HSC Public Health Agency

Meeting agenda

PHA Board Meeting

Date and time	Venue
29 May 2025 at 1.30pm	Room E206/207, Ulster University, Coleraine

Item	Topic and details	Presenter
1	Welcome and Apologies	Chair
2	Declaration of Interests	Chair
3	Minutes of Previous Meeting held on 24 April 2025	Chair
4	Actions from Previous Meeting / Matters Arising	Chair
5	Reshape and Refresh Programme	Chair
6	Reports of New or Emerging Risks	Chief Executive
7	Raising Concerns	Chief Executive
8	Updates from Committees: • Governance and Audit Committee • Remuneration Committee • Planning, Performance and Resources Committee **[PHA/01/05/25]** • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board	Committee Chairs
9	Performance Management Report **[PHA/02/05/25]** **(For noting)**	Ms Scott

10	Finance Report **[PHA/03/05/25]**	Ms Scott
11	Items for Noting: • Our People Report **[PHA/04/05/25]**	
12	Chair's Remarks	Chair
13	Any Other Business	Chair
14	Details of next meeting: *Thursday 19 June 2025 at 1.30pm* *Board Room, County Hall, Ballymena*	Chair

PHA Board Meeting Minutes

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

Member	Title	Attendance status
Mr Colin Coffey	Chair	Present
Mr Aidan Dawson	Chief Executive	Present
Dr Joanne McClean	Director of Public Health	Present
Ms Heather Reid	Interim Director of Nursing, Midwifery and Allied Health Professionals	Present
Ms Anne Henderson	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present
Mr Joseph Stewart	Non-Executive Director	Present
Mr Stephen Murray	Assistant Director of Planning and Performance	In attendance (*on behalf of Ms Scott*)
Mr Stephen Wilson	Head of Chief Executive's Office	In attendance
Professor Sir Michael McBride	Chief Medical Officer, Department of Health	In attendance
Mr Robert Graham	Secretariat	In attendance
Ms Leah Scott	Director of Finance and Corporate Services	Apologies
Mr Craig Blaney	Non-Executive Director	Apologies
Mr John Patrick Clayton	Non-Executive Director	Apologies

Ms Meadhbha Monaghan	Chief Executive, Patient Client Council	Apologies

50/25 - Item 1 – Welcome and Apologies

50/25.1 The Chair welcomed everyone to the meeting. Apologies were noted from Ms Leah Scott, Mr Craig Blaney, Mr John Patrick Clayton and Ms Meadhbha Monaghan.

51/25 - Item 2 – Declaration of Interests

51/25.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

52/25 - Item 3 – Minutes of previous meeting held on 27 March 2025

52/25.5 The minutes of the Board meeting held on 27 March 2025 were **APPROVED** as an accurate record of that meeting.

53/25 - Item 4 – Actions from Previous Meeting / Matters Arising

53/25.1 The Chair advised that all of the actions on the action log were either complete or in progress. He noted that there will be a detailed update on the Reshape and Refresh Programme at a future meeting and hoped that this will include a reflection on how PHA has implemented the findings of the Hussey Review and the EY reports as well as the learning from Public Inquiries.

53/25.2 The Chair said that with regard to updates from 4 Nations meetings, there was due to be a joint meeting of all of the 4 Nations Chairs and Chief Executives. The Chief Executive advised that there was due to be an in-person meeting of Chief Executives, but this is now a virtual meeting, and it will look at an agenda for the joint meeting with Chairs. He added that it was agreed that the Chairs' meetings should focus on how organisations are run, rather than on specific public health issues, as that is for the Directors of Public Health to discuss. The Chair agreed saying that it is important that the Board is aware that these meetings are taking place.

53/25.3 The Chair noted that there is an outstanding action relating to safety and quality and that this is part of a wider discussion around commissioning.

54/25 - Item 5 – Reshape and Refresh Programme

54/25.1 The Chair advised that since the last Board meeting, there has been one meeting of the Reshape and Refresh Programme Board and that the work remains on track. He reiterated that June is a key date as there will be a presentation to the Board on progress and he hoped that the Hussey Review and the EY reports will be put "in the rear mirror" as PHA moves forward. He explained that he would envisage that this Programme Board would be absorbed into a new HR/OD Committee to ensure there is continued oversight.

55/25 - Item 6 – Reports of New or Emerging Risks

Corporate Risk Register as at 31 March 2025 ***[PHA/01/04/25]***

55/25.1 The Chief Executive advised that the Corporate Risk Register was discussed at the last meeting of the Governance and Audit Committee on 17 April and that no new risks were added.

55/25.2 Mr Stewart said that the Committee was content with the revised Corporate Risk Register, but one issue that emerged from the cyber security training that some members attended was a concern whether the risk on cyber security covered the potential exposure that PHA has to a cyber attack. He added that Ms Scott has agreed to take this away for further consideration.

55/25.3 Mr Murray restated that no new risks have been added to the Corporate Risk Register and that no risks have been removed. He added that the previous Register was considered by both the Committee and the Board. He noted that some members have attended cyber security training.

55/25.4 The Chair asked about risk 75 on pandemic preparedness and expressed concern about the lack of feedback from the Department and if this needs to be escalated. Dr McClean replied that there is a Pandemic Preparedness Oversight Group and any concerns are brought through that forum. She added that the Group is aware that SPPG and PHA are awaiting feedback on their plans. The Chief Executive advised that Mr Chris Matthews will be attending an Agency Management Team meeting in May to update on Exercise Pegasus and this issue can be raised with him then. The Chair said that if PHA is not getting a response, it should be highlighted to the Board and he asked that an update is brought to the next meeting **(Action 1 – Chief Executive)**.

55/25.5 Ms Henderson asked if there was any update on the Child Health System (CHS). The Chief Executive replied that PHA has held meetings with Encompass. He outlined that CHS is a Trust-led system, but PHA is a primary user. He advised that PHA has appointed a Project Manager and that the transfer of CHS to Encompass will take place next year. Ms Henderson asked if this issue features on Trusts' Risk Registers. The Chief Executive replied that the Encompass programme features on Risk Registers. Ms Reid reiterated that PHA has had positive meetings with Encompass and while there is more assurance, the situation will be kept under review.

55/25.6 Ms Henderson said that the cyber security training was a very thought provoking and useful course. Mr Irvine commented that it highlighted two areas of

concern for him, the first being around PHA's reliance on third parties to provide their IT security. He noted that this would not prevent all attacks as it would take one individual to click on a link which would create an incident, therefore training is important. He added that his second concern related to third party providers and their assurances to PHA that their systems are safe. He said that staff should be aware of traffic from external organisations, but added that Ms Scott has taken these concerns on board.

55/25.7 The Chair noted comments regarding Business Continuity Plans and the alignment of staff to provide a sustained response in the event of a pandemic, and also around information sharing. Dr McClean explained that these were her reflections and that as PHA prepares for Exercise Pegasus, it has to consider what functions would be paused. She said that PHA needs to have all of its plans in place. Mr Murray added that each directorate has undertaken a Business Impact Assessment as staff would need to be redirected from core duties to help in the event of a pandemic, but they do not have specific roles so there is work to be done to determine which staff can be released and where they would be released to. Ms Reid added that there also needs to be a look at how long services can be stood down for.

55/25.8 The Chair said that for the presentation to the Board in June, he is seeking assurance that PHA is ready and fit for purpose, and if there are gaps, it can tell the Department where they are. He stated that PHA is in a better place and is a better organisation. Mr Stewart advised that when the Committee reviewed this, they asked if PHA was ready for a pandemic and for a paper on where the gaps are.

55/25.9 Professor McBride noted that capacity and capability is an issue that flows through a number of the risks. He added that the gap in health protection consultants has been on the Register since 2019. He asked if Tier 2 posts have been filled and if there are gaps. Dr McClean replied that Tier 3 is now 90% populated and Tier 4 is currently being populated, mostly through internal reorganisation. She said that there are still some capacity gaps, but there have been improvements as PHA has brought in Programme Managers and other staff have been reallocated and trained in new roles.

55/25.10 Professor McBride asked if PHA is expecting 12/13 new trainees from the training scheme. Dr McClean confirmed that this is the case and added that an advertisement which was recently placed has attracted interest from outside Northern Ireland. However, she noted that the output is not keeping pace with the number of retirements. She added that the issue is not so much about numbers of staff, but being able to train them all.

55/25.11 The Chief Executive said that PHA is in a better place than it has been as it has dismantled a lot of the silo working and there is more cohesive working with the team working together in areas such as surveillance and modelling. He advised that Tier 4 is under development. He added that he would like to reach a place whereby PHA has a working model for "normal" working, but then in the event of a pandemic, all staff know what their roles are. Dr McClean commented that while PHA has always been a public health organisation, not all of its staff had public health skills, so a lot of work has been undertaken to develop a public health skills framework.

55/25.12 Mr Wilson noted that, with regard to Tier 4, there needs to be an affordability test carried out. The Chair said that for the presentation in June, he would like to know how far away PHA is from completing this work, and what the plan is to get there. He added that if PHA is being held back from completing its goals, due to a lack of funding

from the Department, then this becomes a shared risk. The Chief Executive advised that there is a summit on Monday to discuss the financial situation, which is very challenging. The Chair said that PHA needs to come up with a process so it understands what its risks are, and to communicate these to the Department. Professor McBride advised that the Department could ask what PHA is doing to reprioritise within its existing funding, and added that if there is a gap in funding and there is a huge risk, then the Board should consider reducing what work is done in other areas.

55/25.13 Ms Henderson said that PHA cannot be funded to be able to deal with a pandemic but it must be good enough and comparable with other organisations. Mr Stewart commented that this is not what is being asked for, but agreed with the Chief Executive's suggestion that PHA should have two operating models as this would give a level of confidence. Mr Irvine said that if there are two models, then there needs to be a trigger point where organisations escalate matters to the Government. He added that if any plan is not activated quickly enough, it will not work. The Chair said that the learning from Pegasus should be that all parts of Government need to work together. The Chief Executive said that PHA's relationship with the UK Health Security Agency (UKHSA) is also important, because even though Northern Ireland has the smallest population in the UK, it is still expected to do the same work as other parts.

56/25 - Item 7 – Raising Concerns

56/25.1 The Chief Executive advised that there were no new concerns to report on.

57/25 - Item 8 – Updates from Board Committees

Governance and Audit Committee ***[PHA/02/04/25]***

57/25.1 Mr Stewart said that the minutes of the Committee meeting from February are included for noting. He advised that all of the actions from that meeting have been completed, with one exception, which relates to an issue he has been raising for some time around the need to have a central repository for information. He suggested that there should be a scoping document for an information system and Ms Scott is going to speak to the Chief Executive concerning this.

57/25.2 Mr Stewart advised that he gave an update to the Committee on the last meeting of the Audit Committee Chairs' Forum where there was an update on budgets, and that HSC bodies should prepare a 3-year budget on the basis of flat cash. He said that this could impact on PHA being able to deliver on its new Corporate Strategy.

57/25.3 Mr Stewart reported that the Committee had considered the Nursing and AHP Directorate Risk Register and noted that there are some issues within it that link back to the HSC Framework Document.

57/25.4 Mr Stewart advised that the Committee received a report on Direct Award Contracts (DACs) which he had asked to be shared with the full Board for information as this is an area that needs to be kept under review. The Chair said that he would like to see a Procurement Plan that deals with DACs. Mr Murray advised that there is a plan for dealing with DACs and that over the next 18 months, there is a programme of

work to deal with those in the area of drugs and alcohol. He added that there is not a significant number of other contracts, but the issue is how they are re-awarded so there are two slightly different issues, but they are related. The Chair asked if the Plan could be shared **(Action 2 – Mr Murray)** as he would like to know what PHA's intentions are to get to a place where DACs become the exception rather than the rule. He suggested that there could be a separate meeting between himself, Ms Henderson, Ms Scott and Mr Murray to look at this and fully understand it **(Action 3 – Chair)**. Ms Henderson confirmed that there has been good progress made, but said that there are issues in terms of those contracts which have never been tendered. She added that there are other contracts where PHA needs to decide what it wants to procure and this is where the planning teams are important and a lot of work needs to be done around this. The Chief Executive said that he would like to see the planning teams make the decisions.

57/25.5 Professor McBride pointed out that for many years PHA did not have a Director of Finance. The Chief Executive said that there are many pieces that need to be put together, including the new Corporate Plan, the structure at Tier 4, the development of the life course approach and to get away from silo working. He added that PHA needs to have more control and noted that it now has its own Director of Finance and better information processes, all of which will allow it to deliver procurement properly. He added that this is a lot of change for one organisation in such a short period of time. Mr Murray commented that if PHA does not get its procurement processes right, this could result in a legal challenge.

57/25.6 Dr McClean said that PHA has previously not had operational expertise, and it needs to have this within its new model. Ms Henderson commented that PHA needs to recognise that some of its contracts have to be delivered by small organisations and the administrative costs to these organisations.

57/25.7 Professor McBride noted that there used to be integrated HSCB/PHA teams, and asked if PHA gets support from SPPG and if PHA is asked to support SPPG when it comes to the Integrated Care System (ICS). The Chief Executive said that the impact on PHA of SPPG being migrated into the Department was not considered as SPPG staff are now being pulled into filling gaps within the Department. He advised that following a meeting he had with Ms Tracey McCaig, the joint senior management team meetings between SPPG and PHA have now been re-established and will take place monthly.

57/25.8 Mr Stewart advised that Internal Audit reported on year-end progress against outstanding audit recommendations and that 86% of recommendations have been fully implemented. However, he noted that some recommendations have not yet passed their due date, but some of the due dates will fall shortly. He said that Executive Directors should give careful consideration when putting forward implementation dates. He advised that he had had discussions with Mrs Catherine McKeown and Ms Scott regarding the Internal Audit Plan and that audits on ICS and Serious Adverse Incidents were being put back to next year. He added that he has asked Mrs McKeown to look at the issue of the Framework Document when carrying out the audit on safety and quality.

Remuneration Committee

57/25.9 The Chair noted that the Remuneration Committee had not met since the last Board meeting.

Planning, Performance and Resources Committee

57/25.10 The Chair noted that the Planning, Performance and Resources Committee had not met since the last Board meeting.

Screening Programme Board

57/25.11 The Chair noted that the Screening Programme Board has not met since the last Board meeting.

Procurement Board

57/25.12 The Chair noted that the Procurement Board has not met since the last Board meeting.

Information Governance Steering Group

57/25.13 The Chair noted that the Information Governance Steering Group has not met since the last Board meeting.

Public Inquiries Programme Board

57/25.14 Mr Wilson said that there was an agreement that there would be a change in the architecture of this group and that it would report to the Governance and Audit Committee, but that change has not yet happened. He advised that PHA is currently preparing for a number of modules in relation to the COVID Inquiry.

57/25.15 Mr Wilson advised that Ms Reid will be giving evidence for Module 6 which relates to care homes and that the Witness Statement will be finished this week. For Module 7, on Test Trace Isolate, he said that PHA's Statement is almost complete, but PHA will not be called to give evidence. He added that work is under way in relation to Module 8 which concerns children and young people.

57/25.16 Mr Wilson reported that Module 9, regarding the economic response, is timetabled for November/December 2025 and that the only core participant from Northern Ireland is the Department for the Economy. For Module 10 on the impact on society, he advised that PHA is not a core participant, but that the format of that module will be different in that there will be a number of round table discussions.

57/25.17 Mr Wilson advised that PHA has received a letter from the Inquiry, placing it under notice regarding the report on Module 2 and indicating that it may be named.

57/25.18 Mr Stewart noted that there is a lobby for a separate Public Inquiry for Northern Ireland and said that PHA would not have the resource to support this.

58/25 - Item 9 – Presentation on Mental Health Strategic Planning Team

Ms Mary Emerson, Dr Denise O'Hagan and Ms Fiona Teague joined the meeting for this item.

58/25.1 The Chair said that he saw Strategic Planning Teams as a cornerstone of how PHA operates as he would like PHA to be able to demonstrate how activities are related to corporate objectives and whether PHA knows when it should stop activities and redirect funding.

58/25.2 Mr Murray opened his presentation by outlining the current membership of the Planning Team and explaining the purpose of having these teams. He advised that there is a lot of work ongoing in the field of mental health and explained the policy context. He outlined how the team operates and how its actions link in with those within different strategies in this area. He showed a diagram of where all the linkages are.

58/25.3 The Chief Executive asked how there is assurance that this work links into PHA's Corporate Plan. Mr Murray explained that this work is from the 2024/25 workplan and that the 2025/26 plan is being fine-tuned. The Chair asked if the work of this team is based on work that PHA was already doing, or what is should be doing. Mr Murray replied that there are new services being commissioned and new priorities.

58/25.4 The Chair noted that this group has been in operation for 2/3 years and asked what the outcomes are, and what is being undertaken to achieve them. Dr O'Hagan replied that the group has been tracking population measures and indicators and that new indicators will be developed. The Chair welcomed this, but said that at some stage, there may be work that needs to be stopped. Ms Teague advised that as work progresses, and new services are being commissioned, there will have to be difficult conversations as services are reconfigured.

58/25.5 The Chair said that nothing that PHA does will get a result within a 12-month period as some of the outcomes may take years, but added that there is a need to understand the activity and ensure that there are clear links between the Corporate Plan, the 3-year Implementation Plan and the Business Plan. He added that the Board needs to be able to support the group. He explained that this group is where the expertise is, and it is responsible for implementing strategy, but it needs to know what is working, and what is not working.

58/25.6 Professor McBride noted that the diagram of the different groups seems complex, and felt that it need not be because there is the All Department Officials Group (ADOG), the Executive Group and Protect Life 2 group which are joined up. He commented that he did not see the linkage between this work and the target in Protect Life 2 outlining that every suicide costs £1.5m and asked if that "invest to save" case is highlighted here. He added that PHA should be making these arguments at the Finance summit on Monday. Ms Henderson asked which other organisations operate in the field of suicide prevention and if they are investing. Professor McBride advised significant funding goes to the Protect Life Implementation Groups (PLIGs) and community-based organisations.

58/25.7 The Chief Executive said that suicide prevention is one part of the mental health agenda, and this team is PHA's team for mental health, and their role is to also inform Trust expenditure in this area and provide professional input for how funding is spent. Ms Henderson asked if PHA has connections with each of the Trusts. Ms Emerson outlined that PHA is leading joint work with SPPG in the area of crisis, but this is only one element. She added that PHA works closely with SPPG and provides professional input. Professor McBride asked how much PHA is sighted on its work, given that the activity is being commissioned by SPPG and then delivered in Trusts.

58/25.8 The Chair stated that if PHA is clear in terms of what outcomes it is seeking, then it should be focused on those outcomes and working out what is preventing it from achieving those outcomes. He added that PHA needs to think about what it can achieve over a 5-year timeline and who it needs to work with.

58/25.9 Ms Henderson said that she was happy with this first presentation by a planning team and asked what benefit the members felt from having the team up and running. Ms Emerson replied that she has been working in the PHA since 2010 and whereas previously she would have felt more connected to HSCB, she now feels there is better linkages with PHA colleagues and that this team has come together as a collegiate group. She added that she has more awareness of what is happening within the community and voluntary sector and that the experience of this team working has been very positive with strong relationships being developed. Dr O'Hagan echoed this saying that good relationships have been formed with different parts of the organisations, but added that she always felt there were those relationships in the area of mental health.

58/25.10 The Chair reiterated that PHA needs to ensure that there is a link between its Corporate Plan and the work that is happening on the ground. He said that this team should be telling the Board what PHA needs to do and what it should not be doing.

58/25.11 Ms Teague said that with this new team, there is collective ownership and leadership. She felt that the team is still at the "forming" stage and said that it is the environmental impact that has slowed it down. She added that the potential is there, and that the strength will be knowing what PHA's core business is and being able to say what is not in PHA's remit. Mr Murray said that the challenge is getting staff aligned and getting the overall framework in place, particularly a performance framework which will look at how money is being spent on the ground.

58/25.12 Dr McClean stated that mental health is the single biggest population issue and has the highest cost so PHA needs to ensure that it is a priority. Professor McBride asked if PHA has a plan for how it will address each of the actions in the plans. Mr Murray replied that there is a clear plan for the money that PHA directly invests. The Chair advised that from his meetings with Local Councils, they are keen to help PHA.

58/25.13 Mr Stewart suggested that the team has been working so closely at the coal face, that it may need to step back and look to see whether the areas PHA is investing in are those where it can have the biggest impact, particularly given that there will not be any significant budget increase over the next 2/3 years.

58/25.14 Ms Reid agreed that the diagram shown earlier is mind-blowing, particularly when it comes to determining what actions to prioritise. She added that there is then the administrative burden of keeping track of progress. She noted that there needs to be a discussion with the Department about its priorities.

58/25.15 Ms Henderson stated that there is good synergy within this team which other teams will have to match. Dr O'Hagan said that, going forward, the connection between the teams will be vital.

58/25.16 Mr Irvine said that for the Board, working at a strategic level, mental health is a huge priority and that it consists of two areas, prevention and treatment. He stated that prevention cuts across many Government departments so if PHA does not feel that there is enough being done in this area it should report this to the Board. He agreed that in order to address specific issues, there may be a need to reprioritise funding.

58/25.17 The Chair advised that he had a meeting earlier to discuss stakeholder engagement and that if required he can influence Chairs of other organisations and that the Board is here to support the work of the team. The Chief Executive noted that from a meeting he attended this morning, there is an assumption that other organisations outside health know about work in mental health and suicide prevention, but they do not, so he has offered to do a presentation. The Chair said that he would bring an update on stakeholder engagement to a future meeting **(Action 4 – Chair)**.

58/25.18 Mr Murray finished his presentation by giving an overview of the benefits of the new planning team approach, as well as some of the challenges.

58/25.19 The Chair reiterated that PHA needs to be able to prioritise and that the Board will follow the recommendations of the team. He said that PHA needs to be innovative and it cannot be responsible for doing everything. Mr Stewart agreed and said that this is why PHA needs to determine what it should stop doing.

59/25 - Item 10 – PHA Business Plan 2025-26 [PHA/03/04/25]

59/25.1 The Chair asked if members had any comments on the updated Plan and if it can be approved. The Chief Executive advised that this Plan should be seen as part of a suite of documents including the Corporate Plan and the Implementation Plan. The Chair said that the Directors now need to give consideration as to how progress on this is presented at the end of the first quarter. He asked that when this comes to the Board in August, that there is sufficient time allocated to discuss it and that key questions need to be able to be answered, including, is PHA moving forward, and is it prioritising.

59/25.2 Mr Stewart asked where actions around obesity are captured. Dr McClean explained that obesity is part of Living Well and that one of the initiatives being taken this year is a review of the Physical Activity Referral Scheme (PARS). She said that there will be an increased focus on physical activity. Mr Stewart asked whether PHA should be directing funds to areas where it has the biggest impact noting the difference in funding in obesity compared to areas such as mental health. Dr McClean suggested that there could be a more in-depth look at PHA's work in the area of obesity at a future workshop, noting that there is work in a number of areas that link to obesity.

59/25.3 Ms Henderson asked about PHA's role in improving people's diets given the impact of a poor diet on health. Professor McBride said that there is work to be done in changing behaviour. He noted that there is currently a once in a lifetime opportunity to reduce smoking and vaping. He added that telling people what they can and cannot do

is not an approach that works. He referenced the Cook It programme as an initiative. He suggested that as a system, issues are not dealt with quickly enough.

59/25.4 Professor McBride noted that PHA intends to produce a 3-year Implementation Plan which will contain some of the longer-term targets. He asked if these link with the Department of Health's targets, particularly the Strategic Outcome Measures (SOMs). The Chief Executive said that he thought the SOMs would be revised, but added that PHA's Implementation Plan will set out where it feels it can have influence. He advised that at a meeting with the new Permanent Secretary, Mr Mike Farrar, there was a discussion on shared outcomes.

59/25.5 The Chair said that the Board needs to understand how everything fits together, and Dr McClean suggested that this could be done though having more workshops.

59/25.6 Ms Henderson suggested that PHA should be getting more information out into public spaces. The Chair agreed that there needs to be a wider educational piece.

59/25.7 The Chief Executive advised that the session the Board is due to have with the Senior Leaders Forum to discuss the Implementation Plan has been changed from 2 May to 16 May.

59/25.8 The Board **APPROVED** the PHA Business Plan 2025-26.

60/25 - Item 11 – Finance Report

60/25.1 The Chair asked if PHA will achieve a break even position this year. Mr Murray replied that this is the case, for both revenue and capital. The Chair congratulated the team on behalf of the Board for achieving this outcome.

60/25.2 The Chair asked if there was any update on the outlook for 2025/26. The Chief Executive advised that there is a Finance Summit meeting on Monday and that Ms Scott will be representing PHA at that meeting. The Chair asked if the Board could receive an update following that meeting **(Action 5 – Chief Executive)** and said that there should be a more in-depth discussion at the next meeting.

60/25.3 The Board noted the Finance Report.

At this point Mr Irvine left the meeting.

61/25 - Item 12 – Annual Report on the Specialist Training Programmes in Public Health 2023/24 [PHA/05/04/25]

61/25.1 Dr McClean explained that PHA is required by the Northern Ireland Medical and Dental Training Agency (NIMDTA) to produce this annual update for the Board.

61/25.2 The Board noted the Annual Report on the Specialist Training Programmes in Public Health 2023/24.

62/25 - Item 13 – Chair's Remarks

62/25.1 The Chair asked the Chief Executive if he had any matters he wished to update the Board on.

62/25.2 The Chief Executive reported that the new Senior Leaders Forum has been meeting over the last number of weeks on a Friday afternoon to look at structures and the new Corporate Plan. He said that good relationships are now being built and he hoped that this will continue further.

62/25.3 The Chief Executive said that he attended a meeting of All-Ireland Chief Executives in Dundalk and one of the areas that there will be joint working on is Traveller health.

62/25.4 The Chief Executive advised that the Chair and he had met with the new Permanent Secretary, Mr Mike Farrar and that it was a positive meeting. He outlined that Mr Farrar's background is in the areas of prevention and early intervention and said that Mr Farrar is keen for PHA to be invited to a number of groups. He added that Mr Farrar is keen to look at the issue of shared outcomes.

62/25.5 The Chief Executive said that next week PHA is participating in a "Big Discussion" event on Tuesday and a Finance summit meeting on Monday.

62/25.6 The Chair advised that PHA invited the Minister and his Special Advisor to meet with Directors and that it was an interesting meeting. He added that he will be meeting the Minister on Friday afternoon.

62/25.7 The Chair commented that as a consequence of the budget for health, PHA will have to look at re-prioritising.

63/25 - Item 14 – Any Other Business

63/25.1 There was no other business.

64/25 - Item 15 – Details of Next Meeting

Thursday 29 May 2025 at 1.30pm

Ulster University, Coleraine

Signed by Chair:

Colin Coffey

Date: 29 May 2025

PHA Planning, Performance and Resources Committee Minutes

Date and Time	Venue
20 February 2025 at 10.00am	Meeting Rooms, Linum Chambers, Bedford Street

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

1/25 - Item 1 – Welcome and Apologies

1/25.1 The Chair welcomed members to the meeting and noted apologies from Mr Aidan Dawson, Chief Executive.

2/25 - Item 2 – Declaration of Interests

2/25.1 No declarations of interest were made.

3/25 - Item 3 – Minutes of previous meeting held on 18 November 2024

3/25.1 Members **APPROVED** the minutes of the previous meeting held on 18 November 2024.

4/25 - Item 4 – Matters Arising

4/25.1 Mr Graham reviewed the action points from the previous meeting. The following were noted:

- A paper detailing how PHA is responding to recommendations from Public Inquiries has been circulated to all Board members.
- The Performance Management Report was reviewed by the Chief Executive and shared accordingly.
- Trust expenditure remains under review.

5/25 - Item 5 – Planning

Draft Business Plan 2025/26

5/25.1 Ms Scott provided an update on the development of the Corporate Plan and Annual Business Plan. Consultation feedback is currently being analysed, and staff returns are shaping both the Implementation Plan and Business Plan. Ms Mawhinney and her team are reviewing inputs for consistency and quality assurance.

5/25.2 Ms Scott noted variation in the detail of submissions, possibly linked to transitional staffing and vacancies under the Reshape and Refresh Programme. The Chair expressed concern, referencing a recent organisational chart indicating most posts were filled.

Action 1 – Ms Scott to clarify current staffing levels, vacant posts, recruitment timelines, and alignment with the Reshape and Refresh Programme.

5/25.3 Mr Wilson confirmed that several posts had been offered, though some had not yet been accepted, delaying appointments. The Chair requested updates be shared with Non-Executive Directors ahead of or during the next Board meeting.

5/25.4 The Chair emphasised the strategic importance of establishing fully operational Planning Teams, capable of reporting to the Board and delivering on Corporate Plan outcomes. Members agreed with this direction.

5/25.5 Ms Henderson enquired about the public health teams. Mr Murray advised that four pilot teams are operating at varying levels of maturity. The mental health team is well-established. Action plans for these teams are expected by May 2025. Further development is anticipated, subject to structural agreement and ongoing integration.

Action 2 - The Chair requested a timeline showing the development and operational readiness of planning teams. Mr Murray suggested four pilot plans could be finalised by June 2025, pending Agency Management Team (AMT) approval.

5/25.6 Ms Scott emphasised that this is a root-and-branch review of corporate systems, requiring realignment of financial reporting and accountability structures. The Chair welcomed continued updates, including being made aware of any obstacles or delays.

5/25.7 Dr McClean stressed that strategic plans must be informed by Tier 3 leaders, many of whom will take up posts by 1 April. She advised against rushed planning before these appointments. Dr McClean and Ms Reid to propose a date for submission of a final draft plan. Interim arrangements to remain in place.

5/25.8 The Chair asked Ms Mawhinney for an update on Corporate Plan and Implementation Plan development. Ms Mawhinney advised the raw information from across Directorates for the development of the Implementation Plan has been collated and sent to Directors for input on what they wish to include and how they wish to refine the plan. Chair asked Ms Mawhinney to outline her approach to doing this - would it be one detailed plan for year one and a further roll out for subsequent years? Ms Mawhinney confirmed Year 1 would form the Annual Business Plan, while Years 2–3 and Year 5 would be addressed in the Implementation Plan. Directors are now refining content. Dr McClean noted the importance of senior leadership input and this is currently being looked at.

5/25.9 Ms Henderson suggested better capturing of PHA's reactive functions and influence across systems within KPIs. Ms Scott acknowledged this as a priority within the performance framework development. Ms Reid and Professor Rooney echoed these concerns, highlighting the need to reflect broader impacts and strategic leadership beyond deliverables.

5/25.10 Dr McClean highlighted the 20% of activity spent on statutory duties such as commissioning, which must be balanced with influencing wider determinants. Mr Wilson underlined the Corporate Plan's role in guiding resource allocation, supported by forthcoming Communications and Stakeholder Engagement strategies.

5/25.11 Mr Blaney stressed the importance of aligning spend with stated priorities. Ms Scott agreed and acknowledged the need for reprioritisation and noted this would impact longstanding arrangements with Trusts and the community and voluntary sector.

6/25 - Item 6 – Performance

Performance Management Report Quarter 3 2024/25

6/25.1 Ms Scott invited members to consider the Q3 Performance Report. She noted that several KPIs have been rated red, with this being a deliberate reflection of missed timelines.

6/25.2 The Chair welcomed the clarity of reporting and requested a review of red-rated KPIs.

6/25.3 KPI 7 – Replacement of the Child Health System:
Ms Scott confirmed it is on the Risk Register and has been escalated to the Encompass Board. Mrs Reid stated that delays stem from Encompass engagement and outlined significant concerns regarding data migration and system design. A dedicated project team is now in place. Chair requested Ms Reid maintain contact on developments.

Action 3 – A Board briefing to be prepared for next week's meeting outlining risks and next steps.

The Chair offered to escalate further if required.

6/25.4 KPI 14 – Cancer Prevention Action Plan:
Dr McClean noted alignment with the Cancer Strategy. The updated Implementation Plan has been submitted to the Department but is yet to be prioritised and support was not received to progress. The Chair requested that the reasons underlying for the delay be truly captured in the performance narrative.

6/25.5 KPI 17 – Falls Pathway Initiative:
Mrs Reid noted continued progress despite delays. Professor Rooney queried whether alternative metrics might better reflect how this is measured. Mr Wilson confirmed that additional performance categories are under consideration. The Chair is content a red rating was appropriate however to be supported fully with an explanatory note.

6/25.6 KPI 18a/18b – Advanced Care Planning Tools and RESPECT Programme:
Mrs Reid confirmed both remain red.

6/25.7 KPI 19 – Seasonal Flu:
Dr McClean advised targets were not met; therefore, the red rating stands.

6/25.8 KPI 21 – Operational Model:
No further comments were made as this was covered earlier in the meeting.

6/25.9 KPI 22 – Business Continuity Plan:
Mr Murray advised November deadline not met, a revised BCP to be fully tested on 11th March 2025 at AMT and with senior staff and ready for full document signed off. The Chair requested this be brought to the Board as soon as possible.

6/25.10 KPI 23 – Procurement:
Ms Henderson requested improved presentation of this item, noting a £9.3 million plan – in essence is well managed through the Procurement Board, there are delays and there is scrutiny. Ms Henderson shared a summary report by Ms Scott which was well received. The strategic planning teams, once established, will allow PHA to fully embrace this new approach and allow PHA to better identify where it should cease funding and what will be funded instead in alignment with its outcomes and ambitions. Chair noted pressure from limited assurance status on lack of ability to demonstrate scrutiny following a recent Internal Audit review. Ms Scott added comments are timely as currently looking at and planning budgets for 2025-2026 where money will be allocated. It is a well-managed process in terms of financial proprietary – the challenge is getting the reporting piece and coordinating this through to the Board to align monies against the Corporate Plan. Chair noted a plan for approach will be required by Internal Audit who have assigned priority one level status. Ms Scott will be meeting with Internal Audit to discuss audit assessments and looking at internal control frameworks to provide better assurance to the Board. Mr Blaney, reflected on an earlier point raised by Professor Rooney regarding prevention and early intervention focus which he notes is core to the work of the PHA, and asked when the Corporate Plan is finalised, will the Plan reflect how much money is being assigned to prevention and early prevention and other top priority areas. Ms Scott advised this has not been reflected as yet. Mr Blaney highlighted importance of PHA spend being aligned to top priority areas. Mr Wilson responded it would be difficult to do this within the context of the Corporate Plan as PHA is currently locked into annual funding programmes therefore difficult to project longer term, however Mr Wilson suggested a discussion on the Implementation Plan and potential to set out spend against priority areas within this Plan. Ms Henderson will follow up with Ms Scott and Mr Murray on future procurement reporting and planning.

It was **AGREED** that procurement will become a standing item on the PPR Agenda.

25/25.11
Funding and Prevention:
Mr Blaney asked whether funding allocations will reflect preventative priorities. Ms Scott and Mr Wilson noted that this is a challenge under current funding arrangements but could be addressed through the Implementation Plan.

25/25.12
KPI 32 – Commissioning Teams:
Mrs Reid noted the need for a meeting with relevant leads. The Chair confirmed this is a priority.

No further comments were raised. Members **AGREED** the performance section showed clear direction of travel and welcomed the focus on planning teams and outcome alignment.

7/25 - Item 7 – Resources

Finance Report
7/25.1 – Finance Report
Mrs Scott and Mr Bailie presented the Report, which projected a year-end underspend of £250k. The Chair expressed satisfaction with the financial position.

Action 4 – Mr Bailie to circulate a breakdown of the £1 million overspend on non-Trust programmes to members.

The Chair requested 'Alternative Funding' be added to future agendas. Ms Scott updated members on capital investment, including the VPAG (Voluntary Scheme for Branded Medicines Pricing, Access and Growth) initiative. Dr McClean outlined the initiative's purpose in supporting commercial trials. Mrs Scott noted that future financial reports will align with Corporate Plan priorities. The new finance system will support this shift.

"Our People Report"

7/25.2 – Our People Report
Ms Patterson provided an update on the People Plan. Key highlights included high appraisal completion rates (95%), progress in culture and wellbeing initiatives, and the development of a new skills framework aligned to performance systems.

Public health training was discussed. Ms Reid and Dr McClean outlined trainee and portfolio routes for workforce development. Ms Patterson noted work is underway to explore placements and apprenticeship schemes. Of 28 People Plan targets, 16 are complete or monitored, 11 are in progress, and 1 has not yet started (workforce planning).

Action 5 – The Chair requested a summary paragraph for the Board and AGREED a verbal update would suffice.

8/25 - Item 8 – Any Other Business

8/25.1
No other business raised.

8/25.2
The Chair extended thanks to Professor Nichola Rooney for her dedication and valued contribution as she steps down from the Committee. The Chair wished Professor Rooney well in her future endeavours.

9/25 - Item 9 – Details of Next Meeting

Thursday 22 May 2025 at 10am,

Fifth Floor Meeting Room, 12/22 Linenhall Street

Signed by Chair:

Date:

item 9

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	29 May 2025
Title of paper	Performance Management Report
Reference	PHA/02/05/25
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 March 2025, on achieving the actions set out in the PHA Annual Business Plan 2024/25.

Of the 33 actions, 14 are rated Blue (Action completed), 13 are rated Amber, and 6 are rated Red

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

The Performance Management Report was approved by the Agency Management Team at its meeting on 13 May 2025, and will be considered by the Planning, Performance and Resources Committee at its meeting on 22 May 2025.

3 Next Steps

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

HSC Public Health Agency

PERFORMANCE MANAGEMENT REPORT

Monitoring of KPIs Identified in

The Annual Business Plan 2024 – 2025

As at 31st March 2025

HSC Public Health Agency

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, 14 are currently rated Blue, 13 are currently rated Amber and 6 are currently rated Red.

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

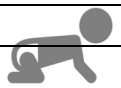
HSC Public Health Agency

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

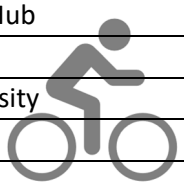
Starting Well

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



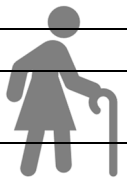
Living Well

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



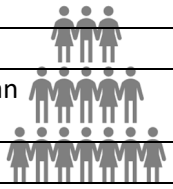
Aging Well

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 31st March 2025 there were 19 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 -> Q4_Performance_Report_202425_Board.

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
KPI 1	Implement the provision of BBV screening through low threshold and inclusion services to individuals at risk of hepatitis C, hepatitis B and HIV through injecting drug use or sharing drug taking paraphernalia, by March 2025	Pilot project currently being developed to introduce rapid antibody screening through a community provider in Belfast. Progress impacted by attack on the premises of Belfast Inclusion Health Service. Work on testing pilot will recommence when BIHS service in a position to support.					Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Currently providing screening in community addiction services. POC tests have been within Extern in Belfast since 19/03/25. One day a week the service offers screening which are followed up by Inclusion Health Service who attend the site the following day allowing for quick turnaround if there are reactive tests. Training for Extern staff took place end of February 2025 and so far 50 HCV tests have been supplied to Extern. Belfast Trust is responsible for securing new accommodation for Inclusion Health Service.					
KPI 5	Appraisal of flu vaccination delivery programme including development of options for programme management (including budget control) completed and agreed with DoH by March 2025. (Quarterly updates provided June/September/December	Flu vaccine procured. Operational plans in progress for campaign start. Review of financial arrangements underway.					Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.)	The 2024/25 flu vaccination programme came to an end in March 2025. An evaluation, including the publication of final uptake, is planned for completion in May 2025. A review of the flu vaccine usage during 2024/25 has been completed and agreed by DoH, and has informed procurement and vaccine ordering for the 2025/26 season.					

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

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

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
KPI 11	Approval of Commissioning Framework for Alcohol and Drugs Complete Phase 1 and commence Phase 2 of Regional Drugs & Alcohol Services Procurement by April 2025.	Phase 1 of procurement: Adult Step 2: Tender advertised and evaluation process completed by 31 March. Currently in award notification and standstill period. Implementation planned for May-June. New contract will commence 1 July 2025. Workforce Development- Tender advertised and evaluation process completed by 31 March for Lot 1 and Lot 2. Currenting in award notification and standstill period for Lot 1 and Lot 2. Implementation planned for May-June. New contract will commence 1 July 2025. Lot 3 did not receive any bids and PHA are currently working with PALS to reissue market engagement under new 2023 regulations, prior to re-advertisement of tender in May 2025. Lot 3 contract is expected to be awarded in July with commencement date 1 Oct 2025. Phase 2 of procurement: Business cases for Problematic Parental Substance Use and Youth Treatment currently going through approval processes and expected to be tabled for AMT approval in April 2025. TAPs now established and are actively developing specifications, market engagement papers and award criteria. Advertisement of tenders expected by 30 June 2025.					Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Delays in completion of Phase 1 Procurement by April 2025 has had a subsequent impact on timeframes for announcements for Phase 2 Tendered Contracts which have been updated on the PHA website. The Substance Use Team will continue to prioritise workloads to ensure the new timeframes can be achieved.					

HSC Public Health Agency

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
KPI 12	Implementation phase 1 – 3 of a Whole Systems Approach Obesity in line with PHE/Leeds Beckett University methodology across early adopter sites, with 2 or 3 completed by March 2025	**Phase 1** Set up: Complete in Ards & North Down (A&ND), Belfast (BCC) and Derry City & Strabane (DC&S) Councils. **Phase 2** Building the Local Picture: Completed in A&ND, BCC & DC&S Councils. Task & Finish Group established to map assets and hazards, led by BCC that will be shared with other Councils. **Phase 3** – Systems Mapping: A DAC was awarded in February 2025. This work is being complemented by a Co-Design piece, supported by B and PHA Involvement Team. It is anticipated co-design training and phase 3 workshops will take place in Q1 2025/26. PHIRST research and engagement is ongoing, with another week-long visit completed in March 2025. Further work with Early adopter sites 4,5&6 (Antrim & Newtownabbey and Armagh, Banbridge & Craigavon, and Causeway Coast & Glens) will take place in Q1.					Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Phase 3 delayed due to procurement and requirement for DAC. In addition, a Co-Design approach will be embedded, which will slightly delay phase 3. Actions have been developed and officers identified to take the lead to prevent further delay.					
KPI 14	Develop a cancer prevention action plan, including the actions outlined in the Cancer Strategy 2022 agreed by December 2024	A multi-disciplinary Cancer Prevention Working Group has been established within the PHA with draft Terms of Reference in the process of being finalised. A mapping exercise to collate all the work and contracts held across the PHA Directorates, which relate to Cancer					Joanne McClean

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
		Prevention, has been developed by this Working Group and, subject to Director approval, will be finalised and issued to all directorates, with an agreed completion date. Returns will identify the services and contracts which contribute to cancer prevention and help to identify gaps in services or activities requiring further action or attention. This mapping exercise will also support PHA reporting to the Department of Health on implementation of the Cancer Strategy in NI.					
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Further work is required to consider and finalise the mapping exercise across PHA and agree on level of information and detail required. At this point the mapping exercise has not been completed. There is also a need to refine and agree the Terms of Reference for the group and define the roles and resources available within PHA to support this work on an organisational basis.					
KPI 15	Action plan to address inequalities in participation in screening programmes developed by March 2025	Working group established and member of staff in post in the health improvement team to support this work. Initial scoping of options relating to existing health improvement contracts completed. Internal resource secured from the screening team/public health specialist registrars to commence a review of evidence and approaches elsewhere, along with a scoping of baseline activities across each screening programme. Stakeholder engagement plan in development					Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Due to the need to undertake meaningful stakeholder engagement to inform this work, the timescale has been pushed back with a draft plan anticipated by end June.					

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
KPI 16	A new regionally agreed, evidence based safer mobility model across NI completed by March 2025	Following workshop held on the 27th Nov the Safer Mobility group (within the AW PHPT) commissioned the Leadership Centre to bring together all of the learning gathered across 24/25 into a single population position paper. The outcome of this workshop was cross-sectoral agreement in the need for a Regional Safer Mobility Model.					Heather Reid
	Further details if Amber/Red (Timescales, mitigating actions etc.)	To acknowledgement the above agreement, the AWPHPT have further developed this work into the 5-year PHA Corporate Plan objective beginning in 25/26. The initial actions will be creation of Senior steering group/forum with overarching governance structure, work on agreement of the Regional Model and pilot implementation across PHA services.					
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
	Further details if Amber/Red (Timescales, mitigating actions etc.)						

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
KPI 19	A 5% increase in uptake rate in seasonal flu vaccination programme for care home staff by March 2025	Target not achieved. Estimated update rate for 2024/25 at end of campaign (report awaited) is 6.55%. This is a reduction from the Baseline of 10.2% achieved in the 2023/24 campaign. *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	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
KPI 21	New PHA Operational structures and operating model, implemented by March 2025. (Quarterly updates provided June/September/December)	Phase 3 of the Reshape Refresh Programme is currently underway which oversees the Implementation of the Target Operating model. A workplan with key milestones has been developed to take forward the key components which includes: - Introduction of new organisational structure - Development of revised governance / accountability model including the further roll out of cross organisational planning teams. - Development of data & Intelligence including establishment of a clear vision / strategy for Agency in this area. - Focus on people, roles & responsibility including the introduction of a skills development framework and work relating to purpose and vision. Continued focus on improving culture & engagement through the establishment of the Organisational Development & Engagement forum and a robust internal communications plan.					CEO/All Directors
	Further details if Amber/Red (Timescales, mitigating actions etc.)	The implementation of the new PHA operational structures and operating model is ongoing with the new Senior Leaders forum established and facilitating Tier 4 structure implementation. It is expected that this will be finalised by Q2 25/26.					
KPI 22	Revised Business Continuity Plan developed and training rolled out by December 2024	Individual Directorate/Service Area Business Continuity Plans have been developed. The PHA Business Continuity Project Team has been re-established. Project Team members have completed a review of the Corporate BCP against their Directorate BCPs and advised any changes required to the Corporate BCP. Assistant Directors are close to finalising a review of the Corporate BCP and 'sign-off' for their area prior to being presented to AMT for final sign-off (early May 2025).					Leah Scott

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
		A test of the BCP will be undertaken on 6 May 2025 (was planned for March 2025 but had to be postponed due to other AMT priorities). Work is progressing to prepare a TNA (training needs analysis) for BCP training across the organisation – a revised date for this has been set by Internal Audit (along with conducting a test of the BCP) of 31/8/25					
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Internal Audit, in their response to the 24/25 year end audit review, changed the Training Needs Analysis and Business Continuity Plan testing completion date to 31/08/25.					
KPI 23	PHA procurements to be progressed in line with the agreed Procurement Plan for 2024/25 by March 2025 - (quarterly updates provided June/September/December)	Good progress was made in the final quarter of 2024/25 to progress individual procurements. Phase 1 tenders under Alcohol and Drugs are in the final stages of being awarded, with new contracts to be in place by July 2025. Phase 2 tenders are progressing but with a slight delay on planned timescales. The Shared Reader tender process was completed New contract in place from February 2025. Tenders for Workplace Health and The Elevate programme were issued to market in January and applications are currently being evaluated by the CAG. A review of all roll forward contracts has now been completed and a revised plan for managing the market testing of all existing contracts developed.					Leah Scott
	Further details if Amber/Red (Timescales, mitigating actions etc.)	A revised Procurement Plan and Operational Plan will be submitted to Procurement Board meeting in May 2025 for approval and reviewed by PPR Committee.					
KPI 25	PHA Digital and Data Strategy approved by Board and Implementation Plan developed by September 2024	A draft Strategy has been developed on data and digital. However, in moving this forward and following discussions with EY, it is felt that it would be more appropriate to appoint a Director to take this work forward.					CEO

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
	Further details if Amber/Red (Timescales, mitigating actions etc.)	A job description for a Director has been finalised and has been submitted for evaluation with the outcome due shortly.					
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. This discussion will also feed into the strategy and implementation plans currently in draft. While drafting continues, the launch of the new R&D Strategy has been delayed until Autumn 2025 pending further consultation with DoH and other key stakeholder groups.					Joanne McClean/Leah Scott
		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.					Joanne McClean/Leah Scott
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Whilst initially delayed, work has progressed to establish a PHA research and development office within the PHA which will complement the work undertaken by the Agency and support staff to collaborate on public health R&D with local higher educational institutions. Following AMT approval, the funding bid has been developed and submitted for consideration. This will be progressed further during early 25/26 in line with the wider Reshape & Refresh Programme.					
KPI 31	An approach to health inequalities and associated training will be delivered to all staff across the organisation by March 2025	Approx. 80 staff have attended the Health Inequalities training as part of a co-design process. Training was delivered by internal PHA staff due to timeframe pressures. Feedback from those attending has been collected and collated and will be					All Directors

KPI	Description	Progress	Jun	Sep	Dec	Mar	Lead Director
		used to finalised the learning outcomes and content of our health inequalities training module that will be available to all staff in Qtr 1 of 2025/26					
	Further details if Amber/Red (Timescales, mitigating actions etc.)	Health inequalities training module will be available to all staff in Qtr 1 of 2025/26					
KPI 32	PHA in membership / co-leading new SPPG/PHA commissioning teams by September 2024	• PHA continue to engage closely with SPPG in establishing Planning and Commissioning Teams (PCTs). A small number of teams have started to meet. • Core team comprising members from SPPG and PHA developing a 'playbook' to support joint working (ToR, governance, decision making, escalation etc). This work will also be discussed with AMT. • Consideration being given to how the PCTs will sit within Reshape and Refresh Structures and link with existing SPTs from operational and strategic perspective • Joint chair workshop has been held • PHA Chief Executive and SPPG Chief Op Officer continue to meet regularly on this issue.					All Directors
	Further details if Amber/Red (Timescales, mitigating actions etc.)	The meeting in December to progress plans was postponed. The PHA/ SPPG Joint assurance meeting occurred on the 15th April and the operation of the planning teams was discussed. SPPG COO and CEX PHA are currently working on a document to inform the operational working of the groups and a workshop with joint chairs is to be arranged for late May to ensure all the groups have the support and tools to become established as soon as possible					

HSC Public Health Agency

PHA Annual Business Plan Monitoring 24/25

Quarter Ending March 31st 2025

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.

Table completion:

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI from Annual Business Plan	Outcome Measure from Annual Business Plan	Progress to date against Outcome Measure. Be concise.	BRAG status for the current quarter				Lead Director assigned responsibility for delivery of outcome.
	Further details if Amber/Red (Timescales, mitigating actions etc.) (50 words max)	Further details on what we're doing to rectify/mitigate the issues/barriers of those actions at significant risk of delay or failure to deliver.					

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Protecting Health

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 1	Implement the provision of BBV screening through low threshold and inclusion services to individuals at risk of hepatitis C, hepatitis B and HIV through injecting drug use or sharing drug taking paraphernalia, by March 2025	Pilot project currently being developed to introduce rapid antibody screening through a community provider in Belfast. Progress impacted by attack on the premises of Belfast Inclusion Health Service. Work on testing pilot will recommence when BIHS service in a position to support.					Joanne McClean Samantha McAllister
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Currently providing screening in community addiction services. POC tests have been within Extern in Belfast since 19/03/25. One day a week the service offers screening which are followed up by Inclusion Health Service who attend the site the following day allowing for quick turnaround if there are reactive tests. Training for Extern staff took place end of February 2025 and so far 50 HCV tests have been supplied to Extern. Belfast Trust is responsible for securing new accommodation for Inclusion Health Service.					
KPI 2	The public health component of a Northern Ireland One Health AMR Action Plan will be developed by March 2025 (early draft agreed by end of December 2024)	Workstreams are in the process of finalising deliverables for the next 5 year implementation plan with the exception of the Primary Care Antimicrobial Stewardship workstream. Due to resource pressures and competing priorities this workstream are slightly behind schedule by approximately 4-5 months but should still be able to deliver by March 2025. The plan has buy-in and agreement from primary care representative bodies (RCGP, GPC/BMA, CPNI, GPNI) and secondary care clinicians and Trust directors, SPPG and PHA. All AMR Strategic Implementation workstreams have agreed their deliverables for the NI Implementation Plan. The final draft of has been circulated to AMR-SIG workstream members for review and comment with the intention to be agreed at the					Joanne McClean Bronagh McBrien

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		next AMR-SIG meeting in Jan 2025 and for final ratification at Human Health Oversight Group in Feb 2025. The human health NI implementation plan for AMR has been agreed by Human Health Oversight Group chaired by DoH on 10/02/25. The plan will now be combined with the AMR implementation plan for animal and the environment for final agreement as a One Health AMR implementation plan for Northern Ireland.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 3	Development of a unified, regular surveillance report and risk assessment for DoH and HSC system by March 2025	Health protection/surveillance teams produce a weekly situational awareness report is shared with DOH colleagues and continues to develop in accordance with signals of concern identified through routine surveillance and horizon scanning. Work commencing to share details on public facing website. Public facing weekly report now available and shared via PHA website.					Joanne McClean Declan Bradley
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 4	Establishment of outbreak detection through statistical exceedance reporting completed by end of October 2024	The establishment of this outbreak detection reporting has been completed using Flexible Farrington algorithm integrated into an Infectious Disease Surveillance tool developed in R Shiny. The system currently incorporates all the agents in HP Zone, winter respiratory virus cases and admissions. Further work completed to expand its scope to include GP consultation data					Joanne McClean Declan Bradley / Trudy Brown

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		for syndromic surveillance and reported Covid-19 outbreaks in care homes.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 5	Appraisal of flu vaccination delivery programme including development of options for programme management (including budget control) completed and agreed with DoH by March 2025. (Quarterly updates provided June/September/December	Flu vaccine procured. Operational plans in progress for campaign start. Review of financial arrangements underway.					Joanne McClean Rachel Spiers
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	The 2024/25 flu vaccination programme came to an end in March 2025. An evaluation, including the publication of final uptake, is planned for completion in May 2025. A review of the flu vaccine usage during 2024/25 has been completed and agreed by DoH, and has informed procurement and vaccine ordering for the 2025/26 season.					

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Starting Well

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

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

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KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 8	Review unmet need and risk factors associated with social complexity in pregnancy by December 2024	The review of unmet needs and risks associated with social complexity in pregnancy is complete. Findings emanating from the NCB rapid review, practitioner survey, service user engagement and examination of the current picture in Northern Ireland has been presented and discussed by SWPHPT and will be utilised to develop an action plan to now address social complexity in pregnancy that integrates with relevant work already under way by the PHA such a Family Nurse Partnership, COMC and Early Intervention and Support Teams.					Heather Reid Deirdre Ward / Alison Little / Michelle Harrison (SWSPT) Geraldine Teague/ Emily Roberts/ Maurice Meehan
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						

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Living Well

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 9	Develop a framework to our approach for tackling health inequalities by December 2024	This action is complete. The framework has been presented to the Senior Leaders Group and action in 2025/26 will now focus on engaging across the agency to share the framework.					All Directors Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 10	Complete the Discovery exercise for the development of a NI Mental Health Hub by September 2024	The Digital Discovery exercise has been completed and findings presented to AMT. Work is underway to disseminate the reports and to consider opportunities to take forward the recommendations.					Leah Scott/Stephen Wilson Stephen Murray/Sinead Malone
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 11	Approval of Commissioning Framework for Alcohol and Drugs Complete Phase 1 and commence Phase 2 of Regional Drugs & Alcohol Services Procurement by April 2025.	Phase 1 of procurement: Adult Step 2: Tender advertised and evaluation process completed by 31 March. Currently in award notification and standstill period. Implementation planned for May-June. New contract will commence 1 July 2025. Workforce Development- Tender advertised and evaluation process completed by 31 March for Lot 1 and Lot 2. Currenting in award notification and standstill period for Lot 1 and Lot 2. Implementation planned for May-June. New contract will commence 1 July 2025.					Joanne McClean Kevin Bailey

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		Lot 3 did not receive any bids and PHA are currently working with PALS to reissue market engagement under new 2023 regulations, prior to re-advertisement of tender in May 2025. Lot 3 contract is expected to be awarded in July with commencement date 1 Oct 2025. Phase 2 of procurement: Business cases for Problematic Parental Substance Use and Youth Treatment currently going through approval processes and expected to be tabled for AMT approval in April 2025. TAPs now established and are actively developing specifications, market engagement papers and award criteria. Advertisement of tenders expected by 30 June 2025.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Delays in completion of Phase 1 Procurement by April 2025 has had a subsequent impact on timeframes for announcements for Phase 2 Tendered Contracts which have been updated on the PHA website. The Substance Use Team will continue to prioritise workloads to ensure the new timeframes can be achieved.					
KPI 12	Implementation phase 1 – 3 of a Whole Systems Approach Obesity in line with PHE/Leeds Beckett University methodology across early adopter sites, with 2 or 3 completed by March 2025	Phase 1 Set up: Complete in Ards & North Down (A&ND), Belfast (BCC) and Derry City & Strabane (DC&S) Councils. Phase 2 Building the Local Picture: -Completed in A&ND, BCC & DC&S Councils. Task & Finish Group established to map assets and hazards, led by BCC that will be shared with other Councils. Phase 3 – Systems Mapping: A DAC was awarded in February 2025. This work is being complemented by a Co-Design piece, supported by B and PHA					Joanne McClean David Tumilty

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		Involvement Team. It is anticipated co-design training and phase 3 workshops will take place in Q1 2025/26. PHIRST research and engagement is ongoing, with another week-long visit completed in March 2025. Further work with Early adopter sites 4,5&6 (Antrim & Newtownabbey and Armagh, Banbridge & Craigavon, and Causeway Coast & Glens) will take place in Q1.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Phase 3 delayed due to procurement and requirement for DAC. In addition, a Co-Design approach will be embedded, which will slightly delay phase 3. Actions have been developed and officers identified to take the lead to prevent further delay.					
KPI 13	Continue to reduce smoking prevalence across NI by a minimum of 1% during 24/25. (i.e. from 14% to 13% by March 2025)	The Department of Health published the Health Survey (NI): First Results 2023/24 on the 12th December 2024. Please see the links below. 13% prevalence achieved. 'In 2023/24**, 13% of respondents smoked cigarettes**; Respondents living in the **most deprived areas (23%,** down from 37% in 2014/15) remain more likely to be smokers than those living in the least deprived areas (7%, down from 12% in 2014/15)'. Health Survey NI 2023/24 Full Report Chapter 4 Smoking and e-cigarettes					Joanne McClean Denise McCallion
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						

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KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 14	Develop a cancer prevention action plan, including the actions outlined in the Cancer Strategy 2022 agreed by December 2024	A multi-disciplinary Cancer Prevention Working Group has been established within the PHA with draft Terms of Reference in the process of being finalised. A mapping exercise to collate all the work and contracts held across the PHA Directorates, which relate to Cancer Prevention, has been developed by this Working Group and, subject to Director approval, will be finalised and issued to all directorates, with an agreed completion date. Returns will identify the services and contracts which contribute to cancer prevention and help to identify gaps in services or activities requiring further action or attention. This mapping exercise will also support PHA reporting to the Department of Health on implementation of the Cancer Strategy in NI.					Joanne McClean Colette Rogers
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Further work is required to consider and finalise the mapping exercise across PHA and agree on level of information and detail required. At this point the mapping exercise has not been completed. There is also a need to refine and agree the Terms of Reference for the group and define the roles and resources available within PHA to support this work on an organisational basis.					
KPI 15	Action plan to address inequalities in participation in screening programmes developed by March 2025	Working group established and member of staff in post in the health improvement team to support this work. Initial scoping of options relating to existing health improvement contracts completed. Internal resource secured from the screening team/public health specialist registrars to commence a review of evidence and approaches elsewhere, along with a scoping of baseline activities across each screening programme. Stakeholder engagement plan in development					Joanne McClean Tracy Owen / Paddy McEldowney

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Due to the need to undertake meaningful stakeholder engagement to inform this work, the timescale has been pushed back with a draft plan anticipated by end June.					

HSC Public Health Agency

Ageing Well

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 16	A new regionally agreed, evidence based safer mobility model across NI completed by March 2025	Following workshop held on the 27th Nov the Safer Mobility group (within the AW PHPT) commissioned the Leadership Centre to bring together all of the learning gathered across 24/25 into a single population position paper. The outcome of this workshop was cross-sectoral agreement in the need for a Regional Safer Mobility Model.					Heather Reid Sandra Aitcheson / Diane McIntyre/Michelle Laverty/Jeff Scroggie/ Ceara Gallagher
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	To acknowledgement the above agreement, the AWPHPT have further developed this work into the 5-year PHA Corporate Plan objective beginning in 25/26. The initial actions will be creation of Senior steering group/forum with overarching governance structure, work on agreement of the Regional Model and pilot implementation across PHA services.					
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	• Falls pathway reviewed with senior clinical input • Meetings held with residential staff from both sectors • All 46 statutory care homes have implemented the care homes fall pathway initiative. • Scoped extent of implementation in Independent Sector. • Independent Health Care Providers webinar held in September for all care home staff • Shared Care Home Falls Pathway with GPNI in December 24 • Email sent to Safety and Quality team to remind staff in SAI Groups to review falls SAIs in care homes and raise awareness of this best practice					Heather Reid Sandra Aitcheson / Caroline Lecky / Ceara Gallagher

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		• Reporting from all Trusts indicates that 28% of IHP Care Homes have implemented the Care Pathway for Falls, this exceeds our 10% target • Care Home Nurse Consultant continues to work with Trusts Care Home Leads and Providers to support the further implementation of the Pathway. • All Trusts have specific projects in place now encouraging and facilitating role out of the Pathway. • Further work is being progressed to support more rigorous data collection					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Q3 updated - Post falls guidelines adopted. The Nurse Consultant for Care Homes is a member of the DoH Social Care Collaborative reviewed care home standards to incorporate the pathway. Q4 - Targets met.					
KPI 18a	Level 1-3 Education and Training Tools for Advanced Care Planning Programme will be in place and quality assured by December 2024	This action cannot sit outside wider implementation of ACP. On request from the DoH, an options proposal has been submitted to outline resource required to progress this work.					Heather Reid Sandra Aitcheson / Sally Convery
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Discussed at PHA /DoH ground clearing mtg. PHA Board updated. Currently awaiting a formal response from the DOH. Key stakeholders have been informed of position. Consider pausing the monitoring of actions 18a and b until further information available form DoH.					
KPI 18b	Implementation structures for the RESPECT programme will be in place and implementation underway including public messaging by December 2024	As above					All Directors Heather Reid
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						

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KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 19	A 5% increase in uptake rate in seasonal flu vaccination programme for care home staff by March 2025	Target not achieved. Estimated update rate for 2024/25 at end of campaign (report awaited) is 6.55%. This is a reduction from the Baseline of 10.2% achieved in the 2023/24 campaign. *Note: includes only those who have been recorded as care home staff on VMS*					Joanne McClean Rachel Spiers
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	A number of actions have been undertaken to promote vaccinations in this cohort including • Education and promotion through a dedicated Care Home Clinical Forum session on 10th September (focus on flu, COVID-19 and RSV). • 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.					

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Our Organisation and People

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
KPI 20	New PHA Corporate Plan to be developed by March 2025	Final Plan developed and approved by PHA board on 28th March 2025 following 13 week public and staff consultation. Publication on track for April 2025					CEO/All Directors Julie Mawhinney
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 21	New PHA Operational structures and operating model, implemented by March 2025. (Quarterly updates provided June/September/December)	Phase 3 of the Reshape Refresh Programme is currently underway which oversees the Implementation of the Target Operating model. A workplan with key milestones has been developed to take forward the key components which includes: - Introduction of new organisational structure - Development of revised governance / accountability model including the further roll out of cross organisational planning teams. - Development of data & Intelligence including establishment of a clear vision / strategy for Agency in this area. - Focus on people, roles & responsibility including the introduction of a skills development framework and work relating to purpose and vision. Continued focus on improving culture & engagement through the establishment of the Organisational Development & Engagement forum and a robust internal communications plan.					CEO/All Directors Grainne Cushley

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KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	The implementation of the new PHA operational structures and operating model is ongoing with the new Senior Leaders forum established and facilitating Tier 4 structure implementation. It is expected that this will be finalised by Q2 25/26.					
KPI 22	Revised Business Continuity Plan developed and training rolled out by December 2024	Individual Directorate/Service Area Business Continuity Plans have been developed. The PHA Business Continuity Project Team has been re-established. Project Team members have completed a review of the Corporate BCP against their Directorate BCPs and advised any changes required to the Corporate BCP. Assistant Directors are close to finalising a review of the Corporate BCP and 'sign-off' for their area prior to being presented to AMT for final sign-off (early May 2025). A test of the BCP will be undertaken on 6 May 2025 (was planned for March 2025 but had to be postponed due to other AMT priorities). Work is progressing to prepare a TNA (training needs analysis) for BCP training across the organisation – a revised date for this has been set by Internal Audit (along with conducting a test of the BCP) of 31/8/25					Leah Scott Karen Braithwaite
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Internal Audit, in their response to the 24/25 year end audit review, changed the Training Needs Analysis and Business Continuity Plan testing completion date to 31/08/25.					
KPI 23	PHA procurements to be progressed in line with the agreed Procurement Plan for 2024/25 by March 2025 - (quarterly updates provided June/September/December)	Good progress was made in the final quarter of 2024/25 to progress individual procurements. Phase 1 tenders under Alcohol and Drugs are in the final stages of being awarded, with new contracts to be in place by July 2025. Phase 2 tenders are progressing but with a slight delay on planned timescales. The Shared Reader tender process was completed New contract in place from February 2025.					Leah Scott Stephen Murray

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		Tenders for Workplace Health and The Elevate programme were issued to market in January and applications are currently being evaluated by the CAG. A review of all roll forward contracts has now been completed and a revised plan for managing the market testing of all existing contracts developed.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	A revised Procurement Plan and Operational Plan will be submitted to Procurement Board meeting in May 2025 for approval and reviewed by PPR Committee.					
KPI 24	New Partnership Agreement in place with DoH by December 2024	The Partnership Agreement has been signed off with DoH					Leah Scott Stephen Murray
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 25	PHA Digital and Data Strategy approved by Board and Implementation Plan developed by September 2024	A draft Strategy has been developed on data and digital. However, in moving this forward and following discussions with EY, it is felt that it would be more appropriate to appoint a Director to take this work forward.					CEO
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	A job description for a Director has been finalised and has been submitted for evaluation with the outcome due shortly.					
KPI 26	PHA Skills and Development Framework approved by September 2024	The PHA Skills & Development Framework was been approved at AMT on 17th April with endorsement at the PPR Committee on 2nd May and shared with the Board for information on 16th May 2024 and was released for 'soft launch' as a working draft document along with Appraisal documents at end of April 2024. Introductory Sessions are planned across the year for purposes of familiarisation by existing and new staff					Leah Scott Karyn Patterson

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		Feedback will begin to be collected from October 2024 and will be used to inform the next iteration which will be available from April 2025. Final framework aligned with Appraisal documentation and released during March 2025 via the PHA People Portal together with some appraisal training sessions for staff appraisals in 25/26. All promoted through agreed mechanisms i.e. staff News; First Tuesday and Directorate Team Briefings.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 27	Launch of new PHA People Plan by June 2024	The PHA People Plan was approved at AMT on 17th April 2024 with endorsement at the PPR Committee on 2nd May and shared with the Board for information on 16th May 2024. A launch of the People Plan was conducted through in person engagement sessions led by the Chief Executive during June 2024. Progress on delivery of People Plan is monitored on a regular basis through workstreams and core ODEF meeting. A Progress Hub demonstrating progress is available on the PHA People Portal.					Leah Scott Karyn Patterson
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
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					Joanne McClean/Leah Scott Janice Bailie (Strategy)

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		important strategic areas were discussed. This discussion will also feed into the strategy and implementation plans currently in draft. While drafting continues, the launch of the new R&D Strategy has been delayed until Autumn 2025 pending further consultation with DoH and other key stakeholder groups.					
		Work is progressing to establish a PHA research and development office within the PHA which will complement the work undertaken by the Agency and support staff to collaborate on public health R&D with local higher educational institutions. A bid is currently being developed which will resource the office.					Grainne Cushley (new PHA R&D Office)
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Whilst initially delayed, work has progressed to establish a PHA research and development office within the PHA which will complement the work undertaken by the Agency and support staff to collaborate on public health R&D with local higher educational institutions. Following AMT approval, the funding bid has been developed and submitted for consideration. This will be progressed further during early 25/26 in line with the wider Reshape & Refresh Programme.					
KPI 29	PHA will be in membership of each AIPB by January 2025	**South Eastern AIPB** has been established and continues to meet monthly. A workshop has been planned in April with a focus on cardiovascular risk factors. **Belfast AIPB** - Induction took place on 10 March. The first meeting took place on 28 March which included an overview from PHA on their dashboard. Further meetings are scheduled on 29 April and 27th May. Agenda items for these will include: Live Better initiative; Elevate Health Inequalities Training; PPI Involvement Training; & Community Planning - Belfast Agenda update. Upon completion of these tasks, the Belfast AIPB will consider next steps, prioritise and agree an action plan.					All Directors Joanne McClean

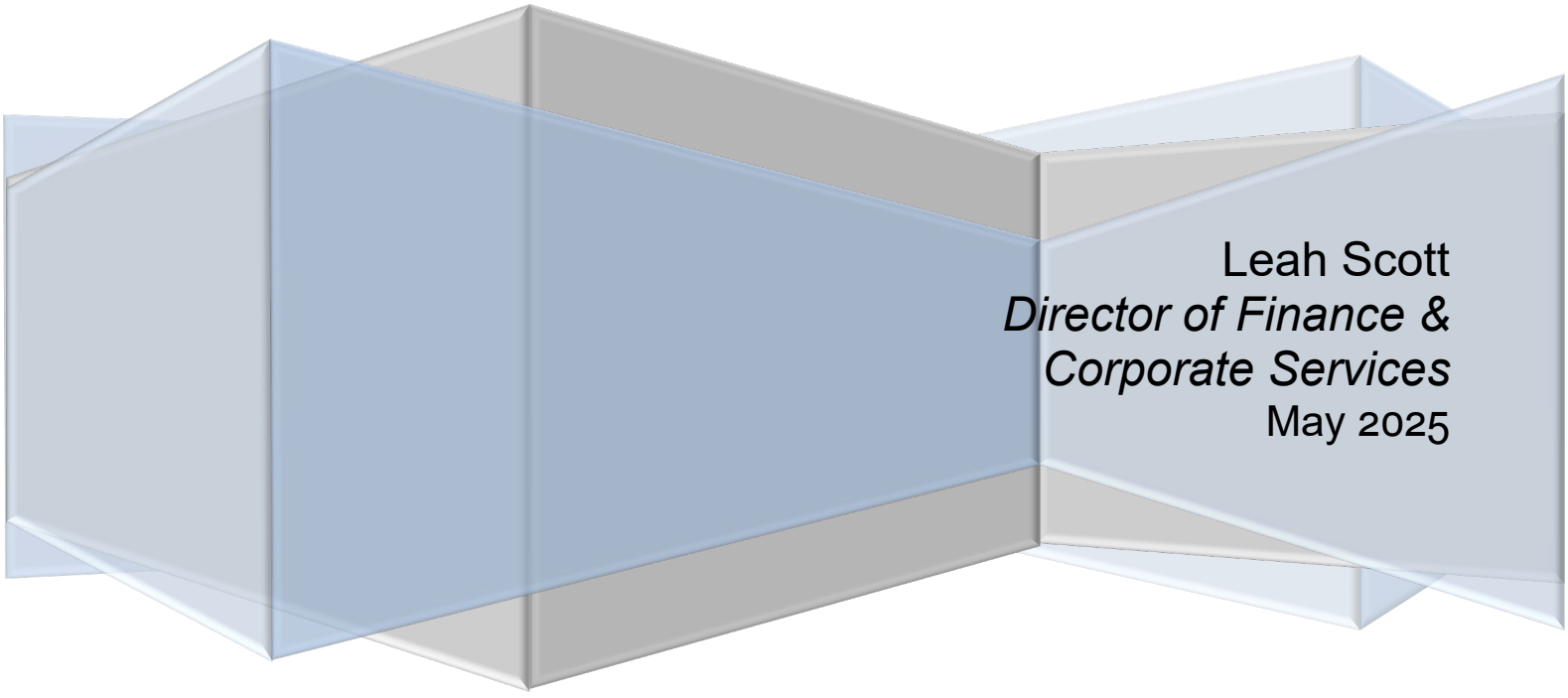
KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		Northern AIPB - Induction Training took place in February 2025 and first formal meeting took place on 20th March. This included a presentation from Adele Graham on Trust level population health data. A task and finish group including Maurice Meehan as PHA planning representative, SPPG and Northern Trust agreed to prepare a paper for the next Workshop meeting on 23rd April that outlined options for the AIPB to consider. This will focus on the Core 20 plus 5 NHS England approach and tailoring data to inform local action within Northern area. **Western AIPB** held its 3rd meeting with plans now being put in place to look at the 2 priority areas for moving forward based on guidance provided from Regional ICS Partnership. **Southern AIPB**–held its second meeting on 26.02.25 and the GP Federation representative was selected as Co-Chair. A follow-up workshop took place on 26.03.25 to consider population data and set two priorities in line with Regional ICS Guidance. Frailty was selected as the first priority. The second priority requires further consideration and is still to be agreed.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 30	PHA will achieve financial breakeven position at end of year March 2025	Financial Plan 2024/25 was approved by PHA Board in June 2024, showing a forecast breakeven position for the year. Regular updates are being provided to AMT and Board outlining the revised position as the year progresses, and robust processes are in place to manage any slippage and					All Directors Leah Scott

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
		pressures which arise to allow PHA to achieve a breakeven position at year-end.					
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**						
KPI 31	An approach to health inequalities and associated training will be delivered to all staff across the organisation by March 2025	Approx. 80 staff have attended the Health Inequalities training as part of a co-design process. Training was delivered by internal PHA staff due to timeframe pressures. Feedback from those attending has been collected and collated and will be used to finalised the learning outcomes and content of our health inequalities training module that will be available to all staff in Qtr 1 of 2025/26					All Directors Joanne McClean
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	Health inequalities training module will be available to all staff in Qtr 1 of 2025/26					
KPI 32	PHA in membership / co-leading new SPPG/PHA commissioning teams by September 2024	• PHA continue to engage closely with SPPG in establishing Planning and Commissioning Teams (PCTs). A small number of teams have started to meet. • Core team comprising members from SPPG and PHA developing a 'playbook' to support joint working (ToR, governance, decision making, escalation etc). This work will also be discussed with AMT. • Consideration being given to how the PCTs will sit within Reshape and Refresh Structures and link with existing SPTs from operational and strategic perspective • Joint chair workshop has been held • PHA Chief Executive and SPPG Chief Op Officer continue to meet regularly on this issue.					All Directors Heather Reid

HSC Public Health Agency

KPI	Description	Progress (100 words max)	Jun	Sep	Dec	Mar	Lead Director
	Further details if Amber/Red (Timescales, mitigating actions etc.) **(50 words max)**	The meeting in December to progress plans was postponed. The PHA/ SPPG Joint assurance meeting occurred on the 15th April and the operation of the planning teams was discussed. SPPG COO and CEX PHA are currently working on a document to inform the operational working of the groups and a workshop with joint chairs is to be arranged for late May to ensure all the groups have the support and tools to become established as soon as possible					

Finance Report
Month 12 - March 2025



Leah Scott
Director of Finance & Corporate Services
May 2025

Section A: Introduction/Background

1. This summary report reflects the year-end position as at the end of March 2025 (month 12). Supplementary detail is provided in **Annex A**.

Table 1: PHA Summary Revenue position – March 2025

	Year to Date				
	Programme		Ringfenced	Mgt & Admin	Total
	Trust	PHA Direct	Trust & Direct		
	£'000	£'000	£'000	£'000	£'000
Available Resources					
Departmental Revenue Allocation	50,339	55,903	2,989	32,246	**141,477**
Revenue Income from Other Sources	-	52	-	680	733
Total Available Resources	50,339	55,955	2,989	32,927	**142,210**
Expenditure					
Trusts	50,339	-	2,018	-	**52,358**
PHA Direct Programme	-	56,665	971	-	**57,636**
PHA Administration	-	-	-	32,142	**32,142**
Total Proposed Budgets	50,339	56,665	2,989	32,142	**142,136**
Surplus/(Deficit) - Revenue	-	(710)	(0)	785	**74**
Cumulative variance (%)	*0.00%*	*-1.27%*	*0.00%*	*2.38%*	*0.05%*

Update on the PHA budget allocation for 2024/25

2. During the year, the PHA baseline budget has been amended for the following allocations from the Department of Health:

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

- In addition, reduction of £2.363 m to allocations were made during the year as follows :

- £0.032m Over accrual associated with 23/24 Consultant pay

- £0.185m Return of Deemed Consent Campaign Advertising - Organ Donation
- £0.350m Resulting from the recent Maximising Slippage exercise returned to the Department of Health in response to direction to ALBS for cost saving measures
- £0.250m Slippage due to Vacancies (see above)
- £0.044m Sessional Vaccinator funding - Autumn 2024 Influenza & COVID-19 Vaccination Programmes - Ringfenced funding
- £1.088 m reduction due to unused Shingles Stock deferred to 2025/6
- £0.414m HSC Quality Improvement (HSCQI) - transfer to RQIA (reduction in our budget due to transfer to RQIA)

3. The total revenue budget for the PHA was £142.2m for 2024-25.

4. The PHA has reported a surplus position of £74k at March 2025 (February 2025, forecast surplus of £100k). This is within the required breakeven tolerance of 0.25% of allocation, and this is summarised in **Table 2** below:

Table 2: PHA Summary financial position - March 2025

	YTD Budget	YTD Expenditure	YTD Variance
	£'000	£'000	£'000
Health Improvement	14,004	14,004	0
Health Protection	11,024	11,024	0
Service Development & Screening	15,750	15,750	0
Nursing & AHP	8,164	8,164	0
Quality Improvement	25	25	0
Other	1,372	1,372	0
Programme expenditure - Trusts	**50,339**	**50,339**	**0**
Health Improvement	32,016	32,003	13
Health Protection	17,674	17,411	263
Service Development & Screening	3,348	3,332	15
Research & Development	3,262	3,262	0
Operations, incl. Campaigns	421	677	(257)
Nursing & AHP	828	759	69
Quality Improvement	18	52	(34)
Other	(610)	(827)	217
Savings target	(1,000)	0	(1,000)
Programme expenditure - PHA	**55,955**	**56,665**	**(711)**
Subtotal Programme expenditure	**106,294**	**107,005**	**(711)**
Public Health	18,407	18,012	395
Nursing & AHP	6,734	5,885	849
Finance & Corporate Services	5,270	4,764	506
Quality Improvement	425	436	(11)
PHA Board	699	1,717	(1,019)
Centre for Connected Health	472	412	60
SBNI	920	915	5
Subtotal Management & Admin	**32,927**	**32,142**	**785**
Trusts	2,018	2,018	0
PHA Direct	971	971	(0)
Ringfenced	**2,989**	**2,989**	**(0)**
TOTAL	**142,210**	**142,136**	**74**

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 £56.0m, and expenditure of £56.7m has been recorded for the financial year with **an overspend of £0.7m reported** (month 11, £0.7m). This was a managed overspend used to absorb the anticipated underspend in Administration budgets outlined below.
   - In Management & Administration, a year end **underspend of £0.8m** has been reported (month 11, £1.1m) 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).

- Ringfenced funding comprises NI Protocol funding (£0.156m), Tackling Paramilitarism / Fresh Start (£0.528m) and COVID (£2.349m).

Section C: Risks

6. The following significant assumptions, risks or uncertainties facing the organisation were managed throughout the year to arrive at the draft breakeven position noted. The following were material issues faced during 2024/5 and are relevant to 2025/6 and beyond.

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 2025/6. 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 continued 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. A financial plan for 2025/6 will be developed to ensure that recurrent savings targets are absorbed on an ongoing basis.

Section D: Update - Capital position

9. The PHA has a capital allocation (CRL) of £6.9m. This mainly relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at March 2025, is reflected in **Table 3** below.

Table 3: PHA Summary capital position – March 2025

Capital Summary	Total CRL	Year to date spend	Surplus/ (Deficit)
	£'000	£'000	£'000
HSC R&D:			
R&D - Other Bodies	4,935	4,935	0
iReach Project	614	614	0
R&D - NICOLA	778	778	0
R&D VPAG	123	123	0
R&D VPAG Other Bodies	23	23	0
R&D - Capital Receipts	(509)	(509)	0
Subtotal HSC R&D	**5,963**	**5,964**	**0**
Other:			
Congenital Heart Disease Network	599	599	0
VMS Enhancement (Exc. Child flu)	196	196	(0)
VMS Pertussis Vaccination	42	42	0
VMS RSV Vaccination	32	32	0
MAC Books	2	2	0
Path Safe Wastewater Surveliance	417	417	(0)
Other - Capital receipts	(332)	(332)	0
Subtotal Other	**956**	**956**	**(0)**
Total PHA Capital position	**6,920**	**6,920**	**0**

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

11. A breakeven position has been achieved at the year end.

Recommendation

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

Public Health Agency

Annex A - Finance Report

2024/25

Month 12 - March 2025

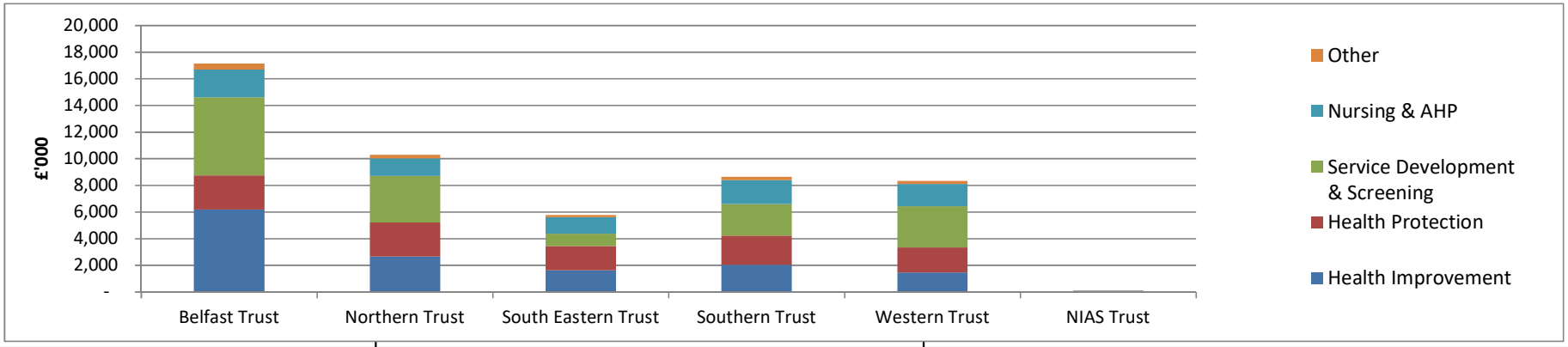
Public Health Agency
2024/25 Summary Position - March 2025

	Year to Date				
	Programme		Ringfenced	Mgt & Admin	Total
	Trust	PHA Direct	Trust & Direct		
	£'000	£'000	£'000	£'000	£'000
Available Resources					
Departmental Revenue Allocation	50,339	55,903	2,989	32,246	**141,477**
Revenue Income from Other Sources	-	52	-	680	**733**
Total Available Resources	50,339	55,955	2,989	32,927	**142,210**
Expenditure					
Trusts	50,339	-	2,018	-	**52,358**
PHA Direct Programme	-	56,665	971	-	**57,636**
PHA Administration	-	-	-	32,142	**32,142**
Total Proposed Budgets	50,339	56,665	2,989	32,142	**142,136**
Surplus/(Deficit) - Revenue	-	(710)	(0)	785	**74**
Cumulative variance (%)	***0.00%***	***-1.27%***	***0.00%***	***2.38%***	***0.05%***

Please note that a number of minor rounding's may appear throughout this report.

The year end financial position for the PHA shows a surplus of £74k, with an underspend on Management and Admin budgets due to vacancies and a managed overspend in Programme budgets.

Programme Expenditure with Trusts

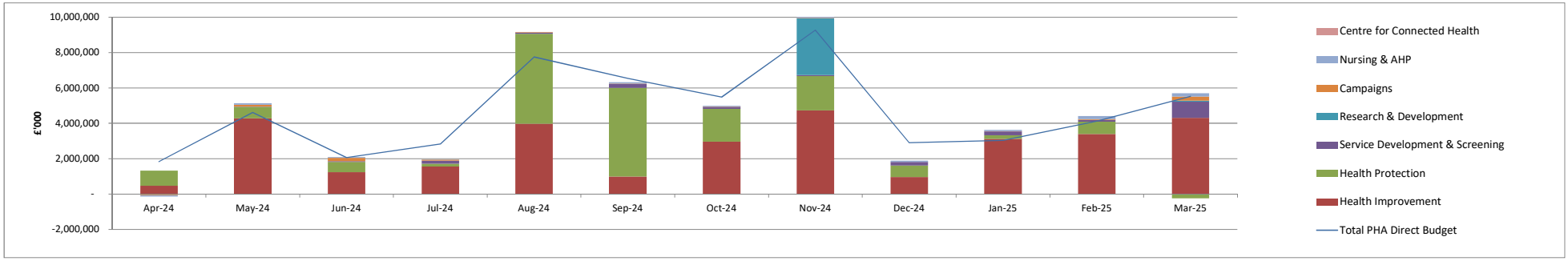


Current Trust RRLs	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NIAS Trust	Total Planned Expenditure	YTD Budget	YTD Expenditure	YTD Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Improvement	6,191	2,664	1,638	2,035	1,476	-	**14,004**	14,004	14,004	-
Health Protection	2,566	2,561	1,827	2,201	1,868	-	**11,024**	11,024	11,024	-
Service Development & Screening	5,871	3,487	924	2,367	3,102	-	**15,750**	15,750	15,750	-
Nursing & AHP	2,071	1,305	1,228	1,803	1,656	100	**8,164**	8,164	8,164	-
Other	462	289	158	233	229	1	**1,372**	1,372	1,372	-
Quality Improvement	25	-	-	-	-	-	**25**	25	25	-
Total current RRLs	**17,186**	**10,306**	**5,776**	**8,638**	**8,332**	**101**	**50,339**	**50,339**	**50,339**	-
Cumulative variance (%)										***0.00%***

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

The Other line relates to inflation allocations to Trusts which was issued in March.

PHA Direct Programme Expenditure



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	YTD Budget	YTD Spend	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Profiled Budget																	
Health Improvement	1,593	3,013	1,269	1,819	3,196	1,356	3,478	4,159	1,986	2,881	3,307	3,959	**32,016**	32,016	32,003	13	*0.0%*
Health Protection	182	1,429	441	438	4,991	4,835	1,712	1,962	798	281	601	3	**17,674**	17,674	17,411	263	*1.5%*
Service Development & Screening	0	150	143	452	77	327	335	172	212	301	197	982	**3,348**	3,348	3,332	15	*0.5%*
Research & Development	-	-	-	-	-	-	-	3,200	-	-	52	10	**3,262**	3,262	3,262	-	*0.0%*
Operations, incl. Campaigns	-	3	155	122	- 40	40	28	- 20	- 30	22	9	132	**421**	421	677	(257)	*-61.0%*
Nursing & AHP	59	11	55	0	- 59	64	7	28	154	72	208	226	**828**	828	759	69	*8.3%*
Quality Improvement	2	2	2	2	2	2	2	2	13	- 6	-	-	**18**	18	52	(34)	*-188.0%*
Other	-	-	-	-	-	-	-	(150)	(150)	(435)	(172)	297	**(610)**	(610)	(827)	217	*100.0%*
Savings target	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	**(1,000)**	(1,000)	0	(1,000)	
Total PHA Direct Budget	**1,753**	**4,525**	**1,980**	**2,749**	**8,083**	**6,541**	**5,478**	**9,268**	**2,900**	**3,032**	**4,120**	**5,525**	**55,956**	**55,955**	**56,665**	**(710)**	
Cumulative variance (%)																***-1.27%***	
Actual Expenditure	**1,143**	**5,313**	**2,220**	**2,037**	**8,563**	**6,419**	**5,059**	**10,113**	**1,997**	**3,721**	**4,502**	**5,578**	**56,665**				
Variance	**609**	**(788)**	**(240)**	**712**	**(479)**	**123**	**419**	**(845)**	**903**	**(689)**	**(382)**	**(53)**	**(710)**				

The year-end position shows an overspend of £0.7m against profile. This was closely managed throughout the year to absorb slippage on Admin 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.

March 2025

Public Health Agency
2024/25 Ringfenced Position

	Year to Date		
	Covid	Other ringfenced	Total
	£'000	£'000	£'000
Available Resources			
DoH Allocation	2,305	684	**2,989**
Assumed Allocation/(Retraction)	-	-	**-**
Total	2,305	684	**2,989**
Expenditure			
Trusts	2,018	-	**2,018**
PHA Direct	287	684	**971**
Total	2,306	684	**2,989**
Surplus/(Deficit)	**(0)**	**0**	**(0)**

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 has been achieved 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
Budget profiled to date								
Salaries	6,523	418	3,759	18,161	2,008	421	636	**31,926**
Goods & Services	211	7	1,511	246	(1,309)	50	284	**1,001**
Total	**6,734**	**425**	**5,270**	**18,407**	**699**	**472**	**920**	**32,927**
Actual expenditure to date								
Salaries	5,651	430	3,087	17,037	1,688	389	612	**28,894**
Goods & Services	234	6	1,676	976	30	23	302	**3,248**
Total	**5,885**	**436**	**4,764**	**18,012**	**1,717**	**412**	**915**	**32,142**
Surplus/(Deficit) to date								
Salaries	872	(12)	671	1,125	320	33	23	**3,032**
Goods & Services	(23)	1	(166)	(730)	(1,339)	27	(18)	**(2,247)**
Surplus/(Deficit)	**849**	**(11)**	**506**	**395**	**(1,019)**	**60**	**5**	**785**
Cumulative variance (%)	*12.61%*	*-2.60%*	*9.60%*	*2.14%*	*-145.88%*	*12.67%*	*0.59%*	***2.38%***

PHA's administration budget is showing a year end surplus of £0.785m, which is being generated by a number of vacancies, particularly within the Nursing & AHP & Finance & Corporate Services Directorates, offset by the application of the balance of the 23-24 savings target held in the PHA Board (£1.2m). 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

	March 2025 Value	March 2025 Volume	Cumulative position as at March 2025 Value	Cumulative position as at March 2025 Volume
Total bills paid (relating to Prompt Payment target)	£7,168,897	517	£85,373,190	5,786
Total bills paid on time (within 30 days or under other agreed terms)	£7,036,568	492	£82,969,593	5,537
Percentage of bills paid on time	**98.2%**	**95.2%**	**97.2%**	**95.7%**

Prompt Payment performance for March shows that PHA met the 95% prompt payment target on value and volume. The year to date position showed that the PHA is achieved its target on value and volume.

The 10 day prompt payment performance remains above the current DoH target for 2024/25 of 70%, at 81.2% 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.

HSC Public Health Agency

Our People

May 2025

Summary Report for the year 2024/25

Data to 31st March 2025

Working together Excellence Openness & Honesty Compassion

Key Messages

This summary year end report aims to provide an overview of the changing trends between March 2023 - March 2025 and organisational development achievements during the 2024/25 year.

- **Workforce Data - comparing March 2025 to March 2023** *(page 3)*
  - Overall Headcount is up by 11% to 412;
  - Permanent staffing is up by 15% to 366 whilst Temporary Staffing has reduced proportionately by 3.5% to 46;
  - Turnover is down by 3% to just over 5% with 28.5% of Leavers in 2024/25 being due to retirement, a trend that is likely to continue with 43.93% of PHA staff aged 50+ and 24% aged 55+;
  - Staff Appraisals have improved from 67% to 95%.

- **Sickness Absence - comparing March 2025 to March 2023** *(page 4)*
  - Changeable over the past 3 years the 24/25 year was mid range for the 3 years, closing out at 4.02%;
  - Long Term Absence is typically the greater proportion of absence;
  - Mental Health has been consistently the biggest proportion of absence over the past 3 years with a programme of support in place.

- **Recruitment / Staffing** *(pages 5-6)*
  - There has been consistent improvement in the timeliness of managers actions post Transfer to the Recruitment Shared Service Centre (RSSC);
  - There is an average of 7.03 weeks time lag between scrutiny approval and the requisition being ready for transfer, which is a focus for action during 2025/26;
  - Manager Experience has been surveyed resulting in an action plan to both support managers and improve their experience.

- **Workforce Development** *(pages 7-8)*- there has been a consistent programme of work driven throughout the year as part of the PHA People Plan.

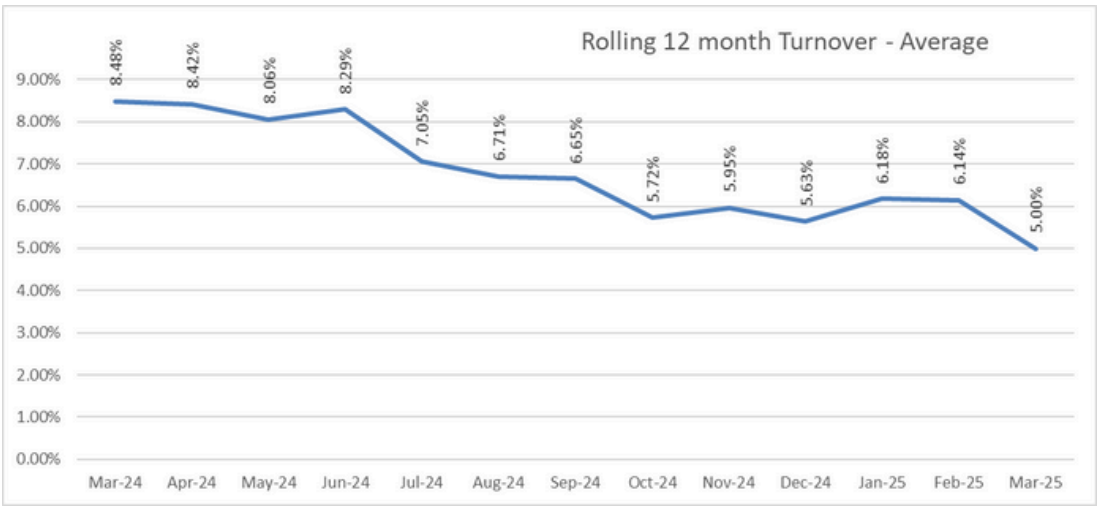
- **Employee Relations** *(page 9)***-** there has been significant work undertaken in relation to changement management throughout the year alongside more routine business.

- **Governance** *(page 9)* - checks and reporting have been further enhanced throughout the year.

Workforce Data - March 2025 compared to March 2023

- Since March 2023, **overall headcount** is up by 11% to 412 (+41 staff)
  - Permanent staffing is up 15% to 366 (+49 staff);
  - Temporary staffing has reduced in overall terms at 46(-8) and proportionately representing 11% of the workforce in 2025 compared to 14.5% of workforce in 2023.

- **Turnover of permanent staff** is down 3% in the same period with average turnover currently standing at just over 5%;



  - In the 24/25 year circa 28.5% of leavers were due to retirement
    - this is a growing trend over the past 2 years;
    - the age profile of PHA shows 43.93% of staff at end of March 2025 are aged 50+ with 24% aged 55+;
    - This highlights a significant risk for the PHA which will require inclusion in the next People Strategy for action over the next few years.

- **Staff Appraisals** have reached the 95% compliance target over the past 2 years compared to just 67% compliance in March 2023.

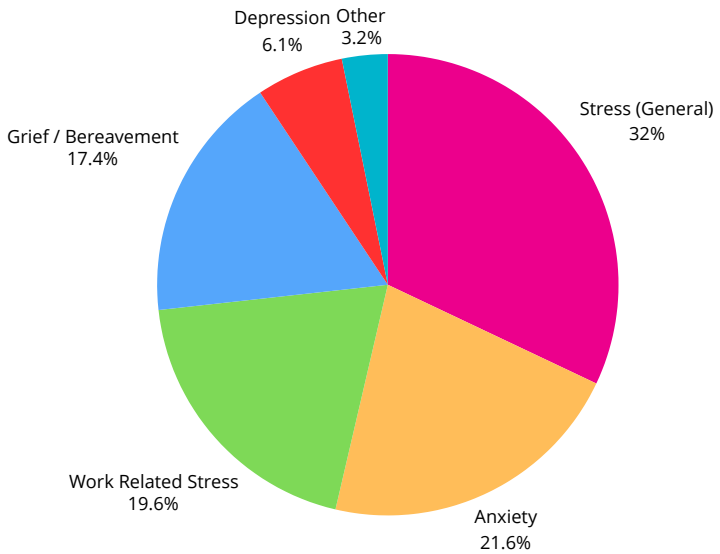
- The 25/26 Appraisal year has now been launched with the new PHA Skills and Development Framework fully embedded into the process and all documentation refreshed.

Sickness Absence - March 2025 compared to March 2023

- Sickness absence has been changeable over the past 3 years with the latest information being the mid range for the 3 years and closing out at 4.02% slightly below the DoH target of 4.7% which is positive.

    - Long Term Absence is typically the greater proportion of absence within PHA with all absences being managed appropriately through support of Occupational Health. To contextualise this circa 15 members of staff were on long term sick leave at the end of March 2025.

    - Mental Health has been consistently the biggest proportion of absence over the past 3 years. In light of this;
        - There has been a continued focus on support for staff generally as a preventative measure in terms of Mental Health conditions;
        - Health & Well Being (HWB) champions were identified, trained and introduced to the PHA during 2024 as a key action arising from the staff wellbeing survey;
        - Local and PHA wide HWB activities are now planned throughout the year with a calendar of planned activities covering both physical and mental health in place since January 2025 and publicised regularly.
        - Mental Health advocates are available and promoted within PHA.



The split of Mental Health conditions can be seen in this diagram. To contextulise this at the time of reporting 7 staff members were off on long term sick leave with Mental Health conditions.

Recruitment / Staffing

Recruitment Timelines

- It is not possible to provide comparative reporting at March 2025 due to a change in the way reports are being made available from the Recruitment Shared Service Centre (RSSC). However based on the last available data to November 2024 a significant improvement could be seen in the Managers responsiveness post transfer to RSSC;

Target Total Days actions should take	Baseline at Jan 23 Total Days actions were taking	Achieved at Nov 24 Total Days actions taking
14	43	21

- A regular review of PHA activity continues to be undertaken during the year with any delays in live activity post transfer to RSSC being addressed with the relevant manager.

- Outside of this, having previously identified that a significant delay by managers was pre-transfer to the Recruitment Shared Service Centre (RSSC) a review was undertaken of the timeline from scrutiny approval to requisitions arriving to RSSC. This identified on average this stage took 7.03 working weeks.

- Whilst recognising there can be multiple reasons for delays pre-transfer, particularly during a period of change, this is an area identified for monitoring during the 25/26 year, with a view to reducing the time lag between scrutiny approval and transfer to RSSC.

Recruitment / Staffing

Manager Experience

- During the 24/25 year a survey was undertaken of Recruiting Managers to listen to their experience.

- Having identified key challenges this gave rise to;
  - development and launch of a 1 page Visual Recruitment Managers Toolkit.
  - a series of short 'how to' videos being produced to support managers on key questions raised including;
    - the scrutiny approval process.
    - raising and tracking a requisition.
    - completing shortlisting as a panel member and as panel chair.
    - submission of Interview outcomes.
  - advice being published on Job Descriptions; Communications and Pre-employment checks.
  - identification of actions which would further support managers for implementation during 25/26.

Scrutiny Process

- As part of the Reshape Refresh program, the scrutiny process has remained in place for all posts which become vacant and recruitment is being requested.

- With the introduction of the flexible retirement options for staff in the 1995 Pension scheme, and the need to ensure both consistency and management of any applications in light of the PHA age profile, the scrutiny process has been expanded to include corporate level approval of such applications.

Internal Talent Mobility

- Initially introduced as a 'proof of concept' model in July 2023, and following evaluation of the benefits and challenges, this process has been regularised with some modifications. The new regularised version released with effect from 1st May 2025.

Workforce Development

Throughout the year a range of actions were progressed through the HR Team in collaboration with the Organisational Development Engagement Forum (ODEF) which included;

- **Policy / Procedures Review** - A number of policies / procedures have been introduced, regularised or refreshed during the year including;
  - The Hybrid Working Scheme.
  - Internal Talent Mobility Scheme.
  - Job Planning Framework for Medical Staff.
  - Pension Flexibilities.
  - Corporate Scrutiny Process.
  - Supporting Performance Improvement (Regional).
  - Conflict Bullying and Harassment in the Workplace (Regional).
  - Equality Diversity & Inclusion (Regional).
  - Alcohol and substance Misuse at Work.

- **Corporate Welcome** - an in person Corporate Welcome was implemented providing new staff with the opportunity to meet and network with senior leaders including the Chief Executive. This has proven to be very well received and allows staff to both obtain information on the organisation as well as draw support from being with other staff new to the PHA. Alongside this digitalisation of the PHA Induction Pack was undertaken and is now available on Learn HSC which facilitates tracking of activity.

- **Pre-Boarding and On-boarding Toolkits for Managers** developed and implemented, aimed at supporting managers to keep new appointees engaged throughout their journey pre and post appointment.

- **People Plan** - Formally launched in June 2024, the People Plan has set out a clear framework for action which has been progressed through the Organisational Development Engagement Forum (ODEF).

Workforce Development

- **Skills Development Framework** - created as a bespoke tool for PHA to commence the journey of promoting a learning culture, this was 'soft launched' in June 2024. With 6 familiarisation sessions delivered and feedback collected to inform the further development, this has facilitated embedding of this tool into the 2025/26 Appraisal process to support staff development.

- **Communication** - development of approaches in this area have continued with the launch in May 2024 of the 'First Tuesday' virtual events and introduction of a Directorate Team Briefing every month to summarise key HR and Reshape Refresh associated actions.

- **Working Effectively Resource Pack developed** and launched on the back of the Hybrid working evaluation / feedback to support the key corporate goal of 'working effectively'. This pack provides a range of practical tools and resources to support teams to rebuild collaboration in the modern world.

- **Our People Portal** was developed and launched to provide a single source of information for all People related matters. With a direct link to this from PHA Connect, this platform whilst managed by the HR Team integrates into the established PHA arrangements.

- **Candidate Attraction / Work Experience**
    - Considering the longer term, a proposal around work experience was presented and agreed during Q4 of the 2024/25 year. The first element has now been implemented with further development planned for 2025/26

    - Public Health Consultant Recruitment - digital video and information pack developed to support international attraction.

Employee Relations

Management of Change - throughout the year a number of change processes have been progressed, most significantly the Reshape Refresh programme which has seen the HR Team support;

- The modelling, planning and implementation of the Tier 3 structures in the new Operating Model.
- The continued maintenance of the Staff Side Forum arrangements to ensure positive consultation and engagement on the change process.
- The TUPE transfer of HSCQI Team to the Regulation Quality Improvement Authority (RQIA).
- Alignment of Health Improvement staff into 7 thematic teams.
- Mini restructure within Finance to enhance the operational arrangements.

Core ER Activity - throughout the year a range of support has been provided both formally and informally to a range of matters arising in relation to Industrial Tribunal, Grievance, Disciplinary, Performance Management and Absence Management matters.

Governance Checks

During 2024/25 governance checks continued specifically to review the timeliness of actions on HRPTS.

On HRPTS a total of 559 actions were processed. Removing those for Bank which were largely leavers due to cleansing, 257 related to regular staff with;

- 90% (231) of activities processed in a timely manner;
- 7% (17) resulted in an overpayment
- 3% (7) resulted in an underpayment
- 1% (2) were classed as a near miss

In terms of the Staff In post monthly reviews, compliance has varied through the year with an adjustment to the process in January 2025 to require sign off at Band 8C level as a means of improving compliance. Governance reports are released to Directors each month for both information and appropriate action.

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HSC Public Health Agency

Working together Excellence Openness & Honesty Compassion