	D Likely	E Almost Certain

Overview of Risk Register Review as at 31 March 2025

Number of new risks identified	0
Number of risks removed from register	0
Number of risks where overall rating has been reduced	0
Number of risks where overall rating has been increased	0

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Corporate Risk		Lead Officer/s	Risk Grade	Page
39	Cyber Security	Director of Finance and Corporate Services	→ HIGH	6
55	Shortage of Staff / Skill mix	All Directors	→ HIGH	10
59	Quality Assurance and Commissioning of Screening	Director of Public Health	→ HIGH	15
64	Cyber Security (compromise of HSC network due to cyber-attack on a supplier or partner organisation)	Director of Finance and Corporate Services	→ HIGH	18
71	Public Inquiries – PHA ability to respond to requests from various Public Inquiries	Head of Chief Executive's Office	→ MEDIUM	21
73	Financial Planning Context 25/26	Director of Finance and Corporate Services	→ HIGH	24
74	Impact of the introduction of a new HSC system wide planning, delivery, performance monitoring and governance system on the PHA.	Chief Executive	→ MEDIUM	26
75	Pandemic Preparedness	Director of Public Health	→ HIGH	28
76	Delay with Child Health System Migrating to Encompass	Interim Director NMAHP	HIGH	35

Key:

Risk rating:

↑ increased from previous quarter

↓ decreased from previous quarter

→ remained the same as previous quarter

Control Effectiveness RAG Rating:
RED
AMBER
GREEN

Corporate Risk 39					
RISK AREA/CONTEXT: Cyber Security					
DESCRIPTION OF RISK: Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure (including those used by the PHA, as well as Trusts providing services for the PHA) may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in significant business disruption. It could also lead to unauthorised access to any of our systems or information, theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage. Whilst the BSO is primarily responsible for managing this system wide risk as IT lead for HSC, the Agency has a key responsibility to safeguard against any actions by its staff that could compromise IT security.				**DATE RISK ADDED:** June 2017 **REVISED:** June 2024 **CLOSED:** N/A	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Major		**HIGH**	
Target	Possible	Moderate		MEDIUM	
LEAD OFFICER: Director of Finance and Corporate Services					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
Technical Infrastructure: • HSC security hardware (eg firewalls); • HSC security software (threat detection, antivirus, email & web filtering); • Server/client patching;	1st and 2nd line Technical risks assessments and penetration tests; 1st and 2nd line Reports to GAC/PHA board on reported incidents as appropriate.	Gaps in Assurance: • Level of corporate recognition and ownership of cyber security threat as a service delivery risk. • An HSC Cyber Gap analysis (ISO 27001) was carried out. (external carried out by DXC) -		BSO ITS provides PHA IT services. PHA will continue to work with BSO ITS, DHCNI and through the HSC Cyber Scurity Programme Board. Work has continued in a number of priority work streams including Incident response and third party management. Further	~~Mar~~ June 2025

• 3rd party Secure Remote Access; • Data & system backups **Policy, Process:** • Regional & local ICT/information security policies; • Data protection policy; • Change Control Processes; • User Account Management processes; • Disaster Recovery Plans; • Emergency Planning & Service/Business Continuity Plans; • Corporate Risk Management Framework, processes & monitoring; • Regional & local incident management & reporting policies & procedures; **User Behaviours – influenced through:** • Induction/ Annual Appraisal • Mandatory Training; • HR Disciplinary Policy; • Contract of employment; • 3rd party contracts/data access agreements • Metacompliance monthly training now operational	1st & 2nd line PHA represented on cyber programme board 1st & 2nd line External security review carried out by ANSEC (external security company) 3rd line Internal Audit/BSO ITS self-assessment against 10 Steps towards NCSC; 3rd line: An HSC Cyber Gap analysis (ISO 27001) was carried out (externally carried out by DXC)	need to work through the recommendations • External security review carried out by ANSEC (ext security co) <u>Gap in Controls</u>: – • programme not delivered yet. • SoC sent to DoH for consideration which shows gaps: A SIEM (security incident management system) Privleged accounts management (PAM) • BSO led Cyber strategic plan developed for implementation over next 4 years to deliver outputs of the cyber secrutiy strategy, however funding via DHCNI not yet secured.	cyber projects are being undertaken to enhance capabilities across the region, under 3 key work streams:. • Communications and culture which contains Cyber training for all staff, Senior Teams, ICT, Department specific • Strategy and Policy, the development and implementation of HSC wide Cyber Security policies, standards and processes and Supplier Management • Technical and Infrastructure including a HSC Network Security Review, Implementation of Network Discovery and vulnerability Management Tools and Incident Response management See below for update on key projects ongoing under these workstreams Training programme for Board members will continue to be delivered in consultation with Regional Cyber Security Programme Board) Update from Cyber Security Progamme Board – revised training being planned for roll-out with ALB Board members and senior	

PHA member of the Regional HSC Cyber Security Business Continuity Group BSO cyber project manager co-ordinating regional cyber security work. Regional cyber security programme board (BSO representing PHA) taking forward actions arising from DXC report and recommendations Ongoing work being taken forward and overseen by the Regional Cyber Security Programme Board. A regional cyber Incident Response Plan has been developed to effectively manage a cyber incident within the HSC. Cyber Incident Response Action Plan finalised and launched. Reviewed Feb 25. A baseline audit against ISO27001 across all ICT Departments and Internal audits against NSCS Cyber Essentials 10 steps have been completed and recommendations accepted			teams. Now re-commenced May 2024 and ongoing roll-out planned. All PHA Board Members due to complete this training on 16 April 2025. ~~Review Mar 2025 for PHA board members – ensure PHA board members have completed training.~~ Targetted training and 'all users' training (Metacompliance) (monthly) to be provided. New schedule to run April 24 – March 25. New schedule from April 2025 (complementary to the mandatory elearing cyber security training)	

Several Business Cases have been approved and implemented re ongoing resource funding for Cyber staff across HSC this includes: (i) Cyber Resource for one year (ii) Tactical Business Case for resource to implement the tactical recommendations from the network security review. PHA Business Continuity Plan test carried out 13 March 2023 Full HSC-wide cyber incident response test - Incident response plan completed on 1 June 2023 Targetted training and 'all users' training (Metacompliance) provided during years 2022/23 (May-Mar) and 2023/24 (Apr-Mar) HSC cyber elearning material current review completed June 2024 including Management review of compliance. Review of Incident Response Plan finalised – being issued to Programme Board				

members 5/12/24 for approval via e-mail as next meeting not until Feb 2025. Revised (in June 24) HSC cyber elearning material launched 2 Dec 24. Quarterly updates provided to IGSG on completion of mandatory training across PHA.				

Corporate Risk 55

RISK AREA/CONTEXT: Shortage of Staff across particular areas, impacting the ability to discharge full range of public health statutory responsibilities / Organisational Change

DESCRIPTION OF RISK:

The Public Health Agency does not currently have the appropriate retained staffing capacity / skill mix in order to be able to safely and sustainably discharge all of its statutory responsibilities pertaining to protecting and improving the health of the population of Northern Ireland. In particular, it is currently unable to fill Public Health Consultant positions due to the unavailability of suitably qualified people in the labour market. Whilst this has been managed to date through use of Retire & Return as well as some reprofiling of skill mix this is not sustainable in the medium to longer term. There is therefore a risk that the absence of core public health services in key areas such as Health Protection and preventing the transmission of communicable diseases could directly impact the health of the population.

There is a significant reduction in staffing due to secondments, maternity leave, staff reallocation and restrictions on recruitment due to Reshape and Refresh. This is restricting the ability to;

- Provide comprehensive input to developing PCTs, PHPTs and other PHA priorities including input into Commissioning and delivering against the Business Plans.
- Support secondments for staff development
- Release more staff to further experience/develop skill set in other parts of PHA

Outside of the Consultant roles, with effect from 26th April 2024, posts at Band 8 are only being filled on a temporary basis through internal trawls as a precautionary step in light of planned organisational change programme Reshape Refresh. This will naturaly bring a level of instability whilst the change programme unfolds. The Reshape and Refresh process in general is causing concern and instability within the workforce impacting staff ability and capacity.

A number of specific staffing-related risks have been identified in the organisation including:

- A number of consultant in public health posts are vacant and attempts to fill them have been unsuccessful. Following recent retirements and leavers the position within the Health Protection service has become acute.
- Existing posts at Band 8 which become vacant are being filled by temporary appointments with backfilling of posts creating knock on effect in vacancies.
- There is increased anxiety within the team with staff needing time to be able to fully engage with the Reshape process, this is affecting capacity.

DATE RISK ADDED:
June 2020

REVISED:

August 2020 - HSCQI Risk added.

June 2022 - Merged.

September 2023 - Updated to cover all Directorate risks.

March 2024 - Updated to detail specifc high impact staffing risks at March 2024

June 2024 – Redrafted to reflect core risk.

Updated December 2024

CLOSED:

N/A

• Management of change is incremental and as the process takes place over a prolonged period of time it is escalating staff concern. • A draft Professional Governance Framework for Healthcare Registrants employed by the PHA is under development. The framework will outline governance structures for all professional staff in relation to responsibilities for maintaining registration and supervision.	

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension and Operational Performance and Service Improvement Dimension

LINK TO ANNUAL BUSINESS PLAN 2024/25: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Almost Certain	Moderate	**HIGH**
Target	Possible	Moderate	**MEDIUM**

LEAD OFFICER: All Directors

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
Interim leadership arrangements have been put in place in health protection to ensure safe high quality health protection service being provided. This has involved re-deployment of staff from other parts of the directorate to support health protection function including acute response, surveillance and governance.	1st & 2nd line: • Reports to CEx and AMT. • Staff in post postion kept under regular review • Updates to GAC via Corporate Risk register • Briefings provided to PHA Board. 3rd line: • Vacancy updates provided to Sponsor	**Gap in Controls** • Ability to recruit to consultant posts and other key posts is very constrained currently due to a number of external factors including availability of suitably qualified professionals market forces and impact of Reshape and Refresh change management pooling process.		Reshape and Refresh – Management of Change: • Level 2 Job Descriptions (Director level) 2 posts require job descriptions to be finalised for evaluation. Likely to be ready for evaluation in Q4 – review April 2025 • Level 3 (AD level) recruitment programme well advanced and to be concluded in Q4	~~Mar~~ June 2025

3 Deputy Director posts appointed since April 23 to support DPH in providing leadership across the directorate. These will focus on • Governance and standards • Training and workforce • Epidemiology and public health science Locum consultant in place to support health protection. Consultants on retire and return are providing support to the service. Consultant posts are advertised on a rolling basis. PH Directorate are developing a refreshed JD to facilitate a wider campaign approach Public health specialist/consultant workforce report developed and approved by AMT in January 2023. The report includes a number of recommendations to increase the supply of specialist and consultant public health staff who are registered with a certificate of completion of training or equivalent.	Branch via Ground clearance process. • Link with DOH Safety and Quality Standards branch. **NMAHP Reshape Refresh** 1st - Directors meets Senior Team regularly and 1:1s are held as required 2nd Reshape and Refresh Programme Manager has met with directorates to provide support. Ongoing support and liaison between Directors and HR. Access to Mural. Staff engagement events. 3rd EY information sessions were held earlier in the year. Union representation at engagement events. **NMAHP Staffing** 1st – Vacancy reports are shared monthly with Senior Team and Line Managers. Monthly meetings are held between Finance, Planning & Business Support Manager and Interim Director to discuss staffing budget and vacancies.	**Gaps in Assurance:** • Deficits in the PHA workforce across a range of functions compromising the performance of the organisation and ability to deliver statutory functions. **NMAHP Reshape Refresh** **Gaps in Control** Senior vacant positions are on hold or recruited on a internal temporary basis due to Reshape and Refresh affects team capacity. **Gaps in Assurance** The Reshape and Refresh process takes time, concerns and anxiety are likely to continue until process is complete **NMAHP Staffing** **Gaps in Control** Unable to recruit into vacant senior posts until Reshape and Refresh has progressed. **Gaps in Assurance** Result of vacant posts is impact on capacity, potential support issues to ICS and new commissioning structures)	• Tier 4 development initiated in Qtr 4 with input from Tier 3 appointments. Continue advertisement of Consultant Posts and upskilling nursing workforce (increase numbers undertaking masters in public health - Revisit April 25 Develop action plan to ensure the recommendations from workforce plan are implemented – Establish strong consultant led multidisciplinary teams in health protection and across directorate to make best use of skills of all staff – ensuring specialised skills of consultants are used to best effect. Reform of Acute response service - Revisit April 25 Discussions have commenced with the Faculty of Public health about supporting experienced staff in PHA to receive additional training and support with a view to specialist registration in the future. Review position in April 25 **NMAHP Reshape and Refresh** – Permanent post for Director for Population Health and Wellbeing / NMAHP Director will ~~Interim~~	

Working with HR to implement a number of steps with individuals in relation to long term sick and absenteeism due to work related stress. £1.8M investment from DoH secured to enhance health protection staffing. Recruitment to the posts created largely complete – some posts still to be recruited on a permanent basis. Bank staff list created following the closure of contact tracing service. Staff from the bank have received training and are able to provide support to acute health protection service both in hours and out of hours. Introduction of SpR rota for acute response (Delegated responsibility to release Consultant capacity. Redeployments across admin team to provide cover for key areas. Admin support arrangements were reviewed during 2023 and a new post to support the	2nd – Monthly meetings are held between Interim Director and HR to discuss vacancies and progression of recruitment. Scrutiny Meetings twice monthly. **Professional Governance** 1st - Head AHP deputy Director and NMAHP Director meet regularly with team members to provide support and professional guidance 2nd – meetings held with Head AHP Deputy Director, NMAHP Director and Chief Executive 3rd – Regular communication with trade unon reps and professional leads in DoH.	Temporary backfill posts for some senior positions has led to gaps in lower band capacity **Professional Governance – Gaps in Assurance** Framework remains in draft.	~~Director of NMAHP will remain as an interim position, permanent post expected to~~ be advertised ~~aligned early~~ Spring 2025. ~~Recruitment for Tier 3 is underway and will continue in quarter 3~~ NMAHP Director, in conjunction with ~~stakeholder's~~ senior staff, is developing PHA policy for professional governance, supervision and accountability. Final draft will be shared with unions and relevant stakeholders. Once draft is finalised it will be submitted to board for formal approval. Process expected to be complete by end of April 2025. Feedback on Reshape Refresh process will be considered in process moving forward. Developing progression of support for staff wishing to pursue registration of UKPHR's Portfolio route 1:1 meetings will be facilitated as required. Tier 3 positions partially recruited – further recruitment exercise to be progressed.	

business is in recruitment process. Operations Reshape and Refresh Management of change process designed (end of Mar 24) New operational structure and model has been approved by board. Interviews for Tier 2 and 3 positions are progressing. Director of Finance appointed. . First Tuesday events continue Regular staff meetings, job planning and review of work prioritisation.			Tier 4 structures should be designed and in place by summer 2025. Further staff engagement sessions will be arranged for staff in April. **NMAHP Staffing** Escalation to Cx and AMT of capacity issues outlining impact. Identify priorities to address gaps in NMAHP structure Progress recruitment of vacancies admin roles, project support, and MHLD roles Plans in place with other directorates and HR to maintain and develop a regular recruitment drive for admin posts.	

NMAHP Reshape and Refresh Reshape Refresh Programme Manager continues to support process ~~Ongoing work between senior team, unions and HR~~ Mural remains available online Staff engagement events Increase in Senior team Meetings as required, augmented by 1:1s as required. A Band 8 meeting took place 25th February. **NMAHP Staffing** Successful admin recruitment exercise complete Recruitment process started for project support vacancies Temporary backfill posts in position for Head AHP (currently on secondment), Lead AHP Consultant CYP and AD Public Health Nursing for CYP.				

Discussions are ongoing between Interim Director & AD in relation to vacancies within MH & LD team Regular staff meetings, job planning and review of work prioritisation. Use of slippage to access external support Temporary cover which was in place to maintain ~~management of~~ NIMACH services due to staff absence has left, further recruitment necessary. ~~Vacancies reduced by 60% Q2-Q3~~ NMAHP Director, in conjunction with stakeholders, is developing PHA policy for professional governance, supervision and accountability. Once draft finalised will be submitted to board for formal approval. Working group established, 1st meeting 21.01.25				

Corporate Risk 59

RISK AREA/CONTEXT: Quality Assurance and Commissioning of Screening

DESCRIPTION OF RISK:	**DATE RISK ADDED:**
The commissioning and quality assurance of population screening programmes is a core PHA function. Screening programmes are delivered within complex systems, involve a number of organisations and are supported by a range of bespoke IT systems. As well as maintaining the core PHA functions associated with the programmes, the PHA is increasingly leading on complex change and development projects for the screening programmes in response to policy changes or the impact of wider HSC IT or service changes. There is a risk that PHA will not have the systems, capacity and/or digital expertise to manage and maintain comprehensive and robust provision of all of these functions for all screening programmes. This may result in a failure to deliver safe and effective screening programmes to the population, an inability to monitor, identify and respond to concerns regarding quality and performance, adversely impact public confidence in participating in screening programmes and negatively impact the reputation of the PHA.	November 2020 **REVISED:** Dec 2023 - Risks revised (CR61 closed and integrated into CR 59) June 2024 **CLOSED:** N/A

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objectives 1 – 4

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Likely	Major	**HIGH**
Target	Possible	Major	**MEDIUM**

LEAD OFFICER: Director of Public Health

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
Screening Programme Board re-established to provide broader oversight (at CEx/Director level across regional organisations)	**1st and 2 line assurance** • Reports to AMT and briefing/updates to PHA Board;	Gaps in Controls: • Commissioning and delivery of screening programmes is a HSC wide system based approach (ie. a number of		**Southern Trust Cervical Cytology Review**: Ongoing support to the cytology review in Southern Trust including co-chairing the Steering and Operational	June 2025

IT systems • Project structure for implementation of Breast Screening Select has been established, business case approved and implementation ongoing. • Processes are in place within each programme to attempt to manage any identified current risk – manual processes / reporting /monitoring/failsafe systems. • Technical review of screening IT systems completed by BSO ITS **Screening programmes –** Consultant screening group providing cross-programme oversight; regular updates provided to CMO Sponsorship branch. Ongoing monitoring of uptake, activity and capacity within each programme with escalation of risks and concerns as required. Baseline screening budget reviewed and recurrent inescalpable funding	• Report on screening internal audit follow-up to GAC. • Quality assurance site visits re-established in breast and cervical screening programmes. • Desktop QA reviews in bowel screening • Ongoing meetings between the Encompass team and screening leads to ensure intregrity of interfaces is mainitained with Encompass going live. • PHA CEX represented on encompass Programme Board • A programmed series of messaging to media/ public is ongoing to ensure that public confidence is maintained in the cervical screening programmes as a result of the Southern Trust Review. • Separate workstream established within the NIDIS project to extend the scope to replace the NHAIS functionality for cervical screening.	partners). PHA relies upon each part of the system having appropriate controls in place • Funding insufficient to meet delivery needs within some screening programmes • Funded staffing levels in PHA are insufficient to provide a robust and responsive QA infrastructure for all programmes • Limited technical and information governance expertise available to support the screening programmes Gaps in Assurances: • Limited resources (staffing, financial and technical) particularly to establish and support an enhanced QA structure for the newborn and antenatal screening programmes. • Limitations to core QA work as prioritisation given to responding to significant and urgent issues	Groups, development and maintainance of an Information system to manage all affected patients through the process and public messaging. Review April 2025 Peer evaluation of PHA cervical QA functions being undertaken ~~explored with~~ by NHS England. ~~March~~ April 2025 ~~**IT systems:**~~ • Ongoing funding pressures in Diabetic eye, and the call recall functions of bowel, and cervical screening programmes continue to be a feature.Need for additional recurrent funding continue to to be raised as inescapable into 2025/26 ~~for 2024/25~~. ~~March~~ June 2025 **IT systems** • Draft TOR for a Screening Digitial Modernisation Programme led by PHA t~~o be~~ agreed ~~and~~ First meeting of group to be arranged ~~established~~. ~~January~~ April 2025	

needs have been highlighted. New post of AD for commissioning public health screening and immunisation recruited under Reshape and Refresh. Will provide additional expertise in PHA to support commissioning of screening programmes. **Programme specific issues:** • Cytology revew – PHA staff in membership of Southern Trust Cervical Cytology Review Steering group and subgroups, advising on the delivery and assurance of the review programme. • Quarterly performance management meetings established with BSO for bowel and cervical screening delivery - with review of progress against audit action plan and SLA. • PHA leading the primary HPV implementation project for cervical screening through a multi-	**3rd line assurance:** • Regular updates provided to CMO group through sponsorship arrangements • Reporting to regular meetings of the DoH Cervical Screening Oversight and Assurance Group	• Absence of cross organisation strategic approach to screening IT systems	• A digital health intelligence directorate to be established as part of Reshape and Reform organisational restructure. Date TBC ~~**Primary HPV implementation in cervical screening**~~ ~~Ongoing oversight of the project to reconfigure cervical screening laboratory services~~ ~~**Staffing**~~ ~~New post of AD for commissioning public health screening and immunisation to be recruited under Reshape and Refresh. Will provide additional expertise in PHA to support commissioning of screening programmes. January 2025~~	

organisational Steering Group ~~Transition and People workstreams established to work through challenging operational changes within wider context of reducing activity and timings of new laboratory IT system.~~ • Cytology Review completed				

Corporate Risk 64					
RISK AREA/CONTEXT: Cyber Security (compromise of HSC network due to cyber-attack on a supplier or partner organisation)					
DESCRIPTION OF RISK: There is a risk to the HSC network and organisations in the event of a cyber-attack on a supplier or partner organisation resulting in the compromise of the HSC network and systems or the disablement of ICT connections and services to protect the HSC and its data. The risks and consequent impacts include the ability of the HSC to continue to deliver services to patients/service users/clients and therefore, potential harm to patients/service users/clients, compromise or loss of personal and organisational information, and loss of public confidence.				**DATE RISK ADDED:** September 2021 **REVISED:** June 2024 **CLOSED:** N/A	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**		
Current	Likely	Major	**HIGH**		
Target	Possible	Moderate	MEDIUM		
LEAD OFFICER: Director of Finance and Corporate Services					

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
BSO Cybersecurity Strategy, Programme & Workplan (via Regional Cyber Security Progamme Board)	1st & 2nd line: Technical risks assessments and penetration tests; 1st & 2nd line: HSC SIRO Forum for shared learning	Gaps in Control: • Business continuity plans to be up to date in relation to a cyber incident,		PHA Business Continuity Plan, approved by AMT August 2023, now being revised starting with Business Impact Analysis reports to develop/document Directorate	~~Jan 2025~~ June 2025

Information Governance Team support & advisory services Info Gov Advisory Group (regional) Corporate Risk Management framework PHA BCP tested and updated February 2018 with a focus on cyber security PHA member of the Regional HSC Cyber Security Business Continuity Group Regional cyber security programme board led by programme manager – PHA representation on board Cyber Incident Response Action Plan finalised and launched Regional IT Security/cyber security training was refreshed and launched in September 2020. Information Governance Team support & advisory services Info Gov Advisory Group (regional) available Cyber Incident Response Supplier on Retainer contract	and collaborative action planning and delivery; 1st & 2nd line: IGAG oversight 1st & 2nd line: Reports to GAC/PHA board on reported incidents as appropriate. 1st & 2nd line: HSC Supplier framework developed for contractors who provide any service to HSC (approved by SIRO as part of Programme Board). Worked with PALS, Legal & CPD. 3rd line: IA report on 3rd party suppliers undertaken 2022	implemented and regular testing • Develop and test an Information Governance emergency plan in response to a Cyber attack • ICT Security and data protection clauses in all contracts. Partner organisations to meet security and IG standards of the HSC being addressed via supplier framework for new contracts going forward • Legal binding agreements are in place where contracts not required • Review existing contracts for Security and Data Protection clauses <u>Gaps in Assurance</u>: • PHA does not have in-house ICT systems expertise and is reliant on BSO partner to provide expert analysis of cyber related issues with PHA contracted orgs.	Level Plans Revised Corporate BCP and Directorate BC plans with Directorates for sign-off (completion due 1/4/25 or before) Test of BCP planned for 11 May 2025 (~~1st review June 2024 with roll-out across all Directorates due June-Sept 24)~~ With the QUB and other cyber incidents, HSC SIROs are commissioning, through the Information Governance Advisory Group, a Regional IG Task & Finish Group to address the risks/review data flows from HSC/Partner organisations and issues associated with data loss by a partner organisation. Proposal considered at IGAG 27/5/21. This action currently with DHCNI for decision/funding, etc. Ongoing – lack of funding is holding up progress. Review again ~~March~~ June 2025 (as per below) Development and testing of IG emergency plan in response to cyber attack being led by IGAG. Currently with DHCNI to support financially. IGAG regularly seek input from DoH/DHCNI. – Currently not happening – no funding identified by DHCNI and no one identified to take it forward. Agreed to keep on risk	

established to provide further cyber incident preparedness support in the event of an incident. HSC Supplier framework – to include Security and IG clauses, risk assessment and security management plans, approved by Cyber Security Programme Board in June 2022 now being implemented. Report to PHA IGSG at March 24 meeting re review of new and existing contracts in line with UK GDPR (working wih Cyber Security colleagues, PaLS and DLS as appropriate) and IG awareness raising re data sharing and other IG documentation to be considered/completed as required.			register as an action and review in 6 months if there has been any change. (Review ~~Mar~~ June 25). (but as ~~Dec 24~~ March 25 no update – sitting with IGAG and DHCNI) Assistant IG Manager appointed to support Service Leads in a review of new and existing contracts in line with UK GDPR (working wih Cyber Security colleagues, PaLS and DLS as appropriate). Extensive work undertaken to draw up standardized clauses for inclusion into contracts – finalization of this due April 2025. IG awareness raising ongoing across PHA in relation to data sharing and other IG documentation to be considered/completed as required (ongoing) Standing item at PHA IGSG agenda – further update will be given at next meeting ~~Jan~~ May 2025.	

Corporate Risk 71					
RISK AREA/CONTEXT: Public Inquiries - Reputational damage to the PHA as a result of criticism received from any of the statutory public inquiries around the Agency's ability ~~to respond to the that the Agency is actively engaging with. This risk encompasses the ability of the PHA~~ to respond to the requests made of it by each Public Inquiry.					
DESCRIPTION OF RISK: There is a risk that the PHA may suffer reputational damage and loss of professional credibility if the outcome of any public inquiry results in criticism of the PHA. The PHAs ability to adequately respond to Public Inquiries in a timely and complete manner is critically important. Factors such as loss of corporate memory with many key members of staff no longer in PHA employment, capacity of current staff to devote the time required to input into responses, ~~no dedicated Public Inquiries Team within PHA~~ and no corporate document retrieval system to readily locate relevant files are relevant. There is also the risk of adverse impacts on other significant PHA deliverables, if key staff are required to reallocate their time to input into the work of ongoing Public Inquiries. There has been no dedicated support / increase in core funding for staff from DoH. The PHA is actively involved in three open public inquiries alongside a requirement to review the work undertaken in respect of the now closed Hyponatraemia, Neurology and Infected Blood Inquiries				**DATE RISK ADDED:** 30 April 2023 **REVISED:** June 2024 Mar 2025 **CLOSED:** N/A	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Moderate		MEDIUM	
Target	Unlikely	Minor		LOW	
LEAD OFFICER: Head of Chief Executive's Office and Strategic Engagement					

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
A formal governance structure has now been put in place in	1st & 2nd line: -Dedicated Inquiries team led by staff	Gaps in Assurance:		In the immediate term (April 25 – March 26) the Agency will continue	~~March~~ June 2025

relation to PI work within the Agency: - A PI Programme Management Board chaired by the CEXE - A PI Steering Group chaired by the Director of Operations which meets as required. These groups are supported by a dedicated Inquiries team aligned to the Operations Directorate who co-ordinate the day to day response. The Agency has dedicated legal support for its PI work through a named Solicitor Consultant financed by PHA.	working at AfC Ba 8A level with access to a formal Steering Group chaired by Head of Chief Executive's Office. 1st & 2nd line - Dedicated input by DLS Solicitor Consultant - Fortnightly reporting to PI Programme Management Board chaired by CEXE and containing Director and NED representation. - Update reports and escalation pathway to PHA board as appropriate. Approval from AMT and Board to take forward a new Working group reporting on the actions taken by the Agency to address recommendations relating to the PHA. 3rd line - None Identified	• ~~Although now in place for over a year, the PI governance structure has been put in place on a temporary basis and will require review depending on the extent/longevity of any recommendations that are directed towards the Agency from a given Inquiry.~~ Gaps in Control: • No dedicated financial support from DoH (ie no increase in core funding) • ~~Concerns that the current staff resource may be inadequate given the envisaged extent and longevity of PI work which will take place well into 2027~~. • ~~Scoping the work of the Public Inquiries Team to be undertakenin relation to recommendations from now closed Inquiries~~. • ~~PHA response will neccesiate successfully engaging with a number of senior staff who have left the organisation.~~ • Although the psychological impact of the Covid-19 response may have left an	to respond to the requests made of it - primarily in relation to the UK Covid-19 Inquiry. ~~This work will extend to the preparations required for the CEXE's evidence session in respect of Module 3 and the progression of formal witness statements in respect of Modules 5, 6 and 7 of the Covid-19 Inquiry. The Agency will also continue a review exercise in respect of the now published final report of the Infected Blood Inquiry.~~ ~~Creation of long term formal PI work plan. This will necessitate agreement around longer term staff resourcing and lines of accountability curently being considered alongside the outworkings of Reshape and Refresh~~ Update as at 31st Dec 24. Paper reviewing structure and support for Public Inquiry and Programme Governance drafted and will be considered by AMT in Jan. Discussion at December Board meeting concluded that the risk rating would be kept under review.	

		indelible mark upon staff, it is hoped that the tangible acts of recognition and engagement stemming from ODEF are helping to address this legacy of the pandemic.	Update as at 31 March 25. Following AMT and Board approval, an action plan is in place to establish new working group to monitor and report on Agency response to Inquiry recommendations and associated learning. Corporate Risk to be reviewed at end of next quarter	June 25 June 25

Corporate Risk 73					
RISK AREA/CONTEXT: Financial Planning Context 25/26 Finance / Operational Performance and Service Improvement Dimensons					
DESCRIPTION OF RISK: In light of the current financial planning context, and the financial deficit facing the HSC sector in NI, there is a risk that PHA will be required to to deliver further savings against its current baseline budget. To achieve the savings, PHA will need to prioritise current investments. There is therefore a risk that PHA to will be required to stop a significant number of existing contracts it has in place with Providers from March 2025 Without continued investment and growth it will not be possible to develop and deliver a Corporate Plan to deliver statutory requirements of Health Protection, Health improvement and tackle Health inequalities in NI.				**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Likely	Major		**HIGH**	
Target	Likely	Moderate		**MEDIUM**	
LEAD OFFICER: Director of Finance and Corporate Services					

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**
PHA approach will be guided by AMT and PHA board direction Development of Financial plan in advance of agreement of budgets. Engagement at highest level with DOH officials including	1st and 2nd line assurances AMT/ PHA board to be updated on budget position on a regular basis. PHA staff to continue to engage with DoH Finance and Policy colleagues to	<u>Gaps in Controls</u> Formal confirmation of allocation for 2025/2026 not yet received. <u>Gaps in Assurances</u> One year budget cycle		PHA to continue to engage with DoH Finance colleagues to clarify plans for 25/26 and develop draft financial plan for 25/26, based on available budget information - by May 2025 (an indicative allocation has been issued by DoH in March 2025, which provides comfort on the level of funding	June 2025

Perm Sec and Director of Health Engagement with Minister and SPAD on importance of PHA to the public health outcomes.	ensure impact of achieving additional savings is understood.		available to PHA in 25/26, and this will form the basis of the financial plan.)	

Corporate Risk 74					
RISK AREA/CONTEXT: ICS: Impact of the introduction of a new HSC system wide planning, delivery, performance monitoring and governance system on the PHA.					
DESCRIPTION OF RISK: A new system for the planning, delivery and performance management of health and social care is being designed and implemented in Northern Ireland. Integrated Care System (ICS) is the overall title for this. The primary risk is that the design and implementation of this new system and consequent legislation does not fully recognise the importance of public health in the role of planning and delivering better health for the population of Northern Ireland. The delay in the full programme of legislative instruments may mean that the PHA is at risk of operating 'ultra vires' in relation to accountability arrangements at an operational level with regard to joint planning and commissioning teams.				**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**	
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Moderate		**MEDIUM**	
Target	Unlikely	Minor		**LOW**	
LEAD OFFICER: Chief Executive					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
The Agency Chair and Chief Executive sit on the group led by the permanent secretary tasked with the design elements of the new planning and governance approach.	1st and 2nd lines - PHA Multi Disciplinary SPTs - Multi Disciplinary Planning and Commissioning teams	Control gaps: - Clarity around PHA role and resourcing - PHA does not currently have the planning capacity to support the anticipated requirements of joint commissioning and Planning bodies.		Joint PCT workshop planned for 21st December was postponed. New date currently being sought and agreed with CEO/COO. SPT governance arrangements to be further developed within Reshape and Refresh programme	~~March 2025~~ June 2025

The Chief Executive sits on the regional project board for ICS and AIPBs The senior officers of the PHA are involved in the developing the SOPs for how the systems of governance of planning will run at SPPG and PHA level.	- Regular reporting into JAM (PHA/SPPG joint assurance meetings) 3rd line - Internal Audit programme - Reporting to PTEB	- This is being developed in parallel to the Reshape and Refresh programme. Assurance: - There is no legislative framework currently underpinning the Governance arrangements for the PHA - PHA ICS hub in place to oversee the exchange of information and development of appropriate actions - PHA CEO is engaged with SPPG interim Chief Operating Officer to develop a partnership approach to establishing and agreeing oversight arrangements for the new Planning and Commissioning Teams	New PHA leaders forum is being charged with taking discussions forward.	~~March 2025~~ June 2025

Corporate Risk 75					
RISK AREA/CONTEXT: Pandemic Preparedness					
DESCRIPTION OF RISK: A key responsibility of the PHA is to provide the NI public health response to a pandemic. An emerging infectious disease including newly recognised infectious agents could result in large numbers of people falling ill and the next pandemic. The novel pathogen causing the epidemic could emerge abroad, with no effective treatment or vaccine. The immediate and critical public health response in NI will be focused on detection of the infection, surveillance, public health management of cases including testing, isolation, contact tracing, vaccination and treatments (if available). This needs to be scalable and will require co-ordination and implementation of national guidance and a supporting communications plan. National Risk Register 2023. Key area of risk is the capacity of the organisation to deliver on its requirements for planning and response to a pandemic.				**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**	
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Major		**HIGH**	
Target	Possible	Moderate		**MEDIUM**	
LEAD OFFICER: Director of Public Health					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
Establishment of PHA; SPPG and BSO Joint Pandemic Planning Preparedness Group (June 2023) Completion table top exercises;	Submission of draft plans to DoH assurance (Complete) Preliminary identification of business needs Preliminary identification of areas of planning which will	• Resources (capital and human) required to deliver a surge response for the required time period. • Joint planning with RoI and rest of UK in relation to border response for a pandemic including a 5 nations approach for the management of travel		• Meetings convened by DoH in January 2025 to review October 2024 Pandemic submissions. • Absence of feedback from DoH on health protection submissionsis contributing to a delay in informing the next stage of planning and	~~Mar~~ June 2025

• All Ireland table top exercise for HPAI- June 2023 • PHA;SPPG;BSO Table Top exercise Nov 23. • Detailed work on pandemic plans taken forward by SPPG and PHA and a workshop held September 2024. • PHA participated as observers at the RoI pandemic Exercise Pandora , March 2025. Representation on the NI Regional Pandemic Preparedness Planning Board – June 2024 PHA representation on UKHSA 4 Nations planning groups as appropriate PHA represented as observers on RoI National co-ordinating Group for HPAI Draft plans submitted October 2024-Work ongoing with DoH and SPPG in relation to pandemic planning. ~~Contact tracing and surge planning training programme~~	require additional resource submitted to DoH in October 2024 ~~Awaiting feedback from DoH to inform next stage of planning.~~ Absence of feedback from DoH on health protection submissionsis contributing to a dely in informing the next stage of planning and the development of business cases. Focus on updating plans in line with NI and UK wide frameworks and requirements. A national pandemic exercise is planned for Autumn 2025. A national pandemic exercise, Exercise Pegasus is commencing in September 2025 and will run until 2026. This will have respurce implications for the wider PHA, including Health Protection. Update of PHA Directorate business continuity plans completed October 2024 and Corporate business	with respect to data sharing around passenger locator forms. PHA input to this as appropriate but the work is led at government level and includes Home Office as well as health departments. • Review of data sharing agreements with respect to data sharing for pandemic response including border health security and travel (PLFS). • Ability to deliver a proportional contact tracing service to meet the requirements of the specific guidance with respect modelling assumptions as reflected in the UK National Risk register (2023 and UKHSA modelling assumptions (currently being finalised). • Identification and funding of a digital solution for contact tracing. • Further testing of plans required once finalised • Development of business cases to be informed following further discussions with UKHSA re the proposed solution for a Single ServiceCentre/ Surge Response Service. Next	the development of business cases. Opportunity re development of a UK wide Single Service Centre/ surge Response service now to be factored in to decision for NI. • PHA will continue to liaise and deliver work in line with the frameworks and arrangements being worked up by relevant Departments. • Passenger Locator Project project commenced in December 2023. ~~Review March 25.~~ • March 2025- Pilot exercise complete and project now drawing to a close by the UKHO. • ~~PHA made resource available to work on a Passenger Locator Project as requested in late 2024 but the project has not yet progressed.~~ • Emergency preparedness training being delivered across the organisation. New operating model for PHA places a focus on staff roles in emergencies including pandemic.	

~~being delivered by emergency planning team~~	continuity plan review underway – due by end March 2025. The updated business continuity plans do not include the realignement of services and staff to support a protracted response to a pandemic. This is a significiant gap and should be addressed by the organisation in advance of Exercise Pegasus. There is regular liaison with UKHSA, other UK DA's and RoI on operational health protection matters. These can include cross border issus which are addressed on case by case basis while longer term solutions are worked through. The Common Framework is the statutory agreement which underpins co-operation and joint working across UK administrations. This agreement does support sharing of information across DA's. The WHO international	meeting scheduled for 10th April 2025.	• Resources required being quantified as part of the planning and will be shared with DoH and business cases developed as required.	

	health regulations are implemented at UK level and these underpin working with RoI, EU and other countries. This agreement does support sharing of information across DA's. The WHO international health regulations are implemented at UK level and these underpin working with RoI, EU and other countries. These strategic frameworks are not a substitute for DSAs which are the responsibility of the relevant services - has this been reflected elsewhere in the PHA Corporate Risk Register?			

Corporate Risk 76

RISK AREA/CONTEXT:

The Child Health System is used by all 5 HSC Trusts and coordinates/manages information relating to the delivery of Child Health services to children and young people. This include;

Scheduling & Surveillance:

- Healthy Child Healthy Future Universal Child Health Promotion Programme (both pre-school and school age)
- Children who require recall assessments
- The preschool immunisation programme, including scheduling for GP vaccination clinics
- School age immunisation programme using C2K interface
- Generating new schedules in response to changes in the full childhood immunisation programme

Monitoring:

- New born blood spot screening failsafe
- Treatment centre queues
- EITP 3+ Review
- Contacts
- Flu imunisation programme

Production of Qaulity and Performance Management Statisitics on:

- Births
- Breastfeeding data
- Infant mortalities
- Congenitial anomalies
- NBBS
- Health Surveillance and Screening uptake including immunisation and growth monitoring (e. Year 8 BMI)
- IOP A28 monitoring reports
- Seen by HV during ante-natal period
- Reporting of face to face contacts for finance
- Data Quality reports

The CHS is used to record and manage the information needed to plan, oversee and deliver Child Health services to the children and young adults.

CHS is the driver for the Child Health Programme which is comprised of a number of complex processes and supporting algorithms that help ensure the right children are called for the right treatment/surveillance at the right time and that any significant results or outcomes are suitably followed up. These algorithms also include the provision of "fail-safes", such as New-born Bloodspot screening. Failure in any part of this has potential for serious adverse patient impact.

The Child Health System is not currently live on encompass, Encompass intends to replace the Child Health System (CHS) regionally. The process of transitioning CHS workflows to encompass, including engagement with relevant stakeholders, has commenced with the majority work to commence in July 2025, the proposed Go Live date has been extended to February 2026.

(Linked to Risk 59 Quality Assurance and Commissioning of Screening).

DESCRIPTION OF RISK:	**DATE RISK ADDED:** December 2024 **REVISED:** **CLOSED:** N/A
• The complexity of the system build • Confidence that it can be completed in the revised time scale • Ability to replicate the full functionality of the current system • Availability of an adequate resource for CHS staff who are required to support the work • The rigorous testing that will be required and the time it will take to ensure that the new system is fit for purpose • Availability of professional staff to advise on the build – who is responsible for this • Loss of data if it not migrated to Encompass system and therefore will not meet the record retention schedule • There is a risk of litigation if children and young people are not scheduled for; screening or the provision of results following screening, immunisations and developmental reviews • Lack of interface between Encompass and GP systems which may impact on scheduling and recording of childhood immunisations delivered in GP practices • The decision on what data is to be migrated from CHS will have a potential impact on the resources available currently from Deadalus to BSO and this ~~may~~ will incur additional costs (updated 30.01.25)	

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

LINK TO ANNUAL BUSINESS PLAN 2024/25: Protecting Health / Starting Well

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Possible	Major	**HIGH**

Target	Unlikely	Major	HIGH
LEAD OFFICER: Interim Director NMAHP			

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
Existing Controls – IT Programme Board for CHS and Encompass. An extension to the CHS contract has been sought and granted Go Live Date extended to February 26 Working group are aware of interface challenges netween GP systems and Encompass and will seek solution. This project has been escalated to the Regional Encompass SRO and solutions are being actively sought to support the CHS transfer to Encompass. Including applying trust encompass resources to the project to support the development. A review and restructuring of current	1st– Early Years and Family Nurse Partnership Nurse Consultants, Interim Assistant Director Children and Young People and Interim Director from NMAHP 2nd – Subgroups include ~~Director Public Health~~, Screening and Service Development Nurse Consultant and Senior Systems and Business Analysts and Operations Service Manager. 3rd - Encompass	**Gaps in Control:** Staged approach unconfirmed for Go Live CHS will be required to remain and run in parallel with the encompass sytem until all functionality and data flows have been tested and assurance has been sought that it replicates the CHS functionality. Funding for resource unconfirmed Gaps in interface between GP interface and Encompass, relating to Pre-Achool Vaccination Programme **Gaps in Assurance:** Programme Boards have been established but quality and assurance process still remain unclear.		Negotiations required for funding to release resource from CHS to support the build and test. To be discussed 22.01.25. Approximately ~~£170K~~ £104K would be required to support this build – funds identified Backfill for ~~1~~ 2 x 0.5 WTE CHS band 6 expert band 6 for 12 months ~~from April 25~~ approved ~~Dedicated BSO programmer 0.6 WTE Band 7, 12 months (max)~~ Dedicated lead to support this work and to ensure it is completed timely preferably with CHS experience, Band 8a now advertised Representation from five trusts to to inform and support the build Encompass team will be required to get the opportunity to observe current work flows ~~Consideration to be given to a staged approach to Go Live, to be agreed by~~	~~March~~ April 2025

governance structures in place for the project and a review of the current timeline to see if it is realistic			~~Encompass. This will be determined as work progresses as to whether it will be required.~~ Ongoing review of work by all stakeholders will inform a Go Live date, at present February26. CHS Workgroup meeting again ~~end of January 2025~~ 27th March (meet monthly) The decision on what data is to be migrated needs to be made at a very senior level and this has been raised to Director level for escalation to the Encompass Programme Board. (updated 30.01.25). There is currently meetings at Director level with the Encompass SRO and senior Encompass team to agree and review governance structures. Finalise if regional Encompass funding will be applied to this project.	

APPENDIX 1

RISKS ADDED TO CORPORATE RISK REGISTER AS AT 31 MARCH 2025

NIL

APPENDIX 2

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 31 MARCH 2025

NIL

PHA Governance and Audit Committee Meeting Minutes

Date and Time	Venue
13 February 2025 at 10.00am	Fifth Floor Meeting Room, 12/22 Linenhall Street

Member	Title	Attendance status
Mr Joseph Stewart	Non-Executive Director (Chair)	Present
Mr John Patrick Clayton	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present
Dr Joanne McClean	Director of Public Health	In attendance
Ms Leah Scott	Director of Finance and Corporate Services	In attendance
Mr Stephen Wilson	Head of Chief Executive's Office	In attendance
Mr Stephen Murray	Interim Assistant Director of Planning and Business Services	In attendance
Mr Stephen Bailie	Head Accountant	In attendance
Mrs Catherine McKeown	Internal Audit, BSO	In attendance
Mr Ryan Falls	Cavanagh Kelly	In attendance
Mr Roger McCance	Northern Ireland Audit Office	In attendance
Mr Ryan Christie	Northern Ireland Audit Office	In attendance
Mr Robert Graham	Secretariat	In attendance

1/25 - Item 1 – Welcome and Apologies

1/25.1 Mr Stewart welcomed everyone to the meeting. There were no apologies.

2/25 - Item 2 – Declaration of Interests

2/25.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.

2/25.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

3/25 - Item 3 – Minutes of previous meeting held on 10 October 2024

3/25.1 The minutes of the previous meeting, held on 10 October 2024 were **APPROVED** as an accurate record of that meeting.

4/25 - Item 4 – Matters Arising

4/25.1 Mr Stewart noted that an Action Log had been circulated in advance of the meeting which indicated that many of the actions from the previous meeting had been completed.

4/25.2 Mr Clayton commented that with regard to action 4, concerning PHA's legal responsibilities, there had been a useful meeting held, but there remains a risk given that PHA previously had a statutory role in relation to the Commissioning Plan and there is now a legal vacuum. He said that this is something the Board needs to keep cognisance of. Mr Stewart noted that there is very little PHA can do until the Framework Document is revised, and PHA is at risk until the Document is reformulated. Mr Clayton said that it would be useful to raise this with the full Board **(Action 1 – Mr Stewart)**. Mr Stewart added that it is empirical that PHA can influence behaviours around public health without its statutory responsibilities being undermined.

4/25.3 Mr Stewart said that he would raise with the Board the issue of the rating of the risk on the Corporate Risk Register in relation to Public Inquiries being "medium" **(Action 2 – Mr Stewart)**. He noted that following the last Committee meeting the Agency Management Team (AMT) had determined that the risk should remain "medium".

5/25 - Item 5 – Chair's Business

5/25.1 Mr Stewart advised that next week, he will be attending a meeting of the Audit Committee Chairs' Forum at the Department of Health and he would report back on this at the next meeting **(Action 3 – Mr Stewart)**.

6/25 - Item 6 – Corporate Governance

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

6/25.1 Ms Scott advised that the Corporate Risk Register has been revised as at 31 December 2024 and was considered by AMT on 29 January. She reported that one new risk has been added, and that no risks have been removed or had their rating changed.

6/25.2 Mr Stewart thanked the team for preparing the Register and making the changes easy to follow. He noted that the Chief Executive had made the Board aware of the new risk. He said the Register will be brought to the full Board at the end of February. He added that the Chair is keen to do a "deep dive" into the Corporate Risk Register and he would perhaps welcome some input from Internal Audit at that session so members can be informed about the 3 Lines Model of assurance.

6/25.3 Mr Clayton noted that Risk 55, which relates to staffing, had initially been a risk relating to public health consultants, but then morphed into a more general risk about the Reshape and Refresh programme, and is also picked up in the Public Health Directorate Risk Register. Mr Stewart said that it is more helpful to have a corporate approach looking at skills shortage. Mr Clayton commented that in Risk 59, relating to quality assurance and screening, there is no reference to the update given at the last Board meeting about the external review of the quality assurance function for the cervical screening programme.

6/25.4 Mr Clayton advised that within Risk 74, on the Integrated Care System, he had highlighted previously the use of the term "*ultra vires*" and the suggestion that PHA is acting outside its legal powers. He said that he would welcome some clarity around that. He acknowledged that there have been some meetings, but it remains a legal risk and needs to be fleshed out. Mr Stewart said that he would raise this again with the full Board **(Action 4 – Mr Stewart)**, and suggested that the Chair should write to PHA's Sponsor Branch.

6/25.5 Mr Clayton said that the new risk around the Child Health System is a significant risk with the potential that it loses functionality once it goes under the Encompass system. He asked what more PHA can do in this regard. Dr McClean advised that since this risk was added, PHA has agreed to put together a project team to ensure this moves forward. She explained that the System will continue to work, but it needs updated. She added that there is a question around whether it should be part of the Encompass system at all.

6/25.6 Mr Irvine commented that PHA should seek legal advice as it needs to be clear about what framework it is operating within and he agreed that this should be discussed by the full Board.

6/25.7 Mr Stewart asked if the Child Health System is at risk if it is not supported. Dr McClean explained that the current license is due to expire in March 2026 and there is a

risk because it is an antiquated system so a new longer term solution is required, irrespective of Encompass.

6/25.8 Mr Stewart asked about the reference to training for Board members on cyber security and Mr Graham advised that he was following this up with Ms Karen Braithwaite **(Action 5 – Secretariat)**.

6/25.9 Members **APPROVED** the Corporate Risk Register.

Public Health Directorate Risk Register as at 31 December 2024 [GAC/02/02/25]

6/25.10 Mr Stewart asked Dr McClean if there were any specific matters she wished to highlight. Dr McClean said that the Register requires further work, and she took members through each of the risks in turn.

6/25.11 Dr McClean said that the first risk relates to the R&D grant management system, but advised that there is a plan to get a new system in place. Mr Stewart asked if this will be impacted by the retirement of Dr Janice Bailie, but Dr McClean replied that Dr Bailie is continuing to work 2 days a week for PHA until her replacement takes up post, adding that her replacement is an individual who has previously worked in the team.

6/25.12 Dr McClean suggested that the next risk, relating to ICS should be included as part of the risk on the Corporate Risk Register. Mr Clayton agreed, but sought clarity as whether the risk is about lack of clarity of roles, or whether there is a disconnect in terms of the expectations on PHA staff. Dr McClean replied that PHA staff attending Area Integrated Programme Board (AIPB) meetings do feel vulnerable as these forums are attended by senior leaders. Mr Clayton asked if there is a capacity issue, but Dr McClean said that PHA is putting in staff who are best placed and they obtain support from other parts of the organisation, for example, staff in health intelligence are helping develop population profiles.

6/25.13 Dr McClean advised that the risk around staffing in screening has been on the Register for some time and is linked to the gap in consultant posts. She explained that there are now additional Band 7 staff and an offer has been made to fill the Assistant Director post. She added that PHA will also bring in support from the Leadership Centre. Mr Stewart asked if the composition of the team is being looked at. Dr McClean replied that the appointment of the Assistant Director is a first step and then there will be a review of the skill mix. She explained that having staff at Band 7 in each of the screening programmes frees up consultant time.

6/25.14 Dr McClean said that the next risk relating to delays in screening is not a huge risk as the delay is short. Mr Stewart asked if there is a target date and Dr McClean replied that it should be resolved by the summer.

6/25.15 Dr McClean advised that with regard to the risk relating to IT systems, a new Programme Board, chaired by the Chief Executive is being established. Mr Clayton noted that this had been referenced at a previous Board meeting and asked about progress. Dr McClean advised that a terms of reference has been developed and Mr Gary Loughran will be involved in this work.

6/25.16 Dr McClean explained that the Breast Screening Select System needs input from NHS England and there is a delay at their side. Mr Stewart asked whether the system is already operational and PHA is trying to link into this and Dr McClean replied that this is the case and it relates to NHS England being able to take on this work.

6/25.17 Dr McClean advised that the next risk relates to Valproate, which is known to cause abnormalities in babies. She said that progress is slow in getting individuals off this drug, and work is ongoing with SPPG. Mr Stewart said that he is unsure as to why PHA is leading on this work and felt this should be on the Department's Risk Register. Dr McClean explained that it is on PHA's Risk Register because PHA has been asked to carry out a specific piece of work and it cannot be removed until the issue is fully sorted. Mr Stewart commented that PHA does not have any influence in getting this resolved, but Dr McClean said that PHA has a statutory role with regard to input into commissioning and it can flag this as a priority. Mr Wilson said that PHA can check if this is on the Department's Risk Register **(Action 6 – Mr Wilson)**. Mr Clayton said that if PHA is aware of the risk, then it is a public health risk and falls within PHA's health protection remit.

6/25.18 Dr McClean said that the next risk around leadership could be removed following the next review as there were some issues around governance, but with the appointment of new Assistant Directors and the introduction of governance and operational meetings, the risk has now reduced.

6/25.19 Dr McClean reported that there is a high vacancy rate among the consultant workforce, but PHA will be advertising permanent positions soon. Mr Stewart noted that this risk had been elevated to the Permanent Secretary by the previous PHA Chair. Mr Clayton asked when the risk might recede and if there is support from the Department. Dr McClean advised that one of the reasons this was escalated to the Department is because the Department was having the same issue. She added that PHA used to be able to replace staff with individuals coming through the training programme, but this will not close the gap, but there is the portfolio route whereby individuals can get qualified in 3 years. She noted that the terms and conditions in the Republic of Ireland are more favourable. She added that PHA is speaking to the UK Health Security Agency (UKHSA) about an SLA as it has capacity. Mr Stewart asked how many new trainees are coming through and Dr McClean replied that there are about 13/14 trainees who will come through over the next few years.

6/25.20 Dr McClean advised that there is a turnover of non-consultant staff, but this probably affects other organisations. She added that recruiting, and retaining, administrative staff is a challenge for all directorates as individuals who take up posts have degrees and only stay for a short period before leaving or moving on.

6/25.21 Dr McClean said that PHA needs to look at its approach to encourage vaccine uptake and how vaccination programmes are overseen. She advised that there is a lot of wastage but she hoped that the recruitment of an individual with a background in logistics will help reduce this. Mr Stewart asked if GPs are inputting vaccine data into the Vaccine Management System (VMS). Dr McClean advised that the situation is improving as there is now a link between VMS data input and GPs getting paid. Mr Clayton suggested that if VMS is being used, there should be less wastage. Ms Scott advised that the quantities of vaccines being ordered are being scaled back. Dr McClean said that PHA can now see how many vaccines GP practices have ordered and how many they have administered.

6/25.22 Dr McClean advised that the risk around the management of change process within the Health Improvement team will likely be removed as the staff are now working in thematic teams.

6/25.23 Dr McClean said that there is a plan in place to update the drugs and alcohol website. Mr Wilson advised that the new site is now up and running. Mr Clayton noted that PHA does have an issue in terms of the number of websites it provides input to, but does not have control over. He asked if PHA has carried out a "deep dive" on these websites. Mr Wilson confirmed that this has been carried out, and there are some sites which are on platform that will soon no longer be sustainable so there is a dedicated lead looking at this. He added that PHA has recently been audited by the Cabinet Office in terms of the accessibility of its website. Mr Clayton said that it would be useful for the Board to have an overview of this **(Action 7 – Mr Wilson)**.

6/25.24 Dr McClean explained how outbreaks or increased rates of infections may not be picked up unless there is improved surveillance so there are now weekly surveillance and Duty Room meetings to look at trends, and the situation is improving.

6/25.25 Dr McClean said that there is a risk of having a single point of failure in surveillance systems so Dr Declan Bradley and Ms Trudy Brown have been working to improve the IT infrastructure and the co-ordination between teams.

6/25.26 Dr McClean outlined that there continues to be challenges in relation to changes to IT systems with the introduction of new systems. She said that there is a lot of work required in getting the data, understanding it and processing it. Mr Stewart asked who is carrying out this work and Dr McClean said that it is the surveillance team.

6/25.27 Dr McClean advised that the next risk relates to the analytics platform as there is now much more reliance on this platform, but more people need to be trained in its use.

6/25.28 Dr McClean said that the next risk concerns information governance in surveillance and explained that Dr Bradley is aiming to ensure that all the appropriate agreements are in place. Mr Clayton noted that there had previously been issues around getting returns from all directorates, and he asked whether training is an issue. Dr McClean replied that while she was unsure what the specific issue is within the surveillance team, she said that staff have flagged that there has never been a complete list of all information assets. She advised that there is now improved awareness of information governance issues.

6/25.29 Dr McClean reported that the smoking cessation website is not fully secure, but work is ongoing to deal with that.

6/25.30 Dr McClean advised that a new risk has been added to the Register regarding the Northern Ireland Laboratory Information System (NILIS) and that there is a lot of work required to deal with the issues there.

6/25.31 Dr McClean outlined a new risk relating to RAPID drug disposal bins and issues relating to the collection of these by the PSNI as they use plastic bags. She advised that work is ongoing with PSNI. Mr Clayton said that if PHA has commissioned this programme then there is a health and safety issue for PHA, but Dr McClean said that it

is more for PSNI, but PHA can assist them. Mr Clayton said that if PHA is the commissioner, then it has a role in recommending how the bags should be disposed of.

6/25.32 Dr McClean advised that the final section contains those risks which have been removed. Mr Stewart thanked Dr McClean and said that it was good to have this review.

6/25.33 Members noted the Public Health Directorate Risk Register.

Outstanding Internal Audit Recommendations for Screening Programmes [GAC/03/02/25]

6/25.34 Mr Stewart noted that the Committee had discussed these two issues previously and had agreed that as PHA could not discharge the recommendations that they should be written off via a formal request to the Committee.

6/25.35 Mr Clayton said that he had asked for clarity on this and the paper was helpful to show the difference between PHA's and Internal Audit's point of view. He noted that there is a desire from PHA to do this work, so the recommendation is not being rejected. Mr Stewart said that as PHA was unable to obtain funding, the recommendation would remain outstanding.

6/25.36 Mrs McKeown noted that there is a risk on the Public Health Directorate Risk Register in relation to screening, and while there is an acceptance that PHA would like to undertake this work, she asked how PHA is mitigating the risk and if it is content that PHA is getting the necessary assurance to mitigate it in the absence of an external quality assurance programme. Dr McClean replied that this risk exists across other screening programmes. Mr Stewart said that it is a question of scale. He noted that there was a lengthy discussion at the last Board meeting about what quality assurance looks like and a lot of the issues here could be put together into one risk around how a service like screening is commissioned and whether it is of an adequate standard. Dr McClean said that PHA is doing the best it can with the resources that it has.

6/25.37 Mr Clayton stated that it is important not to lose sight of this issue, and suggested that it could be included as part of the narrative on the Risk Register.

6/25.38 Mr Irvine said that there has been previous discussion at the Committee about long standing audit recommendations, and there is now an explanation regarding these two, there is a procedural issue in that it should go back to Internal Audit. Mrs McKeown said that it is for the organisation to accept. Mr Stewart advised that the area of quality assurance is one that has been on the Board agenda over the last year and the Chair is keen that PHA gets clarity on what it is accountable for. Members **APPROVED** the closure of the recommendations. Mr Stewart said that he would include this as part of his report to the Board **(Action 8 – Mr Stewart)**.

Complaints Report [GAC/04/02/25]

6/25.39 Mr Wilson presented the Complaints Report for the period up to 31 December 2024 and said that it now includes information on compliments and claims as well as performance against KPIs. He advised that to date this year, PHA has received three complaints, with one of these being received during the last quarter, and this compares with six for the same period last year.

6/25.40 Mr Wilson advised that there is further detail on the complaints themselves within the Report and noted that there are currently no open complaints and no open investigations with the Northern Ireland Public Services Ombudsman (NIPSO).

6/25.41 Mr Wilson moved on to outline details of compliments and claims. He advised that one claim has been closed this year with one claim still open, which pertains to an issue relating to SBNI that members are aware of.

6/25.42 Mr Clayton welcomed the Report and asked how the learning applied can be seen, citing the example of the complaint about COVID-19 vaccines. Mr Wilson said this particular complaints raised the issue of how up to date information is on the NI Direct website.

6/25.43 Members noted the Complaints Report.

Complaints Policy [GAC/05/02/25]

6/25.44 Mr Wilson advised that the Complaints Policy has been heavily revised following a recommendation by Internal Audit as the previous policy had been in place since 2012. He said that this update has been carried out as part of wider work in relation to how complaints are being handled in the Agency with the Policy needing to go onto the PHA website as well as Connect.

6/25.45 Mr Wilson explained that the Policy was revised in line with Department guidance and research from looking at other best practice. He added that the Policy will be reviewed again because in 2025/26 a new HSC model complaints procedure will be developed following work being led by NIPSO. He noted that PHA could not delay until then, hence this review.

6/25.46 Mr Stewart commented that the Policy does not indicate the role of Non-Executives, for example if there is a complaint about the Chief Executive. Mr Wilson advised that there are two amendments that need to be made, one in relation to that issue, and one to state that the Policy covers both staff and PHA Board members. Ms Scott noted that there is also the Whistleblowing Policy, but Mr Clayton said that it is a separate policy.

6/25.47 Subject to amendments, members **APPROVED** the Complaints Policy.

7/25 - Item 7 – Internal Audit

Internal Audit Progress Report [GAC/06/02/25]

7/25.1 Mrs McKeown began her update by highlight the proposal that an audit on the Governance and Assurance Framework has been deferred until 2025/26 to allow for the new structures to take effect and replace it with an audit of PPI. She sought approval that the Committee is content with this approach. Members **APPROVED** the deferral.

7/25.2 Mrs McKeown reported that the KPI in relation to getting audit reports turned around from draft to final is falling behind. She advised members that all assurance

audits have now been completed for the year but she has not yet prepared her Head of Internal Audit Report. For this, she said that the outcome of the follow up on outstanding recommendations will be important as there has been a number of limited audits this year. However, she noted that for some of those audits, the deadline for implementing recommendations falls into next year so she encouraged officers to focus on those recommendations that are due to be completed in-year.

7/25.3 Mrs McKeown advised that a satisfactory level of assurance has been given to the financial processes element of the Financial Review audit, but a limited level of assurance for the element relating to Staff in Post (SiP) reports. She explained that to date there have been 11 overpayments and they would have been detected in SiP reports. She also noted that in two areas, SiP reports have not been checked for seven months. She advised that management have accepted all of the recommendations.

7/25.4 Mr Clayton said that an issue of overpayment arose recently and it has been area of discussion at meetings with regional HR Directors. In terms of the factors behind this, he asked if it is a capacity issue, or an awareness issue as it seems to be concentrated in particular areas. Ms Scott replied that the Chief Executive has reviewed this and measures have been put in place to effect improvement, including an additional layer of sign-off for SiP reports at Assistant Director level. She added that one of the areas of non-compliance was within Connected Health, but that function is being transferred to another organisation. She noted that there has been a lot of flux in some departments but she is confident that when this is reviewed again, it will be satisfactory. Mr Clayton agreed that changes within an organisation can have an impact.

7/25.5 Mr Irvine commented that there is an issue with the Payroll and IT systems and these are inherent across the HSC whether it relates to induction, checking new staff coming and staff who are leaving, and he asked if perhaps staff are not using the system correctly. Ms Scott advised that some of the overpayments are due to adjustments not having been put on the system and added that the system relies heavily on user intervention. She added that there has not been good communication between systems in PHA and systems in BSO which has added to this, but she hoped that the new Equip system will address some of the issues. Mr Irvine said that if user intervention is required then there should be a form of physical note that user intervention has taken place. Mr Bailie advised that there is a dashboard for the SiP reports which gives traceability of who has done what, but it is up to PHA to ensure that checks are being carried out.

7/25.6 Mr Stewart said that he was satisfied that the issue is not an organisation-wide one and it is disappointing that this has received a limited assurance. Mrs McKeown pointed out that the overpayments emanated from different areas across the organisation.

7/25.7 Mrs McKeown reported that a limited level of assurance is being given to an audit of Trust commissioned services. She outlined that PHA spends £44m on commissioned services. She advised that there are three significant findings in the audit, the first of which relates to a specific service where the business case and Post Project Evaluation were not available. She added that there is a lack of clarity around how funding is used. She explained that there is a Priority 1 finding which queries whether this initiative falls under the remit of PHA or whether the controls around it

should be strengthened. She outlined that the other two significant findings related to commissioning and performance management, and business cases.

7/25.8 Mr Stewart advised that this was an audit of commissioned services that Non-Executives were keen to see, and that it is a significant report.

7/25.9 Mr Clayton said that the Priority 1 finding around the Ward Sisters initiative is concerning, both in terms of the length of time and the level of the spend. He noted that the recommendation has been accepted and that the management response is that the funding should be transferred to SPPG. However, he said that this does not answer the question as to whether this work falls under the remit of PHA and what is being done to strengthen controls. Ms Scott replied that PHA needs to make arrangements with SPPG to get the budget transferred. Mr Clayton said that in the absence of a clear description of what the programme does, he wondered why the Trusts do not do this programme themselves.

7/25.10 Mr Irvine asked how PHA monitors the effectiveness of commissioned services that are rolled forward. He said that these contracts have been ongoing with a perception that the programme is being commissioned within the Trusts, but it may have been directed to other areas. He asked how PHA can prove how it is being spent.

7/25.11 Mr Murray outlined that in terms of the history of this initiative, it was Minister McGimpsey who awarded this funding as a means of ensuring that Ward Sisters spend more time on the wards, and less time doing paperwork. He explained that the funding went to Trusts, it is a Trust-based service and it sits within the compliment of money that SPPG has. However, he added that it is not a function of PHA and it was almost if a point was being made at the time by giving the money to PHA when really it should sit with SPPG. He advised that Ms Heather Reid is working with SPPG to agree the transfer. Mr Stewart agreed that it should not sit within PHA. Dr McClean echoed this and pointed out that the funding is sitting within PHA's baseline and affects savings targets PHA has to meet. She said that the bigger issue is PHA's ability to performance manage the Trusts. She added that she would be unsure that the funding is being used for its original purpose and queried how SPPG would know. Mrs McKeown said that the funding would likely be re-packaged. Mr Stewart queried why PHA cannot re-purpose the funding. Ms Scott said that it is used to employ staff, but Mr Stewart expressed doubt that it is being used for that purpose and added that he would not be confident that it is being monitored.

7/25.12 Ms Scott said that these recommendations are endemic across the whole system and that this is a big ask. She added that PHA risks over-burdening Trusts with more bureaucracy and to provide more reports. She said that this needs to be looked at realistically in terms of the internal resources that PHA has. Mr Stewart disagreed stating that Non-Executives have been raising this issue for some time and this report has brought to light what has been suspected all along in that there is no accountability and PHA needs to know what its funds are being spent on from a governance perspective. He added that this is a significant finding which goes beyond the Ward Sister initiative.

7/25.13 Dr McClean agreed that PHA does need to look at this. She pointed out that when PHA was established, the responsibility of performance management of Trusts lay with HSCB so this is a new area of work for PHA and is a big piece of work. She agreed that PHA needs to get a better handle on it.

7/25.14 Mr Stewart said that something needs to be done because it is not acceptable that it is not known where funding is going. Mr Murray stated that PHA does have a good understanding of where its funding goes to. He noted that Trusts are not used to being monitored by PHA, but said that this can be fixed relatively quickly. He said that there is a bigger issue about whether what is being commissioned is delivering the right outcome and added that SPPG would not have the same understanding as PHA. He expressed disappointment with how this report has been worded because PHA is carrying out monitoring and is currently bringing in new systems. He acknowledged that there are issues, but said that the situation is not as bad as is being made out.

7/25.15 Mr Stewart said that there is a lot of work to do to move this audit from limited to satisfactory and one way of dealing with this is to have more outputs. Dr McClean acknowledged that there is a need for PHA to strengthen its commissioning and performance management arrangements with Trusts, but there needs to be cognisance of the fact that the system is changing and role of SPPG is changing. She added that PHA knows how it is allocating its funding and she gave examples of where Trusts are carrying out work for PHA that they have not been paid for, so there is a need to maintain good relationships.

7/25.16 Mr Clayton said that Trusts need to have an ability to adapt based on need and in terms of what PHA commissions and that PHA needs to be able to performance manage that in real time. He agreed that the issue is not what funding is being allocated for, but about how it is being performance managed and how PHA can evidence that the funding is having an impact on reducing health inequalities. Mr Murray advised that this goes back to the operational model, having a more outcomes-based reporting system and looking at the funding in its totality to see what impact it is having and what the outcomes are.

7/25.17 Mrs McKeown reported that following an audit of PPI, a limited level of assurance was being given. She acknowledged that there a Circular on PPI which dates back to 2012 and that this is being reviewed in 2025. She said that while there is a lot of good work going on in this area, there are some process issues. She gave an overview of the three significant findings and said that management has accepted all of the recommendations.

7/25.18 Mr Stewart commented that there is no doubt about the endeavour of PPI staff and their enthusiasm for their work in this area. Mr Clayton added that the PHA Board receives annual reports on the work of the team and there is a lot of activity. From the report, he noted that there appears to be an issue about culture and that something seems to have been lost. He pointed out that there is a legal duty for Trusts and ALBs with regard to PPI, and if organisations are not participating in the PPI Forum then they should be reminded of their legal duties. He said that monitoring is an area that he has always had a concern around, because it is difficult to measure the impact of PPI. He expressed concern about the finding around Partnership Officers and if PHA has an assurance that they are carrying out the work they are meant to.

7/25.19 Mr Stewart agreed that it is difficult to measure success and the PPI team would also agree with this. Dr McClean echoed that the team works hard and is committed.

7/25.20 Mr Clayton noted that under equality legislation, there is recourse if organisations are not fulfilling their duties. He asked whether the forum that existed in PHA would be stood up again. Dr McClean said that PHA needs to take this report and look closely at the recommendations. She added that there is a policy element to this so PHA would need to speak to the Department as well. Mr Stewart said that it should be possible to come up with some sensible measures and that the report highlights where work needs to be done.

7/25.21 Mr Irvine said that there is a disconnect whereby PHA has a responsibility to monitor and have oversight, but not to implement as that falls to a different body, and until the onus is put on the delivery body then the monitoring body is toothless. Mr Stewart noted that there was a reference in the report to the fact that although PHA receives monitoring reports from Trusts, it has no executive authority over Trusts. Mr Wilson said that there is a third party in this area, and that is the Department as it also has a legal responsibility and PPI reports are sent to the Department. Mr Stewart noted that PHA has flagged up issues about the monitoring reports. Mrs McKeown advised that this issue will also be flagged up with Trusts.

7/25.22 Members noted the Internal Audit Progress Report.

Internal Audit Definitions and Terminology Briefing Note [GAC/07/02/25]

7/25.23 Mrs McKeown said that she had produced this briefing note for new Non-Executive Directors across the HSC.

7/25.24 Members noted the Internal Audit definitions and terminology briefing note.

8/25 - Item 8 – External Audit

External Audit Strategy [GAC/08/02/25]

8/25.1 Mr McCance presented the External Audit Strategy for the 2024/25 accounts stating that it was largely unchanged from last year. He reminded members that while NIAO is the statutory auditor for the HSC, Cavanagh Kelly carries out work on its behalf.

8/25.2 Mr Falls gave an overview of the Strategy. He indicated that materiality is set at 2% and that any misstatements over £98k will be reported to the Committee. He reiterated that Cavanagh Kelly is subcontracted by NIAO and that the Comptroller and Auditor General will ultimately sign off the accounts. He advised that his team has worked with Ms Scott and her team regarding the audit timetable which is line with the Committee meeting dates.

8/25.3 Mr Stewart asked about the reference to Direct Award Contracts (DACs) and if this is area being looked at across other organisations. Mr McCance confirmed that this was a finding in a number of audits last year.

8/25.24 Members noted the External Audit Strategy.

9/25 - Item 9 – Information Governance

Information Governance Action Plan 2024/25 Update [GAC/09/02/25]

9/25.1 Ms Scott advised that the last meeting of the Information Governance Steering Group (IGSG) had taken place last month and this update had been considered at that meeting.

9/25.2 Ms Scott reported that there continues to be issues in relation to ensuring that new starts are appropriately trained. She said that there is work ongoing with DLS around Data Sharing Agreements and Data Protection Impact Assessments to ensure these are compliant with best practice. She advised that no data breaches were reported to the Information Commissioner's Office, but there were two near misses and one data breach which were dealt with quickly and did not fall within the threshold for ICO reporting. Overall, she said that there have been improvements and this area is getting more attention across PHA.

9/25.3 Mr Clayton agreed that there has been progress, but the issues that remain are those which have been flagged previously. He said that the target relating to new starts will have to be brought forward into the Plan for 2025/26. He flagged up that while Information Asset Registers are being kept up to date and a review for 2024/25 has been completed, there was no report for 2023/24, and he hoped that this would be available soon.

9/25.4 Mr Clayton said that the review of contracts has not progressed as much as anticipated and asked how confident PHA is that this will have improved by the end of the year. Mr Murray replied that it should be in a better position as many contracts are currently going through a procurement exercise. He added that there have been challenges in terms of capacity within the Information Governance team to review them. He anticipated that PHA will soon have met the requirements of the Internal Audit recommendation in this area.

9/25.5 Mr Stewart agreed that there has been progress, but said that he still struggled to understand how new staff can access systems without having completed their training.

At this point Mr Irvine left the meeting.

9/25.6 Mr Stewart said that there remains an issue for PHA in terms of not having a central repository for information, and he suggested that it may be worth raising with the Chief Executive that a scoping exercise should be undertaken. Ms Scott agreed that this was a good suggestion **(Action 9 – Ms Scott)**.

9/25.7 Members noted the update on the Information Governance Action Plan 2024/25.

10/25 - Item 10 – Finance

Fraud Risk Assessment [GAC/10/02/25]

10/25.1 Ms Scott advised that this report was completed by the Fraud Liaison Officer and that two areas were rated "amber", these relating to the completion of this

assessment, and the other was in relation to procedures around the use of the corporate credit card, which will be developed in due course.

10/25.2 Members noted the Fraud Risk Assessment.

11/25 - Item 11 – Overview of Recruitment Timelines [GAC/11/02/25]

11/25.1 Mr Stewart said that this was an excellent paper, but it highlighted that PHA has work to do. Mr Clayton echoed this, noting that delays in the recruitment process are at PHA's side. Mr Stewart said that he was confident that AMT would be looking at this.

11/25.2 Members noted the Overview of Recruitment Timelines.

12/25 - Item 12 – Any Other Business

12/25.1 There was no other business.

13/25 - Item 13 – Details of Next Meeting

Thursday 17 April 2025 at 10am

Fifth Floor Meeting Room, 12/22 Linenhall Street

Signed by Chair:

Joseph Stewart

Date: 17 April 2025

item 10

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	24 April 2025
Title of paper	PHA Business Plan 2025-2026
Reference	PHA/03/04/2025
Prepared by	Stephen Murray
Lead Director	Leah Scott

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is for the Board to approve the final draft of the PHA Business Plan 2025-2026.

2 Background Information

The following strategic themes represent our core areas of focus for our organisation as we strive toward our vision of a healthier Northern Ireland. This Annual Business Plan is structured around key priority areas that align with and guide the delivery of our Corporate Plan ambitions and outcomes.

- Health Protection
- Starting Well
- Living Well
- Ageing Well
- Our Organisation

The Annual Business Plan identifies those priority areas that the PHA recognises will require particular focus to enable progress to be achieved both during 2025/26 and in future years to deliver on the Corporate Plan priorities and positively contribute to achieving the population level indicators.

The Annual Business Plan is underpinned by Directorate Business Plans which encompass all core areas of work that are being progressed on an ongoing basis, meeting Ministerial priorities and outcomes set out in our New (draft) Corporate Plan 2025-2030.

3 Next Steps

The Annual Business Plan will be monitored quarterly and update reports provided to PHA Board. AMT will be collectively responsible for ensuring the actions and associated KPIs are achieved. Where actions are not on target to deliver these will be considered by AMT and mitigating actions agreed to ensure maximum progress is made by March 2026.

DRAFT

PHA Annual Business Plan

2025/26

Introduction

The Public Health Agency (PHA) remains committed to improving and protecting the health and well-being of everyone across Northern Ireland, reducing health inequalities and ensuring high-quality evidence based public health services. **The 2025/26 Annual Business Plan** outlines our key priorities, actions and deliverables for the year ahead in alignment with our New (Draft**) 2025-2030 Corporate Plan**, the **draft Programme for Government framework 2024-2027** and the wide range of departmental policies and strategies, including Making Life Better public health framework, and Health and Wellbeing 2026: Delivering Together.

Our commitment to reduce health inequalities is central to our Corporate Plan and underpins the priorities set out in this Annual Business Plan for 2025/26. While the Annual Business Plan does not detail every action the PHA will take during this period, it highlights key actions from all organisational functions and directorates across five strategic outcomes.

The Annual Business Plan identifies priority areas that the PHA recognises will require particular focus to enable progress to be achieved both during 2025/26 and in future years to protect and improve population health outcomes and reduce health inequalities. The Annual Business Plan is underpinned by Directorate Business Plans which encompass all core areas of work that are being progressed on an ongoing basis, meeting Ministerial priorities and outcomes set out in our New (draft) Corporate Plan 2025-2030.

The following strategic themes represent our core areas of focus for our organisation as we strive toward our vision of a healthier Northern Ireland. This Annual Business Plan is structured around key priority areas that align with and guide the delivery of our Corporate Plan ambitions and outcomes.

- Health Protection
- Starting Well
- Living Well
- Ageing Well
- Our Organisation

By embedding an Outcome Based Accountability (OBA) framework, this plan ensures a structured, evidence-driven approach to public health improvement; allowing us to track progress, measure impact and drive meaningful change at every stage of life.

Our society continues to face significant public health challenges, many of which have been shaped by recent events, including the lasting impact of the COVID-19 pandemic. These challenges have reinforced the importance of pandemic preparedness, health protection and addressing systemic health inequalities that persist across Northern Ireland. Too many people still experience unfair and avoidable differences in health outcomes, leading to premature mortality and preventable conditions.

As we look ahead to 2025-26 our commitment to reducing health inequalities remains at the core of this plan. This will be a challenging year, requiring us to balance key commitments within a tight financial context while navigating a period of organisation and system-wide change. The Reshape and Refresh Programme will enable PHA to continue to evolve as a stronger organisation with the capacity and capability to provide the public health leadership and expertise to deal with and advise on the ongoing wider public health and healthcare needs of the population. To support this, it is essential that the PHA and its stakeholders have a clear understanding of our strategic priorities which will be delivered through the implementation of our new corporate plan.

The PHA retains its responsibility for providing public health professional input to the Department of Health's Strategic Planning and Performance Group (SPPG) for the commissioning of health and social care services across Northern Ireland. In fulfilling this responsibility, we will continue to support the commissioning process and collaborate closely with SPPG colleagues to advance the development and implementation of the new Integrated Care Planning System for Northern Ireland. Ensuring that public health and health inequalities are appropriately reflected in these plans will remain a priority.

Tackling health inequalities – both across the population and the unfair and avoidable differences in health outcomes both across the population and between different groups within society, is a complex and multifaceted challenge. At the core of the challenge is the need to address the wider social determinants of health and this requires the commitment and support of Government Departments, statutory bodies and Community and Voluntary Organisations.

As the lead public health body, the PHA will continue to work with partners across Northern Ireland to tackle these inequalities and during 2025/26 we will specifically:

- champion a 'whole system', cross-government approach to tackle the challenges and barriers to improving health and reducing health inequalities;
- provide professional public health advice to the planning and commissioning of safe, effective, equitable, high-quality healthcare;
- listen to, involve, and work together with individuals, families, local communities, HSC and other key partners in all our work;

- ensure planning, guidance and decisions are based on best available evidence and driven by data, research and experience, and
- -improve equity of access to prevention and early intervention information and services for those who need them.

Accountability

The Annual Business Plan will be monitored quarterly and update reports will be provided to PHA Board. The Agency Management Team (AMT) will be collectively responsible for ensuring the actions and agreed outcome measures are achieved. Where actions are not on target to deliver, these will be considered by AMT and mitigating actions agreed to ensure maximum progress is made by March 2026.

Protecting Health

	Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
No	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Main Corp Plan Indicators impacted (where applicable)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
1	Develop a public facing, universal indicator dashboard covering communicable diseases and related special health matters.	3, 8	2	The public will have available to them current health intelligence in an accessible and transparent manner.	Pilot dashboard launched **(December 2025)** Review and further development of dashboard **(March 2026)**	Joanne McClean Declan Bradley
2	Implement Phase 1 and Phase 2 changes to the childhood vaccination schedule in line with JCVI advice.	6, 12	1	Ensures all children are called for vaccination in line with the recommended schedule to be protected against vaccine preventable disease.	Implementation of Phase 1 changes **(July 2025)** Implementation of Phase 2 changes **(January 2026)**	Joanne McClean Louise Herron
3	In line with national and regional pandemic preparedness planning, continue to work with partners to progress development of our plans to include participation in the national emergency planning testing exercise in autumn 2025 – Pegasus.	1	(iii)	To protect the H&WB of the public in the case of a future pandemic.	participation in the national emergency planning exercise **(timescale to be confirmed by Central Gov't)** Learning from exercise reflected in updated emergency plans **(March 2026)**	Joanne McClean Louise Herron
4	Complete option appraisal and commence the development of a business plan that addresses the digital needs of all screening programmes.	5	5	Robust IT systems for the delivery and QA of the NI Screening Programmes	Option Appraisal developed **(August 2025)** Business Plan commenced **(October 2025).**	Joanne McClean Gary Loughran

5	Produce a business case for extension of the age range for bowel screening and establish project implementation structures.		5	Support prevention and early detection of bowel cancer illness by offering bowel cancer screening to people aged 50-74 who currently do not have symptoms	Project structures established **(May 2025)** Business case developed and submitted to DoH **(January 2025)**	Joanne McClean Tracy Owen

Starting Well

	Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
	Actions	**Main Corp Plan Priority (1-34 or O1-O5)**	**Main Corp Plan Indicators impacted (where applicable)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
6	Work in collaboration across a wide range of bodies and departments including statutory, voluntary and community sectors to address the root causes of domestic abuse.	**17**	(i)	Raising awareness regarding Domestic Abuse as a Public Health Issue Increase opportunities for victims to disclose Domestic Abuse and avail of additional support thus reducing impact of domestic abuse on victims and children	PHA action plan to support the implementation of recommendations from the Review of Routine Enquiry (RE) in relation to Domestic Abuse (DA) in line with Domestic and Sexual Abuse Strategy **(March 2026)** Final Model of Routine Enquiry for Midwifery and SCPHN to be agreed for implementation **(December 2026)**	Heather Reid Emily Roberts
7	Support the refresh of the Universal Child Health Promotion Programme Healthy Child Healthy Future (HCHF) to strengthen its reach and impact that will enhance early intervention and developmental support from	**9, 11, 13, 15, 16, 17**	8-19	That the HCHF Universal Health Promotion Programme is updated to take into to account all relevant practice and best practice in terms of promoting the best outcomes for all children	Refreshed HCHF Programme completed **(June 2025)** Establishment of NI Implementation Group to implement the refreshed programme **(June 2025)**	Heather Reid Mairead Donnelly

	universal services and AHPs to meet the specific and developmental needs of children.					
8	Drive and support the transfer of the NI Child Health system onto Encompass including supporting the build for the system with EPIC developers.	**3, 5, 12, 14,**	(ii), (iii)	Modernisation of the scheduling, recall, failsafe and data recording and reporting for the full Universal health Promotion and Childhood Vaccination programmes	Establish project support and arrangements for escalation of issues out with PHA control to project Board. **(May 2025)** Full availability of CHS functionality on the Encompass system with the planned go Live date of **(February 2026)**	Heather Reid / Joanne McClean Mairead Donnelly
9	Complete a comprehensive analysis of the healthcare and therapeutic needs of children with Special Educational Needs (SEN) in Special Schools including capturing presenting co-morbidities and the level of complexities of need to help plan and support children's access to the education curriculum.	**1**	(i)	Develop a baseline of needs to determine the pathways and therapeutic and nursing input required to support improved health and wellbeing outcomes of children with Special Educational Needs (SEN) Increase opportunities to improve MDT working	Completion of needs assessment for children with complex health care needs attending special schools: • Nursing needs assessment **(June 2025)** • Therapeutic needs assessment (**August 2025)** Using aggregated therapeutic and nursing needs assessment data, develop updated pathways to support children with SEN attending special schools **(March 2026)**	Heather Reid Geraldine Teague / Eilidh McGregor

Living Well

	Ensuring that people have the opportunity to live and work in a healthy way					
	Actions	**Main Corp Plan Priority (1-34 or O1-O5)**	**Main Corp Plan Indicators impacted (where applicable)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
10	Review and update the Regional PL2 Action Plan and local Protect Life Implementation Groups (PLIGs) Action Plans to reflect updated PL2 Strategy priorities.	21	20, 21	Local communities will have a new plan for delivery of the Protect Life Strategy in their local communities	New regional action plan will be in place **(June 2025)** New PLIG Action Plans will be in place **(December 2025)**	Joanne McClean / Heather Reid Fiona Teague
11	Implement a review and revision of the service provision model of all Pharmacy based Stop Smoking Services across NI, taking into account refreshed NICE guidance and evidence base in re-commissioning of services Implement a review of all Trust based Stop Smoking services commissioned via PHA, to ensure regionally consistent and comparable, measurable services are in place to meet population needs in each Trust.	18	22	Ensure a minimum of 5% of the smoking population in NI accesses Stop Smoking Services to improve quit rates and reduce ill health and deaths caused by smoking related illnesses (Ref: NI Tobacco Control Strategy) Continue to reduce smoking prevalence across NI by a minimum of 1% annually to reduce deaths caused by smoking related illnesses (Ref: NI Tobacco Control Strategy)	Revised Pharmacy based Stop Smoking services rollout to begin across NI in partnership with SPPG **(February 2026)** Review team established **(May 2025)** Development of a regional service specification **(February 2026)**	Joanne McClean Colette Rogers
12	Develop a regional cancer toolkit as an option to facilitate cancer Prehabilitation options.	19	29	Improve physical, nutritional, and psychological wellbeing of people living with cancer.	Establish in conjunction with NICaN and SPPG a proposed regional Model for Prehabilitation	Heather Reid Lorna Nevin / Ceara Gallagher

				Prehabilitation and rehabilitation is evidenced based to improving outcomes for people living with cancer. Supporting people to live well	Establish opportunities to progress and imbed targeted and universal prehabilitation through council, community and voluntary sector engagement **(March 2026)**	
13	Undertake a review of PHA commissioned physical activity referral scheme (PARS) including consideration of expanding its role in helping people with serious illnesses manage their conditions, prehabilitation and rehabilitation.	18,19,20	29	Increased physical activity to improve help Support for prehabilitation and rehabilitation through physical activity. Recognition of the benefits of physical activity for patients and a referral mechanism for health and social care staff caring for them	Review completed and if recommended update service specification with a plan to expand reach for the potential benefits of physical activity. **(March 2026)**	Joanne McClean Fiona Teague
14	Launch a constipation campaign, to include establishing an expert reference working group with the aim to co-produce a suite of resources / guidance to support people with learning disabilities, their families / carers and clinical staff to prevent, recognise and treat constipation across the lifespan.	18, 19, 24	29	Improve knowledge and provision to reduce ill health and poor outcomes associated with constipation in people with learning disabilities across the lifespan.	using available research and evidence, identify specific needs and risk factors for prevalence of constipation in people with learning disabilities **(June 2025)** Carry out a scope across the UK and Ireland to review the programmes of care in relation to constipation and people with learning disabilities **(September 2025)** expert reference working group will be established **(March 2026)**	Heather Reid Siobhan Rogan

Ageing Well

	Supporting people to age healthily throughout their lives					
	Actions	**Main Corp Plan Priority (1-34 or O1-O5)**	**Main Corp Plan Indicators impacted (where applicable)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
15	Develop a NI Regional Safer Mobility Model and lead on the implementation, beginning with PHA commissioned services.	26	34, 35	Regionally agreed model across all stakeholders to inform commissioning of all future NI safer mobility/falls prevention services. reduce risk of falling by increasing access to primary/secondary prevention services and raising awareness around healthier behaviours. reduce the number of falls overall and reduce pressure on HSC services.	Creation of regional forum comprising of 6 trusts, and relevant stakeholders. **(September 2025)** Scope SPPG commissioned services in relation to falls and working with the SPPG Joint commissioning team, agree NI Safer Mobility model **(September 2025)** Creation of implementation plan and evaluation framework **(December 2025**) Begin implementation of Safer Mobility Model**. (March 2026)**	Heather Reid Sandra Aitcheson
16	Adopt a regional approach to addressing the potential harms of deconditioning which older people may experience during an episode of care in hospital. This work will agree standards and recommendations to cover: • awareness;	27,31	29	Increased awareness amongst older adults, carers and staff of deconditioning Improved identification of older adults at risk of deconditioning. Improved prevention and management of those older adults identified as being at risk of	Agreement on key messages for older adults and their carers to improve awareness about the risk of deconditioning. The development of regionally agreed standards with associated	Heather Reid Sandra Aitcheson

	• prevention; • early identification of people at risk; and • management			developing deconditioning Improved experience and outcomes during admission and upon discharge from hospital, maximising independence to facilitate older adults to return to their preferred place of residence	KPIs for the identification of people at risk, prevention and management of deconditioning by the end of (**March 2026**).	
17	Update and test MDT decision making pathway for care home residents to reduce unnecessary admission to hospital.	27,31	40	Ensure people living in care homes receive appropriate acute care in the right place to enhance experience and outcomes	Analysis of regional NIAS and ED data to provide clarity on scale of problem and provide recommendations for improved access to data **(June 2025)** Working with staff and stakeholders to identify barriers and solutions for improvements **(August 2025)** Test new decision-making pathway in SHSCT to refine approach **(Sept – Dec 2025)** Present findings and recommendations to relevant commissioning teams and PTEB **(Feb 2025)**	Heather Reid Sandra Aitcheson
18	Evaluate the impact of the Age-Friendly Communities Initiative across NI (currently funded in each Local Council by PHA).	25	32,33	This evaluation will help to identify successes and challenges and serve as the basis for defining priorities for future improvement.	Evaluation report produced and analysed. **(March 2026)**	Heather Reid Diane McIntyre

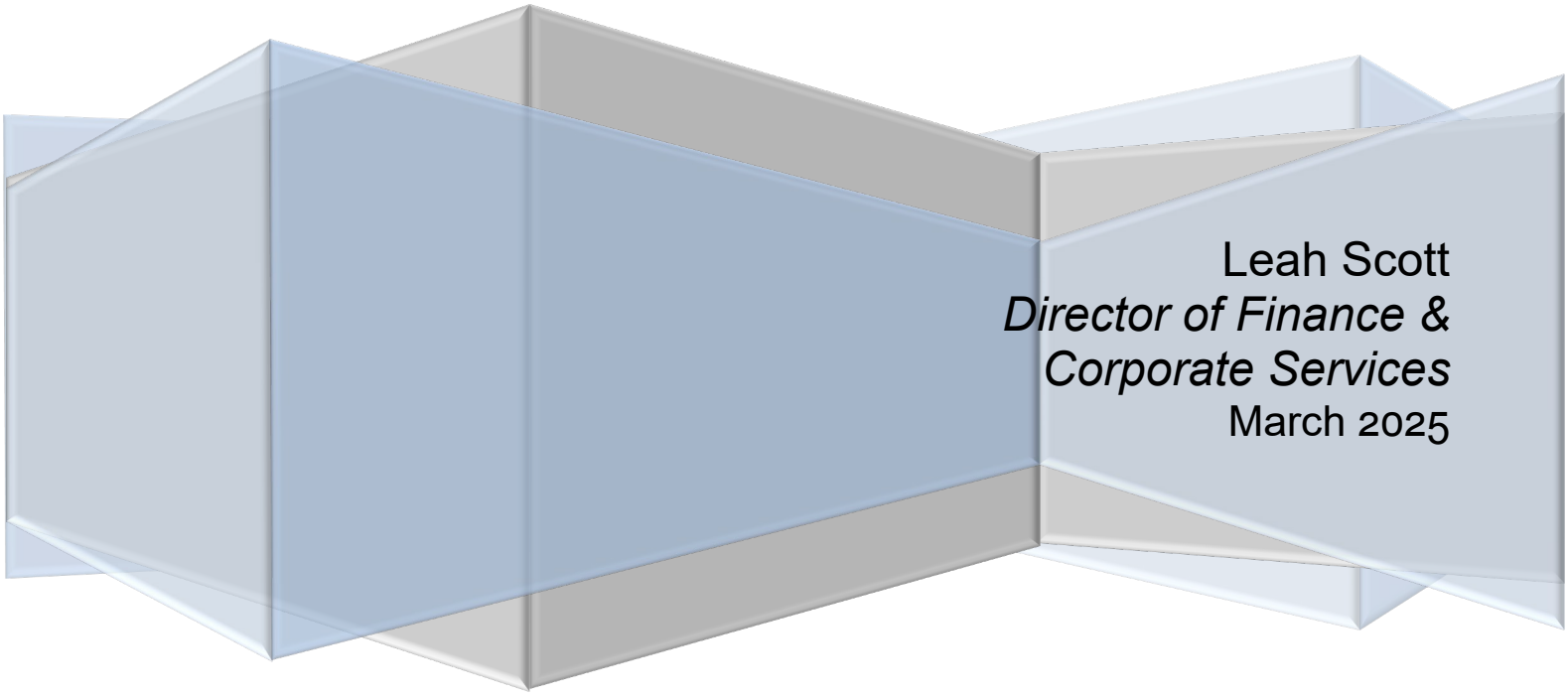
Our Organisation and People

	How we work: our processes, governance, culture, people and resources				
	Actions	**Main Corporate Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
19	Develop a new HR Strategy 'Beyond the People Plan'.	O1	Development of an organisational workforce that is equipped with the knowledge and skills	New HR Strategy agreed (**November 2025**)	Leah Scott Karyn Patterson
20	New Operational Framework for Public Health Planning Teams and performance management framework, aligned to the new PHA operational model, to be developed and approved by PHA board.	O3	Clear lines of reporting and accountability agreed Organisation has a robust system for reviewing organisational performance. Organisation has a robust system for reviewing organisational performance.	PHPT Framework agreed **(June 2025)** Performance framework approved **(November 2025)**	Leah Scott Stephen Murray
21	PHA Procurement Plan to be reviewed and updated and Procurement Plan priorities 2025/6 to be progressed in line with agreed timelines.	O3	Clients accessing services have improved health and wellbeing outcomes Services are delivering best value in terms of quality and cost	Development of an organisational Procurement Plan setting out timelines for market testing all existing roll forward contracts **(June 2025)** Procurement Plan 2025/6 delivered in line with agreed timelines **(Quarterly updates on progress against individual tenders will be provided)**	All Directors (as per Leads for individual tenders)

22	Effectively manage the PHA financial position to achieve a breakeven position at year-end.	O3	Effective and efficient use of public funds, and full utilisation of the PHA's annual budget to achieve maximum public health benefit for the Northern Ireland population.	The PHA will achieve a surplus position within the 0.25% tolerance level set by DoH on an annual basis **(March 2026)**	Leah Scott
23	Develop a Partnership Working Strategy and Action Plan, addressing PHA HSC wide Leadership responsibilities for PCE & PPI and which embeds these approaches into PHA culture & practice.	O2	The voice of service users and carers is central to how the HSC works in the commissioning, planning, delivery and evaluation of services. The PHA acts a lead for that approach, encouraging and supporting the HSC and PHA itself, in the identification, replication and upscaling of best practice of collaboration with service users, carers and the wider population.	Draft Strategy and Indicative Action Plan **(June 2025)** Public Consultation on Strategy & Action Plan **(October 2025)** Strategy & Action Plan Review & Finalisation **(December 2025)** Strategy & Action Plan, Launch & Implementation **(Feb 2026)**	Heather Reid Martin Quinn
24	Finalise a framework to support Quality and Safety corporate processes for PHA.	36	This framework will ensure the internal governance processes for the PHA are in place which will then allow us to ensure we are aware of all new S&Q updates and staff can utilise these in their work to ensure safety and quality is the cornerstone of all we do	Framework will be finalised for AMT and Board (**August 2025)**	Heather Reid Denise Boulter
25	Conclude Agency Reshape and Refresh change management programme.	O1 - O5	New PHA Operating model will support a more effective and dynamic delivery of strategic outputs across the Organisation	Reshape and refresh outcome measures delivered in line with Project plan timescales.	Aidan Dawson (CEO)

26	Develop a new PHA Corporate Website providing greater functionality for engagement with target audiences.	5	The general public, professionals and stakeholder groups will be more easily able to access relevant, up-to-date public health information, including news, advice and data.	Corporate website redevelopment project team in place **(May 2025)** Project plan agreed **(September 2025)**	Stephen Wilson
27	Further develop the Public Health Master Dataset ("Public Health Data Bible").	35	Centralised, standardised public health data to improve decision-making, monitoring, and response	Dataset established, integrated with PHA systems, usage in analytics **(September 2025)**	Paul McWilliams

Finance Report
Month 11 - February 2025



Leah Scott
Director of Finance & Corporate Services
March 2025

Section A: Introduction/Background

1. This summary report reflects the draft year-end position as at the end of February 2025 (month 11) and includes a range of risks associated with the delivery of the full year budget. Supplementary detail is provided in **Annex A**. A breakeven position is currently projected for the year.

Table 1: PHA Summary Revenue position – February 2025

	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust £'000	PHA Direct £'000	Trust & £'000	Admin £'000	£'000	Trust £'000	PHA Direct £'000	Trust & £'000	Admin £'000	£'000
Available Resources										
Departmental Revenue Allocation	50,285	57,035	3,033	32,021	**142,375**	44,841	50,379	2,653	28,292	**126,165**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	52	-	597	**649**	-	51	-	563	**614**
Total Available Resources	50,285	57,087	3,033	32,619	**143,024**	44,841	50,430	2,653	28,855	**126,779**
Expenditure										
Trusts	50,285	-	2,017	-	**52,303**	44,841	-	1,849	-	**46,691**
PHA Direct Programme *	-	58,002	1,016	-	**59,018**	-	51,087	764	-	**51,851**
PHA Administration	-	-	-	31,603	**31,603**	-	-	-	27,799	**27,799**
Total Proposed Budgets	50,285	58,002	3,033	31,603	**142,924**	44,841	51,087	2,613	27,799	**126,341**
Surplus/(Deficit) - Revenue	-	(915)	-	1,015	100	-	(657)	40	1,055	**438**
Cumulative variance (%)						*0.00%*	*-1.30%*	*1.53%*	*3.66%*	*0.35%*

Please note that a number of minor rounding's may appear throughout this report.
** PHA Direct Programme may include amounts which transfer to Trusts later in the year*

Update on the PHA budget allocation for 2024/25

2. During the year, the PHA baseline budget has been amended for the following changes:

- £3.5m for Pay Award;
- £3.2m R&D Funding for the National Institute for Health and Care Research Payment;
- £3.0m for Shingles vaccines;
- £2.3m for Covid & Flu vaccinations (ringfenced Covid funding);
- £1.5m for RSV and mPox vaccinations;
- £1.2m retraction due to slippage and the transfer of HSCQI to RQIA;
- £0.7m for various Nursing programmes (Text-a-Nurse etc.);
- £0.5m Fresh Start funding (ringfenced);
- £0.4m for various Admin costs related to posts;
- £0.4m transfer from SPPG for Accommodation; and
- £0.3m for other programme pressures (farm families health checks and screening postage).

3. The total revenue budget for the PHA, including assumed allocations to be issued later in the year, currently stands at £143m for 2024-25.

4. The PHA has a year to date surplus at February 2025 of £0.4m (month 10 £0.7m). The projected year-end position is a small surplus of £0.1m (month 10, breakeven), which is within the required breakeven tolerance of 0.25% of allocation, and this is summarised in **Table 2** below:

Table 2: PHA Summary financial position - February 2025

	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Projected year end surplus / (deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	13,999	12,833	12,833	0	
Health Protection	10,975	10,060	10,060	0	
Service Development & Screening	15,750	14,438	14,438	0	
Nursing & AHP	8,164	7,484	7,484	0	
Quality Improvement	25	23	23	0	
Other	1,372	4	4	0	
Programme expenditure - Trusts	**50,285**	**44,841**	**44,841**	**0**	**0**
Health Improvement	31,295	28,057	27,695	362	
Health Protection	18,742	17,670	17,659	11	
Service Development & Screening	3,348	2,366	2,321	44	
Research & Development	3,252	3,252	3,200	52	
Operations, incl. Campaigns	421	289	445	(156)	
Nursing & AHP	821	601	573	29	
Quality Improvement	18	18	52	(34)	
Other	191	(907)	(855)	(51)	
Savings target	(1,000)	(917)	0	(917)	
Programme expenditure - PHA	**57,087**	**50,430**	**51,087**	**(658)**	**(915)**
Subtotal Programme expenditure	**107,372**	**95,271**	**95,929**	**(658)**	**(915)**
Public Health	17,683	16,053	15,749	304	
Nursing & AHP	6,335	5,790	5,012	777	
Finance & Corporate Services	5,083	4,591	4,076	515	
Quality Improvement	425	425	412	13	
PHA Board	1,734	789	1,471	(682)	
Centre for Connected Health	458	411	359	52	
SBNI	900	796	720	76	
Subtotal Management & Admin	**32,618**	**28,855**	**27,799**	**1,055**	**1,015**
Trusts	2,017	1,849	1,849	0	
PHA Direct	1,016	804	764	40	
Ringfenced	**3,033**	**2,653**	**2,613**	**40**	**0**
TOTAL	**143,024**	**126,779**	**126,341**	**439**	**100**

Note: Table may be subject to minor roundings.

Section B: Update – Revenue position

5. In respect of the year to date position:

- The annual non-Trust programme budget is £57.1m, and expenditure of £51.1m has been recorded for the first 11 months of the financial year with **an overspend**

of £0.7m reported (month 10, £0.3m). This budget is currently projected to achieve planned overspend of £0.9m by the end of the financial year which will be used to absorb the anticipated underspend in Administration budgets outlined below.

- In Management & Administration, a year-to-date **underspend of £1.1m** (month 10, £0.9m) resulting from high levels of vacancies, offset by the application of the balance of the 23-24 savings target held in the PHA Board (£1.2m). The year-end underspend is expected to be approximately £1m (month 10, £1.3m), following at £0.25m retraction in month.
- Ringfenced funding comprises NI Protocol funding (£0.156m), Tackling Paramilitarism / Fresh Start (£0.528m) and COVID (£2.349m). A small variance is reported on this budget to date, however a breakeven position is forecast for the full year.

Section C: Risks

6. The following significant assumptions, risks or uncertainties facing the organisation impact on the delivery of Financial Plan:

7. **EY Reshape & Refresh review and Management and Administration budgets**: The PHA is currently undergoing a significant review of its structures and processes, and the final structures will not be available until later in the year. There is a risk in implementing the outcomes of this review in a savings context, and careful management will be required at all stages of this process.

8. **2024/25 Financial Plan and Recurrent savings to be identified recurrently:** The 2023/24 opening allocation letter applied a £5.3m recurrent savings target to the PHA budget. While PHA has identified a recurrent source for £4.1m of the £5.3m savings target, the balance of £1.2m will be achieved non-recurrently from slippage on Administration budgets in 2024/25. An additional £1m recurrent savings has been applied in 2024/25, and it is expected this will be achieved non-recurrently from slippage on Administration budgets in 2024/25. Savings targets will continue to be monitored throughout the year with the identification of further recurrent savings plans finalised for 2024/25, however there are significant challenges in delivering the full requirement recurrently.

Section D: Update - Capital position

9. The PHA has a capital allocation (CRL) of £6.95m. This mainly relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at February 2025, is reflected in **Table 3** below.

Table 3: PHA Summary capital position – February 2025

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus/ (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	4,347	4,092	4,347	0
iReach Project	614	430	614	0
R&D - NICOLA	778	147	778	0
R&D VPAG	70	16	70	0
R&D VPAG Trusts	581	0	581	0
R&D - Capital Receipts	(564)	(452)	(564)	0
Subtotal HSC R&D	**5,826**	**4,233**	**5,826**	**0**
Other:				
Congenital Heart Disease Network	764	469	764	0
VMS Enhancement (Exc. Child flu)	196	171	196	0
VMS Pertussis Vaccination	42	42	42	0
VMS RSV Vaccination	32	32	32	0
MAC Books	2	2	2	0
Path Safe Wastewater Surveillance	417	417	417	0
Other - Capital receipts	(332)	(249)	(332)	0
Subtotal Other	**1,121**	**885**	**1,121**	**0**
Total PHA Capital position	**6,947**	**5,118**	**6,947**	**0**

10. R&D expenditure funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

11. A breakeven position is expected for the year.

Recommendation

12. The PHA Board are asked to note the PHA financial update as at February 2025.

Public Health Agency

Annex A - Finance Report

2024/25

Month 11 - February 2025

Public Health Agency
2024/25 Summary Position - February 2025

	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	50,285	57,035	3,033	32,021	**142,375**	44,841	50,379	2,653	28,292	**126,165**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
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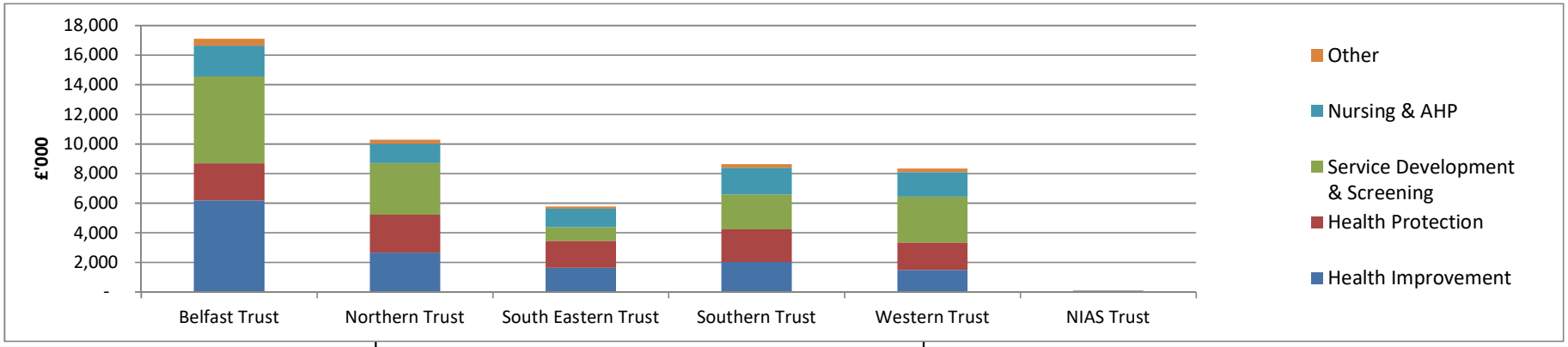
Surplus/(Deficit) - Revenue	-	(915)	-	1,015	100	-	(657)	40	1,055	**438**
Cumulative variance (%)						***0.00%***	***-1.30%***	***1.53%***	***3.66%***	***0.35%***

Please note that a number of minor rounding's may appear throughout this report.
** PHA Direct Programme may include amounts which transfer to Trusts later in the year*

The year to date financial position for the PHA shows a surplus of £438k, with an underspend on Management and Admin budgets due to vacancies and an overspend in Programme budgets.

The PHA is forecasting a small surplus of £100k at year end.

Programme Expenditure with Trusts

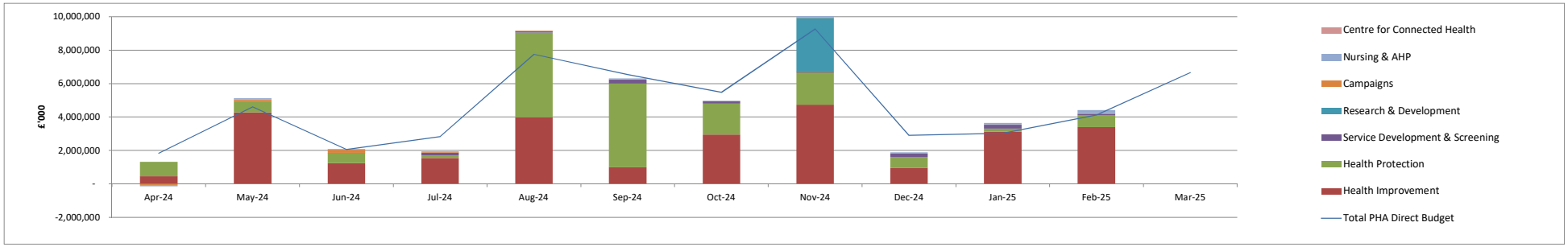


Current Trust RRLs	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NIAS Trust	Total Planned Expenditure	YTD Budget	YTD Expenditure	YTD Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Improvement	6,186	2,664	1,638	2,035	1,476	-	**13,999**	12,833	12,833	-
Health Protection	2,517	2,561	1,827	2,201	1,868	-	**10,975**	10,060	10,060	-
Service Development & Screening	5,871	3,487	924	2,367	3,102	-	**15,750**	14,438	14,438	-
Nursing & AHP	2,071	1,305	1,228	1,803	1,656	100	**8,164**	7,484	7,484	-
Other	462	289	158	233	229	1	**1,372**	4	4	-
Quality Improvement	25	-	-	-	-	-	**25**	23	23	-
Total current RRLs	**17,132**	**10,306**	**5,776**	**8,638**	**8,332**	**101**	**50,285**	**44,841**	**44,841**	-
Cumulative variance (%)										***0.00%***

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date.

The Other line relates to pay & price inflation allocations to Trusts which have been issued in March.

PHA Direct Programme Expenditure



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	YTD Budget	YTD Spend	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Profiled Budget																	
Health Improvement	1,593	3,013	1,269	1,819	3,196	1,356	3,478	4,159	1,986	2,881	3,307	3,238	**31,295**	28,057	27,695	362	*1.3%*
Health Protection	182	1,429	441	438	4,991	4,835	1,712	1,962	798	281	601	1,072	**18,742**	17,670	17,659	11	*0.1%*
Service Development & Screening	0	150	143	452	77	327	335	172	212	301	197	982	**3,348**	2,366	2,321	44	*1.9%*
Research & Development	-	-	-	-	-	-	-	3,200	-	-	52	-	**3,252**	3,252	3,200	52	*0.0%*
Operations, incl. Campaigns	-	3	155	122	- 40	40	28	- 20	- 30	22	9	132	**421**	289	445	(156)	*-54.2%*
Nursing & AHP	59	11	55	0	- 59	64	7	28	154	72	208	220	**821**	601	573	29	*4.7%*
Quality Improvement	2	2	2	2	2	2	2	2	13	- 6	-	-	**18**	18	52	(34)	*-188.0%*
Other	-	-	-	-	-	-	-	(150)	(150)	(435)	(172)	1,098	**191**	(907)	(855)	(51)	*100.0%*
Savings target	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	**(1,000)**	(917)	0	(917)	
Total PHA Direct Budget	**1,753**	**4,525**	**1,980**	**2,749**	**8,083**	**6,541**	**5,478**	**9,268**	**2,900**	**3,032**	**4,120**	**6,657**	**57,088**	**50,430**	**51,087**	**(657)**	
Cumulative variance (%)																***-1.30%***	
Actual Expenditure	**1,143**	**5,313**	**2,220**	**2,037**	**8,563**	**6,419**	**5,059**	**10,113**	**1,997**	**3,721**	**4,502**		**51,087**				
Variance	**609**	**(788)**	**(240)**	**712**	**(479)**	**123**	**419**	**(845)**	**903**	**(689)**	**(382)**		**(657)**				

The year-to-date position shows an overspend of £0.7m against profile. An overall year-end Programme overspend of c£0.9m is anticipated, and this is being managed closely in order to offset a forecast underspend in Administration budgets.

Whilst £4.1m of £5.3m savings target applied to PHA in 2023/24 has been achieved, the remaining £1.2m has been identified non-recurrently from Management & Administration budgets while a recurrent solution is identified. A further £1m of recurrent savings has been applied to the PHA in 2024/25 and has been met non-recurrently in-year from an unrequired prior year accrual while a recurrent solution is identified.

Public Health Agency
2024/25 Ringfenced Position

	Annual Budget				Year to Date			
	Covid	NDNA	Other ringfenced	Total	Covid	NDNA	Other ringfenced	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
DoH Allocation	2,349	-	684	**3,033**	2,116	-	538	**2,653**
Assumed Allocation/(Retraction)	-	-	-	-	-	-	-	**-**
Total	2,349	-	684	**3,033**	2,116	-	538	**2,653**
Expenditure								
Trusts	2,017		-	**2,017**	1,849	-	-	**1,849**
PHA Direct	332	-	684	**1,016**	226	-	538	**764**
Total	2,349	-	684	**3,033**	2,075	-	538	**2,613**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**40**	**-**	**-**	**40**

The Covid funding relates primarily to vaccinations funding (both Flu and Covid), along with an allocation for sessional vaccinators in 2024-25.

Other ringfenced relates to NI Protocol funding and Fresh Start funding for SBNI. A breakeven position is expected on these budgets for the year.

PHA Administration

2024/25 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Finance & Corporate Services £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	6,123	418	3,599	17,437	3,044	408	616	**31,645**
Goods & Services	211	7	1,484	246	(1,310)	50	284	**973**
Total Budget	**6,335**	**425**	**5,083**	**17,683**	**1,734**	**458**	**900**	**32,618**
Budget profiled to date								
Salaries	5,606	418	3,298	15,848	1,753	374	564	**27,861**
Goods & Services	184	7	1,293	205	(964)	37	231	**994**
Total	**5,790**	**425**	**4,591**	**16,053**	**789**	**411**	**796**	**28,855**
Actual expenditure to date								
Salaries	4,798	407	2,633	14,902	1,450	337	536	**25,064**
Goods & Services	214	5	1,443	847	22	21	183	**2,736**
Total	**5,012**	**412**	**4,076**	**15,749**	**1,471**	**359**	**720**	**27,799**
Surplus/(Deficit) to date								
Salaries	808	10	665	946	304	36	28	**2,797**
Goods & Services	(30)	2	(150)	(642)	(986)	16	48	**(1,742)**
Surplus/(Deficit)	**777**	**13**	**515**	**304**	**(682)**	**52**	**76**	**1,055**
Cumulative variance (%)	*13.43%*	*3.01%*	*11.22%*	*1.90%*	*-86.45%*	*12.74%*	*9.53%*	***3.66%***

PHA's administration budget is showing a year-to-date surplus of £1.055m, which is being generated by a number of vacancies, particularly within the Nursing & AHP & Finance & Corporate Services Directorates, offset by the application of the balance of the 23-24 savings target held in the PHA Board (£1.2m) along with the recent £0.250m retraction of slippage. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year.

The full year surplus is currently forecast to be c£1m, and this is being managed by PHA through a managed deficit in Programme expenditure in the financial year. Whilst £4.1m of £5.3m savings target applied to PHA in 2023/24 has been achieved, the remaining £1.2m has been identified non-recurrently from Management & Administration budgets while a recurrent solution is identified.

PHA Prompt Payment

Prompt Payment Statistics

	February 2025 Value	February 2025 Volume	Cumulative position as at February 2025 Value	Cumulative position as at February 2025 Volume
Total bills paid (relating to Prompt Payment target)	£6,667,081	531	£78,204,293	5,269
Total bills paid on time (within 30 days or under other agreed terms)	£6,252,884	499	£75,933,025	5,045
Percentage of bills paid on time	**93.8%**	**94.0%**	**97.1%**	**95.7%**

Prompt Payment performance for February shows that PHA fell below the 95% prompt payment target. The year to date position shows that the PHA is achieving its target on value and volume. Prompt payment targets will continue to be monitored closely over the 2024/25 financial year.

The 10 day prompt payment performance remains above the current DoH target for 2024/25 of 70%, at 81% on volume for the year to date. Recent correspondence from DoH refers to a 90% target, and PHA will take steps to ensure the 10 day target is adhered to.

item 12

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	24 April 2025
Title of paper	Annual Report on the Specialist Training Programme in Public Health
Reference	PHA/05/04/2025
Prepared by	Dr Tracy Owen/Dr Denise O'Hagan
Lead Director	Dr Joanne McClean

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to bring the Annual Report on Specialist Training in Public Health to the PHA Board for noting.

2 Summary

The PHA is the lead employer and main training provider for specialty registrars in both Public Health and Dental Public Health. Specialty training is overseen by the Northern Ireland Medical and Dental Training Agency (NIMDTA) and under a Learning and Development Agreement, it is expected that the PHA Board will receive an annual update relating to training.

This annual report outlines the role of the PHA in training, the structure of the training programmes and current staff in post. It also notes the issues raised about the training experience through the 2024 GMC training survey and a Quality Visit undertaken by NIMDTA in February 2024, alongside the actions being taken to address these concerns.

Specialist Training Programme in Public Health

Annual report

2023/24

1. Purpose

This paper provides an update to the Public Health Agency (PHA) Board members on the Specialist Training Programmes in Public Health and in Dental Public Health.

2. Background

The specialist training programmes in Public Health are overseen by the Northern Ireland Medical and Dental Training Agency (NIMDTA). The PHA is the lead employer and main training provider for specialty registrars in both Public Health and Dental Public Health.

Both training programmes aim to equip registrars with the required knowledge and skills to complete the curriculum set out by the UK Faculty of Public Health (FPH). Successful completion of training allows an individual to be listed on the Specialist Register of the General Medical Council (doctors) or on the UK Public Health Register (non-medical); or in the case of Dental Public Health with the General Dental Council. These individuals are then eligible to apply for Consultant or Specialist posts in Public Health in organisations such as the PHA, academic institutions etc.

Northern Ireland needs to have an adequate number of consultants/specialists in place to deliver on the public health agenda, particularly in relation to being able to respond to health protection threats, provide input to service planning and to address health inequalities. Ongoing vacant posts within the PHA consultant body and a review of the public health workforce led by the Department of Health has highlighted the need to enhance the number of registrars in training to sustain the future consultant workforce.

3. Role of the PHA in the delivery of training

A Learning and Development Agreement (LDA) is issued to the PHA each year by NIMDTA for signature by the Chief Executive. The LDA sets out the roles and responsibilities of both parties.

It highlights that the PHA Board must be kept appraised of training matters. The PHA has a responsibility to engage at Director level or equivalent with NIMDTA on training issues. A Deputy Director of Public Health has nominated responsibliity in this area and has line management responsibility for the group of registrars.

The PHA also has a responsibility to ensure that there are sufficient numbers of supervisors available to deliver training and that supervisors have identified time in their job plans to meet their commitments in relation to their training role. Since July 2016, all Educational Supervisors and Attachment Supervisors must be approved by NIMDTA and the GMC. It is important that the PHA ensures that all consultants / specialists continue to undertake the appropriate training to meet NIMDTA and GMC requirements for supervisors and to maintain their skills for this role. Over recent

years, due to retirements and resignations, the pool of consultants available to undertake the supervisor role has reduced significantly, putting pressure on those who remain available to perform this role.

The PHA submits an annual quality report to NIMDTA each year, with the last quality report submitted in August 2024.

4. Structure of the training programmes

General Public Health Training Programme

This five year training programme follows the curriculum set out by the UK Faculty of Public Health (FPH). During the first year registrars undertake a funded Masters in Public Health to provide the underpinning knowledge base to sit the professional examinations. During the remaining four years registrars undertake service work in approved training locations. The PHA is the main training location but placements are also offered in the Department of Health, the Centre for Public Health at Queen's University, the Institute of Public Health and other approved locations. Registrars have also been able to avail of short-term training placements outside Northern Ireland (e.g. with the UK Health Security Agency). Each registrar has an annual review of their progress that is overseen by NIMDTA.

Dental Public Health Training Programme

This four year training programme follows the curriculum set out by a committee of the Royal College of Surgeons. As above the registrar undertakes a Masters in Public Health during their first year in training. During the remaining three years registrars undertake service work in approved training locations. In the case of the Dental Public Health registrar, placements include PHA, Department of Health and an external placement in Scotland.

5. Recruitment to training programmes

Recruitment to both training programmes is carried out at UK level by the relevant Faculty within the Royal Colleges of Physicians/Surgeons. In the most recent round of recruitment in 2024, one new registrar was appointed to the general public health training programme.

It is unlikely there will be any further recruitment to the dental programme for the foreseeable future.

Eligibility to apply to the general public health training programme in Northern Ireland changed in 2021, opening recruitment up to both medical and non-medical applicants. This brought Northern Ireland into line with other parts of the UK which had been recruiting individuals from a range of backgrounds to the training programme for many years.

A temporary agreement was reached between the PHA, Department of Health and NIMDTA in July 2020 to enable the introduction of multidisciplinary public health training. There is a need to extend this temporary agreement until such times as the legislative changes can be brought forward by an Executive in NI.

Specialty Registrars in post (at March 2025)

Training programme	Staff in post	
General Public Health	13 (11.8 wte)	6 medical registrars 7 non-medical registrars (2 dentists + 5 AfC)
Dental Public Health	1 (1.0 wte)	

In additon to the above, one specialty registrar successfully completed training and took up a consultant post within PHA in March 2025. A further specialty registrar has successfully completed training and is in a 6 month period of grace to allow time to apply for consultant posts

6. Employing organisation

From August 2022 NIMDTA has taken on the role of 'single lead employer' for newly appointed medical specialty registrars. This is in line with wider changes across all medical specialties. Non-medical registrars and medical registrars who commenced training prior to the new arrangement continue to be employed by the PHA.

7. Funding for specialist training posts

The PHA receives funding from NIMDTA for ten speciality registrar posts covering the basic salary costs. Registrars in Public Health deliver the first tier of the out of hours rota in Health Protection. Costs associated with the out of hours rota are not covered by NIMDTA and are borne by the PHA.

In 2020 it was agreed that the PHA would fund an eleventh training post on a recurring basis.

More recently PHA also agreed to use funds from vacant consultant posts to enable two additional registrars to be recruited from August 2023. PHA agreed to fund one of these posts for the five year duration of the training programme and provide bridge funding for the other post until a senior registrar exited the programme (approximately one year).

8. Quality assurance of the training programme

NIDMTA's Public Health Specialty Training Committee oversees recruitment, annual assessment and placement of registrars, and quality within the training programme. This involves reviewing feedback received from registrars and trainers as part of the national annual GMC surveys. In addition, a NIMDTA Quality Visit was undertaken to the public health training programme in February 2024.

The published findings of the 2024 GMC survey of registrars continued to highlight some concerns, which were also identified in the February 2024 NIMDTA Quality Visit. It is acknowledged that limited interpretation can be made from the GMC survey findings, however these remain under review by the training programme.

The NIMDTA Quality Visit focused on the following key areas:

a. Educational Resources
b. Feedback on Performance, Development and Progress
c. Hospital (Local) and Regional Specialty Educational Meetings
d. Clinical Supervision

e. Workload
f. Induction
g. Practical Experience
h. Registrar Safety and Support

Senior PHA staff and the Training Programme Director have met with registrars to discuss the findings of the NIMDTA Quality Visit and identify measures to address these concerns. An action plan has been developed and progress remains under review. It has been acknowledged within the registrar group that many of the issues have been addressed over time, and that the training experience has improved. Significant progress has been made in relation to each of these action areas, including:

- Allocation of secure storage within the office for registrars
- Focus on encouraging/requesting feedback within the programme, and feedback skills training
- Review of the regional registrar educational sessions with increased TPD input
- Exploration of findings and discussion to create better shared understanding between the registrar and educational supervisor groups
- Review of induction and placement processes
- Regular signposting to Health and Wellbeing resources, and wider support services available to registrar group

A follow up NIMDTA visit was planned for October 2024, however this was cancelled by NIMDTA at short notice due to staffing issues. This has not yet been rescheduled.

Issues raised in previous GMC surveys largely reflected registrars feeling isolated when working remotely and being negatively impacted by shortages in the consultant workforce, predominantly within Health Protection. There is ongoing engagement between the registrar group and the Health Protection Training Lead to explore the registrars' experience within Health Protection, and identify any further aspects for future development.

It is important that registrars gain experience and competency in all areas of the curriculum, both internal and external to the PHA. Arrangements are in place for attachments to teams and a move away from project work. This will continue to be monitored carefully going forward, to ensure that this model meets the training needs within the programme and appropriate placements are arranged as required. Registrars need to be fully engaged across the full breadth of public health practice and it is expected that this will include opportunities to work into public health planning teams and SPPG/PHA planning teams as these become established.

It is also important to ensure attention to wellbeing among this group of staff. Development of a peer mentoring programme is now established and there is very positive feedback from the registrar group in relation to this.

9. Future direction

The Board will continue to be provided with an annual update going forward in relation to the specialist training programmes.

While this paper focuses on training towards FPH ‘specialist/ consultant’ status, there is ongoing work to look at development of more defined career paths within the existing non-medical workforce in PHA and the opportunity to work towards both practitioner and eventually specialist registration with the UK Public Health Register (UKPHR) and FPH.