HSC Public Health Agency

agenda

PHA Board Meeting

Date and Time 27 February 2025 at 1.30pm

Venue Fifth Floor Meeting Room, 12/22 Linenhall Street

1 1.30	Welcome and Apologies	Chair
2 1.30	Declaration of Interests	Chair
3 1.30	Minutes of Previous Meeting held on 30 January 2025	Chair
4 1.35	Actions from Previous Meeting / Matters Arising	Chair
5 1.40	Reshape and Refresh Programme	Chair
6 1.45	Reports of New or Emerging Risks • Corporate Risk Register as at 31 December 2024 **[PHA/01/02/25]**	Chief Executive
7 2.00	Raising Concerns	Chief Executive
8 2.05	Updates from Committees: • Governance and Audit Committee **[PHA/02/02/25]** • Remuneration Committee • Planning, Performance and Resources Committee **[PHA/03/02/25]** • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board	Committee Chairs
9 2.25	Performance Management Report **[PHA/04/02/25] (For noting)**	Dr McClean
10 2.45	Operational Updates: • Chief Executive's and Executive Directors' Report	Chief Executive/ Executive Directors
	• Finance Report **[PHA/05/02/25]**	Ms Scott
11 3.05	Complaints, Compliments and Claims Quarterly Report **[PHA/06/02/25] (For noting)**	Chief Executive

12 3.10	PHA Complaints Policy **[PHA/07/02/25] (For approval)**	Mr Wilson
13 3.20	Final Partnership Agreement between Department of Health and Public Health Agency **[PHA/08/02/25] (For approval)**	Ms Scott
14 3.35	Establishment of PHA Working Group **[PHA/09/02/25] (For noting)**	Mr Wilson
15 3.45	Items for Information: • Our People Report **[PHA/10/02/25]**	
16 3.45	Chair's Remarks	Chair
17 3.50	Any Other Business	Chair
18	Details of next meeting: *Thursday 27 March 2025 at 1.30pm* *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast*	

HSC Public Health Agency

minutes

PHA Board Meeting

Date and Time 30 January 2025 at 1.30pm

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

Present

Mr Colin Coffey	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Joanne McClean	-	Director of Public Health
Ms Heather Reid	-	Interim Director of Nursing, Midwifery and Allied Health Professionals
Ms Leah Scott	-	Director of Finance and Corporate Services
Mr Craig Blaney	-	Non-Executive Director
Mr John Patrick Clayton	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Mr Stephen Wilson	-	Head of Chief Executive's Office
Mr Peter Toogood	-	Deputy Secretary, Department of Health
Ms Meadhbha Monaghan	-	Chief Executive, Patient Client Council
Mr Robert Graham	-	Secretariat

Apologies

None

1/25	**Item 1 – Welcome and Apologies**
1/25.1	The Chair welcomed everyone to the meeting. There were no apologies.
2/25	**Item 2 – Declaration of Interests**
2/25.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda.
2/25.2	Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

2/25.3 Ms Monaghan declared interests in relation to public inquiries and the PHA's Reshape and Refresh Programme, given PCC's role and interests in each area.

3/25 Item 3 – Minutes of previous meeting held on 21 November 2024

3/25.1 The minutes of the Board meeting held on 21 November 2024 were **APPROVED** as an accurate record of that meeting, subject to minor amendments.

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

4/25.1 The Chair went through the action log. For action 1 relating to members receiving an updated organisational structure, he said he was pleased to note the number of individuals who have been appointed. The Chief Executive reported that following interviews that took place earlier this week offers have been made for the Assistant Director of Commissioning post and the Assistant Director of R&D post.

4/25.2 The Chief Executive updated members on action 2 which related to the work programme of the new senior leadership team. He advised that the group has now met on two occasions and will meet monthly for the rest of the year. He added that Mr Phil Glasgow will be brought in to work with the team. Given the development of the PHA Corporate Plan, he said that this is a good time for this group to come together. He added that this is a group of senior leaders who should work together to solve problems, bring down silos and act as a catalyst for the planning teams.

4/25.3 Ms Henderson welcomed seeing the diagram outlining the structure and asked what morale is now like. Ms Reid replied that there has been a change but added that understandably there remains some nervousness. She added that the Chief Executive will be meeting with the staff at Band 8b level and it should be a relatively straightforward process putting them into the new structure. She advised that there has been some reflection on what has worked well in this process, what has not worked well and what has caused anxiety. Professor McClean said that from her perspective, there are staff who are unhappy with the overall direction of travel, but it is always difficult to please everyone and many people are excited about working in the new teams and in a multi-disciplinary way.

4/25.4 The Chair asked if there is a timeline for the next stage and the Chief Executive replied that transition should take place over the next couple of months.

4/25.5 The Chair said that he had met with the new senior leadership group and had outlined to them how important he saw their role and how it fits in with the objectives of the new Corporate Plan and Business Plan. He added that the work of the new Strategic Planning Teams (SPTs) needs to come to the Board and that needs to happen as soon as possible.

4/25.6 Professor Rooney advised that she has been approached by staff who are unhappy. She asked if PHA is content that the issues being raised are individual or systemic. Ms Reid replied there is not a groundswell of dissatisfaction, and that in terms of managing it, she had had 1:1 meetings with staff and has offered the opportunity for staff to contact her and talk to her at any time. Dr McClean agreed that there are always areas of discontent, but felt that once the Tier 3 structures are in place, it will start to settle down. The Chair stated that the level of engagement has been first class and that Ms Grainne Cushley has done a good job in meeting and updating staff.

4/25.7 Ms Scott said that she chairs the culture workstream as part of the new Organisation Development and Engagement Forum (ODEF) and that it is currently collating the feedback from the staff event that was held in December. The Chair asked when this feedback could be shared with the Board **(Action 1 – Ms Scott)**. Ms Scott replied that there is not a timeline, but the Chair said that he would like to see it as it will be interesting. Ms Scott advised that a lot of the feedback relates to the change process.

4/25.8 The Chief Executive advised that staff who are unhappy have spoken to him and he appreciated that this can be difficult. He added that he has travelled to each of the local offices on at least a quarterly basis to talk to staff and while there are some that are unhappy, there are others who are wholly committed to the change. He said that PHA needs to evolve. The Chair noted that for that to happen, there needs to be a period of self-reflection.

4/25.9 Ms Henderson agreed that the level of staff engagement has been high. She asked if the timescales for recruitment have been communicated to staff. Mr Wilson advised that there are updates given at each of the "First Tuesday" sessions for all staff.

4/25.10 The Chief Executive advised that from the interviews that have taken place this week, it is clear that there are individuals who want to come and work in the PHA and some difficult decisions had to be made as there were excellent candidates.

4/25.11 The Chair said that from a governance perspective, it is important that the Agency Management Team (AMT) and the Board receives a report to show how the recommendations of the EY Report have been enacted and he hoped that this will be brought to the Board in June.

4/25.12 Moving on to action 3, which related to the Performance Management Report, Ms Scott advised that the draft Report for Quarter 3 was considered at AMT yesterday and where at the end of Quarter 2, there were 9 targets rated "amber" and 6 rated "red", there are now 6 targets rated "amber" and 11 rated "red", principally due to a number of deadlines being missed. The Chair said that he does not view this Report as a means of blaming individuals, it is a statement of fact. Mr Stewart agreed adding that when setting targets, staff should ensure that they set realistic dates. The Chief Executive echoed this and said

that there is a need to change the culture as he did not wish to see all target dates being set for March. He advised that there are targets which are rated “blue” and “green”. He added that this is about focusing staff attention on what PHA’s priorities are.

4/25.13 The Chair noted that for action 4, there is an update on Advanced Care Planning in the Chief Executive and Directors’ Report, and that for action 5 a date has been suggested for those staff who delivered the smoking cessation presentation to the Planning, Performance and Resources (PPR) Committee to come to the Board.

4/25.14 For action 6, which related to obtaining information from the last 4 Nations Chief Executives’ meeting, the Chair noted that he now sits on a meeting of the 4 Nations Chairs which he finds extremely useful and advised that there will be a joint session in the future. He advised that he and Mr Graham would consider how information from these can be shared with the wider Board **(Action 2 – Chair/Secretariat)**. He said that there is a view that health and economy are linked and that keeping people out of hospital will help create economic growth.

4/25.15 The Chair advised that the Our People Report had been shared which closed action 7. Mr Clayton said that this was a very useful report, but noted that mental health is the predominant cause of long term sickness absence and asked what the drivers of that may be, and what PHA could do to mitigate this.

4/25.16 Mr Wilson suggested that action 8, relating to the learning from Public Inquiries could be picked up as part of the discussion on Item 12 later in the meeting.

4/25.17 Mr Clayton noted that the Board had received a written briefing about the Live Better initiative and said that it would be helpful to get an update on the direction of the programme, actions taken and how success will be measured given the constrained timescales. He noted that the aim of the initiative is to reduce health inequalities. Ms Reid advised that Mr Toogood is the co-chair of the oversight group. She said that a framework around an evaluation will be presented at the next Oversight Board meeting, but it is difficult to get traction on some of the outcomes, for example vaccination rates and oral health. She advised that this work is not solely about outcomes, but looking at how there can be improved working together, for example the community and voluntary sector are keen to use their networks to link with the local population. She added that access to medical input and input from Trusts has been helpful.

4/25.18 Ms Reid said that this initiative has given a good insight into how PHA can influence the wider system and have improved engagement with community and primary care. She advised that to date most of PHA’s relationship with primary care was through the GP contract, but now there is closer working. She said that the evaluation will be multi-factorial and will use proxy indicators. She noted that mental health is one area in the initiative where there has not been much progress so

that element may be stood down. Mr Toogood commented that when trying to translate what Live Better looks like, it is a crowded space with many similar initiatives, but this initiative has helped to shine a light on how the system can work better. He added that all participants have been willing and able.

4/25.19 Mr Clayton noted that these have been place-based initiatives and there is a need to look instead at the deprivation indices. He gave the example of the Family Nurse Partnership programme, which has evidence-based outcomes. He asked if the Board could be kept informed on this work.

4/25.20 Ms Monaghan asked about Live Better and how it could inform the rollout of the Integrated Care System (ICS). Mr Toogood replied that if ICS and the Area Integrated Programme Boards (AIPBs) were in place, the Minister could ask for a piece of work to be undertaken and it would be something the AIPBs would take forward. However, he expressed concern that there is a need to be able to work more quickly.

4/25.21 Returning to Mr Clayton's queries on the Our People report, Ms Scott advised that there is a breakdown of the causes of long term sickness absence, and particularly the mental health element. Ms Reid advised that there are well-defined processes for dealing with this, including the stress toolkit, talking to staff, and having phased returns.

4/25.22 Mr Stewart said that the Our People report was excellent and gives a good indication of how far the organisation has shifted. He commented that the level of absenteeism would be the envy of many other public sector bodies. He suggested that rather than focus on long term absence, there should be more of a focus on short term or casual absence. The Chair said that this report should always be included in the packs of papers for members **(Action 3 – Secretariat)**.

5/25 Item 5 – Reshape and Refresh Programme

5/25.1 The Chair advised that he had chaired the meeting of the Oversight Board which took place on 9 December. He referenced the earlier discussion around the senior leadership forum which has now met on two occasions. He said that HSCQI has completed its transition to RQIA, but that Connected Health still remains within PHA. The Chief Executive advised that PHA is liaising with BSO and Digital Health and Care (DHCNI) to resolve this.

5/25.2 The Chair reported that there was a workshop in January looking at the planning teams and that a governance framework is under development. Ms Reid advised that this is almost completed. The Chair said that there will be a meeting with SPPG to look at the implementation of ICS. The Chief Executive said that there has not been much progress in this area.

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

6/25.1 The Chief Executive advised that he would cover this item in the confidential session.

7/25 **Item 7 – Raising Concerns**

7/25.1 The Chief Executive advised that he would cover this item in the confidential session.

8/25 **Item 8 – Updates from Board Committees**

Governance and Audit Committee

8/25.1 The Chair said that he would like there to be a session on risk awareness for the whole Board and he has asked Mr Stewart to discuss this at the next meeting of the Governance and Audit Committee.

Remuneration Committee

8/25.2 The Chair advised that this Committee has not met since the last Board meeting, but he will be convening a meeting shortly.

Planning, Performance and Resources Committee

8/25.3 The Chair noted that this Committee has not met since the last Board meeting.

Screening Programme Board

8/25.4 The Chair advised that the Screening Programme Board met on 29 January and stated that it was an excellent meeting with good presentations and clear papers. He said that there was a good discussion on breast screening and he felt assured that PHA was in control of the issues. He added that there was an update on all of the other programmes. He queried whether risks from these programmes go onto operational risk registers or the Corporate Risk Register. He commented that if this Programme Board was not in place, the various parties would not get together. Dr McClean advised that there are other internal meetings and meetings involving BSO.

8/25.5 The Chair noted that the terms of reference for the Digital Modernisation Board are now in place.

Procurement Board

8/25.6 Ms Henderson said that the Procurement Board had met on 22 January and that progress is being made on 64 contracts with fewer Direct Award Contracts (DACs). She added that while there is progress in the area of drugs and alcohol, there is approximately £10m worth of contracts that have never been tendered. She stated that there is a need to get the planning teams in place and she hoped that with the

Assistant Directors now in post, that will progress. She queried whether PHA is using its resources in the best way possible as there are a lot of legacy projects. She also suggested that the Procurement Board is possibly not the best vehicle for this work, but it will continue until there are new structures in place. She highlighted that while there has been progress, there is now new procurement legislation that PHA may not be compliant with.

8/25.7 Ms Reid agreed that there is a need to get the planning teams up and running and a need to look at how the work is carried out as the process is laborious. Ms Henderson said that it is a learning curve and there is a piece of work in terms of getting the new procurement legislation disseminated. The Chair stated that this work is central to PHA and that AMT has to own it and develop a plan. He said that he was delighted that progress has been made, but acknowledged that it is laborious.

8/25.8 Professor Rooney expressed surprise that the SPTs would be looking at procurement, but Ms Henderson clarified that their role is to set out what is needed. Professor Rooney said that PHA should be helping community groups if its strategic priority is to help the 20% most deprived. Ms Henderson said that PHA is looking at opportunities for grant funding. Professor Rooney asked if PHA is measuring this in terms of impact on communities. Mr Wilson advised that issues around procurement have surfaced as part of the consultation process for the new Corporate Plan and that it will also likely appear in written responses to the consultation.

8/25.9 The Chief Executive said that PHA will always have to make decisions around procurement, but it needs to make more joined up decisions. He noted that the Procurement Board meeting highlighted two issues, GDPR and the logjam within BSO. He said that PHA may have to make a decision as to whether it funds a post in BSO.

8/25.10 Mr Clayton commented that GDPR has been a perennial issue raised by the Procurement Board and he appreciated that PHA is attempting to get on top of the issue. The Chief Executive said that PHA will approach Ms June Turkington from the Directorate of Legal Services for a meeting in an attempt to move this issue forward. Mr Clayton said that the procurement landscape is changing across health and it is timely to look at this. He added that looking at social values fits in with the priorities of PHA.

8/25.11 Ms Henderson said that there is now a tension between how much PHA spends on community and voluntary sector contracts and how much it spends on management and administration, and asked whether the balance needs to be changed. She stated that PHA needs to look at staff development and have its own expertise. The Chief Executive said that there are some decisions that will have to be taken as a Board as PHA works its way through its procurement work. He commented that if PHA is seen to stop funding a particular service, there will be issues raised by MLAs. Professor Rooney said that if there is a clear rationale and evidence base then there is no argument. She added that PHA

needs to look at its historic contracts, as well as developing an outcomes framework.

Information Governance Steering Group

8/25.12 Ms Scott reported that the Information Governance Steering Group had met and there is a lot of activity happening in this area. She said that the Group went through the 2024/25 Action Plan and that one of the areas looked at was training and awareness. She said that while uptake of training is improving there remains an issue in terms of getting staff to complete their training within one week because of how long it can take to get staff onto the necessary systems. She advised that there were discussions around Data Sharing and risks in relation to information assets. She reported that there were two near misses and one data breach, none of which required to be reported to the Information Commissioner's Office.

8/25.13 Mr Clayton noted that the Governance and Audit Committee will review the Action Plan.

Public Inquiries Programme Board

8/25.14 It was agreed the update on this Programme Board would be picked up under Item 12 on the agenda.

9/25 Item 9 – Presentation on Protect Life 2

Ms Fiona Teague, Ms Shauna Houston and Ms Kathy Owens joined the meeting for this item

9/25.1 Ms Teague thanked members for the opportunity to present at today's meeting and give an update on the Protect Life 2 Strategy. She said that suicide prevention is a key public health area and that those who work in this area are passionate about it. She explained that PHA is the lead organisation with responsibility for co-ordination and implementation of the Strategy.

9/25.2 Ms Teague advised that a review of the Strategy was carried out in November 2023 and a high-level action plan has now been developed. She outlined the makeup of the staff in PHA who work in this area.

9/25.3 Ms Owens gave an overview of the data from the Self-Harm Registry for 2021/22 as well as the Self-Harm Intervention Programme (SHIP) and the Lifeline service.

9/25.4 Ms Houston outlined the work of Postvention Services and noted that these do not operate in all Trust areas. The Chair asked why this is the case and Ms Houston explained that this is being reviewed with the procurement process being actively worked on. Ms Houston gave an overview of some of the support initiatives in place as well as training and the short term funding programmes that PHA funds.

9/25.5 Ms Teague advised that a number of procurements have either been completed or are in progress. She said that this is an area that requires resources.

9/25.6 Ms Owens finished the presentation by showing members the work undertaken to refresh the "Minding Your Head" website and other PHA publications in this area.

9/25.7 The Chair asked if other Departments are promoting this initiative as much, or if it is being led by PHA with others following along. Ms Teague replied that there are specific action owners so for example, the Department of Infrastructure has been leading work on restricting access to bridges etc. She added that there are specific areas that other Departments are signed up to. She advised that there is a regional group which is chaired by the Chief Medical Officer and there is greater accountability to Ministers.

9/25.8 The Chair noted that one of the initiatives outlined is only available in three Trust areas and asked what additionality is required to make this available across all five Trusts. Ms Teague advised that this is the postvention service which is £1m. Ms Houston advised that the additionality would be £350k. Ms Teague anticipated that in a year's time, this service will be in all Trusts. Dr McClean explained that there is a lot of historic investment and PHA is trying to move forward and ensure there is regionalisation.

9/25.9 Mr Clayton said that he was glad to see that a service specifically aimed at children and young people will be available in all areas. In terms of inequalities, he commented that short term funding programmes are short term in nature, and that there are significant inequalities in relation to suicide. He asked what more PHA could be doing in the area of inequalities. He noted that PHA is commissioning research in the area of self-harm and ideation. He added that it is difficult to get a sense of what online content children are accessing and he asked if this is being looked at. Ms Teague explained that within the strategy there is an action around media monitoring whereby if there is any inappropriate reporting of suicide, PHA activates a response. She added that there is an online tool being used in the Republic of Ireland and England that PHA would like to use.

9/25.10 Mr Clayton asked what can be gained from short term funding. Ms Houston advised that short term funding is very specific and helps smaller local community groups come forward and puts mental health and suicide prevention on the radar of groups where it may not be. She added that PHA is aiming to increase capacity and help these organisations respond to the area of suicide. She said that PHA wants individuals to be confident about having conversations.

9/25.11 The Chair asked how PHA can make a difference in communities where there may be individuals that PHA cannot help but Ms Teague said that PHA is making a difference. The Chair asked what more PHA can do in its working with other Departments. Ms Owens said that all

Departments have this work on their radar. In terms of health inequalities, she said that PHA can look to work with groups such as Travellers and LGBT. She added that as part of advertising the Lifeline service, it can target messages to those in socially deprived areas.

9/25.12 Ms Henderson said that having asked for this presentation, she was delighted to hear about the work that is being done as this is an important area of PHA's work. She added that there is a lot of work happening and a strong team leading it.

9/25.13 The Chair thanked Ms Teague, Ms Houston and Ms Owens for attending the meeting.

10/25 Item 10 – Presentation on the Development of Regional Multi-agency Guidelines for Sudden Unexpected Death in Infancy and Childhood (SUDIC)

Dr Lynsey Patterson, Ms Eilidh McGregor and Ms Linda Craig joined the meeting for this item

10/25.1 Dr Patterson began the presentation and gave an overview of the development of SUDIC guidelines and explaining the definition of SUDIC. She advised that there are approximately 30/40 sudden and unexplained deaths of children in Northern Ireland each year the majority being in children under the age of one.

10/25.2 Dr Patterson outlined the approach to developing the guidelines and explained how the process would work.

10/25.3 Ms McGregor advised that there is a multi-agency group working in this area and two areas that PHA is looking at in the first instance are co-sleeping and quad bike deaths. She highlighted some of the challenges in this work.

10/25.4 Ms McGregor invited the Board to participate in an exercise where there had been child deaths and to determine if the SUDIC protocol should be used, thus demonstrating the complexity of this work. Ms Henderson asked who the SUDIC Lead is, and Ms McGregor replied that at present there is not one.

10/25.5 Mr Clayton surmised that when there is multi-agency involvement in an area such as this, there are those wanting to focus on the cause and those focusing on the learning. He asked if there has been a barrier between PHA and those looking at deaths from a legal perspective. Ms McGregor said that PHA has been fortunate in that, although there are different agencies, the focus has been on the child. Mr Clayton said that knowing when to trigger the protocol may be an issue, but Dr Patterson advised that the SUDIC Lead will decide when to trigger it.

10/25.6 Mr Clayton noted that SBNI asked PHA to lead on this work, but SBNI is a safeguarding organisation. Ms McGregor agreed, but added that this is also to do with population health. She added that Child Death

	Overview Panels (CDOPs) sit together to look at the learning, but they are not established yet in Northern Ireland.
10/25.7	Mr Stewart said that he was struck by the reference to quad bike deaths and asked if PHA has considered interacting with the Ulster Farmers Union or other rural organisations. Ms McGregor said that as Northern Ireland has a higher rural population there is a higher number of quad bike deaths. She explained that quad bike deaths are different as there are a lot of legal issues so PHA is currently working with PSNI but could look to work with other organisations in the future to make sure it is getting the right messages to the right people in the right way.
10/25.8	Ms Henderson asked what will happen once this protocol is operational and whether PHA will be to receive information. Dr Patterson replied that the child death team will continue to receive and analyse information. Ms McGregor added that Trusts are aware that they will lead the process, gather information and forward it to PHA as PHA already has a role is review all child deaths. Ms Henderson said that this is important work.
10/25.9	Ms Reid said that PHA was asked to co-ordinate this protocol and to share it with the Department once it is developed. She added that engagement is part of that process. She advised that PHA receives some information on neonatal deaths at present.
10/25.10	Mr Blaney commented that, in terms of when to implement the SUDIC protocol he would like to have seen some examples of when it would not be implemented because it could become a case of all deaths being put forward to the SUDIC lead. He added that there needs to be clarity in case a family feels let down that they have not been contacted. Ms Reid said that this is one of the reasons why training is so important.
10/25.11	Professor Rooney asked if CDOPs are required to be established in Northern Ireland. Ms Reid explained that their establishment is contained within the SBNI regulations. In response to Professor Rooney's question as to where these would sit, Ms Reid explained this would be for the Department to determine.
10/25.12	Ms Craig gave an overview of the work involved in explore the parent experience while developing this protocol. Given this is a sensitive area, she explained that a different approach will have to be taken as not many parents would wish to revisit the trauma of losing a child. She outlined an approach which could involve parents giving their stories. She noted that there is a gap in terms of bereavement support and if this was in place parents might speak about their experience. She said that it is about bringing clarity for families in a sensitive way.
10/25.13	The Chair thanked Dr Patterson, Ms McGregor and Ms Craig for attending the meeting.

11/25 **Item 11 – Operational Updates**

Chief Executive's and Executive Directors' Report

11/25.1 Dr McClean updated members on matters relating to cervical screening and advised that she and Dr Tracy Owen had attended a meeting of the Health Committee which she described as lengthy and challenging. She said that while the session was used to present facts and statistics, it was felt that PHA did not acknowledge what had happened, but Dr Owen did acknowledge this and presented the facts.

11/25.2 Dr McClean explained that in terms of the reports PHA has prepared on the issues within the Southern Trusts, these will now be reviewed by experts from Wales and Scotland. She reiterated that the cervical screening programme was a cytology-based programme and it will not pick up 1 in 4 cancers. She said that the report being prepared by the external experts will not be ready until the end of February. In terms of the review being led by NHS England, their team will be coming over from 13 to 16 March.

11/25.3 Dr McClean advised that there is now a single lab, located in the Belfast Trust, for analysing results, but the timescales for doing so are much longer than hoped with results taking up 8/10 weeks. She explained that the Trust had begun with a backlog and there is also an IT issue, but these should be resolved within the next 6 weeks. She reported that the UK Accreditation Service (UKAS) has confirmed that it will accredit the lab in Belfast. She said that the move to one lab has created challenges. Mr Toogood echoed this saying that screening is complicated and attempting to explain a process in tragic circumstances is a perfect storm. He added that calls for a Public Inquiry will not go away. He said that it is necessary to get this report completed so as to fill the vacuum. He added that the Department, Trusts and PHA are working well together.

11/25.4 Professor Rooney asked if PHA has a communications plan for when the report is completed and if PHA has supported the "ladies with letters" group. Mr Wilson explained that PHA is not working alone in this and that there will be a co-ordinated response with the Southern Trust and the Department, with the Southern Trust leading on a number of aspects. He noted that no matter how many times it has been explained how screening programmes operate, there remains a gap in understanding. He confirmed that there will be a dedicated comms lead in PHA.

11/25.5 Dr McClean advised PHA carried out an omnibus survey to get a feel for public confidence in screening programmes. She added that the Trust put in extensive support, including a helpline as part of the review. She said that there were many conversations with the "ladies with letters", but they have engaged extensively with their locally elected representatives. She noted that their views are not representative of the 17,500 women who were recalled. She advised that the Trust has tried very hard to engage with them. Ms Monaghan said that PCC would be

happy to help PHA with the engagement, but added that this is starting from a point where there are individuals who have lost trust. She noted that there is a difference between engagement and support and there is a need to determine what outcome PHA is trying to seek.

11/25.6 Ms Henderson said that the presentation made to the Health Committee was excellent and was clear and understandable. She added that there was a clear audit trail of what actions had been undertaken and at what point. She said that PHA has handled this issue extremely well, despite having limited resources, and has done everything that could be done.

11/25.7 Mr Clayton said that he was pleased to see that the peer review by NHS England was being undertaken and he asked if the Board could see the terms of reference. He noted that it is important that the Board gets a sense of the review as there is a difference between a quality assurance process and a regulatory process. Dr McClean gave an overview of the terms of reference stating that they will review whether PHA had carried out what it undertook to do, what PHA actually did, whether there were any gaps and if there are gaps in PHA's current processes. She advised that going forward, as part of the introduction of primary HPV, there is a need to look at what the quality assurance of that programme will look like.

11/25.8 The Chair stated that there is a need for a discussion around what is meant by quality assurance adding that he had hoped that this would have come out of the presentation at the previous Board meeting around Serious Adverse Incidents (SAIs). Dr McClean said that there is a question about what does quality assurance mean within the context of screening. She advised that over the year, PHA has analysed data and highlighted issues, and wrote to the Trust Chief Executive, but ultimately the duty of quality and safety lies with the Trust. The Chair said that if PHA had identified a risk, it should have been escalated to the Trust Chair, and that the Trust Board should have been involved.

11/25.9 Professor Rooney said that links back to the need to understand what PHA's role is in terms of safety and quality. The Chair indicated that he was not clear about what the role is and he asked the Directors to look at this further outside of the meeting **(Action 4 – Executive Directors)**.

11/25.10 The Chief Executive passed on his congratulations to Ms Michelle Tennyson who has received a professorship from Ulster University. Dr McClean reported that Dr Janice Bailie is retiring from PHA on Friday.

*Finance Report **[PHA/01/01/25]***

11/25.11 Ms Scott presented the Finance Report for the period up to 30 November 2024 and invited questions from members.

11/25.12 Ms Henderson expressed concern that it had been her understanding that the management and administration budget was underspent by £1.3m due to vacant posts not being filled, but it appears there is a £1.3m overspend on programmes which the underspend in

	management and administration is funding. She said that she would speak to Ms Scott about this outside of the meeting given that it will not be possible to have this situation next year. She also asked if the format of the report could be changed as it is a long report.
11/25.13	Mr Clayton echoed these concerns and asked if PHA is using slippage to fund spending commitments and what position that leaves PHA in. He also asked about monies owed by the Special EU Programmes Body (SEUPB). Ms Scott advised that the outstanding money has reduced considerably.
11/25.14	Ms Henderson asked about vaccine stock levels. Ms Scott replied that there is close ongoing work with the vaccination team and that stock levels will not be as high as in previous years. Ms Henderson asked if less people are being vaccinated. The Chief Executive advised that PHA has saved £1m and that more people have been vaccinated. Mr Stewart said that it is good that there has been a review of PHA's methodology and improved communication with GPs and pharmacies etc.
11/25.15	The Board noted the Finance Report.
12/25	**Item 12 – Establishment of PHA Working Group [PHA/02/01/25]**
12/25.1	This item was deferred until the next meeting.
12/25.2	The Chief Executive advised members that Ms Jennifer Lamont is finishing working with PHA on 31 January and he acknowledged the work that Ms Lamont has done helping the Agency with its responses to Public Inquiries.
13/25	**Item 13 - Final Partnership Agreement between Department of Health and Public Health Agency [PHA/03/01/25]**
13/25.1	This item was deferred until the next meeting.
13/25.2	The Chair said that there needs to be more time for discussion for this item.
14/25	**Item 14 – Chair's Remarks**
14/25.1	The Chair advised that he had no business to report on.
15/25	**Item 15 – Any Other Business**
15/25.1	There was no other business.
16/25	**Item 16 – Details of Next Meeting**
	Thursday 27 February 2025 at 1.30pm
	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Signed by Chair:

Date:

item 6

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	27 February 2025
Title of paper	Corporate Risk Register as at 31 December 2024
Reference	PHA/01/02/25
Prepared by	Karen Braithwaite
Lead Director	Leah Scott

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

1 Purpose

The purpose of this paper is to bring the Corporate Risk Register, as at 31 December 2024, to the Board for noting.

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 attached Corporate Risk Register reflects the review as at 31 December 2024 and has been carried out in conjunction with individual directorate register reviews for the same period.

The Corporate Risk Register was approved by the Agency Management Team at its meeting on 4 February 2025, and by the Governance and Audit Committee at its meeting on 13 February 2025.

3 Outcome

There has one new risk has been added to the Corporate Risk Register this quarter:

- CR76 - Delay with Child Health System Migrating to Encompass

No risks have been removed and no risks have had their rating changed.

4 Next Steps

The next review of the Corporate Risk Register will be undertaken after 31 March 2025.

PHA Corporate Risk Register

Date of Review:
31 December 2024

Introduction

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

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

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

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

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

Overview of Risk Register Review as at 31 December 2024

Number of new risks identified	1 CR 76 Delay with Child Health System Migrating to Encompass
Number of risks removed from register	0
Number of risks where overall rating has been reduced	0
Number of risks where overall rating has been increased	0

CONTENTS

Key:

Risk rating:

↑ increased from previous quarter

↓ decreased from previous quarter

→ remained the same as previous quarter

Control Effectiveness RAG Rating:
RED
AMBER
GREEN

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

• 3rd party Secure Remote Access; • Data & system backups **Policy, Process:** • Regional & local ICT/information security policies; • Data protection policy; • Change Control Processes; • User Account Management processes; • Disaster Recovery Plans; • Emergency Planning & Service/Business Continuity Plans; • Corporate Risk Management Framework, processes & monitoring; • Regional & local incident management & reporting policies & procedures; **User Behaviours – influenced through:** • Induction/ Annual Appraisal • Mandatory Training; • HR Disciplinary Policy; • Contract of employment; • 3rd party contracts/data access agreements • Metacompliance monthly training now operational	1st & 2nd line PHA represented on cyber programme board 1st & 2nd line External security review carried out by ANSEC (external security company) 3rd line Internal Audit/BSO ITS self-assessment against 10 Steps towards NCSC; 3rd line: An HSC Cyber Gap analysis (ISO 27001) was carried out (externally carried out by DXC)	need to work through the recommendations • External security review carried out by ANSEC (ext security co) <u>Gap in Controls</u>: – • programme not delivered yet. • SoC sent to DoH for consideration which shows gaps: A SIEM (security incident management system) Privleged accounts management (PAM) • BSO led Cyber strategic plan developed for implementation over next 4 years to deliver outputs of the cyber secrutiy strategy, however funding via DHCNI not yet secured.	cyber projects are being undertaken to enhance capabilities across the region, under 3 key work streams:. • Communications and culture which contains Cyber training for all staff, Senior Teams, ICT, Department specific • Strategy and Policy, the development and implementation of HSC wide Cyber Security policies, standards and processes and Supplier Management • Technical and Infrastructure including a HSC Network Security Review, Implementation of Network Discovery and vulnerability Management Tools and Incident Response management See below for update on key projects ongoing under these workstreams ~~Debrief of full HSC-wide cyber incident response test – Incident test report tabled at cyber programme board (6 Oct 23) and agreed to take forward a review of current incident response plan and recommendations from report – ongoing (approx six month~~	

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 A baseline audit against ISO27001 across all ICT Departments and Internal audits against NSCS Cyber Essentials 10 steps have been completed and recommendations accepted			~~timescale) Review of Incident response plan now completed with finalisation due early July 2024.~~ Training programme for Board members will continue to be delivered in consultation with Regional Cyber Security Programme Board) Update from Cyber Security Progamme Board – revised training being planned for roll-out with ALB Board members and senior teams. Now re-commenced May 2024 and ongoing roll-out planned. ~~Review Sept 2024.~~ Review Mar 2025 for PHA board members – ensure PHA board members have completed training. Targetted training and 'all users' training (Metacompliance) (monthly) to be provided. New schedule to run April 24 – March 25. New schedule from April 2025 (complementary to the mandatory elearing cyber security training) ~~Revised (June 24) HSC cyber elearning material due to be launched Oct 2024~~	

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

members 5/12/24 for approval via e-mail as next meeting not until Feb 2025. Revised (in June 24) HSC cyber elearning material launched 2 Dec 24.				

Corporate Risk 55

RISK AREA/CONTEXT: Shortage of Staff ~~/ Skill mix required~~ across particular areas, impacting the ability to discharge full range of public health statutory responsibilities

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.

Outside of the Consultant roles, with effect from 26th April 2024, posts at Band 8 are only being filled on a temporary basis through internal trawls as a precautionary step in light of planned organisational change programme Reshape Refresh. This will naturaly bring a level of instability whilst the change programme unfolds.

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

- A number of consultant in public health posts are vacant and attempts to fill them have been unsuccessful. Following recent retirements and leavers the position within the Health Protection service has become acute.
- Existing posts at Band 8 which become vacant are being filled by temporary appointments with backfilling of posts creating knock on effect in vacancies.

DATE RISK ADDED:
June 2020

REVISED:

August 2020 - HSCQI Risk added.

June 2022 - Merged.

September 2023 - Updated to cover all Directorate risks.

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

June 2024 – Redrafted to reflect core risk.

Updated December 2024

CLOSED:

N/A

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

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

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

LEAD OFFICER: All Directors

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
Interim leadership arrangements have been put in place in health protection to ensure safe high quality health protection service being provided. This has involved re-deployment of staff from other parts of the directorate to support health protection function including acute response, surveillance and governance. 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	1st & 2nd line: • Reports to CEx and AMT. • Staff in post postion kept under regular review • Updates to GAC via Corporate Risk register • Briefings provided to PHA Board. 3rd line: • Vacancy updates provided to Sponsor Branch via Ground clearance process. • ~~Ongoing engagement with HSCQI Leadership Alliance and Network~~. • Link with DOH Safety and Quality Standards branch. **NMAHP Reshape Refresh** 1st - Directors meets Senior Team regularly and 1:1s are held as required	**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 ~~and~~ market forces 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.		Reshape and Refresh – Management of Change: • Level 2 Job Descriptions (Director level) 2 posts require job descriptions to be finalised for evaluation. ~~It is anticipated 1 of these will be sent for evaluation during October 2024 with the other~~ likely to be ready for evaluation in Q4 – review April 2025 • Level 3 (AD level) recruitment programme well advanced and to be concluded in Q4 ~~entered the pools process in August 2024 with outcomes anticipated by mid-October 2024. It is likely that a number of posts at this tier will not be filled through the initial process requiring further stages to be instigated~~.	~~Dec 2024~~ Mar 2025

Locum consultant in place to support health protection. Consultants on retire and return are providing support to the service. Consultant posts are advertised on a rolling basis. PH Directorate are developing a refreshed JD to facilitate a wider campaign approach Public health specialist/consultant workforce report developed and approved by AMT in January 2023. The report includes a number of recommendations to increase the supply of specialist and consultant public health staff who are registered with a certificate of completion of training or equivalent. 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	2nd Reshape and Refresh Programme Manager has met with directorates to provide support. Ongoing support and liaison between Directors and HR. Access to Mural. Staff engagement events. 3rd EY information sessions were held earlier in the year. Union representation at engagement events. **NMAHP Staffing** 1st – Vacancy reports are shared monthly with Senior Team and Line Managers. Monthly meetings are held between Finance, Planning & Business Support Manager and Interim Director to discuss staffing budget and vacancies. 2nd – Monthly meetings are held between Interim Director and HR to discuss vacancies and progression of recruitment. Scrutiny Meetings twice monthly.	**~~HSCQI~~** **~~Gaps in assurance:~~** • ~~Unable to respond with agility to requests from the system. Prioritisation given to strategic areas of work as determined by the HSCQI Leadership Alliance.~~ **~~Gaps in control:~~** • ~~Funded Staffing levels are insufficient to build a reliable and responsive HSCQI infrastructure for NI HSC services.~~	• Tier 4 development initiated in Qtr 4 with input from Tier 3 appointments. Continue advertisement of Consultant Posts and upskilling nursing workforce (increase numbers undertaking masters in public health - Revisit April 25 Develop action plan to ensure the recommendations from workforce plan are implemented – Establish strong consultant led multidisciplinary teams in health protection and across directorate to make best use of skills of all staff – ensuring specialised skills of consultants are used to best effect. Reform of Acute response service - Revisit April 25 ~~Training and development of a resilient workforce under a delegation framework to support emergency response and emerging situations has been completed. A business case for recurring funding to employ a resilience workforce is in progress – by Sept 24~~ ~~The numbers of registrars training in public health has been~~	

created largely complete – some posts still to be recruited on a permanent basis. Bank staff list created following the closure of contact tracing service. Staff from the bank have received training and are able to provide support to acute health protection service both in hours and out of hours. Introduction of SpR rota for acute response (Delegated responsibility to release Consultant capacity. Redeployments across admin team to provide cover for key areas. Admin support arrangements were reviewed during 2023 and a new post to support the business is in recruitment process. ~~**HSCQI**~~ • ~~On-going monitoring and prioritising of HSCQI work.~~ • ~~Ongoing Director review of existing HSCQI Directorate structures and support arrangements.~~			~~increased. This is the main route to consultant appointment so this is designed to increase supply.~~ 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 ~~**HSCQI**~~ ~~Ongoing discussions around funding/temp funding between Director HSCQI, CEO PHA, DOH Safety and Quality Standards Branch, and chair of HSCQI Leadership Alliance.~~ ~~Temp Q2020 project manager in post. Temp post extended for 12 months from March 2024.~~ ~~Permanent Band 4 PA post filled effective from 8th April 2024.~~ ~~Following PHA CEO approval, a temp band 4 admin support officer took up post on 29th April 2024 for 12 months to support HSCQI regional training and HSCQI programmes.~~	

• ~~Prioritisation of Regional HSCQI Improvement Programmes and training. Learning System, scale and spread activity and other programmes of work.~~ ~~Nursing, Midwifery & AHP (NMAHP)~~ • ~~Temporary post for Interim Director of Nursing and AHP in position~~ • ~~Admin review has been carried out, findings to be confirmed in July.~~ Operations Reshape and Refresh Management of change process designed (end of Mar 24) New operational structure and model has been approved by board. Interviews for Tier 2 and 3 positions are progressing. Director of Finance appointed. . First Tuesday events continue Regular staff meetings, job planning and review of work prioritisation.			~~HSCQI Clinical Lead redeployed to Public Health Directorate since September 2023. Director HSCQI and CEO PHA keep this under review.~~ ~~PHA CEO has approved the recruitment of a temp 8C Assistant Director for 18 months via management of change process. Director HSCQI in regular communication with HR lead for PHA and CEO PHA - JD matched as Band 8b , resubmitted and rescheduled for discussion at matching meeting July 2024.~~ ~~ITM advertised to fill an 8C HSCQI Transition Lead post for up to 6 months with a closing date of 12th September. As at 30th September, shortlisted applicants being progressed to interview which will take place on 4th October 2024.~~ ~~NMAHP~~ • ~~Vacant senior posts held until R&R process progressed. Resulting impact on capacity.~~ **NMAHP Reshape and Refresh** –	

NMAHP Reshape and Refresh Reshape Refresh Programme Manager continues to support process Ongoing work between senior team, unions and HR Mural remains available online Staff engagement events Increase in Senior team Meetings, augmented by 1:1s as required. **NMAHP Staffing** Successful admin recruitment exercise complete Recruitment process started for project support vacancies Temporary backfill posts in position for Head AHP (currently on secondment), Lead AHP Consultant CYP and AD Public Health Nursing for CYP. Discussions are ongoing between Interim Director & AD			Interim Director of NMAHP will remain as an interim position, permanent post expected to be aligned early 2025. Recruitment for Tier 3 is underway and will continue in quarter 3 NMAHP Director, in conjunction with stakeholder's, is developing PHA policy for professional governance, supervision and accountability. Once draft finalised will be submitted to board for formal approval. Working group established, 1st meeting 21.01.25 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. Update to be discussed at First Tuesday in quarter 3.~~ Progression of Tier 4 will commence January - April Further staff engagement sessions will be arranged for staff below Tier 3 in March/April	

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

Corporate Risk 59

RISK AREA/CONTEXT: Quality Assurance and Commissioning of Screening

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

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

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

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

LEAD OFFICER: Director of Public Health

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**
Screening Programme Board re-established to provide broader oversight (at CEx/Director level across regional organisations)	**1st and 2 line assurance** • Reports to AMT and briefing/updates to PHA Board;	Gaps in Controls: • Commissioning and delivery of screening programmes is a HSC wide system based approach (ie. a number of		**Southern Trust Cervical Cytology Review**: Ongoing support to the cytology review in Southern Trust including co-chairing the Steering and Operational	~~Dec 2024~~ Mar 2025

IT systems • Project structure for implementation of Breast Screening Select has been established, business case approved and implementation ongoing. • Processes are in place within each programme to attempt to manage any identified current risk – manual processes / reporting /monitoring/failsafe systems. • Technical review of screening IT systems completed by BSO ITS **Screening programmes –** Consultant screening group providing cross-programme oversight; regular updates provided to CMO Sponsorship branch. Ongoing monitoring of uptake, activity and capacity within each programme with escalation of risks and concerns as required. Baseline screening budget reviewed and recurrent inescalpable funding	• Report on screening internal audit follow-up to GAC. • Quality assurance site visits re-established in breast and cervical screening programmes. • Desktop QA reviews in bowel screening • Ongoing meetings between the Encompass team and screening leads to ensure intregrity of interfaces is mainitained with Encompass going live. • PHA CEX represented on encompass Programme Board • A programmed series of messaging to media/ public is ongoing to ensure that public confidence is maintained in the cervical screening programmes as a result of the Southern Trust Review. • Separate workstream established within the NIDIS project to extend the scope to replace the NHAIS functionality for cervical screening.	partners). PHA relies upon each part of the system having appropriate controls in place • Funding insufficient to meet delivery needs within some screening programmes • Funded staffing levels in PHA are insufficient to provide a robust and responsive QA infrastructure for all programmes • Limited technical and information governance expertise available to support the screening programmes <u>Gaps in Assurances</u>: • Limited resources (staffing, financial and technical) particularly to establish and support an enhanced QA structure for the newborn and antenatal screening programmes. • Limitations to core QA work as prioritisation given to responding to significant and urgent issues	Groups, development and maintainance of an Information system to manage all affected patients through the process and public messaging. ~~Review to complete Sept/Oct 24. –~~ ~~R~~eview April 2025 Peer evaluation of PHA cervical QA functions being explored with NHS England. ~~Dec 2024~~ March 2025 **IT systems:** • Ongoing pressures in Diabetic eye, call recall functions of bowel, and cervical screening programmes continue to be a feature.Need for additional recurrent funding continue to to be raised as inescapable for 2024/25. ~~June 2024~~ March 2025 • TOR for a Screening Digitial Modernisation Programme, ~~to be established and~~ led by PHA to be agreed and group established. January 2025 ~~October 2024~~ • A digital directorate to be established as part of	

needs have been highlighted. **Programme specific issues:** • Cytology revew – PHA staff in membership of Southern Trust Cervical Cytology Review Steering group and subgroups, advising on the delivery and assurance of the review programme. • Quarterly performance management meetings established with BSO for bowel and cervical screening delivery - with review of progress against audit action plan and SLA. • PHA leading the primary HPV implementation project for cervical screening through a multi-organisational Steering Group Transition and People workstreams established to work through challenging operational changes within wider context of reducing activity and timings of new laboratory IT system.	**3rd line assurance:** • Regular updates provided to CMO group through sponsorship arrangements • Reporting to regular meetings of the DoH Cervical Screening Oversight and Assurance Group	• Absence of cross organisation strategic approach to screening IT systems	Reshape and Reform organisational restructure. Date TBC **Primary HPV implementation in cervical screening** Ongoing oversight of the project to reconfigure cervical screening laboratory services. ~~Transition and People workstreams established to work through challenging operational changes within wider context of reducing activity and timings of new laboratory IT system. Nov 2024~~ **Staffing** New post of AD for commissioning public health screening and immunisation to be recruited under Reshape and Refresh. Will provide additional expertise in PHA to support commissioning of screening programmes. ~~Dec 2024~~ January 2025	

• Cytology Review completed ~~**Staffing** – approval received to redirect programme monies to PHA staffing budget and 2xband 7 appointed in 2023/24~~				

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

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating (RED)	Action Plan/Comments/ Timescale	Review Date
BSO Cybersecurity Strategy, Programme & Workplan (via Regional Cyber Security Progamme Board) 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	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	<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 <u>Gaps in Assurance</u>: • PHA does not have in-house ICT systems expertise and is reliant on		PHA Business Continuity Plan, approved by AMT August 2023, now being revised starting with - Business Impact Analysis reports to develop/document Directorate Level Plans (1st review June 2024 with roll-out across all Directorates due June-Sept 24) With the QUB and other cyber incidents, HSC SIROs are commissioning, through the Information Governance Advisory Group, a Regional IG Task & Finish Group to address the risks/review data flows from HSC/Partner organisations and issues associated with data loss by a partner organisation. Proposal considered at IGAG 27/5/21. This action currently with DHCNI for decision/funding, etc. Ongoing – lack of funding is holding up progress. Review again ~~September 2024~~ March 2025 (as per below) Development and testing of IG emergency plan in response to cyber attack being led by IGAG. Currently with DHCNI to support financially. IGAG regularly seek	~~Dec 2024~~ Jan 2025

and launched in September 2020. Information Governance Team support & advisory services 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 wih Cyber Security colleagues, PaLS and DLS as appropriate) and IG awareness raising re data sharing and other IG documentation to be considered/completed as required.		BSO partner to provide expert analysis of cyber related issues with PHA contracted orgs.	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 ~~Sept~~ 24 Mar 25). (but as Dec 24 no update – sitting with IGAG and DHCNI) Assistant IG Manager appointed to support Service Leads in a review of new and existing contracts in line with UK GDPR (working wih Cyber Security colleagues, PaLS and DLS as appropriate). IG awareness raising ongoing across PHA in relation to data sharing and other IG documentation to be considered/completed as required (ongoing) Standing item at PHA IGSG agenda – further update will be given at next meeting Jan 2025	

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

Current	Possible	Moderate	MEDIUM
Target	Unlikely	Minor	LOW

LEAD OFFICER: Head of Chief Executive's Office and Strategic Engagment

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating (RED)	Action Plan/Comments/ Timescale	Review Date
A formal governance structure has now been put in place in 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 ~~Director of Operations.~~ 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. 3rd line - None Identified	Gaps in Assurance: • Although now in place for over a year, the PI governance structure has been put in place on a temporary basis and will require review depending on the extent/longevity of any recommendations that are directed towards the Agency from a given Inquiry. Gaps in Control: • No dedicated financial support from DoH (ie no increase in core funding) • Concerns that the current staff resource may be inadequate given the envisaged extent and longevity of PI work which will take place well into 2027.		In the immediate term (September 24 – March 25) the Agency will continue to respond to the requests made of it - primarily in relation to the UK Covid-19 Inquiry. This work will extend to the preparations required for the CEXE's evidence session in respect of Module 3 and the progression of formal witness statements in respect of Modules 5, 6 and 7 of the Covid-19 Inquiry. The Agency will also continue a review exercise in respect of the now published final report of the Infected Blood Inquiry. Creation of long-term formal PI work plan. This will necessitate agreement around longer term staff resourcing and lines of accountability curently being	March 2025

		• Scoping the work of the Public Inquiries Team to be undertakenin relation to recommendations from now closed Inquiries. • PHA response will neccesiate successfully engaging with a number of senior staff who have left the organisation. • Although the psychological impact of the Covid-19 response may have left an 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.	considered alongside the outworkings of Reshape and Refresh Update as at 31st Dec 24. Paper reviewing structure and support for Public Inquiry and Programme Governance drafted and will be considered by AMT in Jan. Discussion at December Board meeting concluded that the risk rating would be kept under review.	

Corporate Risk 73					
RISK AREA/CONTEXT: Financial Planning Context 25/26 Finance / Operational Performance and Service Improvement Dimensons					
DESCRIPTION OF RISK: In light of the current financial planning context, and the financial deficit facing the HSC sector in NI, there is a risk that PHA will be required to to deliver further savings against its current baseline budget. To achieve the savings, PHA will need to prioritise current investments. There is therefore a risk that PHA to will be required to stop a significant number of existing contracts it has in place with Providers from March 2025 Without continued investment and growth it will not be possible to develop and deliver a Corporate Plan to deliver statutory requirements of Health Protection, Health improvement and tackle Health inequalities in NI.				**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Likely	Major		**HIGH**	
Target	Likely	Moderate		**MEDIUM**	
LEAD OFFICER: Chief Executive					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**

PHA approach will be guided by AMT and PHA board direction Development of Financial plan in advance of agreement of budgets. Engagement at highest level with DOH officials including Perm Sec and Director of Health Engagement with Minister and SPAD on importance of PHA to the public health outcomes.	1st and 2nd line assurances AMT/ PHA board to be updated on budget position on a regular basis. PHA staff to continue to engage with DoH Finance and Policy colleagues to ensure impact of achieving additional savings is understood.	<u>Gaps in Controls</u> ~~24/25 budget not agreed by NI Executive.~~ Formal confirmation of allocation for 2025/2026 not yet received. <u>Gaps in Assurances</u> One year budget cycle	~~Discussions on-going with DoH Finance colleagues to agree approach for achieving savings in 2024/25~~ PHA to continue to engage with DoH Finance colleagues to clarify plans for 25/26 and develop draft financial plan for 25/26, based on available budget information - by May 2025	~~Dec 2024~~ June 2025

Corporate Risk 74					
RISK AREA/CONTEXT: ICS: Impact of the introduction of a new HSC system wide planning, delivery, performance monitoring and governance system on the PHA.					
DESCRIPTION OF RISK: A new system for the planning, delivery and performance management of health and social care is being designed and implemented in Northern Ireland. Integrated Care System (ICS) is the overall title for this. The primary risk is that the design and implementation of this new system and consequent legislation does not fully recognise the importance of public health in the role of planning and delivering better health for the population of Northern Ireland. The delay in the full programme of legislative instruments may mean that the PHA is at risk of operating 'ultra vires' in relation to accountability arrangements at an operational level with regard to joint planning and commissioning teams.				**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**	
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).					
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**		
Current	Possible	Moderate	**MEDIUM**		
Target	Unlikely	Minor	**LOW**		
LEAD OFFICER: Chief Executive					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**

The Agency Chair and Chief Executive sit on the group led by the permanent secretary tasked with the design elements of the new planning and governance approach. 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.	1st and 2nd lines - PHA Multi Disciplinary SPTs - Multi Disciplinary Planning and Commissioning teams - Regular reporting into JAM (PHA/SPPG joint assurance meetings) 3rd line - Internal Audit programme - Reporting to PTEB	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. - 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	~~- Joint PCT workshop with SPPG/ PHA was deferred and a new date is being sought to take place prior to December.~~ Joint PCT workshop planned for 21st December was postponed. New date currently being sought and agreed with CEO/COO. SPT governance arrangements to be further developed within Reshape and Refresh programme New PHA leaders forum is being charged with taking discussions forward.	~~Dec 2024~~ March 2025 March 2025

Corporate Risk 75					
RISK AREA/CONTEXT: Pandemic Preparedness					
DESCRIPTION OF RISK: A key responsibility of the PHA is to provide the NI public health response to a pandemic. An emerging infectious disease including newly recognised infectious agents could result in large numbers of people falling ill and the next pandemic. The novel pathogen causing the epidemic could emerge abroad, with no effective treatment or vaccine. The immediate and critical public health response in NI will be focused on detection of the infection, surveillance, public health management of cases including testing, isolation, contact tracing, vaccination and treatments (if available). This needs to be scalable and will require co-ordination and implementation of national guidance and a supporting communications plan. National Risk Register 2023. Key area of risk is the capacity of the organisation to deliver on its requirements for planning and response to a pandemic.				**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**	
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Major		**HIGH**	
Target	Possible	Moderate		**MEDIUM**	
LEAD OFFICER: Director of Public Health					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**

Establishment of PHA; SPPG and BSO Joint Pandemic Planning Preparedness Group (June 2023) Completion table top exercises; • 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. ~~Establishment of~~ 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	Submission of draft plans to DoH assurance ~~group by end August~~ (Complete) Preliminary identification of business needs Preliminary identification of areas of planning which will require additional resource submitted to DoH in October 2024 Awaiting feedback from DoH to inform next stage of planning. ~~Regular review, updating and testing of draft plans~~ Focus on updating plans in line with NI and UK wide frameworks and requirements. A national pandemic exercise is planned for Autumn 2025. Update of PHA Directorate business continuity ~~by end~~ plans completed October 2024 and Corporate business continuity plan review underway – due by end March 2025. There is regular liaison with UKHSA, other UK DA's	• Resources (capital and human) required to deliver a surge response for the required time period. • Joint planning with RoI and rest of UK in relation to ~~re~~ border response for a pandemic 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 ~~robust~~ 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.	~~• Draft plans being developed with expected date for submission of early October 2024 Work ongoing with DoH and SPPG in relation to pandemic planning.~~ • Meetings convened by DoH in January 2025 to review October 2024 Pandemic submissions. • PHA will continue to liaise and deliver work in line with the frameworks and arrangements being worked up by relevant Departments. PHA made resource available to work on a Passenger Locator Project as requested in late 2024 but the project has not yet progressed. Review March 25 • ~~Contact tracing and surge planning training programme being delivered by emergency planning team~~. Emergency preparedness training being delivered across the organisation. New operating model for PHA places a focus on staff roles in emergencies including pandemic.	~~Dec 2024~~ Mar 2025

and SPPG in relation to pandemic planning. Contact tracing and surge planning training programme being delivered by emergency planning team	and RoI on operational health protection matters. These can include cross border issus which are addressed on case by case basis while longer term solutions are worked through. The Common Framework is the statutory agreement which underpins co-operation and joint working across UK administrations. This agreement does support sharing of information across DA's. The WHO international health regulations are implemented at UK level and these underpin working with RoI, EU and other countries. .	• Further testing of plans required once finalised	• Resources required being quantified as part of the planning and will be shared with DoH and business cases developed as required.	

APPENDIX 1

RISKS ADDED TO CORPORATE RISK REGISTER AS AT 31 December 2024

Corporate Risk 76
RISK AREA/CONTEXT: The Child Health System is used by all 5 HSC Trusts and coordinates/manages information relating to the delivery of Child Health services to children and young people. This include; **Scheduling & Surveillance:** • Healthy Child Healthy Future Universal Child Health Promotion Programme (both pre-school and school age)

- Children who require recall assessments
- The preschool immunisation programme, including scheduling for GP vaccination clinics
- School age immunisation programme using C2K interface
- Generating new schedules in response to changes in the full childhood immunisation programme

Monitoring:

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

Production of Qaulity and Performance Management Statisitics on:

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

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

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

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

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

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

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

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

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Possible	Major	HIGH
Target	Unlikely	Major	HIGH

LEAD OFFICER: Interim Director NMAHP

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date

Existing Controls – IT Programme Board for CHS and Encompass. An extension to the CHS contract has been sought and granted Go Live Date extended to February 26 Working group are aware of interface challenges netween GP systems and Encompass and will seek solution	1st– Early Years and Family Nurse Partnership Nurse Consultants, Interim Assistant Director Children and Young People and Interim Director from NMAHP 2nd – Subgroups include Director Public Health, Screening and Service Development Nurse Consultant and Senior Systems and Business Analysts and Operations Service Manager. 3rd - Encompass	**Gaps in Control:** Staged approach unconfirmed for Go Live CHS will be required to remain and run in parallel with the encompass sytem until all functionality and data flows have been tested and assurance has been sought that it replicates the CHS functionality. Funding for resource unconfirmed Gaps in interface between GP interface and Encompass, relating to Pre-Achool Vaccination Programme **Gaps in Assurance:** Programme Boards have been established but quality and assurance process still remain unclear.	Negotiations required for funding to release resource from CHS to support the build and test. To be discussed 22.01.25. Approximately £170K would be required to support this build Backfill for 1 WTE CHS band 6 expert band 6 for 12 months from April 25 Dedicated BSO programmer 0.6 WTE Band 7, 12 months (max) Dedicated lead to support this work and to ensure it is completed timely preferably with CHS experience, Band 8a Representation from five trusts to to inform and support the build Encompass team will be required to get the opportunity to observe current work flows Consideration to be given to a staged approach to Go Live, to be agreed by Encompass. This will be determined as work progresses as to whether it will be required. CHS Workgroup meeting again end of January 2025 (meet monthly)	March 2025

			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)	

APPENDIX 2

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 31 December 2024

HSC Public Health Agency

minutes

Governance and Audit Committee Meeting

Date and Time 10 October 2024 at 2.00pm

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

Present

Mr Joseph Stewart	-	Chair (*via video link*)
Mr John Patrick Clayton	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director

In Attendance

Ms Leah Scott	-	Director of Finance and Corporate Services
Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services
Mr Stephen Wilson	-	Interim Head of Chief Executive's Office
Mr Stephen Bailie	-	Head Accountant
Ms Karen Braithwaite	-	Senior Operations Manager
Ms Karen Brown	-	Senior Accountant
Ms Aisling Smyth	-	Operations Manager
Mrs Catherine McKeown	-	Internal Audit, BSO
Mr Ryan Falls	-	Cavanagh Kelly (*via video link*)
Mr Roger McCance	-	NIAO
Mr Robert Graham	-	Secretariat

Apologies

None

49/24	**Item 1 – Welcome and Apologies**
49/24.1	Mr Stewart welcomed everyone to the meeting. There were no apologies.
50/24	**Item 2 - Declaration of Interests**
50/24.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.
50/24.2	Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

51/24 **Item 3 – Minutes of previous meeting held on 8 August 2024**

51/24.1 The minutes of the previous meeting, held on 8 August 2024 were **approved** as an accurate record of that meeting.

52/24 **Item 4 – Matters Arising**

52/24.1 Mr Stewart noted that there were no actions from the last meeting.

53/24 **Item 5 – Chair's Business**

53/24.1 Mr Stewart advised that he had no business to update on.

54/24 **Item 6 – Corporate Governance**

Corporate Risk Register as at 30 September 2024 [GAC/37/10/24]

54/24.1 Mr Stewart said that no new risks have been to the Corporate Risk Register, but that he had an issue with the change of rating of the risk relating to Public Inquiries from "high" to "medium". He added that he was not satisfied there is a justification for this given the potential for reputational damage. He acknowledged that while PHA may be coping with the responses to current Inquiries, the risk to reputational damage has not diminished in any way. Ms Scott agreed that some justification could be included, but stated that the rating was reduced to reflect the fact that the report of the first module of the COVID Inquiry has been published, and that the Urology Inquiry has completed. She agreed to provide a rationale **(Action 1 – Ms Scott)**.

At this point Mr Wilson joined the meeting.

54/24.2 Mr Clayton noted that within Risk 74, relating to the Integrated Care System (ICS), there is reference to PHA operating *ultra vires* and said that it would be helpful to understand what that means. He added that he was not convinced that there is joint working and asked for more clarity on the precise nature of the risk. For Risk 75 relating to pandemic preparedness, he noted reference to the new Pandemic Preparedness Group and said that as this is a significant development, it may be useful to have a briefing on that. He added that the risks around health protection consultants and screening have been covered previously. Mr Stewart said that for the risk on screening, there is a reputational risk for PHA because of the ongoing challenges in terms of how PHA conducts its quality assurance function and therefore it should be reviewed.

54/24.3 Members **APPROVED** the Corporate Risk Register.

Finance and Corporate Services Directorate Risk Register as at 30 September 2024 [GAC/37/10/24]

54/24.4 Ms Scott explained that this directorate risk register has been reviewed so it now includes elements relating to Finance, while other areas have

been removed as they are the responsibility of the new Chief Executive's Office.

54/24.5 Ms Scott outlined that staffing has been an issue for some time but PHA is doing all it can to ensure it has good staff who are adequately trained. She added that there is a new risk relating to IT equipment and this has been flagged with both BSO and the Department. She advised that some of PHA's current infrastructure is coming to the end of its life so there needs to be investment. She said that the risk is around the interim period and transition to any new systems. Mr Stewart asked how immediate the risk is. Ms Scott replied that it has been rated as "high" saying that while PHA is being supported now, its requirements may not be prioritised while there is a transition to any new system.

54/24.6 Mr Clayton commented that the risk around capacity within information governance is growing in its significance as PHA is now handling more data. He noted that consultants had been brought in previously to help with work in health protection.

54/24.7 Mr Clayton said that staff not having access to a laptop is a big issue and asked if it would impact on their ability to get trained. Mr Murray replied that there is not a direct correlation. He explained that while there is a supply of laptops, they are nearing the end of their warranty period. He added that if a laptop is not used for three months it becomes inactive and needs to be rebuilt by IT. He advised that if Line Managers submit requests on time, new staff should have laptops for when they commence and be able to get their training started.

54/24.8 Members noted the Finance and Corporate Services Directorate Risk Register.

Complaints Report [GAC/39/10/24]

54/24.9 Ms Scott advised that one complaint was received during the second quarter of this year. She said that this Report now includes information on compliments and it is encouraging to see positive feedback. She explained that there is currently one ongoing claim issue and one claim that has been closed.

54/24.10 Members noted the Complaints Report.

Review of Standing Orders and Standing Financial Instructions [GAC/40/10/24]

54/24.11 Ms Scott said that a review has been completed of PHA Standing Orders and Standing Financial Instructions and has been brought for approval.

54/24.12 Mr Clayton asked why a previous paragraph in the Standing Financial Instructions had been removed. Ms Scott explained that this is no longer relevant as PHA has its own Director of Finance.

54/24.13 Mr Stewart noted that within Standing Orders, there is a reference to PHA providing "professional leadership", and thought that this should read "professional advice". Mr Wilson suggested that this wording may have come from the 2011 HSC Framework Document, but he would clarify this **(Action 2 – Mr Wilson)**. Mr Stewart said that he was considering this from the perspective of Public Inquiries. Mr Wilson outlined that in practice PHA would have a leadership role as the Chief Executive is a member of the Permanent Secretary's HSC Performance and Transformation Executive Board.

54/24.14 Mr Stewart said that within Standing Financial Instructions, he would have a concern around the continuing reference to joint commissioning, particularly in the current circumstances where PHA does not know what its actual role is. He added that PHA needs to be clear about this. Mr Wilson advised that it was his understanding that there has been an amendment to certain sections of the 2009 Reform Act and that the PHA still has a joint statutory responsibility in the commissioning process. He undertook to review this further outside of the meeting **(Action 3 – Mr Wilson)**. Ms Scott agreed that if PHA's role has changed, there needs to be a review to better understand the impact on PHA. Mr Clayton said that it would be useful to review this before these papers are brought to the Board given that the Commissioning Plan has effectively been rolling on since 2019, ICS has been established and SPPG has been created, therefore PHA needs to query its role. Mr Irvine said that PHA should review the legislation as it is the framework which outlines what PHA's role is. Mr Wilson advised that Ms Julie Mawhinney has been reviewing PHA's statutory responsibilities as part of the work on the new Corporate Strategy, and although this work has not yet been signed off by DLS, he said that he could share it with members **(Action 4 – Mr Wilson)**.

54/24.15 Subject to clarity around the points raised, members **APPROVED** the review of Standing Orders and Standing Financial Instructions.

Review of Assurance Framework [GAC/41/10/24]

54/24.16 Mr Stewart said that he welcomed the new layout of the Assurance Framework which he found helpful, adding that his only comment is on the wording around the development of a joint Commissioning Plan, following the earlier discussion. Mr Clayton noted that some of the areas indicate there should be biannual updates, but in practice this has not been the case. He added that the line around the Corporate Plan is showing this should be 3/4 yearly, but this should be reviewed. He queried whether the update on the use of external consultants should also come to this Committee. Ms Scott said that she no issue with bringing that update.

54/24.17 Members **APPROVED** the review of the Assurance Framework which will be brought to the PHA Board on 18 October.

Raising A Concern in the Public Interest (Whistleblowing) Policy 2024 [GAC/42/10/24]

54/24.18 Mr Stewart noted that this Policy had been updated in the light of new guidance. Mr Clayton advised that he had had some involvement in the new guidance through his role in Unison. He noted that there is not yet a nominated Non-Executive Board member, but acknowledged that this is under consideration by the Chair. He commented that while the appendices were very helpful, some of them should be presented more upfront. He asked whether PHA has a Public Interest Advocate. Ms Braithwaite said that she was not sure if there was a nominated individual. Mr Clayton said that it would be helpful to include timescales for any investigation as individuals would wish to know how quickly any matters raised will be dealt with.

54/24.19 Members **APPROVED** the Raising A Concern in the Public Interest (Whistleblowing) Policy which will be brought to the PHA Board on 18 October.

55/24 Item 7 – Internal Audit

Internal Audit Progress Report [GAC/43/10/24]

55/24.1 Mrs McKeown advised that within the Progress Report, there is one audit report, which relates to the audit on Board Effectiveness, for which a satisfactory level of assurance was given. She noted that the outcome was different from the previous audit and that there were some recommendations, particularly around the need to develop a new Corporate Plan. She advised that management had accepted the recommendations.

55/24.2 Mr Stewart said that on behalf of the Non-Executive Directors, he was delighted to see this report. He acknowledged that the Corporate Plan does need to be looked at. Mr Clayton commented that the report was fair and something that the whole Board should be cognisant of. Mr Irvine said that the report reflects the current thinking of the Board.

55/24.3 Members noted the Internal Audit Progress Report.

Mid-Year Follow up on Outstanding IA Recommendations 2023/24 [GAC/44/10/24]

55/24.4 Mrs McKeown reported that 78% of PHA's outstanding audit recommendations are fully implemented with 16 recommendations still partially implemented and four not yet implemented. She outlined that there are 20 recommendations which are past their due date for implementation and while many of these are in progress, 12 of the 20 are from reports where there was a limited level of assurance given. She noted that four of these recommendations fall within screening, three of which are from 2022/23 and one from 2017/18. She said that a proposal was due to be brought to the Committee by management around closing the recommendation from 2017/18, but it is not quite

ready. Of the four outstanding recommendations relating to procurement, all of these are from 2023/24. She added that the other outstanding recommendations relate to business continuity, finance and management of contracts with the community and voluntary sector.

55/24.5 Mr Stewart said that he and the Chief Executive would like to see the number of outstanding recommendations be reduced. He added that a 78% completion rate is common across the HSC and that the Chair of the Department's Audit and Risk Committee had recently written to the Chairs and Chief Executives of all HSC bodies saying that this is an area that requires attention. He said that the Chief Executive is concerned about this and that some of these issues need to be closed down.

55/24.6 Mr Irvine commented that in any organisation, focus may be lost on older audit recommendations, and it is important that this does not happen. He said that while 22 open recommendations is not a large number, it is a bigger problem when some of them are long standing. He noted that many are in the areas of contracts. Mr Stewart said that the Planning, Performance and Resources Committee is looking at matters relating to procurement and that Ms Scott is taking forward a mapping exercise. Ms Scott advised that PHA has a focus on all outstanding audit recommendations, but some of the older ones will require complex solutions. Mr Stewart said that he and the Chief Executive had felt that a completion rate of around 90% was where PHA needed to be and that it is important the Committee is satisfied that things are progressing.

55/24.7 Mr Clayton said that it will be useful to see the proposal at the next meeting outlining why the long outstanding recommendation around the Newborn Screening Programme should be closed down.

55/24.8 Mr Clayton noted that the issues around the Family Nurse Partnership appear to be worsening and that the IT system now presents a cyber security risk. He suggested that as validation is a key element of this programme, there should be an update on this at the Board meeting **(Action 5 – Ms Scott)**.

55/24.9 Members noted the Mid-Year Follow up on Outstanding IA Recommendations.

Shared Services Audits [GAC/45/10/24]

55/24.10 Mrs McKeown advised that there was one Shared Services audit which she was content for members to note.

55/24.11 Members noted the Shared Services Audits report.

Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit [GAC/46/10/24]

55/24.12 Mrs McKeown said that the Mid-Year Assurance Statement summarised the areas she had covered earlier.

55/24.13 Members noted the Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit.

56/24 Item 8 – Information Governance

Information Governance Action Plan 2024/25 [GAC/47/10/24]

56/24.1 Ms Scott advised that the Information Governance Steering Group met last month and that this is its Action Plan. She highlighted that the targets rated "red" relate to new starts, induction and training. She explained that while a number of actions have been taken, it is taking time for them to be embedded. She said that PHA is looking again at its systems to ensure that the data it holds is secure.

56/24.2 Mr Clayton asked about training for new starts and how compliance can be increased. He noted that the induction "day" did not result in all new starts completing their training so this requires further thought. However, he acknowledged that uptake of cyber security eLearning is increasing.

56/24.3 Mr Clayton noted that Internal Audit had made a recommendation about keeping Information Asset Registers up to date and that there was an issue because some staff indicated they required training to be able to complete this. He said that therefore the target could not be rated "green" because not all returns were made for 2023/24. Mr Stewart asked what action was to be taken and Mr Clayton replied that a workshop was to be arranged for staff. Mr Clayton reiterated that the target for 2023/24 should be rated "red".

56/24.4 Members noted the Information Governance Action Plan update.

Data Protection Confidentiality Policy [GAC/48/10/24]

56/24.5 Ms Scott advised that the Data Protection Confidentiality Policy has been updated. She said that Data Protection is a complex area so PHA can avail of support from the Directorate of Legal Services when required.

56/24.6 Members **APPROVED** the Data Protection Confidentiality Policy.

Access to Information Policy [GAC/49/10/24]

56/24.7 Ms Scott advised that the Access to Information Policy has been updated.

56/24.8 Members **APPROVED** the Access to Information Policy.

57/24 **Item 9 – Finance**

Fraud Liaison Officer Update Report [GAC/50/10/24]

57/24.1 Ms Scott said that she was delighted to welcome Ms Karen Brown as PHA's new Fraud Liaison Officer following the transfer of this role from SPPG. She reported that there are no new cases of fraud.

57/24.2 Members noted the Fraud Liaison Officer Update Report.

Anti-Fraud and Anti-Bribery Policy Statement & Response Plan [GAC/51/10/24]

57/24.3 Ms Scott advised that a new Anti-Fraud and Anti-Bribery Policy has been developed and is based on good practice.

57/24.4 Mr Stewart said that he had one issue with the Policy, and that related to the statement that the Director of Finance and Corporate Services had discretion regarding the reporting of fraud cases to the PSNI and he did not feel that that was appropriate. Ms Scott agreed and said that she was content to update that **(Action 6 – Ms Scott)**.

57/24.5 Mr Clayton said that he was content with the Policy but asked about the frequency of training and uptake. Mr Bailie advised that Finance training for budget holders has been ongoing and there is an element of that which relates to fraud. He added that there has been a good uptake of the fraud eLearning module.

57/24.6 Subject to amendment, members **APPROVED** the Anti-Fraud and Anti-Bribery Policy Statement and Response Plan.

58/24 **Item 10 - External Auditor's Report to those Charged with Governance (Final) [GAC/52/10/24]**

58/24.1 Mr McCance said that members will have seen the draft Report and he thanked the PHA team and Cavanagh Kelly for their work. He reiterated that PHA accounts were certified with an unqualified audit opinion. He noted that there was one recommendation pertaining to holiday pay which is an issue right across the HSC.

58/24.2 Mr Stewart said that PHA needs to ensure that there is accurate recording. Mr Clayton declared an interest at this point as Unison is supporting some of the individual affected in this matter.

58/24.3 Mr Clayton asked about unused vaccine stocks as this was highlighted in a previous Internal Audit report. He noted that these can be significant and asked if there was a link to the write offs. He also asked if the new Vaccine Management System will ensure that this does not happen in future. Mr McCance explained that PHA is required to report these as a loss, and that last year the figure was more easily quantifiable. Mr Stewart noted that there is always going to be wastage

because it is difficult to project uptake. Mr McCance said that it is important that there is disclosure in the accounts.

58/24.4 Members noted the External Auditor's Report to those Charged with Governance.

59/24 Item 11 – PHA Mid-Year Assurance Statement [GAC/53/10/24]

59/24.1 Ms Scott said that this Statement is commissioned by the Department and reflects many of the issues that have been discussed at today's meeting. She said that it outlines findings from both Internal and External Audit. She noted in particular that the issue around payments from the Special EU Programmes Body (SEUPB) should be resolved by the end of the year.

59/24.2 Ms Scott advised that there is an update on issues which were highlighted in the previous year, principally around the challenging financial environment, management of contracts with the community and voluntary sector, staffing and resilience, and matter pertaining to HSCQI. She added that PHA is also flagging up Public Inquiries and the current pause on campaigns. She commented that PHA would draw a link between reduced vaccine uptake and the absence of a campaign. She said that there is also reference to work in the area of cervical screening.

59/24.3 Ms Scott said that she would recommend that the Chief Executive would sign this Statement.

59/24.4 Mr Clayton asked about the wording in the section on RQIA reports and clarity on what this related to. Ms Scott undertook to get clarity on that **(Action 7 – Ms Scott)**.

59/24.5 Mr Clayton noted the section on cervical screening and the reference to PHA obtaining an external review of its quality assurance function. He acknowledged that this has been a changing position, but asked if the narrative could be brought up to date **(Action 8 – Ms Scott)**.

59/24.6 Mr Stewart asked whether the Chair had written to the Minister with regard to campaigns given the Board's concerns around a pause in campaigns. Mr Wilson advised that a letter was drafted and sent to Mr Peter Toogood, and that it was accompanied by an evidence paper outing the effectiveness of campaigns. He added that the Department advised PHA that the pause in campaigns was continuing, with the only exception being for campaigns that relate to significant public health issues. He said that all of PHA's campaigns relate to significant public health issues. Mr Stewart said that he would raise this again at the Board meeting as this refusal does not align with the new Minister's focus on public health. He asked if the letter sent by PHA could be circulated to members **(Action 9 – Mr Wilson)**.

59/24.7 Subject to minor amendments, members **APPROVED** the Mid-Year Assurance Statement which will be brought to the PHA Board on 18 October.

60/24	**Item 12 - Contract Assurance Process 2024/25 Report [GAC/54/10/24]**
60/24.1	Mr Murray explained that each year PHA asks organisations to submit a range of documentation and that this process has begun for 2024/25. He said that the documentation received to date has given PHA a reasonable assurance that organisations are financially stable. He noted that there are a few organisations which have yet to submit their paperwork and this is being followed up. He explained that this exercise is one part of a process, and that there is also ongoing monitoring.
60/24.2	Mr Stewart said that the report was interesting and asked whether PHA selects a random sample to ensure the accuracy of the information provided. Mr Murray replied that PHA reviews all the documents it receives with the Finance team reviewing bank statements, but as part of a more in-depth process PHA would visit up to 10 organisations per year to carry out an in-depth review of their monitoring processes. He added that in the event of any issues there is an Escalation Policy.
60/24.3	Mr Clayton said that it would be useful for the Committee to be made aware of those rare occasions when the Escalation Policy has had to be applied and why. Mr Murray explained that there is a policy whereby issues should be raised with the Contract Manager, but for issues of reputational damage, they would have to go directly to the Director or Chief Executive. He agreed to share the Policy with members **(Action 10 – Mr Murray)**. He added that the Policy is part of a package of procedures that PHA has in place.
60/24.4	Members noted the Contract Assurance Process 2024/25 Report.
61/24	**Item 14 - Draft Governance and Audit Committee Self-Assessment [GAC/56/10/24]**
61/24.1	Mr Stewart advised that the Non-Executive members had met in advance of this meeting and had completed this questionnaire with their agreed responses.
61/24.2	Members **APPROVED** the Governance and Audit Committee Self-Assessment.
62/24	**Item 15 – SBNI Declaration of Assurance [GAC/57/10/24]**
62/24.1	Ms Scott advised that she had met with the Director of Operations in SBNI and that the contents of this Declaration of Assurance reflected those discussions.
62/24.2	Members noted the SBNI Declaration of Assurance.

63/24 **Item 13 - Joint Emergency Planning Annual Report 2023-2024 [GAC/55/10/24]**

Ms Mary Carey joined the meeting for this item

63/24.1 Ms Carey presented the Report and explained that this is a joint report produced by PHA, SPPG and BSO.

63/24.2 Mr Stewart commented that the last year had been an active one in terms of the number of test exercises undertaken. He said that he had two comments relating to the Report, first the lack of engagement from Trust Directors at key committee meetings, and second an understanding of why PHA would be involved in storm planning.

63/24.3 Mr Clayton noted that the training budget continues to be frozen at the same level as it has been for 12 years and he felt that it was useful that the Report had highlighted how much had been spent over and above the budget on training. He said that this was an issue that the Board as a whole should look to take action on. While it is not on the Corporate Risk Register, he asked if it was on the directorate risk register.

63/24.4 Ms Carey advised that while PHA manages the training budget, it is a Department budget and covers training for PHA, SPPG, BSO and the six Trusts and that it has not been raised for 10 years. She said that this matter has been raised at the Health Emergency Planning Forum and various letters have been written to the Department. She added that there should be a 3-year rolling programme for training and that Northern Ireland should have an Emergency Planning conference because it is lagging behind the other devolved administrations in that regard. She highlighted that part of the issue is the changeover of staff.

63/24.5 Ms Carey said that a gap analysis is being carried out in terms of training. She added that there is an expectation that for Chemical, Biological, Radiological, Nuclear (CBRN) preparedness, each UK country will deal with its own training, but this carries a risk for Northern Ireland. She said that pandemic preparedness is a priority and requires a training programme, and that it is not appropriate that Trusts have to identify funding for this from their own budgets. Mr Stewart advised that the Committee is supportive of this view and that this lack of training and investment needs to be raised with the Minister directly. He added that the Committee will recommend that the Chair writes to the Minister. Mr Wilson advised that when AMT had considered this Report, the area of training was discussed and it was agreed that following an analysis of training needs across the system, a business case should be developed to fund this and be presented to the Department. He added that AMT is keen to see this taken forward.

63/24.6 Mr Stewart asked Ms Carey about Trust engagement. Ms Carey said that the Trusts are heavily engaged in the multi-agency groups and they also consistently raise the issue of training. She advised that The Executive Office is leading on the Northern Ireland training programmes

explaining that it is a multi-agency programme and health has a number of places on it.

63/24.7 Mr Irvine asked if PHA's role is as a co-ordinator or a director. Ms Carey replied PHA has a joint responsibility. Mr Irvine said that the Report needs an Executive Summary which highlights the perceived issues being faced by PHA and any possible solutions. Mr Stewart added that it might be useful to indicate the key risks that PHA has encountered over the last year so that PHA can focus on those areas which are its responsibility. He asked whether PHA is better prepared for events this year than it was last year and if not, what does PHA need to do.

63/24.8 Ms Carey advised that this Report is for the period up to April 2024, and that there has been a lot of work carried out in relation to training, including mandatory training for all staff. She added that PHA has worked with SPPG and BSO as well as the Trusts and has submitted plans to the Pandemic Preparedness Board. She said that PHA has to look at how it can build resilience and engage with the national programme for training. Ms Scott advised that PHA is being asked to bid for additional resources, but it has to get this onto the radar of the Department. She said that there is good work going on, but there remains a lot to do. Mr Stewart said that the Board would support PHA in pushing this up the agenda.

63/24.9 Mr Stewart thanked Ms Carey for the Report and for all the work that is carried out by her team in this area. He said that he will be raising the issue of training at the Board meeting. Ms Carey noted that at present, SPPG and BSO do not have emergency planners, therefore the weight of work in this area is predominantly falling on PHA. She said that PHA is required to undertake 10 exercises per year, but it is not resourced to do so. Mr Clayton said that it would be useful for the Board to be aware of this. Mr Wilson commented that PHA should not lose sight of the recommendations from Module 1 of the COVID Inquiry as there is an expectation from the Inquiry that there will be a response to these within 6 months and implementation within a further 6 months. Mr Stewart said that this is the time for PHA to bid for additional resources.

63/24.10 Members **APPROVED** the Joint Emergency Planning Annual Report.

64/24 Item 16 – Any Other Business

64/24.1 There was no other business.

65/24 Item 17 – Details of Next Meeting

Thursday 13 February 2025 at 10am

Fifth Floor Meeting Room, 12/22 Linenhall Street

Signed by Chair:

Joseph Stewart

Date: 13 February 2025

HSC Public Health Agency

minutes

Planning, Performance and Resources Committee Meeting

Date and Time 18 November 2024 at 10.00am

Venue Fifth Floor Meeting Room, 12/22 Linenhall Street

Present

Mr Colin Coffey	-	Chair
Mr Craig Blaney	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director

In Attendance

Mr Aidan Dawson	-	Chief Executive
Dr Joanne McClean	-	Director of Public Health
Ms Heather Reid	-	Interim Director of Nursing and AHPs
Ms Leah Scott	-	Director of Finance and Corporate Services
Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services
Ms Julie Mawhinney	-	Interim Senior Operations Manager
Ms Karyn Patterson	-	HR Business Partner, BSO
Mr Robert Graham	-	Secretariat

Apologies

None

28/24	**Item 1 – Welcome and Apologies**
28/24.1	The Chair welcomed everyone to the meeting. There were no apologies.
29/24	**Item 2 – Declaration of Interests**
29/24.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.
30/24	**Item 3 – Minutes of Previous Meeting held on 19 August 2024**
30/24.1	Members **APPROVED** the minutes of the meeting held on 19 August 2024.

31/24 **Item 4 – Matters Arising**

31/24.1 Professor Rooney asked when an update would be brought on how PHA is looking at the learning from Public Inquiries, referencing the questions the Chief Executive was asked at the COVID Inquiry. The Chief Executive explained that when preparing the Statement for the Inquiry, at no point was PHA asked about its reflections. Mr Wilson advised that he has been speaking to Mr Alastair Ross about this and a paper will be brought to the Public Inquiries Programme Board on Wednesday.

31/24.2 The Chair agreed that PHA needs to reach a point where it is embedding the learning from Reviews and Inquiries. Ms Henderson asked if there could be a paper on how PHA is implementing recommendations. Mr Wilson reiterated that this will be discussed on Wednesday and a paper can be circulated to members in December **(Action 1 – Mr Wilson)**.

31/24.3 Professor Rooney asked for an update on the new outcomes-based monitoring approach. Mr Murray replied that progress is being made in looking at a different approach for contracts relating to drugs and alcohol and if this works, it could be rolled out across the organisation. However, he noted that it is an intensive piece of work and that there will be an update brought to an Agency Management Team (AMT) meeting in due course. He added that there will be a new performance and resources group.

31/24.4 Professor Rooney noted that PHA previously had dedicated resource in the area of performance management, but this was redeployed, so this area needs tightened up. Mr Murray agreed saying this is on PHA's agenda. Ms Scott explained that performance will be a key area of her new directorate and work is currently ongoing to get the structure in place with two new Assistant Directors to be appointed, so it will not be until after they are post that progress can start to be made. The Chair acknowledged this, and said that the Committee would welcome a timeline. Ms Scott added that there is also a need to look at the arrangements for the new planning teams.

31/24.5 The Chair said that going forward, procurement should be a standing item at this Committee.

32/24 **Item 5 – Presentation on Smoking Cessation**

Ms Colette Rogers and Ms Denise McCallion joined the meeting for this item

32/24.1 Ms Rogers explained that the previous Chair had a specific interest in the area of smoking cessation and there had been a request for a presentation on PHA's work in this area. She began her presentation but outlining the impact of smoking in Northern Ireland with 2,200 deaths annually and an estimated cost of £400m to society.

32/24.2 Ms Rogers advised that there is a Tobacco Strategy (2012-2024) and showed how the prevalence of smoking has reduced from 22% when the Strategy to launched to 14% now. She said that there has been a review of how the Strategy is working, including a report by the Northern Ireland Audit Office (NIAO). She added that the tobacco and vapes bill is scheduled for debate in the Northern Ireland Assembly at the end of November.

32/24.3 Ms McCallion reported that there are currently 213,000 smokers in Northern Ireland and that this number has increased. She gave an overview of Stop Smoking Services. The Chair asked what PHA needs to do to ensure that the model can achieve best results. Ms McCallion explained that the current model has to do with legacy arrangements in each Trust area and suggested that the "gold standard" would be the model used in the Western Trust as it employs prescribed nurses and access to Nicotine Replacement Therapy (NRT) at the point of access. Dr McClean said that there was different levels of funding and that previously smoking cessation was managed at local office level, but there is now one tobacco team across the region and the aim now is to even up services and improve them across the board. The Chair asked if PHA should dictate which model is best. Dr McClean agreed and said that this is what PHA needs to do. Ms Rogers advised that there was a workshop held recently with all Trusts where there were some frank and honest conversations and that the Trusts would also like to see consistency. The Chair said that it would be preferable that PHA is instructing the Trusts rather than negotiating with them. Ms Rogers assured members that in some areas PHA is clear about what is required, but in other areas there needs to be clarity. However, she added that there is no new funding available. The Chair noted that the new tobacco and vaping bill should give PHA more power. Dr McClean said that PHA is making a bid for additional funding as part of the Cancer Strategy, but she added that there needs to be a partnership approach and that prevention should be included on the agenda of Trust Accountability meetings. Professor Rooney said that would be a good development.

32/24.4 Ms McCallion moved on and gave an overview of how many people have attended Stop Smoking Services, have set quit dates, and have successfully quit after 4 weeks. She advised that 31% of those individuals who set quit dates came from the most deprived communities and 58% of them successfully quit. She added that of all those who had quit after 4 weeks, 40% were still tobacco free after 52 weeks, but noted that 37% could not be contacted.

32/24.5 Ms Rogers advised that PHA's investment in stop smoking is £1.2m. She explained that Trusts also invest significantly in this area and PHA needs to work with them. She added that there are Enforcement Officers in Local Councils.

32/24.6 Mr Blaney said that it was interesting to see the statistics adding that this is now uncharted territory given the legislation that is coming in. He asked if 5% is the overall target and how Northern Ireland compares

with England, Scotland and Wales. Ms Rogers replied that Northern Ireland smoking rates are similar, but added that the data in some areas is measured in a different way.

32/24.7 Mr Blaney noted that although there may be 500 Stop Smoking services and a lot of funding being put into this area, there will be that small number of people who will always smoke and he suggested that there could reach a point when PHA has to decide if it is worthwhile continuing to invest, or change its focus to vaping.

32/24.8 Ms Henderson asked how PHA is promoting this good work as it is exactly the kind of public health leadership that needs to be shown. Dr McClean outlined that smoking is the biggest cause of preventable deaths and that smoking rates in Northern Ireland are too high, especially in disadvantaged areas so PHA has to target those hard to reach groups. She added that while vaping is less harmful than smoking, there has to be a focus in getting people to come off vapes. She said that this is an important area where PHA can help improve the health of the people of Northern Ireland.

32/24.9 Professor Rooney asked about campaigns because there is evidence of their effectiveness. Ms Henderson agreed that PHA should put together a piece of work on how much it needs to spend on this and put its case forward for having a campaign. The Chair said that PHA should look at best practice and have a plan. Ms Rogers noted that some of the recommendations from the NIAO report are helpful in this regard.

32/24.10 Dr McClean said that across the health sector, there is an understanding that prevention makes a difference. The Chair said that this needs to be raised with the Department and also with SPPG. Ms Rogers noted that although there will be a budget allocated to Northern Ireland when the new tobacco and vapes bill comes into effect, this will go to the Executive, rather than directly to health. Mr Dawson said that there needs to be a recognition that PHA are the professionals in this area, noting that stories around waiting lists and Emergency Departments will always get more coverage. Professor Rooney noted that the Minister has indicated that mental health and inequalities are his biggest priorities and these link with reducing smoking rates.

32/24.11 The Chair thanked Ms Rogers and Ms McCallion for their presentation.

At this point Dr McClean and Ms Reid left the meeting.

33/24 Item 6 – Planning

Draft PHA Corporate Plan 2025/30

33/24.1 Ms Scott said that the development of this Corporate Plan is the culmination of intensive work which has taken place after the last number of weeks. She advised that there have been staff engagement events and there has been a Project Team which has met regularly. She said that this Plan reflects PHA's priorities over the next 5 years and

	that the aim is to have it signed off by April 2025, following a period of consultation which will commence in December. She hoped that this Plan reflects the expectations of the Committee.
33/24.2	Ms Mawhinney reiterated that this document is for consultation and it is likely that there will be further changes made. She added that the Plan has been developed in the spirit of engagement, and it aims to cover the full remit of PHA.
33/24.3	Mr Blaney said that he thought the Plan was brilliant and a good blueprint. He outlined that it gave him a clear idea about PHA's priorities and he welcomed seeing the measures in it. However, he asked if it would be possible for some of them to have information about where the measure currently is, and where PHA is aiming to get it to. Ms Mawhinney agreed that this would be useful, but noted that some public health indicators would not look much different over 5 years. She added that some of them may be outside the remit of PHA. Mr Blaney acknowledged this, but said that even if PHA can't "move the dial", it should include the dial, but Ms Mawhinney cautioned against what are wider population indicators and what are performance measurements. Ms Mawhinney added that this Plan is about measuring the impact that PHA is having. Mr Murray outlined that PHA is aiming to develop a performance framework with a lot of work being done by the planning teams.
33/24.4	Ms Henderson commended the team on producing this Plan which she said is much more focused. Professor Rooney echoed this and added that the inclusion of the infographics will bring it to life.
33/24.5	The Chair queried the use of the word "monitor" and suggestions such as "keep track of", "react to" and "measure success" were put forward. The Chair asked about links between the KPIs in Programme for Government (PfG) and this Plan noting that PHA is linked to 3 or 4 of these. Ms Mawhinney said that PHA had previously indicated within its Plan if an indicator was linked to PfG and Ms Scott added that PfG features in PHA's plan.
33/24.6	The Chief Executive reported that he has been conducting a series of staff engagement events and from those events, it was put forward that there should be an "easy read" version of the Plan. Ms Mawhinney explained that it takes months to prepare one of these, but it will be developed during the consultation period.
33/24.7	The Chief Executive commended the team for compiling this draft Plan. He said that the staff engagement events had been well attended and that there were challenging conversations which showed the value of bringing people together. He noted that this Plan is not an overview of everything that PHA does.
33/24.8	Members **APPROVED** the draft Corporate Plan.

34/24 **Item 7 – Performance**

Performance Management Report Quarter 2 2024/25

34/24.1 Mr Murray advised that this is the second Performance Management Report. He outlined the summary position in that 24 targets are rated "green", 3 are rated "amber", 3 are rated "red" and 3 are rated "blue", and that there is further information on those targets which are rated "amber" or "red"

34/24.2 The Chair asked how progress is being measured saying that there is a challenge for PHA in ensuring that the activities it is taking forward are in line with its strategic objectives. He also asked if the Directors are content that the skills and knowledge in the organisation are allowing PHA to move forward and that the activities PHA is doing are actually working. Mr Murray replied that in addition to the Business Plan, PHA needs another report showing the totality of its work. The Chair said that alongside the new Corporate Plan, there will be a Business Plan for 2025/26 which shows the activities that it will be taking forward. He added that at some point a determination will have to be made whether PHA's approach is working or whether it should be spending its money differently.

34/24.3 Professor Rooney asked about KPI 6 around vaccine uptake rates and how this is monitored. Mr Murray said that PHA can see trends. He noted that the Business Plan is picking out one area for particular focus, but an overview of the whole vaccination programme could be brought to the Board in a separate report. The Chair said that uptake rates are falling and asked how it can be rated "green". The Chief Executive agreed that rates are falling and added that a deeper delve into the data shows that the uptake is lowest in the most deprived areas. He added that people do not see the impact that these diseases had previously so uptake rates are falling, and while PHA is focused on this area, it is not able to reverse the trend.

34/24.4 Ms Henderson agreed that KPI 6 should not be rated "green" as this gives a mistaken impression of where PHA is. She asked if KPI 5 relating to the vaccination budget is on target. The Chief Executive replied that PHA is now in control of the vaccination budget, but uptake is down.

34/24.5 Ms Henderson stated that KPI 23 should be rated "red" as there is no plan in place. She queried whether KPIs 18a and 18b, which are rated "red", should be on PHA's Business Plan at all given there is no budget and no resource for them. The Chief Executive agreed and said that the Report will be taken away and further reviewed.

34/24.6 Professor Rooney said that the low uptake in vaccinations is an opportunity for PHA to go to the Department and seek approval for a campaign. The Chair agreed, but said that it would not be easy to get approval.

34/24.7 The Chief Executive undertook to review the Report in advance of the Board meeting on Thursday and have an updated version issued to members **(Action 2 – Chief Executive)**.

35/24 Item 8 – Resources

Finance Report as at 30 September 2024
Update on PHA Financial Position

35/24.1 Ms Scott advised that as at the end of September, PHA is managing a small surplus of around £200k and she is aiming to get an estimate of other projections for the end of the year. She outlined that £25.7m of the £55.5m programme expenditure budget has been spent with an overspend of £0.1m, and that there is an underspend of £0.3m within the management and administration budget. She said that the capital budget is on target.

35/24.2 Ms Scott said that she is anticipating additional slippage. She advised that ALBs recently received correspondence regarding the proposed pay settlement and PHA will respond to that.

35/24.3 The Chair asked what level of surplus may hand back to the Department and Ms Scott advised that it could be in the region of £450k.

35/24.4 Ms Henderson thanked Ms Scott for the Report, but expressed concern that there is a projected underspend of £1.7m on the management and administration budget which tallies with the overspend on the programme budget and asked where this overspend is coming from. Ms Scott replied that it was planned that there would be overspend on the programme budget to utilise the underspend in management and administration. She added that she will be aiming to realign all the budgets next year. She said that if PHA used its full management and administration budget, it would have had a significant overspend and she agreed to bring back further detail The Chair said that, from a governance perspective, the Board needs to know what the planned overspends are. Ms Henderson agreed and said she would like more information on this **(Action 3 – Ms Scott)**.

35/24.5 The Chair asked what the level of risk was in terms of PHA not receiving funding it had anticipated. Ms Scott replied that the risk is low. The Chair said that if PHA is undertaking work with an expectation of receiving risk, that represents a risk. Mr Murray explained that part of this relates to the National Institute of Health Research (NIHR) funding.

35/24.6 The Chair said that PHA needs to know what the cost of implementing the Reshape and Refresh programme will be for the 2025/26 budget as it could cost more. Ms Scott agreed and said that this is something she is concerned about given there will be a whole new directorate. The Chair said that at the last Accountability Review Meeting with the Permanent Secretary he had outlined that PHA may be requesting additional monies. Ms Scott said that PHA has to submit an estimate of next year's budget by the end of this month.

35/24.7	The Chair asked if PHA is comfortable with the retraction of capital funds. The Chief Executive replied that he is content that these types of allocations are removed from PHA's budget so PHA can focus on its core business.
35/24.8	Members noted the Finance Report.
	Our People Report
35/24.9	Ms Patterson said that the latest Report shows that PHA's staff numbers are increasing but Whole Time Equivalents (WTE) are not increasing at the same rate as there is more flexible working. The Chair asked if these arrangements are reviewed and if PHA has a feel for what staff it needs. Ms Patterson said that there will be a review of all the different arrangements, of which hybrid working is a big one.
35/24.10	Ms Patterson reported that sickness absence rates have decreased, but mental health remains the highest category of long-term sickness absence. The Chair asked how this compares with levels pre-COVID. Ms Patterson replied that while absence relating to mental health, anxiety and depression has increased, work related stress absence has decreased and so PHA is focusing its action plan around that. Mr Blaney asked if the increase in anxiety is due to the Reshape and Refresh programme, but Ms Patterson replied that she could not give a specific response to that.
35/24.11	Ms Patterson advised that PHA's appraisal compliance rate is now 93%. She said that work is ongoing on a Skills Development Framework. The Chair asked if this is a "gold standard" framework. Ms Patterson explained that it is more about supporting staff on their career pathway.
35/24.12	The Chair commended the communications that go out to PHA staff. The Chief Executive reminded members that there is the PHA staff event on 4 December.
35/24.13	Members noted the Our People Report.
36/24	**Item 9 – Any Other Business**
36/24.1	There was no other business.
37/24	**Item 10 – Details of Next Meeting**
	Thursday 20 February 2025 at 10.00am
	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast
	Signed by Chair:
	Colin Coffey
	Date: 20 February 2025

item 9

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	27 February 2025
Title of paper	Performance Management Report
Reference	PHA/04/02/25
Prepared by	Stephen Murray / Rossa Keegan
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 2024/25.

2 Key Issues

The attached paper provides a summary of progress made, as at end of December 2024, on achieving the actions set out in the PHA Annual Business Plan 2024/25.

Of the 33 actions, 7 are currently rated Blue (Action completed). 10 are currently rated Green, 4 are currently rated Amber, 12 are currently 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.

The Performance Management Report was approved by the Agency Management Team at its meeting on 4 February 2025, and will be considered by the Planning, Performance and Resources Committee at its meeting on 20 February 2025.

3 Next Steps

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

HSC Public Health Agency

PERFORMANCE MANAGEMENT REPORT

Monitoring of KPIs Identified in

The Annual Business Plan 2024 – 2025

As at 31 December 2024

This report provides an update on achievement of the actions in the PHA Annual Business Plan 2024-25.

The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 33 actions across 5 Key Priorities in the Annual Business Plan. Each action has been given a BRAG status as follows:

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.

Of the 33 actions, 10 are currently rated Green, 4 are currently rated Amber, 12 are currently rated Red and 7 currently rated Blue.

This report will provide the BRAG status for each action with further details on those actions currently rated Amber or Red.

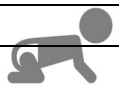
HSC Public Health Agency

Protecting Health

		Target
KPI 1	Provision of BBV screening through low threshold and inclusion services	Mar 25
KPI 2	Development of Northern Ireland One Health AMR Action Plan	Mar 25
KPI 3	Development of Surveillance Report & Risk Assessment	Mar 25
KPI 4	Outbreak Detection through statistical exceedance reporting	Oct 24
KPI 5	Appraisal of Flu Vaccination delivery programme	Mar 25

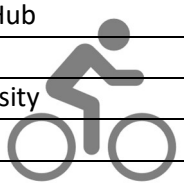
Starting Well

KPI 6	Pertussis & MMR Vaccination uptake rates	Mar 25
KPI 7	Replace and strengthen the existing Child Health System	Mar 25
KPI 8	Review unmet need and risk factors associated with Social Complexity in Pregnancy	Dec 24



Living Well

KPI 9	Develop Health Inequalities Framework	Dec 24
KPI 10	Discovery exercise for the development of a NI Mental Health Hub	Sep 24
KPI 11	Commissioning – Alcohol and Drugs	Apr 25
KPI 12	Implementation phase 1 – 3 of a Whole Systems Approach Obesity	Mar 25
KPI 13	Reduce Smoking Prevalence across NI	Mar 25
KPI 14	Develop a Cancer Prevention Action Plan	Dec 24
KPI 15	Action plan to address Inequalities in participation in Screening Programmes	Mar 25

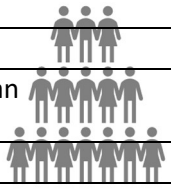


Aging Well

KPI 16	A new regionally agreed, evidence based Safer Mobility Model across NI completed	Mar 25
KPI 17	Care Homes Fall Pathway Initiative	Mar 25
KPI 18a	Level 1-3 Education and Training Tools for Advanced Care Planning Programme in place	Dec 24
KPI 18b	Implementation structures for the RESPECT programme in place	Dec 24
KPI 19	5% increase in uptake rate in Seasonal Flu Vaccination programme for Care Home Staff	Mar 25

Our Organisation and People

KPI 20	New PHA Corporate Plan developed	Mar 25
KPI 21	PHA Operational Structures/Operating Model implemented	Mar 25
KPI 22	Revised Business Continuity Plan developed	Dec 24
KPI 23	PHA procurements to be progressed in line with the agreed Procurement Plan for 2024/25	Mar 25
KPI 24	New Partnership Agreement in place with DoH	Dec 24
KPI 25	PHA Digital and Data Strategy approved and Implementation Plan developed	Sep 24
KPI 26	PHA Skills and Development Framework approved	Sep 24
KPI 27	Launch of new PHA People Plan	Jun 24
KPI 28	PHA R&D Office set up and Strategy issued for consultation	Mar 25
KPI 29	PHA Membership of each AIPB	Jan 25
KPI 30	PHA will achieve financial breakeven	Mar 25
KPI 31	Approach to Health Inequalities- Training delivered to all staff	Mar 25
KPI 32	PHA in membership / co-leading new SPPG/PHA commissioning teams	Sep 24



HSC Public Health Agency

As at end of December 2024 there were 16 KPIs identified with an Amber or Red BRAG status. Further details of these KPIs below.

For details on all the actions please click on the file here -> Q3_Performance_Report_202425 - AMT

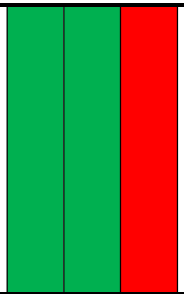
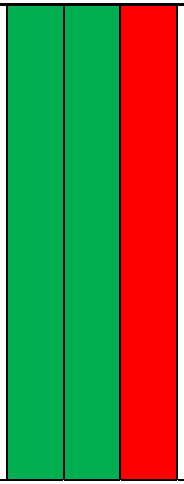
<table>
<tr><th>KPI</th><th>Description</th><th>Progress</th><th>Jun</th><th>Sep</th><th>Dec</th><th>Mar</th><th>Lead Director</th></tr>
<tr><td>KPI 6</td><td>Vaccine uptake rates for Pertussis and MMR stabilised with particular emphasis on those with the greatest risk of experiencing health inequalities by March 2025. (Quarterly updates provided June/September/December)</td><td>MMR coverage at 5 years – D1 93.7%, D2 8.5%% - increase in 0.1% and 0.1%% respectively since Dec 2023 showing a stabilisation in uptake.
MMR catch up campaign completed and included outreach to schools with lowest uptake.

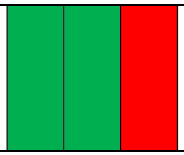
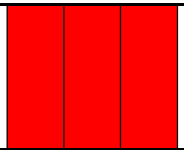
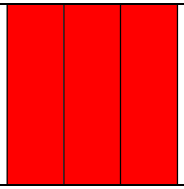
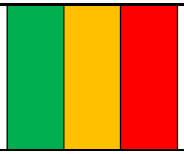
<u>Pertussis (pregnancy)</u>
Figures from NIMATS are now impacted by no records for SEHSCT, BHSCT and NHSCT due to encompass migration. From NIMATS pertussis vaccination coverage for SHSCT and WHSCT is as follows:
<table>
<tr><th>Trust</th><th>Last Month (October 2024)</th><th>Current Month (November 2024)</th><th>Difference</th></tr>
<tr><td>SHSCT</td><td>55.7%</td><td>51.9%</td><td>-3.8 ↓</td></tr>
<tr><td>WHSCT</td><td>63.7%</td><td>66.5%</td><td>+2.8 ↑</td></tr>
</table>
Following the addition of pertussis to VMS, GP practices and Trusts have been recording administrations via this route. Between 15 July 2024 and November 2024, 2065 vaccinations have been recorded as administered across all vaccination providers.</td><td></td><td></td><td></td><td></td><td>Joanne McClean</td></tr>
</table>

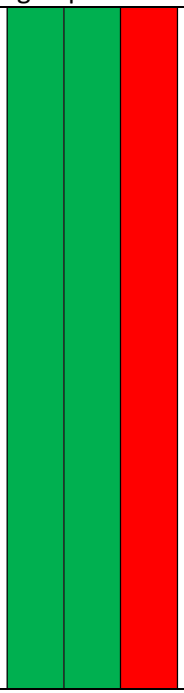
HSC Public Health Agency

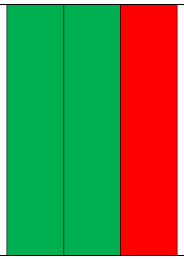
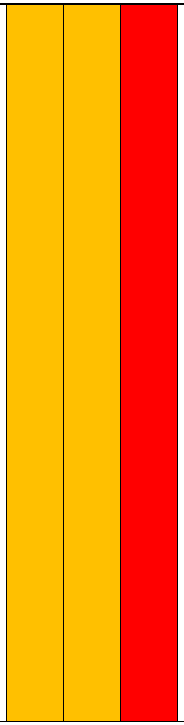
<table>
<tr><th>KPI</th><th>Description</th><th>Progress</th><th>Jun</th><th>Sep</th><th>Dec</th><th>Mar</th><th>Lead Director</th></tr>
<tr><td></td><td></td><td>Number of vaccinations by age group (years) and location administered
<table><tr><th>Location Owner</th><th><20</th><th>20-24</th><th>25-29</th><th>30-34</th><th>35-39</th><th>>=40</th><th>Total</th></tr><tr><td>Belfast Trust</td><td>3</td><td>14</td><td>27</td><td>48</td><td>42</td><td>6</td><td>140</td></tr><tr><td>GP</td><td>9</td><td>58</td><td>133</td><td>232</td><td>148</td><td>25</td><td>605</td></tr><tr><td>Northern Trust</td><td>4</td><td>25</td><td>62</td><td>97</td><td>55</td><td>22</td><td>265</td></tr><tr><td>South Eastern Trust</td><td>13</td><td>46</td><td>117</td><td>171</td><td>104</td><td>29</td><td>480</td></tr><tr><td>Southern Trust</td><td>1</td><td>24</td><td>33</td><td>75</td><td>44</td><td>9</td><td>186</td></tr><tr><td>Western Trust</td><td>7</td><td>43</td><td>87</td><td>148</td><td>92</td><td>12</td><td>389</td></tr><tr><td>Total</td><td>37</td><td>210</td><td>459</td><td>771</td><td>485</td><td>103</td><td>2,065</td></tr></table></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Further details if Amber/Red (Timescales, mitigating actions etc.)</td><td colspan="5">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 will continue to offer pertussis vaccination in pregnancy through antenatal clinics to increase convenience for those who are pregnant and ensure opportunistic offer.</td></tr>
<tr><td>KPI 7</td><td>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</td><td>CHS current workplan is being reviewed in line with the timeline proposed by Encompass. Encompass are working on the project update for CHS which should include the revised project plan. An options paper to extend the time of Go Live to February 2026 was agreed at the Delivery & Readiness Board September 2024. Workplan to be updated to reflect the change in timescales -this is sitting with the Encompass/Epic team. Sub-group has been established and is reviewing priorities for Child Health Datawarehouse Group. An extension</td><td></td><td></td><td></td><td></td><td>Paul McWilliams / Stephen Wilson/ Leah Scott/ Heather Reid</td></tr>
</table>

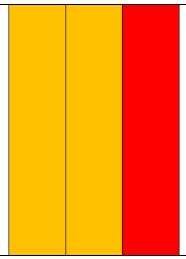
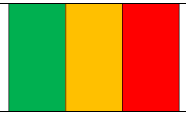
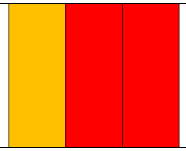
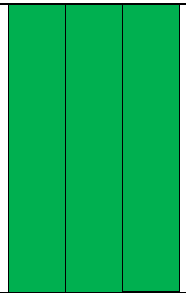
KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
		to the CHS contract has been sought and granted. High profile projects/enhancements that need to continue have been identified e.g. changes to the child health vaccination programme which is starting early next year (first changes to the vaccine schedule are due from May'25). CHS are progressing with these changes in preparation for changes to the childhood vaccine schedule.					
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Based on an assessment of the work to be completed within the time frame, the go live state has been extended to February 2026. 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 July 2025. Negotiations required in relation to possible funding to release resource from CHS to support the build and test. A resource of approximately £170,000 would be required to support this build Consideration to be given to a staged approach to Go Live. Paper outlining workplan to mitigate risk for 2025-26 will be submitted to AMT for approval in January 2025.					
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: GDPR clauses received in December 2024. Tender advertisement planned for 3 January 2025. Workforce Development: GDPR clauses remain outstanding. Actively engaging with IG and DLS to resolve. Tender advertisement expected by 31 January 2025. Phase 2 of procurement: Business cases for Problematic Parental Substance Use and Youth Treatment expected to be completed by end of January 2025. CAGs to be established in January 2025.					Joanne McClean

	Further details if Amber/Red (Timescales, mitigating actions etc.)	Delays in confirmation of GDPR clauses have meant a 3-month delay in planned Schedule and completion of Phase 1 Procurement by April 2025. This will have 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.	
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. Priorities relating to the cancer strategy were developed and shared with the Department of Health for the strategy implementation plan. These have not been prioritised in the Department's plan. This will impact on PHA's ability to deliver against action. 	Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.)	To fully develop a cancer prevention plan will require more multidisciplinary input which will be supported through the new systems. The first action of this group will be to agree a template to carry out a mapping exercise across PHA directorates.	
KPI 17	All HSC care homes will have implemented the care homes fall pathway initiative - by December 2024 and a further 10% of the Independent care home sector will have adopted the pathway by March 2025	• Trusts have all been asked to implement the falls pathway within statutory care home. Pathway already implement in 17 care homes. Supporting implementation in minimum additional 40 homes • Pathway fully embedded in NHSCT, SEHSCT and BHSCT Stat homes. Introduction of encompass in WHSCT and SHSCT will ensure complete roll out. • Pathway available for all independent care homes, working with Trust Care Home Support teams to ensure full implementation. • Post Falls guidance widely adopted across the region • Post Falls pathway document sent to Comms for amendments 	Heather Reid

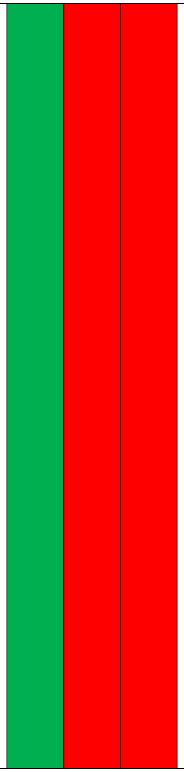
		• Shared Care Home Falls Pathway with GPNI at their lunchtime learn session in December 2024 	
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Stat homes in SHSCT and WHSCT are awaiting the launch of encompass which has the tools incorporated into the software. The post falls guidelines have been adopted but it is the more complex and detailed risk assessment (under review) that is challenging for residential settings forward.	
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
	Further details if Amber/Red (Timescales, mitigating actions etc.)	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.	
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.)	As above	
KPI 19	A 5% increase in uptake rate in seasonal flu vaccination programme for care home staff by March 2025	Update at 06/01/2025 – 6.38% **Baseline 2023/24 campaign – 10.2%** *Note: includes only those who have been recorded as care home staff on VMS* 	Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.)	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). • 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.	
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
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Implementation of workplan continues as at end of December overseen by Reshape and Refresh Implementation Team and notable progress includes: - Tier 3 structure appointments on course for completion by end of March 25 with exception of Pop'n' Data and Intelligence Directorate (Director JD currently under evaluation by DoH) - Skills Development Framework in place - Regular meetings of ODEF group, Culture Champions in place. Tier 4 structural design requires input from Tier 3 appointments and unavoidable delays in recruitment will have a potential impact on timescale for stage 4. This was discussed and agreed with Chair to amend the timescale for delivery of KPI to June 2025.	

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. 	Leah Scott
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Assistant Directors to review draft Corporate BCP and 'sign-off' for their area prior to being presented to AMT for final sign-off (early February). A test of the BCP will be undertaken before end March 2025. Work is progressing to prepare a Training Needs Analysis for BCP training across the organisation – it is likely that this will not be completed until 31 March 2025 (as per the timescale indicated in the Business Continuity Audit 23/24).	
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)	The SHIP tender process was completed and new contracts started in November 2024. (Blue) The Shared Reader tender process was completed within the planned timelines but had to be re-run due to changes in the TUPE information provided by the Reader Organisation. New contract will now be in place from February 2025. (Green) The Raising Awareness and Promoting Informed Choice for Cancer Screening re-tender has been postponed to allow a wider review of the service to be completed. (Red) Planned tenders for Workplace health and The Elevate programme have not be completed within the original planned timelines. This has been due to key staff having been off on significant periods of staff absence and also staff involved in these tenders having to re-prioritise their time to take forward the Ministers 'Live better' Initiative. Both tenders are now due to be advertised in February 2025. (Amber) Alcohol and Drug tenders – reference update provided under KPI 11 (Amber) Mental Health procurements have been delayed due to significant changes in the staffing team over the past 12 	Leah Scott

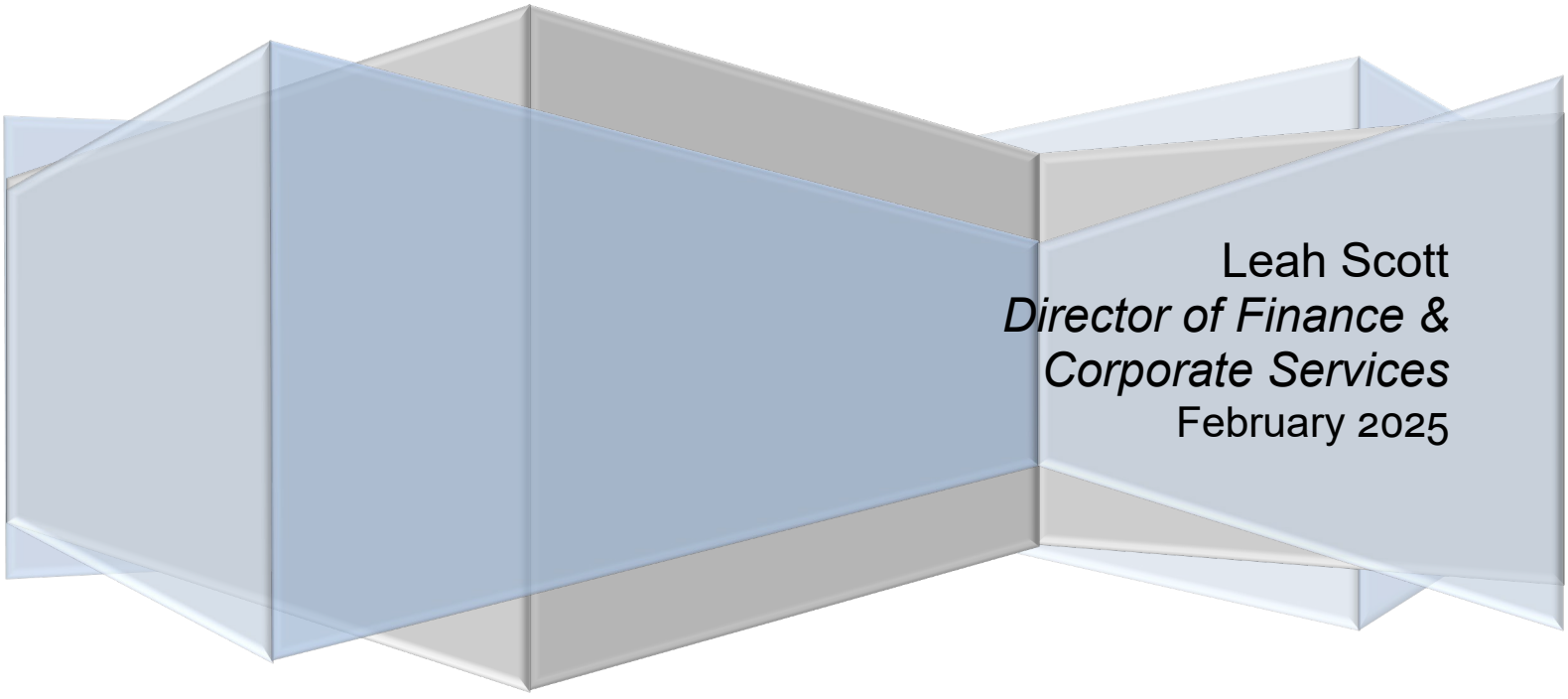
		months and wider pressures on Team capacity - in particular senior staff having to focus on delivering Ministerial request to undertake a review PL2 (Red) As it will not be possible to deliver on a significant number of the planned procurements in the initial timelines planned overall RAG status is RED 	
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Procurement Board has requested that a review be undertaken of the resources / skills required across the system to support delivery of the Mental Health / PL2 procurements and phases 3 and 4 of D&A procurement will be undertaken. A paper is to be developed for AMT for February 2025 setting out proposed options to deliver the procurements and scale of funding required to progress this programme of work.	
KPI 24	New Partnership Agreement in place with DoH by December 2024	Final amendments have been agreed with DoH 	Leah Scott
	Further details if Amber/Red (Timescales, mitigating actions etc.)	The draft Partnership Agreement will be presented to PHA board in January 2025 for approval.	
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. 	Aidan Dawson
	Further details if Amber/Red (Timescales, mitigating actions etc.)	A job description for a Director has been finalised and has been submitted for evaluation.	
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. 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. 	Joanne McClean/Leah Scott Janice Bailie (Strategy)

		This discussion will also feed into the strategy and implementation plans currently in draft.	
		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.)	R&D office establishment may take longer than planned and is likely to be delayed due to the need to have further explorative discussions with key stakeholders. A bid is currently being developed which will resource the office which will be considered by AMT in January. Subject to confirmation of support and approval to proceed at risk, recruitment programme will be initiated in final quarter of 24/25 with anticipated delay to KPI being realised.	
KPI 31	An approach to health inequalities and associated training will be delivered to all staff across the organisation by March 2025	The initial co-design element of our health inequalities training will take place between 3rd – 20th February 2025. Three training sessions will take place during this time, with a total number of 48 places available for staff. A call for places will be made in early January 2025. The abridged training which has been developed for these sessions, will also be provided to AIPB members to ensure consistency of message to both PHA staff and partners. The first AIPB to receive this training will be SEHSCT and a date of 23rd January 2025 has been scheduled. There will be no additional cost to PHA for support in the development and delivery of this training.	All Directors Joanne McClean

	Further details if Amber/Red (Timescales, mitigating actions etc.)	An additional staff member to support this action has been identified and will begin supporting in Qtr 4. Dates have been agreed with the training provider as part of an existing contract for the provision of health inequalities training.	
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 • Work to establish these teams is progressing. SPPG and PHA chief executive/chief operating officer are reviewing arrangements for joint working. • Joint chair workshop has been held and an additional workshop is planned • PHA co-chairs have attended AMT in October to provide an update. • Planned meeting on 18th December was stood down, new date remains to be agreed. • 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.)	Commissioning teams are not currently in place with no clear timeline for establishment of the structures required to support. Impacted by change in SPPG leadership and implementation of wider ICS processes. PHA Cx and SPPG COO working to re-establish JAM in a different format to support commissioning processes. Further gaps in support for groups remain to be addressed – currently limited by existing capacity – e.g. information.	

		Directors from SPPG and PHA to meet beginning of December to progress plans. PHA proposed co-chairs of the commissioning groups have met to undertake work to identify key issues to be resolved in support of establishing these structures.

Finance Report
Month 9 - December 2024



Leah Scott
Director of Finance & Corporate Services
February 2025

Section A: Introduction/Background

1. This summary report reflects the draft year-end position as at the end of December 2024 (month 9) and includes a range of risks associated with the delivery of the full year budget. Supplementary detail is provided in **Annex A**. An underspend of £250k is currently projected for the year, which is expected to be retracted by DoH.

Table 1: PHA Summary Revenue position – December 2024

	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust £'000	PHA Direct £'000	Trust & £'000	Admin £'000	£'000	Trust £'000	PHA Direct £'000	Trust & £'000	Admin £'000	£'000
Available Resources										
Departmental Revenue Allocation	48,312	57,360	3,033	31,103	**139,807**	36,234	43,250	1,515	23,000	**104,000**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	27	-	597	**624**	-	28	-	479	**507**
Total Available Resources	48,312	57,387	3,033	31,700	**140,432**	36,234	43,278	1,515	23,479	**104,506**
Expenditure										
Trusts	48,312	-	1,297	-	**49,608**	36,234	-	973	-	**37,206**
PHA Direct Programme *	-	58,436	1,737	-	**60,173**	-	42,864	585	-	**43,449**
PHA Administration	-	-	-	30,401	**30,401**	-	-	-	22,783	**22,783**
Total Proposed Budgets	48,312	58,436	3,033	30,401	**140,182**	36,234	42,864	1,557	22,783	**103,438**
Surplus/(Deficit) - Revenue	-	(1,050)	-	1,300	250	-	414	(42)	696	**1,068**
Cumulative variance (%)						***0.00%***	***0.96%***	***-2.79%***	***2.97%***	***1.02%***

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

Update on the PHA budget allocation for 2024/25

2. During the year, the PHA baseline budget has been amended for the following changes:
   - £3.2m R&D Funding for the National Institute for Health and Care Research Payment;
   - £3.0m for Shingles vaccines;
   - £1.5m for RSV and mPox vaccinations;
   - £2.3m for Covid & Flu vaccinations (ringfenced Covid funding);
   - £0.6m for various Nursing programmes (Text-a-Nurse etc.);
   - £0.5m Fresh Start funding (ringfenced);
   - £0.3m for various Admin costs related to posts; and
   - £0.35m retraction resulting from the slippage exercise in month 7.
   - £0.65m pertaining to R&D VPAG Programmed Activities and Trusts.

3. The total revenue budget for the PHA, including assumed allocations to be issued later in the year, currently stands at £140.4m for 2024-25.

4. The PHA has a year to date surplus at December 2024 of £1.1m (month 8 deficit, £12k) against the year to date budget for 2024/25 & is summarised in **Table 2** below:

Table 2: PHA Summary financial position - December 2024

	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Projected year end surplus / (deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	13,967	10,475	10,475	0	
Health Protection	10,891	8,168	8,168	0	
Service Development & Screening	15,370	11,528	11,528	0	
Nursing & AHP	8,059	6,044	6,044	0	
Centre for Connected Health	0	0	0	0	
Quality Improvement	25	19	19	0	
Other	0	0	0	0	
Programme expenditure - Trusts	**48,312**	**36,234**	**36,234**	**0**	**0**
Health Improvement	31,177	21,868	21,171	697	
Health Protection	18,790	16,788	16,781	7	
Service Development & Screening	4,352	1,868	1,808	60	
Research & Development	3,252	3,200	3,200	0	
Operations, incl. Campaigns	408	258	389	(131)	
Nursing & AHP	872	321	322	(1)	
Quality Improvement	102	25	44	(19)	
Other	(567)	(300)	(847)	547	
Savings target	(1,000)	(750)	0	(750)	
Programme expenditure - PHA	**57,387**	**43,278**	**42,864**	**414**	**(1,050)**
Subtotal Programme expenditure	**105,698**	**79,512**	**79,098**	**414**	**(1,050)**
Public Health	17,608	13,132	12,957	175	
Nursing & AHP	6,368	4,726	4,072	654	
Operations	5,471	4,027	3,296	731	
Quality Improvement	425	425	414	11	
PHA Board	470	207	1,196	(990)	
Centre for Connected Health	458	336	297	39	
SBNI	900	627	552	75	
Subtotal Management & Admin	**31,700**	**23,479**	**22,783**	**696**	**1,300**
Trusts	1,297	973	973	0	
PHA Direct	1,737	543	585	(42)	
Ringfenced	**3,033**	**1,515**	**1,557**	**(42)**	**0**
TOTAL	**140,432**	**104,506**	**103,438**	**1,068**	**250**

Note: Table may be subject to minor roundings.

Section B: Update – Revenue position

5. In respect of the year to date position:

- The annual non-Trust programme budget is £57.4m, and expenditure of £42.9m has been recorded for the first nine months of the financial year with **an underspend of £0.4m reported** (month 8, £0.5m overspend). This is due to the timing of payment runs in December, and this budget is currently projected to achieve planned overspend of £1.05m by the end of the financial year which will

be used to absorb some of the anticipated underspend in Administration budgets outlined below.

- In Management & Administration, a year-to-date **underspend of £0.7m** (month 8, £0.5m underspend) resulting from high levels of vacancies, offset by the application of the balance of the 23-24 savings target held in the PHA Board (£1.2m). The year-end underspend is expected to be approximately £1.3m (month 8, £1.3m).
- Ringfenced funding comprises NI Protocol funding (£0.156m), Tackling Paramilitarism / Fresh Start (£0.528m) and COVID (£2.349m). A small variance is reported on this budget to date, however a breakeven position is forecast for the full year.

Section C: Risks

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

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

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

Section D: Update - Capital position

9. The PHA has a capital allocation (CRL) of £5.75m. This mainly relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at December 2024, is reflected in **Table 3**, with a small underspend currently being forecast on capital funding relating to two VMS projects, which has been surrendered to DoH in January 2025.

Table 3: PHA Summary capital position – December 2024

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	0	0	0	0
R&D - Trusts	0	0	0	0
R&D - Other Bodies	3,310	2,656	3,310	0
R&D - Capital Receipts	(738)	(277)	(738)	0
Subtotal HSC R&D	**2,573**	**2,379**	**2,573**	**0**
Other:				
Congenital Heart Disease Network	764	251	764	0
iReach Project	614	416	614	0
R&D - NICOLA	778	79	778	0
VMS Enhancement (Exc. Child flu)	196	171	196	0
VMS Pertussis Vaccination	45	42	42	3
VMS RSV Vaccination	45	32	32	13
MAC Books	2	2	2	0
R&D VPAG	70	16	70	0
R&D VPAG Trusts	581	0	581	0
Path Safe Wastewater Surveliance	417	313	417	0
Other - Capital receipts	(332)	(249)	(332)	0
Subtotal Other	**3,181**	**1,073**	**3,164**	**16**
Total PHA Capital position	**5,753**	**3,452**	**5,737**	**16**

Recommendation

10. The PHA Board are asked to note the PHA financial update as at December 2024. It is recommended discussions should take place with DoH colleagues to surrender £250k to contribute to wider HSC pressures.

Public Health Agency

Annex A - Finance Report

2024/25

Month 9 - December 2024

PHA Financial Report - Executive Summary

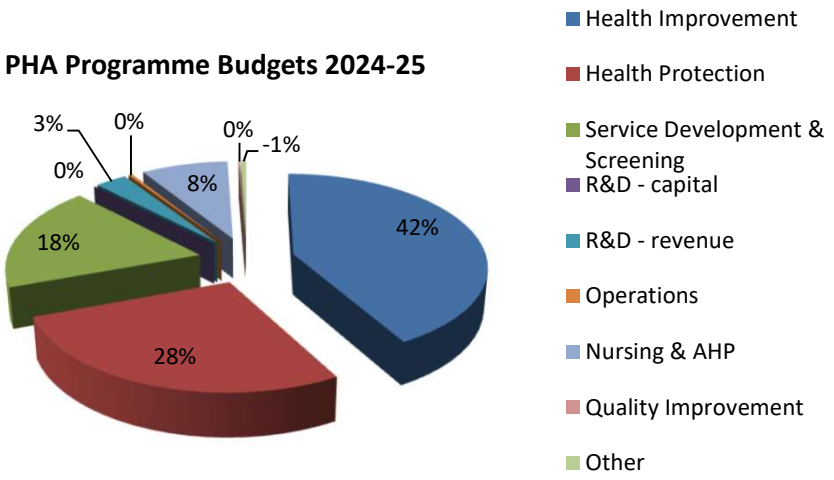
Year to Date Financial Position (page 2)

At the end of month 9, PHA is reporting a surplus of £1.1m against its profiled budget. This position incorporates an underspend in Admin budgets (£0.7m) and Programme budgets (£0.4m, mainly due to the timing of payments).

Budget managers continue to be encouraged to closely review their profiles and financial positions to ensure the PHA meets its breakeven obligations at year-end.

Programme Budgets (pages 3&4)

The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.

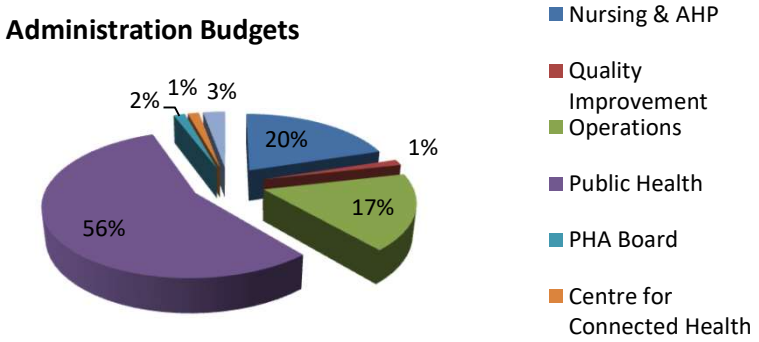


Administration Budgets (page 5)

The breakdown of the Administration budget by Directorate is shown in the chart below. Over half of the budget relates to the Directorate of Public Health.

A number of vacant posts remain within PHA, and this is creating slippage on the Administration budget which is offset by expenditure on the PHA Reshape and Refresh programme and other pressures noted in the Financial Plan.

Management will review the need for the recruitment of vacant posts to ensure business needs continue to be met.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a small surplus of £0.25m for the full year.

Of the £5.3m savings target applied to PHA in 2023/24, £4.1m has been identified recurrently, and a balance of £1.2m is expected to be achieved non-recurrently from Admin budgets in 2024/25 while a recurrent source is identified. A further £1m of recurrent savings has been applied to the PHA in 2024/25 and is being met non recurrently in-year from an unrequired prior year accrual while a recurrent solution is identified.

Public Health Agency
2024/25 Summary Position - December 2024

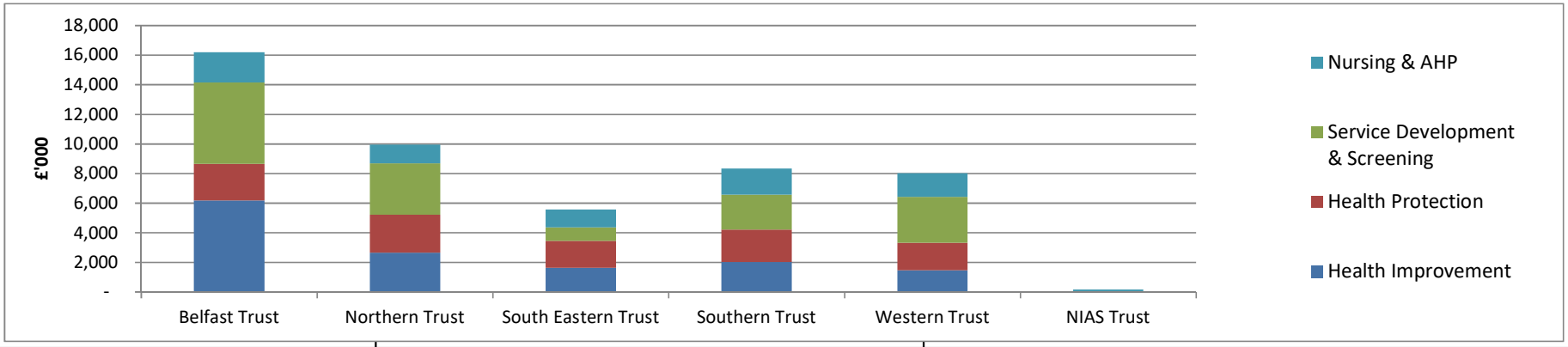
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	48,312	57,360	3,033	31,103	**139,807**	36,234	43,250	1,515	23,000	**104,000**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	27	-	597	**624**	-	28	-	479	**507**
Total Available Resources	48,312	57,387	3,033	31,700	**140,432**	36,234	43,278	1,515	23,479	**104,506**
Expenditure										
Trusts	48,312	-	1,297	-	**49,608**	36,234	-	973	-	**37,206**
PHA Direct Programme *	-	58,436	1,737	-	**60,173**	-	42,864	585	-	**43,449**
PHA Administration	-	-	-	30,401	**30,401**	-	-	-	22,783	**22,783**
Total Proposed Budgets	48,312	58,436	3,033	30,401	**140,182**	36,234	42,864	1,557	22,783	**103,438**
Surplus/(Deficit) - Revenue	-	(1,050)	-	1,300	250	-	414	(42)	696	**1,068**
Cumulative variance (%)						***0.00%***	***0.96%***	***-2.79%***	***2.97%***	***1.02%***

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

The year to date financial position for the PHA shows a surplus of £1.068m, with an underspend on Management and Admin budgets due to vacancies and an underspend in Programme budgets due to profiling.

The PHA is forecasting a surplus of £0.25m at year end, this surplus will be highlighted to the Department.

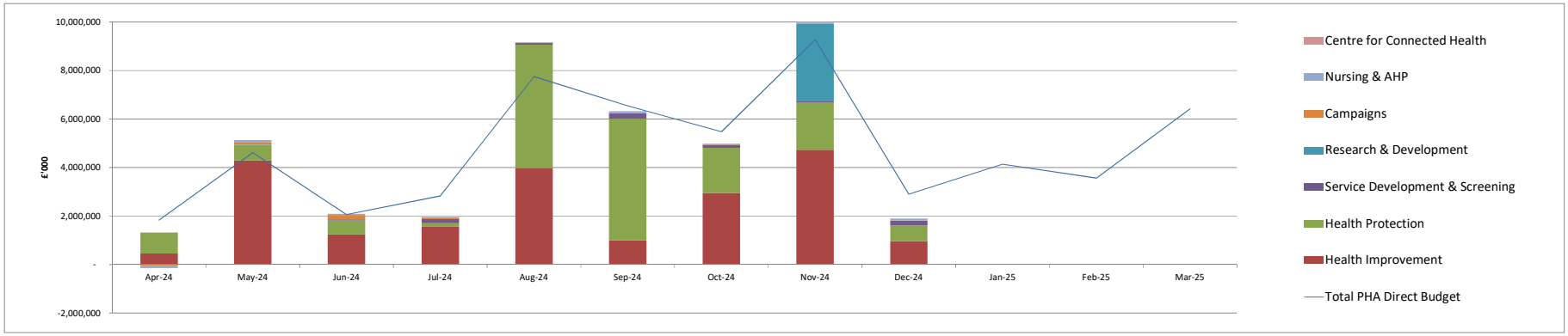
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NIAS Trust	Total Planned Expenditure	YTD Budget	YTD Expenditure	YTD Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Improvement	6,187	2,655	1,637	2,026	1,462	-	**13,967**	10,475	10,475	-
Health Protection	2,473	2,561	1,816	2,184	1,857	-	**10,891**	8,168	8,168	-
Service Development & Screening	5,491	3,487	924	2,367	3,102	-	**15,370**	11,528	11,528	-
Nursing & AHP	2,047	1,266	1,189	1,764	1,617	175	**8,059**	6,044	6,044	-
Quality Improvement	25	-	-	-	-	-	**25**	19	19	-
Total current RRLs	**16,223**	**9,969**	**5,565**	**8,341**	**8,038**	**175**	**48,312**	**36,234**	**36,234**	-
Cumulative variance (%)										***0.00%***

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

PHA Direct Programme Expenditure



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	YTD Budget	YTD Spend	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Profiled Budget																	
Health Improvement	1,593	3,013	1,269	1,819	3,196	1,356	3,478	4,159	1,986	3,312	2,770	3,226	**31,177**	21,868	21,171	697	*3.2%*
Health Protection	182	1,429	441	438	4,991	4,835	1,712	1,962	798	506	566	931	**18,790**	16,788	16,781	7	*0.0%*
Service Development & Screening	0	150	143	452	77	327	335	172	212	417	197	1,870	**4,352**	1,868	1,808	60	*3.2%*
Research & Development	-	-	-	-	-	-	-	3,200	-	-	52	-	**3,252**	3,200	3,200	-	*0.0%*
Operations, incl. Campaigns	-	3	155	122	- 40	40	28	- 20	- 30	22	61	67	**408**	258	389	(131)	*-50.8%*
Nursing & AHP	59	11	55	0	- 59	64	7	28	154	72	148	331	**872**	321	322	(1)	*-0.3%*
Quality Improvement	2	2	2	2	2	2	2	2	13	35	22	22	**102**	25	44	(19)	*-77.2%*
Other	-	-	-	-	-	-	-	(150)	(150)	(145)	(172)	50	**(567)**	- 300	(847)	547	*100.0%*
Savings target	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	**(1,000)**	- 750	0	(750)	
Total PHA Direct Budget	**1,753**	**4,525**	**1,980**	**2,749**	**8,083**	**6,541**	**5,478**	**9,268**	**2,900**	**4,135**	**3,560**	**6,413**	**57,387**	**43,278**	**42,864**	**414**	
Cumulative variance (%)																***0.96%***	
Actual Expenditure	**1,143**	**5,313**	**2,220**	**2,037**	**8,562**	**6,419**	**5,059**	**10,113**	**1,997**				**42,864**				
Variance	**609**	**(788)**	**(240)**	**712**	**(479)**	**123**	**419**	**(845)**	**903**				**414**				

The year-to-date position shows an underspend of £0.4m against profile. This is a result of minor variances in profiing and the timing of spend and has no year end implications. An overall year-end Programme overspend of c£1.3m is anticipated, and this is being managed closely in order to offset a forecast underspend in Administration budgets.
Whilst £4.1m of £5.3m savings target applied to PHA in 2023/24 has been achieved, the remaining £1.2m has been identified non-recurrently from Management & Administration budgets while a recurrent solution is identified. A further £1m of recurrent savings has been applied to the PHA in 2024/25 and has been met non-recurrently in-year from an unrequired prior year accrual while a recurrent solution is identified.

Public Health Agency
2024/25 Ringfenced Position

	Annual Budget				Year to Date			
	Covid	NDNA	Other ringfenced	Total	Covid	NDNA	Other ringfenced	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
DoH Allocation	2,305	-	684	**2,989**	1,212	-	303	**1,515**
Assumed Allocation/(Retraction)	44	-	-	44	-	-	-	**-**
Total	2,349	-	684	**3,033**	1,212	-	303	**1,515**
Expenditure								
Trusts	1,297		-	**1,297**	973	-	-	**973**
PHA Direct	1,053	-	684	**1,737**	217	0	368	**585**
Total	2,349	-	684	**3,033**	1,189	0	368	**1,557**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**23**	**-**	**(65)**	**(42)**

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

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

PHA Administration

2024/25 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Finance & Corporate Services £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	6,123	418	3,972	17,362	1,530	408	616	**30,428**
Goods & Services	245	7	1,499	246	(1,060)	50	284	**1,271**
Total Budget	**6,368**	**425**	**5,471**	**17,608**	**470**	**458**	**900**	**31,700**
Budget profiled to date								
Salaries	4,576	418	2,977	12,964	1,077	306	462	**22,780**
Goods & Services	150	7	1,049	168	(871)	31	165	**699**
Total	**4,726**	**425**	**4,027**	**13,132**	**207**	**336**	**627**	**23,479**
Actual expenditure to date								
Salaries	3,914	407	2,144	12,239	1,176	276	431	**20,587**
Goods & Services	158	6	1,152	718	20	21	121	**2,195**
Total	**4,072**	**414**	**3,296**	**12,957**	**1,196**	**297**	**552**	**22,783**
Surplus/(Deficit) to date								
Salaries	662	10	833	725	(99)	29	31	**2,192**
Goods & Services	(7)	1	(102)	(550)	(891)	10	44	**(1,496)**
Surplus/(Deficit)	**654**	**11**	**731**	**175**	**(990)**	**39**	**75**	**696**
Cumulative variance (%)	*13.84%*	*2.65%*	*18.16%*	*1.33%*	*-479.24%*	*11.70%*	*11.90%*	***2.97%***

PHA's administration budget is showing a year-to-date surplus of £0.7m, which is being generated by a number of vacancies, particularly within the Finance & Corporate Services and Nursing & AHP Directorates, offset by the application of the balance of the 23-24 savings target held in the PHA Board (£1.2m). Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year.

The full year surplus is currently forecast to be c£1.3m, and this is being managed by PHA through a managed deficit in Programme expenditure in the financial year. Whilst £4.1m of £5.3m savings target applied to PHA in 2023/24 has been achieved, the remaining £1.2m has been identified non-recurrently from Management & Administration budgets while a recurrent solution is identified.

PHA Prompt Payment

Prompt Payment Statistics

	December 2024 Value	December 2024 Volume	Cumulative position as at December 2024 Value	Cumulative position as at December 2024 Volume
Total bills paid (relating to Prompt Payment target)	£10,477,361	479	£67,642,007	4,327
Total bills paid on time (within 30 days or under other agreed terms)	£10,405,565	474	£65,952,937	4,162
Percentage of bills paid on time	**99.3%**	**99.0%**	**97.5%**	**96.2%**

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

The 10 day prompt payment performance remains above the current DoH target for 2024/25 of 70%, at 83% on volume for the year to date. Recent correspondence from DoH refers to a 90% target, and PHA will take steps to ensure the 10 day target is adhered to.

item 11

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	27 February 2025
Title of paper	Complaints, Compliments and Claims Quarterly Report
Reference	PHA/06/02/25
Prepared by	Alastair Ross / Catherine Collins
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 as at quarter 3 2024/25 to include information in respect of compliments received by the Agency.

3 Key Issues

During the first three quarters of 2024/25, the PHA received three formal complaints and has closed four complaints. A total of 12 compliments have 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 May 2025.

2024/2025
Complaints, Compliments and Claims
Quarterly Report

Internal Qtr 3 Report

Position as at 31 December 2024

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. 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.

2. Key Performance Indicators

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

a. A complaint should be acknowledged in writing within 2 working days of receipt;

b. A complaint should be responded to within 20 working days of receipt;

c. 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.

3. 2024/25 Overview

During the period, 1 April 2024 - 31 December 2024, the PHA received three formal complaints.

During the same period in 2023/24, the PHA received six complaints as set out in Table 1.

*Table 1 Number of complaints by month/quarter 2023/24 VS 2024/25**

	Q1			Q2			Q3			Q4			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**TOTAL**
2024/25	0	0	0	0	1	1	1	0	0				**3**
2023/24	1	1	1	2	0	0	1	0	0	0	1	1	**8**

*Table 2 Complaints by Directorate 2023/24 VS 2024/25**

	Number of Complaints Received	
Responsible Directorate	**2023/24**	**2024/25**
Chief Executive's Office	N/A	0
Nursing Midwifery & AHP	3	1
Finance and Corporate Services	1	0
Public Health	4	2
Quality Improvement**	0	0
TOTAL	**8**	**3**

**Position as at 31 December 2024*
*** HSCQI (Quality Improvement) transferred to RQIA on 1 November 2024*

4. 2024/25 Closed Complaints

The PHA has closed four complaints during 2024/25. One of these being a complaint received in 2023/24 (C08/2324) with the others being received in year.

Tables 3, 4 and 5 provide information in respect of these closed complaints.

Table 3 Performance Against Key Performance Indicators for Closed Complaints 2023/24 VS 2024/25

		KPI 1		KPI 2		KPI 3	
	Number of Complaints Closed	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)
2024/25	4	4	100%	2	50%	2	100%
2023/24	7	6	85%	4	57%	3	100%

Table 4 Tenure of Closed Complaints 2023/24 VS 2024/25

	Average Time taken to conclude Complaint (working days)	Longest Time taken to conclude Complaint (working days)	Shortest Time taken to conclude Complaint (working days)
2024/25	23 Days	37 Days	16 Days
2023/24	27 Days	106 Days	3 Days

Table 5 Synopsis of Closed Complaints 2024/25

PHA Ref	Responsible Directorate	Synopsis of Complaint and Response
C03/2425	Nursing Midwifery & AHP	Complaint - Dissatisfaction with way in which the terms 'woman' and 'mother' were defined in the 2024 iteration of the Pregnancy Book. Response - Complainant advised that the Agency uses an extended definition as a means to ensure that the Pregnancy Book remains inclusive, taking into account the varied nature of families to ensure that all have access to the best available information to optimise their health and wellbeing and that of their children.
C02/2425	Public Health	Complaint - Dissatisfaction with outdated information held on NI Direct in relation to the Covid-19 autumn and winter vaccination programme. Wider concerns raised in relation to the availability of the vaccine within NI and the awareness of staff in relation to the vaccination programme. Response - Apology offered in respect of the information on NI Direct which was subsequently updated to accurately set out the Covid-19 vaccine eligibility requirements. Wider information provided regarding the roll out of the vaccine programme and the steps taken to ensure that PHA telephone enquiries made to the Linenhall Street building are forwarded to the relevant contact in the PHA for follow up.
C01/2425	Public Health	Complaint - Concerns in relation to the inclusion of a breast screening risk section within the PHA 'breast screening - helping you decide leaflet'. Response - Complainant advised that the PHA leaflet was developed using guidance from the UK National Screening Committee who advise that public information should include both information on the potential benefits and the risks of screening.
C08/2324	Public Health	Complaint - Dissatisfaction with the approach taken by the PHA in relation to the management of an E Coli outbreak within a childcare setting. Response - A full rationale for the PHA response was provided to the complainant. The response acknowledged the level of disruption and stress that the management of the outbreak had caused which had to be considered against the need to prevent the transmission of a life-threatening illness.

5. 2024/25 Open Complaints

As at 31 December 2024, the PHA had no open complaints.

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 31 December 2024, the PHA is aware of no open PHA investigations with the Ombudsman.

SECTION 2 - COMPLIMENTS

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 2024 – 31 December 2024, the PHA Complaints Office had been notified of 12 compliments received by PHA staff members. An extract of the compliments received is set out at table 6.

Table 6 Extract from Compliments Received 2024/25

PHA Ref	Directorate in Receipt of Compliment	Sender of Compliment	Compliment
01/2425	Nursing Midwifery & AHP	Deputy Chief Nursing Officer (Department of Health)	*'Excellent briefing highlighting the key strategic and professional issues for nursing. The engagement event was excellent, a very good news story for primary care nursing'*
02/2425	Nursing Midwifery & AHP	Director of Nursing (Eastern GP Federation Support Unit)	*'Thank you for a great workshop last night- I'm sure you agree it was a great success- there was a real buzz with very enthusiastic engagement.'*
04/2425	Nursing Midwifery & AHP	Policy Adviser (Royal College of Speech and Language Therapists NI)	*'… express our gratitude for your help and support in everything that we do'*
05/2425	Nursing Midwifery & AHP	GP (GP Practice)	'*Massive thank you to all of you. The psychological positive impact this has had on the team this week is immense, especially with such a difficult week managing change and starting without having any practice nurses formally on the books. I've approached a friend who is an advanced nurse practitioner to see if she*

			would help with a bit of additional mentorship/teaching/support as well. If ever need anything from us as a GP practice in the future we would be glad to help.'
08/2425	Public Health	Service User In relation to Respiratory Surveillance Report	*"Just wanted to let you know that this report is easy to use, the information is well laid out and explained, and it's packed full of useful figures and trends. I'm particularly pleased to see positivity figures. I'm just a member of the public but as I'm immunosuppressed, knowing the figures allows me to make well informed decisions.* *Thank you."*
10/2425	Public Health	Service Users In relation to Positive Ageing Month Roadshow	*"We would like to send our compliments and appreciation to everyone involved in the roadshow today. It was an excellent event, very well organised and we thoroughly enjoyed ourselves. Thank you"*
12/2425	Nursing Midwifery & AHP	Nurse Consultant (BHSCT)	*"…Well done. Thank you to you and your team. Brilliant and very grateful.* *The message is very powerful…"*

SECTION 3 - CLAIMS MANAGEMENT

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 (DLS). Information in respect of provisions are set out in the PHA Annual Report.

2. 2024/25 Closed Claims (Settled and Withdrawn)

The PHA has closed one claim during 2024/25. Table 7 provides information in respect of this closed claim.

Table 7 PHA Closed Claims

Date Opened	Type of Potential Liability	Date Closed	Claim Synopsis/Rationale for closing
November 2021	Clinical/ Medical Negligence	September 2024	This was a potential litigation claim threatened by an individual under the guise of a 'freeman' claim which essentially challenges the lawfulness and legality of requiring citizens to abide by laws/be regulated by the state. DLS have advised that this file has been closed due to inactivity and the likelihood that it will not be pursued by the Claimant.

3. 2024/25 Open Claims

As at 31 December 2024, the PHA has one live claim. Table 8 provides further detail in respect of this claim.

Table 8 PHA Open Claims

Date Opened	Type of Potential Liability	Claim Synopsis
March 2023	Employment Law	This is a claim that has been lodged with the Office of the Industrial Tribunal and Fair Employment Tribunal in which both SBNI and PHA are named Respondents. The Claimant is challenging the Respondents in relation to their personal employment status which precludes them from contributing to the HSC Pension Scheme. A Case Management Preliminary Hearing was held on 19 November 2024 after which the final hearing has been listed for May 2025.

PHA Complaints Office
complaints.pha@hscni.net

END

item 12

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	27 February 2025
Title of paper	Complaints Policy
Reference	PHA/07/02/25
Prepared by	Alastair Ross
Lead Director	Stephen Wilson

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

1 Purpose

The purpose of this paper is for the Board to approve the updated PHA Complaints Policy.

2 Background Information

In May 2023, BSO Internal Audit carried out an audit of Complaints and Claims Management within the PHA. As part of a wider 'limited assurance' finding, the PHA received 10 recommendations for implementation.

Recommendation 6.1 of the Audit recommended that,

> *'The PHA should update their procedures in line with guidance issued by the DoH on 2019. These procedures should be updated to reflect for example, training requirements, how staff are selected to investigate, conflicts of interest, reporting, oversight and accountability arrangements etc.'*

As part of the PHA management response, a new PHA Complaints Policy has been developed to replace the 2012 'PHA - Standards and Guidelines for Handling and Monitoring of Complaints'. The new PHA Complaints Policy reflects the content of the wider HSC Complaints Procedure (April 2023).

The 2024/25 PHA Complaints Policy has been developed as an interim measure to ensure that the Agency has a contemporary complaint handling policy in place that is consistent with DoH expectations and provides staff with appropriate guidance.

Board members should note that 2025/26 will see the envisaged launch of a new HSC Model Complaints Handling Procedure by the NI Public Services Ombudsman. Upon the receipt of this new procedure, all HSC organisations, including the PHA, will be required to undertake a full review of their complaint management practices to ensure they are consistent with the Ombudsman's best practice

The updated Policy was approved by the Agency Management Team at its meeting on 4 February 2025 and by the Governance and Audit Committee at its meeting on 13 February.

3 Next Steps

Pending the Board's approval, the updated PHA Complaints Policy will be formally operationalised within the Agency.

It should be noted that although the updated Policy is not yet 'live' in the absence of any alternate guidance, the 2024/25 Policy is being used as a framework to actively manage complaints within the Agency.

PHA
COMPLAINTS POLICY

HSC Public Health Agency

This is an official PHA policy and should not be edited in any way			
Title	**PHA Complaints Policy**		
Director Responsible	Head of Chief Executive Office and Strategic Engagement		
Lead Authors	Alastair Ross - Senior Planning Manager Ashley Stoney - Planning Manager Catherine Collins - Planning Manager		
Contact Details	complaints.pha@hscni.net		
Policy Replacement:	Yes ☒ No ☐	PHA - Standards and Guidelines for Handling and Monitoring of Complaints (2012)	
Links to other Policies, Procedures & Guidance	HSC Complaints - Standards and Guidelines (last updated April 2023) Microsoft Word - Guidance in relation to the Health and Social Care Complaints Procedure - April 2023 (health-ni.gov.uk)		
Policy Review & Approval Route:	PHA - AMT		4 February 2025
	PHA - GAC		13 February 2025
	PHA - Board		*Pending*
Operational Date:		**Review Date**	

PHA Complaints Policy

Contents

SECTION 1 - INTRODUCTION

Purpose of the PHA Complaints Policy

This document sets out the policy and procedures through which complaints relating to the Public Health Agency (PHA) can be managed in a consistent and transparent manner within the Agency.

The guidance as set out, reflects the content of the wider HSC Complaints Procedure (April 2023) which has been designed to:

- provide effective local resolution and learning;
- improve accessibility;
- clarify the options for pursuing a complaint;
- promote the use and availability of support services, including advocacy;
- provide a well-defined process of investigation;
- promote the use of a range of investigative techniques;
- promote the use of a range of options for successful resolution;
- resolve complaints quickly and efficiently;
- provide flexibility in relation to target response times;
- provide an appropriate and proportionate response within reasonable and agreed timescales;
- provide clear lines of responsibility and accountability;
- improve record keeping, reporting and monitoring; and
- increase opportunities for shared learning.

What the PHA Complaints Policy covers

The Policy covers complaints in relation to the work undertaken by the PHA, covering both staff and Board members.

The Policy may be used to investigate a complaint about any aspect of an application to obtain access to health or social care records for deceased patients under the Access to Health Records (NI) Order 1993 as an alternative to making an application to the courts.

What the PHA Complaints Policy does not cover

The following matters are not covered by this Policy:

- Complaints where legal action is being contemplated or has been instigated;
- Complaints that necessitate the need for a Serious Adverse Incident review;
- Complaints that are being investigated by the Coroner's Office;
- Complaints in which an independent inquiry into a serious incident or a criminal investigation has been initiated;
- Complaints that relate to Adult Safeguarding or decisions relating to Child Protection Procedures;
- Complaints referred to professional regulatory bodies;

- Complaints in relation to the work of other HSC organisations or the work of private care and treatment providers; and

- Complaints relating to the availability, commissioning and/or the purchasing of services arising as a result of a decision taken by the Department of Health.

The Policy does not cover staff grievances, disciplinary matters or raising concerns (whistleblowing) - these matters each having their own distinct policies/procedures in place.

Complaints about Commissioning Decisions and Commissioned Services

Complaints in relation to the availability, scope, commissioning and/or the purchasing of services arising as a result of a decision taken by the Department of Health, should be addressed directly to the Department of Health.

Complaints about a commissioning decision undertaken by the PHA may be made by, or on behalf of, any individual or organisation.

Complaints in relation to the work undertaken by an organisation commissioned by the PHA should be made directly to the organisation itself for investigation and onward resolution.

SECTION 2 - MAKING A COMPLAINT

What is a complaint?

A complaint is "**an expression of dissatisfaction that requires a response**".

Complainants may not always use the word 'complaint'. It is important to recognise those comments that are actually complaints and therefore need to be handled as such. A single communication may also include more than one complaint.

Who can complain?

Any person can complain about any matter connected with the work of the PHA.

Complaints may be made by:

- existing or former users of PHA services and/or facilities;
- someone acting on behalf of an existing or former service user;
- parents (or persons with parental responsibility) on behalf of a child; and/or
- any appropriate person in respect of a patient or client unable by reason of physical or mental capacity to make the complaint himself or who has died.

Complaints by a third party should be made with the written consent of the individual concerned. Where a person is unable to act for him/herself, their consent shall not be required.

Anonymous complaints

Anonymous complaints (verbal or written) will be reviewed in the same manner as those from identified persons, provided that sufficient information is supplied suggesting that there is some validity in the complaint. Although no written reply can be made, a review will be undertaken, findings recorded, and remedial action taken as necessary.

Vexatious complaints

Whilst recognising the right of every individual to make a complaint and to be treated equitably in having these thoroughly reviewed and fully responded to, there will be times when there is nothing further that can be reasonably done to assist them.

Where this is the case and further communications would place inappropriate demands on PHA staff and resources, consideration may need to be given to classifying the person making the complaint as vexatious.

Deeming a complainant vexatious will be a decision of last resort made following agreement from the Chief Executive. When a decision has been made, the person making the complaint must be told in writing why the decision has been made, what arrangements have been put in place and, if relevant, the length of time these restrictions will be in place. This ensures the person making the complaint has a record of the decision.

A decision to restrict contact with the person making the complaint may be re-considered if the individual demonstrates a more acceptable approach.

Confidentiality

Care must be taken at all times to make sure that any information disclosed about a complainant is confined to that which is relevant to the review of the complaint and is only disclosed to those people who have a demonstrable need to know it for the purpose of reviewing the complaint.

As already noted - explicit consent must be obtained before identifiable information is given to any third party

How can be complaints be made?

Complaints can be made to any member of staff and may be received in a variety of formats be that verbally, in writing or via electronic means.

- Receipt of Verbal Complaints

  Some verbal complaints may be of a nature that allows them to be dealt with immediately and by the receiving staff member. Where this is the case, and upon conclusion of the matter, the receiving staff member should contact the PHA Complaints Office to make them aware of the complaint.

Where is it apparent that a verbal complaint cannot be dealt with immediately, the complainant should be asked to formalise their complaint in writing to complaints.pha@hscni.net If the complainant is unable to put their complaint in writing then the receiving member of PHA staff should offer assistance using the 'Recording a Complaint' form set out in Appendix A of this document.

The complainant should also be advised of their right to seek the help of the Patient and Client Council.

It is helpful to establish at the outset what the complainant wants to achieve, to avoid confusion or dissatisfaction and subsequent letters of complaint

- Receipt of Written and Electronic Complaints

Upon receipt of a written complaint, the receiving staff member should send it immediately to the PHA Complaints Office via the following email address complaints.pha@hscni.net

Supporting complainants and staff

Information in relation to complaints handling should be provided to all new employees through their induction process.

Advice and assistance is available to both staff and complainants at any stage in the complaints process from the PHA Complaints Office. Throughout the complaints process, complainants also have the right to seek the help of the Patient and Client Council.

Up to date contact details for the Patient and Client Council are available via Home (pcc-ni.net)

What are the timescales for making a complaint?

A complaint should be made as soon as possible after the action giving rise to it, normally within six months of the event.

If a complainant was not aware that there was potential cause for complaint, the complaint should normally be made within six months of their becoming aware of the cause for complaint, or within twelve months of the date of the event, whichever is the earlier.

At the discretion of the PHA Complaints Office, the timescales for making a complaint can be extended where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and where it is still possible to investigate the facts of the case.

Where the PHA Complaints Office has decided not to investigate a complaint on the grounds that it was not made within the time limit, the complainant can request the NI Public Services Ombudsman to consider it.

Up to date contact details for the NI Public Services Ombudsman are available Northern Ireland Public Services Ombudsman | NIPSO

SECTION 3 - HANDLING COMPLAINTS

Accountability/Responsibility

Chief Executive*

- Accountable for the handling and consideration of complaints rests with the Chief Executive. This role can be delegated to a Director where it will facilitate a prompt reply.

PHA Complaints Office

- The management of complaints will sit within the PHA Complaints Office as part of the PHA's wider Head of Office function.

PHA Governance Leads

- Governance leads will be required to identify an appropriate member of staff within their Directorate to undertake any investigation and/or draft the complaint response. They will also be required to monitor the progression of the complaint within their given Directorate working in tandem with the PHA Complaints Office.

PHA Line Managers

- Line managers should ensure that the PHA Complaints Policy is discussed during the induction process for new members of staff.

PHA Staff

- All staff must be aware of, and comply with, the requirements of the Complaints Policy and associated procedures.

*Where a complaint is made in relation to the Chief Executive or a PHA Non-Executive Director, accountability shall revert to the PHA Chair.

Performance Management

Reporting on complaints will be presented to Agency Management Team, Governance and Audit Committee and PHA Board on a regular basis. Reporting will set out the number and age of both open and closed complaints; types of complaints and wider performance against established complaint key performance indicators.

An annual report on complaints will be produced at the end of each fiscal year for publication on the external facing PHA website.

It is acknowledged that complaints provide a rich source of information and offer scope to both inform and improve the standard of service provision. Given the same, where

lessons can be learned from a complaint they will be disseminated throughout the Agency on a as and when basis.

Actions on receipt of a complaint

All complaints should be promptly registered with the PHA Complaints Office - including verbal complaints that are dealt with on the spot to the complainant's satisfaction.

Upon the receipt of an open complaint, the PHA Complaints Office will issue an acknowledgement, ideally within **2 working days** of the complaint being received within the Agency. The acknowledgment will be conciliatory in nature and it will indicate that a full response will be provided by the Agency within **20 working days.**

A copy of the complaint and its acknowledgement will be sent to the appropriate Directorate Governance Lead within the Agency. The Governance Lead will be asked to note the content of the complaint and identify an appropriate member of staff within their Directorate to prepare the draft response from the information obtained from any necessary review.

The draft response should:

- be clear, accurate, balanced, simple and easy to understand;
- aim to answer all the issues raised in the complaint, be open and honest explaining the situation, why it occurred and reporting the action taken or proposed;
- should include an apology where things have gone wrong.

Supporting documentation to aid the drafting response will be issued to the complaint reviewer by the PHA Complaints Office.

If it becomes apparent that a full response cannot be provided within 20 working days the complainant will be updated accordingly. Updates will be sent every 20 working days until the final response is issued by the Agency.

All contact with the complainant will be managed by the PHA Complaints Office.

Investigation

The requirement for an investigation will be assessed on an individual basis taking into account the nature of a given complaint.

Where an investigation is deemed necessary, it may be undertaken by a suitable person working at an appropriate level of seniority within the Directorate in which the complaint has been made. Should there be any conflict of interest, it may be necessary for the investigatory officer to be selected from an alternate Directorate.

Investigations should be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner. The investigation must uphold the principles of fairness and consistency. The complainant and those identified as the subject of a complaint should be advised of the process, what will and will not be

investigated, those who will be involved, the roles they will play and the anticipated timescales. Once the investigator has reached their conclusion they should prepare the draft report/response for initial consideration by the PHA Complaints Office.
Investigators can seek advice from the PHA Complaints Office, wherever necessary, about the conduct or findings of the investigation.

Responding to a complaint

A response must be sent to the complainant within **20 working days of receipt** of the complaint. Where that is not possible, the complainant must be advised of the delay.

Complaint response letters will be issued to a complainant from the PHA Complaints Office. Letters will only be issued after they have been approved in turn by:

- a senior member of staff (Assistant Director level or equivalent) within the relevant Directorate
- the PHA Complaints Office
- the Chief executive (or delegated Director)

Where appropriate, it may be necessary to conduct a meeting with the complainant in relation to the response. This will however be by exception and only used where there are complex issues.

Where a meeting does take place, a complainant has a right to choose from whom they seek support and should be encouraged to attend alongside a trusted individual. A record of the meeting should be taken by the Agency with a copy shared with the complainant.

Concluding Local Resolution

Following the issue of the complaint response letter, a complainant should contact the PHA Complaints Office within one month if they are dissatisfied with the response or require further clarity. This time period can be extended by the PHA Complaints Office where it would be unreasonable in the circumstances for the complainant to have made contact sooner.

Where the complaint response letter has identified any follow up action(s), arrangements should be put in place within the relevant Directorate for these to be monitored for completion/action. Where possible, the complainant and those named in the complaint should be informed of any change in system or practice that has resulted from the investigation into their complaint.

Compliments

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.

Compliments are a vital form of feedback and help to ensure that we retain a balanced view of our work and its impact. Compliments will be used to highlight and evidence good practice within the Agency.

- Receipt of Verbal Compliments

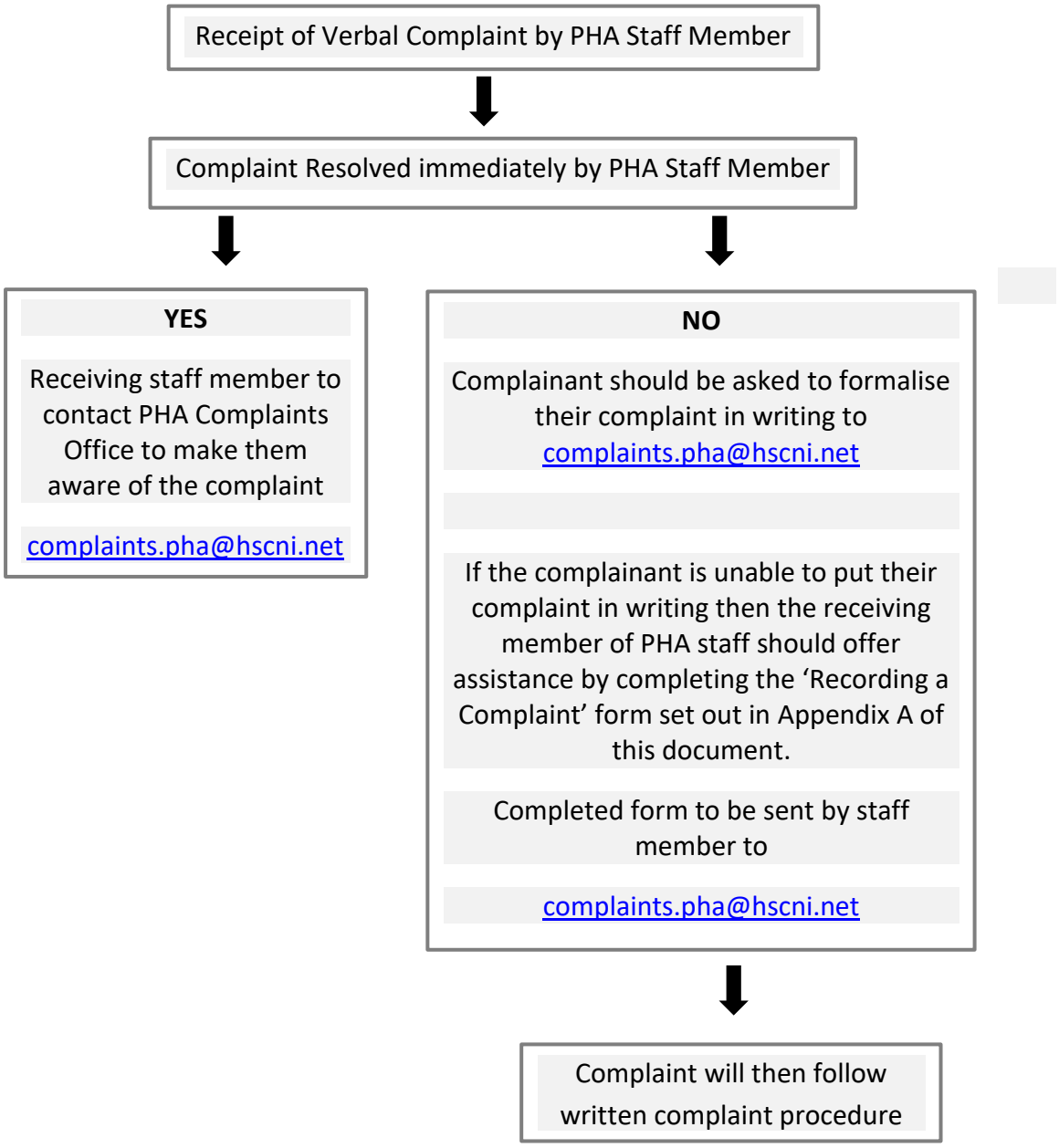
Verbal compliments are not generally recorded by HSC organisations. That said, if a verbal compliment is received that is detailed in nature and/or significant to the work of the Agency then the contributor can be asked to submit it in writing. By way of an alternate, the receiving staff member can send a record of the verbal compliment to compliments.pha@hscni.net

- Receipt of Written and Electronic Compliments

Upon receipt of a written compliment, it should be passed to the PHA Complaints Office using the following email address compliments.pha@hscni.net

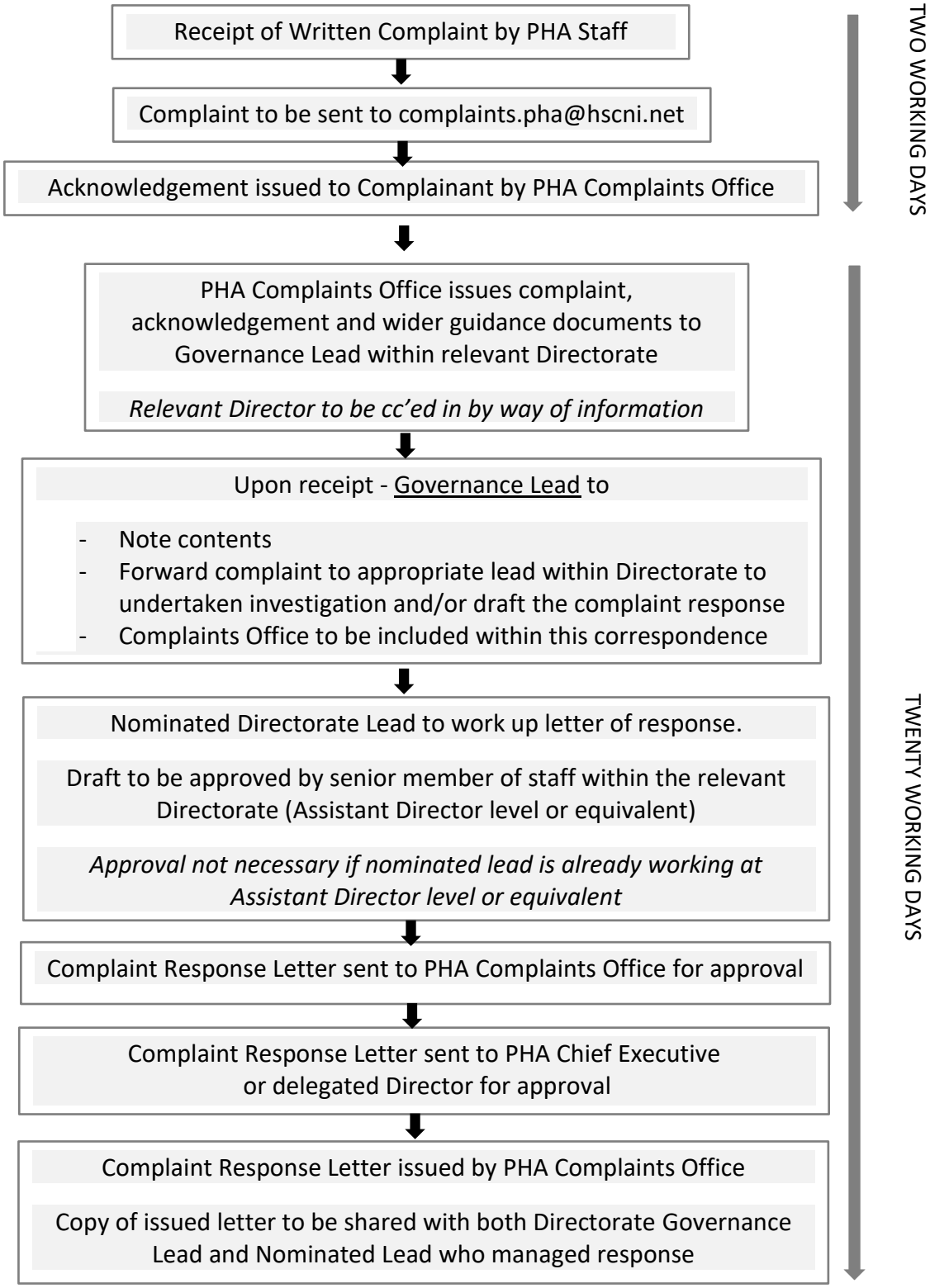
PHA COMPLAINTS - PROCEDURAL FLOWCHART

Verbal Complaints



PHA COMPLAINTS - PROCEDURAL FLOWCHART

Written Complaints



Appendix A

Complaints Record Form	
Date:	PHA Staff Member:
Complainant	
Name	
Contact Detail *Email/Phone/Address*	
Details of the Complaint	
Complainant's Expected Outcome	
Action taken At Point of Receipt	
Please forward a copy of the complaint form to complaints.pha@hscni.net	

Appendix B

HSC Public Health Agency

PHA COMPLAINTS OFFICE
Acknowledgement of Complaint

Key Performance Indicators

A complaint should be acknowledged in writing within 2 working days of receipt.

Checklist for Acknowledgment Email/Letter

1	Thank the complainant for drawing the matter to the attention of the PHA	☐
2	Inclusion of an expression of sympathy OR concern regarding the issue that led to a complaint being made	☐
3	Indicate that a full response will be provided within 20 working days	☐
4	Offer an opportunity to discuss issues either with a member of the complaints staff or, if appropriate, a senior member of staff	☐
5	Provision of further information about the complaints process (direct complainant to PHA external website)	☐
6	Highlight the role of Patient and Client Council AND Northern Ireland Public Services Ombudsman	☐

PHA Complaints Office
Complaints.pha@hscni.net
December 2023

Appendix C

HSC Public Health Agency

PHA COMPLAINTS OFFICE
Responding to a Complaint

Key Performance Indicators

A response must be sent to the complainant within 20 working days of receipt of the complaint.

Where that is not possible, the complainant must be updated every 20 working days on the progress of their complaint by the most appropriate means.

Checklist for Response Letter

1	Is the response clear, accurate, balanced, simple and easy to understand?	☐
2	Are explanations provided for any technical terms used in the response?	☐
3	Does the response address the concerns expressed by the complainant, showing that each element has been fully and fairly investigated?	☐
4	Where things have gone wrong, does the response include an apology?	☐
5	Does the response set out the action taken/proposed to prevent a recurrence of the complaint?	☐
6	Does the response indicate that a named member of staff is available to clarify any aspect of the letter?	☐
7	Does the response advise the complainant that they should contact the PHA within one month of our response if they are dissatisfied with the response or require further clarity?	☐
8	Does the response advise the complainant of their right to refer their complaint to the Ombudsman if they remain dissatisfied?	☐
9	Does the response advise the complainant that the Patient and Client Council can provide assistance in making a submission to the Ombudsman?	☐

PHA Complaints Office
Complaints.pha@hscni.net
Feb 24

item 13

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	27 February 2025
Title of paper	Final Partnership Agreement between Department of Health and Public Health Agency
Reference	PHA/08/02/25
Prepared by	DoH / PHA leads
Lead Director	Leah Scott

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

1 Purpose

The purpose of this paper is to bring the final Partnership Agreement between the Department of Health and PHA to the Board for approval.

2 Background Information

This Partnership Agreement replaces the Management Statement and Financial Memorandum. It explains the overall governance framework within which Public Health Agency operates, including the framework through which the necessary assurances are provided to stakeholders.

This Agreement has been finalised in consultation between PHA and its Sponsor Branch within the Department of Health and approved by the Agency Management Team.

A draft Agreement was brought to the PHA Board in August 2024 and following comments from Board members, there was further engagement with the Department to develop this final version which has been reviewed by Governance Unit, Finance Policy, Accountability and Counter-Fraud Unit, and agreed to proceed for sign off. No further changes can be made at this point.

3 Next Steps

The next stage is for the PHA Chair and Chief Executive to sign and date a copy of the Agreement and return the signed copy to the Department. The Permanent Secretary will then sign off for the Department. At this point, the Partnership Agreement will replace the

Management Statement/Financial Memorandum with the effective date being the date of signature by Perm Secretary. A final version with all signatures will be published on both the PHA and DoH websites.

HSC Public Health Agency

DoH Department of Health www.health-ni.gov.uk

Partnership Agreement between Department of Health and Public Health Agency

December 2024

CONTENTS

Introduction

1. The Partnership Agreement

1.1. This document sets out the partnership arrangements between Public Health Agency and the Department of Health. In particular, it explains the overall governance framework within which Public Health Agency operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined.

1.2. The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes. Underpinning the arrangements are the principles set out in the NI Code of Good Practice ***'Partnerships between Departments and Arm's-Length Bodies'*** which should be read in conjunction with this document. The principles which are laid out in the Code are:

LEADERSHIP
Partnerships work well when Departments and Arm's Length Bodies demonstrate good leadership to achieve a shared vision and effective delivery of public services. Strong leadership will provide inspiration, instil confidence and trust and empower their respective teams to deliver good outcomes for citizens.
PURPOSE
Partnerships work well when the purpose, objectives and roles of Arm's Length Bodies and the sponsor department are clear, mutually understood and reviewed on a regular basis. There needs to be absolute clarity about lines of accountability and responsibility between departments and Arm's Length Bodies. In exercising statutory functions Arm's Length Bodies need to have clarity about how their purpose and objectives align with those of departments.
ASSURANCE
Partnerships work well when departments adopt a proportionate approach to assurance, based on Arm's Length Bodies' purpose and a mutual understanding of risk. Arm's Length Bodies should have robust governance arrangements in place and in turn departments should give Arm's Length Bodies the autonomy to deliver effectively. Management information should be what is needed to enable departments and Arm's Length Bodies to provide assurance and assess performance.

VALUE
Partnerships work well when departments and Arm's Length Bodies share knowledge, skills and experience in order to enhance their impact and delivery. Arm's Length Bodies are able to contribute to policy making and departmental priorities. There is a focus on innovation, and on how departments and Arm's Length Bodies work together to deliver the most effective policies and services for its customers.
ENGAGEMENT
Partnerships work well when relationships between departments and Arm's Length Bodies are open, honest, constructive and based on trust. There is mutual understanding about each other's objectives and clear expectations about the terms of engagement.

A full copy of the NI Code can be found at Annex 8.

1.3. This document should also be read in conjunction with guidance on proportionate autonomy which provides an outline of the principles and characteristics for proportionate autonomy. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance to be established between Public Health Agency and the Department of Health and this is reflected in this agreement.

1.4. Department of Health and Public Health Agency are committed to:

- Working together within distinct roles and responsibilities;
- Maintaining focus on successful delivery of Programme for Government outcomes and Ministerial priorities (see also paras 2.5 and 2.6);
- Maintaining open and honest communication and dialogue;
- Keeping each other informed of any issues and concerns, and of emerging areas of risk;
- Supporting and challenging each other on developing policy and delivery – when developing policy this may cut across more than one department;
- Seeking to resolve issues quickly and constructively; and
- Acting at all times in the public interest and in line with the values of integrity, honesty, objectivity and impartiality.

1.5. The effectiveness of the partnership and the associated Engagement Plan will be reviewed each year by the Department and the Public Health Agency in order to assess whether the partnership is operating as intended and to identify any emerging issues/opportunities for enhancement. This can be carried out as part of existing governance arrangements. The Partnership Agreement document itself will be reviewed formally at least once every three years to ensure it remains fit for purpose and up-to-date in terms of current governance frameworks. The formal review will be proportionate to the Agency's size and overall responsibilities and will be published on departmental and PHA websites as soon as practicable following completion.

1.6. A copy of this agreement has been placed in the Assembly Library and is available on the Department of Health and Public Health Agency websites.

Public Health Agency Establishment and Purpose

2. Statutory Purpose and Strategic Objectives

2.1. The Public Health Agency is a body corporate established under section 12 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (hereafter referred to as the Act). It is named in the legislation as the Regional Agency for Public Health and Social Wellbeing, but it operates under the shorter title of the Public Health Agency (PHA). The PHA does not carry out its functions on behalf of the Crown. For national accounts purposes the PHA is classified to the central government sector.

2.2. The PHA is established for the purposes specified in section 13 of the Act. The approved overall aim for the PHA is to improve the health and social well-being of the population and the quality of care provided, and to protect the population from communicable disease or emergencies or other threats to public health. As well as the provision or securing of services related to those functions, the PHA will commission or undertake programmes of research, health awareness and promotion etc. This aim will be delivered through three core functions of the PHA:

- securing the provision of, developing, and providing programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland,
- protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being including dangers arising on environmental or public health grounds or arising out of emergencies; and
- providing professional input to the commissioning of health and social care services which meet established quality standards and which support innovation.

2.3. The Agency's general powers etc. are listed in Schedule 2 to the Act.

2.4. The Minister for Department of Health is answerable to the Assembly for the overall performance and delivery of both the Department of Health and Public Health Agency.

2.5. The Executive's outcome-based approach to delivery recognises the importance of arm's length bodies and departments working collaboratively and together in a joined-up approach to improve overall outcomes and results. To that end there is strategic alignment between the aims, objectives and expected outcomes and results of PHA and Department of Health.

2.6. As per PHA's corporate plan, the Agency's purpose is to protect and improve the health and social wellbeing of our population and reduce health inequalities through strong partnerships with individuals, communities and other key public, private and voluntary organisations. Its vision is that all people and communities are enabled and supported in achieving their full health and wellbeing potential, and inequalities in health are reduced.

3. Organisational Status

3.1. The PHA is a legal entity in its own right, employing its own staff and operating at arm's-length from the Department. As a legal entity it must comply with all associated legislation including legislation relating to its employer status.

3.2. In accordance with the Health and Social Care (Reform) Act (NI) 2009, the following services are required to be carried out by the Regional Business Services Organisation, as directed by the Department of Health:

i) Administrative support, advice and assistance

ii) Financial services

iii) Human resource, Personnel & Corporate Services

iv) Training

v) The management & maintenance of buildings equipment & land

vi) Information technology & information management

vii) The procurement of goods & services

viii) Legal, medical, scientific or other professional services

ix) Contractual compliance internal audit and counter fraud & probity services

4. Governance Framework

4.1. The PHA has an established Corporate Governance Framework which reflects all relevant good practice guidance. The framework includes the governance structures established within the PHA and the internal control and risk management arrangements in place, including the PHA's Standing Orders, Standing Financial Instructions and the Scheme of Delegation. This includes its Board and Committee Structure. The Department should be satisfied with the framework.

4.2. An account of this is included in PHA annual Governance Statement together with the PHA Board's assessment of its compliance with the extant Corporate Governance Code of Good Practice (NI). Any departure from the Corporate Governance Code must be explained in the Governance Statement. The extant Corporate Governance Code of Good Practice (NI) is available on the DoF website at https://www.finance-ni.gov.uk/publications/governance-and-risk-guidance.

4.3. PHA is required to follow the principles, rules, guidance and advice in Managing Public Money Northern Ireland. A list of other applicable guidance and instructions which PHA is required to follow is set out in Annex 6. Good governance should also include positive stakeholder engagement, the building of positive relationships and a listening and learning culture.

4.4. The Health and Social Care (Reform) Act (Northern Ireland) 2009 provides the legislative framework within which the health and social care structures operate. It sets out the high-level functions of the various HSC bodies. It also provides the parameters within which each body must operate, and describes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

4.5. The Public Health Agency is accountable to the Department of Health, through its Sponsor Branch and the relevant Executive board member, for governance and financial management within the organisation and is operationally independent from other HSC bodies.

5. PHA Board

5.1. The PHA is led by a Board, non-executive members of which are appointed by the Minister of Health, following an open competition. The appointment process for non-executive Board members complies with the Code of Practice on Public Appointments for Northern Ireland. Board membership is defined by The Regional Agency for Public Health and Social Well-being (Membership) Regulations (Northern Ireland) 2009, which prescribes that five non-executive members shall be appointed by the Department and that one officer [Chief Executive] shall be appointed by the Chair and other specified members of the Agency. The regulations also prescribe that the Director of Public Health and the Director of Nursing and Allied Health Professions shall be (executive) members and that 2 (non-executive) members appointed by the Department shall be district councillors.

5.2. As Public Appointees non-executive Board members are office holders rather than employees, they are not subject to employee terms and conditions. Board appraisal arrangements are set out in paras 16.1 and 16.2, and matters for consideration in dealing with concerns/complaints in respect of Non-executive Board members are provided in Annex 5.

5.3. The Board's operating framework/terms of reference provides further detail on roles and responsibilities and should align closely with this Partnership Agreement. Three members of the Agency's executive sit on the PHA Board – the Chief Executive and the Directors of Nursing and Allied Health Professions, Finance and Corporate Services, and Public Health respectively.

5.4. The purpose of the Public Health Agency Board is to provide effective leadership and strategic direction to the organisation and to ensure that the policies and priorities set by the Minister of Health are implemented. It is

responsible for ensuring that the organisation has effective and proportionate governance arrangements in place and an internal control framework which allow risks to be effectively identified and managed. The Board will set the culture and values of the organisation, and set the tone for the organisation's engagement with stakeholders and clients.

5.5. The Board is responsible for holding the Chief Executive to account for the management of the organisation and the delivery of agreed plans and outcomes. The Board should also however support the Chief Executive as appropriate in the exercise of their duties.

5.6. Board members act solely in the interests of the Public Health Agency and must not use the Board as a platform to champion their own interests or pursue personal agendas. They occupy a position of trust and their standards of action and behaviour must be exemplary and in line with the seven principles of public life (Nolan principles). The Public Health Agency has a Board Code of Conduct and there are mechanisms in place to deal with any Board disputes/conflicts to ensure they do not become wider issues that impact on the effectiveness of the Board. A Board Register of Interests is maintained, kept up to date and is publicly available to help provide transparency and promote public confidence in the Public Health Agency Board by providing a mechanism to publicly declare any private interests which may conflict, or may be perceived to conflict, with their public duties.

5.7. Communication and relationships within the Board are underpinned by a spirit of trust and professional respect. The Board recognises that using consensus to avoid conflict or encouraging members to consistently express similar views or consider only a few alternative views does not encourage constructive debate and does not give rise to an effective Board dynamic.

5.8. It is for the Board to decide what information it needs, and in what format, for its meetings/effective operation. If the Board is not confident that it is being fully informed about the organisation this will be addressed by the Chair of the Board as the Board cannot be effective with out-of-date or only partial knowledge.

5.9. In order to fulfil their duties, Board members must undertake initial training (in relation to the duties and responsibilities of a non-executive Director), and regular ongoing training and development. Review of Board skills and development will be a key part of the annual review of Board effectiveness.

6. Governance and Audit Committee

6.1. A further important aspect of the Public Health Agency's governance framework is its Governance and Audit Committee, established in line with the extant Audit and Risk Assurance Committee Handbook (NI).

6.2. The Governance and Audit Committee's purpose/role is to support the Accounting Officer and Board on governance issues. In line with the handbook the Governance and Audit Committee focuses on:

- assurance arrangements over governance; financial reporting; annual reports and accounts, including the Governance Statement; and
- ensuring there is an adequate and effective risk management and assurance framework in place.

6.3. The Public Health Agency and the Department of Health have agreed arrangements in respect of Governance and Audit Committee which may include:

- attendance by departmental representatives in an observer capacity at Public Health Agency's Governance and Audit Committee meetings;
- Access to Public Health Agency Governance and Audit Committee papers and minutes; and
- Any input required from Public Health Agency's Governance and Audit Committee to the departmental Audit and Risk Assurance Committee.

6.4. Full compliance with the Audit and Risk Assurance Committee Handbook (NI) is an essential requirement. In the event of significant non-compliance with the handbook's five good practice principles (or other non-compliance) discussion will be required with the Department and a full explanation provided in the annual Governance Statement.

6.5. The extant Audit and Risk Assurance Committee Handbook (NI) is available on the DoF website at https://www.finance-ni.gov.uk/publications/audit-committees.

7. Public Health Agency Chair

7.1. The Chair, who is appointed by the Health Minister, is responsible for setting the agenda and managing the Board to enable collaborative and robust discussion of issues. The Chair's role is to develop and motivate the Board and ensure effective relationships in order that the Board can work collaboratively to reach a consensus on decisions. To achieve this, they should ensure:

- The Board has an appropriate balance of skills appropriate to its business;
- Board members are fully briefed on terms of appointment, duties, rights and responsibilities;
- Board members receive and maintain appropriate training;
- The Minister is advised of the Public Health Agency's needs when board vacancies arise;
- There is a Board Operating Framework in place setting out the roles and responsibilities of the Board in line with relevant guidance;
- There is a code of practice for Board members in place, consistent with relevant guidance.

7.2. The role also requires the establishment of an effective working relationship with the Chief Executive that is simultaneously collaborative and challenging. It is important that the Chair and Chief Executive act in accordance with their distinct roles and responsibilities as laid out in Managing Public Money NI and their appointment letters.

7.3. The Chair has a presence in the organisation and cultivates external relationships which provide useful links for the organisation while being mindful of overstepping boundaries and becoming too involved in day to day

operations or executive activities. Responsibility for the performance assessment of the Chair rest with the Department of Health, via Sponsorship and Executive Board Member arrangements.

8. ALB Chief Executive

8.1. The role of the Public Health Agency Chief Executive is to run the Public Health Agency's business. The Chief Executive is responsible for all executive management matters affecting the organisation and for leadership of the executive management team.

8.2. The Chief Executive is designated as Public Health Agency Accounting Officer by the departmental Accounting Officer (see section 12). As Accounting Officer, they are responsible for safeguarding the public funds in their charge and ensuring they are applied only to the purposes for which they were voted and more generally for efficient and economical administration. It should be noted that the PHA provides hosting arrangements for the Safeguarding Board Northern Ireland (SBNI). The responsibilities for expenditure relating to SBNI are set out in section 15 of the 2012 HSC (SBNI) regulations. The Memorandum of Understanding between the DoH, PHA and SBNI is attached at Annex 9.

8.3. The Chief Executive is accountable to the Board for the Public Health Agency's performance and delivery of outcomes and targets and is responsible for implementing the decisions of the Board and its Committees. They maintain a dialogue with the Chair on the important strategic issues facing the organisation and for proposing Board agendas to the Chair to reflect these. They ensure effective communication with stakeholders and communication on this to the Board. They also ensure that the Chair is alerted to forthcoming complex, contentious or sensitive issues, including risks affecting the organisation.

8.4. The Chief Executive acts as a role model to other executives by exhibiting open support for the Chair and Board members and the contribution they make. The Chair and Chief Executive have agreed how they will work together

in practice, understanding and respecting each other's role, including the Chief Executive's responsibility as Accounting Officer.

8.5. Further detail on the role and responsibilities of the Chief Executive are as laid out in Managing Public Money NI and their Accounting Officer appointment letter.

The Chief Executive's role as Principal Officer for Ombudsman Cases

8.6. The Chief Executive is the Principal Officer for handling cases involving the NI Public Sector Ombudsman. They shall advise the departmental Accounting Officer of any complaints about Public Health Agency accepted by the Ombudsman for investigation, and about the proposed response to any subsequent recommendations from the Ombudsman.

Role of the Department of Health

9. Partnership Working with the Public Health Agency

9.1. The Department of Health and Public Health Agency are part of a total delivery system, within the same Ministerial portfolio. The partnership between Department of Health and Public Health Agency is open, honest, constructive and based on trust. There is mutual understanding of each other's objectives and clear expectations on the terms of engagement.

9.2. Through the Strategic Outcomes Framework, set by the Department, in exercising its functions Public Health Agency has absolute clarity on how its purpose and objectives align with those of Department of Health. and this is reflected in PHA Corporate and Annual business plans. There is also a shared understanding of the risks that may impact on each other and these are reflected in respective Risk Registers.

9.3. There is a regular exchange of skills and experience between Department of Health and Public Health Agency and where possible joint programme/project delivery boards/ arrangements. Public Health Agency may also be involved as a stakeholder in policy/strategy development and provides advice on policy implementation/ the impact of policies in practice.

9.4. The Department of Finance (DoF) has established, on behalf of the Assembly, a delegated authority framework which sets out the circumstances where prior DoF approval is required before expenditure can be occurred or commitments entered into. The Accounting Officer of the Department of Health has established an internal framework of delegated authority for the Department and its ALBs which apply to Public Health Agency. This can be found online at https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-09-2024.pdf. Other specific approval requirements established in respect of Public Health Agency as set out at Annex 3.

9.5. Once the Public Health Agency's budget has been approved by the Minister of Health, the Public Health Agency shall have authority to incur expenditure approved in the budget without further reference to the Department. Inclusion

of any planned and approved expenditure in the budget shall not however remove the need to seek formal departmental approval where proposed expenditure is outside the delegated limits (as laid out in Annex 3) or is for new schemes not previously agreed. Nor does it negate the need to follow due processes laid out in guidance contained in Managing Public Money NI and Better Business Cases NI (previously NI Guide to Expenditure Appraisal and Evaluation).

10. Lead Official

10.1. The Department of Health has appointed Deputy Secretary for Social Care and Public Health Policy Group as the Executive Board member and lead senior official to manage the relationship with Public Health Agency and ensure effective partnership working. Engagement between the Department and Public Health Agency will be co-ordinated, collaborative and consistent. A clear sense of collaboration and partnership will be communicated to staff in both the Department and the Public Health Agency in order to promote mutual understanding and support. The lead senior official is supported by the Director of Population Health and the branch within the branch responsible for managing PHA sponsorship (known as the Sponsor Branch). The Finance business partner in DoH is the 'Grade 7 Accountant' within DoH Finance Directorate.

10.2. The lead senior official is the policy lead for the policy area relating to the Public Health Agency's business and has a clear understanding of the Public Health Agency's responsibilities for policy implementation/operational delivery and the relevant audiences/stakeholders involved.

10.3. The lead senior official will ensure that where there are departmental staff changes, time is taken to ensure they have a full understanding of the Public Health Agency's business and challenges.

11. Annual Engagement Plan

11.1. The Department and the Public Health Agency will agree an engagement plan before the start of each business year. The Annual Engagement Plan (Annex 2) will set out the timing and nature of engagement between the Public Health Agency and the Department. The engagement plan will be specific to the Public Health Agency and should not stray into operational oversight.

11.2. Engagement between the Department's lead official/their teams and the Public Health Agency will be centred on partnership working, understanding of shared risks and working together on business developments that align with policy objectives.

11.3. In line with relevant guidance [1], the Public Health Agency will work in collaboration and partnership with the Department to prepare corporate and business plans. There should be high level strategic alignment between departmental and Public Health Agency plans. Once approved it will be the Board of the Public Health Agency that primarily holds the Chief Executive to account for delivery and performance. The Department will engage with the Public Health Agency on areas of strategic interest, linking departmental policy and Public Health Agency delivery of policy intent.

11.4. The Annual Engagement Plan will also reference the agreed management and financial information to be shared over the course of a year. The aim will be to ensure clear understanding of why information is necessary and how it will be used. Where the same, or similar information is required for internal governance information requirements will be aligned so that a single report can be used for both purposes. In addition, the engagement plan should consider opportunities for learning and development, growth and actions which could help achieve better outcomes.

[1] Guidance issued by TEO on NICS Work Programme which includes guidance on business planning for an outcomes-based PfG/ODP

12. Departmental Accounting Officer

12.1. The departmental Accounting Officer is accountable to the NI Assembly for the issue of grant in aid to the Public Health Agency. They have designated the Chief Executive of the Public Health Agency as the Public Health Agency Accounting Officer and respective responsibilities of the departmental Accounting Officer and the Public Health Agency Accounting Officer are set out in Chapter 3 of Managing Public Money Northern Ireland. The departmental Accounting Officer may withdraw the Public Health Agency Accounting Officer designation if they conclude that the Public Health Agency Accounting Officer is no longer a fit person to carry out the responsibilities of an Accounting Officer or that it is otherwise in the public interest that the designation be withdrawn. In such circumstances the Public Health Agency Board will be given a full account of the reasons for withdrawal and a the opportunity to make representations by way of response to DoH officials or the Health Minister. Withdrawal of Public Health Agency Accounting Officer status would bring into question employment as Chief Executive and the Chair should engage with the Department should such circumstances arise.

12.2. As outlined in section 8, the Public Health Agency Chief Executive is accountable to the Public Health Agency Board for his/her stewardship of Public Health Agency. This includes advising the Board on matters of financial propriety, regularity, prudent and economical administration, efficiency and effectiveness.

12.3. The departmental Accounting Officer must be informed in the event that the judgement of the Public Health Agency Accounting Officer (on matters for which they are responsible) is over-ridden by the Public Health Agency Board. The Public Health Agency Accounting Officer must also take action if the Public Health Agency Board is contemplating a course that would infringe the requirement for financial propriety, regularity, prudent and economical administration, efficiency or effectiveness. In all other regards, the departmental Accounting Officer has no day-to-day direct operational involvement with the Public Health Agency or its' Chief Executive.

12.4. In line with DoF requirements, the Public Health Agency Accounting Officer will provide a yearly declaration of fitness to act as Accounting Officer to the departmental Accounting Officer, in line with DAO (DoF) 05/17, found at https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/daodof0517_0.pdf.

13. Attendance at Public Accounts Committee

13.1. The Public Health Agency Chief Executive/Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as Accounting Officer (as laid out in their Accounting Officer appointment letter) on issues arising from the C&AG's studies or reports following the annual audit of accounts.

13.2. The Chair may also, on occasion, be called to give evidence to the Public Accounts Committee on such relevant issues arising within the C&AG's studies or reports, in relation to the role and actions taken by the Board, where appropriate.

13.3. In addition, the Department of Health Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as departmental Accounting Officer with overarching responsibility for the Public Health Agency. In such circumstances, the departmental accounting Officer may therefore expect to be questioned on their responsibilities to ensure that:

- there is a clear strategic control framework for the Public Health Agency;
- sufficient and appropriate management and financial controls are in place to safeguard public funds;
- the nominated Accounting Officer is fit to discharge their responsibilities;
- there are suitable internal audit arrangements;
- accounts are prepared in accordance with the relevant legislation and any accounting direction; and

- intervention is made, where necessary, in situations where the Public Health Agency Accounting Officer's advice on transactions in relation to regularity, propriety or value for money is overruled by the Public Health Agency's Board or its Chair.

Assurance Framework

14. Autonomy and Proportionality

14.1. The Department of Health will ensure that the Public Health Agency has the autonomy to deliver effectively, recognising its status as a separate legal entity which has its own Board and governance arrangements. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance established between the Public Health Agency and the Department of Health and is reflected in this agreement.

14.2. A proportionate approach to assurance will be taken based on the Public Health Agency's overall purpose, business and budget and a mutual understanding of risk. The approach will include an agreed process through which the Public Health Agency Accounting Officer provides written assurance to the Department that the public funds and organisational assets for which they are personally responsible are safeguarded, have been managed with propriety and regularity, and use of public funds represents value for money.

14.3. Recognising the governance arrangements in place within the organisation, the Public Health Agency Accounting Officer will arrange for their written assurance to be discussed at the Public Health Agency Governance and Audit Committee and presented to the Public Health Agency Board prior to submission to the Department where possible. If not possible, or practicable, the Chair of the Public Health Agency Board should have sight of the assurance statement, prior to being submitted to the Department.

14.4. The Public Health Agency Chair will provide written confirmation that the Public Health Agency Accounting Officer's formal assurance has been considered by the Board and is reflective of the Public Health Agency's current position.

14.5. In addition to the Public Health Agency Accounting Officer's written assurance, the Department will take assurance from the following key aspects of Public Health Agency's own governance framework:

- Annual Review of Board Effectiveness;
- Completion of Board Appraisals which confirm Board member effectiveness;
- Internal Audit assurance and External Quality Assessment of the Internal Audit function;
- Externally audited Annual Report and Accounts, reviewed/considered by the Public Health Agency Governance and Audit Committee.

15. Board Effectiveness

15.1. The Public Health Agency Chair will ensure that the PHA Board undertakes an annual review of Board Effectiveness[2] which encompasses committees established by the Board.

15.2. The Chair will discuss the outcome of the annual review of Board Effectiveness with the lead official to ensure a partnership approach to any improvements identified. This will inform the annual programme of Board training/development and discussions in respect of Board composition and succession.

15.3. In line with any parameters set out in founding (or other) legislation, the Chair in conjunction with the Department, and Ministers where appropriate, will consider the size and composition of the Public Health Agency Board, proportionate to the size and complexity of the Public Health Agency and keep this under review.

15.4. In addition to the annual review of Board Effectiveness, the Public Health Agency will undertake an externally facilitated review of Board effectiveness at least once every three years covering the performance of the Board, its Committees and individual Board members. The Chair will liaise with the Department to identify a suitably skilled facilitator for the external review (this

[2] NIAO Good Practice Guide on Board Effectiveness

can be a peer review, and should be proportionate) and will share the findings/outcome report with the Department on completion of the review.

16. Board Appraisals

16.1. The Chair of the Public Health Agency will conduct an annual appraisal in respect of each Board member which will also inform the annual programme of Board training/ development. The Chair will engage with the Chief Executive/lead official as appropriate on improvements identified through the appraisal process and the annual training/development programme.

16.2. The Chair's annual appraisal will be completed by the lead official within the Department. The appraisal will take account of the Key Characteristics of a good chairperson (particularly for the Chair to have well developed interpersonal skills) set out in the NIAO Good Practice Guide on Board Effectiveness available on the NIAO website. There will be close engagement between the Chair and the lead official on improvements identified through the appraisal process.

17. Internal Audit Assurance

17.1. The Public Health Agency is required to establish and maintain arrangements for an internal audit function that operates in accordance with the Public Sector Internal Audit Standards (PSIAS). The Department of Health must be satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving appointments are in accordance with PSIAS.

17.2. The Public Health Agency utilise BSO's Internal Audit services. BSO Internal Audit is PSIAS compliant and based on an overarching Service Level Agreement and Memorandum of Understanding with the Department, BSO discharges functions, such as Internal Audit to the PHA, on behalf of DoH.

17.3. The Public Health Agency will provide its internal audit strategy, periodic audit plans and annual audit report, including the Head of Internal Audit's opinion on risk management, control and governance to the Department. The Public Health Agency will ensure the Department of Health's internal audit team have

complete right of access to all relevant records. This applies whether the internal audit function is provided in-house or is contracted out.

17.4. The Public Health Agency will ensure regular, periodic self-assessments of the internal audit function in line with PSIAS and will share these with the Department. The Public Health Agency will also liaise with the Department on the External Quality Assessment (EQA) of the internal audit function which (in line with PSIAS) is required to be conducted at least once every five years by a qualified independent assessor.

17.5. The Public Health Agency will alert the Department to any less than satisfactory audit reports at the earliest opportunity on an ongoing basis. The Public Health Agency will also alert the Department to a less than satisfactory annual opinion from the Head of Internal Audit at the earliest opportunity. The Public Health Agency and the Department will then engage closely on actions required to address the less than satisfactory opinion in order to move the Public Health Agency to a satisfactory position as soon as possible.

17.6. The Department will take assurance from the fact that the Public Health Agency has met the requirements of PSIAS and has a satisfactory annual opinion from the Head of Internal Audit as part of its overall assurance assessment.

18. Externally Audited Annual Report and Accounts

18.1. The Public Health Agency is required to prepare an Annual Report and Accounts in line with the Government Financial Reporting Manual (FReM) issued by the Department of Finance (DoF) and the specific Accounts Direction issued by Department of Health, and in accordance with the deadlines specified.

18.2. The Comptroller & Auditor General (C&AG) will arrange to audit the Public Health Agency's annual accounts and will issue an independent opinion on the accounts. The C&AG passes the accounts to Department of Health who shall lay/present/deposit them before the NI Assembly together with The Public Health Agency's annual report.

18.3. The C&AG will also provide a Report to Those Charged with Governance (RTTCWG) to the Public Health Agency which will be shared with the Department.

18.4. The Public Health Agency will alert the Department to any likely qualification of the accounts at the earliest opportunity. In the event of a qualified audit opinion or significant issues reported in the RTTCWG the Department will engage with the Public Health Agency on actions required to address the qualification/significant issues.

18.5. The Department will take assurance from the external audit process and an unqualified position as part of its overall assurance assessment.

18.6. The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the Public Health Agency has used its resources in discharging its functions. The C&AG may also carry out thematic examinations that encompass the functions of the Public Health Agency.

18.7. For the purpose of audit and any other examinations, the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.

18.8. Where making payment of a grant, or drawing up a contract, the Public Health Agency should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the transaction. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

Signatories

Public Health Agency and the Department of Health agree to work in partnership with each other in line with the NI Code of Good Practice ***'Partnerships between Departments and Arm's-Length Bodies'*** and the arrangements set out in this Agreement.

Signed (Public Health Agency Chair)
Date

Signed (Public Health Agency Chief Executive)
Date

Signed (Department – *[at least Senior Lead Official]*)
Date

Annex 1 - Applicable Legislation

List the founding legislation and other key statutes which provide the Public Health Agency with its statutory functions, duties and powers.

Health and Social Care (Reform) Act (Northern Ireland) 2009, paragraphs 12 and 13, and Schedule 2 - https://www.legislation.gov.uk/nia/2009/1/contents

The Regional Agency for Public Health and Social Well-being (Membership) Regulations (Northern Ireland) 2009 - https://www.legislation.gov.uk/nisr/2009/93/contents

Annex 2 – Illustrative Annual Engagement Plan

Good engagement is one of the key principles in the Partnership Code, underpinning the other principles of: Leadership; Purpose; Assurance; and Value.

As laid out in the Code, partnerships work well when relationships between departments and ALBs are open, transparent, honest, constructive and based on trust and when there is mutual understanding of each other's objectives and clear expectations about the terms of engagement.

The template provided outlines the key areas of engagement between Departments and ALBs. The template is not intended to be prescriptive and should be completed collaboratively and agreed between the Department and the ALB.

Engagement Plan 2024/25		
Policy Development and Delivery *Add details of the planned engagement between the ALB and the Department in relation to development and monitoring of existing and new areas of policy.*		
Policy Area	**Frequency/Timing**	**Lead Departmental/ALB Officials**
Annual meeting with Minister / Perm Sec to discuss policy and strategic issues affecting the PHA	Annual, as required	*Minister / Permanent Secretary*
Strategic Planning		
Activity	**Date**	**Lead Departmental/ALB Official**
PHA Strategic Planning Workshops – encompassing strategic planning and risk identification. Informed by input on departmental	Sufficiently well in advance of the Business Year to inform development of the Business Plan for the year ahead	*As deemed appropriate*

priorities/plans and risk areas		
Engagement on the draft Business Plan and identification of areas of strategic interest to the Department to inform further scheduled engagement during the year	December 2024	*Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services, Assistant Director Planning and Performance*
Submission/presentation of the ALB Business Plan 2024/5	February 2025	*Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services*
Approval of the PHA Business Plan 2024/5	March 2025	*Sponsor Branch Team*
Engagement on areas of strategic interest iro the ALB Business Plan during the year	As required	*Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services*
Joint Working *Add details of any interchange opportunities, and/or joint programme/project delivery boards*		
Activity	**Frequency/Timing**	**Lead Departmental/ALB Official**
Development of Integrated Care System	As Required	*Sponsor Branch / SPPG / CEO PHA*
Board Appointments *Add details of any engagement related to Public Appointment exercises*		
Activity	**Date**	**Lead Departmental/ALB Official**
Skills Audit of PHA Board	Annual	*Sponsor Branch Team / PHA Chair*
Recruitment of non-executive members to the PHA Board	As vacancies occur	*Public Appointment Unit*

Code of conduct for PHA Board members	Once and when revised	*Public Appointment Unit / PHA Chair*
All newly appointed PHA Board Members have attended an appropriate training course preferably within 6 months of appointment. This training course (which is provided by either CIPFA or ON BOARD TRAINING) is in addition to any Induction training provided by the Chair and the PHA and increases their effectiveness in discharging their roles and responsibilities	As required, following appointment	
Chief Executive Recruitment *Add details of any engagement related to the recruitment of a new Chief Executive (if anticipated during the year ahead). ALBs should engage with the Department at an early stage in the event of the recruitment of a new Chief Executive. While recognising the role of the Board as employer, the Department will work closely with the ALB in the recruitment and selection process in line with extant guidance.*		
Activity	**Date**	**Lead Departmental/ALB Official**
PHA Chief Executive has acknowledged in writing receipt of a formal letter of designation as Accounting Officer defining the role and responsibilities of this position	On appointment	*Sponsor Branch Team / PHA CE*
The PHA Chief Executive has, within six months and preferably within three months of appointment, attended an accounting officer training course run by Chief Executives Forum	Within 6 months of appointment	*Sponsor Branch Team / PHA CE*

Refresher Accounting Officer Training is undertaken at least every six years	As appropriate	*Sponsor Branch Team / PHA CE*
Assurances *Add details of the timetable for submission of key assurance sources and any other assurance related activity*		
Action	**Date**	**Lead Departmental/ALB Official**
Pre-Ground Clearing Sponsorship Review Meetings	Biannually – mid-year and end-year, in advance of Ground Clearing SRM	*Sponsor Branch Team / PHA Director of Finance & Corporate Services, Assistant Director Planning and Performance*
Ground Clearing Sponsorship Review Meetings	Biannually – mid-year and end-year, in advance of Accountability meeting	*Lead official, Sponsor Branch Team / PHA CE, PHA Executive Board Members*
Accountability Meetings	Biannually – mid-year and end-year	*Permanent Secretary, Lead official / PHA Chair, PHA CE*
Outcome of the Review of Board Effectiveness	Annual review with an externally facilitated review at least once every three years	*Lead official / Sponsor Branch Team*
Planning for the externally facilitated review of Board Effectiveness	Externally facilitated review at least once every three years	*Lead official / Sponsor Branch Team*
Board Appraisals and planned training/development for Board members	Following the end of the Business year.	*PHA Chair*
Chair Appraisal	Following the end of the Business year. After Board Appraisals have been completed by the Chair and the annual Review of	*Lead official*

	Board Effectiveness has concluded	
Departmental Attendance at GAC	Attendance as observer 1xpa	*Sponsor Branch Team*
Assurance Statement	Specify frequency. In most cases this is bi-annual.	*PHA CE*
Draft Governance Statement	Annually	*PHA CE / Director of Finance & Corporate Services*
Annual Report and Accounts	Annually	*PHA CE / Director of Finance & Corporate Services*
Report to those Charged with Governance	As required	*PHA CE / Director of Finance & Corporate Services*
Engagement on other planned NIAO reports	As required	*PHA CE / Director of Finance & Corporate Services*
Head of Internal Audit Annual report/Opinion	Annually	*PHA CE / Director of Finance & Corporate Services*
Internal Audit Strategy and Plans	Annually	*PHA CE / Director of Finance & Corporate Services*
Internal Audit External Quality Assessment	To be conducted at least once every five years	*PHA CE / Director of Finance & Corporate Services*
Anti-Fraud Policy	Once, and then when revised - for information	*PHA CE / Director of Finance & Corporate Services*
Fraud Response Plan	Once, and then when revised - for information	*PHA CE / Director of Finance & Corporate Services*
Budget Management *Add details of the information and returns to be provided.*		
Item and Purpose	**Date**	**Lead Departmental/ALB Official**
Engagement on budget requirements and Forecast Expenditure for the Financial Year	November	*Director of Finance / Director of Finance and Corporate Services*

Departmental approval of the annual budget	March	*Director of Finance / Director of Finance and Corporate Services*
Monthly Financial Management Returns	Monthly	*Director of Finance / Director of Finance and Corporate Services*
Monthly Cash Forecast	Monthly	*Director of Finance / Director of Finance and Corporate Services*
Monitoring Round Returns	As required	*Director of Finance / Director of Finance and Corporate Services*
Provisional Outturn	Annual	*Director of Finance / Director of Finance and Corporate Services*
Final Outturn	Annual	*Director of Finance / Director of Finance and Corporate Services*
Other *Tailor as required to reflect the specific requirements*		
Item and Purpose	**Submission Date**	**Lead Departmental/ALB Official**
Accounting Officer - Fitness to Act as Accounting Officer	Periodic (specify) request from the departmental Accounting Officer	*Sponsor Branch Team / PHA CE*
Fraud Reporting	Immediate reporting of all frauds (proven or suspected including attempted fraud	*Department will report frauds immediately to DoF and C&AG.*
Fraud Reporting	Annual fraud return commissioned by DoF on fraud and theft suffered by Public Health Agency.	*PHA CE / Director of Finance and Corporate Services*

Media management protocols – independence of PHA to engage with media/announcements of corporate and policy communications significant to PHA - arrangements to share press releases where relevant – ensure no surprises.	As required	*PHA CE / Head of Chief Executive Office / DoH Director of Communications*
Preparation of business cases – departments and ALBs to consider working together to share expertise where appropriate.	As Required	*PHA CE / Director of Finance & Corporate Services*
Whistleblowing cases/ Speaking Up/Raising Concerns.	As required	*PHA CE / Director of Finance & Corporate Services*
Review of the Partnership Arrangement *Tailor as required to reflect the specific requirements*		
Item and Purpose	**Date**	**Lead Departmental/ALB Official**
Light touch review of the Partnership Agreement	Schedule following the end of the Business Year	*Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services*
Formal review of the Partnership Agreement	To be conducted once every three years	*Sponsor Branch Team, Lead official / PHA Chair, PHA CE*

Annex 3 - Delegations

Delegated authorities

The Public Health Agency shall obtain the Department's prior written approval before:

- entering into any undertaking to incur any expenditure that falls outside the delegations or which is not provided for in the Public Health Agency's annual budget as approved by the Department;
- incurring expenditure for any purpose that is or might be considered novel or contentious, or which has or could have significant future cost implications;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the Department;
- making any change of policy or practice which has wider financial implications that might prove repercussive or which might significantly affect the future level of resources required; or
- carrying out policies that go against the principles, rules, guidance and advice in Managing Public Money Northern Ireland.

Public Health Agency Specific Delegated Authorities

As set out at 4.4 of this Agreement, The Public Health Agency is accountable to the Department of Health, through its Sponsor Branch, for governance and financial management within the organisation. It is operationally independent from other HSC bodies. This means that:

- The Public Health Agency has a high degree of autonomy in relation to its operational activities and how it operationally fulfils its statutory functions. In the context of the status of the Public Health Agency as an arms-length body of the

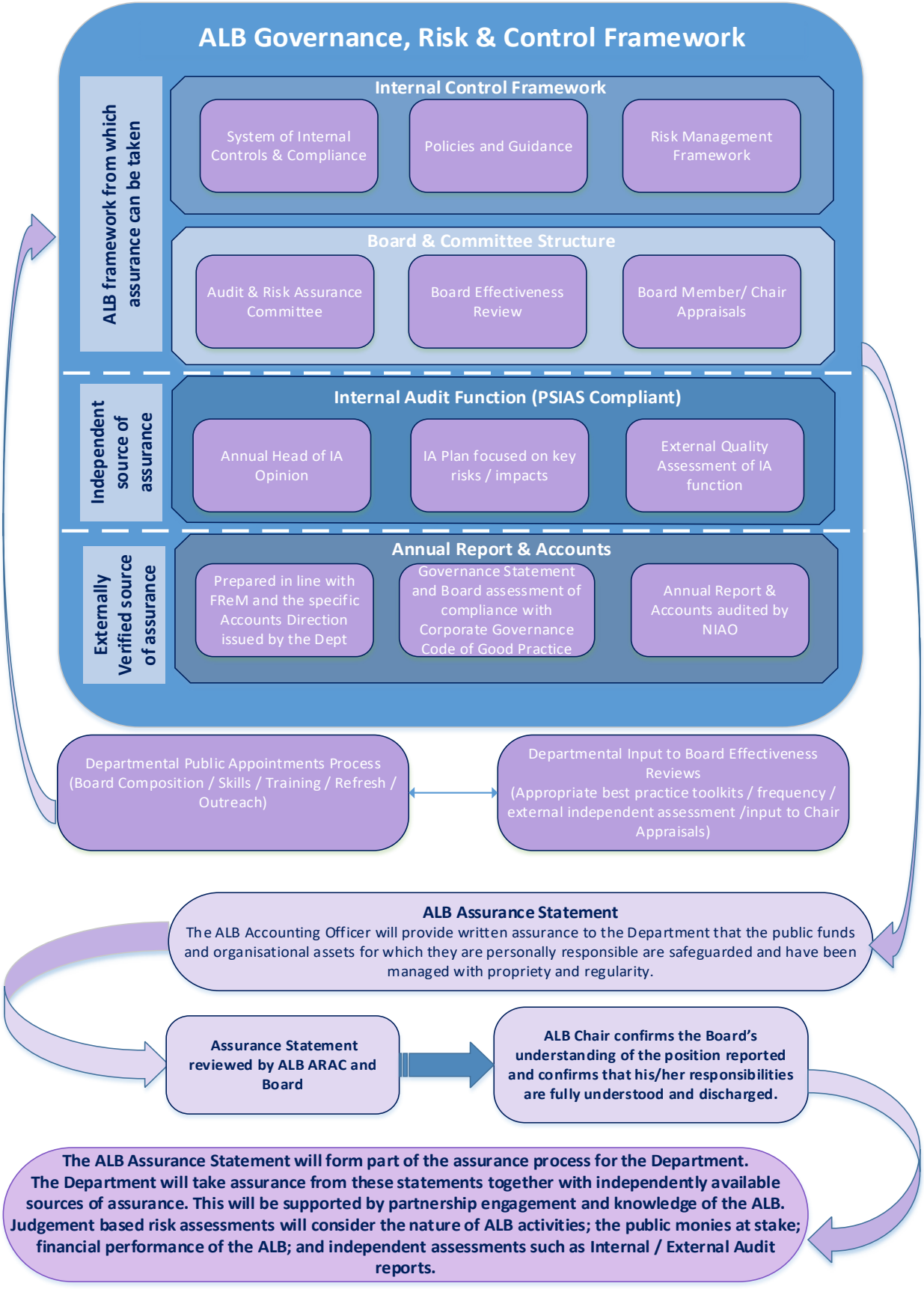
Department of Health, this is demonstrated by a maximum degree of distance, or ‘long arm’, related to the operations of the organisation.

- The Accounting Officer of the DOH has established an internal framework of delegated authority for the Department and the Public Health Agency, found online at:

  https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-09-2024.pdf.

These delegations shall not be altered without the prior agreement of the department and, where applicable, DoF.

Annex 4 – Illustrative System of Assurance



Annex 5 – Concerns/Complaints in respect of Board members

In line with the NI Code of Good Practice and the arrangements in this Partnership Agreement the approach to concerns/complaints raised in respect of the Public Health Agency Board members should be transparent and collaborative. The principle of early and open engagement is important, with the Department made aware of any concerns/complaints as soon as practicable.

While Board Members are Public Appointees/office holders rather than Public Health Agency employees a Public Health Agency employee may utilise the Public Health Agency's grievance procedure/other HR procedure to raise a complaint against a Board member. The Public Health Agency employee raising the grievance should expect this to be handled in line with the Public Health Agency's HR procedures.

Concerns/complaints might also be raised through:

- Raising Concerns/Whistleblowing arrangements;
- Complaints processes;
- Directly with the Public Health Agency or the Department.

Where a concern/complaint is received within the Public Health Agency in respect of an individual Board Member this should be provided to the Public Health Agency Chair who should notify the Department at the outset in order that lead responsibility for handling the complaint/concern is clear in advance.

Where a concern/complaint relates to the Public Health Agency Chair, the Public Health Agency should notify the Department at the outset for the Department to determine the approach to handling the complaint/concern.

Differences of view in relation to matters which fall within the Board's responsibilities are a matter for the Board to resolve through consensus-based decision making in the best interests of the Public Health Agency.

Exceptionally a concern/complaint may be raised by a Board Member about a fellow Board Member or a senior member of Public Health Agency staff. The Public Health Agency Chair should notify the Department at the outset to ensure that arrangements for handling the concern/complaint are clear. The Department may determine that it should make arrangements to deal with the concern/complaint. This will be agreed at the outset.

Arrangements for concerns/complaints in respect of Board members should be reflected in all relevant procedures, including Standing Orders and Board Operating Frameworks.

Annex 6 - Applicable Guidance

The following guidance is applicable to the Public Health Agency

Guidance issued by the Department of Finance

- Managing Public Money NI
- Public Bodies – A Guide for NI Departments
- Corporate Governance in central government departments – code of good practice
- DoF Risk Management Framework
- HMT Orange Book (Management of Risks)
- The Audit and Risk Assurance Committee Handbook
- Public Sector Internal Audit Standards
- Accounting Officer Handbook – HMT Regularity, Propriety and Value for Money
- Better Business Cases and the Approval Process: https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-10-2024.pdf
- Dear Accounting Officer Letters
- Dear Finance Director Letters
- Dear Consolidation Officer and Dear Consolidation Manager Letters
- The Consolidation Officer Letter of Appointment
- Government Financial Reporting Manual (FReM)
- Guidance for preparation and publication of annual report and accounts
- Procurement Guidance

Other Guidance and Best Practice

- Specific guidance issued by the Department
- EU Delegations
- Recommendations made by the NI Audit Office/NI Assembly Public Accounts Committee
- NIAO Good Practice Guides
- Guidance issued by the Executive's Asset Management Unit
- NI Public Services Ombudsman guidance

Annex 7 – Role of the Minister

Role of the Minister

The Chair of the Public Health Agency is responsible to the Minister. Communication between the Board and the Minister should normally be through the Chair.

The departmental Accounting Officer is responsible for advising the relevant Minister on a number of issues including the Public Health Agency objectives and targets, budgets and performance.

In addition to being answerable to the Assembly as laid out in paragraph 2.4, the Minister is also responsible for:

- Setting the strategic direction and overall policies and priorities for the ALB as reflected in the PfG;
- Approving the ALB's Business Plan;
- Setting the ALB's budget; and
- Appointment of non-executive board members. The Minister may also be involved in considering the size and composition of the Public Health Agency Board – see para 15.3.

Annex 8 – Partnerships between Departments and Arm's Length Bodies: NI Code of Good Practice

NI Code of Good Practice

Partnerships between Departments and Arm's Length Bodies: NI Code of Good Practice – online at:

https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/NI%20Code%20of%20Good%20Practice%20v3%20%28300323%29.pdf

Annex 9 – Memorandum of Understanding between DOH, PHA and SBNI

January 2025: Memorandum of Understanding under review. Updated MOU to be appended to Partnership Agreement once agreed.

item 14

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	27 February 2025
Title of paper	Establishment of PHA Working Group
Reference	PHA/08/02/25
Prepared by	Alastair Ross
Lead Director	Stephen Wilson

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

1 Purpose

The purpose of this paper is to update the Board on the establishment of a new PHA Working Group which will look at the learning from both historic and active statutory public inquiries on an organisational wide basis as well as the recommendations from other PHA reviews.

2 Context

In August 2023, the Agency created a Public Inquiry Programme Management Board as a means to oversee the PHA's response to historic and active statutory public inquiries.

Since that date, the work of the Public Inquiry Programme Management Board, and the wider Public Inquiry Team, has been largely reactive given the number of deadline-driven requests the Agency has received in respect of witness statements, disclosure and the need for formal evidence attendances.

Moving into 2025, this dynamic is expected to shift to the point at which the UK Covid-19 Inquiry will become the only active Inquiry requiring a response from the Agency. While the Agency will still need to devote significant time to the Covid-19 Inquiry, it is felt that during the year capacity will exist in which the Agency can start to fully explore the recommendations that have, and continue to, emerge from public inquiries.

This paper sets out a proposal as to how the recommendations from both historic and active statutory public inquiries can be thematically reviewed and embedded within the Agency as a wider aspect of its learning culture.

3 Extent of Public Inquiry Recommendations

Since the 2018 publication of the Hyponatraemia Report, a number of further public inquiries relevant to the work of the Agency have now concluded. This space will continue to build, into and beyond 2025, with the expected publication of the Urology Services Inquiry, the Muckamore Abbey Hospital Inquiry and further modules of the Covid-19 Inquiry.

Additionally, there may well be recommendations from other Inquiries like that of the Ireland Covid-19 Public Inquiry, the Grenfell Inquiry and the Thirlwall Inquiry which could have implications for the work of the Agency.

Figure 1 - Public Inquiry Synopsis

Inquiry into Hyponatraemia Related Deaths	Independent Neurology Inquiry	Infected Blood Inquiry	Urology Services Inquiry	Muckamore Abbey Hospital inquiry
• 96 Recommendations • Published Jan 2018	• 76 Recommendations • Published June 2022	• 58 Recommendations • Published May 2024	• Expected 2025	• Expected 2025

UK Covid-19 inquiry			
Module 1 • 10 Recommendations • Published July 2024	Modules 2,3,4 Expected 2025	Modules 5,6,7,8 Expected 2026	Modules 9, 10 Expected 2027

4 Relevance to PHA

While the PHA is not named as a dedicated owner of any of the recommendations made to date, and indeed a significant number of the recommendations have no relevance to the work of the Agency, there is learning that needs to be progressed.

Taken as a collective, several themes have, and continue to, emerge that the Agency needs to be cognisant of; be that in relation to candour, organisational culture, lines of accountability or weaknesses of internal governance structures.

In addition to the themes emerging from public inquiries, the Agency needs to assure itself that the recommendations from its own internal reports like that of the Bradley Report and the Hussey Review have been brought to a suitable conclusion.

5 Proposal

It is proposed that a Working Group is established to identify, review and progress the themes that have arisen from the suite of public inquiries and internal PHA reviews that have taken place across recent years

Once the initial review and theming has taken place, the working group would be tasked with setting tangible actions against each theme and agreeing a process through which actions could be allocated to named teams within the Agency for progression. The process would involve a significant amount of cross directorate discussion.

It is noted that many of the recommendations from previously published inquiries relate to organisational culture - given the same, it will likely be the case that the PHA Organisation Development and Engagement Forum is tasked with the implementation of several actions.

6. Constitution and Governance of Working Group

Leadership

To date, the Agency's public inquiry response has sat within the remit of the Chief Executive's office. Given that the thematic analysis and onward action planning is an extension of this work, it is proposed that the Working Group is led by the Head of Chief Executive's Office and Strategic Engagement with day to day support to be provided by the existing Public Inquiry team.

Oversight

Given the profile of this work, it is important that there is Non-Executive Director oversight. As a means to avoid the need to create another formal committee, it is proposed that progress reports would be brought to the Agency's Governance and Audit Committee for regular consideration. This in addition to regular reporting via the PHA Agency Management Team (AMT).

Membership

Given the organisational wide reach of the public inquiry response it is important that the Working Group has representation from each Directorate.

7. Implications

Current Structures

It is proposed that moving into 2025, the current Public Inquiry Programme Management Board would be stood down. Work in respect of the Agency's live public inquiry response will still continue through the PHA Public Inquiry team which will escalate issues as required through the Chief Executive's Office and where necessary AMT.

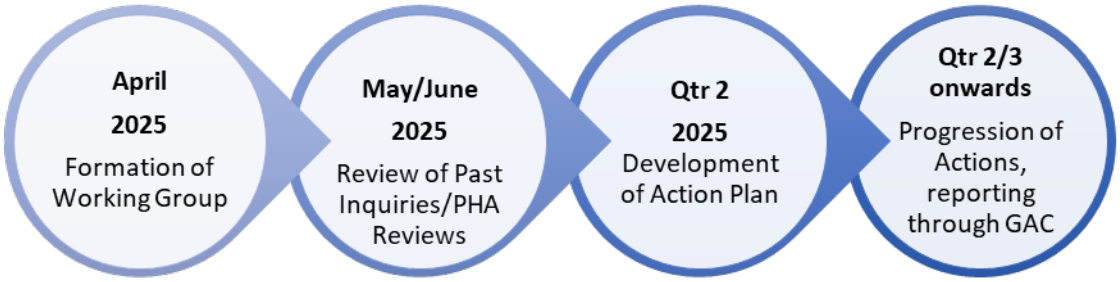
Future Work

While the scope of the proposed Working Group will initially be retrospective, this will be the space in which the implementation of future recommendations and collective thematic areas will be considered from the Urology Inquiry, the Muckamore Abbey Inquiry and the Covid-19 Inquiry.

The work of the group will also extend to capturing the tangible changes that have taken place already within the Agency as a result of the pandemic.

Depending on the success and longevity of the Working Group, there may also be scope to consider recommendations derived from other public inquiries and areas such as audit, SAI, RQIA reviews, complaints etc.

Possible 2025/26 Timeline



8. Summary

This paper proposes the creation of a small multi directorial Working Group whose role will be to identify, review and progress the themes that have arisen from the suite of public inquiries and internal PHA reviews that have taken place across recent years.

It is felt that this group will provide a means through which the Agency can shift from its live public inquiry response into a space where it is able to provide a level of assurance that inquiry learning is being formally considered and where necessary progressed within the organisation.

Following approval by the Agency Management Team, the Board is asked to note this proposal.

END

HSC Public Health Agency

Our People

February 2025

Working together Excellence Openness & Honesty Compassion

INTRODUCTION

The People of our organisation are critical to our corporate success. In our last report we focused on the workforce profile key facts, with high level analysis of trends and the impact for the organisation. We have also previously reported on the People Plan and general progress towards achiveing the targets therein.

As we have now entered the final year of the current People Plan and will shortly begin the journey to assess the impacts to inform the development of a new plan, this report will provide an overview of the progress to date.

Workforce Development

The **Organisation Development Engagement Forum (ODEF)**, chaired by the Director of Finance & Corporate Services, continues to oversee the delivery of the Agency's People Plan. In this report we will review progress towards a number of key targets therein.

Whilst this report will set out progress against the 3 core pillars of Culture; Staff Experience and Workforce Development, each of these areas interlinks with the other and for this reason there has been much collaboration through our core ODEF group on the activities of each workstream and support across the three areas. In particular this was demonstrated through the Staff Recognition event in December 2024 which cut across the three workstreams.

Culture

Our Staff have a shared sense of purpose

With 3 key focus areas within the culture workstreams targets we have seen significant progress since 2023. Whilst this is an area of continued development, the action taken to date has laid the foundations for growth of a positive organisational culture. The following provide a summary of progress across the key focus areas;

Communication

Multiple Channels have been introduced to enhance communication including;

- **First Tuesday -** a virtual monthly update from the senior Team.
- **Chat with the Chief** - quarterly in person engagement sessions.
- **Staff news** - a weekly digital bulletin.
- **Team Briefings** - issued through Directorates each month.

Communications Streamlined and Expanded

Chief Executive Sessions (November 2024)

Growth & Learning

Growth & Learning

2 Staff Recognition events have now been delivered with the most recent focusing on;

- Team work
- Shared Learning
- Staff Feedback

The Staff feedback has been analysed into themes and categorised into a range of action points. This action plan is currently being finalised for sharing with staff on how their voice has been heard and is informing the future both corporately and in the activities which will be lead by the culture champions.

We are also continuing to share the 'posters' developed for the staff event at our First Tuesday virtual sessions to ensure continued learning across the organisation.

Positive Environment

8 culture champions have now been identified across the various PHA locations.

This group are actively meeting to agree action plans for the organisation both corporately such as the Christmas Choir, and locally, such as coffee mornings.

Much of this will be based on the feedback from staff gathered at the last staff event.

This will be supported by organisational actions and priorities to ensure that we continue to develop the 'how we do things' in line with HSC values.

PHA Christmas Choir

Staff Experience

Our staff feel supported, valued and engaged

The Staff Experience workstream equally had 3 key focus areas with significant progress made in every area. The following provides an overview ;

Engagement & Wellbeing

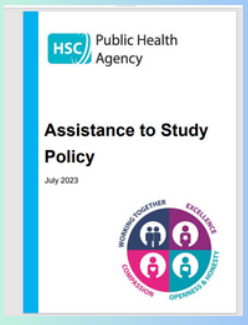
Following on from the Health & Wellbeing (HWB) survey in the first half of 2024, we now have 12 staff members who have been trained as HWB Champions and are actively engaged in promoting a range of HWB plans both corporately and locally.

A full HWB Calendar has been developed with key topics being promoted each month.

We are currently developing a full time job role within the Reshape Refresh programme which will support the co-ordination of this work, as well as the culture champions activity.

A PHA workplace sustainability quality improvement project is commencing, initially for Linenhall Street Belfast, looking at different initiatives which may help to reduce our carbon footprint by improving energy efficiency.

Development



Staff Development opportunities have been a key feature area for progress with appraisals now embedded with at least 95% of staff having an appraisal over each of the past two years.

This has been underpinned during 24/25 with the development of a bespoke Skills Development Framework which has been shared over the past year by way of initial familiarisation and feedback. This will now be formally aligned to the Appraisal scheme during the 25/26 year.

The Assistance to Study Policy is a live tool updated to reflect modern study

Retention

We have had a clear focus on welcoming new staff to the organisation, both with a refreshed digital Induction pack and an in person Corporate Welcome, where all our new staff have the opportunity to meet each other as well as members of the Senior Leadership Team. We have taken feedback to inform the ongoing development of this but what is clear is the in person session is very much appreciated and supports the settling in period.

Alongside this we have taken the opportunity to promote the wide range of policies and benefits both to new staff and across the organisation and for 2025 we are now commencing h a monthly 'Policy Insight' to promote a particular policy each month.

We continue to seek information from those leaving the organisation too, however with a low turnover rate this has proven to be limited by way of data collection.

RPORATE
VELCOME

Corporate Welcome held on the 23rd
September in the HSC Leadership Centre.
Aidan Dawson gave an introduction to Public
ublic Health Agency.

Corporate Welcome will take place
th December.

HSC Public Health Agency

Public Health Agency - Corporate Induction

ublic Health
Agency (PHA)
Employee
enefits Brochure

Workforce Development

Our People are knowledgeable, skilled and competent

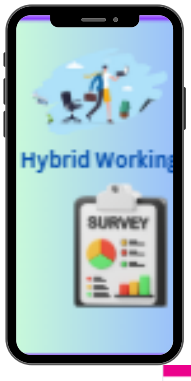
Underpinning all that happens within the organisation is the knowledge, skills and competence of our staff. It is vital that the PHA continues to develop in this area and to this end the Workforce Development workstream have made much progress across their three key focus areas;

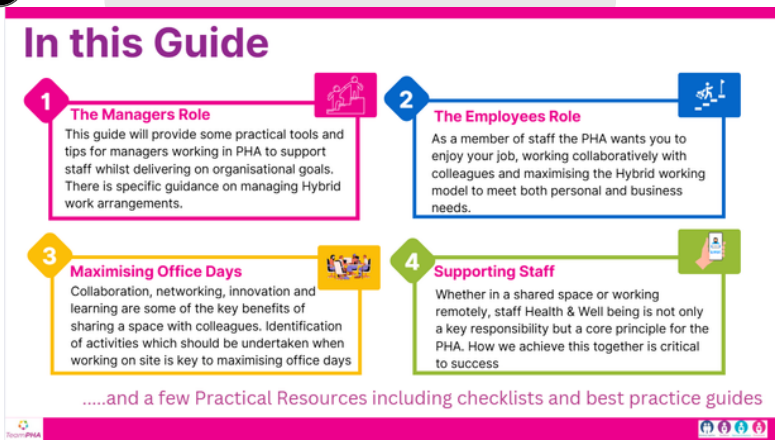
Environment Skills & Competencies

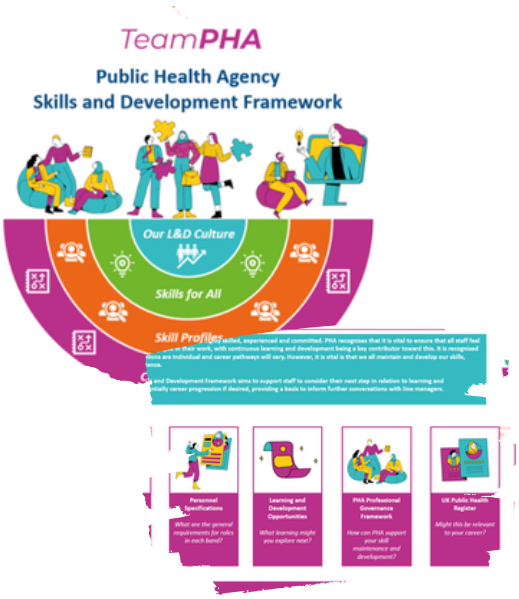
With flexiblity being a key feature of the working environment much feedback has been collected and fed into a new 'Working effectively resource pack', underpinning the Hybrid working scheme which has been regularised from January 2025.

The feedback from staff has also now informed the next iteration of the skills development framework which will be more formally aligned to the Appraisal scheme from April 2025 with a sigificant focus on career pathways.

As a very practical application a new range of 'bitesize' learning has been released on the wide range of digital platforms.



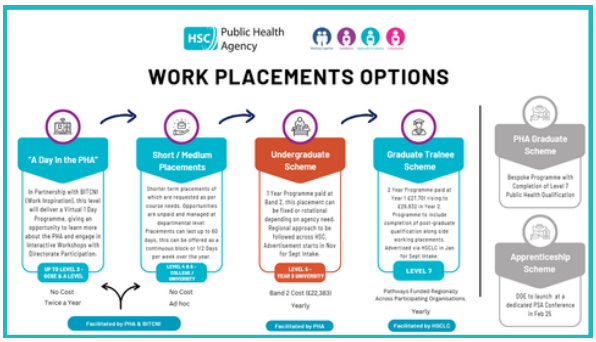




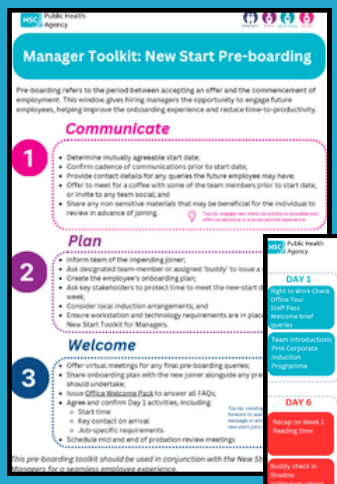
Recruitment

From Candidate information to Manager toolkits, we have delivered and continue to develop a wide range of information to support both internally and externally.

We have taken on board the feedback from new staff and managers in developing resources and as we seek to develop new pipelines of talent for future years.



A range of toolkits to support Managers in the Recruitment Process; engage new staff and Prepare for Day 1



In Summary

Total number of Targets set in People Plan

28

Total Complete / Operational with ongoing monitoring

16

Total In Progress and on Track

11

Total not started

1

The work reflected in this report has only been possible through much collaboration with a wide range of staff across the PHA and the BSO HR Team.

In particular thanks goes to the Workstream Sponsors;

Culture - Jenny Kirkwood / Janice Bailie
Staff Experience - Diane McIntyre / Gemma Reid (supported by Kevin McSorley)
Workforce Development - Stephen Murray / Siobhan Donald (supported by Danny Wilson)

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February 2025

HSC Public Health Agency

Working together Excellence Openness & Honesty Compassion