

Meeting agenda

PHA Board Meeting

Date and time	Venue
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28 August 2025 at 1.30pm Board Room, Tower Hill, Armagh

Item	Topic and details	Presenter
1	Welcome and Apologies	Chair
2	Declaration of Interests	Chair
3	Minutes of Previous Meeting held on 19 June 2025	Chair
4	Actions from Previous Meeting / Matters Arising	Chair
5	Reshape and Refresh Programme	Chair
6	Reports of New or Emerging Risks [PHA/01/08/25]	Chief Executive
7	Raising Concerns	Chief Executive
8	Updates from Committees: • Governance and Audit Committee [PHA/02/08/25] • Remuneration Committee • Planning, Performance and Resources Committee [PHA/03/08/25] • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board	Committee Chairs
9	Performance Management Report [PHA/04/08/25] (For noting)	Mrs Scott

10	Complaints, Compliments and Claims Quarterly Report [PHA/05/08/25] (For noting)	Mr Wilson
11	Annual Progress Report 2023-24 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order [PHA/06/08/25] (For approval)	Mrs Scott
12	Chief Executive and Directors' Report	Chief Executive
13	Finance Report [PHA/07/08/25] (For noting)	Mrs Scott
14	Update on Procurement Plan [PHA/08/08/25] (For noting)	Mrs Scott
15	Draft Clinical and Professional Governance Framework for Registrants [PHA/09/08/25] (For noting)	Mrs Reid
16	Papers for Noting: • Our People Report [PHA/10/08/25]	
17	Chair's Remarks	Chair
18	Any Other Business	Chair
19	Details of next meeting: <i>Thursday 23 October 2025 at 1.30pm</i> <i>Fifth Floor Meeting Room, 12/22/ Linenhall Street</i>	Chair

PHA Board Meeting Minutes

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

79/25 - Item 1 – Welcome and Apologies

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

80/25 - Item 2 – Declaration of Interests

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

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

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

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

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

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

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

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

83/25.4 The Chair said that a challenge going forward will be around how to keep the PHA Board informed about the business of the Committees and how to garner PHA views. He explained that the Permanent Secretary wants the Trusts to work together in a provider collaborative approach. He added that the Committees in Common will not

have the power to make decisions, these will have to go back to Trust Boards for ratification.

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

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

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

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

85/25 - Item 6 – Raising Concerns

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

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

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

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

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

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

86/25.3 Mr Ross went through the recommendations of the Hussey Review explaining that there were four main recommendations and 41 sub-recommendations. He showed that 31 of these had been completed and it was proposed that the 10 that are outstanding have been mapped onto the Reshape and Refresh programme and that the

Hussey Review recommendations have largely been addressed though some will remain to be monitored going forward. The Chief Executive noted that the Hussey Review had a specific focus on health protection which then led into the Reshape and Refresh programme. Ms Cushley took members through the recommendation of that programme and the progress that has been made against each of them.

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

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

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

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

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

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

86/25.10 The Chief Executive thanked Mr Ross and Ms Cushley for the presentation and he thanked members for their comments that echoed that PHA is a much different from when Dr Hussey commenced her review. He said that for this presentation PHA has taken a bird's eye view and that it is important for PHA to take stock. He noted that

the Reshape and Refresh programme superseded the Hussey Review and in his view since then, the culture of the organisation has changed, there is less silo working, the Board has a better understanding of the responsibilities of the organisation, PHA is open and transparent and the Board works well together. He added that staff now have an understanding of where they see themselves and there is a good relationship with the Department.

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

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

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

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

87/25 - Item 8 – Updates from Board Committees

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

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

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

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

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

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

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

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

Remuneration Committee

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

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

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

Screening Programme Board

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

Procurement Board

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

Information Governance Steering Group

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

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

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

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

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

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

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

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

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

At this point Ms Henderson left the meeting.

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

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

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

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

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

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

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

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

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

91/25 - Item 12 – Draft PHA Implementation Plan

[PHA/06/06/25]

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

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

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

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

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

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

91/25.7 The Board noted the draft Implementation Plan.

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

92/25.1 The Chief Executive advised that he had attended the NHS Confederation conference in England and said that this is a worthwhile event. He added that in future,

PHA should give consideration to have more staff in attendance. A member said that all of the materials from the event are available online.

93/25 - Item 14 – Chair’s Remarks

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

94/25 - Item 15 – Any Other Business

94/25.1 There was no other business.

95/25 - Item 16 – Details of Next Meeting

Thursday 28 August 2025 at 1.30pm

Board Room, Tower Hill, Armagh

Signed by Chair:

Colin Coffey

Date: 28 August 2025

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 28 August 2025

Title of paper Corporate Risk Register as at 30 June 2025

Reference PHA/01/08/25

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 30 June 2025, to the Board for approval.

2 Background Information

In line with the PHA's system of internal control, a fully functioning risk register has been developed at both directorate and corporate levels. The purpose of the corporate register is to provide assurances to the Chief Executive, AMT, the Governance and Audit Committee and the PHA board that risks are being effectively managed in order to meet corporate objectives and statutory obligations.

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 March 2025 and the Corporate Risk Register was approved by AMT on 8 April 2025 and forwarded to the Governance and Audit Committee for approval at its next meeting which took place on 17 April 2025.

The attached Corporate Risk Register reflects the review as at 30 June 2025 and has been carried out in conjunction with individual directorate register reviews for the same period.

The 2025/26 Risk Management Audit was completed in May 2025 with a satisfactory level of assurance and work has now begun implementing some of the recommendations.

In the Corporate Risk, a definition of Control Effectiveness RAG status has been added - updates this quarter have reviewed the control effectiveness RAG status of each risk to ensure the current RAG status applied to each risk is consistent with this definition.

Also, in the Corporate Risk Register reference to Annual Business Plan has been amended to reflect 2025/26 – the registers have been updated to align to the relevant Corporate Objective.

The Corporate Risk Register was approved by the Agency Management Team at its meeting on 5 August 2025, and by the Governance and Audit Committee at its meeting on 14 August 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.
- One risks has had its risk rating altered this quarter:
 - 1 CR55 Shortage of Staff / Skill mix - reduced from High to Medium

4 Next Steps

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



Public Health
Agency

PHA Corporate Risk Register

**Date of Review:
30 June 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 Strategy 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	1 CR55 Shortage of Staff / Skill mix Reduced from High to Medium
Number of risks where overall rating has been increased	0

CONTENTS

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 MEDIUM	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:	
GREEN	High: Controls in place assessed as adequate/effective and in proportion to the risks
AMBER	Medium: Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
RED	Low: Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
WHITE (not identified)	Insufficient information at present to judge the adequacy/effectiveness of controls

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 3 rd 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 2025/26: Corporate Objective: 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) AMBER	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;	1 st and 2 nd line Technical risks assessments and penetration tests; 1 st and 2 nd line Reports to GAC/PHA board on reported incidents as appropriate.	<u>Gaps in Assurance:</u> - 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	June Sept 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> – • Cyber security programme not delivered yet. • Strategic outline Case sent to DoH for consideration which shows gaps: A SIEM (security incident management system) Privileged accounts management (PAM) • BSO led Cyber strategic plan developed for implementation over next 4 years to deliver outputs of the cyber security 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 Programme Board – revised training being planned for roll-out with ALB Board members and senior	
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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. Targetted training and 'all users' training (Metacompliance) (monthly) to be provided. New schedule to run April 24 — March 25. New schedule from April 2025 to run during year 25/26 (complementary to the mandatory clearing cyber security training)	
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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 and May 2025 (Dir Fin & Corp Serv attended) Targetted training and 'all users' training (Metacompliance) provided during years 2022/23 (May-Mar) and 2023/24 (Apr-Mar) and 2024/25. HSC cyber elearning material current review completed June 2024 including Management review of compliance.				
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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 – now approved and tested in May 25. Revised (in June 24) HSC cyber elearning material launched 2 Dec 24. Quarterly updates provided to IGSG on completion of mandatory training across PHA. PHA Business Continuity Plan test carried out 6 May 2025 with emphasis on cyber security. Training programme for Board members (3 attended training on 16/4/25).				
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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 naturally 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. Recent recruitment exercises for both locum and permanent HP and PH consultants has had some success and 3 posts have been offered permanently (pending pre employing checks and CCT).~~
- ~~• Existing posts at Band 8 which become vacant are being filled by temporary appointments with backfilling of posts creating knock on effect in vacancies.~~

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 specific high impact staffing risks at March 2024

June 2024 – Redrafted to reflect core risk.

Updated December 2024

CLOSED:

N/A

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. 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 and has been issued to all registrant PHA staff for comment. . The framework will outline governance structures for all professional staff in relation to responsibilities for maintaining registration and supervision.	
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LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension and Operational Performance and Service Improvement Dimension

LINK TO ANNUAL BUSINESS PLAN 25/26: O1 Develop a new HR Strategy 'Beyond the People Plan' ~~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 Likely	Moderate	HIGH MEDIUM
Target	Possible	Moderate	MEDIUM

LEAD OFFICER: All Directors

Existing Controls	1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating RED AMBER	Action Plan/Comments/ Timescale	Review Date
Public Health Interim-New Assistant Director has been appointed to strengthen leadership arrangements have been put in place in health protection to ensure safe high quality health protection service being provided. This has involved re-	1 st & 2 nd line: - Reports to CEx and AMT. - Staff in post position kept under regular review - Updates to GAC via Corporate Risk register - Briefings provided to PHA Board.	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		Reshape and Refresh – Management of Change: Level 2 Job Descriptions (Director level) 2 have been finalised and have been submitted to DoH for evaluation. Review progress by September 2025. posts require job descriptions to be	June July 2025

deployment of staff from other parts of the directorate to support health protection function including acute response, surveillance and governance. 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. Locum Consultant posts are advertised on a rolling basis. PH Directorate are have developed developing a refreshed JD to which facilitated a wider campaign approach for permanent recruitment exercise for HP and PH consultants. 3 permanent consultant posts offered (pending pre employment checks and CCT)	3rd line: • Vacancy updates provided to Sponsor 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	and impact of Reshape and Refresh change management pooling process. 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	finalised for evaluation. Likely to be ready for evaluation in Q4 – review April 2025 • Level 3 (AD level) recruitment programme substantively complete with one outstanding position to be filled in Q2 2025/6. well advanced and to be concluded in Q4 • Tier 4 development initiated in Qtr 4 with input from Tier 3 appointments. Organisation structure at Tier 4 and below to be approved by AMT by 31 August 2025. Public Health - Continue advertisement of Consultant Posts and upskilling nursing workforce (increase numbers undertaking masters in public health. Advertising at present 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.	
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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. 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. 2x specialty Doctor and 6x programme managers posts established in Health Protection team. Bank staff list created following the closure of contact tracing service. Staff from the bank have received training and are able to provide	Director to discuss staffing budget and vacancies. 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 union reps and professional leads in DoH.	Result of vacant posts is impact on capacity, potential support issues to ICS and new commissioning structures) Temporary backfill posts for some senior positions has led to gaps in lower band capacity Professional Governance – Gaps in Assurance Framework remains in draft.	Reform of Acute response service—Revisit April 25 Establish Acute Response oversight group July 2025 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 be advertised Spring Summer 2025. NMAHP Director, in conjunction with senior staff, is developing PHA policy for professional governance, supervision and accountability. Final draft will be shared with unions and relevant stakeholders. It is currently with PHA registrant staff for comments which are due back mid July. Once draft is finalised it will be submitted to board for formal approval. Process expected to be complete by end of April 2025.	
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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. PH Admin support arrangements were reviewed during 2023 and a new post to support the business is in recruitment process. was appointed in September 2024 Operations- CEO Office 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			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. Tier 4 structures should be designed and in place by summer 2025. Further staff engagement sessions will be arranged over the next year for staff, dates to be confirmed. in April. Remaining vacant AD post for Ageing Well remains vacant and a decision is to be made on how this will be progressed. This needs to be decided prior to end of August 25. Tier 2 & 3 positions are almost complete	
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Regular staff meetings, job planning and review of work prioritisation. NMAHP Reshape and Refresh Reshape Refresh Programme Manager continues to support process 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. Further meetings took place in June to update staff on structures and DoN has had individual conversations with impacted staff. Engagement and communications have improved. NMAHP Staffing Successful admin recruitment exercise complete Recruitment process started for project support vacancies			Tier 4 structures complete and realignment will progress during summer 2025. NMAHP Staffing Ongoing 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 MHL D roles Plans in place with other directorates and HR to maintain and develop a regular recruitment drive for admin posts.	
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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 v Vacancies within MH & LD team within MH & LD team are being progressed in HRPTS 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 NIMACH services due to staff absence has left, further recruitment necessary. 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				
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established, 1 st meeting 21.01.25				
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Corporate Risk 59

RISK AREA/CONTEXT: Quality Assurance and Commissioning of Screening

DESCRIPTION OF RISK:

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.~~ The population demographics platform (NHAIS), used by a number of screening programmes including cervical, is being decommissioned and core functionality moved to NIDIS.

~~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. Additionally the screening digital modernisation intent is to move all screening programmes onto a single digital platform which, during the design and implementation, will increase capacity demands requiring dedicated input and management from screening, service and digital leadership.~~

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, ~~especially during the transition phase to a new screening platform envisaged by the screening digital modernisation programme – whereby maintenance of the systems to be replaced and the introduction of the new systems will need be managed in parallel~~. 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.

DATE RISK ADDED:

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 2025/26: 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	1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/ Timescale	Review Date
Screening Programme Board re-established to provide broader oversight (at CEx/Director level across regional organisations) 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 - PHA has acquired strategic digital expertise from DHCNI	1st and 2 line assurance - Reports to AMT and briefing/updates to PHA Board; - 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 and cervical screening - Ongoing meetings between the Encompass team and screening leads to ensure integrity of interfaces is maintained 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	<u>Gaps in Controls:</u> - Commissioning and delivery of screening programmes is a HSC wide system based approach (ie. a number of 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 <u>Gaps in Assurances:</u>		Southern Trust Cervical Cytology Review: SHSCT review report and SHSCT cancer report published 11/12/24. Discussions ongoing with DOH regarding publication timeline for remaining reports: Independent Expert Opinion of SHSCT review; NHS England report of PHA QA (review completed April 2025) of CSP and SHSCT SAI report Ongoing support to the cytology review in Southern Trust including co-chairing the Steering and Operational 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 by NHS England. April 2025 Work underway to develop an action plan in	June Sept 2025

• A screening digital modernisation programme board has been established with SRO representation from key regional digital programmes, as well as, clinical, digital and screening leadership. • £250K has been allocated to support digital resourcing until March 26 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 inescapable funding needs have been highlighted. New post of AD for commissioning public health screening and immunisation recruited under Reshape and	in the cervical screening programmes as a result of the Southern Trust Review. • Questions regarding attitudes to Cervical Screening added to the Omnibus survey. Responses provide assurance that the review has not significantly impacted attitudes to participation in the cervical screening programme. • Separate workstream established within the NIDIS project to extend the scope to replace the NHAIS functionality for cervical screening. • Regular communication with finance regarding budgetary pressures within programmes to ensure that the need for non-recurrent funding is flagged early in the year and can be considered as part of the wider financial planning process. • Screening Digital Modernnation	• 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 • Absence of cross organisation strategic approach to screening IT systems	response to the recommendations within the NHS England report on QA • 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 be raised as inescapable into 2025/ June 2025 IT systems • Draft TOR for a Screening Digital Modernisation Programme led by PHA to agreed First meeting of group to be arranged April 2025 • A digital health intelligence directorate to be established as part of Reshape and Reform organisational restructure. Date TBC	
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Refresh. Will provide additional expertise in PHA to support commissioning of screening programmes. Programme specific issues: • Cytology review — PHA staff in membership of Southern Trust Cervical Cytology Review Steering group and subgroups, advising on the delivery and assurance of the review programme. SHSCT review report and SHSCT cancer report published 11/12/24. Discussions ongoing with DOH regarding publication of remaining reports: Independent Expert Opinion of SHSCT review; NHS England report of PHA QA of CSP and SHCT SAI report. • Quarterly performance management meetings established with BSO for bowel and cervical screening delivery - with review of progress against audit action plan and SLA.	Programme held first meeting in April 2025. • 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			
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• Primary HPV implementation phase 1 and 2 completed. Final phase decommissioning of NHAIS and move to NIDIS is underway. • <u>Cytology Review completed</u>				
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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 2025/26: Corporate Objective: 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	1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating RED AMBER	Action Plan/Comments/ Timescale	Review Date

BSO Cybersecurity Strategy, Programme & Workplan (via Regional Cyber Security Programme Board) 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	1st & 2nd line: Technical risks assessments and penetration tests; 1st & 2nd line: HSC SIRO Forum for shared learning 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 • Review of existing contracts for Security and Data Protection clauses undertaken and correspondence sent to	<u>Gaps in Control:</u> • Business continuity plans to be up to date in relation to a cyber incident, 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 • Lack of a PHA Incident Response Plan for IG <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	PHA Business Continuity Plan, approved by AMT August 2023, now being revised starting with Business Impact Analysis reports to develop/document Directorate 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. Following BCP test in May 25 report of test and reviewd BCP being finalized – roll out due before end of Sept 25. 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 June Sept 2025 (as per below) Development and testing of IG emergency plan in response to cyber attack being led by IGAG.	June Sept 2025
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Info Gov Advisory Group (regional) available Cyber Incident Response Supplier on Retainer contract 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 with 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. Existing contracts reviewed for Security and Data Protection clauses – correspondence prepared & forwarded to H Imp		related issues with PHA contracted orgs.	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 register as an action and review in 6 months if there has been any change. (Review June Sept 25). (but as March June 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 with 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. due early July 25 by PHA Health Improvement. Need for wider HSC discussion in independent sector social care contracts. IG awareness raising ongoing across PHA in relation to data sharing and other IG documentation to be considered/completed as required (ongoing)	
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for issue to contractors (June 2025).			Standing item at PHA IGSG agenda – further update will be given at next meeting May Oct 2025.	
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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 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, 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 2025/26: Corporate Objective: 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	1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating RED AMBER	Action Plan/Comments/ Timescale	Review Date
A formal governance structure has now been put in place in 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.	1st & 2nd line: -Dedicated Inquiries team led by staff 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.	<u>Gaps in Assurance:</u> <u>Gaps in Control:</u> • No dedicated financial support from DoH (ie no increase in core funding) • Although the psychological impact of the Covid-19 response may have left an 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.		In the immediate term (April 25 – March 26) the Agency will continue to respond to the requests made of it - primarily in relation to the UK Covid-19 Inquiry. 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. 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. Update as at 30 June 25 Draft TOR developed and nominations for membership of new Internal working group sought from Directors. New group	June 2025 Sept 2025 June 2025 Sept 2025 Sept 25

	3 rd line - None Identified		to have its first meeting in Sept 25. Corporate Risk to be reviewed at end of next quarter	
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Corporate Risk 73**RISK AREA/CONTEXT:** Financial Planning Context 25/26

Finance / Operational Performance and Service Improvement Dimensions

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 deliver further savings against its current baseline budget. To achieve the savings, PHA will need to prioritise current investments **which may risk the full implementation of the Reshape and Refresh programme**.

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:**
June 2025**CLOSED:****LINK TO ASSURANCE FRAMEWORK:** Corporate Control Arrangements Dimension**LINK TO ANNUAL BUSINESS PLAN 2025/26:** Corporate Objective: 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	1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/Timescale	Review Date
PHA approach will be guided by AMT and PHA board direction	1 st and 2 nd line assurances AMT/ PHA board to be updated on budget position on a regular basis.	Gaps in Controls Formal confirmation of allocation for 2025/2026 not yet received.		Based on the indicative opening allocation, the 25/26 financial plan has been approved by the the Board. The plan takes account of the agencies saving targets & in year pressures and is projecting breaking even at 31 March 2026. PHA to continue to engage with DoH Finance	June 2025 September 2025
Development of Financial plan in advance of agreement of budgets.	Formal confirmation of allocation for 2025/2026 received from DOH.	Gaps in Assurances One year budget cycle			

Engagement at highest level with DOH officials including Perm Sec and Director of Health Engagement with Minister and SPAD on importance of PHA to the public health outcomes.	PHA staff to continue to engage with DoH Finance and Policy colleagues to ensure impact of achieving additional savings is understood.		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 available to PHA in 25/26, and this will form the basis of the financial plan.) The DoH have, however, noted a significant funding gap across HSC and while steps are being taken to address the gap the DoH have indicated additional savings may be required in year. PHA to continue to engage with DoH and monitor the financial position to ensure breakeven is achieved at 31 March 2026.	
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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 2025/26: 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.	1 st and 2 nd 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 21 st 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	June 2025 Sept 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. PHA /SPPG workshop held on 23 June agreed actions on the following objectives relating to the new JPPTs: • Review the core functions, range and remit of the new teams. • Consider the governance and accountability arrangements • Agree the structure, shape and support	- 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. Following the June 25 workshop next steps include: • SPPG and PHA to confirm Co charis and review JPPT membership • New timeline and plan template to be produced • Check in session to review progress planned for October 25 • Joint PPT development and governance arrangements to follow	June 2025 Sept 2025 Sept 25
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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 2025/26: Corporate Objective: 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	1 st , 2 nd & 3 rd 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)	Submission of draft plans to DoH assurance (Complete). The PHA / SPPG / BSO group is on hold after completing objective and	- Resources (capital and human) required to deliver a surge response for the required time period. - Joint planning with Rol and rest of UK in relation to border response for a pandemic		- Meetings convened by DoH in January 2025 to review October 2024 Pandemic submissions. PHA awaiting feedback from DoH colleagues re: draft plans and decision re:	Sept 2025 June 2025

Completion table top exercises: (completed in 2023/24/25). 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	will be re-convened to address outputs from Exercise Pegasus and deliver on long term planning for Pandemic Preparedness. Members are involved in preparation for Exercise Pegasus and meeting weekly. Business impact analysis due for review and to include the realignment of services and staff to support a protracted response to a pandemic. Due 22nd August 2025. The Corporate business continuity plan review completed March 2025 and tested on 6th May 2025. Preliminary identification of business needs Preliminary identification of areas of planning which will require additional resource submitted to DoH in October 2024 Absence of feedback from DoH on health protection submissionsis contributing	including a 5 nations approach for the management of travel 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	funding to allow plans to be finalised and development of business cases. Absence of feedback from DoH on health protection submissionsis contributing to a delay in informing the next stage of planning and 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. March 2025 Pilot exercise complete and project now drawing to a close by the UKHO. Emergency preparedness training being delivered across the organisation. New operating model for PHA places a focus on staff roles in emergencies including pandemic. Resources required being quantified as part of the	
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and SPPG in relation to pandemic planning. 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 Rol National co-ordinating Group for HPAI.	to a delay in informing the next stage of planning and the development of business cases. PHA awaiting feedback from DoH colleagues re: draft plans and decision re: funding to allow plans to be developed. 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 resource implications for the wider PHA, including Health Protection. Update of PHA Directorate business continuity plans completed October 2024. This has been identified as a gap and should be addressed by the organisation in advance of Exercise Pegasus. And	further discussions with UKHSA re the proposed solution for a Single Service Centre/ Surge Response Service. Next meeting scheduled for 10th April 2025. Ongoing meetings taking place with UKHSA and DAs, PHA and DOH colleagues in attendance.	planning and will be shared with DoH and business cases developed as required. In light of upcoming exercise Pegasus, PHA are reviewed pandemic plans submitted to DOH in October 2024 and resubmitted with clear recommendations for urgent consideration July 2025 including a request for a policy decision for NI sign up to UK wide Single Service Centre/ surge Response service.	
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	The updated business continuity plans do not include the realignment of services and staff to support a protracted response to a pandemic. This is a significant gap and should be addressed by the organisation in advance of Exercise Pegasus. There is regular liaison with UKHSA, other UK DA's and Rol on operational health protection matters. These can include cross border issues which are addressed on a 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 health regulations are implemented at UK level			
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	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 -			
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Corporate Risk 76

RISK AREA/CONTEXT:

The Child Health System is used by all 5 HSC Trusts and is used to record and manage the information needed to plan, oversee and deliver Child Health services to the children and young adults.

~~coordinates/manages information relating to the delivery of Child Health services to children and young people.~~ This includes;

Scheduling & Surveillance e.g. Healthy Child Healthy Future and immunisation programmes ~~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 e.g. New born blood spot screening failsafe

- ~~• Treatment centre queues~~
- ~~• EITP 3+ Review~~
- ~~• Contacts~~
- ~~• Flu immunisation programme~~

Production of Quality and Performance Management Statistics on: including

- Births, breastfeeding data and infant mortalities
- ~~• Congenital 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-saves", 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 ~~however there are now concerns it will be further delayed.~~

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

DESCRIPTION OF RISK:

- 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 will incur additional costs (updated 30.01.25)
- ~~Capacity of PHA to maintain current CHS while managing implementation stage of CHS Encompass.~~

DATE RISK ADDED:

December 2024

REVISED:

CLOSED:

N/A

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

LINK TO ANNUAL BUSINESS PLAN 2025/26: Protecting Health / Starting Well; ~~Drive and support the transfer of the NI Child Health system onto Encompass including supporting the build for the system with EPIC developers.~~

GRADING

LIKELIHOOD

IMPACT

RISK GRADE

Current	Possible	Major	HIGH		
Target	Unlikely	Major	HIGH		
LEAD OFFICER: Interim Director NMAHP					
Existing Controls	1 st , 2 nd & 3 rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating RED AMBER	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 between GP systems and Encompass and will seek solution. High profile projects /enhancements need to continue have been identified e.g. changes to child health vaccination programme starting early next year (Phase 1 changes to the vaccine schedule commenced Jul 25). CHS are progressing with changes in preparation for	1st– Early Years and Family Nurse Partnership Nurse Consultants, Interim Assistant Director Children and Young People and Interim Director from NMAHP 2nd – Subgroups include, 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 £104K would be required to support this build – funds identified Backfill for 2 x 0.5 WTE CHS band 6 expert band 6 for 12 months approved Dedicated lead to support this work and to ensure it is completed timely preferably with CHS experience, Band 8a now advertised Encompass team will be required to get the opportunity to observe current work flows Ongoing review of work by all stakeholders will inform a Go Live date, at present February 26 however concerns over this date	April July 2025

changes to the childhood vaccine schedule Phase 2 Jan 26. Encompass analyst resources will be have been available from July 25, work can continue to progress but the majority of work will commence July 25 to continue with Go Live date of February 26. 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 governance structures in place for the project and a review of the current timeline to see if it is realistic Additional resource has been provided by Encompass to support CHS managers and BSO programme manager support. Dedicated Senior Project Manager now in place in PHA and as a result significant positive improvement			have been raised early July 2025. Further investigation needed. CHS Workgroup meeting again 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 Additional regional Encompass funding will be has been applied to this project. More will be requested if required. The revision of the project carried out in spring will allow progress to be monitored. It may also mean that a revision of time scale is required, this will be followed up in Q2.	
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A full revision of the project has been carried out (Spring 25) and detailed scoping documents provided to the Encompass. A full review has taken place in relation to governance structures which have now been tightened up, with clear paths for escalation. 9 focus design groups, a working and steering group who report through the delivery readiness group supporting the governance structure. The project is now a standing agenda item on Regional Delivery Readiness Board which will provide oversight at senior level. Representation from five trusts to to inform and support the build across all 9 FDGs and working group.				
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APPENDIX 1

RISKS ADDED TO CORPORATE RISK REGISTER AS AT 30 June 2025

APPENDIX 2

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 30 June 2025

PHA Governance and Audit Committee Meeting Minutes

Date and Time	Venue
12 June 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
Ms Anne Henderson	Non-Executive Director	In attendance as observer
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	Assistant Director of Planning and Business Services	In attendance
Mrs Catherine McKeown	Internal Audit, BSO	In attendance
Mr David Charles	Internal Audit, BSO	In attendance
Mr Ryan Falls	Cavanagh Kelly	In attendance
Ms Suzanne Murphy	Northern Ireland Audit Office	In attendance
Mr Stephen Bailie	Head Accountant of Finance and Corporate Services	In attendance
Mr Robert Graham	Chief Executive Office Manager	In attendance
Ms Aisling Smyth	Secretariat	In attendance

1/25 - Item 1 – Welcome and Apologies

1/25.1 Mr Stewart welcomed everyone to the meeting. There were no apologies. Mr Stewart welcomed the new attendees to the committee. He welcomed Ms Anne Henderson to the committee and advised that Ms Henderson was attending as observer in preparation for taking over the Chair of the committee as both his and Mr Clayton's time on the committee would end next year.

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 his ongoing work with regards to Public Inquiries with Unison and also declared an interest with regard to the section in the Annual Accounts on provisions for holiday pay as he had been involved in discussions around this in his role with Unison.

3/25 - Item 3 – Minutes of previous meeting held on 17 April 2025

3/25.1 The minutes of the previous meeting, held on 17 April 2025, 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. He asked if there were any matters arising that were not covered in the action plan.

4/25.2 Mr Stewart noted 2 actions which are work in progress. 1st action in regard to the SBNI DAC; Ms Scott will raise this at the next Accountability Meeting with the SBNI Director of Operations and the next action is the electronic document management system and Ms Scott is also taking this work forward.

5/25 - Item 5 – Chair's Business

5/25.1 Mr Stewart advised that he had no business to update on.

6/25 - Item 6 – Internal Audit

Internal Audit Progress Report [GAC/01/06/25]

6/25.1 Ms McKeown presented the Internal Audit Progress Report 25/26. She noted that good progress had been made with two draft reports issued and noted both had reported satisfactory assurance in each area.

6/25.2 Members noted the Internal Audit Progress Report.

Shared Services Update [GAC/02/06/25]

6/25.3 Ms McKeown advised on the outcome of the Shared Services Audit carried out by BSO Internal Audit and explained that the recommendations in the report are the responsibility of BSO Management to give notification of the outcome. She advised that two audits had been conducted and finalised and they were Payroll Service Centre and Recruitment Shared Service Centre. Both had Satisfactory Assurance. She noted that full details of the audit were in the report.

6/25.4 Mr Stewart noted that the report was well received and that the recommendations had been worked through with a satisfactory outcome.

6/25.5 Members noted the Shared Services update.

Head of Internal Audit Annual Report [GAC/03/06/25]

6/25.6 Ms McKeown presented the HIA Annual Report for year ending 30 April 2025. Ms McKeown advised that she would like to start with expressing her thanks for the engagement and support from the client management and staff during the Internal Audit work in 2024/25. She highlighted the Key Performance Indicators for 24/25, noting that they were reasonable. She advised that the target of management comments received within four weeks was not met, but the turnaround within five weeks was met.

6/25.7 Ms McKeown went through a summary of the work carried out. She advised that there were five audit assignments. Financial review, Personal and Public Involvement, Board Effectiveness, Trust Commissioned Services and Management of Vaccination Programme. She summarised the detail in the follow up work; 83 out of the outstanding 97 recommendations examined were fully implemented and a further 14 were partially implemented.

6/25.8 Ms McKeown summarised her overall opinion in the report. She advised that Limited Assurance has been provided overall and highlighted specific reports with limited assurance in 2024/25, namely Management of Vaccination Programmes, Personal and Public Involvement and Management of Trust Commissioned Services.

6/25.9 Ms McKeown noted that there had been good performance on the Priority 1 & 2 recommendations. She highlighted that this was a small number of audits and it is more important to look at patterns. She advised on focusing attention on significant issues.

6/25.10 Mr Stewart opened it to the floor for comment and noted that in 2023/4, the Head of Internal Audit Annual reported some concerns and the outcome could have been expected.

6/25.11 Mr Clayton agreed with the Chair. He noted that whilst it is reassuring that issues that are highlighted are responded to, it is a concern that it requires Internal Audit to raise issues. He asked if there was a systemic issue and asked how the organisation

planned to get people thinking about risk; and how will Reshape and Refresh deal with the systematic issues to avoid Limited Assurance.

6/25.12 Ms McKeown advised that the PHA should focus on 1st and 2nd line awareness in providing control and assurance. The audit plan is designed by risk-based audits. She highlighted the need to focus on three lines of assurance, the importance of follow up, and consideration of the Boards risk appetite. Ms McKeown also noted the impact of the Agency's organisational changes. She advised that there is a solid core in the organisation, but stated organisational change can bring instability regardless.

6/25.13 Mr Irvine noted that change in itself can be a problem. He advised that the Agency needs to work more collegiately and remove any silos. He recognised that there are limitations in governance and these must be monitored. He asked External Audit when an internal audit is limited assurance, what do they look for in the organisation and what do they base their opinion on. He noted that Internal Audit are the 'weather check' and External Audit are the 'gatekeepers'.

6/25.14 Ms Henderson noted that today she was here as an observer but she would like to question where the plan is to address the outstanding recommendations.

6/25.15 Ms Murphy advised that they use Internal Audit work to form their approach for the External Audit. She noted that the Financial review was a true and fair view where expenditure was properly reported. They want to make sure that issues are properly disclosed and followed up on and that works towards the planning stage for next year.

6/25.16 Ms Scott noted that the senior team were disappointed with the Limited Assurance. She advised that the issues touched on by the committee are also the same concerns as the senior team. She advised that it can be challenging when the audits have external influences and dependencies. She advised that a plan has been presented to AMT and Helen O'Hare, Assistant Director of Finance and Corporate Services, will be taking oversight of the internal audit programs and working closely with Internal Audit to get recommendations implemented.

6/25.17 Ms Henderson noted that the Accounting Officer could put a stamp of authority on this to get the plan moving forward. She asked would it be good practice to have the Accounting Officer at the GAC meeting to discuss the plan.

6/25.18 Mr Stewart noted that the Accounting Officer will get the opportunity at the next board meeting.

6/25.19 Mr Stewart noted that it is frustrating getting Limited Assurance. He suggested that there has been a lack of curiosity of where funds are going. He queried how to ensure governance over funds.

6/25.20 Mr Clayton noted that he agreed that it would be good practice to have the Accounting Officer at the GAC.

6/25.21 Mr Stewart advised that this can be raised through the senior team and would be good practice.

6/25.22 Members noted the Head of Internal Audit Annual Report.
HSC General Annual Report 24/25 [GAC/04/04/25]

6/25.23 Mrs McKeown presented the HSC Annual Report for 2024/5. She talked through the executive summary and advised that it had been a better year for HSC organisations as a group with definite improvements. 63% of audit assignment assurances were wholly satisfactory and 73% were satisfactory or mainly satisfactory. She also advised that 85% of outstanding Priority1 and Priority 2 audit recommendations were fully implemented which is the highest recorded level.

6/25.24 Ms McKeown went on to summarise the key learning themes beneath the high-level categories of the Limited/ Unacceptable Assurances. She suggested that it was a much-improved situation and encouraged the level of improvement be sustained. She suggested focusing on recommendations and encouraged RAG rating recommendations. This would put ownership where it belongs and provide a process for updates she advised.

6/25.25 Mr Stewart asked the committee for comment.

6/25.26 Mr Clayton said that Ms McKeown had summarised it clearly and the RAG rating is a useful point and hoped that suggestions like this could help the move back to Satisfactory Assurance.

6/25.27 Mr Stewart noted that it is reassuring for the health service as a whole to see the significant shift and greater focus on audit recommendations and completions thereby avoiding Limited Assurance. He suggested that it is difficult when the organisation is going through change. He said senior management are focussed on change and he would like to see a satisfactory outcome.

6/25.28 Ms Scott highlighted that the swing has been over a short timescale and it does not feel that the organisation is operating outside controlled frameworks. She reflected on the overall report and noted that Trusts are very different organisations with different lines of business which needs to be considered in the context of the report.

6/25.29 Ms Henderson noted that Limited Assurance is serious and plans need to be put in place. She advised that it needs good focus applied. She suggested that a separate board meeting with the Accounting Officer may need to be arranged to plan how to get out of Limited assurance.

6/25.30 Members noted the HSC General Annual Report

7/25 - Item 7 – Corporate Governance

Annual Compliments and Complaints Report 24/25 [GAC/05/06/25]

7/25.1 Mr Wilson presented the Annual Compliments and Complaints Report. He noted that it is relatively short, there has been a reduction in complaints with 3 received and also noted that there have been 12 compliments.

7/25.2 Mr Stewart asked for comments.

7/25.3 Mr Clayton noted that it was a useful and well laid out report. He asked about the process and communication involved with the complainant.

7/25.4 Mr Wilson advised that the complainant is informed that the complaint is being looked at and if it will take longer than the statutory response timescale then the complainant is informed as some can be complicated. He said there is ongoing dialogue with the complainant.

7/25.2 Members noted the Annual Compliments and Complaints Report.

8/25 - Item 8 – Finance

Annual Report and Accounts incorporating Governance Statement and Letter of Representation (for recommendation to PHA board for approval) [GAC/06/06/25]

8/25.1 Mr Stewart noted that the report has been to the meeting previously and it is presented in final version and open to the floor for comments.

8/25.2 Ms Scott talked through the accounts and highlighted that it is the first time that there has been a Finance Department and the report is a product of their hard endeavours. She advised that there is a prescribed template for the Annual Report and it must follow a format acknowledging that this resulted in a lengthy document. It has conveyed the performance against the corporate priorities. She reflected that of 33 actions, 14 were complete and 12 had a slight delay. She highlighted the Limited assurance from internal audit and confirmed that external audit had provided an unqualified audit opinion on the Accounts.

8/25.3 Mr Clayton noted that the very timescale which the Annual Accounts are prepared within. He referred to the Equality and Diversity section on the report and sought clarification on dates reported.

8/25.4 Mr Stewart made a suggestion in relation to activities reported by the Health Surveillance teams and asked for simplification of the terminology.

8/25.5 Mr Irvine noted that it is a huge report that takes a lot of staff time to put together and it could potentially end up sitting on a shelf. He asked should a forum be put together to look at what are the necessities that should be in the report. Mr Irvine also suggested one correction on a person's title.

8/25.6 Mr Clayton highlighted that with regards to Information Risk and the Information Governance Steering Group, it states in the report that the IGSG met 3 times in 2024/25 and provides a report annually to GAC. He asked for this to be clarified. Should this state regularly rather than annually.

8/25.8 Ms Henderson suggested that a follow up statement could be added to the section on internal audit in the governance statement to provide clarity on the actions to be taken. Mr Stewart also agreed that a summary of the actions is needed.

8/25.9 Mr Clayton suggested that the focus needs to be on Priority 1's, giving an example of the Ward Sister Programme; he advised that this needs to be fleshed out.

8/25.10 Ms Henderson highlighted with regards to the Management of Contracts with the Community and Voluntary Sector; that the statement could be stronger. She suggested a high-level statement could show the good progress that has been made.

8/25.11 There was a discussion around the number of changes being suggested and how this can be reflected in the report within a short timeframe before it goes to the board.

8/25.12 Ms Murphy advised that the report does not have to be signed off till the 4th July, therefore allowing time for the minor adjustments

8/25.13. Mr Bailie went through the Accounts Financial Statement. He walked through the primary statements and noted that it was comfortably within tolerance and it was a good outcome. He talked through the balance sheet and then drew the committee's attention to the income and expenditure. He thanked the auditors and advised that it had been a good experience on both sides

8/25.14. Mr Clayton sought clarification of the presentation and content of the losses reported in the Accounts and was content with the explanation.

8/25.15. The amendments and changes were noted and it was agreed Ms Scott would circulate an amended report to members to ensure they were content to approve before going to the board.

(Action 1 – Ms Scott).

8/25.16. Members gave **CONDITIONAL APPROVAL (subject to amendments)** of the Annual Report and Accounts incorporating the Governance Statement and Letter of Representation.

At this point Mr Murray left the meeting.

9/25 - Item 9 – Information Governance

Information Governance Action Plan 2024/25 Update [GAC/07/06/25]

Information Governance Action Plan 2025/26 [GAC/08/06/25]

9/25.1 Ms Scott presented both Action Plans to the committee. She advised that the IGSG had met on the 19th May. She noted that there are still some issues with New Starts completion of eLearning training programmes, paying particular attention to Cyber Security. She noted that the following actions from 24/25 will be carried forward to 25/26 - Information Record Managements Systems, reviewing progress UK GDPR status for roll-forward contracts, and learning from the Records Management Audit. She noted that it is ever emerging and involving work.

9/25.2 Mr Clayton noted that the last IGSG meeting went well. He highlighted some points from the action plan. With respect to the new start completion of training he asked if there needs to be a discussion about how this is dealt with as it is an issue which keeps coming up. He referred to the new structures under Reshape and Refresh

and the need to ensure Information Asset Registers returns are received by 31 December 2025 as they need to be collated into the report for the end of the financial year. He noted that the majority of the contracts are low risk, but for ones that are higher risk, they could require more input from PALS or DLS for example.

9/25.3 Mr Stewart noted that there is a lot of time spent talking about new start training. He advised that a rule would need to be made. He thanked the Information Governance Steering Group for their work.

9/25.7 Members Noted the Information Governance Action Plan 2024/25 Update and Information Governance Action Plan 2025/26

10/25 - Item 10 – External Audit

External Auditor's Report to those Charged with Governance (Draft) [GAC/09/06/25]

10/25.1 Ms Murphy thanks all those involved in the Annual Report and Accounts and noted the huge amount of work that went into it. She thanked Mr Falls (Cavanagh Kelly) for their work in reaching this point.

10/25.2 Mr Falls advised the report remains in draft and they will consider any changes required. He presented the draft Report to those Charged with Governance and summarised the key messages within the report and noted that irregular expenditure was not identified from the audit procedures.

He referred to the Audit Strategy and advised that the audit scope had not changed. He noted one significant audit risk was identified in relation to Management override of controls and the Accounts Estimates made by the PHA within the financial statements are all deemed to be appropriate.

He advised that in the financial statement disclosure that there was one loss identified and this write off was approved by the DOH on 6th May 2025.

He advised one recommendation was made in relation to the Management of Vaccine Stock Levels reporting level of vaccine wastage in 2023/4 and 2024/5 was £1.4m. Whilst the vaccine order was reduced in 24/25, there was also a decline in vaccine uptake rates.

Mr Falls went on to thank Ms Scott and Mr Bailie for all their work and help in the preparation of the report.

10/25.3 Mr Clayton noted that from a board perspective, it is hoped that the Vaccine Management System (VMS) will manage this going forward, but acknowledged that it is a difficult situation between having and not having stock.

10/25.4 Mr Irvine noted that this is a core business approach, there is too much reliance on getting assurance back from organisations and stated that lessons learnt must be implemented.

10/25.5 Mr Stewart noted that it can be very difficult to predict necessary vaccine levels.

10/25.6 Mr Clayton noted that the overspend on the vaccine levels can have other consequences such as not being able to spend on awareness campaigns.

10/25.7 Ms Scott noted that the wastage was unfortunate. She advised that the VMS has crystallised issues and there will be more control with ordering and detailed scrutiny of stock levels in future. She advised that ordering vaccines is a complex process which PHA operates in close partnership with DOH. She highlighted there is a long lead time on ordering from suppliers and emphasised that Management will improve oversight of stock management in 2025/6.

10/25.8 Members noted the External Auditor's Report to those Charged with Governance (Draft)

11/25 - Item 11 – Any Other Business

11/25.1 There was no other business.

12/25 - Item 12 – Annual Meeting with Auditors (External and Internal) without Officers present

13/25 - Item 13 – Details of Next Meeting

Thursday 14 August 2025 at 10am

Fifth Floor Meeting Room, 12/22 Linenhall Street

Signed by Chair:

Joseph Stewart

Date: 14th August 2025

PHA Planning, Performance and Resources Committee Minutes

Date and Time	Venue
22 May 2025 at 10.00am	5 th Floor Meeting Room, Linenhall Street

Member	Title	Attendance status
Mr Colin Coffey	Chair	In attendance
Mr Aidan Dawson	Chief Executive	In attendance
Mr Craig Blaney	Non-Executive Director	In attendance
Ms Anne Henderson	Non-Executive Director	In attendance
Mrs Leah Scott	Director of Finance and Corporate Services	In attendance
Mr Stephen Murray	Assistant Director of Planning and Performance	In attendance
Mrs Karyn Patterson	HR Business Partner, BSO	In attendance
Mr Robert Graham	Secretariat	In attendance
Ms Marie-Thérèse Higgins	Secretariat	In attendance
Dr Joanne McClean	Director of Public Health	Apologies
Ms Heather Reid	Interim Director of Nursing and AHPs	Apologies
Mr Stephen Wilson	Head of Chief Executive's Office	Apologies

1/25 - Item 1 – Welcome and Apologies

1/25.1 Chair welcomed members and acknowledged apologies from Dr. Joanne McClean, Ms. Heather Reid, and Mr. Stephen Wilson.

2/25 - Item 2 – Declaration of Interests

2/25.1 No declarations of interest were made.

3/25 - Item 3 – Minutes of previous meeting

3/25.1 Members unanimously APPROVED the minutes of the previous meeting held on 20 February 2025.

4/25 - Item 4 – Matters Arising

4/25.1 Chair noted that matters arising would be addressed throughout the agenda. Ms. Henderson sought clarification regarding the £750k underspend on salaries, questioning its implications for future staffing capacity and whether it would be reserved for the next year's budget.

5/25 - Item 5 Planning

• *Implementation Plan*

5/25.1 Mrs. Scott reported significant progress in developing the Implementation Plan following a successful staff session. Feedback from this session will inform a draft to be presented to the Board in June.

5/25.2 Chair agreed this was an excellent session and advised another session is needed to follow up. He emphasized the need to align operational plans with the broader Corporate Plan, particularly regarding key pillars such as "Our People" and "Data and Digital."

5/25.3 Mr. Dawson indicated the necessity for discussions with senior leadership team to establish outcome-focused Key Performance Indicators (KPIs).

• *Procurement*

5/25.4 Mr. Murray provided a detailed account of the procurement paper, informing members of ongoing contract management and the transition of certain contracts to grant awards, aimed at better addressing community needs.

5/25.5 Chair expressed concerns about the pace of procurement processes in relation to the establishment of Strategic Planning Teams (SPTs), highlighting the importance of strategic oversight by the teams.

5/25.6 Chair and Ms Henderson thanked Mr. Murray for the paper. Ms Henderson requested a shortened version of the paper should be shared with the Board (**Action 1 – Mr Murray**). Chair noted this is a good news story to share with the Board to highlight progress that has been made and setting out the direction of travel and time line.

6/25 - Item 6 – Performance

- ***Financial Outturn for 2024-25***

6/25.1 Ms. Scott reported an underspend of £74K, reflecting effective financial management and teamwork.

6/25.2 The Chair inquired about the £1million savings target for vaccinations, underscoring the need for continued monitoring of waste reduction.

- ***PHA Budget Build (Revenue) 2025/26***

6/25.3 Ms. O'Hare summarised the budget build, noting a savings target of £1.2million.

6/25.4 Chair asked for clarity of savings and would like to be kept informed of plans to achieve a balanced budget and the implications of the methodology.

6/25.5 Ms Henderson would like to see £138million tabled beside the £142million – to better convey complex information to Board members against £142million last year highlighting the significance of this and also noted it would be useful to highlight ringfenced monies.

6/25.6 Chair advised the Board need to be aware of plans to reflect a balanced budget – from the NEDs' perspective, it is a fundamental duty to achieve and demonstrate a balanced budget.

6/25.7 Mrs Scott advised a plan will be provided by June setting out spend and any implications of spend. Chair suggested it would be useful before next the Board meeting that he and other NEDs are fully briefed on the new plan to assist staff.

- ***Quarter 4 Performance Management Report 2024/25***

6/25.8 Mr Murray highlighted the status of various actions in the performance report. 14 completed, 12 in progress, and 7 significantly behind schedule, necessitating ongoing monitoring.

6/25.9 Mr Murray invited Chair and members to identify any particular actions they wish to focus on.

6/25.10 Chair requested 2025/26 monitoring demonstrates clear linkage between business plan actions and Corporate Plan priorities - clearly setting out progress and direction of travel.

6/25.11 Chair asked if the actions flagged as red in the 2024/25 report will automatically be carried over into the 2025/26 performance report. Mr Murray advised in the first quarter of 2025/26 red and amber actions will be carried over and primary leads responsible will provide updates on progress and how they will continue to monitor these. Most amber actions will have been achieved and closed.

6/25.12 Mr Dawson added there has to be a process of determining what will be carried forward. Some red/amber actions from 2024/25 will have been time bound and recorded as not met and will be replaced.

6/25.13 KPI 19 – Chair asked if this has been achieved. Mrs Scott advised that this KPI has not been achieved. It has been badly written and will be reworded to better reflect progress.

6/25.14 KPI 3 - Ms Henderson commented this should be highlighted as excellent work as the fundamental tools noted here are vital for the organisation around surveillance and this needs to be conveyed.

6/25.15 KPI 5 – The flu vaccine and review of financial arrangements. Ms Henderson asked why this was action still amber. Mrs Scott commented PHA is waiting on an outstanding report which will be completed in May.

6/25.16 KPI 10 – Ms Henderson queried KPI 10, Mental Health Hub, and asked if this is still a priority. Mr Murray advised this KPI has been returned to the Department to manage.

6/25.17 KPI 23 – Ms Henderson would like this reviewed to include high level detail and recommend to change to amber as a plan is now in place.

6/25.18 KPI 29 – Ms Henderson asked for a further update. Mr Dawson is meeting with the Permanent Secretary on 7th June to discuss these in more detail and will report back.

6/25.19 Chair acknowledged he enjoyed reading the report, liking the summary and going forward would like to see how actions are linked to corporate plan priorities. Ms Henderson noted it is important to highlight to the Board any 'blue' actions that illustrate accomplishments - sometimes these can get overshadowed by red/amber actions.

7/25 - Item 7 – Resources

- ***Our People Report***

7/25.1 Ms. Patterson presented updates on the People Plan, noting positive trends in workforce metrics and ongoing initiatives to enhance staff well-being. Staff head count has increased, permanency of people has gone up and temporary staff has gone down.

7/25.2 There are some emerging issues to monitor such as staff turnover which has dropped and the age profile of the organisation. This will be key feature of the future strategy. Other information provided is very positive, improvements in staff appraisals and sickness absence has been well managed. The greatest areas of sickness absence are in mental health. There has been a significant programme of work going on to support this, health and wellbeing champions in place, full mental health calendar available.

7/25.3 Chair welcomed the report and commented it was excellent.

7/25.4 Mrs Patterson noted the Skills Development Framework was launched last year and has been built firmly into the appraisal process this year looking at career pathways to developing public health professionals. Plans in place to do a skills audit and part of the outworking of this is to further augment career development planning and pathways – ensuring staff have access to the professional and personal development needed to fulfil job potential.

7/25.5 Mr Blaney noted retirement has been highlighted as a risk and asked what age can people retire from the organisation. Mrs Patterson advised there are multiple stages staff can retire and multiple arrangements. Bulk of people will retire at age 55 and some over 60 and some 65+. Changes in the pension scheme now facilitate partial retirement – this has partially been introduced to encourage retainment of staff and allows for a gradual handover of corporate knowledge as people approach retirement stage. This will be a focus going forward of how we manage this.

7/25.6 Mr Blaney asked how much notice needs to be given. Ms. Patterson said it influenced by pension benefits. Retirement notices could be set within the normal leaving parameter of 3 months but it would take 6-9 months for benefits to come through.

7/25.7 Chair noted it would be useful if pinch points could be highlighted to identify public health consultants – it was highlighted 12 months ago this presents a risk to the organisation – Chair would like an update on how this is progressing. Mr Dawson advised there is an updated action plan available which he is happy to share (**Action 2 – Mr Dawson**).

7/25.8 Chair asked Mr. Dawson to share this report with the Board (**Action 3 – Mr Dawson**).

8/25 - Item 8 – Any Other Business

8/25.1 No other business raised.

9/25 - Item 9 – Details of Next Meeting

***Thursday 21 August 2025 at 10am,
Fifth Floor Meeting Room, 12/22 Linenhall Street***

Signed by Chair:

Colin Coffey

Date: 21 August 2025

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 28 August 2025

Title of paper Performance Management Report

Reference PHA/04/08/25

Prepared by Stephen Murray

Lead Director Leah Scott

Recommendation

For **Approval** ☐

For **Noting** ☒

1 Purpose

The purpose of this paper is to provide the PHA Board with a report on progress against the objectives set out in the PHA Annual Business Plan 2025/26.

2 Key Issues

The attached paper provides a summary of progress made, as at end of June 2025, on achieving the actions set out in the PHA Annual Business Plan 2025/26.

Of the 27 actions, 21 are rated **Green**, 3 are rated **Amber**, and 3 are rated **Red**

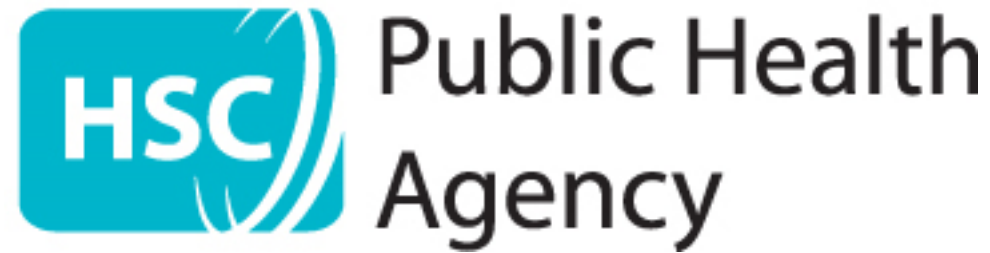
This report provides the progress and BRAG status for each action with further details provided on those actions currently rated **Amber** or **Red**.

Also include is an update on progress that has been made in addressing those amber and red actions carried over from the 2024/25 Annual Business Plan Monitoring report.

The Performance Management Report was considered by the Planning, Performance and Resources Committee at its meeting on 21 August 2025.

3 Next Steps

The next quarterly Performance Management Report update will be brought to the Board in November 2025.



PERFORMANCE MANAGEMENT REPORT

Monitoring of KPIs Identified in

The Annual Business Plan 2025 – 2026

Introduction

The Public Health Agency (PHA) Annual Business Plan outlines the key actions to be undertaken during 2025/26 to support Ministerial and Departmental priorities and demonstrate delivery against Corporate Plan objectives.

This report provides an update on the progress of actions identified in the PHA Annual Business Plan 2025-26. Progress updates for each action are to be provided by the designated Lead Officers. The Annual Business Plan identifies a total of **27** actions across 5 key priorities. Each action is assigned a BRAG status, as defined below:

BRAG Status:

●	Action completed.
●	Action on track for completion by target date.
●	Significant risk of Action being delayed after target date.
●	Critical risk of Action being significantly delayed/unable to be completed.

At the end of June 2025, of the 27 actions, **21** are currently rated **Green**, **3** are currently rated **Amber**, and **3** currently rated **Red**.

This report outlines the BRAG status of each action with a particular focus on those currently rated **Amber** or **Red**

An addendum has also been provided to update members on progress that has been made in addressing amber and red actions carried over from the 2024/25 Annual Business Plan Monitoring report. It identifies the mechanism through which these actions will continue to be managed and progressed as part of core PHA business.

KPI	CP Priority	2025-26 Annual Business Plan Actions Summary	Target
PROTECTING HEALTH			
KPI 1	3,8	Universal indicator dashboard	Mar 26
KPI 2	6,12	Childhood vaccination schedule in line with JCVI advice .	Mar 26
KPI 3	1	Pandemic preparedness planning and national emergency planning testing.	Mar 26
KPI 4	5	Screening programmes digital needs - Option appraisal and business plan development.	Oct 25
KPI 5	5,32	Bowel screening age range business case and establish project structures.	May 25
STARTING WELL			
KPI 6	17	Work in collaboration to address the root causes of domestic abuse.	Mar 26
KPI 7	9, 11, 13, 15, 16, 17	Universal Child Health Promotion Programme Healthy Child Healthy Future	Jun 25
KPI 8	3, 5, 12, 14	Transfer of the NI Child Health system onto Encompass	Feb 26
KPI 9	1	Healthcare and therapeutic needs analysis of children with SEN's in special schools.	Mar 26
LIVING WELL			
KPI 10	21	PL2 Action Plan update and local Protect Life Implementation Groups	Dec 25
KPI 11	18	Pharmacy based Stop Smoking Services across NI	Feb 26
		Trust based Stop Smoking services commissioned via PHA	Feb 26
KPI 12	19	Cancer Toolkit to facilitate cancer prehabilitation options	Mar 26
KPI 13	18,19,20	Physical activity referral scheme	Mar 26
KPI 14	18,19,24	Constipation campaign launch and establish a working group with the aim to co-produce a suite of resources / guidance.	Mar 26
AGEING WELL			
KPI 15	26	NI Regional Safer Mobility Model	Mar 26
KPI 16	27,31	Potential harms of deconditioning	Mar 26
KPI 17	27,31	Update and test MDT decision making pathway for care home residents to reduce unnecessary hospital admissions.	Dec 25
KPI 18	25	Evaluate the impact of the Age-Friendly Communities Initiatives across NI	Mar 26
OUR ORGANISATION AND PEOPLE			
KPI 19	O1	Develop a new HR Strategy 'Beyond the People Plan'	Nov 25
KPI 20	O3	Public Health Planning Teams operational and perf. Management frameworks	Nov 25
KPI 21	O3	PHA Procurement Plan	Jun 25
KPI 22	O3	Effectively manage the PHA financial position to achieve breakeven.	Mar 26
KPI 23	O2	Develop a Partnership Working Strategy and Action Plan	Feb 26
KPI 24	36	Finalise a framework to support Quality and Safety corporate processes for PHA	Aug 25
KPI 25	O1-O5	Conclude Agency Reshape & Refresh change management programme.	Dec 25
KPI 26	5	New PHA Corporate Website	Sep 25
KPI 27	35	Public Health Master Dataset development	Sep 25

At the end of June 2025 there were 6 KPIs identified with an **Amber** or **Red** BRAG status. Further details of these KPIs below.

A copy of the full Annual Business Plan can be found here:

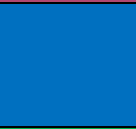


PHA Annual
Business Plan 2025_;

PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
1	Develop a public facing, universal indicator dashboard covering communicable diseases and related special health matters.					Joanne McClean Declan Bradley
	Dashboard launched	Dec 2025	A project plan has been developed and commenced for this dashboard. Work includes scoping UK wide dashboards and identifying service priority areas across surveillance. Development includes setting up a structure and designing a dashboard using Shiny app on a public-facing Posit Connect server. Further phased development is in progress to use respiratory and genomics data initially".			
	Review and further development	Mar 2026	On track			
2	Implement Phase 1 and Phase 2 changes to the childhood vaccination schedule in line with JCVI advice.					Joanne McClean Louise Herron
	Phase 1	Jul 2025	The first phase of the changes to the childhood schedule was implemented on 1 st July 2025. In preparation for the change, the team carried out a number of training sessions with primary care staff, public health nursing staff, community pharmacies and administrative staff. Associated changes have been made to the Child Health System to schedule appropriate appointments. A patient			

PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
			information flyer has been developed to explain the changes in the interim prior to Phase 2 of implementation (where new appointment flyers will be created). NIDirect has been updated with relevant information. Associated PGDs for Phase 1 have also been reviewed and updated.			
	Phase 2	Jan 2026	Planning is underway for the second phase of changes in July (the introduction of a new 18-month appointment for MMR and hexavalent vaccine), with potential introduction of varicella component (policy decision awaited). Progress is being made with relation to the planning of training sessions with the clinical education centre. Conversations are underway with the Child Health System to implement the schedule change in time for January. A new 18-month appointment leaflet is in development for parents.			
3	Pandemic preparedness planning					Joanne McClean Louise Herron
	Participation in the national emergency planning exercise	Stage 1 Monday 15 th - Wed 24 th Sept; Stage 2- Monday 6 th to Wed	The PHA has confirmed their participation in Exercise Pegasus. This is a national exercise being delivered in three stages between September and early November 2026. The PHA are represented on the HSC Exercise Co-ordination			

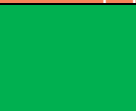
PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
		15 th Oct; Stage 3 - Monday 27 th to Wed 5 th Nov	Group (co-chaired by TEO and DoH) In addition, the PHA have convened a PHA planning group to prepare for participation in Exercise Pegasus. Following discussions with the DoH and SPPG on the 21 st of May, it was agreed to resubmit an updated version of the PHA pandemic preparedness plans reflecting funding requirements and options appraisals as necessary.			
	Learning from exercise reflected in updated emergency plans	Mar 2026	Learning from exercise Pegasus will be incorporated into organisational pandemic preparedness plans. At this time, it is envisaged that learning will be addressed via the Emergency Planning Public Health Planning Team (EPPHPT) as part of the new structures resulting from the PHA Reshape and Refresh programme. This group has not yet convened and is part of the wider Reshape and Refresh programme of implementation.			
4	Complete option appraisal and commence the development of a business plan that addresses the digital needs of all screening programmes.					Joanne McClean Gary Loughran
	Option appraisal	Aug 2025	Options appraised with NIDIS, encompass and the Screening Digital Modernisation Programme Board. The preferred option is to use encompass. A workshop was held to walk through options and encompass with PHA and Service screening			

PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
			leads which also endorsed the option. A formal request to inform capability, resources and planned timescales is being submitted to encompass which advise the Business Plan.			
	Business Plan	Oct 2025	On track			
5	Produce a business case for extension of the age range for bowel screening and establish project implementation structures.					Joanne McClean Cara Anderson
	Project structures established	May 2025	Project structures have been put in place with first meetings of the project board and project team having taken place			
	Business Case submitted	Jan 2026	Work on the business case has commenced.			

STARTING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
6	Address the root causes of domestic abuse.					
	Recommendations from the Review of Routine Enquiry (RE)	Mar 2026	Final Report and recommendations AMT approved. This has been shared with key stakeholders including, HSCTS, DOH, Women's Aid and SBNI Domestic Abuse subgroup. Steering group will now develop action plan by Sept 25.			Heather Reid Emily Roberts
	Final Model of Routine Enquiry for Midwifery and SCPHN	Dec 2026	First draft of the revised Model of Routine Enquiry for Midwifery and SCPHN has been developed and shared with the Steering Group for initial comments. Consultation period with key stakeholders to commence by end of July 2025			
7	Universal Child Health Promotion Programme Healthy Child Healthy Future (HCHF) - strengthen reach and impact to enhance early intervention and developmental support from universal services and AHPs to meet the specific and developmental needs of children.					
	Refreshed HCHF Programme completed	Jun 2025	The programme has been reviewed and framework refreshed. Launch planned for May delayed until to 25 th Sept 25 to allow for the potential development of a business case. Current PHA lead leaving post June 2025 which could impact further on progress.		Recruitment for vacant permanent post will commence following scrutiny approval July 25.	Heather Reid Mairead Donnelly

STARTING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
	Establishment of NI Implementation Group	Jun 2025	Delayed as per above		Awaiting DOH approval regarding business case and implementation. PHA lead communicating closely with HSCTS Heads of Public Health Nursing and DOH Policy Leads.	
8	Drive and support the transfer of the NI Child Health system onto Encompass including supporting the build for the system with EPIC developers.					Heather Reid / Joanne McClean Mairead Donnelly / Gillian Weir
	Establish project support and arrangements for escalation of issues	May 2025	Senior Project Manager (1WTE) in post from April. Project has been fully reviewed and restructured with significantly improved governance structures and escalation processes established.			
	Full availability of CHS functionality on Encompass and go live.	Feb 2026	Detailed review of project undertaken and detailed scoping document developed and shared with senior Encompass team.		Encompass team reviewing resource and timescale and will advise if Feb 2026 is achievable for Go Live.	
9	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.					Heather Reid Geraldine Teague / Eilidh McGregor
	Nursing needs assessment	Jun 2025	Draft report submitted to CNO for review and comment June 2025			
	Therapeutic needs assessment	Mar 2026	Working with relevant stakeholders, PHA leads have developed a scoping tool to capture relevant data in support of an assessment of therapeutic needs with an initial focus on CYP in Special Schools and Special Provision Schools. The tool is in initial stages of testing.			

STARTING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
	Develop updated pathways to support children with SEN attending special schools	Mar 2026	Engagement with Epic/Encompass colleagues is ongoing to ensure guidance and templates for health care professionals supporting CYP with SEN in the initial stage of the EA Statutory Assessment process will be compatible with Encompass. A digital platform has been developed to house Regional Guidance for Healthcare Professionals supporting CYP with SEND. Discussions underway with Encompass to embed resources to enhance continuity of care and support the reporting of key population health data sets.			

LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
10	Review and update the Regional PL2 Action Plan and local Protect Life Implementation Groups (PLIGs) Action Plans to reflect updated PL2 Strategy priorities					Joanne McClean / Heather Reid Fiona Teague
	New regional PL2 action plan	Jun 2025	The new Protect Life Action and Implementation Plan have been approved by Minister and is due to be published on 1 July 2025.			
	New PLIG Action Plans	Dec 2025	The new Local Protect Life Implementation Groups Action Plans are currently being developed through the 5 local partnerships.			
11	Implement a review and revision of the service provision model of all Pharmacy based Stop Smoking Services across NI, considering 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.					Joanne McClean Colette Rogers
	Revised Pharmacy based Stop Smoking services rollout to begin across NI in partnership with SPPG	Feb 2026	A comprehensive quality assurance exercise is underway across all pharmacies in relation to the delivery and performance of existing Stop Smoking Services. This review will inform the refreshed specification.			
	Review team established	May 2025	The Stop Smoking Services Review Team has been established. Membership will expand as required.			
	Development of a regional service specification	Feb 2026	This is on track for February 2026 at present.			
12	Develop a regional cancer toolkit as an option to facilitate cancer prehabilitation options.					Joanne McClean Lorna Nevin / Ceara Gallagher
	Establish in conjunction with NICaN and SPPG a proposed regional Model for Prehabilitation	Mar 2026	On target. NICaN Project Lead has lead Macmillan Northern Ireland Regional Cancer Prehabilitation Programme, a pioneering initiative designed to embed personalised, early-intervention support into cancer			

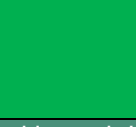
LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
			care pathways across all five trusts. The programme was delivered in partnership with 11 local councils and funded through the DoH's Cancer Charities Support Fund, part of a broader £10 million COVID-19 recovery initiative. The programme's overarching aim was to improve patient outcomes, reduce treatment-related complications and promote long-term health and wellbeing through multimodal prehabilitation—a proactive approach that includes physical activity, nutritional support and psychological care. Macmillan Evaluation almost complete.			
	Establish opportunities to progress and embed targeted and universal prehabilitation through council, community and voluntary sector engagement	Mar 2026	On target. This collaborative model represents a significant step forward in transforming cancer care delivery in Northern Ireland, aligning with national health priorities and setting the foundation for sustainable, system-wide change. Integrating services across the health, leisure, and voluntary sectors. Engage with Health Improvement Team. Joanne McClean follow up meeting with CLEO Presentation to Cancer Programme Steering Group June 2025.			

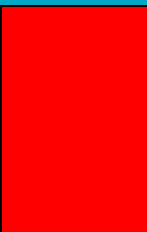
LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
13	Undertake a review of PHA commissioned physical activity referral scheme (PARS) including consideration of expanding its role in helping people with serious illnesses manage their conditions, prehabilitation and rehabilitation					Joanne McClean Siobhan Donald
	Review completed and if recommended update service specification with a plan to expand reach for the potential benefits of physical activity.	Mar 2026	This will commence in autumn 2025			
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.					Heather Reid Siobhan Rogan
	Identify specific needs and risk factors for prevalence of constipation in people with learning disabilities	Jun 2025	A high-level paper to consider specific needs and risk factors for prevalence of constipation in people with learning disabilities across the lifespan has been drafted for sign off. The paper has helped to establish how well services and systems are working across Northern Ireland to ensure people with learning disabilities get the right support to identify, manage and treat this preventable health condition. If constipation is not recognised and treated appropriately, it can have major adverse effects on an individual's health and wellbeing.			

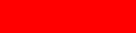
LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
	Carry out a scope across the UK and Ireland to review the programmes of care in relation to constipation and people with learning disabilities.	Sept 2025	Now that the paper above has been drafted we will begin scoping.			
	Expert reference working group established.	Mar 2026	Once scoping is completed and needs identified a working group will be established.			

AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
15	Develop a NI Regional Safer Mobility Model and lead on the implementation, beginning with PHA commissioned services.					Heather Reid Sandra Aitcheson
	Creation of regional forum comprising of 6 trusts, and relevant stakeholders.	Sept 2025	A detailed project plan is currently being developed which outlines; governance structures, associated actions, timelines stakeholders.			
	Scope SPPG commissioned services in relation to falls and working with the SPPG Joint commissioning team, agree NI Safer Mobility model.	Sept 2025	Comms have been opened with SPPG to start gathering this data through Roisin Doyle in SPPG with coverage over the various areas that impact Safer Mobility.			
	Creation of implementation plan and evaluation framework.	Dec 2025	Dependent on the above			
	Begin implementation of Safer Mobility Model.	Mar 2026	Dependent on the above			

AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
16	Adopt a regional approach to addressing the potential harms of deconditioning which older people may experience during an episode of care in hospital.					Heather Reid Sandra Aitcheson
	Agreement on key messages for older adults and their carers to improve awareness about the risk of deconditioning.	Mar 2026	The T&F group completed a scope of current activity including an overview of promotional resources trusts use to raise deconditioning awareness. They are now developing key messages based on nutrition, movement and cognition evidence.			
	The development of regionally agreed standards with associated KPIs for the identification of people at risk, prevention and management of deconditioning.	Mar 2026	The T&F group reviewed potential standards and KPIs from models operating in and outside of Northern Ireland. Nutrition has been identified as a key area and work is underway with regional Dietetics to progress a standard and supporting KPIs. Next step will be to test this. A staff survey has been launched to understand culture, knowledge and behaviours which may impact performance against future standards. This survey also captures training needs.			
17	Update and test MDT decision making pathway for care home residents to reduce unnecessary admission to hospital.					Heather Reid
	Analysis of regional NIAS and ED data to provide clarity on scale of problem and provide recommendations for improved access to data	Jun 2025	This work has been subsumed into Big Discussion project on Advanced Care Planning. NIAS conveyancing received and being considered alongside information from primary care LES reporting. Working with DHSCNI to explore availability and		New approach being co-ordinated under the Big Discussion workstream that has been established.	

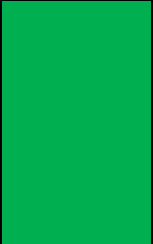
AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
			quality of regional reporting from encompass related to care homes.			Sandra Aitcheson
	Working with staff and stakeholders to identify barriers and solutions for improvements	Aug 2025	SHSCT Project team established. BHSCT Project Team Membership secured, attended one meeting and agreed PDSA to progress. Version 3 of post falls guideline to be launched			
	Test new decision-making pathway in SHSCT to refine approach	Sept – Dec 2025	Dependent on above			
	Present findings and recommendations to relevant commissioning teams and PTEB	Feb 2026	Dependent on above			
18	Evaluate the impact of the Age-Friendly Communities Initiative across NI (currently funded in each Local Council by PHA).					Heather Reid Diane McIntyre
	Evaluation report produced and analysed	Mar 2026	An evaluation specification has been designed, business case signed off and five providers invited to quote for this IMPACT evaluation (July 4th 2025).			

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
19	Develop a new HR Strategy 'Beyond the People Plan'					Leah Scott / Karyn Patterson
	New HR Strategy agreed	Jan 2026	A workshop was held in April 2025 to inform this strategy document. An initial outline draft was presented to and discussed at ODEF in June 2025. This is currently being further developed based on initial feedback. It is intended to commence wider staff engagement during August / September to inform the drafting of the fuller document with a view to being ready for consultation by October 2025			
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.					Leah Scott Stephen Murray
	PHPT Framework agreed	Jun 2025	Framework developed in draft. Agreement of the framework is pending final discussions with Senior Leadership Forum in line with Reshape and Refresh timescales.		Submission for AMT approval planned for September 2025	
	Performance framework approved	Nov 2025	Performance framework in development and on track			
21	PHA Procurement Plan to be reviewed and updated and Procurement Plan priorities 2025/6 to be progressed in line with agreed timelines					All Directors (as per Leads for
	Organisational Procurement Plan setting out timelines for	Jun 2025	A plan for completion of market testing of all existing roll forward			

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
	market testing all existing roll forward contracts		contracts was submitted to PPR Committee in May 2025.			individual tenders)
	Procurement Plan 2025/6 delivered in line with agreed timelines.	March 2026	All tenders planned for issue to the market in 2025/26 are currently progressing in line with agreed timescales.			
22	Effectively manage the PHA financial position to achieve a breakeven position at year-end.					Leah Scott
	The PHA will achieve a surplus position within the 0.25% tolerance level set by DoH on an annual basis.	Mar 2026	Based on the indicative opening allocation, the 25/26 financial plan has been approved by the board. The plan takes account of the agencies saving targets & in year pressures and is projecting breaking even at 31 March 2026. The DoH have however noted a significant funding gap across the HSC and while steps are being taken to address the gap the DoH have indicated that additional savings may be required in year.			
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.					Heather Reid
	Draft Strategy and Indicative Action Plan	Jun 2025	Draft Strategy has been completed. Work is underway on development of the associated Action Plan		DoH Strategic Review of Public Engagement, is paused causing a delay on finalising PHA Strategy. PHA Strategy now has flexibility to accommodate implications emerging from DoH review when it re-commences.	
	Public Consultation on Strategy & Action Plan	Oct 2025	Dependent on delayed DoH Strategic Review of Public Engagement. Aiming to have Strategy and Action		We will endeavour to get the draft strategy and indicative action plan to Sept AMT and will have consultation questions prepared in advance.	

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
			Plan consultation commenced by end of summer. Once AMT approval secured, a 12-week consultation will commence. Forecasting end of November / start of December for completion.			Martin Quinn
	Strategy & Action Plan Review & Finalisation	Dec 2025	Dependent on the above		Dependent on the above	
	Strategy & Action Plan, Launch & Implementation	Feb 2026	Dependent on the above		Dependent on the above	
24	Finalise a framework to support Quality and Safety corporate processes for PHA.					Heather Reid Denise Boulter
	Framework will be finalised for AMT and Board	Aug 2025	Draft PHA framework for governance in respect of quality and safety agenda presented to JAM August 2025. Further consultation required with internal and external stakeholders. Plans to enhance and expand adverse incident surveillance underway. Regular updates will be provided to Policy Sponsor Branch via Cx office Work also underway to update existing processes for internal governance around the S&Q agenda. Regular monthly update review meetings are now established (Safety Brief).			

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
25	Conclude Agency Reshape and Refresh change management programme.					Aidan Dawson (CEO)
	Reshape and refresh outcome measures delivered in line with Project plan timescales.	Dec 2025	An update was provided to the PHA Board Meeting in June and further work is being taken forward to conclude relevant outcome reporting		planned structure in place by Quarter 3 and review of outcome measures will be completed in quarter 4.	
26	Develop a new PHA Corporate Website providing greater functionality for engagement with target audiences.					Stephen Wilson
	Corporate website redevelopment project team in place	May 2025	Initial project work undertaken by Communications Mgt team. Project PID approved by AMT in June and revised project team being established. Discovery exercise commissioned and underway and will report into Project Team.			
	Project plan agreed	Sept 2025	Draft project plan developed by Communications Mgt team. This will be further developed based on the Discovery exercise and input from wider project team.			
27	Further develop the Public Health Master Dataset.					Paul McWilliams
	Dataset established, integrated with PHA systems, usage in analytics	Sept 2025	Access to PHMDS was opened to HSCNI network users in June 2025. This will enable wider reach for PHMDS and ensure HSC partners can make use of it. The most significant development has been the addition of geographic area-level profiles for District Electoral Areas and Trusts; Trust			

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	BRAG 	Mitigating Actions	Lead Director
			profiles are designed to support AIPBs. In addition, the Social Determinants of health section has been expanded. All changes have been co-developed with Health Intelligence.			

Addendum 1: Actions carried from 2024/25 PHA Annual Business Plan

Protecting Health

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 1	Implement the provision of BBV screening through low threshold and inclusion services to individuals at risk of hepatitis C, hepatitis B and HIV through injecting drug use or sharing drug taking paraphernalia, by March 2025	Pilot project currently being developed to introduce rapid antibody screening through a community provider in Belfast. Progress impacted by attack on the premises of Belfast Inclusion Health Service. Work on testing pilot will recommence when BIHS service in a position to support.					Joanne McClean Samantha McAllister
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Currently providing screening in community addiction services. POC tests have been within Extern in Belfast since 19/03/25. One day a week the service offers screening which are followed up by Inclusion Health Service who attend the site the following day allowing for quick turnaround if there are reactive tests. Training for Extern staff took place end of February 2025 and so far, 50 HCV tests have been supplied to Extern. Belfast Trust is responsible for securing new accommodation for Inclusion Health Service.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	Alternative pilot screening has been running in addiction services in Extern Belfast. since 19/03/25. One day a week the service offers screening which are followed up by Inclusion Health Service who attend the site the following day allowing for quick turnaround if there are reactive tests. 10 screening tests have been completed since March 2025 with 4 reactive tests to Hep C. This pilot will be managed on an ongoing basis by the programme manager and reviewed through the PHA Harm Reduction meeting every 8 weeks and at the PHA/SPPG Hepatitis C Elimination Implementation Group, meeting quarterly.					BRAG

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 5	Appraisal of flu vaccination delivery programme including development of options for programme management (including budget control) completed and agreed with DoH by March 2025. (Quarterly updates provided June/September/December)	Flu vaccine procured. Operational plans in progress for campaign start. Review of financial arrangements underway.					Joanne McClean Rachel Spiers
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	The 2024/25 flu vaccination programme came to an end in March 2025. An evaluation, including the publication of final uptake, is planned for completion in May 2025. A review of the flu vaccine usage during 2024/25 has been completed and agreed by DoH, and has informed procurement and vaccine ordering for the 2025/26 season.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	Publication off end of seasonal flu uptake data will align with the end of season epidemiological report in July 2025 (publicly available) along with the programme evaluation internal to the Implementation Group). This will fall within routine reporting.					<u>BRAG</u>

Starting Well

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 6	Vaccine uptake rates for Pertussis and MMR stabilised with particular emphasis on those with the greatest risk of experiencing health inequalities by March 2025. (Quarterly updates provided June/September/December)	MMR coverage at 5 years – Dose 1 93.9%, D2 86.9% - increase in 0.3% and 0.5% respectively since Dec 2023 showing a stabilisation in uptake. An evaluation of the MMR catch-up campaign has been completed to inform future improvement work. <u>Pertussis (pregnancy)</u> Figures from NIMATS are now impacted by no records for SEHSCT, BHSCT and NHSCT due to encompass migration. As a result, pertussis data is now recorded on the vaccine management system (VMS). Following the addition of pertussis to VMS, GP practices and Trusts have been recording administrations via this route. Between 15 July 2024 and 31 March 2025, 4422 vaccinations have been recorded as administered across all vaccination providers.					Joanne McClean Rachel Spiers
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Actions continue to be taken as part of the Improving childhood vaccine uptake working group with actions taking place under the following workstreams: • Improving data • Access to services • Communications • Education and training • Operational management Furthermore, HSC Trusts continue to offer pertussis vaccination in pregnancy through antenatal clinics to increase convenience for those who are pregnant and ensure opportunistic offer. The PHA					

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		Immunisation and Vaccination team have also presented posters and attended midwifery events to promote vaccinations in pregnancy to relevant healthcare professionals.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	This action will be managed on a routine basis through the multi-stakeholder Improving Childhood Vaccination Uptake Working Group (ICVUWG).					BRAG
KPI 7	Develop an action plan, in partnership with Encompass, to replace and strengthen the existing child health system and its links to other key data systems by March 2025	An options paper to extend the time of Go Live to February 2026 was agreed at the Delivery & Readiness Board September 2024. Progress against this work is severely limited by encompass capacity (ongoing roll out to Trusts is prioritised.) Encompass analyst resources will be available from July 2025, work can continue to progress but the majority of work will commence then. Sub-group has been established and is reviewing priorities for Child Health Datawarehouse Group. High profile projects/enhancements that need to continue have been identified e.g. changes to the child health vaccination programme, first changes to the vaccine schedule are due from May'25). Paper outlining workplan to mitigate risk for 2025-26 was submitted to AMT for approval in January 2025. Funding of £104,000 agreed to release resource from CHS to support the build and test.					Leah Scott/ Heather Reid Heather Reid
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	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 and a review and restructuring of current governance and timeline. Ongoing review of work by stakeholders will inform a Go Live date, at present February 26. Recruitment will be progressed for the newly funded positions required to assist with the build.					
							BRAG

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	This is being carried forward in our 2025-26 Annual Business Plan and progress will be reported under Action 8					

Living Well

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 11	Approval of Commissioning Framework for Alcohol and Drugs Complete Phase 1 and commence Phase 2 of Regional Drugs & Alcohol Services Procurement by April 2025.	Phase 1 of procurement: Adult Step 2: Tender advertised and evaluation process completed by 31 March. Currently in award notification and standstill period. Implementation planned for May-June. New contract will commence 1 July 2025. Workforce Development: Tender advertised and evaluation process completed by 31 March for Lot 1 and Lot 2. Currenting in award notification and standstill period for Lot 1 and Lot 2. Implementation planned for May-June. New contract will commence 1 July 2025. Lot 3 did not receive any bids and PHA are currently working with PALS to reissue market engagement under new 2023 regulations, prior to re-advertisement of tender in May 2025.					Joanne McClean Kevin Bailey

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		Lot 3 contract is expected to be awarded in July with commencement date 1 Oct 2025. Phase 2 of procurement: Business cases for Problematic Parental Substance Use and Youth Treatment currently going through approval processes and expected to be tabled for AMT approval in April 2025. TAPs now established and are actively developing specifications, market engagement papers and award criteria. Advertisement of tenders expected by 30 June 2025.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Delays in completion of Phase 1 Procurement by April 2025 has had a subsequent impact on timeframes for announcements for Phase 2 Tendered Contracts which have been updated on the PHA website. The Substance Use Team will continue to prioritise workloads to ensure the new timeframes can be achieved.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	Phase 1: WFD Lot 1 and 2 has been awarded with contract commencement 1 July 2025. WFD Lot 3 will be advertised mid-July. Adult Step 2 service remains unawarded due to a potential challenge from an incumbent provider. TAP is actively engaging with PALS and DLS to resolve asap. Existing contracts have been extended to 30 September to facilitate the completion of the procurement exercise. Phase 2: Problematic Parental Substance Use and Youth Treatment service procurements were expected to be advertised in June/July 2025. However due to the change in procurement legislation DLS are required to review the Regional T&C's which has delayed the advertisement timeframes. The TAP are working towards advertisement for August/September, however the timescale is out with the control of the TAP.					<u>BRAG</u>

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		Progress will continue to be reported via Procurement Board meetings and as part of 25/26 ABP monitoring under Action 21					
KPI 12	Implementation phase 1 – 3 of a Whole Systems Approach Obesity in line with PHE/Leeds Beckett University methodology across early adopter sites, with 2 or 3 completed by March 2025	Phase 1 Set up: Complete in Ards & North Down (A&ND), Belfast (BCC) and Derry City & Strabane (DC&S) Councils. Phase 2 Building the Local Picture: Completed in A&ND, BCC & DC&S Councils. Task & Finish Group established to map assets and hazards, led by BCC that will be shared with other Councils. Phase 3 – Systems Mapping: A DAC was awarded in February 2025. This work is being complemented by a Co-Design piece, supported by B and PHA Involvement Team. It is anticipated co-design training and phase 3 workshops will take place in Q1 2025/26. PHIRST research and engagement is ongoing, with another week-long visit completed in March 2025. Further work with Early adopter sites 4,5&6 (Antrim & Newtownabbey and Armagh, Banbridge & Craigavon, and Causeway Coast & Glens) will take place in Q1.					Joanne McClean David Tumilty

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Phase 3 delayed due to procurement and requirement for DAC. In addition, a Co-Design approach will be embedded, which will slightly delay phase 3. Actions have been developed and officers identified to take the lead to prevent further delay.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	Implementation of phase 1-3 in 3 early adopter sites was delayed, however, a plan is now in place to deliver this in Q1-3 this year. The work associated with WSA to Obesity will be managed by the Obesity Prevention Team within the PHA with regular reporting through the Regional Obesity Prevention Implementation Group (ROPIG) on progress. In each early adopter site, a Leadership Group, aligned to respective Community planning Partnerships, will drive the work and key actions. These actions will be tracked using a progress log and RAG status used. Each Leadership Group will report to respective Community Planning Partnerships on progress.					BRAG
KPI 14	Develop a cancer prevention action plan, including the actions outlined in the Cancer Strategy 2022 agreed by December 2024	A multi-disciplinary Cancer Prevention Working Group has been established within the PHA with draft Terms of Reference in the process of being finalised. A mapping exercise to collate all the work and contracts held across the PHA Directorates, which relate to Cancer Prevention, has been developed by this Working Group and, subject to Director approval, will be finalised and issued to all directorates, with an agreed completion date. Returns will identify the services and contracts which contribute to cancer prevention and help to identify gaps in services or activities requiring further action or attention. This mapping exercise will also support PHA reporting to the Department of Health on implementation of the Cancer Strategy in NI.					Joanne McClean Colette Rogers

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Further work is required to consider and finalise the mapping exercise across PHA and agree on level of information and detail required. At this point the mapping exercise has not been completed. There is also a need to refine and agree the Terms of Reference for the group and define the roles and resources available within PHA to support this work on an organisational basis.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	The Cancer Prevention group chaired by Louise Herron and Frances Dowds meet on a monthly basis. The focus of the group has been defined with senior management as Primary and Secondary Cancer Prevention and Early Detection. It is anticipated this group will report through the AD for Strategic Public Health (Living Well) under our new organisational structures. A planning paper has been revised after discussions with SMT for consideration by group members and the next actions of the group will include a mapping exercise of PHA services and supports that deliver against key Public Health Cancer Strategy Actions.					BRAG
KPI 15	Action plan to address inequalities in participation in screening programmes developed by March 2025	Working group established and member of staff in post in the health improvement team to support this work. Initial scoping of options relating to existing health improvement contracts completed. Internal resource secured from the screening team/public health specialist registrars to commence a review of evidence and approaches elsewhere, along with a scoping of baseline activities across each screening programme. Stakeholder engagement plan in development					Joanne McClean Tracy Owen / Paddy McEldowney
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Due to the need to undertake meaningful stakeholder engagement to inform this work, the timescale has been pushed back with a draft plan anticipated by end June.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	An internal workshop took place on 17 th June to consider how addressing inequalities in screening could be better integrated across the PHA planning teams and existing work on health improvement. Wider stakeholder engagement is now planned with community and user representative groups. This will continue to be an evolving process and progress will be reported via the Screening Programme Board going forward.					BRAG

Ageing Well

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 16	A new regionally agreed, evidence based safer mobility model across NI completed by March 2025	Following workshop held on the 27 th Nov the Safer Mobility group (within the AW PHPT) commissioned the Leadership Centre to bring together all of the learning gathered across 24/25 into a single population position paper. The outcome of this workshop was cross-sectoral agreement in the need for a Regional Safer Mobility Model.					Heather Reid Sandra Aitcheson / Diane McIntyre/Miche lle Lavery/Jeff Scroggie/ Ceara Gallagher
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	To acknowledge the above agreement, the AWPHT has further developed this work into the 5-year PHA Corporate Plan objective beginning in 25/26. The initial actions will be creation of Senior steering group/forum with overarching governance structure, work on agreement of the Regional Model and pilot implementation across PHA services.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	This action is now covered in the ABP 2526 KPI 15. As a round off on the actions of 2425 we are currently creating an action plan and governance structure for this workstream. We are also in communication with SPPG to draw down a full scope of their services in the Safer Mobility space. The cooperation with them through the SPPG commissioning team will be instrumental to the success of this KPI.					BRAG
KPI 18a	Level 1-3 Education and Training Tools for Advanced Care Planning Programme will be in place and quality assured by December 2024	This action cannot sit outside wider implementation of ACP. On request from the DoH, an options proposal has been submitted to outline resource required to progress this work.					Heather Reid Sandra Aitcheson / Sally Convery

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Discussed at PHA /DoH ground clearing mtg. PHA Board updated. Currently awaiting a formal response from the DOH. Key stakeholders have been informed of position. Consider pausing the monitoring of actions 18a and b until further information available form DoH.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	Under the auspices of 'Big Discussions Winter Preparedness,' a task & finish group has been established to consider implementing ACP to a cohort of patients in care homes. As part of this, it may be possible to progress some ACP work including Education & Training in the coming months. Awaiting formal response from DoH.					BRAG
KPI 18b	Implementation structures for the RESPECT programme will be in place and implementation underway including public messaging by December 2024	As above					All Directors Heather Reid
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)						
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	As above. Still awaiting formal response from DoH					BRAG
KPI 19	A 5% increase in uptake rate in seasonal flu vaccination programme for care home staff by March 2025	Target not achieved. Estimated uptake rate for 2024/25 at end of campaign (report awaited) is 6.55%. This is a reduction from the Baseline of 10.2% achieved in the 2023/24 campaign. <i>Note: includes only those who have been recorded as care home staff on VMS</i>					Joanne McClean Rachel Spiers
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	A number of actions have been undertaken to promote vaccinations in this cohort including Education and promotion through a dedicated Care Home Clinical Forum session on 10th September (focus on flu, COVID-19 and RSV).					

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		- Promotion through virtual sessions (care home leads meetings, Meaningful Engagement ECHO, IHCP webinar). - Promotion by Nurse Consultant at in person sessions (teaching session with BHSCT care homes, Frailty Conference, planned presentation at NISCC forum). - Social media communications. - Direct written communications to care homes highlighting importance of flu vaccine.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	This action will be managed on a routine basis through the COVID-19 and Flu Vaccine Implementation Group.					<u>BRAG</u>

Our Organisation and People

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 21	New PHA Operational structures and operating model, implemented by March 2025. (Quarterly updates provided June/September/December)	Phase 3 of the Reshape Refresh Programme is currently underway which oversees the Implementation of the Target Operating model. A workplan with key milestones has been developed to take forward the key components which includes: - Introduction of new organisational structure - Development of revised governance / accountability model including the further roll out of cross organisational planning teams. - Development of data & Intelligence including establishment of a clear vision / strategy for Agency in this area. - Focus on people, roles & responsibility including the introduction of a skills development framework and work relating to purpose and vision. Continued focus on improving culture & engagement through the establishment of the Organisational Development & Engagement forum and a robust internal communications plan.					CEO/All Directors Grainne Cushley
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	The implementation of the new PHA operational structures and operating model is ongoing with the new Senior Leaders forum established and facilitating Tier 4 structure implementation. It is expected that this will be finalised by Q2 25/26.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	The new Operational model will be implemented from 1 September 2025					<u>BRAG</u>

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 22	Revised Business Continuity Plan developed and training rolled out by December 2024	Individual Directorate/Service Area Business Continuity Plans have been developed. The PHA Business Continuity Project Team has been re-established. Project Team members have completed a review of the Corporate BCP against their Directorate BCPs and advised any changes required to the Corporate BCP. Assistant Directors are close to finalising a review of the Corporate BCP and 'sign-off' for their area prior to being presented to AMT for final sign-off (early May 2025). A test of the BCP will be undertaken on 6 May 2025 (was planned for March 2025 but had to be postponed due to other AMT priorities). Work is progressing to prepare a TNA (training needs analysis) for BCP training across the organisation – a revised date for this has been set by Internal Audit (along with conducting a test of the BCP) of 31/8/25					Leah Scott Karen Braithwaite
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Internal Audit, in their response to the 24/25 year end audit review, changed the Training Needs Analysis and Business Continuity Plan testing completion date to 31/08/25.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	Test of the Business Continuity Plan (BCP) was completed on 6 May 2025. The BCP is being finalised in light of learning from the test and general updating, which is required on an ongoing basis. A Training needs Analysis will then be prepared for BCP training across the organisation.					BRAG
KPI 23	PHA procurements to be progressed in line with the agreed Procurement Plan for 2024/25 by March 2025 - (quarterly updates provided June/September/December)	Good progress was made in the final quarter of 2024/25 to progress individual procurements. Phase 1 tenders under Alcohol and Drugs are in the final stages of being awarded, with new contracts to be in place by July 2025. Phase 2 tenders are progressing but with a slight delay on planned timescales.					Leah Scott Stephen Murray

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		The Shared Reader tender process was completed New contract in place from February 2025. Tenders for Workplace Health and The Elevate programme were issued to market in January and applications are currently being evaluated by the CAG. A review of all roll forward contracts has now been completed and a revised plan for managing the market testing of all existing contracts developed.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	A revised Procurement Plan and Operational Plan will be submitted to Procurement Board meeting in May 2025 for approval and reviewed by PPR Committee.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	A revised Plan for completing the market testing of all contracts was submitted PPR Committee in May 2025. Progress against the revised Procurement Plan will be monitored via the Procurement Board and reported to PHA Board under Action 21 of the 25/26 ABP					BRAG
KPI 25	PHA Digital and Data Strategy approved by Board and Implementation Plan developed by September 2024	A draft Strategy has been developed on data and digital. However, in moving this forward and following discussions with EY, it is felt that it would be more appropriate to appoint a Director to take this work forward.					CEO
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	A job description for a Director has been finalised and has been submitted for evaluation with the outcome due shortly.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	The outcome of the job evaluation remains outstanding but has been discussed between PHA Chair and DoH Sponsor Branch. However, progress has been impacted by the Korn Ferry review of all HSC senior posts. Further updates will be provided as part of the updates of the Reshape and Refresh programme.					BRAG
KPI 28	New PHA R&D office to be set up and HSC R&D Strategy to be issued for consultation by March 2025	The review of the current HSC R&D strategy is complete.					Joanne McClean/Leah Scott

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		A Strategy workshop was held on 12.09.24 with approx. 100 attendees. Excellent feedback was received from stakeholders and will now be incorporated into the new strategy. The HSC R&D Division Strategic Advisory Group met on 12 November 2024 and the new R&D Strategy was the single agenda item. A proposed framework for the strategy and some important strategic areas were discussed. This discussion will also feed into the strategy and implementation plans currently in draft. While drafting continues, the launch of the new R&D Strategy has been delayed until Autumn 2025 pending further consultation with DoH and other key stakeholder groups.					Janice Bailie Rhonda Campbell (Strategy)
		Work is progressing to establish a PHA research and development office within the PHA which will complement the work undertaken by the Agency and support staff to collaborate on public health R&D with local higher educational institutions. A bid is currently being developed which will resource the office.					Grainne Cushley (new PHA R&D Office)
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Whilst initially delayed, work has progressed to establish a PHA research and development office within the PHA which will complement the work undertaken by the Agency and support staff to collaborate on public health R&D with local higher educational institutions. Following AMT approval, the funding bid has been developed and submitted for consideration. This will be progressed further during early 25/26 in line with the wider Reshape & Refresh Programme.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	(Strategy) While drafting continues, the launch of the new R&D Strategy has been delayed until Autumn 2025 pending further consultation with DoH personnel, other key stakeholders including the new Permanent Secretary, in terms of the wider Research eco system and other complementary strategies which will inform the new HSC R&D Strategy. This will continue to be reported/updated via the 2025-26 Directorate Business Plan					<u>BRAG</u>

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 31	An approach to health inequalities and associated training will be delivered to all staff across the organisation by March 2025	Approx. 80 staff have attended the Health Inequalities training as part of a co-design process. Training was delivered by internal PHA staff due to timeframe pressures. Feedback from those attending has been collected and collated and will be used to finalised the learning outcomes and content of our health inequalities training module that will be available to all staff in Qtr 1 of 2025/26					All Directors Joanne McClean Andrew Steenson
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Health inequalities training module will be available to all staff in Qtr 1 of 2025/26					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	Roll out of the health inequalities training module has been delayed until Oct-Dec 2025 due to staff capacity. An update on the number of staff completing the module each quarter will be provided to relevant AD/Head of Health Improvement.					BRAG
KPI 32	PHA in membership / co-leading new SPPG/PHA commissioning teams by September 2024	- PHA continue to engage closely with SPPG in establishing Planning and Commissioning Teams (PCTs). A small number of teams have started to meet. - Core team comprising members from SPPG and PHA developing a 'playbook' to support joint working (ToR, governance, decision making, escalation etc). This work will also be discussed with AMT. - Consideration being given to how the PCTs will sit within Reshape and Refresh Structures and link with existing SPTs from operational and strategic perspective - Joint chair workshop has been held - PHA Chief Executive and SPPG Chief Op Officer continue to meet regularly on this issue.					All Directors Heather Reid
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	The meeting in December to progress plans was postponed. The PHA/ SPPG Joint assurance meeting occurred on the 15 th April and the operation of the planning teams was discussed. SPPG COO and					

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		CEX PHA are currently working on a document to inform the operational working of the groups and a workshop with joint chairs is to be arranged for late May to ensure all the groups have the support and tools to become established as soon as possible.					
	Update at 30th June 2025 <i>Please indicate how action will be managed on an ongoing basis i.e. routine reporting or addressed through 25/26 business plan</i>	At August JAM meeting, co-chairs of teams were noted as being agreed. Final list to be circulated by SPPG. Recognised that some teams are already well established. Teams are asked to keep scope and interfaces under review. JAM will continue to provide support for teams moving forward.					<u>BRAG</u>

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 28 August 2025

Title of paper Complaints, Compliments and Claims Quarterly Report

Reference PHA/05/08/25

Prepared by Alastair Ross / Ashley Stoney

Lead Director Aidan Dawson

Recommendation

For **Approval** ☐

For **Noting** ☒

1 Purpose

The purpose of this paper is for the Board to note the latest report on complaints and claims against the PHA.

2 Background Information

Following the receipt of an internal audit recommendation, the Agency now produces a quarterly Complaints Report to ensure that senior leaders within the PHA, at both Executive and Non-Executive level, are adequately briefed in respect of complaints handling.

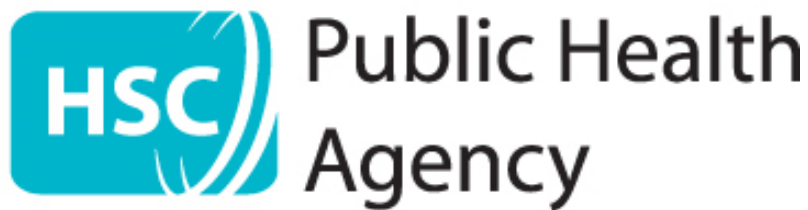
This Report has been updated and now includes information in respect of compliments received by the Agency as well as claims.

3 Key Issues

During the first quarters of 2025/26, the PHA received one formal complaint, which has been closed. In the same period one compliment has been received, one claim has been closed and one claim remains open.

4 Next Steps

The next Report will be brought to the Board in October 2025.



2025/2026

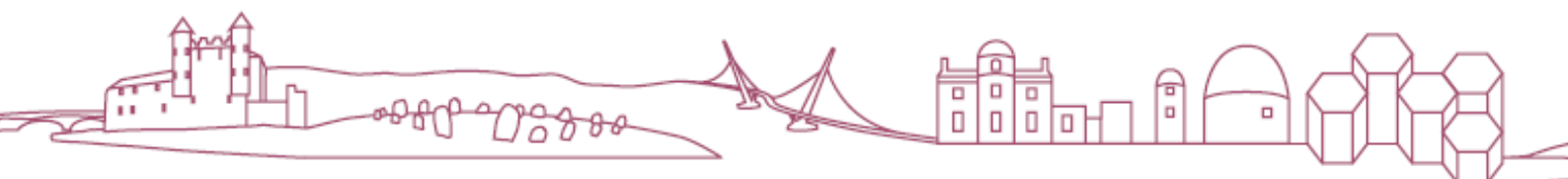
Complaints, Compliments and Claims

Quarterly Report

Internal Qtr 1 Report

Position as at 30 June 2025

Report Prepared by PHA Complaints Office



CONTEXT

This report has been created as a mechanism to ensure that senior leaders within the PHA, at both Executive and Non-Executive level, receive regular and adequate information in respect of complaints, compliments and claims received by the organisation.

SECTION 1 - COMPLAINTS

1.1 Definition

In line with the guidance set out in the HSC Complaints Procedure, a complaint is '*an expression of dissatisfaction that requires a response*' in relation to the work undertaken by the PHA.

This is in contrast to the many general queries, public health concerns or complaints made against other organisations that make their way to the PHA - these being dealt with through alternate channels.

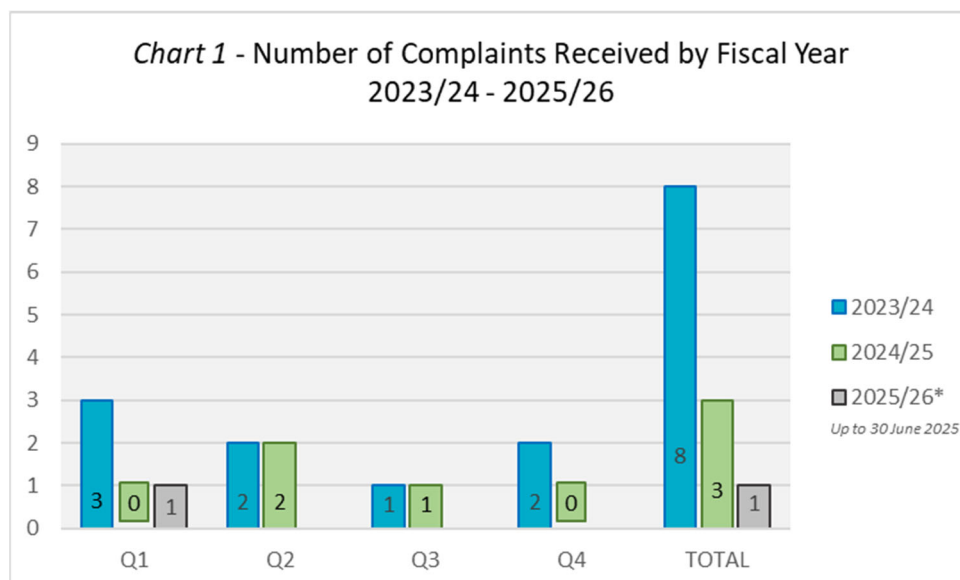
1.2 Key Performance Indicators

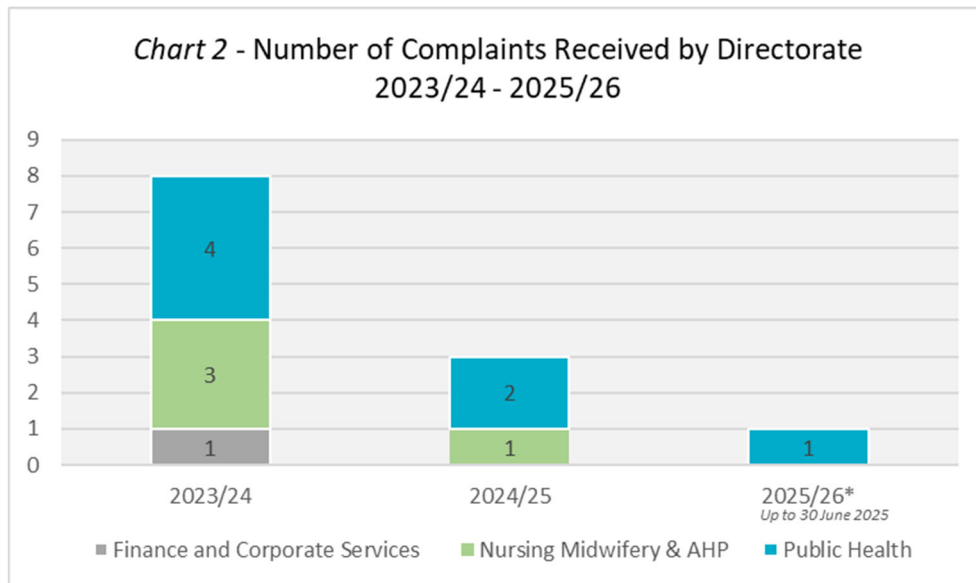
The management of complaints are monitored in line with the following key performance indicators:

- A complaint should be acknowledged in writing within 2 working days of receipt;
- A complaint should be responded to within 20 working days of receipt;
- Where a full response within 20 days is not possible, a complainant should be updated every 20 working days on the progress of their complaint.

1.3 2025/26 Overview

During the period, 1 April 2025 - 30 June 2025, the PHA received one formal complaint, during the same period in 2024/25, the PHA received no complaints. Further detail in relation to the receipt of complaints by fiscal year and Directorate is set out across Charts 1 and 2.





1.4 2025/26 Closed Complaints

The PHA has closed one complaint during 2025/26. Tables 1, 2 and 3 provide information in respect of closed complaints.

Table 1 Performance Against Key Performance Indicators (KPI) for Closed Complaints 2023/24 - 2025/26

	Number of Complaints Closed	KPI 1		KPI 2		KPI 3	
		Number of complaints acknowledged within 2 working days of receipt	Percentage of complaints acknowledged within 2 working days of receipt	Number of complaints responded to within 20 working days of receipt	Percentage of complaints responded to within 20 working days of receipt	Number of complainants updated every 20 days (where KPI 2 was not met)	Percentage of complainants updated every 20 days (where KPI 2 was not met)
2023/24	7	6	85%	4	57%	3	100%
2024/25	4	4	100%	2	50%	2	100%
2025/26*	1	1	100%	1	100%	N/A	N/A

Table 2 Tenure of Closed Complaints 2023/24 - 2025/26

	Average time taken to conclude Complaint (working days)	Longest time taken to conclude Complaint (working days)	Shortest time taken to conclude Complaint (working days)
2023/24	27 Days	106 Days	3 Days
2024/25	25 Days	37 Days	16 Days
2025/26*	19 Days	19 Days	19 Days

*Position as at 30 June 2025

Table 3 Synopsis of Closed Complaints 2025/26

PHA Ref	Responsible Directorate	Synopsis of Complaint and Response
C01/2526	Public Health	Complaint - Complaint in relation to the application of an extension to the Adult Step 2 contract and the implications for the future provider. Response - Complainant was advised that the extension put in place was in accordance with agreed procurement processes. Clarity was also provided in relation to the contents of the 'Intention to Award' which had been issued to the provider by the Agency.

1.5 2025/26 Open Complaints

As at 30 June 2025, the PHA had no open complaints.

1.6 Northern Ireland Public Services Ombudsman

Upon the completion of the PHA complaints process, each complainant is signposted to the Ombudsman should they be dissatisfied with the outcome they have received.

As at 30 June 2025, the PHA is aware of no open PHA investigations with the Ombudsman.

SECTION 2 - COMPLIMENTS

2.1 Definition

A compliment is an expression of appreciation felt by service users, carers, relatives, members of the public and/or external professional bodies for the work undertaken by the PHA.

During the period, 1 April 2025 - 30 June 2025, the PHA Complaints Office had been notified of one compliment received. An extract of the compliment is set out at table 4.

Table 4 Extract from Compliments Received 2025/26

PHA Ref	Directorate in Receipt of Compliment	Sender of Compliment	Compliment
01/2526	Chief Executive's Office (Comms)	Representative from GP NI training Webinar	<i>"The GPs really liked the flyer and thought that it was really clear and easy to understand, so well done one and all."</i>

SECTION 3 - CLAIMS MANAGEMENT

3.1 Potential Liabilities

Claims within the PHA are aligned to four types of potential liability:

- Clinical/Medical Negligence,
- Employer's and Occupier's Liability,
- Injury Benefit and
- Employment Law.

The level of provision made in respect of potential liabilities for claims is based on professional legal advice from the Directorate of Legal Services. Information in respect of provisions are set out in the PHA Annual Report.

3.2 2025/26 Closed Claims (Settled and Withdrawn)

One claim in relation to the PHA has been closed during the 1 April 2025 to 30 June 2025 period. Further detail in relation to this claim is set out at table 5.

Table 5 Synopsis of Closed Claims 2025/26

Date Opened	Date Closed	Type of Potential Liability	Outcome	Claim Synopsis
March 2023	May 2025	Employment Law	Withdrawn	SBNI and the PHA were named as Respondents, in relation to a claim lodged with the Office of the Industrial Tribunal and Fair Employment Tribunal. The claim was in relation to the claimant's personal employment status which precluded them from contributing to the HSC Pension Scheme. The claim has now been withdrawn with agreement that the matter will be 'explored' by HR (BSO) working in conjunction with the Directorate of Legal Services (BSO).

3.3 2025/26 Open Claims

One claim in relation to the PHA has been opened during the 1 April 2025 to 30 June 2025 period. Further detail in relation to this claim is set out at table 6.

Table 6 Synopsis of Open Claims 2025/26

Date Opened	Type of Potential Liability	Claim Synopsis
May 2025	Employment Law	Claim lodged with the Office of the Industrial Tribunal and Fair Employment Tribunal challenging the content of the personnel specification contained in a PHA job description. A response to the claim will be made in quarter two.

PHA Complaints Office
complaints.pha@hscni.net

END

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 28 August 2025

Title of paper Annual Progress Report 2024-25 to the Equality Commission on implementation of Section 75 and the Duties under the Disability Discrimination Order

Reference PHA/06/08/25

Prepared by BSO Equality Unit

Lead Director Leah Scott

Recommendation

For **Approval** ☒

For **Noting** ☐

1 Purpose

The purpose of this paper is for the Board to note the contents of the PHA's Annual Progress Report and approve submission to the Equality Commission.

2 Key Issues

This Report follows a set template and is laid out as follows:

Chapter 1 – Summary Quantitative Report

Chapter 2 – Section 75 Progress Report

Chapter 3 – Equality and Disability Action Plan Progress Report

Chapter 4 – Updated Equality and Disability Action Plans

Chapter 5 – Equality and Human Rights Screening Report

Chapter 6 – Mitigation Report

This Report was approved by the Agency Management Team at its meeting on 5 August 2025.

3 Next Steps

Following approval the Report will be submitted to the Equality Commission.

Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2024-25

Contact:

Section 75 of the NI Act 1998 and Equality Scheme	Name: Leah Scott Telephone: 03005550114 Email: Leah.Scott@hscni.net
Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above

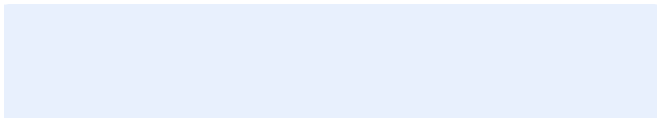
(ECNI Q28):

Documents published relating to our Equality Scheme, including our most recent Five-Year-Review of Equality Scheme, can be found at:

<http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

Our Equality Scheme is due to be reviewed again by 30th June 2026.

Signature:



This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality, good relations and disability duties. This report reflects progress made between April 2024 and March 2025.

Contents

Chapter	Page
1. Summary Quantitative Report	3
2. Section 75 Progress Report	6
Appendix – Further Explanatory Notes (ECNI Q10,13,14,20)	21
3. Equality and Disability Action Plan Progress Report (ECNI Q2)	Chapter 3 (separate document)
4. Updated Equality and Disability Action Plans (ECNI Q8,9)	Chapter 4 (separate document)
5. Equality and Human Rights Screening Report (ECNI Q18)	Chapter 5 (separate document)
6. Mitigation Report (ECNI Q1,3,3a,3b)	Chapter 6 (separate document)

Chapter 1: Summary Quantitative Report

(ECNI Q15,16,19)

Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6)	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees
8	0	4	4	No concerns raised by consultees on screenings published in 2024-25
2. Number of policies subjected to Equality Impact Assessment.	1			
3. Indicate the stage of progress of each EQIA.	Physical Activity Referral Scheme (PARS): A final draft version of the EQIA has been developed but further action has not been progressed due to the PHA organisational restructuring.			
4. Number of policy consultations conducted	2			
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	1			

(ECNI Q24)
Training

6. Staff training undertaken during 2024-25. (See also Chapter 2, Q6)

Course	No of Staff Trained	No of Board Members Trained
Equality Screening Training	14	0
Equality Briefing (Specialist Registrars)	6	0
Total	20	0

eLearning: 'Making a Difference' (mandatory equality awareness training)

Part 1 – All Staff	66 (compliance rate of 89.8%)
Part 2 – Line Managers	12 (compliance rate of 95.5%)

(ECNI Q27)
Complaints

7. Number of complaints in relation to the Equality Scheme received during 2024-25

0

Please provide detail of any complaints/grievances:

n/a

(ECNI Q7)
Equality Action Plan (see also Chapter 3)

8. Within the 2024-25 reporting period, please indicate the number of:

Actions
completed:

2

Actions
ongoing:

6

Actions to
commence:

0

(ECNI Part B Q1)
Disability Action Plan (see also Chapter 3)

9. Within the 2024-25 reporting period, please indicate the number of:

Actions
completed:

4

Actions
ongoing:

4

Actions to
commence:

2

Chapter 2: Section 75 Progress Report

(ECNI Q1,3,3a,3b,23)

- 1. In 2024-25, please provide examples of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.**

Table 1 below outlines examples of progress to better promote equality of opportunity and good relations.

Please note: Changes resulting directly from equality screenings are reported in Chapter 6, the Mitigation Report. Those due to the implementation of Equality and Disability Action Plans are reported in Chapter 3. In many other cases, it is not possible to ascribe developments to one single factor of Equality Scheme implementation. New initiatives are not necessarily an outcome of any equality screenings or Equality Impacts Assessments. As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation. From this point of view, staff training and engagement and consultation are arguably the most important factors.

Table 1:

	Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.
Persons of different religious belief	
Persons of different political opinion	
Persons of different racial groups	Directorate of Nursing, Midwifery and Allied Health Professions As a key priority within the Regional Patient Client Experience Programme there has been the development of promotional resources for Care Opinion to support population within Section 75: translation into top 10 languages for NI with focused campaigns. This change in practice supports people where English is not the first language to provide feedback through the Online User Feedback service, Care Opinion. Directorate of Public Health Health Protection Surveillance: Continued work to support targeted vaccination campaigns and a new project to identify underserved groups for Hepatitis B birth dose vaccination. Health protection surveillance provide epidemiological intelligence to identify underserved groups in order to inform public action. Most recent example for this has been the provision of super output area data for low

	uptake for the MMR vaccination resulting in improved targeting for individuals who may benefit from the vaccination.
Persons of different age	Directorate of Nursing, Midwifery and Allied Health Professions Please see entry below (under ‘disabilities’) on Special School Partnership Pilot. Directorate of Public Health Health Protection Surveillance: Please see entry above (under ‘racial group’) on Health protection surveillance (low uptake for MMR vaccination) and improved targeting for individuals who may benefit from the vaccination.
Persons with different marital status	
Persons of different sexual orientation	Directorate of Public Health Health Protection Surveillance: Please see entry above (under ‘racial group’) on Health protection surveillance (low uptake for MMR vaccination) and improved targeting for individuals who may benefit from the vaccination.
Persons of different genders and gender identities	Directorate of Public Health Health Protection Surveillance: Please see entry above (under ‘racial group’) on Health protection surveillance (low uptake for MMR vaccination) and improved targeting for individuals who may benefit from the vaccination.

Persons with and without a disability	Directorate of Nursing, Midwifery and Allied Health Professions Development of a swallow aware factsheet for the hospitality industry with an accompanying swallow aware card for service users with a QR code which links directly to the factsheet. This was launched in partnership with Hospitality Ulster in June 2024 alongside service users and Royal College of Speech and Language Therapists. The outcome is that hospitality industry are more aware of how to accommodate people with eating, drinking and swallowing difficulties. Service users identified eating out as a key challenge so this work will enable them access better customer service when accessing hospitality industry. This work was shortlisted as a finalist for the National Patient Experience Network Awards (PENNA) in October 2024. Special School Partnership Pilot: This project increases the visibility of Special Schools and provides a multi-stakeholder wrap-around approach for Special Schools, their pupils and families. This will provide more opportunities and better outcomes for this group of children and young people who are often excluded from the day-to-day experiences that their non-disabled peers and their families enjoy. As a key priority within the Regional Patient Client Experience Programme there has been the development of promotional resources for Care Opinion to support population within Section 75: • codesign of promotional material for people with a Dementia • codesign of promotional material for people with a visual impairment.
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	This change in means that the platform is promoted to people with dementia or visual impairment. Mental Health and Learning Disability Team: PHA Conference - Dying for Change: A shared commitment to understanding and meeting the health needs of people with learning disabilities in Northern Ireland. The conference was focused on the health inequalities experienced by people with a Learning Disability. This event facilitated a range of speakers from across the UK and Ireland together to share research and practice, and provided an opportunity for policy makers and senior Health and Social Care leaders to come together to focus on how we can work collectively as a system to reduce health inequalities and meet the health and social care needs of people with learning disabilities in Northern Ireland. Further work on promoting equality for people with a disability in the workplace is reported on in detail in Chapter 3 (the Equality and Disability Action Plan – Progress Report 2024-25).
Persons with and without dependants	

Equality Portal

This year saw the launch of a new Equality Portal, which is a Microsoft Sharepoint site, providing our staff with comprehensive access to a range of equality services provided by the Equality Unit in BSO. The Equality Portal was co-designed with clients, to feature what staff need to know as they consider and mainstream equality in

their work and in the workplace, including detailed guidance and resources for use when undertaking equality screenings.

(ECNI Q4,5,6)

2. During the 2024-25 reporting period

(a) were the Section 75 statutory duties integrated within...?

	Yes/No	Details
Job descriptions	Yes	For all new posts, the Job Description includes the following: “Assist the organisation in fulfilling its statutory duties under Section 75 of the Northern Ireland Act 1998 to promote equality of opportunity and good relations and under the Disability Discrimination (Northern Ireland) Order 2006. Staff are also required to support the organisation in complying with its obligations under Human Rights Legislation.”
Performance objectives for staff	Yes	All PHA staff have a mandatory performance objective to complete the ‘Equality, Good Relations and Human Rights: Making a Difference’ training module which outlines the Section 75 statutory duties.

(b) were objectives and targets relating to Section 75 integrated into...?

	Yes/No	Details
Corporate/strategic plans	Yes	The PHA Corporate Plan 2017-2021, rolled over into 2024-25, includes five key outcomes. Two of these relate directly to Section 75 groups: 1. All children and young people have the best start in life 2. All older adults are enabled to live healthier and more fulfilling lives

		During 2024-25, the PHA developed and consulted on a new Corporate Plan.
Annual business plans	Yes	Against the Corporate Plan outcomes, a number of actions included in the Business Plan 2024-25 related to specific Section 75 groupings, such as Children and Young People, for example: Strategic Initiative: “We will support the provision and development of programmes that support children to: o Survive (reducing mortality, pre-conception and antenatal care), o Thrive (universal services, new born screening, nutrition and neurodevelopment, support for child development HCHF, vaccination, health care, wellbeing support etc) o Transform (poverty, safeguarding, social complexity and deprivation, family support, FNP etc)” Outcome measures: “Vaccine uptake rates for Pertussis and MMR stabilised with particular emphasis on those with the greatest risk of experiencing health inequalities by March 2025.”

(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2024-25 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Table 2

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Please tell us about anything you feel worked particularly well / not so well in this consultation.
Involvement and Consultation Scheme	☐ Screening template ☐ EQIA report ☒ none	No targeted consultation	Questionnaire (online or paper); Free written comments (email or paper submissions);	what worked well was having a wide diverse group of people from across the spectrum of our society all with their own experience and expertise

			Online events; In person events Questionnaire drew the greatest number of responses from consultees	
PHA Corporate Plan 2025-2030	☒ Screening template ☐ EQIA report ☐ none	No targeted consultation	Questionnaire (online or paper); Free written comments (email or paper submissions); Online events; In person events; One-to-one meetings Questionnaire drew the greatest number of responses from consultees	A total of 102 responses were received from internal and external stakeholders during the consultation period via online survey and email. To further support the consultation process we successfully organised three stakeholder engagement events, two in person and one online. If more time and resources were available we could perhaps have targeted consultation events to underrepresented groups specifically.

(ECNI Q21, 26)

4. In analysing monitoring information gathered, was any action taken to change/review any policies?

Table 3

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis to address any inequalities observed?	Which Section 75 equality groups benefited from these changes specifically?
HSC R&D Division Strategy for Personal and Public Involvement in Health and Social Care Research: attendees of 'Building Research Partnerships' online and face-to-face training sessions	equality monitoring data on all 9 equality categories	The analysis did not identify any inequalities.	Not applicable
Nursing, Midwifery and Allied Health Professions –	A standard part of all 10,000 MORE Voice projects includes demographics reflecting section 75. This data is analysed as part of each individual project and	The analysis did not identify any inequalities.	Not applicable

10,000 MORE Voices	included in reports - including key messages Age, gender, sexual orientation, disability, ethnic group, country of birth Also where appropriate to the analysis we explore urban/rural/remote		
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(ECNI Q22)

5. Please provide any details or examples of where the monitoring of policies, during the 2024-25 reporting period, has shown changes to differential/adverse impacts previously assessed:

There is no information to evidence that PHA undertook monitoring, during the 2024-25 reporting period, of policies previously screened or EQIAed.

Table 4

Policy previously screened or EQIAed	What were the inequalities identified in the screening or EQIA?	Did the equality monitoring data you collected show that these inequalities had changed in 2024-25? (Please tick)	Please tell us more about these changes and why you think this has happened.

(ECNI Q25)

6. Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

The PHA avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the training.

Screening Training Evaluations

The figures in bold below represent the percentage of participants who selected 'Very Well' or 'Well'. Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **100%**
- To develop an understanding of the benefits of screening: **96%**
- To develop an understanding of the screening process: **96%**
- To develop skills in practically carrying out screening: **86%**

Lower self-assessment figures in relation to the fourth of these learning outcomes in comparison to the other outcomes are not entirely surprising. In the main, these skills are developed when staff undertake screenings and receive feedback and advice specific to an individual screening.

(ECNI Q29)

7. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period?

During 2025-26 we will focus on

- Establishing an internal PHA Equality Forum
- Five Year Review of Equality Scheme (to commence during 2025-26)
- Equality screenings – we currently anticipate to screen the following policies/decisions:
 - Partnership and Engagement Strategy
 - safer mobility/falls prevention
 - Dysphagia NI workplan
 - Development and implementation of standards for the prevention and management of Deconditioning in hospital settings
 - Health Protection Surveillance work plan to include actions on addressing indicators for equity data.

Appendix – Further Explanatory Notes

1 Consultation and Engagement

(ECNI Q10)

targeting – During the year, we didn't use a targeted approach to consultation in addition to wider consultation activities.

(ECNI Q13)

awareness raising for consultees on Equality Scheme commitments – During the year, in the context of our quarterly equality screening reports, we raised awareness of our commitments in relation to screenings.

(ECNI Q14)

consultation list – During the year, we reviewed our consultation list every quarter in relation to bounce backs.

2 Audit of Information Systems

(ECNI Q20)

We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.

Chapter 3: PHA Equality and Disability Action Plans - Progress Report 2024-25



Equality and Disability Action Plans 2023-28 Report on progress made during 2024- 25

This document summarises progress made during 2024-25 against the actions we identified in our Equality and Disability Action Plans. The plans are available on our website:

<http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

Any request for this document in another format or language will be considered.

Disability Action Plan 2023-28

DAP01: Antenatal Infection Screening Programme Lorna Hawe,
by 31 March 2025

What we will do: Infectious diseases in pregnancy screening (IDPS) programme

Since people living with HIV are protected under the Disability Discrimination Act, it is important that we ensure that pregnant women screened positive for HIV are not discriminated against.

Work with HSC Trusts to strengthen their internal quality assurance function within the IDPS programme so that assurances can be given that all staff are attending training as recommended i.e. three yearly.

What are we trying to achieve and who for: Promoting positive attitudes and Encouraging participation in public life

To ensure equality of care for all pregnant women screened positive for HIV.

To ensure that Trusts take responsibility for ensuring that their staff are attending training in the IDPS programme.

Performance Indicators and Targets: QA structures for the IDPS programme agreed and implemented. (will be resource dependent)

Progress 2024-25: All Trusts barr 1 have set up a QA group to provide an internal quality assurance function for the IDPS programme. This will include monitoring staff training numbers.

How we met the performance indicator: Whilst we have met the performance indicator for 4 out of 5 Trusts , we still have one Trust who have not set up their QA group yet and and we continue to encourage this Trust to do so.

Action Status: More work needs to be done

DAP02: Agency Management Team (AMT) & BSO Equality Unit, by 31 March 2028

What we will do: Disability Awareness Days

Raise awareness of the lived experience of people with specific disabilities and conditions.

What are we trying to achieve and who for: Promoting positive attitudes:

Increased staff awareness of a range of disabilities and conditions.

Performance Indicators and Targets: 2 awareness days profiled every year

>50% of staff taking part in the evaluation indicate they know more about people living with disabilities and conditions as a result of the awareness days

Progress 2024-25: We held two Awareness Days during the year, one covering Arthritis and one on Neurodiversity. Our Arthritis Awareness Day was held on 3 December 2024 which is the UN International Day of People with Disabilities. We wanted to highlight and celebrate this important day with all our workplace colleagues who may/or may not be disabled. Lisa Carlisle, NI Regional Officer for Versus Arthritis facilitated the Arthritis Awareness Day. Lisa talked about Arthritis and working and covered a range of topics including why work matters; the impact of Arthritis on working; research undertaken by Versus Arthritis; the rights of disabled people and reasonable adjustments requirements and how to manage the condition of Arthritis in the workplace.

Following the session, we uploaded a recording of the Arthritis Awareness session and a copy of the facilitator's slide presentation to the Equality Unit Portal for information for all staff.

Our Awareness Day on Neurodiversity was held 21 March 2025 during Neurodiversity Celebration Week which is a worldwide initiative that takes place during 17 -23 March. This session focused on Autism and ADHD and was led and facilitated by Sharon Didrichsen and Elaine Stephens from Specialisterne, which is a not for profit organisation specialising in Autism and ADHD. The content of this session was co-designed with staff in advance. This helped Specialisterne develop an awareness session which focused on the Neurodiversity information

needs of staff attending, in relation to working with or managing a colleague who may be neurodivergent.

This session was not recorded, however Specialisterne will produce an aide-memoire of the session which will be made available to all staff through the

How we met the performance indicator: 2 days delivered

Action Status: Action complete - this is an annual action

DAP03: Agency Management Team (AMT) & BSO Equality Unit, by 31 March 2028

What we will do: Placement Scheme

Create and promote meaningful placement opportunities for people with disabilities.

What are we trying to achieve and who for: Promoting positive attitudes and Encouraging participation in public life:

People with a disability gain meaningful work experience.

People with a disability are successful in applying for paid employment after they have completed a placement.

Performance Indicators and Targets: At least 3 placements in the PHA offered every year.

Feedback through annual evaluation of scheme indicates that placement meets expectations.

At least 1 placement participant every year is successful in applying for paid employment within 12 months of completing their placement.

Progress 2024-25: During the year, together with voluntary sector partners we developed new arrangements for offering placements for people with a disability. We have agreed to offer one set of placements together with Disability Action and another set together with Supported Employment Solutions. This way, we want to reach as broad a range of people with a disability as possible. Instead of a fixed starting point and a fixed duration, we will now offer placements throughout the year and for any length between two and six months, depending on the nature of the placement. By the end of March 2025, we had drafted a policy and guidance documents as well as a Memorandum of Understanding. We want to agree these and start offering placements early in 2025-26.

How we met the performance indicator:

Action Status: No progress made

DAP04: Agency Management Team (AMT) & BSO Equality Unit, by 31 March 2028

What we will do: Tapestry Network

Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its priorities.

What are we trying to achieve and who for: Encouraging participation in public life:

Staff with a disability feel more confident that their voice is heard in decision-making.

Staff with a disability feel better supported.

Performance Indicators and Targets: Tapestry staff survey

Increase in Tapestry membership or in participation at meetings

Progress 2024-25: Tapestry, jointly with BSO HR, ran a Lunch and Learn session on Reasonable Adjustments on 8th November. This session covered the legislation in relation to Reasonable Adjustments and was very well attended by staff and managers alike.

Engagement - Tapestry are currently working on several engagement projects including looking at their overall experience of the accessibility of Sharepoint, NIPEC's new website, the Equip program. Tapestry members also attended a PHA event on 4th Dec in order to promote the Network.

Carers - Tapestry also furthered the Carers Agenda, it was added as a standing item on quarterly meeting agendas and, most recently hosted a presentation by Carers NI who discussed issues for working carers and sign-posted members to support resources.

A recent survey with members showed that a majority (80%) would welcome some of the meetings be hosted face to face. It was agreed that going forward, at least 2 quarterly meetings per year will be held in person.

How we met the performance indicator:

Action Status: Action complete - this is an annual action

DAP05a: Operations (now Finance and Corporate Services)
Stephen Murray, by 31 March 2028

What we will do: Strategic Planning Teams

Create and promote opportunities for people with disabilities to participate in PHA's strategic planning process to ensure the needs of people with disabilities are appropriately reflected when setting commissioning priorities:

Review current participation opportunities

What are we trying to achieve and who for: Encouraging participation in public life:

People with a disability are meaningfully involved in setting commissioning priorities initially in the following areas (to be regularly reviewed):

- Mental Health
- Older People
- Alcohol and Drugs

Performance Indicators and Targets:

Progress 2024-25: Each Planning team has completed a review of existing participation opportunities. Whilst there are good examples of user engagement within individual programme areas such as Alcohol and Drugs / Mental Health, that would potentially include people who have a disability, there is no specific focus being placed on holding dedicated sessions that engage people with disabilities.

How we met the performance indicator:

Action Status: Action complete - this is an annual action

DAP05b: Operations (now Finance and Corporate Services)
Stephen Murray, by 31 March 2028

What we will do: Strategic Planning Teams

Create and promote opportunities for people with disabilities to participate in PHA's strategic planning process to ensure the needs of people with disabilities are appropriately reflected when setting commissioning priorities:

Develop and implement engagement plan

What are we trying to achieve and who for: Encouraging participation in public life:

People with a disability are meaningfully involved in setting commissioning priorities initially in the following areas (to be regularly reviewed):

- Mental Health
- Older People
- Alcohol and Drugs

Performance Indicators and Targets:

Progress 2024-25: An Involvement and Engagement framework has been developed for planning teams. Each Planning Team is in the process of developing a specific engagement plan that will consider the needs of people with a disability.

How we met the performance indicator:

Action Status: More work needs to be done

DAP06: Operations (now Chief Executive's Office) Gary McKeown, by 31 March 2028

What we will do: Ensure that content is reflective of society, including imagery, case studies and advice reflects diversity of race, ability and sexual orientation. This will include enhanced accessibility such as the use of subtitles in videos.

Undertake an audit of PHA websites to: 1) identify key information to be made available in signed video format and 2) ensure relevant contact details are available and up to date in relation to requesting signed format versions.

What are we trying to achieve and who for: Having due regard to the need to promote equality of opportunity; encouraging participation in public life:

To help ensure that people from a range of backgrounds feel represented and receive information that is relevant to them and appropriately delivered to increase accessibility.

Performance Indicators and Targets: Audit to identify key information to be made available and where contact details are provided completed

Progress 2024-25:

(i) Content being reflective of society

- Content has been developed which includes, for example, people with a disability featuring as a case study and advice specifically for members of the LGBTQI+ community.

(ii) Accessibility/usability (incl. use of subtitles):

- All video is now produced to include subtitles by default.
- We implemented immediate changes to the PHA corporate site (improvements include clearer navigation, improved colour contrast, and screen-reader compatibility enhancements (access to ReachDeck accessibility tool, instructions on browser accessibility features)
- We amended the Accessibility Statement with instructions on the use of ReachDeck and accessible friendly Browser features.
- We provided inhouse digital accessibility training to the Communications team.

- We created an accessibility resource page and a set of guidelines from a communications perspective now available on our intranet.

(iii) availability of information on the website in signed video format

- No progress yet during 2024-25, in light of the work prioritised (see above).
- We will give particular regard to this as we embark on the process of redeveloping the PHA website during 2025-26. We will engage with people who are Deaf and representative organisations as we do so.

How we met the performance indicator:

Action Status: More work needs to be done

DAP08: Personal and Public Involvement Martin Quinn, by 31 March 2028

What we will do: Pro-actively use the Engage Website to promote & encourage involvement of service users and carers with a disability.

Liaise with Tapestry, HSC partners, Disability Action & other advocacy groups, to identify ways in which the Engage website might be more effectively used to advance meaningful involvement of service users and carers in the work of the HSC

What are we trying to achieve and who for: Encouraging and facilitating participation in public life:

Help to inform HSC staff how they could support and encourage active involvement of service users and carers with a disability.

Inform and encourage service users and carers with a disability to avail of involvement opportunities with the HSC

Performance Indicators and Targets: Production of a Guide targeted at informing staff about ways in which to support involvement of service users and carers with a disability.

Increasing numbers of service users and carers with a disability availing of HSC Involvement opportunities

Progress 2024-25: PHA PPI Team in collaboration with Tapestry, 3rd sector Advocacy organisations – ongoing during 2023-28

Integrated Reachdeck into Engage website to facilitate wider accessibility feature and will be promoted in 25/26 through PPI networks

Now under P&E, the Regional PCE programme has engaged with Tapestry Network as part of the review of communication plan specific to Care Opinion

How we met the performance indicator:

Action Status: More work needs to be done

DAP09: Personal and Public Involvement Martin Quinn, by 31 March 2025

What we will do: Work with HSC partners to develop guidance and mechanisms to take forward remuneration of service users and carers in line with the policy direction laid down in the Co-Production Guide

What are we trying to achieve and who for: Encouraging and facilitating participation in public life:

Helping to address barriers to participation by service users and carers, many of whom are living with a disability and who are less likely to get involved due to additional financial pressures and costs.

Performance Indicators and Targets: Have in place guidance and mechanisms to facilitate remuneration of service users and carers in agreed, appropriate and defined circumstances.

Increasing numbers of service users and carers with a disability, availing of remunerated HSC Involvement opportunities.

Progress 2024-25: Objective subsumed into the Strategic Approach to Public Engagement. A workstream has been identified to collaboratively address this in 2025/2026

How we met the performance indicator:

Action Status: No progress made

DAP10: Patient and Client Experience Martin Quinn, by 31 March 2025

What we will do: Work with HSC partners to develop mechanisms for feedback which are accessible to the wider population of Northern Ireland

What are we trying to achieve and who for: Encouraging participation in public life:

Improve opportunity for people of NI to provide feedback on experiences across HSCNI

Performance Indicators and Targets: All campaigns and promotion material will be supported by translation and adapted to encourage feedback from people with a disability

Progress 2024-25: All initiatives within Regional PCE programme have an accessible approach for promotion/communication. This has been progressed in partnership with C&V and includes materials for visually impaired, for people with a Learning Disability, for people with a Dementia and for Sign Language Users. This is supported with training for all PCE facilitators on Talking Mats methodology and annual Communication UK modules

How we met the performance indicator:

Action Status: Action complete - this is an annual action

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.
- We report on progress against our Disability Action Plan to our Board and Agency Management Team (the people at the top of our organisation) every year.

(6) Encourage Others

- We did not undertake any activities to encourage others.

(7) Monitoring

- We did not undertake any monitoring activities in addition to what is listed above.

(8) Revisions

- We have made some minor revisions to our Disability Action Plan 2023-28. These are reflected in the updated PHA Equality and Disability Action Plans 2023-28 (see Chap 4).

Disability Action Plan - Conclusions

- We completed 4 actions (DAP02, 04, 05a, 10).
- We have more work to do on 4 actions (DAP01, 05b, 06, 08)
- We didn't do any work on 2 actions (DAP03,09).
- All of the actions in our action plan are at regional and at local level.
- Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.

Equality Action Plan 2023-28

EAP01: Service Development and Screening Claire Armstrong, by 31 March 2026

What we will do: Support the implementation of an online booking system for diabetic eye screening.

What are we trying to achieve and who for: Disability, Dependants, Age

Allowing participants to select a date for screening more suitable to them via a link within their invitation letter

Giving more flexibility to individuals with caring responsibilities, young people and those of working age

Reducing the number of clinic DNAs

Performance Indicators and Targets: The impact of the system will be reviewed by the Belfast HSC Trust along with input from PHA Screening.

Progress 2024-25: Online booking system has now been expanded to all routine participants, allowing them to book, change or cancel appointments. Current work to produce information posters for clinics, GP practices etc including QR code and web link.

How we met the performance indicator:

Action Status: More work needs to be done

EAP02a: Allied Health Professions Lorraine Ringland, by 30 September 2024

What we will do: Through partnership working with key stakeholders, both statutory and non-statutory to help to determine and plan for the predicted healthcare needs of children and young people with Special Educational Needs (SEN):

Develop a standardised regional pathway and process across the health and social care system for the identification of children with Special Educational Needs, advice and recommendations on the provision required to meet these needs and the intended outcome of this provision in meeting these needs.

What are we trying to achieve and who for: Disability, Age

Children and young people (CYP) with SEN will benefit from a standardised health statutory assessment process towards timely access to AHP support/recommendations within the educational setting

Performance Indicators and Targets: Health services will more consistently meet KPI in respect of the submission of health reports for SEN statutory assessment process.

Progress 2024-25:

How we met the performance indicator:

Action Status: No progress made

EAP02b: Allied Health Professions Lorraine Ringland, by 30 September 2024

What we will do: Through partnership working with key stakeholders, both statutory and non-statutory to help to determine and plan for the predicted healthcare needs of children and young people with Special Educational Needs (SEN):

Develop an integrated model of support across the health and educational sector that can assist to meet the child and young person's needs holistically and which meets requirements within the Children's Services Co-operation Act (2015).

What are we trying to achieve and who for: Disability, Age

Children and young people (CYP) will benefit from a holistic approach to addressing their AHP needs within the school environment, reducing duplication and enhancing consistent messaging.

Performance Indicators and Targets: Review of training programmes provided by health and education towards model with greater regional consistency and evidence of cross organisational partnership working.

Progress 2024-25:

We have created a cross-sectoral Hub and Spoke Model of Community Partnership and Collaboration with key partners in Children's Services across 7 Special Schools in N.I Create opportunities to hear the voices of our CYP, their parents and support networks.

The work has continued between April 24 to present with 21 Partnership meetings across 7 pilot sites. Each Special School has developed a 3 year collaborative action plan with 4 selected priorities. The voices of 80 CYP with complex disabilities were captured through an innovative approach using Creative Therapies alongside wider AHP partners and their voices were heard by both the Ministers for Health and Education and 150 delegates at a Conference in Oct 24. This work has continued this year with a further 80 CYP with complex disabilities.

We have lead the development of a cross-sectoral regional group to address vision impairment in children attending Special Schools.

In 24-25 we have lead the development of the regional 'Inclusive Respite and Recreation Forum', identifying the key stakeholders, chairing the meetings and brokering agreement around the scope of the

group and the ToR. From Jan-June 25 we have completed a scoping exercise with Playboard NI, of the Community and Voluntary sector summer provision for CYP with the most complex needs which will be used to inform the groups planning.

How we met the performance indicator:

Action Status: Action complete

EAP03: Cancer Screening Bronagh Clarke, by 31 March 2025

What we will do: Raise awareness and promote informed choice in cancer screening, focusing on those communities and population groups who are less likely to participate in screening, including in particular people from ethnic minority backgrounds, people with a disability, and lesbian, gay and bisexual people:

Develop a wider action plan to address inequalities across all screening programmes

What are we trying to achieve and who for: Ethnicity, Disability, Sexual Orientation

Empower those from the above range of S75 groups and deprived areas across NI (whose uptake of screening invitations tends to be lower) to make an informed choice to participate in cancer screening.

To engage with those in the above S75 groups and deprived areas across NI to raise awareness of cancer signs and symptoms.

Performance Indicators and Targets:

Progress 2024-25: An 'improving health equity in screening' project team has been established to develop an action plan to address inequities across all our screening programmes.

The work involves:

- An updated literature review
- Scoping of existing approaches and issues across the programmes
- A stakeholder engagement exercise
- Development of an initial action plan

To date;

- A questionnaire has been circulated to all screening programmes to gather information on five key areas (education & training, data & research, communications, engagement and access) to understand the current scope of work relating to health inequities in each of the programmes.

- A stakeholder engagement plan is being developed which will have a two phase approach

- Meetings have taken place with other nations to understand their strategies
- The literature review is underway

How we met the performance indicator:

Action Status: More work needs to be done

EAP04a: Antenatal Infection Screening Lorna Hawe, by 31 March 2025

What we will do: Infectious Diseases in Pregnancy Screening (IDPS)

Ensure that all women from section 75 categories have access to Infectious Diseases in Pregnancy Screening (IDPS) early in pregnancy and that there is equality of access into clinical care for those screening positive for infections:

Provide information leaflets about the IDPS programme in an accessible format in different languages.

What are we trying to achieve and who for: Persons from ethnic minority groups, asylum seekers and migrants

Ensure that people from the above groups know how to access services and have the information they need in the appropriate language, in order to make an informed choice about IDPS screening.

Ensure that women who need to attend specialist services can access the service and attend appointments required for the health of themselves and their baby.

Performance Indicators and Targets: Quarterly statistics collected from each Trust to show performance against National standards and these will provide evidence of IDPS uptake and attendance at specialist appointments:

performance against each standard reached the acceptable level and hopefully achieve achievable level (top level)

Audit in progress around women screened positive for hepatitis B- this will highlight inequalities of access amongst women attending specialist services.

Progress 2024-25: IDPS information leaflets are all accessible on the PHA website and although the previous version of the leaflets are available in different languages we still have to get the revised version of the leaflets translated.

How we met the performance indicator: We are currently in the process of getting our updated leaflet translated into different languages.

Action Status: More work needs to be done

EAP04b: Antenatal Infection Screening Lorna Hawe, by 31 March 2025

What we will do: Infectious Diseases in Pregnancy Screening (IDPS)

Ensure that all women from section 75 categories have access to Infectious Diseases in Pregnancy Screening (IDPS) early in pregnancy and that there is equality of access into clinical care for those screening positive for infections:

Liaise with community groups if necessary who can provide transport for women to clinic appointments if necessary.

What are we trying to achieve and who for: Persons from ethnic minority groups, asylum seekers and migrants.

Ensure that people from the above groups know how to access services and have the information they need in the appropriate language, in order to make an informed choice about IDPS screening.

Ensure that women who need to attend specialist services can access the service and attend appointments required for the health of themselves and their baby.

Performance Indicators and Targets: Quarterly statistics collected from each Trust to show performance against National standards and these will provide evidence of IDPS uptake and attendance at specialist appointments:

Performance against each standard reached the acceptable level and hopefully achieve achievable level (top level)

Audit in progress around women screened positive for hepatitis B- this will highlight inequalities of access amongst women attending specialist services.

Progress 2024-25: Each Trust has links to community groups who can help with transport to and from appointments. As a result of the health equity audit we have produced a video for women screened positive for hepatitis B which will have subtitles in different languages. It is hoped that this will encourage women to attend their appointments.

How we met the performance indicator: As above there has been a delay in obtaining all the quarterly data for 2024/2025.

Action Status: Action complete

EAP04c: Antenatal Infection Screening Lorna Hawe, by 31 March 2025

What we will do: Infectious Diseases in Pregnancy Screening (IDPS)

Ensure that all women from section 75 categories have access to Infectious Diseases in Pregnancy Screening (IDPS) early in pregnancy and that there is equality of access into clinical care for those screening positive for infections:

Monitor the programme to reduce potential inequalities within it especially for those women requiring referral to specialist services.

What are we trying to achieve and who for: Persons from ethnic minority groups, asylum seekers and migrants.

Ensure that people from the above groups know how to access services and have the information they need in the appropriate language, in order to make an informed choice about IDPS screening.

Ensure that women who need to attend specialist services can access the service and attend appointments required for the health of themselves and their baby.

Performance Indicators and Targets: Quarterly statistics collected from each Trust to show performance against National standards and these will provide evidence of IDPS uptake and attendance at specialist appointments:

Performance against each standard reached the acceptable level and hopefully achieve achievable level (top level)

Health equity audit in progress around women screened positive for hepatitis B- this will highlight inequalities of access amongst women attending specialist services.

Progress 2024-25: The quarterly reporting template has been revised to collect data on women screened positive for infection around whether English is their first language or not and what gestation they are booking at .

How we met the performance indicator:

Due to the implementation of the new digital Encompass system there has been a delay in getting some of the quarterly stats submitted. The health equity audit for women accessing specialist services was

completed and although there was no statistically significant difference due to small number involved, it did show an increased chance that women from section 75 groups will be more likely to not attend their appointments for specialist assessment.

Action Status: More work needs to be done

EAP07: Health Improvement & Operations Maurice Meehan / Fiona Teague / Colette Rogers, by 31 March 2025

What we will do: Equality Monitoring

Commitment to collect additional equality data and outline planned analysis to be carried out on specific data that will be collected.

What are we trying to achieve and who for: All S75 Groups

Gather additional information relating to S75 groups and explore how this can be used to inform wider decisions

Performance Indicators and Targets: Audit what information is currently gathered and develop plan to identify opportunities to collect additional data

Identify data that allows further analysis to be carried out

Progress 2024-25: As part of Health Improvement Contract Management Processes, Section 75 monitoring data is requested/reported on a yearly basis from HSCT and C&V Sector/contracts. The current request is out for completion with 53 responses to date. The closing date for return of this information for 24-25 delivery year is 30th May 2025. Health Improvement Staff continue to encourage return of this information.

How we met the performance indicator: Closing date for 24-25 delivery is 30 May 2025, therefore target not yet met.

Action Status: More work needs to be done

EAP08: Operations (now Finance and Corporate Services) Karen Braithwaite, by 31 March 2026

What we will do: Establish a PHA Equality Working Group

What are we trying to achieve and who for: All S75 Groups

Ensure Equality is considered at a strategic level within PHA

Aim to change culture of organisation to ensure equality issues are being considered and addressed

Performance Indicators and Targets: Group established and meeting regularly

Terms Of Reference agreed and action plan in place

Progress 2024-25: Terms of Reference have been drafted and planning for the establishment of the PHA Equality Working Group has commenced.

How we met the performance indicator: Target date has not yet passed.

Action Status: More work needs to be done

EAP09: Personal and Public Involvement Martin Quinn, by 30 September 2024

What we will do: Develop and introduce an equality specific section for all Involvement training commissioned / delivered by the PHA.

What are we trying to achieve and who for: All S75 Groups

Aim to ensure best practice is followed in terms of equality issues, in respect of involvement matters in the PHA and to influence practice across the wider HSC

Performance Indicators and Targets: Equality specific section developed for use in all Involvement training commissioned / delivered by the PHA.

Increase in understanding of the rationale for embedding best practice in equality matters.

Progress 2024-25: E-learning for Involvement is being updated with input from regional forum and in collaboration with Leadership centre – to be completed by June 2025 and will support inclusion of people who fall under S75 Groups

How we met the performance indicator:

Action Status: More work needs to be done

Equality Action Plan - Conclusions

- We completed 2 actions (EAP2b,04b).
- We have more work to do on 6 actions (EAP01,03,04a,04c,07,09)
- All of the actions in our action plan are at regional and at local level.
- Our action plan is a live document. If we make any big changes to our plan we will involve people in the Section 75 categories. We will tell the Equality Commission about any changes.



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August 2025

Public Health Agency (PHA) Equality and Disability Action Plans 2023-28

Updated August 2025

1. Equality Action Plan 2023-28: What we will do to promote equality and good relations

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
Service Development and Screening Support the implementation of an online booking system for diabetic eye screening. *	Disability, Dependants, Age The online booking system allows participants to select a date for screening more suitable to them via a link within their invitation letter. The objective of this system is to give more flexibility to individuals with caring responsibilities, young people and those of working age. It is also hoped that this in turn will reduce the number of clinic DNAs.	Usage of the system will need to be restricted until the programme has recovered sufficiently and has capacity to offer a variety of screening clinic slots online. The other impact will be the implementation of a low risk pathway in 2023/24, the effects of this new pathway will not be realised until 2025/26 as eligible patients will be moved in a phased approach over 2 years. The impact of the system will be reviewed by the Belfast HSC Trust along with input from PHA Screening.	The implementation and management of the booking system is the responsibility of the Belfast HSC Trust, however the PHA will support the implementation and the impact of the system will be kept under review by the NIDESP Operational Group (with PHA and Belfast HSC Trust membership) Aim to have full implementation by March 2026.

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
Allied Health Professions Through partnership working with key stakeholders, both statutory and non-statutory to help to determine and plan for the predicted healthcare needs of children and young people with Special Educational Needs (SEN). Specific action 1 – The development of a standardised regional pathway and process across the health and social care system for the identification of children with Special Educational Needs, advice and recommendations on the provision required to meet these needs and the intended outcome of this provision in meeting these needs.	Disability, Age Children and young people (CYP) with SEN will benefit from a standardised health statutory assessment process towards timely access to AHP support/recommendations within the educational setting. CYP will benefit from a holistic approach to addressing their AHP needs within the school environment, reducing duplication and enhancing consistent messaging.	Health services will more consistently meet KPI in respect of the submission of health reports for SEN statutory assessment process. Review of training programmes provided by health and education towards model with greater regional consistency and evidence of cross organisational partnership working.	PHA AHP by Mar 2026

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
Cancer Screening Raise awareness and promote informed choice in cancer screening, focusing on those communities and population groups who are less likely to participate in screening, including in particular people from ethnic minority backgrounds, people with a disability, and lesbian, gay and bisexual people • Develop a wider action plan to address inequalities across all screening programmes	Ethnicity, Disability, Sexual Orientation, Age, Gender, Dependents, Marital Status Empower those from the above range of S75 groups and deprived areas across NI (whose uptake of screening invitations tends to be lower) to make an informed choice to participate in cancer screening. To engage with those in the above S75 groups and deprived areas across NI to raise awareness of cancer signs and symptoms.		PHA by Mar 2026
Infectious diseases in pregnancy screening (IDPS): - Ensure that all women from section 75 categories have access to IDPS early in pregnancy and that there is	Persons from ethnic minority groups, asylum seekers and migrants. We are trying to ensure that people from the above groups	1.Quarterly statistics will be collected from each Trust to show performance against National standards and these will provide	PHA Regional antenatal infection screening programme co-ordinator

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
equality of access into clinical care for those screening positive for infections. • We will provide information leaflets about the IDPS programme in an accessible format in different languages. • We will monitor the programme to reduce potential inequalities within it especially for those women requiring referral to specialist services.	know how to access services and have the information they need in the appropriate language, in order to make an informed choice about IDPS screening. We are trying to ensure that women who need to attend specialist services can access the service and attend appointments required for the health of themselves and their baby.	evidence of IDPS uptake and attendance at specialist appointments. The target would be that performance against each standard would reach the acceptable level and hopefully achieve the achievable level (top level) 2. Audit in progress around women screened positive for hepatitis B- this will highlight inequalities of access amongst women attending specialist services.	By Mar 2026 By Mar 2026
Equality Monitoring Commitment to collect additional equality data and outline planned analysis to be carried out on specific data that will be collected.	All S75 Groups Gather additional information relating to S75 groups and explore how this can be used to inform wider decisions	Audit what information is currently gathered and develop plan to identify opportunities to collect additional data	PHA Health Improvement and Operations

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
		Identify data that allows further analysis to be carried out	by Mar 2026 and annually until End Mar 2028
Equality Working Group Establish a PHA Equality Working Group	All S75 Groups Ensure Equality is considered at a strategic level within PHA Aim to change culture of organisation to ensure equality issues are being considered and addressed	Group established and meeting regularly – TOR agreed and action plan in place	PHA Planning and Operational Services by Mar 2026
Develop and introduce an equality specific section for all Involvement training commissioned / delivered by the PHA.	All S75 Groups Aim to ensure best practice is followed in terms of equality issues, in respect of involvement matters in the PHA and to influence practice across the wider HSC	Equality specific section developed for use in all Involvement training commissioned / delivered by the PHA. Increase in understanding of the rationale for embedding best practice in equality matters.	Lead by the PHA PPI Team by Mar 2026 (with guidance from BSO Equality colleagues, HSC partners and service users and carers)

*Due to an ongoing post Covid recovery programme and the implementation of an extended screening interval in 2023/24, the availability of the online booking has had to be restricted to smaller groups, initially it is being used

with those who have previously DNA'd. A review will then be carried out looking at functionality, and uptake amongst those targeted. Following this it is expected that availability will be extended to other groups within our eligible population, e.g. those newly diagnosed with diabetes, younger age groups etc.

2. Disability Action Plan 2023-28: What we will do to promote positive attitudes towards people with a disability and encourage the participation of people with a disability in public life

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
Service Development and Screening Infectious diseases in pregnancy screening (IDPS) programme Since people living with HIV are protected under the Disability Discrimination Act, it is important that we ensure that pregnant women screened positive for HIV are not discriminated against. The PHA will work with HSC Trusts to strengthen their internal quality assurance function within the IDPS programme so that assurances can be given that all staff are attending training as recommended i.e. three yearly.	Promoting positive attitudes and Encouraging participation in public life To ensure equality of care for all pregnant women screened positive for HIV. To ensure that Trusts take responsibility for ensuring that their staff are attending training in the IDPS programme.	QA structures for the IDPS programme agreed and implemented. (will be resource dependent)	PHA Consultant responsible for the IDPS programme and PHA Regional antenatal infection screening programme co-ordinator, by Mar 2026.

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
Awareness Days Raise awareness of the lived experience of people with specific disabilities and conditions.	Promoting positive attitudes: Increased staff awareness of a range of disabilities and conditions.	2 awareness days profiled every year. >50% of staff taking part in the evaluation indicate they know more about people living with disabilities and conditions as a result of the awareness days.	Agency Management Team (AMT) with support from BSO Equality Unit. by Mar 2028
Placement Scheme Create and promote meaningful placement opportunities for people with disabilities.	Promoting positive attitudes and Encouraging participation in public life: People with a disability gain meaningful work experience. People with a disability are successful in applying for paid employment after they have completed a placement.	At least 3 placements in the PHA offered every year. Feedback through annual evaluation of scheme indicates that placement meets expectations. At least 1 placement participant every year is successful in applying for paid employment within 12 months of completing their placement.	Agency Management Team (AMT) with support from BSO Equality Unit. by Mar 2028

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
Tapestry Network Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its priorities.	Encouraging participation in public life: Staff with a disability feel more confident that their voice is heard in decision-making. Staff with a disability feel better supported.	Tapestry staff survey Increase in Tapestry membership or in participation at meetings	Agency Management Team (AMT) with support from BSO Equality Unit by Mar 2028
Strategic Planning Teams Create and promote opportunities for people with disabilities to participate in PHA's strategic planning process to ensure the needs of people with disabilities are appropriately reflected when setting commissioning priorities: • Review current participation opportunities • Develop and implement engagement plan	Encouraging participation in public life: People with a disability are meaningfully involved in setting commissioning priorities initially in the following areas (to be regularly reviewed): • Mental Health • Older People • Alcohol and Drugs		PHA Planning and Operational Services AD by Mar 2028

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
PHA Websites • Ensure that content is reflective of society, including imagery, case studies and advice reflects diversity of race, ability and sexual orientation • Improve accessibility/usability (incl. use of subtitles) • Undertake an audit of PHA websites, make key information on the website available in signed video format, and ensure relevant contact details are available and up to date in relation to requesting signed format versions.	Promoting positive attitudes and Encouraging participation in public life: Ensure that content is accessible to people who are deaf	Audit to identify key information to be made available and where contact details are provided completed	PHA Comms by Mar 2026 by Mar 2026 by Mar 2028
Disability Training Plan Working together with Tapestry, we will co-produce, commission and	Promoting positive attitudes:	Engage with Tapestry to identify training required	Agency Management Team (AMT) with

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
deliver, and evaluate a training plan for staff on disability equality.	Raise awareness of issues facing those with a disability and identify/develop suitable training and development opportunities	and explore how this can be implemented.	support from BSO Equality Unit by Mar 2028
Pro-actively use the Engage Website to promote & encourage involvement of service users and carers with a disability. Liaise with Tapestry, HSC partners, Disability Action & other advocacy groups, to identify ways in which the Engage website might be more effectively used to advance meaningful involvement of service users and carers in the work of the HSC	Encouraging and facilitating participation in public life. Help to inform HSC staff how they could support and encourage active involvement of service users and carers with a disability. Inform and encourage service users and carers with a disability to avail of involvement opportunities with the HSC	Production of a Guide targeted at informing staff about ways in which to support involvement of service users and carers with a disability. Increasing numbers of service users and carers with a disability availing of HSC Involvement opportunities	PHA Partnership and Engagement by Mar 2028
Work with HSC partners to develop guidance and mechanisms to take forward remuneration of service	Encouraging and facilitating participation in public life.	Have in place guidance and mechanisms to facilitate remuneration of	PHA PPI Team working in collaboration with the

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
users and carers in line with the policy direction laid down in the Co-Production Guide	Helping to address barriers to participation by service users and carers, many of whom are living with a disability and who are less likely to get involved due to additional financial pressures and costs.	service users and carers in agreed, appropriate and defined circumstances. Increasing numbers of service users and carers with a disability, availing of remunerated HSC Involvement opportunities.	DoH, HSC partners & the PCC by Mar 2028.
Work with HSC partners to develop mechanisms for feedback which are accessible to the wider population of Northern Ireland	Improve opportunity for people of NI to provide feedback on experiences across HSCNI	All campaigns and promotion material will be supported by translation and adapted to encourage feedback from people with a disability	PHA PCE Team working in collaboration with HSC partners and charitable partners; Complete by Mar 2028

Chapter 5: Equality and Human Rights Screening Report



Equality and Human Rights Screening Report

April 2024 – March 2025

These screenings can be viewed on the BSO website under:

<https://bso.hscni.net/directorates/people-and-place/equality-and-human-rights/equality-screening/>

Policy / Procedure	Policy Aims	Date	Screening Decision
Anti-Fraud and Anti-Bribery Policy Statement & Response Plan	This policy is intended to provide advice to all Public Health Agency (PHA) staff on their responsibilities to prevent and detect fraud or bribery and to report all cases of actual, suspected or potential of the same. The purpose of this document is to set out the PHA's position on fraud and bribery and thereby set the context for the ongoing efforts to reduce fraud and bribery to the lowest possible level and provide guidance in the Response Plan of what to do when reporting suspected cases of Fraud or Bribery.	Sep-24	Screened out without mitigation
Conflict Bullying & Harassment Policy and Procedure (regional)	The aim of this policy is to provide all staff, and managers, with clear guidance on how to handle conflict, bullying and harassment in accordance with best practice and relevant employment legislation.	Dec-24	Screened out with mitigation
Equality, Diversity and Inclusion Policy	The policy outlines the commitment of the Public Health Agency (hereafter referred to as the PHA) to promote equality of opportunity, good and harmonious working relations and the prevention of unlawful discrimination.	Jul-24	Screened out without mitigation
Hybrid Working Scheme – Guidance for Managers & Staff	The Hybrid working scheme provides for staff to work up to 40% of their working week from home if desired, with a requirement for at least 60% of their working week to be conducted in an 'office' environment which includes	Dec-24	Screened out without mitigation

	attendance at meetings which may be at the staff members base or another location outside of their home.		
Retendering Community Capacity Building, Grants and Mentoring Programme	The programme will enhance local people's knowledge, skills and experience by encouraging community activity and self-help, increasing local people's understanding of health inequalities and the wider determinants of health.	Jan-25	Screened out with mitigation
Retender of the Workplace Health and Well-being Support Service	The PHA will be re-tendering for the Workplace Health and Wellbeing Support Service to commence in March 2025. This Service was established in 2015 and contracts were awarded initially to 3 Service Providers working across 5 Lots. The service was retendered again in 2020 for 3 years with an option to extend for a further 2 years taking the tender up to March 2025. The service was awarded to 2 Service Provider across 5 Lots. The retender and continuation of an evidence-based approach based on the WHO Framework will afford the opportunity to build on its successes and continue to deliver an effective and consistent approach to workplace health and well-being. The Workplace Health Service will provide support to businesses and organisations which will involve assessing and addressing all employee needs. Providers will continue to target support towards Small to Medium Enterprises, larger organisations would also benefit from the Service. The focus will be employees at risk of poor health and well-being, starting with sedentary workers, transport staff, low paid and migrant employees, employees with long term conditions, minority ethnic	Nov-24	Screened out with mitigation

	groups, S75 employees, and employees who are carers or working parents. The Service will provide accessible health and well-being information and support and will help reduce health inequalities. The Public Health Agency has previously examined the evidence base for workplace health and well-being and reviewed suggested approaches. Subsequently PHA advocates the World Health Organization (WHO) Healthy Workplace Framework and Model as an approach to promoting healthier workplaces (WHO 2010) www.who.int/occupational_health/healthy_workplace_framework.pdf The preferred model for supporting businesses to undertake effective workplace health action involves effective engagement with employees to assess and address employee needs, developing an action plan and accessing support from providers of workplace health and well-being support. Employee engagement is key to identify the needs of employer and employee and prioritise action to improve Health and Well-being, and promote a positive psycho-social and safe environment within the workplace.		
Substance & Alcohol Misuse Policy	The aims of this policy are to help employees identify at an early stage, struggles with substance, or alcohol which may lead to misuse, and encourage and assist those employees with a problem or potential problem to seek help.	Jul-24	Screened out without mitigation
Supporting Performance Improvement (Regional Policy)	It is the aim of this Policy that the Public Health Agency (PHA) is a place where all employees are enabled to work and perform to the best of their ability to deliver an excellent service. The purpose of	Dec-24	Screened out with mitigation

	this Policy is to provide a framework for the PHA to support employees with performance concerns to achieve effective standards of work.		
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No concerns were raised by consultees on any of the screenings published in 2024-25.

Chapter 6: Mitigation Report



Equality and Human Rights Mitigation Report

April 2024 – March 2025

Conflict, Bullying and Harassment in the Workplace Policy and Procedure

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
Any issues identified were addressed during the development of the Policy.	Communication is key - Ensure awareness raising for all staff and managers to promote confidence to address issues which may arise. Normalise the conversation on any issues of concern, testing perceptions and acting appropriately to resolve any issues which arise. Data will be gathered on any issues arising to ensure monitoring and appropriate action can be taken to ensure ongoing effectiveness of this policy.

Retendering Community Capacity Building, Grants and Mentoring Programme

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
The potential Equality issues have been identified at section 2.3 under the service headings for this contract, which are: • Creating awareness of the Community Capacity	The specification has been updated to include the following requirements to assist in addressing the potential equality issues noted above, which will be discussed at an initial meeting with the appointed service provider:

Building programme through community engagement and working in partnership with local communities and other HSC bodies. • Project Management and Development • Project Evaluation • Education and Development As this procurement process is for the re-tendering of an existing service, the previous quantitative and qualitative data collected was reviewed ahead of compiling the specification, to ensure that any equality groups who were under-represented (as indicated in section 2.2) were considered in the re-design of services. To date Section 75 data had only been collected for the Community Capacity Building element of the programme, however this has now been amended to also collect data for the Grants and Mentoring element of the programme under the new contract to ensure the data is reflective of those involved in the full programme. The specification also includes a requirement to report on the	• To provide interpretation of resources and at training/mentoring/events as required. • To provide communications in various accessible formats, giving consideration to how information is displayed and made available e.g. printed, online, large print, use of fonts • For the selection of case study examples to be representative of equality groups. • For the contractor to take due regard in the selection of suitable and accessible locations and venues. • For flexible options to be provided for the delivery of events and training, offering both in-person events and online options. • For due consideration to be taken when selecting days and times for events and training sessions, to include a variety of options to enhance accessibility. • For resources and communications to be targeted towards equality groups. • For the collection, reporting and monitoring of participation data by equality group. • For the provider to align additional support to any under-represented groups identified through the monitoring of participation data.
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experience of service users attending the grant-funded programmes which gives another layer of data to ensure any equality issues can be identified and addressed	• For online resources to be accessible to all and appropriate support in accessing online resources to be available to groups as required. • For trainers and mentors to have experience and/or training in working with equality groups. • To include the provision of training and support for use of the online portal. • To ensure appropriate Workplace policies are in place to support staff in equality groups. • For appropriate use of language, inclusive imagery and marketing materials to be used by staff in promoting inclusive training environments and communications.
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Retender of the Workplace Health and Well-being Support Service

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
The proposed specification will include the need for workplace and well-being support to include best practice with regard to inclusion and valuing diversity. It will require providers to identify and address particular needs	In evaluating the effectiveness of the services each workplace advisor will be asked to review the demographic of the businesses involved and the make-up of the workforce.

based on the nine equality groupings as outlined under 2.3. All employees will benefit from inclusion in workplace well-being surveys regardless of their equality grouping. The specification will require providers to ensure that surveys are designed in such a way that they are accessible to people with a disability and those who experience language barriers. Also, surveys should include prompts that focus on particular needs based on any of the nine equality groupings. Engagement with all employees will be recognised as central to the success of this approach. Providers are required to give consideration to targeting particular groups of employees who may be less likely to engage, such as ethnic minorities. The provider will be asked to ensure employers understand Human Rights legislation and that it is enshrined in workplace health and well-being programmes.	Diversity and equality will be included in the workplace health and well-being training provided by those who are awarded the tender. Businesses engaged will be asked to develop equality guidance as part of their workplace well-being action plans. Businesses engaged will be asked to develop policies on supporting workers with disability as part of their workplace well-being action plans. Workers with disabilities encouraged to engage with employers to improve understanding and develop good practice
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Supporting Performance Improvement Policy

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
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Gender; Age; Marital Status & Dependent status: Ensure that this policy is shared and promoted throughout the organisation to ensure every section 75 group are aware of the policy and the measures taken to support staff to perform in their roles. This can be achieved via the numerous learning programmes, internal and external to the organisation, that staff can avail of to improve learning and ultimately performance. Disability: In line with PHA's Accessible Formats Policy, PHA will provide alternative formats on request to meet the needs of people with a disability who may need information in an accessible format. The policy states: At each stage of the procedure where appropriate we will consider whether the unsatisfactory performance is related to a disability and, if so, whether there are any reasonable adjustments that could be made to assist the employee. Should disability be considered as potentially being a contributory factor to the performance concern, the application of this Policy will be paused for	The PHA is committed to providing equality of opportunity, and strives to promote a good and harmonious working environment where every employee is treated with respect and dignity and in which no one is disadvantaged based on their age, disability, marital or civil partnership status, political opinion, race, religious belief, sex (including gender reassignment), sexual orientation, with dependants or without dependants. PHA will consider mitigating circumstances and arrangements will be put into place to assist accommodating an employee where their performance may be below the required standard.
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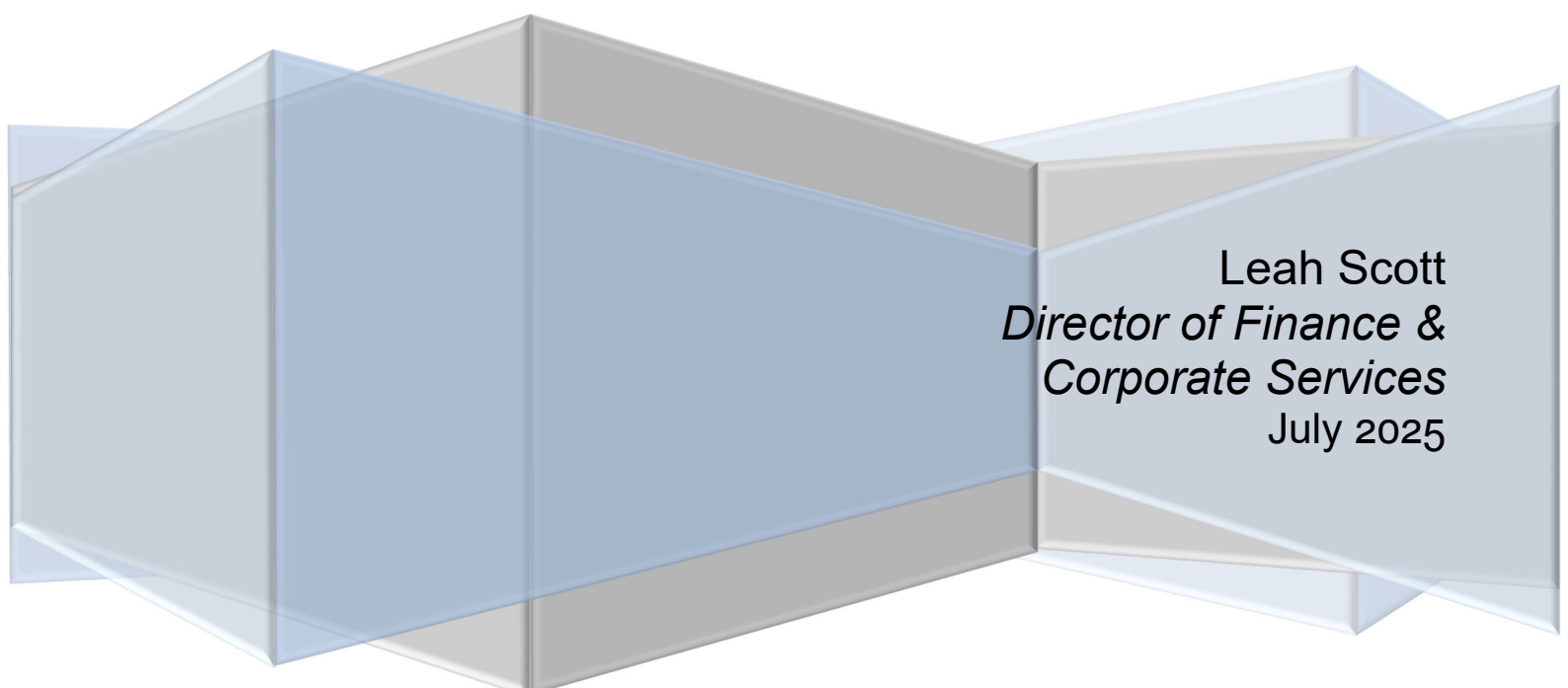
consideration and consultation with HR for next appropriate stages.

PHA will also consider discrete measures to promote equality for the identified equality groups in addition to the general equal opportunities statement given in this section of the screening document.

Ethnicity – PHA recognise that employees whose language is not their first language may have difficulty in a full understanding of the policy and may consider interpreting services if required.

Finance Report

Month 3 - June 2025



Leah Scott
*Director of Finance &
Corporate Services*
July 2025

Introduction

This summary report outlines the agency's statutory duties and provides an update on the financial position at month 3, building on the PHA Financial Plan 2025-26 which has been formally approved by AMT and the PHA Board.

Section A: Statutory Targets

- **Break-even**

The PHA is directed to achieve financial balance, with the statutory duty to break-even within a tolerance level of 0.25% of an underspend of the final agreed RRL or £20,000 of an underspend, whichever is the greater.

- **Financial Planning**

The agency must annually plan service delivery in a way that meets their statutory responsibilities and ensures that expenditure is contained within the total RRL

- **Prompt Payment**

The Department requires that PHA pay at least 95% of invoices by (volume) within 30 days, to their non-HSC trade payables in accordance with Government Accounting guidance.

Section B: Summary Position

The position at 30 June 2025 (Month 3) reflects a year-to-date (YTD) surplus of £646k

Table 1: PHA Summary Revenue position – June 25	June 25 Budget £'000	June 25 Actual £'000	June 25 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Full Year Forecast £'000
Programme Expenditure by Trust	4,249	4,249	0	12,747	12,747	0	51,495
Programme Expenditure by PHA	4,333	4,075	258	8,406	8,022	384	58,416
Total Programme Expenditure	8,582	8,324	258	21,153	20,769	384	109,911
Management & Admin	2,738	2,825	(88)	8,199	7,871	328	32,037
Ringfenced by Trust	0	0	0	0	0	0	0
Ringfenced by PHA	37	89	(52)	111	177	(66)	630
Total Ringfenced	37	89	(52)	111	177	(66)	630
PHA Total	11,357	11,238	119	29,462	28,816	646	142,577

Total Funding Available 2025-26 (Appendix 1)

142,577

Forecast Surplus / (Deficit)

0

Section C: Expenditure to month 3

The PHA has reported a YTD **surplus position of £646k at 30 June 2025** and is forecasting a breakeven position for the year. **Table 2** provides a breakdown of expenditure by budget area.

In respect of the year to date position:

Trust Programme - A balanced position is shown with all allocations to Trusts from PHA being considered to be fully spent.

PHA Internal Programme - A surplus of £0.4m is shown on PHA Internal programme budgets (i.e. Non-Trust). 0.2M is related to the timing of payment runs with no underspend currently forecast on PH & PHWB programmes at year-end. An additional 0.2M reflected under the *Chief Executive & Board* programme line relates to unmaterialised year-end accruals which have been swept up and held centrally, effectively becoming a funding source for 2025-26.

Management & Administration - A surplus of £0.3m is shown on the Management & Administration budget at month 3, reflecting underspends generated by the current level of vacancies across the Agency. Work on the realignment of budgets in line with the Reshape & Refresh programme is ongoing and a split by directorate will be available from Month 6.

Ringfenced Funding –Ringfenced funding reflects an overspend of 66K. It comprises NI Protocol funding (£62k), Tackling Paramilitarism / Fresh Start (£328k) and COVID (£240k). During July it has been confirmed that a further £110k Fresh Start funding will be allocated to SBNI, which will contribute to the current overspend position at the end of month 3.

Table 2: Breakdown by Budget Area	June 25 Budget £'000	June 25 Actual Exp £'000	June 25 Variance £'000	YTD Budget £'000	YTD Actual Exp £'000	YTD Variance £'000	Full Year Forecast £'000
Programme Expenditure							
HSC Trust (See Table 3)							
Public Health	2,661	2,661	0	7,983	7,983	0	32,254
Population Health & Wellbeing	1,588	1,588	(0)	4,764	4,764	(0)	19,240
Finance & Corporate Services	0	0	0	0	0	0	0
Population Data & Intelligence	0	0	0	0	0	0	0
Sub Total By Trust	4,249	4,249	(0)	12,747	12,747	(0)	51,495
PHA Internal							
Public Health	1,905	2,251	(347)	3,844	3,812	31	31,332
Population Health & Wellbeing	2,428	1,815	613	4,545	4,377	167	23,477
Finance & Corporate Services	0	8	(8)	17	5	12	620
Population Data & Intelligence	0	0	0	0	0	0	3,252
Chief Executive & Board	(0)	0	(0)	(0)	(173)	173	(265)
Sub Total By PHA Internal	4,333	4,074	258	8,406	8,022	384	58,416
Sub Total Trust + PHA Internal	8,582	8,324	258	21,152	20,768	384	109,911
Sub Total - Management & Admin	2,738	2,825	(88)	8,199	7,871	328	32,037
Ringfenced							
Trust	0	0	0	0	0	0	0
PHA Direct	37	89	(52)	111	177	(66)	630
Sub Total	37	89	(52)	111	177	(66)	630
PHA TOTAL	11,357	11,238	119	29,462	28,816	646	142,577

This position will be kept under close review during the year, and potential slippage highlighted at an early stage if it arises.

Trust Allocations: Table 3 below summarises the allocations to the respective Trusts in 2025-26 to date.

Table 3: Trust Allocations	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS £'000	Total Planned Expenditure £'000
Public Health							
Health Protection	2,378	2,431	1,661	2,063	1,748	-	10,282
Service Development & Screening	8,235	3,542	968	2,480	3,189	-	18,415
Living Well	1,089	527	627	503	491	-	3,237
	11,703	6,500	3,256	5,047	5,428	-	31,933
Population Health & Wellbeing							
Ageing Well	265	67	197	108	44	-	679
Early Years	730	926	590	861	780	-	3,886
Mental Health & Learning Disability	4,359	1,170	283	604	240	73	6,728
Nursing	2,045	1,214	1,141	1,741	1,588	31	7,761
	7,399	3,376	2,210	3,314	2,651	104	19,054
Other - Yet to be allocated	273	61	77	50	46		507
Total Current RRLs	19,375	9,936	5,543	8,411	8,125	104	51,495

Nursing: *The budget associated with the former Nursing & AHP Directorate is shown as a single line until it is split into the new thematic areas later in the year.*

Other: *This funding expected to be allocated to Trusts on the completion of relevant business cases etc.*

All funding allocated to Trusts by PHA is considered to be fully spent unless notified otherwise by the Trust. Any notified underspends are retracted by PHA, hence no variance occurs for PHA on Trust allocations.

Section D: Risks

The following significant assumptions, risks or uncertainties facing the organisation were managed throughout the year to arrive at the draft breakeven position noted.

1. **HSC-wide funding gap:** the opening allocation letter from the DoH in June 2025 confirms a significant funding gap of some £600M across the HSC. To address the funding gap the department has established a new Systems Financial Management Group (SFMG) to realise cash releasing savings in-year and put the HSC on a more sustainable footing. Although the Department is committed to driving efficiencies they have confirmed that it will not be feasible to address the overall gap in totality. As such, the PHA are advised that it is possible ALBs will be asked to deliver further savings in 2025/26. It will therefore follow that any slippage identified, net of inescapable pressures, will need to be returned to the Department during 2025-26
2. **Recurrent pressures funded from non-recurrent sources:** in the 2025-26 Financial Plan, a number of high-priority public health initiatives were approved to progress, funded from in-year slippage, mainly from vacancies within Administration budget. These initiatives have recurrent tails, and appropriate recurrent funding will need to be identified from 2026-27 onwards.
3. **EY Reshape & Refresh review and Management and Administration budgets:** The PHA is currently undergoing a significant review of its structures and processes, and although final structures are near completion there is a concern that further modernisation is required which may impact on the affordability. 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.

4. **Demand-led budgets:** a number of significant areas of expenditure are demand-led and subject to significant fluctuations (vaccines administration, smoking cessation etc.) There is inherent risk in these areas, and they will be kept under close review.

Section E: Prompt Payment

Prompt Payment performance for June shows that PHA is above 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 2025/26 financial year.

Table 4: Prompt Payment Performance	June 2025	June 2025	Cumulative position as at June 2025	Cumulative position as at June 2025
	Value	Volume	Value	Volume
Total bills paid (relating to Prompt Payment target)	£4,440,221	631	£12,239,096	1,463
Total bills paid on time (within 30 days or under other agreed terms)	£4,427,261	622	£11,998,268	1,407
Percentage of bills paid on time	99.7%	98.6%	98.0%	96.2%

The 10-day prompt payment performance remains above the current DoH target for 2025/26 of 70%, at 87% on volume for the year to date.

Section F: Capital position

The PHA has a capital allocation (CRL) of £14.238m. This mainly relates to projects managed through the Research & Development (R&D) team, with £9.3m allocated to Trusts in year. The overall summary position, as at June 2025, is reflected in **Table 5** below.

Table 5: PHA Summary capital position – 30 June 2025

Capital Summary	Total CRL	Year to date spend	Full year forecast	Forecast Surplus/ (Deficit)
	£'000	£'000	£'000	£'000
HSC R&D:				
R&D - Health ALBs	586	-	586	-
R&D - Trusts	9,293	-	9,293	-
R&D - Other Bodies	2,768	442	2,768	-
R&D - Capital Receipts	(648)	-	(648)	-
Subtotal HSC R&D	12,000	442	12,000	-
Other:				
Congenital Heart Disease Network	724	-	724	-
iReach Project	656	-	656	-
R&D - NICOLA	835	-	835	-
Monitors for Directors	5	-	5	-
Planning Laptops	19	-	19	-
Subtotal Other	2,238	-	2,238	-
Total PHA Capital position	14,238	442	14,238	-

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.

A breakeven position is expected for year end, and any departure from this will be notified to AMT and Board as early as possible.

Recommendation

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

Appendix 1 – Breakdown of Funding Allocation 2025-26

Letter	Description	Total Allocation
DoH Allocation Letters:		
PHA 1	Opening PHA Allocation - 26 June 2025	£140,362,212
PHA 2		
	<i>to be completed when additional allocations are received</i>	
PHA 3		
	<i>to be completed when additional allocations are received</i>	
Assumed allocations to come from DoH (currently included in budget):		
	Online Safety Strategy	£101,200
	Joint Partnership Lead	£40,000
	Advanced Communication Skills Lead	£29,559
	Clinical Excellence Award	£58,272
	Accommodation funding (from SPPG)	£355,000
	HPV testing	£571,923
	Trauma Informed Practice funding	£327,716
	Sessional Vaccinators	£240,000
Funding confirmed from NIMDTA		£490,624
Total Funding for 2025-26		£142,576,506

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 28 August 2025

Title of paper Update on Procurement Plan

Reference PHA/08/08/25

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 note an update on the progress made in relation to PHA's Procurement Plan and update on recent changes in the NI Public Procurement policy.

2 Key Issues

A plan is now in place for how PHA will review and manage all 234 legacy contracts to achieve full compliance under the procurement regulations and address the outstanding priority 1 internal audit recommendation.

This significant programme of work needs to be managed on a phased, given the complexity of the process and capacity limitations of PHA staff, as well as PaLS and DLS colleagues.

It is estimated that it will take 3 years to complete the procurement of those contracts currently included on the Procurement Plan and up to 5 years (March 2030) to complete the full market testing and renewal of all existing roll forward contracts.

Delivery of plan will be managed through the new Public Health Planning Teams

PHA will need to manage the process in line with the New NI Public Procurement policy approved by the Executive in June 2025.

3 Next Steps

Implementation of the PHA Procurement Plan will continue to be monitored by PHA Procurement Board.

Update on PHA Procurement Plan

Purpose

The purpose of this report is to update PHA Board members on the current position in relation to Procurement issues impacting PHA including:

- Update on current position in relation to implementation of the PHA Procurement Plan and Operational Plan as at August 2025;
- Recent changes in NI Public Procurement Policy; and,
- Challenges and risks associated with emerging issues relating to the procurement plan and arrangements.

Summary of Current Position

The table below provides a summary of the current position regarding all PHA contracts where there is a requirement to ensure these are awarded in line with NI Public Procurement Policy.

Contract Position (as at August 2025)	No of Contracts	£'000
(1) Renewal of Existing Tendered Contracts		
Services now under new Tender award	36	4822
Services on target to be re-tendered in agreed timeline	1	202
Re -tenders delayed but work progressing within new agreed timelines	26	4097
Pre planning for re-tender Stopped / New timeline to be agreed when commissioning intent agreed by AMT.	1	209
Total	64	9,341
(2) Roll Forward Protect Life 2 Contracts Currently on Procurement Plan		
New Tenders being developed and progressing within new agreed timelines	18	1170
Existing contracts reviewed and proposed that new services be secured via a Grant Award process	45	2070
Total	63	3,240
(3) Roll Forward Contracts on Operational Plan		
Review of contract position completed and provisional award process and timeline agreed	107	7,588
Total	234	20,169

Review of Procurement Plan and Operational Plan

Existing Tendered Contracts

Good progress has been made in managing the 64 legacy contracts that PHA had previously awarded as tenders but had expired and being managed as DACs.

- 36 contracts have now been successfully re-tendered and new services established.
- 24 of the remaining 28 contracts are linked to alcohol and drug services and new tender processes are being progressed on a phased basis, in line with agreed timescales.
- 3 contracts linked to mental health support for marginalised groups will now be managed as grant awards.
- The remaining contract, linked to promoting screening uptake, is being reviewed and a new service model being developed. Once finalised the appropriate award process will be agreed

Roll Forward Protect Life 2 Contracts

There are 63 contracts linked to the Protect Life 2 Strategy on the Procurement Plan, that remain to be reviewed and market tested, where required.

Following the recent review of the Protect Life 2 Strategy by the Minister and subsequent development of a new Action plan and Implementation plan, a revised plan for reviewing the 63 contracts and securing new services was developed and agreed by Procurement Board in May 2025.

Given the nature of some of the services required to meet Protect Life 2 priorities, such as the provision of community based capacity building programmes and suicide prevention support services, it has been proposed that a grant award process is used rather than a public tender process. This approach will allow locally based models of service to be developed that are tailored to meet the needs of communities. This approach is in line with the new NI Procurement Policy (June 2025), as noted below.

Roll Forward Contracts on Operational Plan

In April 2025, a review of the remaining 107 contracts listed on the Operational Plan was undertaken. Following an assessment by contract leads of the pre-planning work required to determine future service requirements, consideration of the appropriate process for awarding new contracts and overall system capacity, timelines have now been set for having new contracts / grant awards in place.

Timelines

PHA now has a clear overview and agreed plan in place for how it will review and manage all legacy contracts and achieve full compliance under the procurement regulations and address the outstanding priority 1 audit recommendation.

Timescales for the progression of individual tenders / grant awards, on a phased basis, have been set and these will be reviewed on a regular basis by PHA Procurement Board.

Based on the review of the existing Procurement Plan and the Operational Plan and taking into account internal PHA staffing capacity, as well as the capacity of PaLS and DLS to support the process, it is estimated that it will take 3 years to complete the procurement of those contracts currently included on the Procurement Plan and up to 5 years (March 2030) to complete the full market testing and renewal of all existing roll forward contracts.

Whilst a timescale of 3-5 years to complete this programme of work is significant, it needs to be recognised that each tender process will take 18-24 months to complete (6-12 months pre-planning / 12 months for tender process) and that these need to be phased, given the complexity of the process and capacity limitations of PHA staff, as well as PaLS and DLS colleagues.

NI Public Procurement Policy (June 2025)

NI Assembly has agreed a new Public Procurement Policy Statement for Northern Ireland (June 2025)¹ which aims to simplify the process and improve transparency in public procurement. The Policy is based around the following four Public Procurement Principles: Accessibility; Efficiency and Effectiveness; Social Value; and Transparency.

A key requirement under the new Policy Statement is that Statutory organisations should consider using grant funding, where appropriate, to commission community or social services, where this is permissible and will achieve the best outcome. PHA has taken this in account in reviewing its Procurement Plan and Operational plan as outlined above.

PHA is working closely with PaLS to introduce the new requirements of the Procurement policy. The full implications of the new Policy statement are still being considered but it is expected that there will be additional requirements to meet in

¹ [Public Procurement Policy Statement](#)

relation to public reporting of performance against tender awards and general contract management.

Current Risks & Opportunities

Updated Documentation

Due to the new regulations coming into effect PALS have informed PHA that for upcoming procurements the current regional terms and conditions of contract award need to be reviewed to ensure compliance with the new regulations. This review is being undertaken by DLS and is expected to be completed by the end of September 2025. In addition, PaLS are also having to review all tender documentation and procedures for managing tender processes. New tenders cannot be issued to the market until new documentation and processes have been finalised. This has had a short term impact on completion timelines for those PHA tenders that were due to go out to the market in July – October 2025.

Procurement Thresholds

The Executive has recently approved new procurement thresholds for health and social care services as set out below

Value (exclusive of VAT)	Procedure
Up to £20,000	Provide evidence that 2 prices have been sought, where this is possible**
£20,000 to £50,000	2 written quotations are sought, where this is possible**
£50,000 to UK Thresholds*	Advertise on eTendersNI

These new thresholds provide some opportunity for organisations to manage smaller scale contract awards more efficiently.

Staffing

The staffing resources and skills to progress this significant programme of work are limited to the current structures. Whilst PHA is committed to developing staff skills and capability to effectively deliver procurements (and grant awards), the scale of work involved is significant and it will remain a challenge to deliver as planned. Additional work required to undertake procurements has not been resourced across the HSC system and all organisations are taking time to progress.

Reshape and Refresh

Fully populating the new Directorates and Planning Teams aligned with the new structures, implemented through Reshape and Refresh, will take time to implement and will require some staff to take on new areas of work and result in some staff moving posts. Where staff are taking on new portfolios, it may take additional time to get up to speed with the programme of work to be progressed under the procurement plan. However, there is also the opportunity to re-look at existing contracts and resources within the new Public Health Planning teams to more effectively support procurements. In addition, the appointment of senior planning managers will facilitate greater oversight of the procurement function which has not been feasible to date.

Options for how appropriate resources can be realigned / increased to ensure the work can be supported will be considered by the new Senior Leadership Forum, in designing the new Operational Model for the PHA. Possible options for managing the resource pressures will be considered within the overall limited resources available.

Members are asked to **Note** this update.

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 28 August 2025

Title of paper Draft Clinical and Professional Governance Framework for Registrants

Reference PHA/09/08/25

Prepared by Grainne Cushley

Lead Director Heather Reid

Recommendation

For **Approval** ☐

For **Noting** ☒

1 Purpose

The purpose of this paper is for the Board to view a draft of the PHA's Clinical and Professional Governance Framework for Registrants

2 Key Issues

As part of the ongoing implementation of the Reshape & Refresh Programme, as the organisation moves into the new structures, a Clinical and Professional governance framework has been developed.

This paper outlines the framework designed to assure high standards of practices and enables continuous improvement for staff, employed by the PHA who are required to be registered with a professional healthcare regulatory body. It outlines the key principles, roles, responsibilities, and organisational arrangements that support effective governance, ensure professional standards are maintained, and promote safe, effective and high-quality practice.

The framework applies to all staff and is intended to inform healthcare professionals about the structures and arrangements already in place to support robust clinical governance and professional standards.

3 Next Steps

The paper is in the final stages of consultation and is being shared with the Board in draft form. A final version will be brought to the Planning, Performance and Resources Committee.



Draft

**PHA Clinical and Professional
Governance Framework for
Healthcare Registrants**

August 2025

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Appendix

1.0 Background

The Public Health Agency (PHA) of Northern Ireland is a multidisciplinary, multi-professional body with a well-established regional and local presence which was set up with the explicit agenda to protect and improve the health and wellbeing of the population of Northern Ireland. The PHA employs a range of staff with a variety of knowledge, skills and experience to facilitate delivering its core functions of:

- Health Protection
- Health Improvement
- Healthcare Public Health functions, including Public Health professional advice to commissioning and
- The Safety & Quality agenda

These functions are underpinned by clear and robust governance structures.

This paper outlines the governance framework designed to assure high standards of practices and enables continuous improvement for staff, employed by the PHA who are required to be registered with a professional healthcare regulatory body.

2.0 Introduction

This document sets out the clinical and professional governance framework for healthcare registrants practicing within the Public Health Agency (PHA). It outlines the key principles, roles, responsibilities, and organisational arrangements that support effective governance, ensure professional standards are maintained, and promote safe, effective and high quality practice.

The framework applies to all staff and is intended to inform healthcare professionals about the structures and arrangements already in place to support robust clinical governance and professional standards.

3.0 Governance

Effective governance is the foundation for a well-functioning, ethical and safe public health system. It protects both the public and the workforce by ensuring standards are met to uphold accountability and drive continuous improvement. Governance is an intrinsic part of every member of staff's role and is the responsibility of all.

4.0 Purpose

The purpose of this clinical and professional governance framework is to ensure shared accountability, quality and integrity, in the professional practice of the PHA and the registered professionals it employs. It provides a structured approach to upholding standards, ethical practice, workforce development and effective decision-making, towards ensuring that the PHA's services and professional public health advice to commissioning are safe, effective and evidence-based for the wellbeing of the population of Northern Ireland.

This clinical and professional governance framework aims to;

- Provide assurance to the relevant Directors, the PHA Chief Executive, PHA Board and Department of Health (DOH) (relevant professional leads) that registered healthcare professionals are meeting and maintaining expected standards of professional governance and are working within clear and effective lines of accountability.
- Ensure professional governance arrangements are underpinned by Health and Social Care (HSC) core values; working together, excellence, openness and honesty and compassion.
- Outline specific governance arrangements, processes and mechanisms, including how these will be implemented and monitored.
- Provide guidance for registered healthcare professionals working within the PHA in relation to professional governance and accountability.

- Ensure a consistent and effective approach is applied in relation to providing and reviewing supervision, maintaining professional regulatory and registration requirements (*overview Appendix 1*) and access to continuous professional development and appraisal,
- Enable all registered healthcare professionals to undertake professional appraisal and revalidation processes in order to maintain registration

5.0 Scope and Applicability

This clinical and professional governance framework applies to all registered healthcare professionals working within the PHA who:

- Input or advice that informs interventions which may be carried out by another health professional
- And/or provide healthcare public health advice to support commissioning in the delivery of safe, effective and high-quality healthcare services.
- And / or direct delivery of healthcare interventions directly (e.g. acute health protection service)

6.0 Associated Governance Frameworks

6.1 Corporate Governance

This Clinical and Professional Governance Framework for Healthcare Registrants will help inform and contribute to the overall PHA Corporate Governance Framework¹, which sets out the core governance elements in place to ensure the PHA delivers its functions effectively, efficiently and safely and complies with requirements set out in legislation, regulations and other guidance.

¹ [corporate_governance_framework - revised 20 august 2014 final.pdf](#)

6.2 Professional Governance

Professional governance is the framework that outlines the standards, ethics, and accountability of registered healthcare professionals with a primary focus on professional development and ensuring practitioners are qualified, competent, and practice in accordance with professional codes of conduct. It is grounded in the professional's accountability for and ownership of their practice to positively impacting the health and wellbeing of the public.

6.3 Clinical Governance

Clinical governance can be defined as the process by which healthcare organisations, including the NHS, maintain high standards of care, continuously improve service quality, and foster an environment that promotes excellence in patient-centred care²

In the PHA, clinical governance relates to Public Health clinical governance. It is a shared Executive level responsibility jointly overseen by the Director of Public Health Services (Medical Director) and the Director of Population Health & Wellbeing (Director of Nursing, Midwifery & AHP). As Responsible Officers (RO), both oversee the management of clinical governance arrangements within the PHA. In its widest context, clinical and professional governance arrangements across the PHA are delivered through a number of components such as:

1. **Audit (Quality Improvement and Clinical Audit).** The audit process is to ensure that clinical practice is continuously monitored and that any areas for improvement in care/ service delivery are identified and addressed.
2. **Clinical effectiveness and research.** Services should be evidence based and designed to deliver the best outcome for those we work with and for.
3. **Risk management.** Identifying and mitigating clinical and operational risks. Systems should be in place to both facilitate and

² [The Seven Pillars of Clinical Governance | SPD | University of Salford](#)

support staff to raise concerns, understand, monitor and minimise risk to safeguard those we work with and for.

4. **Information management.** Data needs to be secure, up to date and accurate, and used effectively to drive improvement and measure quality of services.
5. **Education and training.** Staff need access to appropriate training and support continuous professional development, to maintain their competence and develop new skills, so they remain up to date and meet revalidation requirements.
6. **Staff management.** The safe and effective recruitment and management of staff in line with relevant HR policies and procedures
7. **Patient/ service user/ public involvement.** Involvement and feedback from both those we work with and for is used to develop and improve services and the quality of the experience of the service delivered.
8. **Professional public health advice to SPPG. To support the** leadership and commissioning of Healthcare Services including Safety & Quality processes.
9. **Workforce Development.** Supporting continuous professional development, supervision, and professional revalidation
10. **Strong Leadership.** Fostering a culture of effective collective and professional leadership, accountability, transparency and openness and continuous learning

It is the responsibility of the Director of Public Health Services (Medical Director) and the Director of Population Health & Wellbeing (Director of Nursing, Midwifery & AHP) to identify arrangements for supervision at an appropriate level proportionate to their role within the organisation, in line with their particular regulatory body requirements.

7.0 PHA arrangements for public health governance assurance

The PHA has identified a number of key processes to support professional and public health clinical governance arrangements in delivering the following functions:

1. Upholding regulatory / registration requirements and standards including professional revalidation
2. Ensuring robust processes are in place in relation to effective professional and clinical supervision
3. Maintaining comprehensive and up-to-date knowledge and public health skills base through experiential (on the job) learning and continuous professional development (CPD).
Experiential learning provides opportunities for individuals to bridge the gap between theory and practice to help develop their professional knowledge and create opportunities for career development.

7.1 Upholding regulatory registration requirements

All registered healthcare professionals are individually responsible for ensuring their registration, revalidation and regulation requirements remain current and for continuing to meet the standards set out in their professional codes of practice

The PHA is responsible for having arrangements in place to ensure staff uphold their registration requirements. This is achieved through measures such as frameworks for supervision, processes for monitoring registration status, supporting access to education and training to meet continuous professional development and revalidation requirement, effective staff appraisal and professional development planning. The organisation is responsible for maintaining an up to date record of professional registration and revalidation details.

7.2 Effective supervision and appraisal processes

Supervision

Both professional and clinical supervision are essential components of professional practice. While distinct, they should complement each other to support staff effectively. The PHA ensures that processes are in place to enable professionals to access supervision on a one to one or group basis.

The overarching aim is to support staff across their diverse areas of practice and programmes of responsibility. Staff should have access to supervision according to their individual need and registration requirements.

Professional Supervision focuses on maintaining professional standards overseen by someone with the same or similar professional registration to uphold the relevant professional code of conduct and standards of practice. It supports revalidation, scope of practice and CPD. This includes career development, skill enhancement and professional identity while also supporting reflective practice and professional or clinical reasoning. Supervision is likely to include discussions about professional practice, ethics, workload management, personal development and as well as broader issues related to the professional's role within the PHA. Supervisors are not required to be involved in the direct clinical work of the supervisee however, they should have a good understanding of the professional context to provide appropriate support. This will be aligned to each registered professional's regulatory body or other professional supervision requirements and policy.

Clinical Supervision focuses specifically on the clinical practice of healthcare professionals and involves direct oversight of clinical competence. Within the PHA this includes monitoring clinical (public health) decision-making, and providing professional public health advice to support the commissioning of healthcare services.

Supervision arrangements should be in place for all staff, consistent with any recommendations of professional and/or regulatory bodies, and proportionate to role and responsibility. The main purpose of clinical supervision within the PHA is to:

- Support the development of knowledge and skills within a Public Health role, the focus being on safe and effective practice and ensure benefit to service users, and the public.
- Support registrant staff by providing an opportunity to discuss issues related to their public health practice.

- Support the development of competence, through facilitation of personal and professional development in line with the Knowledge and Skills Framework (DoH 2004).
- Support and maintain a skilled and highly motivated healthcare professional workforce within an inclusive healthful culture, of collective leadership, continuous improvement that fosters staff engagement within the organisation.

Operational Supervision focuses upon the day to day management and oversight of staff and tasks to ensure workload requirements, policies, and organisational objectives are being met.

The PHA hosts the public health training programme – through this programme registrars receive clinical and professional supervision. For GMC/GDC registrars, it is NI Medical and Dental Training Agency (NIMDTA) that makes recommendations about revalidation etc.

7.3 Maintaining up-to-date knowledge and public health skills through Continuous Professional Development (CPD)

Promoting professional practice and CPD is central to regulation with requirements placed on both the PHA as employers and staff as employees to undertake regular and effective CPD to safeguard public protection and promote high standards of clinical advice.

During supervision, appraisal and revalidation processes, the supervisor and/or manager ensures that CPD requirements (including post registration training and learning requirement set out by the professional regulatory body) are met by:

- Supporting supervisees / staff to develop their professional competence
- Enabling staff to meet post qualification training requirements for continued registration with their professional regulatory body

- Supporting staff to initiate new ways of working in response to changing needs
- Enabling staff to apply the evidence base to their practice
- Identifying and assessing training and development needs via the appraisal process and personal development planning
- Developing skills and knowledge using PHA Skills Framework , available via the PHA intranet:
<https://pha.sharepoint.hscni.net/sites/PeoplePortal/Lists/Appraisal%20Documents/Tiles.aspx#>
- Supporting staff to reflect on their practice and interface with service users and partners, ensuring adherence to equality and human rights legislation.
- Supporting staff through providing constructive timely feedback on performance
- Discussing learning from events and applying it in practice and, where appropriate, sharing it across the wider team and organisation
- Maintaining records in line with information governance requirements, policies and regulatory requirements.
- In collaboration with the line manager, programmes of work are delegated appropriately and in line with organisational or corporate business plans

8.0 Accountability Mechanisms

The PHA will support all staff to perform to the best of their ability in alignment with the expectations of their role. Where additional support is required, it will be provided appropriately. In cases where concerns arise regarding professional competence or conduct, capability and disciplinary processes will be managed sensitively and compassionately whilst maintaining high levels of confidentiality taking into consideration the need to escalate and/or involve regulatory bodies in line with employment law, professional regulatory standards, the PHA's Supporting Performance Improvement Policy. [Click here](#)

This framework should be read alongside the relevant legislative and regulatory frameworks (some of which are outlined in Appendix 1) and

any local policies or procedures. All staff are expected to familiarise these requirements and seek guidance where needed.

9.0 Professional indemnity

[legal to review]

10.0 Monitoring

This framework will be kept under review yearly in the first instance. A process will be established to support the effective monitoring of this framework which will be reported through normal governance arrangements in line with the Corporate Governance Framework. This will include measures relating, but not excluded to, to for example:

- Revalidation / registration assurance processes
- Adherence to appraisal targets
- Professional Forum participation
- CPD processes

Appendix One

Legislative and Regulatory Framework

The governance of professionals within the PHA is guided by various laws and regulations including;

- a) The Nursing and Midwifery Order 2001
 - Governs the Nursing and Midwifery Council (NMC) and sets professional standards for nurses and midwives.
- b) The Health Professions Order 2001
 - Establishes the Health and Care Professions Council (HCPC) to regulate AHPs and ensure fitness to practise.
- c) The Medical Act 1983
 - Regulates medical professionals through the General Medical Council (GMC), covering registration, revalidation, and professional conduct.

In addition to statutory legislation, relevant professional codes and standards include:

- UKPHR (2015): Code of Conduct [Code-of-Conduct-2015.pdf](#)
- Nursing and Midwifery Council (2018): *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. London:NMC. Available at: [The Code](#)
- General medical Council. (2024). *Good medical practice*. London:GMC. Available at: [good-medical-practice-2024---english-102607294.pdf](#)
- Health and care professions council. (2024). *Standards of conduct, performance and ethics*. London:HCPC. Available at: [Standards of conduct, performance and ethics | The HCPC](#)
- General Pharmaceutical Council. (2017). *Standards for pharmacy professionals*. London: GPhC. Available at [standards_for_pharmacy_professionals_may_2017_0.pdf](#)

- General Dental Council (2017) formal GDC guidance and other information for dental professionals. [Standards and guidance](#)

PHA Statutory Functions

The Health and Social Care (Reform) Act) Northern Ireland) 2009.

WORKING DRAFT

Appendix 2

Accountability Diagram



Appendix 3

Other Relevant Policies & Procedures

Duty of Candour

[guidance and resources on candour and being open for health and social care staff and for service users, their families and carers in other jurisdictions](#)

Whistleblowing Policy

[PHA whistleblowing policy 2024 | PHA Connect](#)

WORKING DRAFT

WORKING DRAFT

Our People



August 2025

A Review of Quarter 1 -
April to June 2025

Key Messages

The previous report to PPR presented a summary of information to the end of the 24/25 year with comparisons across the previous 3 years. The focus of this report picks up the quarterly Workforce activity for the period ending 30th June 2025 with the following key messages;

- **Workforce Data**

- Permanent Headcount increased by 6% in the rolling 12 months to end of June 2025 with the proportion of Temporary to Permanent Staff reduced by circa 2%.
- 'Pure' Temporary staff with 2+ years service is 15 in total.
- Turnover for the rolling 12 months to end of June is 5.76% representing 21 leavers (*permanent staff only*). This is 3% lower than the same period in 2024/25.
- Appraisal compliance for the current year is 88.58% at date of this report.

- **Sickness absence rates**

- Overall sickness has increased on the previous year to 4.35%.
- Long Term absence is the cause of the increase with short term absence down slightly over the previous 12 months although on the whole is relatively steady.
- Long Term absence is actively managed with support from Occupational Health.
- Mental Health remains the most significant reason for both long and short term absence.

- **Resourcing Information**

- Standard recruitment activity is currently low, which is likely a result of both a lower turnover rate and the vacancy controls in place as part of the management of change programme.

- **Workforce Development**

- Significant work has continued to progress the delivery of the People Plan.
- There have been a number of Policy Developments and a monthly programme for providing Policy insights has been ongoing since April

- **Employee Relations**

- Activity is low.

- **Staff in Post (SIP) & Vacancy compliance,**

- Compliance has improved, particularly in the area of the Staff in Post returns.



Permanent Staffing has continued to increase with a rise of just over 6% in Headcount and 5.4% WTE when reviewing the rolling 12 months to end of June 2025.



The overall headcount in PHA has increased by 3.73% with the proportion of temporary to permanent staffing reducing by circa 2%, demonstrating an increase in the overall stability of the organisation through permanent staffing.

- Total Headcount - 417
- Permanent Headcount - 375
- Permanent WTE - 355.14

Temporary Staffing*:

- 31 staff representing 7.4% of the overall workforce.
- 15 'pure' Temporary staff have / will have more than 2 years service at end of their existing contract which presents a number of employment risks although these are being actively managed;
 - 8 relate to short term funding;
 - 5 are linked to vacant positions although these are largely due to labour pool shortages;
 - 3 are due uncertainty of requirements in light of organisational change;

**Please note these figures exclude those on training / Student contracts
'pure' temporary staff also exclude secondees from other organisations*



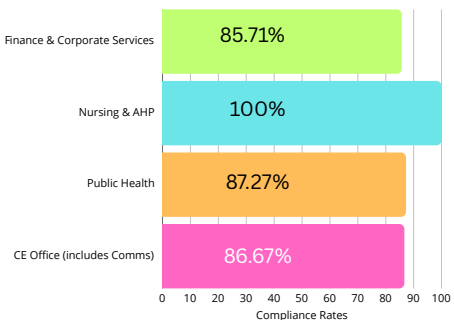
Turnover of Permanent staff :

- The cumulative turnover rate stands at 5.76% for the rolling 12 months to end of June 2025, representing 21 permanent staff leavers in this period. This is circa 3% lower than the same period in 2024/25 and demonstrates a steady decline. This can be seen in the monthly average position shown in the following diagram;



Appraisal

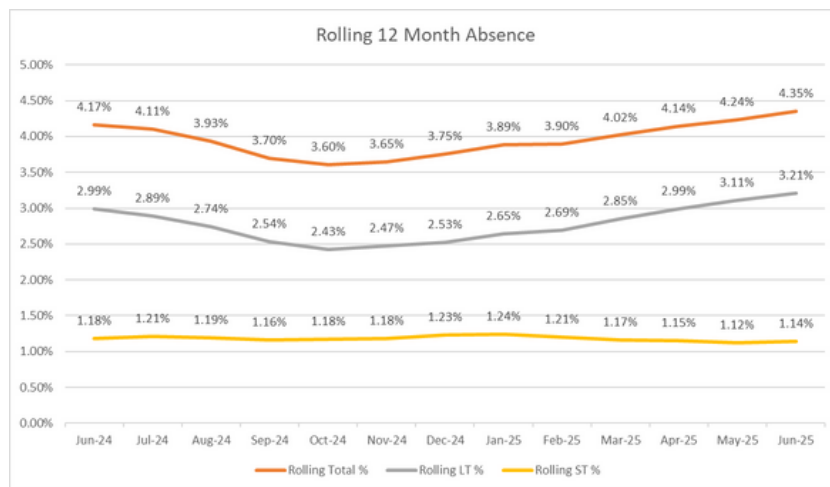
- Overall compliance for the 25/26 year to date is 88.58%. Efforts are continuing to drive this to the annual target of 95%.





Sickness Absence

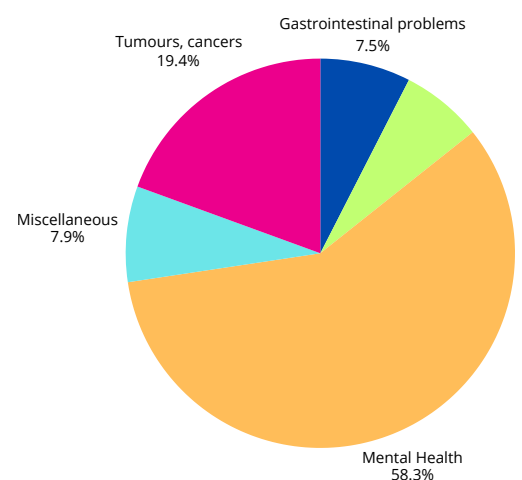
Overall sickness absence is showing an increase on the previous year at 4.35%. In month, June was the highest for the quarter. At Directorate level small numbers can result in large statistical swings therefore the corporate position is the most accurate to review. The Trend lines can be seen in the diagram below;



- Long Term absence remains the greatest proportion with a number of staff experiencing significant conditions - at the end of June, 3 staff were on no pay and 5 on half pay all of which are being actively managed.

Top 5 Reasons

- Mental Health related absence continues to dominate the top 5 reasons for absence with the greatest proportion being Stress (generally) at 49.64% with anxiety recorded at 24.72% and work related stress with an average of 18.26% of the Mental Health category.
- Although the greatest proportion statistically, by way of contextualising this information, at the end of June there were 10 staff off with a range of Mental Health conditions.



Action to support Staff

- Line Managers have a responsibility to support staff during their absence through a range of mechanisms and ongoing communication. Managers are supported in their responsibilities through the Attendance Management Team in BSO HR.
- A range of resources are available for managers and staff on the PHA People Portal.
- Health & Well Being (HWB) champions were identified, trained and introduced to the PHA during 2024 as a key action arising from the staff wellbeing survey. These staff meet regularly and agree activities on a planned basis throughout the year with a calendar of planned activities covering both physical and mental health published on the PHA People Portal.



Resourcing

General Recruitment Activity

- Overall in the period 1st January - 30th June 2025 there have been 36 posts presented for approval at Corporate Scrutiny.
- Once approved posts will move to the appropriate recruitment mechanism which will be determined in line with the established protocols. Posts will be directed through one of the following channels;
 - Internal Talent Mobility (ITM) - short term cover
 - Restricted Internal Trawls - posts linked with management of change
 - Medical Recruitment - managed through the BSO HR Team
 - Standard Recruitment - managed through the Recruitment Shared Service Centre (RSSC)
- Overall recruitment activity has been relatively low over the past quarter which is likely the result of both scrutiny / vacancy controls related to the organisational change programme and the reduced turnover rates.
- Monitoring of the timelines at all stages continues to take place with the only notable delay being at the shortlisting stage. Reminders, to prompt managers to complete their actions in a timely manner, are in place.

Public Health Consultant Recruitment

- A new recruitment pack and video were developed and implemented to support candidate attraction. This resulted in a positive campaign which has seen the appointment of 3 Consultants on a permanent basis and 1 Locum. Further recruitment campaigns are now being planned.

Workforce Development

Throughout the quarter, workforce development activity has continued through the delivery of the People Plan. The activity and achievements during this quarter are;

- **Model for Admin Recruitment** - development of a new approach to recruitment for Band 3 and Band 4 positions with the proposed introduction of a Band 3 and 4 Admin pool through which all appointments will be made. To date the protocols for management of this arrangement have been developed alongside refreshed standard Job Descriptions for both levels. Recruitment is currently in progress.
- **Collapse of Health Protection Rotas** - to support the ongoing workforce challenges within the Public Health Directorate, work has been undertaken to collapse the two consultant rotas for Health Protection into one. During the period April - June 2025 discussions via the Local Negotiating Committee (LNC) have resulted in an agreed approach to achieving this change, including a refresher training plan for those joining the Health Protection Rota from the Resilience Rota. Whilst pending formal sign off, this has facilitated progress against an agreed timetable with a view to fully moving to one rota by 1st January 2026.
- **Recruitment Soundbytes** - on the back of feedback from recruiting Managers a series of short video guides have been released to support managers through the practical elements of the recruitment process.
- **Scrutiny Developments** - during May a refreshment to the Scrutiny process was undertaken specifically aimed at adding in a process to ensure corporate oversight of the new flexible retirement arrangements. In addition during June a revision of the vacancy controls was developed and agreed (formally implemented July 2025).
- **Public Health Trainee Hours Monitoring** - the latest round of analysis was completed in April with outcomes released in May 2025. There is no change to the banding supplements and no issues of concern identified.

Workforce Development

- **Implementation of new or changed Policy**
 - Flexible Retirement Guidance for Managers - following release of the regional information in December 2025, and the introduction of a refreshed approach to scrutiny internally, this guidance was developed and released in April 2025.
 - Internal Talent Mobility (ITM) Policy regularised following 'Proof of Concept' with effect from 1st May 2025.
 - Secondment Guidance - refreshed and released with effect from 10th June 2025
- **Policy Insights** - a monthly focus on the key elements of a policy, manager and employee responsibilities has been delivered with the following timetable;
 - Probation Guidance featured in April 2025
 - ITM Update featured in May 2025
 - Supporting Performance Improvement featured in June 2025
 - Secondment Guidance featured in July 2025
 - Attendance Management Policy and Procedure featured in August 2025
- **New HR Strategy** - a workshop has taken place to input to the design of the new HR Strategy from 2026 onwards. This has informed a first draft which is under development with a view to commencing staff engagement via the Senior Leaders Forum during September - October 2025, in advance of formal consultation during November - December 2025.
- **Staff Feedback** - the Staff feedback picked up at the event in December 2024 has been analysed and a full action plan released in May 2025.
- **Staff Health Checks** - made available to staff in the Belfast offices with an uptake representing circa 17% of all staff in the PHA.
- **Elearning Pack Launched** - Core knowledge of the PHA and Public Health e-learning pack developed by a number of PHA staff was released in April and added to PHA Mandatory Training and Induction.

Employee Relations

In the area of Employee Relations (ER), currently the PHA has;

- 1 live Industrial Tribunal Case
- 1 live Supporting Performance Improvement Case

In addition to the live activity, during the period 1st April - 30th June 2025 the PHA has had 3 screening exercises which resulted in Informal Structured Conversations under the disciplinary process.

Outside of the formal ER activity, in the same period there has been 11 instances of informal advice being sought from managers to support a range of situations

Governance Checks

All 'Staff in Post' governance arrangements continue to be managed monthly with a two tier sign off process in place.

The Assistant Director of Finance & Corporate Services has been retaining oversight of this area with significant improvement across the first quarter of 2025/26. In particular the Staff in Post compliance levels have improved to 100% across the organisation.

Alongside the Staff in Post monthly reports, monitoring for compliance of timely actions on the HRPTS system is also in place. In the Period April to June 2025, 229 transactions were completed. 144 related to Bank staff of which all related to removing bank staff from the system. Excluding Bank staff records which are non pay impacting;

- 80 (94%) are confirmed as processed on time with no financial impacts;
- 5 (6%) were notified which resulted in 3 overpayments and 2 underpayments.

Corrective actions are naturally progressed when any over or underpayments are identified.

Governance reports continue to be issued regularly to Directors where there are any late notifications even if this was a 'near miss' to highlight the need for prompt action by managers.

Report Prepared by

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14 August 2025