Meeting agenda

PHA Board Meeting

Date and time	Venue
23 October 2025 at 1.30pm	Board Room, Gransha Park House, L'derry

Item	Topic and details	Presenter
1	Welcome and Apologies	Chair
2	Declaration of Interests	Chair
3	Minutes of Previous Meeting held on 28 August 2025	Chair
4	Actions from Previous Meeting / Matters Arising	Chair
5	Reshape and Refresh Programme	Chair
6	Reports of New or Emerging Risks **[PHA/01/10/25]**	Chief Executive
7	Raising Concerns	Chief Executive
8	Updates from Committees: • Governance and Audit Committee **[PHA/02/10/25]** • Remuneration Committee • Planning, Performance and Resources Committee • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board	Committee Chairs
9	Mid-Year Assurance Statement **[PHA/03/10/25] (For approval)**	Mrs Scott

10	Annual Quality Report **[PHA/04/10/25] (For approval)**	Mrs Reid
11	PHA Assurance Framework **[PHA/05/10/25] (For approval)**	Mrs Scott
12	PHA Corporate Business Continuity Plan **[PHA/06/10/25] (For approval)**	Mrs Scott
13	Chief Executive and Directors' Report	Chief Executive
14	Finance Report **[PHA/07/10/25] (For noting)**	Mrs Scott
15	Complaints, Compliments and Claims Quarterly Report **[PHA/08/10/25] (For noting)**	Mr Wilson
16	HSC Trust Involvement Monitoring Reports 24-25 **[PHA/09/10/25] (For noting)**	Mrs Reid
17	Chair's Remarks	Chair
18	Any Other Business	Chair
19	Details of next meeting: *Thursday 27 November 2025 at 1.30pm* *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast*	Chair

PHA Board Meeting Minutes

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

Member	Title	Attendance status
Mr Colin Coffey	Chair	Present
Mr Aidan Dawson	Chief Executive	Present
Dr Joanne McClean	Director of Public Health	Present
Ms Heather Reid	Interim Director of Nursing, Midwifery and Allied Health Professionals	Present
Mrs Leah Scott	Director of Finance and Corporate Services	Present
Mr Craig Blaney	Non-Executive Director	Present
Mr John Patrick Clayton	Non-Executive Director	Present (via Teams)
Ms Anne Henderson	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present (via Teams)
Mr Joseph Stewart	Non-Executive Director	Present (via Teams)
Mr Stephen Wilson	Head of Chief Executive's Office	In attendance
Mr Robert Graham	Secretariat	In attendance
Ms Meadhbha Monaghan	Chief Executive, Patient Client Council	Apologies

96/25 - Item 1 – Welcome and Apologies

96/25.1 The Chair welcomed everyone to the meeting. Apologies were noted from Ms Meadhbha Monaghan.

97/25 - Item 2 – Declaration of Interests

97/25.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

97/25.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

98/25 - Item 3 – Minutes of previous meeting held on 19 June 2025

98/25.1 The Chair asked if members were content with the previous minutes, particularly the discussion around the Reshape and Refresh programme.

98/25.2 Mr Clayton asked about the fact that while comments were attributed to Executive Directors, they were not for Non-Executive Directors and if this is a new approach going forward. Mr Wilson replied that he had tailored the minutes to ensure that they were more of a summary of key discussion rather than a verbatim record. Mr Clayton welcomed the explanation but noted that he found the discussions more difficult to follow.

98/25.3 Ms Henderson proposed an amendment in paragraph 91/25.5, "She noted that the uptake…" referring to comments made by the Chief Nursing Officer (CNO). She added that she would welcome a short paper on childhood vaccinations.

At this point Mr Stewart joined the meeting.

98/25.4 The Chief Executive advised that there is a Vaccination Programme Board and that the notes of those meetings could be circulated to members. Dr McClean added that there is a vacancy on that Board for a Non-Executive Director. She added that statistics on childhood vaccination are published on the PHA website. It was agreed that the notes of the Vaccination Programme Board should be shared with members **(Action 1 – Dr McClean)** and that Ms Henderson would be the Non-Executive Director going forward.

98/25.5 Subject to the amendment proposed above, the minutes of the Board meeting held on 19 June 2025 were **APPROVED** as an accurate record of that meeting.

99/25 - Item 4 – Actions from Previous Meeting / Matters Arising

99/25.1 The Chair went through the actions from the previous meeting. For action 1 regarding a follow up session for Board members to go through the Implementation Plan with the Senior Leaders Forum, he asked that this should take place soon.

99/25.2 The Chair asked the Chief Executive to give an update on the first meeting of the Committees in Common. The Chief Executive reported that he had attended the first meeting and dates have been set for the rest of the year. He said that the Committee was supported by NICON and the first meeting looked at how the group might function, who should be involved, what issues may be considered and broad principles, but did not assign any actions. He advised that Trust Boards will still have their own authority and that recommendations can be made to Boards.

99/25.3 The Chair questioned why PHA would be seen as an "observer" and that he would welcome seeing the terms of reference **(Action 2 – Secretariat)**.

99/25.4 Mr Clayton noted that there is a risk on PHA's Corporate Risk Register in relation to the development of the Integrated Care System and the future of commissioning, and asked if this is another factor to be taken into account. He agreed that it would be helpful to see the terms of reference so as to understand PHA's role as this group could become more relevant going into the future. The Chief Executive replied that this group will look at commissioning, but will focus on issues that concern all Trusts, for example the use of agency doctors and nurses.

99/25.5 Mrs Reid asked about the role of NICON supporting the group, but the Chief Executive said that NICON has only been asked to do this on a short term basis.

100/25 - Item 5 – Reshape and Refresh Programme

100/25.1 The Chair said that, at the last Planning, Performance and Resources (PPR) Committee, he had stated that in some way the Reshape and Refresh programme has been completed in that the structures have changed. He advised that he had proposed morphing the Reshape and Refresh Programme Board into a new Board HR/OD Committee, but it was agreed to defer this for six months to allow the new structure to embed. He noted that it will mean another Committee which will require to be supported, but there was an acknowledgement that it may be useful.

101/25 - Item 6 – Reports of New or Emerging Risks [PHA/01/08/25]

101/25.1 The Chief Executive advised that no new risks have been added to the Corporate Risk Register.

101/25.2 In discussion about recent publicity on the Emerge concert members discussed the associated risks and asked if there is a reputational risk to PHA given the

media coverage around drugs. The Chief Executive stated that those risks will always be present as PHA is a public organisation that is in the public eye. He added that PHA needs to be open and transparent and he would not wish to see the organisation aim to manage its reputation and avoid being transparent. Ms Henderson said that there is a risk to PHA if it does not explain its role, but the Chief Executive replied that he does not wish to reach a point where PHA is being asked to comment on every health issue, where it should only focus on those within its remit. Mr Stewart said that there is some confusion and that the issue is not about PHA being transparent, but when it chooses its time to make a comment. He suggested that PHA should always aim to be on the front foot.

101/25.3 Dr McClean said that PHA faces criticism on social media regularly around issues that are not its responsibility and on occasions this can be because other organisations refuse to put themselves forward. Ms Henderson acknowledged that PHA can be pulled into different situations, but there is a need to communicate what PHA does and what it does not do.

101/25.4 Mr Wilson noted that there is a Board workshop arranged to discuss risk appetite and that would be the forum to discuss this. In terms of today's issues, he advised that even when PHA briefs media outlets, some of them do not choose to use the statements given.

101/25.5 The Chair said that there are two issues which need to be separated, one relating to the PSNI investigation and another around assuring the public that there is a process in place for these matters.

102/25 - Item 7 – Raising Concerns

102/25.1 The Chief Executive advised that there were no new concerns to report on.

103/25 - Item 8 – Updates from Board Committees

Governance and Audit Committee **[PHA/02/08/25]**

103/25.1 Mr Stewart advised that the minutes of the June meeting were available for noting and that the Committee had met on 14 August, and the Chief Executive was in attendance for what was an exceptionally positive meeting.

103/25.2 Mr Stewart reported that the Head of Internal Audit had presented the findings of two audits, relating to surveillance and risk management, and both were given a satisfactory level of assurance. He added that a third audit, on R&D, has not yet been finalised but it was also deemed satisfactory. He advised that an audit on Serious Adverse Incidents (SAIs) has been deferred to next year.

103/25.3 Mr Stewart said that the Committee had considered the updated Corporate Risk Register as well as the Chief Executive's Office directorate risk register. He added that the latest Complaints Report and the final External Auditor's Report to those Charged with Governance had also been reviewed.

103/25.4 Mr Stewart advised that Mrs Scott had brought a paper which gave a detailed overview of PHA's progress against outstanding audit recommendations and this was well received by the Committee. He reported that of 37 outstanding recommendations, 20 were partially implemented and 10 were due to be completed by the end of August. He said that going forward he has asked for further information on the progress against those recommendations which are not yet due for implementation, as well as an explanation as why the deadline for completion of recommendations has been changed.

103/25.5 Mr Clayton noted that the Corporate Risk Register has been included in the papers for today's meeting. He said there was a good discussion about the outstanding audit recommendations and welcomed that PHA is on track to achieve a satisfactory outcome at the year end.

103/25.6 The Chief Executive commended the work that Mrs Scott and her team have carried out and said that it is important to have that scrutiny of the outstanding recommendations. He said that he was confident that deadlines would be met. The Chair asked if Internal Audit has raised any specific issues. Mrs Scott replied that there were no specific matters, but added that Internal Audit will shortly be undertaking the mid-year follow up, the outcome of which will be brought to the Committee in October. She added that while she expected PHA to return to having an overall satisfactory level of assurance, she would be cautious about how PHA uses Internal Audit. The Chair suggested that Internal Audit should be used as a "sounding board."

103/25.7 The Chief Executive reported that following a discussion around contracts with Trusts, some elements of PHA funding have been moved to Trusts where this is appropriate.

Remuneration Committee

103/25.8 The Chair noted that the Remuneration Committee had not met since the last Board meeting.

Planning, Performance and Resources Committee [PHA/03/85/25]

103/25.9 The Chair advised that the PPR Committee had met on 21 August and it was a positive meeting. He confirmed that given the current vacant NED positions, he would continue to chair the Committee until the vacancies have been filled. He said that there was a presentation on procurement around a paper that the Committee had requested which sets out the timelines. He noted that there is now a change in procurement regulations which will create a slight delay of around three months. Ms Henderson said that she was content with the progress that has been made but agreed that the new regulations will make the procurement process more onerous. She added that PHA has a large number of contracts but she felt it was in the best position of any HSC organisation.

103/25.10 The Chair reported that the Committee had discussed the Performance Management Report and that there were presentations from two of the planning teams, one on mental health and another on drugs and alcohol, both of which were excellent. He said that he had asked if the new structures were assisting staff and the response was they are, but more time is needed to see how they will work. Dr McClean noted that the new took structures will take effect from next week. Mrs Reid commented that

staff are embracing the change and the new ways of working are seeing more sharing of knowledge.

Screening Programme Board

103/25.11 The Chair noted that the Screening Programme Board had not met since the last Board meeting.

103/25.12 Ms Henderson asked if all screening programmes were now caught up. Dr McClean replied that there remains a slight delay in the cervical screening programme, but this should be caught up by Christmas.

Procurement Board

103/25.13 The Chair noted that the Procurement Board had not met since the last Board meeting.

Information Governance Steering Group

103/25.14 The Chair noted that the Information Governance Steering Group had not met since the last Board meeting.

Public Inquiries Programme Board

103/25.15 Mr Wilson reported that the Public Inquiries Programme Board has not met over the summer months, but he wished to acknowledge Mrs Reid's appearance at the COVID Inquiry in July.

103/25.16 Mr Wilson advised that PHA has resubmitted its draft statement for Module 8 (Children and Young People) and it is not expected that PHA will be asked to attend to give evidence. He added that he does not anticipate that PHA will be asked to make submission for Module 9 (Economic Response) or Module 10 (Impact on Society). He said that PHA will now focus on the reports from the Inquiry, particularly Module 2c which had a specific focus on Northern Ireland.

103/25.17 Mr Wilson advised that there is no activity at present in relation to other Public Inquiries and that the Programme Board will soon be stood down and morphed into a working group that will look at the recommendations from all Inquiries and will report to the Governance and Audit Committee.

104/25 - Item 9 – Performance Management Report [PHA/04/08/25]

104/25.1 Mrs Scott reported that at the end of the first quarter, of the 27 targets in the Business Plan, 21 were rated "green", 3 were rated "amber" and 3 were rated "red". She said that work is ongoing to bring those targets not rated "green" back into line. The Chair advised that the PPR Committee had gone through this Report and were satisfied with the progress that has been made.

104/25.2 Mr Clayton said that the format of the Report was helpful. He noted that there are many different IT systems referred to with a view to bringing these together under Encompass and he asked if this is the best option and if there are different risks with each programme. He noted that for two other targets, those relating to decision making pathways for care home residents and public engagement have both been delayed due to factors outside PHA's control. Mrs Reid outlined that the work on pathways has been subsumed into The Big Discussion work which was originally set up to look at how to mitigate winter pressures. In terms of public engagement, she advised that this has come out of an Internal Audit review and at the time the Department was carrying out a regional review, but at this work has temporarily stalled, PHA has gone ahead and developed its own strategy which was approved by the Agency Management Team (AMT) last week.

104/25.3 Mr Clayton asked about Encompass. Dr McClean replied that there is a Digital Modernisation Board that the Chief Executive is co-chairing and it is looking at all the IT systems, but noted that it is a complicated landscape. She said that a dedicated resource is needed to look at scoping out the systems and it will not be a "one size fits all" approach. The Chief Executive added has worked to diffuse the risk for PHA in this area because while PHA commissions screening programmes, the IT systems do not belong to PHA but sit under SPPG and BSO. He said that there have been risks in this area over years and Encompass represents an opportunity to review those risks. Mr Clayton welcomed this update and noted that there may be programmes that Encompass cannot support. The Chief Executive reiterated that PHA needs to be clear about what its responsibilities are in this area.

104/25.4 Mrs Scott advised that an update on the actions which were not complete during 2024/25 has also been included in the Report and these will be subsumed into other areas.

104/25.5 The Board noted the Performance Management Report.

105/25 - Item 10 – Compliments, Complaints and Claims Quarterly Report [PHA/05/08/25]

105/25.1 Mr Wilson presented the Compliments, Complaints and Claims Report which he said had been brought to the Governance and Audit Committee. He advised that during the quarter, PHA received one complaint and that there are currently no open complaints and no open investigations with the Northern Ireland Ombudsman.

105/25.2 Mr Wilson reported that PHA had received one compliment, and that one claim had been closed, leaving one claim open.

105/25.3 The Board noted the Compliments, Complaints and Claims Report.

106/25 - Item 11 – Annual Progress Report 2024-25 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order [PHA/06/08/25]

106/25.1 Mrs Scott advised that this is the annual report which all public bodies are required to produce using a standard template and that it is due to be submitted by the end of August. She said that the report is self-explanatory and shows how PHA has demonstrated how it has met its equality obligations. She acknowledged that there is more that PHA can do and there is a plan to create an internal Equality Forum which will report to AMT.

106/25.2 Mr Clayton said that the report is a good summary of the work that PHA has undertaken. He said that the number of equality screenings has increased slightly but noted that there was no reference to an Equality Impact Assessment being carried out on the Involvement and Consultation Scheme. He added that screenings appear to be focused on internal issues.

106/25.3 The member noted that within the Equality and Disability Action Plans, there appears to be a different approach with regard to PHA's engagement with the Disability Placement Scheme and asked if PHA was not achieving the outcomes it had achieved previously. He sought clarity about a reference to PHA not monitoring Section 75 groups, but this was contradicted in another part of the report. He agreed that establishing a forum would help PHA capture evidence of its equality work. He said that PHA should have an equality plan when developing a new programme or a new way of working.

106/25.4 Mrs Scott said that she agreed with the members' comments. She said that although there has not been a forum to capture this, she was confident that many of PHA's activities reach out to marginalised communities. She hoped that going forward there will be a better understanding of equality across the new structures and that it is not seen as a bureaucracy. With regard to the Disability Placement Scheme, she said that it was her understanding that PHA had not achieved the numbers it had hoped to.

106/25.5 The member agreed that there should be messaging that equality screening is a process to assist when challenging inequality and should not be seen as bureaucracy. He agreed that the new forum will help with this.

106/25.6 The Board **APPROVED** the Annual Progress Report 2024-25 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order

107/25 - Item 12 – Chief Executive and Directors' Report

107/25.1 The Chief Executive highlighted work that PHA is undertaking with the Permanent Secretary on the "This Is Health" initiative and said that PHA also participated in a roundtable discussion with the Patient Client Council.

107/25.2 The Chief Executive said that as part of its stakeholder engagement work, PHA met with the senior management team of the Northern Ireland Housing Executive in their office and a reciprocal visit will be arranged shortly. He added that PHA will be doing a lot of work in the area of stakeholder engagement over the next 18 months and he would welcome input from the rest of the Board.

107/25.3 The Chair advised that he and the Chief Executive had met with Invest NI which led to a meeting with Business in the Community and that PHA is also due to meet with PWC. He said that he would like the Board to play a role in stakeholder engagement.

107/25.4 Mrs Scott asked if this is a stakeholder plan for the whole PHA, or only for the PHA Board. Mr Wilson replied that it is for the whole PHA.

107/25.5 Mr Clayton said that he would be keen to be involved as his seat at the Board means he represents the largest group in civic society, namely Trade Unions. He added that this work is timely given the Executive is looking at an Anti-Poverty Strategy. Mrs Reid pointed out that PHA has an Involvement and Engagement team so they should be brought into this work.

107/25.6 The Chair reported that he and the Chief Executive will shortly be meeting with the Consumer Council.

107/25.7 The Chief Executive advised that he has discussed with the Chair the possibility of PHA developing an "advisory council" from across society that could meet a couple of times of year. The Chair said that PHA needs to ensure that there is representation from the 20% in society who live in the most deprived areas.

108/25 - Item 13 – Finance Report [PHA/07/08/25]

108/25.1 Mrs Scott said this Finance Report outlines the position as at the end of June and that the format of the Report has been changed. She reported that PHA is expected to achieve a break-even position, but at the end of June there is a surplus of £646k consisting of a surplus within both programme, and management and administration, offset by a small overspend in some ring-fenced funding.

108/25.2 Mrs Scott explained that the Report will be refined over the next few months as it is set out against the new directorates. She gave an overview of the risks noting that at present there is a £600m funding gap across the whole of HSC, but she is not aware of any in-year savings targets for PHA, although this remains a possibility. She highlighted that there is a risk around the implementation of the Reshape and Refresh programme given there remain some unknowns with regard to the new Digital and Data directorate. She added that there are risks in some of the demand-led budgets as these need to be managed on an ongoing basis. She advised that PHA remains on target with regard to prompt payment of invoices.

108/25.3 The Chair noted that this Report was discussed at the PPR Committee and he encouraged the Chief Executive and Directors to look at ways to the best options for managing the position going forward.

At this point Mr Irvine left the meeting.

108/25.4 During further discussion on the report it was noted that the Agency currently has not been approached to make a further contribution towards the central budget for HSC and any contingency for dealing with slippage, should it arise, will be subject to adhering to normal due process and it is essential that this is managed proactively.

108/25.7 Mrs Scott, returning to the Finance Report, reported that in terms of capital expenditure, most of this relates to R&D where £9.3m is allocated to Trusts and that PHA is on course to break even.

108/25.8 The Board noted the Finance Report.

109/25 - Item 14 – Update on Procurement Plan [PHA/08/08/25]

109/25.1 Mrs Scott explained that this update, prepared by Mr Stephen Murray, gives an overview of where PHA is with regard to procurement, but noted that there is new legislation coming into place. She said that there is both an opportunity and a challenge for PHA to manage its legacy contracts in a different way with work to be taken forward by the planning teams. She advised that it will still take about three years for the programme of procurement to be completed.

109/25.2 Mr Blaney asked if there is any strategic method use to prioritise. Mrs Scott replied that she would not be able to respond to that as there is not a first come, first served approach. However, she said that teams should be aligning their work plans to what is required.

109/25.3 Mr Clayton welcomed the update and said that it is useful to get a sense of where PHA is given that there is an Internal Audit recommendation around this work. He noted that the Executive has put out a statement on procurement and he would like to see how PHA is taking account of social value criteria, particularly around the living wage as this should be at the heart of what PHA does. Mrs Scott said that she could bring more information back on this, but it will be determined on an individual contract basis.

109/25.4 Mr Wilson advised that some areas with the Plan are well defined, but others will take longer to complete. He highlighted that the Department asked PHA to delay work in the area of drugs and alcohol because a new strategy was being developed, and partners also asked PHA to delay.

109/25.5 Mr Blaney noted that PHA has gone through the Reshape and Refresh programme and has reviewed its priorities, but it still appears to be spending its funding in the same way so he asked if PHA is looking at any new ideas or strategies. He also noted that there are many organisations that PHA works with, but they do not publicise this on their social media and that should be part of their contract. Another member advised that some of these issues have been discussed at the Procurement Board.

109/25.6 The Board noted the update on the Procurement Plan.

At this point Mr Clayton left the meeting.

110/25 - Item 15 – Draft Clinical and Professional Governance Framework for Registrants [PHA/09/08/25]

110/25.1 Mrs Reid advised that this Framework remains in final draft and is currently with a number of stakeholders, including staff side. She explained that it will form part of PHA's wider governance arrangements.

110/25.2 Mrs Reid outlined that when PHA started looking at registrants, there was an acknowledgement that PHA had a role in supporting registrants through revalidation and there needed to be the correct processes in place to support staff and track this. She added that there has been a discussion about what is meant by supervision. Through the Reshape and Refresh programme, she said that PHA has spoken to various organisations and staff side about this.

110/25.3 Mrs Reid said that there is a focus around clinical public health expertise and that staff need to have a supervisor to have that public health specialty and to maintain their own CPD.

110/25.4 Mr Stewart complimented Mrs Reid on the Framework saying that it was easy for a lay person to follow. He asked how this relates to PHA's relationship with the CNO and if she has been engaged. Mrs Reid replied that she has had a number of conversations with the CNO and that the CNO is clear that Mrs Reid's line of accountability is to the PHA Chief Executive and the PHA Board. She added that the Chief Medical Officer (CMO) is of a similar view. The Chief Executive echoed this saying he had received correspondence from the CNO and CMO saying that they were happy to be engaged in this process, but understanding that they do not have a role.

110/25.5 Ms Henderson asked how many registrant staff there are in PHA. Mrs Reid said that she did know but outlined that this Framework is about a new way of working, solidifying lines of accountability and recognising public health as a specialty in its own right.

110/25.6 The Chair said that he was happy to see this Framework as it is a core pillar of the Reshape and Refresh programme. Mrs Reid advised that once the document is finalised, she would intend to bring it back to the PPR Committee. The Chief Executive said that over the last couple of years, PHA has undertaken a lot of work to support its staff and ensure that they have the tools to do their job. He added that staff working in the PHA have the opportunity for personal development in their areas.

110/25.7 The Board noted the Draft Clinical and Professional Governance Framework for Registrants.

111/25 - Item 16 – Papers for Noting

Our People Report [PHA/10/08/25]

111/25.1 The Chair commended the work undertaken to put together the short video that was used as part of the recent recruitment exercise for public health consultants.

111/25.2 Mr Stewart said that this was an excellent report, but asked if there could be more information in terms of the split between short and long term sickness absence. The Chief Executive noted that given the size of PHA, a small number of staff on long term sickness can make a significant difference to the figures.

112/25 - Item 17 – Chair's Remarks

112/25.1 The Chair reported that he had recently met with both the CMO and PHA's Sponsor Branch. He said that he put forward his concerns around recruitment of Executive Directors and that the Chief Executive has now written to the Department regarding this and advising that PHA is now proceeding with recruitment. He added that he also raised concerns around Exercise Pegasus because while PHA is doing what it is required to do, it has not received a response from the Department on issues it has raised.

112/25.2 The Chair advised that recruitment for new Non-Executive Directors will commence in September and he has been assured that this will happen. He said that it would be helpful to share with members the information forwarded regarding the profile of members being sought **(Action 3 – Secretariat)**.

112/25.3 The Chair said that there will be a discussion on Board effectiveness at the next meeting as responses have now been received and are currently being collated. He advised that he will share the report prepared with the Department. He added that there will also be a discussion on stakeholder engagement.

113/25 - Item 18 – Any Other Business

113/25.1 There was no other business.

114/25 - Item 19 – Details of Next Meeting

Thursday 23 October 2025 at 1.30pm

Board Room, Gransha Park House, L'derry

Signed by Chair:

Colin Coffey

Date: 23 October 2025

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	23 October 2025
Title of paper	Corporate Risk Register as at 30 September 2025
Reference	PHA/01/10/25
Prepared by	Karen Braithwaite
Lead Director	Leah Scott

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

1   Purpose

The purpose of this paper is to bring the Corporate Risk Register, as at 30 September 2025, to the Board for approval.

2   Background Information

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

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

The previous review was undertaken as at 30 June 2025 and the Corporate Risk Register was approved by AMT on 5 August 2025 and forwarded to the Governance and Audit Committee for approval at its next meeting which took place on 14 August 2025.

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

The Corporate Risk Register was approved by the Agency Management Team at its meeting on 10 October 2025, and by the Governance and Audit Committee at its meeting on 17 October 2025.

3   Outcome

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

4   Next Steps

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

PHA Corporate Risk Register

**Date of Review:
30 September 2025**

Introduction

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

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

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

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

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

Overview of Risk Register Review as at 30 September 2025

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

CONTENTS

Corporate Risk		Lead Officer/s	Risk Grade		Page
39	Cyber Security	Director of Finance and Corporate Services	→	**HIGH**	6
55	Shortage of Staff across particular areas, impacting the ability to discharge full range of public health statutory responsibilities / organisational change	All Directors	→	**MEDIUM**	11
59	Quality Assurance and Commissioning of Screening	Director of Public Health	→	**HIGH**	18
64	Cyber Security (compromise of HSC network due to cyber-attack on a supplier or partner organisation)	Director of Finance and Corporate Services	→	**HIGH**	23
71	Public Inquiries – PHA ability to respond to requests from various Public Inquiries	Head of Chief Executive's Office	→	**MEDIUM**	27
73	Financial Planning Context 25/26	Director of Finance and Corporate Services	→	**HIGH**	29
74	Impact of the introduction of a new HSC system wide planning, delivery, performance monitoring and governance system on the PHA.	Chief Executive	→	**MEDIUM**	31
75	Pandemic Preparedness	Director of Public Health	→	**HIGH**	33
76	Delay with Child Health System Migrating to Encompass	Interim Director NMAHP	→	**HIGH**	36

Key:

Risk rating:
↑   increased from previous quarter
↓   decreased from previous quarter
→   remained the same as previous quarter

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

Corporate Risk 39

RISK AREA/CONTEXT: Cyber Security			

DESCRIPTION OF RISK: Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure (including those used by the PHA, as well as Trusts providing services for the PHA) may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in significant business disruption. It could also lead to unauthorised access to any of our systems or information, theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage. Whilst the BSO is primarily responsible for managing this system wide risk as IT lead for HSC, the Agency has a key responsibility to safeguard against any actions by its staff that could compromise IT security.	**DATE RISK ADDED:** June 2017 **REVISED:** June 2024 **CLOSED:** N/A

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension

LINK TO ANNUAL BUSINESS PLAN 2025/26: Corporate Objective: Our Organisation Works Effectively

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

LEAD OFFICER: Director of Finance and Corporate Services

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/ Timescale	Review Date
Technical Infrastructure: • HSC security hardware (eg firewalls); • HSC security software (threat detection, antivirus, email & web filtering); • Server/client patching; • 3rd party Secure Remote Access;	1st and 2nd line Technical risks assessments and penetration tests; 1st and 2nd line Reports to GAC/PHA board on reported incidents as appropriate. 1st & 2nd line PHA represented on cyber programme board	Gaps in Assurance: • Level of corporate recognition and ownership of cyber security threat as a service delivery risk. • An HSC Cyber Gap analysis (ISO 27001) was carried out. (external carried out by DXC		BSO ITS provides PHA IT services. PHA will continue to work with BSO ITS, DHCNI and through the HSC Cyber Scurity Programme Board. Work has continued in a number of priority work streams including Incident response and third party management. Further cyber projects are being	~~Sept~~ Dec 2025

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

PHA member of the Regional HSC Cyber Security Business Continuity Group BSO cyber project manager co-ordinating regional cyber security work. Regional cyber security programme board (BSO representing PHA) taking forward actions arising from DXC Technology report and recommendations. Ongoing work being taken forward and overseen by the Regional Cyber Security Programme Board. A regional cyber Incident Response Plan has been developed to effectively manage a cyber incident within the HSC. Cyber Incident Response Action Plan finalised and launched. Reviewed Feb 25. A baseline audit against ISO27001 across all ICT Departments and Internal audits against NSCS Cyber Essentials 10 steps have been completed and recommendations accepted			May 2024 and ongoing roll-out planned. All PHA Board Members due to complete this training – date set for 6 November 25. Targetted training and 'all users' training (Metacompliance) (monthly) to be provided. New schedule from April 2025 to run during year 25/26 (complementary to the mandatory elearing cyber security training).	

Several Business Cases have been approved and implemented re ongoing resource funding for Cyber staff across HSC this includes: (i) Cyber Resource for one year (ii) Tactical Business Case for resource to implement the tactical recommendations from the network security review. ~~PHA Business Continuity Plan test carried out 13 March 2023~~ (remove – more recent test noted below) Full HSC-wide cyber incident response test - Incident response plan completed on 1 June 2023 and May 2025 (Dir Fin & Corp Serv attended) Targetted training and 'all users' training (Metacompliance) provided during years 2022/23 (May-Mar) and 2023/24 (Apr-Mar) and 2024/25. HSC cyber elearning material current review completed June 2024 including Management review of compliance.			

Review of Incident Response Plan finalised – being issued to Programme Board members 5/12/24- now approved and tested in May 25. Revised (in June 24) HSC cyber elearning material launched 2 Dec 24. Quarterly updates provided to IGSG on completion of mandatory training across PHA. PHA Business Continuity Plan test carried out 6 May 2025 with emphasis on cyber security. Training programme for Board members (3 attended training on 16/4/25). Business Case completed and submitted to DoH (Sept 25) for SOC/SIEM (Security Operation Centre / Security Incident and Event Management System)			

Corporate Risk 55

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

DESCRIPTION OF RISK:	DATE RISK ADDED:
The Public Health Agency does not currently have the appropriate retained staffing capacity / skill mix in order to be able to safely and sustainably discharge all of its statutory responsibilities pertaining to protecting and improving the health of the population of Northern Ireland. In particular, it is currently unable to fill Public Health Consultant positions due to the unavailability of suitably qualified people in the labour market. Whilst this has been managed to date through use of Retire & Return and locum recruitment as well as some reprofiling of skill mix this is not sustainable in the medium to longer term. There is therefore a risk that the absence of core public health services in key areas such as Health Protection and preventing the transmission of communicable diseases could directly impact the health of the population.	June 2020
	REVISED:
	August 2020 - HSCQI Risk added.
	June 2022 - Merged.
A number of specific staffing-related risks have been identified in the organisation including:	September 2023 - Updated to cover all Directorate risks.
• A number of consultant in public health posts are vacant. Following recent retirements and leavers the position within the Health Protection service has become acute. Recent recruitement exercises for both locum and permanent HP and PH consultants has had some success. The team have recruited ~~and~~ 3 permanent Public Health Consultants (2 Service Development/Screening and one Health Protection) and two locum consultants (1 Service Development/Screening and one Health Protection). ~~posts have been offered permanently (pending pre employing checks and CCT).~~	March 2024 - Updated to detail specifc high impact staffing risks at March 2024
• A draft Professional Governance Framework for Healthcare Registrants employed by the PHA is being finalised ~~development and has been~~ after being issued to all registrant PHA staff for comment. The framework will outline governance structures for all professional staff in relation to responsibilities for maintaining registration and supervision.	June 2024 – Redrafted to reflect core risk.
• A number of positions in the structure remain vacant, AD for Ageing Well and Strategic PH Team Leads.	Updated December 2024
• Interim Director Population Health will be vacant from December 2025.	**CLOSED:**
	N/A

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension and Operational Performance and Service Improvement Dimension			
LINK TO ANNUAL BUSINESS PLAN 25/26: O1 Develop a new HR Strategy 'Beyond the People Plan'			
GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Likely	Moderate	**MEDIUM**
Target	Possible	Moderate	**MEDIUM**
LEAD OFFICER: All Directors			

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/ Timescale	Review Date
Organisation structure at Tier 4 and below approved by AMT & Senior Leaders Forum (31 August 2025) **Public Health** Two ~~New~~ Assistant Directors have been appointed to strengthen leadership arrangements ~~in health protection~~ to ensure a safe high quality ~~health protection~~ service is being provided. 3 Deputy Director posts appointed since April 23 to support DPH in providing leadership across the directorate. These will focus on	1st & 2nd line: • Reports to CEx and AMT. • Staff in post postion kept under regular review • Updates to GAC via Corporate Risk register • Briefings provided to PHA Board. 3rd line: • Vacancy updates provided to Sponsor Branch via Ground clearance process. • Link with DOH Safety and Quality Standards branch. ~~NMAHP~~ Population Health **Reshape Refresh**	**Gap in Controls** • Ability to recruit to consultant posts and other key posts is very constrained currently due to a number of external factors including availability of suitably qualified professionals market forces and impact of Reshape and Refresh change management pooling process. **Gaps in Assurance:** • Deficits in the PHA workforce across a range of functions compromising the performance of the		Reshape and Refresh – Management of Change: • Level 2 Job Descriptions (Director level) 2 have been finalised and have been submitted to DoH for evaluation. Review progress by ~~September~~ December 2025. • Level 3 (AD level) recruitment programme substantively complete with one outstanding position to be filled in ~~Q2~~ Q4 2025/6. • ~~Organisation structure at Tier 4 and below to be approved by AMT by 31 August 2025.~~ Public Health - Continue advertisement of Consultant Posts and upskilling	~~July~~ Dec 2025

PHA Corporate Risk Register

• Governance and standards
• Training and workforce
• Epidemiology and public health science
Two Locum consultants in place to support health protection. Consultants on retire and return are providing support to the service.

Locum Consultant posts are advertised on a rolling basis. PH Directorate have developed a refreshed JD ~~to~~ which facilitated a wider campaign approach for permanent recruitment exercise for HP and PH consultants. 3 permanent consultant posts recruited. ~~offered, 2 accepted and start dates agreed, 1 pending pre employment checks and CCT~~.

~~Public health specialist/consultant workforce report developed and approved by AMT in January 2023. The report includes a number of recommendations to increase the supply of specialist and consultant public health staff who are registered with a certificate of~~

1st - Directors meets ~~Senior~~ Team regularly and 1:1s are held as required

2nd Reshape and Refresh Programme Manager has met with directorates to provide support. Ongoing support and liaison between Directors and HR. Access to Mural. Staff engagement events.

3rd EY information sessions were held earlier in the year. Union representation at engagement events.

~~NMAHP Staffing~~
1st – Vacancy reports are shared monthly with Senior Team and Line Managers. Monthly meetings are held between Finance, Planning & Business Support Manager and Interim Director to discuss staffing budget and vacancies.

2nd – Monthly meetings are held between Interim Director and HR to discuss vacancies and progression of recruitment. Scrutiny Meetings twice monthly.

organisation and ability to deliver statutory functions.

~~NMAHP~~ Population Health
Reshape Refresh
Gaps in Control
~~Senior vacant positions are on hold or recruited on a internal temporary basis due to Reshape and Refresh affects team capacity.~~

Gaps in Assurance
The Reshape and Refresh process takes time, concerns and anxiety are likely to continue until process is complete

~~NMAHP~~ Population Health
Staffing
Gaps in Control
~~Unable to recruit into vacant senior posts until Reshape and Refresh has progressed.~~

Gaps in Assurance
Result of vacant posts is impact on capacity, potential support issues to ICS and new commissioning structures)

Temporary backfill posts for some senior positions has led to gaps in lower band capacity

nursing workforce (increase numbers undertaking masters in public health. ~~Interviews for permanent HP Consultant posts took place June 2025.~~ Advertising at present for locum posts~~.~~ Revisit ~~September~~ December 2025.

Develop action plan to ensure the recommendations from workforce plan are implemented – Establish strong consultant led multidisciplinary teams in health protection and across directorate to make best use of skills of all staff – ensuring specialised skills of consultants are used to best effect. Revisit ~~September~~ December 2025.

~~Establish Acute Response oversight group July 2025~~

Discussions have commenced with the Faculty of Public health about supporting experienced staff in PHA to receive additional training and support with a view to specialist registration in the future.   Revisit ~~September~~ December 2025.

~~NMAHP~~ Population Health
Reshape and Refresh –

~~completion of training or equivalent.~~ ~~Working with HR to implement a number of steps with individuals in relation to long term sick and absenteeism due to work related stress.~~ ~~£1.8M investment from DoH secured to enhance health protection staffing.~~ Recruitment completed for ~~to the posts created complete –~~ 2 x specialty Doctor and 6 x programme managers posts established in Health Protection team. Bank staff list created following the closure of contact tracing service. Staff from the bank have received training and are able to provide support to acute health protection service both in hours and out of hours. Introduction of SpR rota for acute response (Delegated responsibility to release Consultant capacity. ~~PH Admin support arrangements were reviewed during 2023 and a new Admin~~	**Professional Governance** 1st - ~~Head AHP deputy Director and NMAHP Director meet regularly with team members to provide support and professional guidance~~ Professional Governance Framework being finalised 2nd – ~~meetings held with Head AHP Deputy Director, NMAHP Director and Chief Executive~~ 3rd – Regular communication with trade unon reps and professional leads in DoH.	**Professional Governance – Gaps in Assurance** Framework being finalised ~~remains in draft.~~	~~NMAHP Director, in conjunction with senior staff, is developing PHA policy for professional governance, supervision and accountability. Final draft will be shared with unions and relevant stakeholders. It is currently with PHA registrant staff for comments which are due back mid July. Once draft is finalised it will be submitted to board for formal approval.~~ ~~Feedback on Reshape Refresh process will be considered in process moving forward.~~ Developing progression of support for staff wishing to pursue registration of UKPHR's Portfolio route 1:1 meetings will be facilitated as required. AFC Banding for SPH Team Lead posts to be finalised. An updated job description has been submitted to HR for review Population Health Interim Director in conjunction with senior professional staff, is finalising PHA policy for professional governance, supervision and accountability.	

~~manager post was appointed in September 2024~~ CEO Office Reshape and Refresh Management of change process designed (end of Mar 24) New operational structure and model has been approved by board. Interviews for Tier 2 and 3 positions are progressing. Director of Finance appointed. . First Tuesday events continue Regular staff meetings, job planning and review of work prioritisation. **~~NMAHP~~ Population Health** **Reshape and Refresh** Reshape Refresh Programme Manager continues to support process Mural remains available online Staff engagement events Increase in ~~Senior team~~ staff meetings ~~as required~~,			~~Further staff engagement sessions will be arranged over the next year for staff, dates to be confirmed.~~ ~~Remaining vacant AD post for Ageing Well remains vacant and a decision is to be made on how this will be progressed. This needs to be decided prior to end of August 25.~~ ~~Tier 2 & 3 positions are almost complete~~ ~~Tier 4 structures complete and realignment will progress during summer 2025.~~ **~~NMAHP Staffing~~** ~~Ongoing escalation to Cx and AMT of capacity issues outlining impact.~~ ~~Identify priorities to address gaps in NMAHP structure~~ Progress recruitment of ~~vacancies admin roles, project support, and~~ MHLD roles Plans in place with other directorates and HR to maintain and develop a regular recruitment drive for admin posts.

augmented by 1:1s as required.

New operational structure in place from September 1st.

First Tuesday events continue increasing communication on R&R updates

~~Further meetings took place in June to update staff on structures and DoN has had individual conversations with impacted staff. Engagement and communications have improved~~.

~~NMAHP Staffing~~
Successful admin recruitment exercise complete

Recruitment process started for project support vacancies

~~Temporary backfill posts in position for Head AHP (currently on secondment), Lead AHP Consultant CYP and AD Public Health Nursing for CYP.~~

Vacancies within MH & LD team within MH & LD team are being progressed ~~in HRPTS~~

Regular staff meetings, job planning and review of work prioritisation.

Use of slippage to access external support

~~Temporary cover in place to maintain NIMACH services due to staff absence~~ Work is prioritised, to mitigate impact of current gaps in senior positions within Ageing Well team				

Corporate Risk 59			

RISK AREA/CONTEXT: Quality Assurance and Commissioning of Screening

DESCRIPTION OF RISK: The commissioning and quality assurance of population screening programmes is a core PHA function. Screening programmes are delivered within complex systems, involve a number of organisations and are supported by a range of bespoke IT systems. The population demographics platform (NHAIS), used by a number of screening programmes including cervical, is being decommissioned and core functionality moved to NIDIS. As well as maintaining the core PHA functions associated with the programmes, the PHA is increasingly leading on complex change and development projects for the screening programmes in response to policy changes or the impact of wider HSC IT or service changes. Additonally the screening digital modernisation intent is to move all screening programmes onto a single digital platform which, during the design and implementation, will increase capacity demands requiring dedicated input and management from screening, service and digital leadership. There is a risk that PHA will not have the systems, capacity and digital expertise to manage and maintain comprehensive and robust provision of all of these functions for all screening programmes, especially during the transition phase to a new screening platform envisaged by the screening digital modernisation programme – whereby maintenance of the systems to be replaced and the introduction of the new systems will need be managed in parallel . This may result in a failure to deliver safe and effective screening programmes to the population, an inability to monitor, identify and respond to concerns regarding quality and performance, adversely impact public confidence in participating in screening programmes and negatively impact the reputation of the PHA.	**DATE RISK ADDED:** November 2020 **REVISED:** Dec 2023 - Risks revised (CR61 closed and integrated into CR 59) June 2024 **CLOSED:** N/A

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

LINK TO ANNUAL BUSINESS PLAN 2025/26: Corporate Objectives 1 – 4

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

LEAD OFFICER: Director of Public Health

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/ Timescale	Review Date
Screening Programme Board re-established to provide broader oversight (at CEx/Director level across regional organisations) **IT systems** • Project structure for implementation of Breast Screening Select has been established, business case approved and implementation ongoing. • Processes are in place within each programme to attempt to manage any identified current risk – manual processes / reporting /monitoring/failsafe systems. • Technical review of screening IT systems completed by BSO ITS • PHA has acquired strategic digital expertise from DHCNI • A screening digital modernisation programme board has been established with SRO	**1st and 2 line assurance** • Reports to AMT and briefing/updates to PHA Board; • Report on screening internal audit follow-up to GAC. • Quality assurance site Quality assurance site visits re-established in breast and cervical • Desktop QA reviews in bowel screening ~~and cervical screening~~ • Ongoing meetings between the Encompass team and screening leads to ensure intregrity of interfaces is mainitained with Encompass going live. • PHA CEX represented on encompass Programme Board • A programmed series of messaging to media/ public is ongoing to ensure that public confidence is maintained in the cervical screening programmes as a result	Gaps in Controls: • Commissioning and delivery of screening programmes is a HSC wide system based approach (ie. a number of partners). PHA relies upon each part of the system having appropriate controls in place • Funding insufficient to meet delivery needs within some screening programmes • Funded staffing levels in PHA are insufficient to provide a robust and responsive QA infrastructure for all programmes • Limited technical and information governance expertise available to support the screening programmes Gaps in Assurances: • Limited resources (staffing, financial and technical) particularly to establish and support an		**Southern Trust Cervical Cytology Review**: ~~SHSCT review report and SHSCT cancer report published 11/12/24. Discussions ongoing with DOH regarding p~~Publication of ~~timeline for~~ remaining reports scheduled for October 2025: Independent Expert Opinion of SHSCT review; NHS England report of PHA QA (review completed April 2025) of CSP and SHSCT SAI report ~~Work underway to develop an action plan in response to the recommendations within the NHS England report on QA~~ • Ongoing funding pressures in Diabetic eye, and the call recall functions of bowel, and cervical screening programmes continue to be a feature.Need for additional recurrent funding continue to to be raised as inescapable into ~~2025~~ 2026/27/ ~~June 2025~~ Mar 2026. **Staffing**	~~Sept~~ Dec 2025

representation from key regional digital programmes, as well as, clinical, digital and screening leadership. • £250K has been allocated to support digital resourcing until March 26 **Screening programmes –** Consultant screening group providing cross-programme oversight; regular updates provided to ~~CMO~~ DoH Sponsorship branch. Ongoing monitoring of uptake, activity and capacity within each programme with escalation of risks and concerns as required. Baseline screening budget reviewed and recurrent inescalpable funding needs have been highlighted. **Staffing** New post of AD for commissioning public health screening and immunisation recruited under Reshape and Refresh. Will provide additional expertise in PHA to	of the Southern Trust Review. • ~~Questions regarding attitudes to Cervical Screening added to the Omnibus survey. Responses provide assurance that the review has not significantly impacted attitudes to participation in the cervical screening programme.~~ • Separate workstream established within the NIDIS project to extend the scope to replace the NHAIS functionality for cervical screening. • Regular communication with finance regarding budgetary pressures within programmes to ensure that the need for non-recurrent funding is flagged early in the year and can be considered as part of the wider financial planning process. • ~~Screening Digitial Modernisation Programme held first meeting in April 2025.~~ **3rd line assurance:**	enhanced QA structure for the newborn and antenatal screening programmes. • Limitations to core QA work as prioritisation given to responding to significant and urgent issues • Absence of cross organisation strategic approach to screening IT systems	Recruitment of band 8B head of service and Band 8B commissioning lead for screening in progress under an ITM process as part of Reshape and Reform. To explore options for recruitment of a quality manager across the screening programmes. ~~IT systems~~ • ~~A digital health intelligence directorate to be established as part of Reshape and Reform organisational restructure. Date TBC~~	

support commissioning of screening programmes. **Programme specific issues:** • ~~•~~ Cytology review completed - SHSCT review report and SHSCT cancer report published 11/12/24. ~~Discussions ongoing with DOH regarding p~~Publication of remaining reports planned for October 2025: ~~Independent Expert Opinion of SHSCT review; NHS England report of PHA QA of CSP and SHCT SAI report.~~ • NHS England commissioned to undertake a review of QA process relating to cervical screening laboratories. Draft action plan developed against recommendations • Quarterly performance management meetings established with BSO for bowel and cervical screening delivery – with review of progress against audit action plan and SLA. • ~~Primary HPV implementation phase 1~~	• Regular updates provided to ~~CMO group~~ through sponsorship arrangements • Reporting to regular meetings of the DoH Cervical Screening Oversight and Assurance Group			

~~and 2 completed.~~ Final phase decommissioning of NHAIS and move to NIDIS is underway. • ~~Cytology Review completed~~			

Corporate Risk 64

RISK AREA/CONTEXT: Cyber Security - compromise of HSC network due to cyber-attack on a supplier or partner organisation	

DESCRIPTION OF RISK: There is a risk to the HSC network and organisations in the event of a cyber-attack on a supplier or partner organisation resulting in the compromise of the HSC network and systems or the disablement of ICT connections and services to protect the HSC and its data. The risks and consequent impacts include the ability of the HSC to continue to deliver services to patients/service users/clients and therefore, potential harm to patients/service users/clients, compromise or loss of personal and organisational information, and loss of public confidence.	DATE RISK ADDED: September 2021 **REVISED:** June 2024 **CLOSED:** N/A

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension	

LINK TO ANNUAL BUSINESS PLAN 2025/26: Corporate Objective: Our Organisation Works Effectively	

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

LEAD OFFICER: Director of Finance and Corporate Services					

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/ Timescale	Review Date
BSO Cybersecurity Strategy, Programme & Workplan (via Regional Cyber Security Progamme Board) Information Governance Team support & advisory services	1st & 2nd line: Technical risks assessments and penetration tests; 1st & 2nd line: HSC SIRO Forum for shared learning and collaborative action planning and delivery;	Gaps in Control: • Business continuity plans to be up to date in relation to a cyber incident, implemented and regular testing • Develop and test an Information Governance		~~PHA Business Continuity Plan, approved by AMT August 2023, now being revised starting with Business Impact Analysis reports to develop/document Directorate Level Plans Revised Corporate BCP and Directorate BC plans~~	~~Sept~~ Dec 2025

| Info Gov Advisory Group (regional)
Corporate Risk Management framework

PHA BCP tested and updated February 2018 with a focus on cyber security

PHA member of the Regional HSC Cyber Security Business Continuity Group

Regional cyber security programme board led by programme manager – PHA representation on board

Cyber Incident Response Action Plan finalised and launched

Regional IT Security/cyber security training is now mandatory for all staff. ~~was refreshed and launched in September 2020.~~

Information Governance Team support & advisory services Info Gov Advisory Group (regional) available

Cyber Incident Response Supplier on Retainer contract established to provide further | 1st & 2nd line: IGAG oversight
1st & 2nd line: Reports to GAC/PHA board on reported incidents as appropriate.
1st & 2nd line: HSC Supplier framework developed for contractors who provide any service to HSC (approved by SIRO as part of Programme Board). Worked with PALS, Legal & CPD.

3rd line: IA report on 3rd party suppliers undertaken 2022 | emergency plan in response to a Cyber attack
• ICT Security and data protection clauses in all contracts. Partner organisations to meet security and IG standards of the HSC being addressed via supplier framework for new contracts going forward
• Legal binding agreements are in place where contracts not required
• Lack of a PHA Incident Response Plan for IG

<u>Gaps in Assurance</u>:

• PHA does not have in-house ICT systems expertise and is reliant on BSO partner to provide expert analysis of cyber related issues with PHA contracted orgs. | ~~with Directorates for sign-off (completion due 1/4/25 or before) 2025. Following BCP test in May 25 report of test and reviewd BCP being finalized – roll out due before end of Sept 25~~.

PHA Business Continuity Plan, BIAs and Directorate Business Continuity Plans kept under continual review (live documents) but next review scheduled for completion March 26. This work being taken forward by PHA Business Continuity Plan Project Team.

With the QUB and other cyber incidents, HSC SIROs are commissioning, through the Information Governance Advisory Group, a Regional IG Task & Finish Group to address the risks/review data flows from HSC/Partner organisations and issues associated with data loss by a partner organisation. Proposal considered at IGAG 27/5/21. This action currently with DHCNI for decision/funding, etc. Ongoing – lack of funding is holding up progress. Review again ~~Sept 2025~~ Mar 2026 (as per below) | |

cyber incident preparedness support in the event of an incident. HSC Supplier framework – to include Security and IG clauses, risk assessment and security management plans, approved by Cyber Security Programme Board in June 2022 now being implemented. (note: currently under review (Sept 25) but existing framework still in place) Report to PHA IGSG at March 24 meeting re review of new and existing contracts in line with UK GDPR (working wih Cyber Security colleagues, PaLS and DLS as appropriate) and IG awareness raising re data sharing and other IG documentation to be considered/completed as required. Existing contracts reviewed for Security and Data Protection clauses – correspondence prepared & forwarded to H Imp for issue to contractors (June 2025). Standardized clauses documentation issued by PHA Health Improvement July 25			Development and testing of IG emergency plan in response to cyber attack being led by IGAG. Currently with DHCNI to support financially. IGAG regularly seek input from DoH/DHCNI. – Currently not happening – no funding identified by DHCNI and no one identified to take it forward. Agreed to keep on risk register as an action and review in 6 months if there has been any change. (Review ~~Sept 25~~ Mar 26). (but as ~~June~~ Sept 25 no update – sitting with IGAG and DHCNI). Assistant IG Manager appointed to support Service Leads in a review of new and existing contracts in line with UK GDPR (working wih Cyber Security colleagues, PaLS and DLS as appropriate). ~~Extensive work undertaken to draw up standardized clauses for inclusion into contracts – finalization of this due early July 25 by PHA Health Improvement.~~ Need for wider HSC discussion in independent sector social care contracts. IG awareness raising ongoing across PHA in relation to data sharing and other IG documentation to be	

and signed contracts returned during July/August 25. PHA Business Continuity Plan, reviewed during 24/25. Business Impact Analysis undertaken and Directorate BCPs developed. BCP test in May 25. Report of test completed and circulated Sept 25.			considered/completed as required (ongoing) Standing item at PHA IGSG agenda – further update will be given at next meeting Oct 2025.	

Corporate Risk 71

RISK AREA/CONTEXT: Public Inquiries - Reputational damage to the PHA as a result of criticism received from any of the statutory public inquiries around the Agency's ability to respond to the requests made of it by each Public Inquiry.	

DESCRIPTION OF RISK: There is a risk that the PHA may suffer reputational damage and loss of professional credibility if the outcome of any public inquiry results in criticism of the PHA. The PHAs ability to adequately respond to Public Inquiries in a timely and complete manner is critically important. Factors such as loss of corporate memory with many key members of staff no longer in PHA employment, capacity of current staff to devote the time required to input into responses, and no corporate document retrieval system to readily locate relevant files are relevant. There is also the risk of adverse impacts on other significant PHA deliverables, if key staff are required to reallocate their time to input into the work of ongoing Public Inquiries. There has been no dedicated support / increase in core funding for staff from DoH. The PHA is actively involved in three open public inquiries alongside a requirement to review the work undertaken in respect of the now closed Hyponatraemia, Neurology and Infected Blood Inquiries	**DATE RISK ADDED:** 30 April 2023 **REVISED:** June 2024 Mar 2025 **CLOSED:** N/A

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension

LINK TO ANNUAL BUSINESS PLAN 2025/26: Corporate Objective: Our Organisation Works Effectively

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Possible	Moderate	MEDIUM
Target	Unlikely	Minor	LOW

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

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/ Timescale	Review Date
A formal governance structure has now been put in place in relation to PI work within the Agency:	1st & 2nd line: -Dedicated Inquiries team led by staff working at AfC Ba 8A level with access to a formal Steering Group chaired by	Gaps in Assurance:		In the immediate term (April 25 – March 26) the Agency will continue to respond to the requests made of it - primarily in relation to the UK Covid-19 Inquiry.	~~Sept~~ Dec 2025

- A PI Programme Management Board chaired by the CEXE - A PI Steering Group chaired by the Director of Operations which meets as required. These groups are supported by a dedicated Inquiries team aligned to the Operations Directorate who co-ordinate the day to day response. The Agency has dedicated legal support for its PI work through a named Solicitor Consultant financed by PHA. Paper reviewing structure and support for Public Inquiry and Programme Governance drafted considered by AMT in Jan 25.	Head of Chief Executive's Office. 1st & 2nd line - Dedicated input by DLS Solicitor Consultant - Fortnightly reporting to PI Programme Management Board chaired by CEXE and containing Director and NED representation. - Update reports and escalation pathway to PHA board as appropriate. Approval from AMT and Board to take forward a new Working group reporting on the actions taken by the Agency to address recommendations relating to the PHA. 3rd line - None Identified	Gaps in Control: • No dedicated financial support from DoH (ie no increase in core funding) • Although the psychological impact of the Covid-19 response may have left an indelible mark upon staff, it is hoped that the tangible acts of recognition and engagement stemming from ODEF are helping to address this legacy of the pandemic.	~~Update as at 31st Dec 24. Paper reviewing structure and support for Public Inquiry and Programme Governance drafted and will be considered by AMT in Jan.~~ ~~Discussion at December Board meeting concluded that the risk rating would be kept under review.~~ Update as at 31 March 25. Following AMT and Board approval, an action plan is in place to establish new working group to monitor and report on Agency response to Inquiry recommendations and associated learning. Update as at ~~30 June~~ 30 Sept 25 Draft TOR developed and nominations for membership of new Internal working group sought from Directors. ~~New group to have its first meeting in Sept 25.~~ Pending clarification of interface between the Working Group and the work of the Quality, Safety and Innovation Directorate 1st meeting to take place in 3rd quarter 0f 2025/26. ~~Corporate Risk to be reviewed at end of next quarter~~	~~Sept~~ Dec 2025 ~~Sept~~ Dec 2025

Corporate Risk 73

RISK AREA/CONTEXT: Financial Planning Context 25/26
Finance / Operational Performance and Service Improvement Dimensons

DESCRIPTION OF RISK: In light of the current financial planning context, and the financial deficit facing the HSC sector in NI, there is a risk that PHA will be required to to deliver further savings against its current baseline budget. To achieve the savings, PHA will need to prioritise current investments which may risk the full implementation of the Reshape and Refresh programme . There is therefore a risk that PHA will be required to stop a significant number of existing contracts it has in place with Providers from March 2025. Without continued investment and growth it will not be possible to develop and deliver a Corporate Plan to deliver statutory requirements of Health Protection, Health improvement and tackle Health inequalities in NI.	**DATE RISK ADDED:** June 2024 **REVIEWED:** June 2025 **CLOSED:**

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension

LINK TO ANNUAL BUSINESS PLAN 2025/26: Corporate Objective: Our Organisation Works Effectively

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

LEAD OFFICER: Director of Finance and Corporate Services

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/ Timescale	Review Date
PHA approach will be guided by AMT and PHA board direction Development of Financial plan in advance of agreement of budgets.	1st and 2nd line assurances AMT/ PHA board to be updated on budget position on a regular basis. Formal confirmation of allocation for 2025/2026 received from DOH.	Gaps in Controls Gaps in Assurances One year budget cycle		Based on the indicative opening allocation, the 25/26 financial plan has been approved by the the Board. The plan takes account of the agencies saving targets & in year pressures and is projecting breaking even at 31 March 2026.	~~September~~ December 2025

Engagement at highest level with DOH officials including Perm Sec and Director of Health Engagement with Minister and SPAD on importance of PHA to the public health outcomes.	PHA staff to continue to engage with DoH Finance and Policy colleagues to ensure impact of achieving additional savings is understood.		The DoH have, however, noted a significant funding gap across HSC and while steps are being taken to address the gap the DoH have indicated additional savings may be required in year. Mid year update: The DoH have confirmed that a review of funding and savings have resulted in the funding gap being reduced to 360M with a further 68M potential savings identified in year. The DoH financial forecast continues to be challenging. PHA to continue to engage with DoH and monitor the financial position to ensure breakeven is achieved at 31 March 2026.	

Corporate Risk 74

RISK AREA/CONTEXT: ICS: Impact of the introduction of a new HSC system wide planning, delivery, performance monitoring and governance system on the PHA.	

DESCRIPTION OF RISK: A new system for the planning, delivery and performance management of health and social care is being designed and implemented in Northern Ireland. Integrated Care System (ICS) is the overall title for this. The primary risk is that the design and implementation of this new system and consequent legislation does not fully recognise the importance of public health in the role of planning and delivering better health for the population of Northern Ireland. The delay in the full programme of legislative instruments may mean that the PHA is at risk of operating 'ultra vires' in relation to accountability arrangements at an operational level with regard to joint planning and commissioning teams.	DATE RISK ADDED: June 2024 REVIEWED: CLOSED:

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

LINK TO ANNUAL BUSINESS PLAN 2025/26: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Possible	Moderate	**MEDIUM**
Target	Unlikely	Minor	**LOW**

LEAD OFFICER: Chief Executive

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating (RED)	Action Plan/Comments/ Timescale	Review Date
The Agency Chair and Chief Executive sit on the group led by the permanent secretary tasked with the design elements of the new planning and governance approach.	1st and 2nd lines - PHA Multi Disciplinary SPTs - Multi Disciplinary Planning and Commissioning teams	Control gaps: - Clarity around PHA role and resourcing - PHA does not currently have the planning capacity to support the anticipated requirements of joint commissioning and Planning bodies.		~~Joint PCT workshop planned for 21st December was postponed. New date currently being sought and agreed with CEO/COO.~~ SPT governance arrangements to be further developed within Reshape and Refresh programme	~~Sept 2025~~

| The Chief Executive sits on the regional project board for ICS and AIPBs

The senior officers of the PHA are involved in the developing the SOPs for how the systems of governance of planning will run at SPPG and PHA level.

PHA /SPPG workshop held on 23 June agreed actions on the following objectives relating to the new JPPTs:
- Review the core functions, range and remit of the new teams.
- Consider the governance and accountability arrangements
- Agree the structure, shape and support

Joint PCT workshop held June 25 | - Regular reporting into JAM (PHA/SPPG joint assurance meetings)

3rd line
- Internal Audit programme
- Reporting to PTEB | - This is being developed in parallel to the Reshape and Refresh programme.

Assurance:
- There is no legislative framework currently underpinning the Governance arrangements for the PHA
- PHA ICS hub in place to oversee the exchange of information and development of appropriate actions
- PHA CEO is engaged with SPPG interim Chief Operating Officer to develop a partnership approach to establishing and agreeing oversight arrangements for the new Planning and Commissioning Teams | New PHA leaders forum is being charged with taking discussions forward.

Following the June 25 workshop next steps include:
- SPPG and PHA to confirm Co charis and review JPPT membership
- New timeline and plan template to be produced
- Check in session to review progress planned for October 25
- Joint PPT development and governance arrangements to follow
- SLT will work to ensure coherence and alignment between joint performance and planning teams and public health planning teams. | Sept Dec 2025

Sept Dec 2025 |

Corporate Risk 75

RISK AREA/CONTEXT: Pandemic Preparedness

<table>
<tr>
<td>DESCRIPTION OF RISK: A key responsibility of the PHA is to provide the NI public health response to a pandemic. An emerging infectious disease including newly recognised infectious agents could result in large numbers of people falling ill and the next pandemic. The novel pathogen causing the epidemic could emerge abroad, with no effective treatment or vaccine. The immediate and critical public health response in NI will be focused on detection of the infection, surveillance, public health management of cases including testing, isolation, contact tracing, vaccination and treatments (if available). This needs to be scalable and will require co-ordination and implementation of national guidance and a supporting communications plan. National Risk Register 2023.
Key area of risk is the capacity of the organisation to deliver on its requirements for planning and response to a pandemic.</td>
<td>DATE RISK ADDED:

June 2024

REVIEWED:

CLOSED:</td>
</tr>
</table>

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

LINK TO ANNUAL BUSINESS PLAN 2025/26: Corporate Objective: Our Organisation Works Effectively

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

LEAD OFFICER: Director of Public Health

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
Establishment of PHA; SPPG and BSO Joint Pandemic Planning Preparedness Group (June 2023) Completion table top exercises: (completed in 2023/24/25).	Submission of draft plans to DoH assurance (Complete). The PHA / SPPG / BSO group is on hold after completing objective and will be re-convened to address outputs from	• Resources (capital and human) required to deliver a surge response for the required time period. • Joint planning with RoI and rest of UK in relation to border response for a pandemic including a 5 nations approach for the management of travel		• Meetings ongoing with convened by DoH from in January 2025 to review October 2024 Pandemic submissions. Currently on hold due to exercise Pegasus. • Opportunity re development of a UK wide Single Service	~~Sept~~ Dec 2025

Representation on the NI Regional Pandemic Preparedness Planning Board – June 2024

Representation on the NI Regional Pandemic Preparedness Planning Board – June 2024.

PHA representation on UKHSA 4 Nations planning groups as appropriate.

PHA represented as observers on RoI National co-ordinating Group for HPAI.

In light of upcoming exercise Pegasus, PHA are reviewed pandemic plans submitted to DOH in October 2024 and resubmitted in July 2025 with clear recommendations for urgent consideration including a request for a policy decision for NI sign up to UK wide Single Service Centre/ surge Response service.

National Pandemic Exercise, exercise Pegasus commenced Sept 2025 and will run until 2026. | Exercise Pegasus and deliver on long term planning for Pandemic Preparedness. ~~Members are involved in preparation for Exercise Pegasus and meeting weekly.~~

Business impact analysis completed in August 2025. Next stage of staff mobilisation being progressed via Senior Leaders Forum. ~~due for review and to include the realignment of services and staff to support a protracted response to a pandemic. Due 22nd August 2025.~~

The Corporate business continuity plan review completed March 2025 and tested on 6th May 2025.

~~A national pandemic exercise, Exercise Pegasus is commencing in September 2025 and will run until 2026. This will have respurce implications for the wider PHA, including Health Protection.~~ | with respect to data sharing around passenger locator forms. PHA input to this as appropriate but the work is led at government level and includes Home Office as well as health departments.

• Review of data sharing agreements with respect to data sharing for pandemic response including border health security and travel (PLFS).

• Ability to deliver a proportional contact tracing service to meet the requirements of the specific guidance with respect modelling assumptions as reflected in the UK National Risk register.

• Identification and funding of a digital solution for contact tracing.

• Development of business cases to be informed following further discussions with UKHSA re the proposed solution for a Single ServiceCentre/ Surge Response Service. | Centre/ surge Response service now to be factored in to decision for NI.

~~In light of upcoming exercise Pegasus, PHA are reviewed pandemic plans submitted to DOH in October 2024 and resubmitted in July 2025 with clear recommendations for urgent consideration including a request for a policy decision for NI sign up to UK wide Single Service Centre/ surge Response service.~~ | |

	There is regular liaison with UKHSA, other UK DA's and RoI on operational health protection matters. These can include cross border issus which are addressed on case by case basis while longer term solutions are worked through. The Common Framework is the statutory agreement which underpins co-operation and joint working across UK administrations. This agreement does support sharing of information across DA's. The WHO international health regulations are implemented at UK level and these underpin working with RoI, EU and other countries. These strategic frameworks are not a substitute for DSAs which are the responsibility of the relevant services -			

Corporate Risk 76

RISK AREA/CONTEXT:

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

Scheduling & Surveillance e.g. Healthy Child Healthy Future and immunisation programmes

Monitoring e.g. New born blood spot screening failsafe

Production of Quality and Performance Management Statisitics~~:~~ including
- Births, breastfeeding data and infant mortalities

CHS is the driver for the Child Health Programme which is comprised of a number of complex processes and supporting algorithms that help ensure the right children are called for the right treatment/surveillance at the right time and that any significant results or outcomes are suitably followed up. Failure in any part of this has potential for serious adverse patient impact.

The Child Health System is not currently live on encompass, Encompass intends to replace the Child Health System (CHS) regionally. The process of transitioning CHS workflows to encompass, including engagement with relevant stakeholders, has commenced with the majority work to commence in July 2025, the proposed Go Live date has been proposed to be extended to ~~February~~ a phased approach from August 2026 ~~however there are now concerns it will be further delayed.~~

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

DESCRIPTION OF RISK:	**DATE RISK ADDED:**
- The complexity of the system build - Confidence that it can be completed in the revised time scale - Ability to replicate the full functionality of the current system - Availability of an adequate resource~~. for~~ CHS staff ~~who are required~~ to support ~~the work~~ professional staff to advise on build and capacity of PHA to maintain current CHS while managing implementation ~~The r~~Rigorous testing ~~that will be required~~ and the time it will take to ensure ~~that the new system is fit for purpose~~ ~~Availability of professional staff to advise on the build – who is responsible for this~~ - Loss of data if it not migrated ~~to Encompass system and therefore will not meet the~~ in respect of record retention schedule ~~There is a risk of~~ Litigation if children and young people are not scheduled for; screening or the provision of results following screening, immunisations and developmental reviews	December 2024 **REVISED:** **CLOSED:** N/A

- Lack of interface between Encompass and GP systems which may impact on scheduling and recording of childhood immunisations ~~delivered in GP practices~~
- ~~The d~~Decision on what data is to be migrated from CHS will have a potential impact on ~~the~~ resources available currently from Deadalus to BSO and this will incur additional costs (updated 30.01.25)
- ~~Capacity of PHA to maintain current CHS while managing implementation stage of CHS Encompass.~~

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

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

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

LEAD OFFICER: Interim Director ~~NMAHP~~ Population Health

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating AMBER	Action Plan/Comments/ Timescale	Review Date
Existing Controls – IT Programme Board for CHS and Encompass. Extension to CHS contract sought and granted Go Live Date extended to February 26 Working group aware of interface challenges between GP systems and Encompass and will seek solution.	1st– Early Years and Family Nurse Partnership Nurse Consultants, ~~Interim Assistant Director Children and Young~~ People AD SPH Starting Well and Interim Director from ~~NMAHP~~ Population Health 2nd – Subgroups include, Screening and Service Development Nurse Consultant and Senior Systems and Business Analysts and Operations Service Manager.	**Gaps in Control:** Staged approach unconfirmed for Go Live CHS will be required to remain and run in parallel with the encompass sytem until all functionality and data flows have been tested and assurance has been sought that it replicates the CHS functionality. Gaps in interface between GP interface and Encompass,		Ongoing review of the work by all stakeholders will inform a Go Live date. At present ~~this is February 2026 however concerns over this date have been raised~~ ~~early July 2025. Further investigation needed.~~ It is proposed that it will be phased in from August 2026 with the exception of Preschool Vaccination and Immunisation Scheduling ~~Additional regional Encompass funding has been applied to this project. More will be requested if required.~~	~~July~~ Dec 2025

| High profile projects /enhancements need to continue have been identified e.g. changes to child health vaccination programme starting early next year (Phase 1 changes to the vaccine schedule commenced Jul 25). CHS are progressing with changes in preparation for changes to the childhood vaccine schedule Phase 2 Jan 26.

Encompass analyst resources ~~will be~~ were available from July 25, work ~~can continue to~~ is progressing but it has been proposed that the scheduling of preschool vaccinations will remain with CHS until EPIC are able to match this functionality. ~~the majority of work will commence July 25.~~

Escalated to Regional Encompass SRO and solutions are being actively sought to support Including applying trust encompass resources to the project to support the development.

Additional resource has been provided by Encompass to support CHS managers and | 3rd – Encompass | relating to Pre-Achool Vaccination Programme

Gaps in Assurance: | The revision of the project carried out in spring will allow progress to be monitored. ~~It may also mean that a revision of time scale is required, this will be followed up in Q2.~~ | |

BSO programme manager support. Dedicated Senior Project Manager now in place in PHA and as a result there is significant positive improvement Further GP representation has been secured A full revision of the project has been carried out (Spring 25) and detailed scoping documents provided to the Encompass. This informed the project plan and will allow progress to be monitored. Following the Risk Summit at end September'25 a proposal has been made to extend the go live date to August 2026 with the exception of preschool vaccination scheduling. A full review has taken place in relation to governance structures which have now been tightened up, with clear paths for escalation. 9 focus design groups, a working and steering group who report through the				

delivery readiness group supporting the governance structure. The project is now a standing agenda item on Regional Delivery Readiness Board which will provide oversight at senior level. Representation from five trusts to to inform and support the build across all 9 FDGs and working group. Additional regional Encompass funding has been applied to this project. More will be requested if required.				

APPENDIX 1

RISKS ADDED TO CORPORATE RISK REGISTER AS AT 30 SEPTEMBER 2025

APPENDIX 2

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 30 SEPTEMBER 2025

PHA Governance and Audit Committee Meeting Minutes

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

Member	Title	Attendance status
Mr Joseph Stewart	Non-Executive Director (Chair)	Present
Mr John Patrick Clayton	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present via Teams
Ms Anne Henderson	Non-Executive Director	Present
Ms Leah Scott	Director of Finance and Corporate Services	In attendance
Mr Aidan Dawson	Chief Executive	In attendance
Mr James Hickland	Representative for the Chief Executive's Office	In attendance
Mr Stephen Murray	Assistant Director of Planning and Business Services	In attendance
Mrs Catherine McKeown	Internal Audit, BSO	In attendance
Mr Ryan Falls	Cavanagh Kelly	In attendance
Ms Suzanne Murphy	Northern Ireland Audit Office	In attendance
Mr Craig Blaney	Non- Executive Director	In attendance as observer
Ms Karen Braithwaite	Senior Operations Manager	In attendance
Mr Robert Graham	Chief Executive Office Manager	In attendance
Ms Aisling Smyth	Secretariat	In attendance

1/25 - Item 1 – Welcome and Apologies

1/25.1 Mr Stewart welcomed everyone to the meeting and noted the apologies. As there were new attendees present Mr Stewart did a round of introductions. He welcomed Mr Dawson to the meeting, noting that he will need to leave early.

2/25 - Item 2 – Declaration of Interests

2/25.1 No declaration of interests relevant to any items on the agenda were made with the exception of Mr Clayton declared his ongoing work with regards to public inquiries with Unison.

3/25 - Item 3 – Minutes of previous meeting held on 12 June 2025

3/25.1 The minutes of the previous meeting, held on 12 June 2025, were **APPROVED** as an accurate record of that meeting, subject to an amendment requested by Ms McKeown referencing risk management 1st and 2nd lines of assurance.

4/25 - Item 4 – Matters Arising

4/25.1 Mr Stewart noted that an Action Log had been circulated in advance of the meeting and noted all matters arising were covered in the action log.

4/25.2 Mr Stewart noted two actions which are work in progress. The first was in relation to the SBNI DAC which Ms Scott said she will raise at the next Accountability Meeting with the SBNI Director of Operations. The second was in relation to the electronic document management system and Ms Scott advised she is also taking this work forward.

5/25 - Item 5 – Chair's Business

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

6/25 - Item 6 – Internal Audit

Internal Audit Progress Report [GAC/01/08/25]

6/25.1 Ms McKeown presented the Internal Audit Progress Report 25/26. She noted that there was a deferral of the audit of Serious Adverse Incident (SAI) learning audit (5 days) from 2025/26 into 2026/27. This deferral request was made given the revision of the regional SAI process which is due to take effect during this financial year. The 5

days available from this audit will be utilised across the mid-year and year end follow up of outstanding recommendations.

6/25.2 Ms McKeown advised that two audits had been carried out in quarter one. The first was Health Protection Surveillance (HPS) and she noted that this was the first time Internal Audit (IA) had looked into this area in recent years. Satisfactory Assurance was provided. Ms McKeown outlined the summary of the findings, noting that there was one recommendation that could further enhance HPS.

6/25.3 Mr Stewart asked for comments on the HPS audit.

6/25.4 Mr Clayton noted that consultant capacity was not raised as an issue in the audit. Ms McKeown advised that IA are content that appropriate measures are in place.

6/25.5 Mr Dawson advised that the organisation has made significant investment with regards to digitisation. He advised that there is now a multi-functional team approach to mitigate risk against a lack of consultants.

6/25.6 Mr Clayton noted that he is reassured that consultants are not a factor.

6/25.7 Mr Clayton asked about business continuity planning for HPS and the timing of developing the plans. Mr Dawson advised that it will happen with the move into the new Directorate structures. He advised that new Directorate Business Continuity Plans (DBCP) will be developed with Health Surveillance and Health Protection. He advised that Operation Pegasus will test the robustness of our systems in Northern Ireland and at a National level and that the organisation is working internally and with SPPG and to identify a team to take this forward.

6/25.8 Ms Scott noted that there has been good progress on the IA recommendations on Business Continuity Planning and introduced Ms Braithwaite and advised that her team has been working through the Business Continuity Planning.

6/25.9 Ms McKeown advised that the second audit was Risk Management with a Satisfactory Assurance provided. She advised that PHA has a Risk Management Strategy and Policy in place which is effective. She advised on two findings (1) risk appetite, where the organisation should further define and implement its appetite towards risk and (2) RAG rating on the effectiveness of controls, where a definition of RAG (red, amber, green) ratings should be provided.

6/25.10 Mr Stewart noted that the intent and concept of RAG rating has changed. He advised that it is the intention of the Chair to organise a board meeting to specifically go through the Risk Registers and understand what is meant by RAG rating and risk appetite. Mr Clayton welcomed this from the Chair and noted how different risk appetite is across the organisation and how different the levels of tolerance are. Mr Stewart advised that he will be meeting with the Chair of the PHA and will organise a date for the board to go through Risk Registers.

6/25.11 Mr Stewart noted that it is good to have Satisfactory Assurance on the two audits and thanked Ms McKeown and Internal Audit for the report.

6/25.12 Members noted the Internal Audit Progress Report.

7/25 - Item 7 – Corporate Governance

PHA Internal Audit Oversight [GAC/02/08/25]

7/25.1 Ms Scott presented the Internal Audit Oversight paper. She advised that the process was established to help address the issues which contributed to last year's Limited Assurance in order that Satisfactory Assurance is achieved this year. She advised that the report has been shared with AMT and acknowledged it will be refined and developed as it evolves, noting that it will need updated with the new organisational structures in due course. She advised that it focuses on Priority 1 and 2 recommendations.

7/25.2 Ms Scott noted that the report is a summary of the overall landscape and implementation status. She advised of the 41 recommendations, 4 are fully implemented, 20 are partially and it is likely that a further 10 will be implemented by the end of August. She noted that there has been close work with IA who have been assisting on the evaluation status.

7/25.3 Ms Scott advised that engaging with 3rd parties can be a constraint to closing off some of the recommendations.

7/25.4 Mr Stewart asked for comments from the committee.

7/25.5 Ms Henderson noted that it is a well set out report and shows good focus. She suggested that there could be some recommendations that could be worked through quickly and others, such as the management of vaccines, which would be good to see being completed. She noted that HPS is a critical area and it was a significant achievement to receive a satisfactory rating for which congratulations should be passed to the team.

7/25.6 Mr Irvine agreed that this report is helpful. He noted the longer-term recommendations, ie those longer than 2/3 years, and suggested that it is the responsibility of the organisation to bring these to a conclusion. He noted that with regards to the Trust contracts PHA should be more forceful in demanding improved compliance, given the limited assurance in this area. He said that he would like to see Directors and middle managers coming forward and presenting proposals.

7/25.7 Mr Clayton noted that the right goals are being set but it can be difficult to establish the goals and that could be why we ended up with Limited Assurance. He questioned the understanding of risk within the organisation. He suggested that to achieve our objectives and prevent Limited Assurance, one of the objectives needs to be the understanding of conceptualising risk and how we prevent Limited Assurance happening again.

7/25.8 Ms Henderson noted that with regards to the legacy issues that there is now a stable senior management structure in place to address these issues and move them forward. She suggested with the Trust Commissioned Services that work could be completed internally before engaging with the Trusts and then the Chief Executives from PHA and Trusts could work together and the legacy issues could be resolved. She noted that the procurement issues are moving forward and making good progress and Satisfactory Assurances coming out today is good progression.

7/25.9 Mr Dawson noted that it is helpful to recognise some of the issues were cultural and the organisation has changed over recent years. He said there was more management focus as well as accountability and responsibility on legacy issues. He agreed with Mr Irvine and noted that the legacy issues need focus to be worked through with no excuses. He advised that the legacy issues might take time to tackle but there is management focus to work through them. He advised that management are in the process of setting up accountability meetings with each Trust twice per year and there is also a Support Intervention Framework set up with SPPG. This will be a joint meeting with SPPG and the first one was on Tuesday past and the intention is that it will bring focus and attention to tackling the issues. He advised that we can learn from SPPG with regards to contracts with the Trusts.

7/25.10 Mr Stewart noted it is an excellent paper and he is looking forward to the next update, bringing more up to date information is great and good progress is being made. He agreed with Mr Clayton that the objectives are good and it is a massive step forward for AMT and management to focus on but also noted that it is important to clear off the outstanding recommendations. He also advised that realistic completions dates need to be agreed as revised audit dates can be a worry so it is important that realistic dates for completion are agreed at the outset.

7/25.11 Mr Stewart made a few suggestions for tweaking the report. He asked that for audits where the implementation date has not passed, an update on progress to date be provided and where an implementation date has passed without completion, an explanation as to the reason be included. Updates to be made to the report to integrate these suggestions. **(Action 1 – Ms Smyth)**

7/25.12 Members noted the PHA Internal Audit Oversight paper.

Corporate Risk Register as at 30 June 2025 [GAC/03/08/25]

7/25.13 Ms Scott presented the Corporate Risk Register (CRR). She advised that it was an opportunity to refine and reflect on the current risk environment. She advised that no new risks had been added. Corporate Risk 55 (Shortage of Staff) has been changed from a high to medium risk rating and the RAG rating on control effectiveness has also changed.

Ms Scott summarised the changes to the CRR. She advised that in relation to the cyber security risk the organisation is exposed by relying on partner organisations. She referenced Internal Audit's recommendation relating to risk appetite and noted that there will a workshop for the Board later in the year, facilitated by external providers, to consider risk appetite across the organisation.

7/25.14 Mr Stewart asked for comments.

7/25.15 Ms Henderson noted that Management of Vaccinations and Procurement would be seen as high risk and asked if that should be on the CRR. Ms Scott advised that it is on the Directorate Risk Register and managed through the Directorate. She noted that this is a highly regulated area and they work closely with DOH.

7/25.16 Mr Dawson noted that the Management of Vaccination is a concern with the rates of vaccinations not as high as in previous years and there is ongoing work with the DOH on how we can influence this to increase the vaccination rates. He noted that the

control of the Vaccination programmes has improved, suggestions have been taken onboard and there is a greater understanding of stock management. He noted that this wouldn't be on the CRR, but potentially could be a risk to the organisation's reputation. He advised that there on ongoing discussions with DOH on how we move the vaccination agenda forward.

7/25.17 Mr Clayton noted that CR55 had changed to medium risk and said it was encouraging to see three posts have been filled and asked how far the organisation felt the risk had been mitigated. Mr Dawson advised that this had been discussed in the accountability meeting with the DOH which was held in July and a paper had been presented on that issue and the paper could be shared. **(Action 2 – Mr Graham)** He advised that there was good movement on staffing and training programmes and the risk around staffing is mitigating overall.

7/25.18 Mr Clayton noted CR 74 Integrated Care System and the RAG rating of red for Control Effectiveness. He asked if the right governance arrangements were in place and suggested that this could be one of the topics for the risk workshop.

7/25.19 Mr Dawson advised about a new committee; 'Committee in Common' and joint meetings with PHA, BSO and SPPG and ongoing talks with DOH and how to take initiatives forward.

7/25.20 Mr Clayton asked about Pandemic Preparedness and if PHA was reviewing pandemic plans and if the risk requires further updates. Mr Dawson advised that there have been discussions around contact tracing and this being directed by national level leadership. He noted that Operation Pegasus was coming later this year.

At this point Mr Dawson left the meeting.

7/25.21 Members Approved the Corporate Risk Register as at 30 June 2025.

Chief Executive Office Directorate Risk Register [GAC/04/08/25]

7/25.22 Mr Hickland was at the meeting on behalf of the Chief Executive Office to present the report. Mr Stewart noted that he did not need to go through the full report and asked for comments or queries on the report.

7/25.23 Ms Henderson noted that it was good to see the Web development on the risk register and good to see investment in this area.

7/25.24 Mr Clayton noted that a number of the websites are reaching end of life.

7/25.25 Mr Hickland advised that in the website audit there were a total of 14 sites. Some corporate and some independent, some of these are reaching end of life. He advised that there is a corporate website redevelopment team in place and a project plan has been agreed.

7/25.26 Members noted the Chief executive office Directorate Risk Register.

7/25.27 Ms Scott presented the Quarterly Complaints, Compliments and Claims Report. She advised that it had been considered by AMT and that there were a low number of complaints with one closed this year. She advised that compliments were included in the report.

7/25.28 Mr Stewart asked if one of the audit recommendations is the handling of complaints. Ms Scott advised that it was and there is work almost at completion with training and the processes around handling complaints.

7/25.29 Ms Scott gave a summary of a closed claim and there was a brief discussion around this.

7/25.30 Members noted the Quarterly Complaints, Compliments and Claims Report.

8/25 - Item 8 – External Auditor's Final Report to those Charged with Governance *[GAC/06/08/25]*

8/25.1 Ms Murphy presented the External Auditor's report. She advised that it was the final report. The audit is complete and certified and it reads as it was in June. She proposed that the members did not need to go through it again today.

8/25.2 Ms Stewart agreed with Ms Murphy that the report was considered in detail in June and there was no need to go through it today.

8/25.3 Members noted the External Auditor's Final Report.

9/25 - Item 9 – Update on Cyber Security *[GAC/07/06/25]*

9/25.1 Ms Scott presented the paper on the update on Cyber Security. She advised that this paper was in response to an open action point. She advised that initially it was to give assurance, but that this paper now provides an overview of the accountability structure in place for cyber security across the agency and the arrangements in place to support the PHA. She advised on the internal cyber security arrangements currently in place. She noted that the members can see the full detail in the report.

9/25.2 Mr Stewart noted that the paper would be worth circulating to the board and noted that Mr Irvine took a great interest in cyber security and what his thoughts were on the paper.

9/25.3 Mr Irvine noted that raising awareness is important and the worry that one incident can have huge repercussions for the organisation. He noted the importance of training for both new employees at induction to be aware of the issues and long-term employees to avoid complacency. He noted that the organisation needs to devise strategies to keep staff alert to potential threats.

9/25.4 There was a discussion around 3rd parties and how to give extra levels of assurance with regards to cyber security.

9/25.5 Mr Murray advised that there are legal responsibilities and a governance process that has a checklist for 3rd parties on their arrangements with regards to cyber security. The 3rd parties need to have their own accountability and responsibility as it is a legal requirement. PHA checks to make sure they have their processes in place. He added that the process is completed annually for ongoing assurance.

9/25.6 Ms Henderson asked if these processes and arrangements could be added to the Cyber Security paper before it is circulated to the board. The paper is to be updated and then circulated to the board. **(Action 3 – Ms Scott / Mr Graham).**

9/25.7 Mr Clayton asked if IA have an insight in to what ITS are exposed to. Ms McKeown advised that the Shared Services Audit is carried out and the governance statement provides assurance to PHA.

9/25.8 Ms Scott advised that BSO ITS will be hosting Cyber Security training for the board when a date can be agreed. She highlighted that this training will have scenarios specific to the PHA.

9/25.9 Members Noted the Update on Cyber Security.

10/25 - Item 10 – Any Other Business

10/25.1 There was no other business.

11/25 - Item 11 – Details of Next Meeting

Friday 17 October 2025 at 2pm

Fifth Floor Meeting Room, 12/22 Linenhall Street

Mr Stewart asked the members to note the change in date and time of the next meeting.

Signed by Chair:

Joseph Stewart

Date: 17th October 2025

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	23 October 2025
Title of paper	Mid Year Assurance Statement
Reference	PHA/03/10/25
Prepared by	Joanne Martin
Lead Director	Leah Scott

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

1   Purpose

The purpose of this paper is to seek PHA Board approval of the PHA Mid-Year Assurance Statement.

2   Background Information

All arm's length bodies are normally required to submit a Mid-year Assurance Statement to the Department of Health in a template that is set by the Department.

The Statement was approved by the Agency Management Team on 10 October and by the Governance and Audit Committee on 17 October.

3   Key Issues

The Mid-Year Assurance Statement provides assurance on the systems of internal control in line with Departmental guidance. It includes details of Internal Audit assignments for 2025/26 completed to date.

4   Next Steps

Following approval by the PHA Board, the Statement will be signed by the Chief Executive and forwarded to the Department of Health for information.

DoH ARM'S LENGTH BODY: MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in Public Health Agency as at **30 September 2025**.

The scope of my responsibilities as Accounting Officer for the Public Health Agency, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which I signed on 19 June 2025. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. **Governance Framework**

The Governance framework as described in the most recent Governance Statement continues in operation. The Governance & Audit Committee, the Remuneration and Terms of Service Committee and the Planning, Performance and Resources Committee have continued to meet and to discharge their assigned business. Minutes of their meetings, together with board meeting minutes containing the Committees' reports, are available for Departmental inspection to further attest to this.

2. **Assurance Framework**

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the board. Minutes of board meetings are available to further attest to this.

3. <u>Risk Register</u>

I confirm that the Corporate Risk Register has been regularly reviewed by the board of the organisation and that risk management systems/processes are in place throughout the organisation. As part of the board-led system of risk management, the Corporate Risk Registers are reviewed quarterly by the Agency Management Team (AMT) and Governance and Audit Committee (GAC). Directorate Risk Registers are also reviewed by AMT and the GAC on a rotational basis. The Corporate Risk Register is brought to the PHA Board meeting at least annually, most recently on 28 August 2025**.**

In addition, I confirm that Information Risk continues to be managed and controlled as part of this process.

4. <u>Performance against Business Plan Objectives/Targets</u>

I confirm satisfactory progress towards the achievement of the objectives and targets set by out in the organisation's business plan 2025/26, as approved by the Department of Health (DoH). The latest Performance Report to the Board as at 30 June, advised that of the **27** actions agreed, **3** actions have been categorised as red (significantly behind target/will not be completed), **2** actions have been categorised as amber (will be completed, but with slight delay), **21** actions have been categorised as green (on target to be achieved).

In relation to the 3 actions rated as red the PHA is continuing to progress work in these areas. (i) Work to update and test multi-disciplinary team (MDT) decision making pathways for care home residents to reduce unnecessary admission to hospital is now being managed via the workstream established under the Big Discussion looking at Advanced Care Planning. (ii) The development of an Operational Framework for the new Public Health Planning Teams is progressing and will be finalised by October 2025. (iii) Work to develop a partnership strategy and action plan has been significantly delayed as

the DoH review on public engagement has been paused. Work to finalise the strategy and action plan will be progressed once the DoH review has been completed.

5. **Finance**

I confirm that proper financial controls are in place to enable me to ensure value for money, propriety, legality and regularity of expenditure and contracts under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda which includes:

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;
- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;
- preparation of business cases for all expenditure proposals in line with FD(DoF)11/20 Better Business Cases NI and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;
- accounting accurately for the organisation's financial position and transactions;
- securing goods and services through competitive means unless there are convincing reasons to the contrary; and
- procurement activity should be carried out by means of a Service Level Agreement with a recognised and approved Centre of Procurement Expertise (CoPE)

6. Information Governance – UK General Data Protection Regulation (UK GDPR) & Data Protection Act (DPA) 2018

I can confirm that my organisation has taken appropriate steps and is carrying out the necessary actions to ensure ongoing compliance with UK GDPR and DPA 2018.

7. External Audit Reports

I confirm partial implementation of the external auditor's accepted Priority 2 recommendation in relation to the management of vaccine stock levels. In line with the recommendation the Agency is taking steps to implement the internal audit finding to further consider the trends and uptake of vaccines to reduce wastage.

8. Internal Audit

I confirm implementation of the accepted recommendations made by internal audit, with the following exceptions.

Internal Audit carried out a full review of priority 1 and 2 accepted audit recommendations where the implementation date had now passed and provided a detailed progress report to the Governance and Audit Committee on 17 October 2025. The outcome of this report highlighted that 72 (82%) of the outstanding 88 recommendations examined were fully implemented and the remaining 16 (18%) were partially implemented. Action is currently being taken to ensure all recommendations are being fully implemented. A copy of this report is available if required.

As at 30 September 2025 the following internal audit reports planned for 2025/26 have been finalised.

System Reviewed	Level of Assurance Received*
Health Protection Surveillance	**Satisfactory**
Risk Management	**Satisfactory**
Research & Development	**Satisfactory**

Internal Audit's definition of levels of assurance:

Satisfactory: Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.

Limited: There are significant weakness within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.

Unacceptable: The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

There were no priority one findings issued in the 25/26 reports which represent 50% of the current year audit programme. The 2 outstanding Priority one recommendations, from limited reports issued in prior years have now been implemented. There are a number of outstanding Priority two recommendations which continue to be progressed.

9. RQIA and Other Reports

The PHA works closely with SPPG colleagues to continue to refine and improve governance reporting and assurance mechanisms to support the commissioning of safe services. An updated Safety and Quality framework for PHA/SPPG is under development. Governance and reporting structures for this work sits with the Joint Assurance Group (JAG). Extant arrangements for the provision of professional public health advice remain in place.

10. NAO Audit Committee Checklist

I confirm completion of the NAO Audit Committee Checklist and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

11. Board Governance Self-Assessment Tool

I confirm completion of a Board Governance Self-Assessment Tool and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

12. Internal Control Divergences

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department; the conditions and requirements set out in the Partnership Agreement, other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

   a) Update on prior year control issues which have now been resolved and/or are no longer considered to be control issues (reviewed against criteria set out in table A3.1b MPMNI)

Financial Performance

The budget for Health and Social Care in Northern Ireland continues to be challenging. The PHA approved a financial plan in June 2025 on its financial position and direct resources. Financial performance has been monitored against this plan during the financial year and the PHA is currently projecting a breakeven financial position in

2025/26. On the basis that there are controls and assurances in place in respect of this risk and monthly monitoring reports produced and shared, the divergence is considered closed.

Pause on Campaign Programme

As a result of pressures on the HSC budget the DoH introduced a pause on campaign related mass advertising by its ALB's during 2023/24 which has continued into 2025/26.

Whilst other communication channels have been deployed the evidence base demonstrates that they are less effective in reaching population wide audiences therefore the PHA recognises that the pause in its campaign programme is likely to have a detrimental impact on its ability to meet strategic commitments and annual business plan targets. As this is a directive from the DoH and mitigations are in place the divergence has now been closed.

PHA Staffing Issues/Staff Resilience

During the 2025/26 year the PHA continues to consider the workforce requirements both in terms of recruitment and retention in order to fully address the recommendations in the 'Rapid, focused external review of the Public Health Agency's resource requirements conducted by Dr R Hussey in December 2020. While significant progress has been made to implement a new operating model through the Reshape and Refresh programme there remain a small number of key areas which present a risk to the fulfilment of the statutory functions of the agency. As the issue has not stemmed from a failure in governance and is primarily due to supply and demand issues within the labour market the divergence is considered closed.

Recruitment – Consultant Workforce

PHA continues to face challenges in respect to consultant staffing. The recent permanent recruitment process for both Health Protection Consultants and Generic Public Health consultants was relatively successful and we have appointed 3 new permanent

consultants and 3 locum consultants to join the PHA in the last 3 months. Despite this success, consultant capacity remains constrained due to a mixture of vacant posts and staff not being available for work due to leave. The Agency continues to monitor the risk via the directorate risk register. As the issue has not stemmed from a failure in governance and is primarily due to supply and demand issues within the labour market the divergence is considered closed.

Hosting of SBNI

The PHA is the corporate host of the SBNI, via arrangements which are governed by a Memorandum of Understanding (MoU). As such, SBNI expenditure is recorded within the accounts of the PHA and whilst the PHA Chief Executive has no day to day responsibility for the operations or expenditure of SBNI, he is the de facto Accounting Officer for SBNI. The SBNI has its own Board and the Chair of the SBNI provides an annual assurance statement to the PHA Chief Executive to attest to the effectiveness of internal control within SBNI. Additional controls are being put in place to oversee this arrangement, principally through a draft revised MOU, however, the ambiguity is unlikely to be fully mitigated and may remain. As the hosting arrangement does not reflect a failure in governance the issue is now considered closed.

Public Inquiries

The Agency continues to discharge its statutory responsibility to the UK Covid-19 Inquiry through the preparation of corporate witness statements and the delivery of oral evidence across the Inquiry's constituent modules. While the Agency's live engagement with the UK Covid-19 Inquiry is anticipated to conclude in-year, it will remain necessary to allocate resources to assess and respond to any recommendations arising from the Inquiry. In addition, the Agency will be required to dedicate further resourcing to consider the implications of recommendations emerging from the anticipated outcomes of both the Urology Services Inquiry and the Muckamore Abbey Hospital Inquiry. As the agency are proactively managing the risk presented in meeting its overall objectives within a finite

pool of resources the issue is now considered closed. An update will be reflected in the performance statement going forward.

b) *Update on prior year control issues which continue to be considered as control issues*

Management of Contracts with the Community and Voluntary Sector

In 2023/24 internal audit made a number of recommendations aimed at strengthening the PHA control arrangements relating to procurement when contracting with Community and Voluntary Sector. The PHA has continued to progress these recommendations, working with providers to review contract activity, agree revised performance measures and considering changes in how services are targeted and delivered. A more detailed review of the current Progress Monitoring Returns (PMR) process is currently being undertaken to ensure that the measures of performance included in contracts are more focused on demonstrating the outcomes being achieved.

The 2023/24 report included a priority one finding relating to the implementation of the PHA Social Care Procurement Plan, which has now been implemented. During 24/25 the PHA Procurement Board completed a detailed review of all existing contracts and has identified a clear process for how each contract will be reviewed and the funding award process likely to be use to secure a new service. As a result of this review and the introduction of the Public Procurement Policy, it is anticipated that a significant number of the existing contracts will be more appropriately managed as grant awards.

A revised Plan sets out the processes which will be used to commission new services and provides a clear pathway to address the outstanding priority 2 recommendations going forward. The PHA will continue to work closely with colleagues in BSO (Directorate of Legal Services and Procurement and Logistics service), HSC Trusts and the DoH, to ensure that procurement processes continue to meet regional policy and guidance.

Cervical Screening

Following concerns about the performance of a small number of screening staff in the SHSCT laboratory the Trust asked the Royal College of Pathologists (RCPath) to: undertake a review of laboratory data; assess whether there were any issues with laboratory performance; undertake a risk assessment; and advise of actions that should be taken forward.

The RCPath report was published by SHSCT on 30 September 2023 and contained a number of critical findings relating to performance in the SHSCT laboratory and arrangements to identify and address underperformance within the laboratory over a protracted period of time from 2008 - 2021. The report also recommended that primary HPV screening be implemented as soon as possible.

Staff from the PHA worked intensively with the SHSCT to implement a Review exercise in order to identify women whose last screening samples were processed in the SHSCT by one of the screeners whose performance had been highlighted in the report. The review completed in autumn 2024 and the outcomes report was published in December 2024, alongside a companion report describing cervical cancer cases in the SHSCT during the affected time period. The review found that the vast majority of previous smear results were unchanged and were reconfirmed as normal. An external expert opinion on the findings of the review was commissioned with the report received in March 2025. This report endorsed the robustness of the review process and noted that the rate of abnormalities found at review indicated a relatively high sensitivity of the original result. Primary HPV screening was introduced across Northern Ireland on 11 December 2023. As the next phase of this significant service change, the PHA led a reconfiguration of laboratory services during 2024/25. All cervical screening laboratory services were transitioned to one site within Belfast Trust from 1 November 2024. There is ongoing work with the BHSCT to manage laboratory turnaround times as a result of this service change and to stabilise the service for the future with particular focus on the recent outsourcing of HPV testing due to an equipment failure.

The PHA commissions the provision of three Cancer Screening Programs and oversees Quality Assurance for those programmes. Cervical screening is one of these programmes. There is a Quality Assurance Structure in place, led by the PHA, the core purpose of which is to maintain national standards and promote continuous improvement in the cancer screening programmes to ensure that all eligible people have access to a consistently high quality of service wherever they live and in line with NI Department of Health's population screening policy.

While the RCPath Consulting report was commissioned by and focused on the Southern Trust laboratory, it was considered prudent to review the Quality Assurance function carried out by PHA and how the issues relating to underperformance were present in one of the laboratories carrying out cytology for the screening programme over a 13-year period. Screening experts from NHS England have now completed a detailed peer evaluation of our oversight and QA processes within the cervical screening programme laboratory service. The report of this evaluation has been received and makes a number of recommendations for improvement. The PHA is developing an action plan to take forward these recommendations.

In response to a multi-patient SAI report in the SHSCT related to the audit of invasive cervical cancers, the DoH has asked the PHA to lead a regional piece of work to improve and standardise the patient disclosures process associated with the audit. This will build on a quality improvement project already undertaken in the SHSCT. The PHA is putting plans in place to undertake this additional work.

Management of Vaccine Programme

During 2024/25 the PHA received limited assurance in relation to the management of vaccines where weaknesses in stock management issues, governance arrangements and contract spend oversight were identified.

The PHA immunisation team manages circa 30 public vaccine programmes across NI. One of the main systems used for administration and tracking of the vaccines is the Vaccine Management System (VMS) which transferred to the PHA from the DoH during 2023. During the course of the audit, gaps were identified in the process used for the management and validation of stock levels. The main contributing factor identified was insufficient information being provided by the contracted supplier and the vaccine administrators e.g. GP Surgery. As the VMS system informs the setting of delivery quotas for the following year this is contributing to the level of vaccine which remain unused at the end of the season. The situation is also complicated by the current contractual arrangements in place.

The team have implemented a number of improvements to the programme following the internal audit:

- The appointment of a Band 6 Vaccine Logistics Coordinator to oversee the management of the PHA-owned vaccine stock. Stock is managed via an operational dashboard which displays vaccines ordered and vaccines administered.
- PHA uses this information to inform individual GP practices of their waste to raise awareness of their own ordering behaviour, vaccine waste and uptake. PHA have approached SPPG to investigate the possibility of adding self-reported waste to the GP claims form, however, this is unlikely to be accepted by GP representatives without revisiting the increase in the item of service fee. The recommendation is funding dependent (pending the outcome of the GP discussion with SPPG) so, in the absence of funding to support an increase to the item of service fee, PHA will not be a position to fully implement.
- Furthermore, work is progressing to align GP payments to administrations recorded on VMS. This will facilitate better monitoring through improved data quality and therefore provides a more complete picture of vaccine usage and waste and may identify other measures that might support reduced waste.
- In terms of movement of vaccine stock regionally, PHA cross checks vaccine stock delivered in alignment with individual practice quotas. In addition, spot checks are

now in place for the contracted distributer to provide delivery notes (with signed proof of delivery). Checks take place across all products, geographies and provider type. Presence of signature and job title of signatory are checked.

- The team is reviewing the existing Memorandum of Understanding between SPPG, DoH, the Regional Pharmaceutical Procurement Service and PHA to formalise the roles and responsibilities relating to the strategic and operational implementation of vaccination programmes.

Trust commissioned services

During 2024/25 the PHA received limited assurance in relation to the audit of trust commissioned services where weaknesses in relation to performance management arrangements with HSC and the lack of a legacy business case register were identified. The report highlighted the need to standardise and strengthen the approach to performance management with HSC Trusts and the need to develop a framework of accountability to ensure robust monitoring. The establishment of a formal review process by PHA to ensure services, currently commissioned, are sufficiently aligned to population needs was also identified. The report contains a priority one recommendation which relates to a funding stream from PHA to HSC Trust which no longer falls within the PHA remit. This funding has now been transferred to SPPG who will monitor future performance of the initiative. A PHA has established a project team to review Contract Management Processes. A key objective of this Team is to consider the audit recommendations and develop new performance management processes that will address the issues highlighted. The Project team is due to report in January 2026.

c) There has been no new issues identified in the current year

13. Mid-Year Assurance Report from Chief Internal Auditor

I confirm that I have referred to the mid-year Assurance report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations.

14. Annual Assurance of Fitness of Accounting Officer

I confirm that I remain fit to carry out the role of Accounting Officer in accordance with MPMNI Chapter 3 and that any issues arising which question my ability to carry out the role (e.g. bankruptcy, disqualification, serious conflicts of interest, etc.) are notified immediately to the Departmental Accounting Officer.

Signed: *Date:*

CHIEF EXECUTIVE & ACCOUNTING OFFICER

item 10

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	23 October 2025
Title of paper	Annual Quality Report
Reference	PHA/04/10/25
Prepared by	Denise Boulter and Brendan Forde
Lead Director	Heather Reid

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

1   Purpose

The purpose of this paper is to approve the 2024/25 Annual Quality Report.

2   Background Information

The PHA is required by the DoH to produce an Annual Quality Report in line with the implementation of the Q2020 Strategy.

This is the PHAs twelfth Annual Quality Report, and the third without input from the HSCB. The aim of the report is to share information and demonstrate improvements both to those who use health and social care services and those who deliver them.

The DoH issued guidance on the content of the Annual Report and the expected timescales for completion. The DOH has stated they no longer need to review the publication before formal publication on the 13th November 2025, 'World Quality Day' in conjunction with all HSC Trust and ALB Annual Quality reports.

3   Key Issues

The report has been written under the following 5 strategic goals:
- Transforming the Culture
- Strengthening the workforce
- Measuring the improvement
- Raising the standards
- Integrating the care

This year each of the Q2020 strategic goals have been subdivided under the strategic themes in our Corporate Plan 2025-2030:

- Protecting health
- Starting well
- Living well
- Aging Well

4   Next Steps

Following approval by the PHA Board, the Annual Quality Report will be sent to the Department of Health for publication on World Quality Day on the 13th November 2025.

Transforming the Culture

Strengthening the Workforce

Measuring Improvement

Raising the Standards

Integrating the Care

QUALITY 2020

ANNUAL QUALITY REPORT 2024/25

Contents

Raising the Standards 47

Integrating the Care 62

Welcome to the Twelfth Annual Quality Report of the Public Health Agency (PHA)

I am pleased to present the twelfth Annual Quality Report of the Public Health Agency (PHA), covering the period from 1 April 2024 to 31 March 2025. This report reflects our continued commitment to improving the quality of health and social care services across Northern Ireland, guided by the principles of the Q2020 Strategy—a ten-year vision to protect and enhance quality in Health and Social Care.

While it is not possible to capture every aspect of our work, this report highlights key achievements and developments that demonstrate our dedication to improving safety, outcomes, access, efficiency, and patient experience. This year, we have aligned each article not only with the strategic themes of Quality 2020, but also with the priorities outlined in our new Corporate Plan 2025–2030 (https://www.publichealth.hscni.net/publications/pha-corporate-plan-2025-2030). This plan sets our strategic direction for the next five years, informed by evidence, stakeholder engagement, and aligned with the Programme for Government and Department of Health priorities.

A major focus during 2024/25 was the implementation of the Reshape and Refresh Programme, aimed at strengthening the PHA's leadership and capacity to meet evolving public health needs. As part of this transformation, we undertook a review of our organisational structure, resulting in the creation of a new Assistant Director framework, the establishment of a Population, Data & Intelligence Directorate, and the appointment of a Director of Finance and Corporate Services to enhance our financial and operational capabilities.

In June 2024, we launched our first People Plan, laying the foundation for improved staff development and engagement. Since then, we have made significant progress, including:

► Development of a PHA Skills Framework
► Establishment of Health & Wellbeing and Culture Champions across all sites
► Introduction of an Organisational Culture Work Programme
► Enhanced focus on key metrics such as appraisal rates, mandatory training, and internal communications

This report provides an opportunity to reflect on our achievements and reaffirm our commitment to continuous improvement—especially in the face of growing demand, an aging population, and the unprecedented challenges facing the health and social care system.

Finally, I want to extend my sincere thanks to all our staff for their dedication and resilience over the past year. Your efforts have been instrumental in driving progress and delivering high-quality care. Together, we will continue to place the people of Northern Ireland at the heart of everything we do.

Thank you

Aidan Dawson
Chief Executive
Public Health Agency

Transforming the Culture

Objective 1: We will make achieving high quality the top priority at all levels in health and social care.

Objective 2: We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

INTRODUCTION

The Public Health Agency (PHA) recognises that, for the quality of care and services to be of the highest standard, the culture of an organisation must be open, honest, and transparent and, in particular, patient and client focused.

Key to transforming organisational culture is the willingness of the senior team to lead from the front in motivating staff, prioritising patient and client care, while embracing change in the rapid moving climate of Health and Social Care (HSC).

1. Developing an Organisation Fit for Future Healthcare Demands: PHA Reshape and Refresh Programme

The PHA continue to implement a major transformation programme which will lead to a new model for operational delivery within the PHA. The programme, entitled Reshape & Refresh, will support the Agency in ensuring it is well placed to deliver its functions, implement its corporate plan and to deal with ongoing and future public health needs of the population. During 2024/25 the Programme has focused on implementation of the approved target operating model, which is on course for completion within 25/26. Last year there were notable achievements across a range of areas including:

Outcomes

1. A review of the PHA organisational structures was undertaken with the establishment of a new Assistant Director structure in December 2024/January 2025 and progress underway to support the design of tier 4 roles within the new organisational structure.

2. Establishment of a new Directorate – Population, Data & Intelligence. Work has been progressing to develop this Directorate alongside its Director role.

3. Finance was identified as a function which should be developed within the Agency. A new director of Finance and Corporate services was appointed and took up post in March 2024 alongside a finance team transferring to the PHA to support the development of this function.

4. A number of functions were identified as being better strategically aligned with other parts of the HSC. In November 2025 HSCQI successfully transferred to RQIA which will support strategic alignment due, in part, to explicit mandate for Quality Improvement.

5. Work to develop a range of Public Health planning teams across the Agency was progressed last year. These cross organisational, multi-disciplinary teams will provide a corporate oversight of planning and performance across the Agency, facilitate financial planning and support the implementation of the Agency's five-year Corporate Plan.

6. The Agency launched their first People Plan which provided a platform of improvements relating to staff development and engagement. Improvements include:

   a. The development of a PHA Skills Framework,

   b. Establishment of Health & Wellbeing and Culture Champions across all sites.

Corporate Plan Strategic Theme: Starting Well

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years.

2. Working Together to Improve Outcomes and Opportunities for Children and Young People with Special Educational Needs and Disability

It is well documented that Children with Special Educational Needs and Disabilities and their families experience multiple disadvantage and inequities, and can be additionally vulnerable due to poverty, family instability, hidden harm, mental health etc.

This initiative, led by PHA, aims to improve outcomes for Children with Special Educational Needs and Disability in Special Schools in N.I. through creating and testing a model of Partnership and Collaboration across professions, services, organisations and sectors to address the intersectional barriers these children face. The initiative strives to include the voices of these children and young people and places them at the centre of this work.

7 Special School Partnerships have been set up and have agreed a shared vision that "Special Schools become visible, vibrant and connected hubs within our local communities and our places, spaces and services will be equipped to include our Children and Young People in all aspects of daily living".

To date this initiative has:
► Forged links across Health, Education and Community and Voluntary sectors with over 30 organisational stakeholders.

► Engaged the voices of over 130 CYP through Music, Art and Play Therapy.
► Led the development of a regional, cross-sectoral Visual Impairment Collaboration to identify and address unmet need in Special Schools and to develop and deliver collaborative approach to vision impairment training in Special Schools.
► Led the development of a regional cross-sectoral collaboration to improve summer and out-of-school opportunities for children with complex disabilities.

Outcomes

► Delivering joined-up, evidence-based, child-centred approaches which safeguard the rights of the child.
► Children and young people have had their voices heard in an authentic way and developed skills and tools to express themselves.
► Their voices and lived experiences have been embedded in work plans.
► Maximised access and choices by increasing the number and range of programmes, services and opportunities available at school and within their communities.

► Forged strategic alliances to build relationships, trust and confidence across sectors.

► From these alliances we have harnessed opportunities to expand training, skills, expertise and resources from outside of the education sector.

► School staff have connected with and become aware of a wide range of supports within their communities.

"We observed what you could only describe as moments of pure joy and happiness, which created the most wonderful atmosphere within our classroom and let each and every one of our amazing children shine in their own individual special way."

Classroom assistant re Music, Art and Play Therapy

Corporate Plan Strategic Theme: Living well

Ensuring that people have the opportunity to live and work in a healthy way

3. Improving Communication in Cancer Care Through Investment, Collaboration and Co-design.

Communication underpins safe, quality health and social care[1]. Good communication builds relationships and trust, facilitates shared decision making, increases patient satisfaction and improves health outcomes[2]. Poor communication can fracture relationships, contribute to mistakes and errors, increase treatment non-compliance and diminishes health outcomes[3]. Poor communication costs money in time, treatments and care, complaints management and litigation outcomes[4]. It also contributes to professional stress.

The need for skilled communication is required in all areas of health and social care, as reflected in numerous guidance documents, strategies and inquiry reports[5,6]. Of note, the NI Cancer Strategy[7], acknowledged the need for communication to improve and called for:

"All healthcare professionals who are expected to carry out sensitive communication must complete an advanced communication skills training programme (ACST)" (Action 53)

Stating this requirement as an action provided a catalyst for change in cancer care.

A scoping project[8] undertaken in 2022 with HSC Trusts, Hospices and people with lived experience highlighted:

► The importance and impact of skilled communication.
► The model of delivery within HSC Trusts was failing to meet workforce needs.
► The extent of the workforce requiring training, with 702 professionals identified within, or closely aligned to cancer/specialist palliative care multi-disciplinary teams alone.

In response we:
► Appointed a regional co-ordinator and established a model of regional oversight to support local delivery.
► Established robust governance structures.
► Invested in training.
► Drove sustainability and value for money by building the facilitator pool and reducing course costs.
► Standardised training content through co-design with people with lived experience.

Outcomes

► Enacted governance structures with terms of reference and clear lines of reporting and accountability:

- a regional oversight group sets direction, and approves the annual workplan.
- operational groups within each HSC Trust responsible for assess training needs, plan training and action items within the regional work plan.
- A regional facilitator forum to promote excellence and equity in ACST delivery across NI and to support ACST facilitators in their role.

► Investment in training

- 48 ACST courses delivered and 270 professionals trained across the multi-professional team (01.01.2024-31.03.2025). This compares with the baseline of 23 courses and 125 trained professionals and 23 courses delivered in the 3+ year period between 04.2019 and 01.2023).
- All HSC Trusts are now delivering courses (one HSC Trust had not delivered any courses between 2019 and 2023).

► Quality assurance: Course quality maintained through continued delivery of the licenced 2-day Wilkinson ACST model with facilitators trained and competency assessed in line with this model.

► Sustainability: additional facilitators trained in all HSC Trusts increasing the baseline from 27 (2023) to 41 (2024). This reduces the use of independent providers (retired ACST facilitators), paid on a consultancy basis, to deliver courses in HSC Trusts with no, or few, facilitators.

► Value for money: using 'no cost' venues away from the clinical setting and increasing the facilitator pool within each HSC Trust has reduced course costs to £150.00 per head (courses delivered by 2 HSC employed facilitators) compared with £650.00 per head if accessed through a training company/ independent provider.

► Refreshed course materials co-designed with people with lived experience and new training videos.

► Adapted course for professionals working with children, adolescents and young adults with courses funded by the Children's Cancer Unit Charity.

Next steps

► Maintain and grow current activities.

► Develop and implement a robust evaluation framework (Workshop September 2025).

► Commence work on foundation and intermediate communication skills training (Workshop September 2025) to meet the needs of the wider cancer workforce.

► Forward plan for financial and facilitator sustainability.

► Engage with others to promote spread beyond cancer care.

Governance
- Regional & local responsibilities & accountability

Model
- Regional co-ordination/ Local delivery
- Co-design

Needs assessment
- Numbers
- Programme
- Viable model

Training
- Programmes
- Regional consistency
- Adapted for specific groups

Sustainability
- Value for money
- Facilitator pool

Next steps
- Impact assessment
- Foundation & intermediate level training

NI Cancer Strategy (2022) Action 53: All healthcare professionals who are expected to carry out sensitive communication must complete an advanced communication skills training programme.

References

1. CRICO (2017) *Malpractice risks in communication failures:* 2015 Annual benchmarking report. Boston: CRICO

2. Coles, C.E., Earl, H., Anderson, B.O., Barrios, C.H., Bienz, M., Bliss, J.M., Cameron, D.A., Cardoso, F., Cui, W., Francis, P.A. and Jagsi, R. (2024) The Lancet Breast Cancer Commission. *The Lancet*, *403*(10439), pp.1895-1950.

3. Tingle, J. (2022) Avoiding litigation and complaints through good communication practices *British Journal of Nursing* 31 (19) 1006-1007

4. McDonald, A. (2016). *A long and winding road: Improving communication with patients in the NHS*. England: Marie Curie

5. O'Hara, J. (Chair*) Inquiry into hyponatraemia related deaths report* Available at www.ihrdni.org

6. National Institute for Health and Care Excellence. (2021a). *Patient experience in adult NHS Services: improving the experience of care for people using adult NHS services* [NICE Guideline No. CG 138]. https://www.nice.org.uk/guidance/cg138

7. DoH (2022) *A cancer strategy for Northern Ireland 2022-2032* Belfast: Department of Health.

8. McCloskey, S. (2023) *Advanced communication skills training in the cancer workforce* (internal report) DoH: Belfast

4.   Learning from Adverse Incidents in PHA Commissioned Services

During 2024/25 the PHA reviewed its processes to ensure we were maximising opportunities to identify and share learning in relation adverse incidents.

A new internal PHA group called the 'Adverse Incident Review Team' (AIRT) was established to review adverse incidents arising within PHA commissioned services in order to identify and share learning across Public Health Planning teams within PHA, with provider organisations, and where appropriate across the wider HSC.

The aim is to prevent recurrence of simliar incidents and to ensure continuous improvement in quality and safety of PHA commissioned services.

The AIRT will undertake surveillance and monitoring of incidents reported to the PHA to identify recurring issues, with a view to identifying and sharing learning and informing preventative actions.

The AIRT will liaise with SPPG as required in relation to incidents where there are interfaces with HSC services commissioned by SPPG.

Initially the scope of the AIRT will relate to incidents related to PHA contracts delivered by the Community and Voluntary sector, and managed by the Health Improvement team. However the scope will be reviewed and may potientially extend to other areas of PHA business in future.

Outcome

► The new Adverse Incident Review Team has been established and new arrangements are beginning to be implemented

5. Dying for Change: A Shared Commitment to Understanding and Meeting the Health Needs of People with Learning Disabilities in Northern Ireland

The PHA hosted the first conference focusing on the health inequalities experienced by people with learning disabilities.

The conference was held on Thursday 6th March 2025, in Riddel Hall, Queens University, Belfast. The title of the conference was:

Dying for Change: A shared commitment to understanding and meeting the health needs of people with learning disabilities in Northern Ireland

The event was aimed at policy makers and key senior decision makers across the NI Health and Social Care system.

It is estimated that there are over 40,000 people with a learning disability living in Northern Ireland. Research has shown that people with learning disabilities have multiple health needs and experience significant health inequalities, leading to lower life expectancy and more avoidable deaths than the general population. Studies in England have demonstrated that the life expectancy for someone with a learning disability is 23 years shorter for women, and 20 years shorter for men. People with learning disabilities receive care from a wide range of health and social care services, but often experience challenges and barriers to accessing these.

Risk factors which result in poorer health, including poverty, unemployment, poor housing, social isolation, and experience of abuse and discrimination, are over-represented in people with learning disabilities which further exacerbates the health inequities experienced by this group.

Outcomes

► This event hosted a range of speakers from across the UK and Ireland to share research and practice, and provided an opportunity for policy makers and senior Health and Social Care leaders to come together to focus on working collectively as a system to reduce health inequalities and meet the health and social care needs of people with learning disabilities in Northern Ireland.

► Speakers focused on areas to reduce health inequalities including:

- Perspective provided from a parent and carer.
- Evidence from the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA).
- Epilepsy and Intellectual Disability.
- Improving the clinical care of people with a learning disability in primary care.
- The mental health needs of people with intellectual disability.

- **-** Learning from Lives and Deaths (LeDeR) – people with a learning disability and autistic people.
- **-** Audiological care for individuals with intellectual disabilities.
- **-** **STOMP** - Stopping Over Medication of People with a learning disability and/or autistic people and **STAMP** - Supporting Treatment and Appropriate Medication in Paediatrics campaign, aiming to stop the overuse of psychotropic medicines. Lessons learnt from NHS England in the last 10 years.

▶ Overall, the conference reinforced that the health and social care needs and health inequalities faced by people with learning disabilities need to be better understood and addressed across all programmes of work in Northern Ireland.

▶ The PHA will continue to play a significant role in improving services and addressing health inequalities experienced by people with learning disabilities. This commitment is demonstrated through ongoing partnership working within and across organisations and workstreams.

▶ PHA has made it a key priority within the Annual Business Plan 2025/2026 to launch a constipation campaign to promote the prevention, recognition and treatment of constipation across the lifespan for people with a learning disability.

L – R Dr Siobhan Brennan, Dr Kirsten Lambe, Dr Rory Sheehan, Mrs Martine Madden, Dave Gerrard, Professor Mary McCarron (Missing from photo Professor Rohit Shankar)

L-R Mrs Heather Reid, Health Minister Mike Nesbitt, Colin Coffey, Aidan Dawson

Corporate Plan Strategic Theme: Ageing Well

Supporting people to age healthily throughout their lives

6. Embedding System Learning to Reduce Harm from Inpatient Falls

Falls prevention work continues to evolve regionally, aligning with the PHA's Corporate Plan 2025-2030 and its commitment to improving safety, outcomes, and learning through system-wide collaboration. Aligned with the new **System Learning, Transformation and Governance** team, this work focuses on embedding consistent high practice that can be measured, shared and sustained.

The Regional Inpatient Falls Prevention Group brings together multidisciplinary teams from all Trusts. It sets strategic direction on falls prevention for adult inpatient care, supports the development of regional pathways, and strengthens data-informed decision-making.

The group's work supports transformation by;

► Reviewing and updating regional guidance.
► Thematic analysis of falls incidents to inform strategy.
► Using regional learning to inform QI and address emerging system issues.

The Adult Inpatient Falls Key Performance Metric has been reviewed and refreshed by the Regional Nursing and Midwifery Quality and Assurance Network (NMQAN).

Outcomes

Work is ongoing to embed this metric into the Encompass system to enable high-quality, patient-centred care to be tracked reliably and consistently against regional key metrics. This collaborative work has been developed with input from the Falls Leads within the Regional Adult Inpatient Falls Prevention Group, supported by a robust, digital-first approach to assurance and improvement.

This work directly contributes to PHA Corporate Plan priorities by:

► Reducing preventable harm through improved fall surveillance.
► Building internal capability in Trusts to lead and sustain improvements.
► Embedding evidence - informed practice through digital assurance methods.

7.   Partnering for Change: Pressure Ulcer Prevention and System Learning in Action

The Regional Adult Inpatient Pressure Ulcer Prevention Group plays a key role in transforming the culture of pressure ulcer prevention across Northern Ireland. It brings together multidisciplinary representatives from all Trusts to promote consistent, evidence-based practice.

Aligned with the PHA Corporate Plan 2025-2030 and working within the System Learning, Transformation and Governance Team, the group supports safer systems of care by:

► Advising on strategic direction and regional priorities.
► Updating guidance and training.
► Promoting Key Performance Metrics.
► Supporting regional data collection and standardisation.
► Collaborating with Tissue Viability Nurses to sustain delivery.

Outcomes

► The group fosters a culture of learning through peer support, shared expertise, and evidence use. In November 2024, a regionally agreed **Information leaflet for patients and carers** was produced to support awareness and self-management of pressure ulcer prevention.

► Tissue Viability Nurse Leads from each Trust have partnered with the Regional Group to develop ***Regionally Agreed Pressure Ulcer Definitions*** for use within all HSC inpatient and community settings from April 2024. This resource is already helping to improve consistency in recognition, reporting, and data quality at both local and regional levels.

► A pilot project involving a wider group of stakeholders is underway to explore system learning opportunities and strengthen improvement work for adults with a learning disability, supporting the PHA's commitment to equitable care. The group are currently developing regional resources.

► **The Adult Inpatient Pressure Ulcer Prevention Key Performance Metric** has been reviewed and refreshed (by the Regional Nursing and Midwifery Quality and Assurance Network (NMQAN), co-chaired by the PHA and Belfast Trust) and is being embedded into the Encompass system. Shaped by Tissue Viability Nurse and governance input, this work enables reliable tracking and assurance, strengthening regional improvement and transparency.

Pressure ulcer prevention

Information for patients and carers

HSC Health and Social Care

Pressure ulcer prevention | HSC Public Health Agency

Pressure Ulcers – Definitions Document April 2024

Strengthening the Workforce

Objective 3: We will provide the right education, training and support to deliver high quality service.

Objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.

INTRODUCTION

The PHA is determined to invest in the development of their staff and the creation of a working environment that enables everyone to make their best contribution.

Health and Wellbeing 2026: Delivering Together asks HSC organisations to become exemplars of good practice in supporting staff health and wellbeing. The HSC Workforce Strategy 2026: delivering for our people also sets out ambitious goals for a workforce that will match the requirements of a transformed health and social care system.

The World Health Organisation (WHO) defines what is meant by workplace health:

A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace..."

The PHA is committed to supporting staff health and wellbeing particularly over the last few years during the COVID-19 pandemic, and currently during the Reshape Refresh programme of work. The PHA has introduced a number of initiatives to listen to and engage with staff and promote best practice through investing in training and education, and ensuring that the perspectives from all staff are heard and incorporated into the future of the Agency.

8.   Designing a Mandatory E-Learning Programme on the Core Knowledge of the PHA and Public Health

Under the Organisation Development and Engagement Forum (ODEF), an in-house e-learning programme was designed and developed to support induction and facilitate learning for Public Health Agency (PHA) personnel. The resulting module, *Core Knowledge of the PHA and Public Health (available on LearnHSCNI),* was co-produced in collaboration with key stakeholders across all PHA directorates and professions. The approach was designed to maximise the breadth of internal expertise within the agency.

Grounded in adult learning theory[1] the programme was designed to keep learners actively engaged. Adult learners prefer to direct their own learning, so interactive elements were used to connect new information to existing knowledge. Case studies were included to highlight relevance and support intrinsic motivation to learn.

The aim was to create a high quality, evidence-based learning resource to align with the PHA *Skills and Development Framework (Skills for All),*[2] enabling staff to meet core Public Health competencies. Content was also linked to Public Health curricula,[3] the *Corporate Plan 2025-2030*[4] and nursing educational standards.[5]

The programme provides a structured, interactive learning experience that covers:

► PHA vision, values, and statutory responsibilities.
► Overview of organisational structure and directorates.
► Key public health issues, outcomes, concepts and guidelines.
► How the PHA collaborates with key partners at regional and national levels.
► Access to additional reading and resources.

Outcomes

► *Core Knowledge of the PHA and Public Health* was endorsed by the PHA Agency Management Team (AMT) and launched on LearnHSCNI.
► The majority of PHA staff have now completed the module.
► The programme directly supports the PHA Corporate Plan 2025-2030 by helping staff meet core Public Health competencies outlined in the *Skills and Development Framework (Skills for All).*
► Feedback has been consistently positive, with user groups and evaluating data indicating the programme is meeting its intended learning outcomes.
► An evaluation mechanism was embedded from the outset, to ensure staff feedback is collated and acted on.
► Some areas for improvement have been identified, and suggestions will be used to inform updates.
► A review meeting is scheduled for September 2025 to consider feedback and revise content as needed.

To provide core knowledge of the
**Public Health Agency (PHA) and
key public health issues.**

1   Knowles, M.S., 1970. *The Modern Practice of Adult Education: Andragogy versus Pedagogy.* New York: Association Press.

2   Public Health Agency. 2024. *Skills and Development Framework*. Available at: PHA Skills Development Framework [Accessed 31 July 2025]

3   Faculty of Public Health. No date. Available at: What is Public Health? - FPH - Faculty of Public Health [Accessed 31 July 2025]

4   Public Health Agency. 2025. *Corporate Plan 2025-2030*. Available at: PHA corporate plan 2025-2030 - preventing, protecting, improving: better health for everyone | HSC Public Health Agency [Accessed 31 July 2025] PHA: Belfast

5   Northern Ireland Practice & Education Council for Nursing and Midwifery. 2013. *In–House Teaching Activities Quality Assurance Process Self-Assessment Too*l. Available at: In-house-Teaching-Activities-Final-QA-Process-Oct-13-1.pdf [Accessed 31 July 2025]

Corporate Plan Strategic Theme: Protecting Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents.

9. Infection Prevention and Control (IPC) Water Safe Care Event - March 2025

The PHA hosted a regional educational event on water safe care in acute care facilities targeted to colleagues with expertise in Infection Prevention and Control, microbiology and estates from all Trusts. A range of internationally renowned experts delivered a series of presentations on updated building regulations and guidance for the construction of healthcare facilities, Infection Prevention and Control and the built environment, delivering water safe care in intensive care units (ICU), water safe care in clinical practice, and practical application and risk assessments for IPC in estates.

The event provided an opportunity to develop local and national networks to establish the foundations of developing water safe care space in ICU currently under development in Northern Ireland.

Outcome

▶ Work underway to scope the implementation of a water safe augmented care area in BHSCT.

10. Prevention and Control (IPC)/Antimicrobial Resistance (AMR) Quality Improvement Workshop - March 2025

A regional quality improvement workshop was delivered to colleagues with expertise in Infection Prevention and Control, microbiology and pharmacy leads from all Trusts. The event offered an opportunity to present local quality improvement initiatives piloted in individual Trusts that could be rolled out regionally to reduce healthcare associated infections and antimicrobial consumption.

Quality Improvement initiatives included in the workshop agenda are outlined below:

▶ <u>Reduction in the use of carbapenems 2019-2020</u> (Southern Health and Social Care Trust) - introduction of weekly bedside review of all patients prescribed carbapenems by Infection Control Doctor/Microbiology consultant and AMS pharmacist.

▶ <u>Improving Urinary catheter care through patient involvement</u> (South Eastern Health and Social Care Trust) – improvement of patient education on catheter management pre - discharge and introduction of "Grab and Go" catheter packs distributed to patients upon discharge with overall aim to reduce catheter associated urinary tract infections (CAUTIs).

▶ <u>Regional rollout of the "Hydration Project[1]"</u> - potential rollout of low-cost, care home-based intervention aimed at increasing the hydration of care home residents to reduce gram negative infections/UTIs and reduce burden of AMR in this setting.

Outcomes

▶ Agreement was made to host this as a regular event to share learning and promote a QI culture within Infection Prevention and Control teams across the region.

▶ Development of Urinary Catheter Care bundle including "My Catheter Care" educational resource and "Grab and Go" catheter packs for distribution through specialty services in Trusts e.g. urology.

▶ PHA to lead the regional roll-out of the "Hydration Project" to all independent care homes.

11.   Building a Resilient Workforce for Health Protection Acute Response

Following the COVID-19 pandemic, the PHA Health Protection Acute Response service required additional staff to manage the continued increased number of outbreaks, particularly in care homes. Many of these staff had previously worked in the contact tracing service, which had recently been stood down. Given their relevant skills, it was decided to retain them on an ad hoc basis. This group primarily consisted of Band 6 contact tracers, supported by a small management structure.

Over the past three years, this ad hoc team has continued to support the Acute Response Service, contributing to various outbreak scenarios such as measles, pertussis, and care home incidents, as well as providing information through advice lines.

Recognising the need for a more resilient and sustainable workforce, as recommended by the World Health Organization, steps were taken to formalise the service in 2024. This included the development of protocols, HR processes, staff training, cleansing of retained staff lists, and the preparation of a business case to secure financial support.

In the last year, the team has become increasingly integrated into the core Acute Response Service. This integration ensures that staff maintain up-to-date skills and are embedded within the wider team, enabling rapid scaling of response capacity as needed. The team has demonstrated flexibility and effectiveness, with staffing levels adjusted in response to public health threats.

This model has proven that a resilient workforce can be successfully embedded within existing services, providing vital surge capacity, a key step in strengthening the region's acute response capability.

Outcomes

▶   Between April 2024 and March 2025, the bank/resilience workforce supported 12 acute response challenges.
▶   A Resilience Workforce Protocol has been developed to standardise staff deployment practices.
▶   New job descriptions have been created for resilience roles integrated within the Health Protection Service.
▶   Tailored training packages support the ongoing development of current staff and enable rapid onboarding in response to future public health threats.
▶   Existing team members are now embedded in the Acute Response Service's daily duty room operations ensuring seamless transition into surge response.

Resilience Workforce – Support to Acute Response April 2024 – March 2025

Dates	Situations	Support Provided
April 2024	MMR Advice line Pertussis Surge Spike in Covid-19	Vaccination programme Outgoing calls to cases Care home support
May 2024	Pertussis Surge Measles Increase Covid-19	Outgoing calls/texts to cases Flight contact tracing Care home support
June 2024	Measles Increase Advice line Covid-19	Flight contact tracing Measles exposure Care home support
July 2024	Covid-19	Care home support
August 2024	Covid-19	Care home support
September 2024	Covid-19	Care home support
October 2024	Covid-19	Care home support
November 2024	Covid-19	Care home support
December 2024	Spike in Flu A Covid-19	Care home support Care home support
January 2025	Avian Influenza	Contact tracing
February 2025	Gov Notify follow up	Avian Influenza close contacts
March 2025	GI seasonal increase Nursing vacancies	Supporting duty room Support from resilience RN's

Corporate Plan Strategic Theme: Living Well

Ensuring that people have the opportunity to live and work in a healthy way

12. Empowering the Primary Care Nursing Workforce

The PHA facilitated two Primary Care nursing engagement events.

► June 2024: Primary Care Nursing Roles Now and in the Future.
► January 2025: Primary Care Nursing Roles Now and in the Future: The next steps.

Primary care is the bedrock of our health and social care system and provides around 95% of the care people need throughout their life. General Practitioners (GPs) and multidisciplinary Primary Care teams have a key role to play in improving population health and wellbeing, as well as developing care pathways and services to meet the population needs (DOH, 2017). Nursing is integral to this wider multidisciplinary Primary Care team. Primary Care straddles all PHA public health strategic focus areas.

The aim of the events was to explore the current Primary Care nursing roles and look at the future landscape and opportunities and how they contribute to the wider health and social care system, positive population health outcomes and quality person-centred care closer to the patient's own home.

The evolving role of the Primary Care nursing workforce, equipped with generalist and specialist knowledge, experience and skills, is pivotal in contributing to the success of the transformation of Primary Care services in Northern Ireland. The voice of frontline practitioners is key to understanding current roles and shaping those of the future.

Frontline practitioners employed by GP practices, GP Federations and Trusts were invited to answer a series of questions. A panel discussion made up of senior professional and policy leaders from PHA, Department of Health, Strategic Planning and Performance Group and General Practice was facilitated.

Outcomes

► Overall attendees = 79.

► Showcasing frontline Primary Care nurses' contribution to population health.

► Hearing the voice of frontline Primary Care nurses which will shape, stabilise and maximise the nursing contribution to population health.

► Engagement with, and influencing of, policy and decision-makers that Primary Care nursing is part of the solution to an effective and efficient health and care system for Northern Ireland.

► Opportunity for policy makers to hear from frontline Primary Care nurses.

► Exploration of the current range of Primary Care nursing roles which are essential to support the transformational changes required for the world class service described in Health and Well Being: Delivering Together.

► Agreed actions to inform future work.

► Two event reports published.

13.   Stabalising Critical Care Nursing Workforce

A regional career pathway was developed for nurses and nursing assistants working in adult and cardiac critical care settings across Northern Ireland (NI). While the pathway was designed primarily for these areas, the development process was also informed by contributions from paediatric critical care. The levels of practice are broadly comparable, and the principles outlined are transferable across these service areas.

The methodology aligned to the Northern Ireland Practice & Education Council for Nursing and Midwifery's (NIPEC) regional Guidance Framework.[1] The development of the career pathway was led by NIPEC, with professional advice and support from the Public Health Agency (PHA). It was chaired by a representative from the Belfast Trust, with representation from the Department of Health (DoH), all Health and Social Care (HSC) Trusts, education providers, professional bodies, Human Resources, and trade unions.

The pathway is intended to support career planning which meets population health need, by articulating the roles, levels of practice, and potential progression opportunities available to critical care nurses, as identified through local critical care service workforce and workload planning exercises. In addition, it provides clarity and consistency, and acts as a practical guide for nurses, providers and commissioners, supporting the CNO's vision for NI to build strong foundations that maximise the potential of nurses and midwives in a safe, inclusive and healthful culture. [2]

This programme of work aligns with the Corporate Plan 2025-2030.[3] While its focus sits within the Living Well theme, which aims to ensure that all people in NI can live longer, healthier and more independent lives, critical care, though only one part of the wider health system, remains central to the functioning of acute hospitals. It supports both emergency and elective surgery, as well as all medical specialities. As such, critical care services and the development of a regional, population health focused, evidence-based nursing career pathway to support them, have a cross-cutting impact across the lifespan, aligning with both the Starting Well and Ageing Well themes. In addition, it supports the Protecting Health theme by helping to ensure a responsive and capable workforce to respond effectively to major incidents or mass casualty events.

Outcomes

► A regional, population health focused, evidence-based nursing career pathway for critical care nursing has been finalised and agreed by all HSC Trusts.

► The career pathway has been endorsed by the CNO for NI.

► It is scheduled for official launch at the Paediatric Critical Care Society (PCCS) Conference on 11th September 2025.

► It will be published as an electronic document and will be available on the NIPEC website to support accessibility.

► When used in conjunction with workforce and workload planning tools the career pathway will serve as a practical resource for a range of stakeholders, including nurses, providers and commissioners, across the system. By clearly outlining the core competencies and education requirements, it provides a regional benchmark to support decision-making and help ensure that staffing is suitably competent and qualified to meet care and treatment needs safely and effectively.

1   Northern Ireland Practice & Education Council for Nursing and Midwifery. 2022. *Guidance Framework to Support the Development of Nursing & Midwifery Career Pathways in NI.* Available at: Guidance Framework to Support the Development of Nursing & Midwifery Career Pathways in NI | Department of Health [Accessed 31 July 2025]

2   Department of Health. 2023. *Shaping our Future: A Vision for Nursing and Midwifery in Northern Ireland: 2023-2028.* Available at: Five-year vision outlined for Nursing & Midwifery | Department of Health [Accessed 31 July 2025]

3   Public Health Agency. 2025. *Corporate Plan 2025-2030.* PHA: Belfast

## 14.	A Tiered Approach to Swallow Awareness Training

We have led the way across the UK to develop training resources for both the public and healthcare staff to increase awareness/support management of dysphagia (eating, drinking and swallowing difficulties). This innovative, interagency approach harnessed service-user experience, clinical, educational and digital expertise in response to the Thematic Review of Choking (DoH).

A training needs analysis identified some existing pockets of local training with inconsistencies noted regarding standard and key messages. Our training provides consistent, evidence-based, quality-assured content to provide awareness and training which spans paediatric and adult caseloads. Different audiences were identified with different levels of training needs, this resulted in development of 2 training packages

1.	awareness training for the public and non-clinical staff.
2.	targeted training for healthcare staff.

This project embraced a collaborative approach involving

▶	service users with lived experience,
▶	trust Dysphagia Coordinators as subject matter experts,
▶	PHA to coordinate the patient voice with the clinical voice,
▶	HSC Clinical Education Centre to provide education and digital expertise
▶	independent sector to ensure the training reflected local context.

The training adopts multi-modal teaching optimising digital technology including videos from a service user which highlights the impact of dysphagia on daily life alongside animations, examples of good practice initiatives, practical demonstrations from clinicians as well as inbuilt assessment and feedback.

Throughout all phases, PDSA cycles ensured that the resource was extensively tested with public, care staff and professional staff, with constructive feedback influencing the final resources.

The need for awareness in relation to mouthcare was identified, an education resource for adults with dysphagia and their carers was taken forward in partnership with dental colleagues regionally and was launched as an eLearning resource in September 2024.

Outcome

▶	Universal swallow awareness which is aimed at the public and non-clinical staff is available on PHA website, NISCC learning Zone and on the LearnHSCNI platform, and has been completed by 2678 learners since it was launched in October 2023 until June 2025. https://cec.hscni.net/learningcontent/universal-swallow-awareness/#/
▶	The universal awareness package is accessible outside Northern Ireland and has been used by organisations in Scotland to raise awareness for people in volunteering roles.

▶ The targeted swallow awareness eLearning is available on LearnHSCNI platform and has been completed by 10,133 learners since it was launched in March 2024 until June 2025.

▶ 505 completions of the mouthcare aware education eLearning which is hosted on PHA website https://www.publichealth.hscni.net/publications/mouth-care-awareness-video-people-who-care-adults-dysphagia

▶ The training has an integrated evaluation form facilitating ongoing feedback influencing amendments and updates. 99% of learners responded that they would recommend the training to others and there are high levels of satisfaction noted in relation to content and amount of learning from the programme.

▶ This training stepped beyond normal boundaries and education commissioning frameworks and provides a cost-effective way of providing training packages to the public and healthcare staff which frees clinicians to optimise clinical time and address caseload demands and waiting lists.

2,678 Completions • Universal Swallow Awareness eLearning October 23 – June 25

10,133 Completions • Swallow Awareness (Dysphagia) for Clinical Staff eLearning March 24 – June 25

505 Completions • Mouthcare Aware Education Resource September 24 – present

"For the care of patients who attend the emergency department. This is particularly important due to high turnover of patients with differing needs"

"I am more aware that a client may have Dysphagia. I will check care plans and guidance laid out by Professionals in relation to this."

"As a Catholic Chaplain, the course has increased my awareness of this issue, particularly among patients who request Holy Communion".

"More aware of patients with eating, drinking and swallowing issues always ensuring they are sitting upright when eating and drinking."
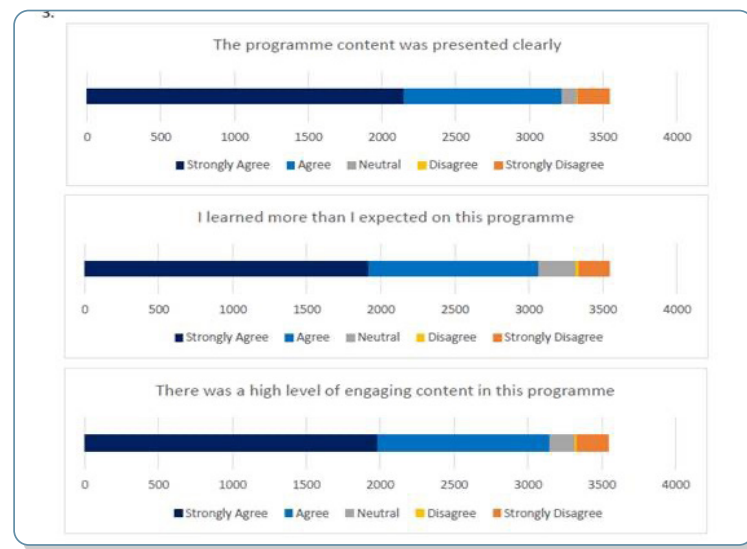
15.   District Nursing (DN) Service Overview Report (2025)

The PHA led a review of district nursing services in 2024, which included demography and strategic context, current model of care, investment into district nursing, measurement of quality, Care Opinion, digital innovations, career pathway alongside all aspects of workforce including funded whole time equivalent, bank & agency usage, absence and sickness rates. It was a complete picture of the service unlike any done previously and it allowed each Trust to benchmark their service against each other to support improvements in a number of areas.

All the regional workforce data within the report was supplied and quality assured by the five HSCTs; Human Resources, Finance departments and DN Leads with oversight from all Executive Directors of Nursing (EDoNs). In addition, each Trust now has their own individual DN workforce data to inform service review at local level. The information, discussion and recommendations within this paper will support Health and Social Care Trusts, Strategic Planning and Performance Group, PHA and the DoH with future service planning decisions within the context of District Nursing Services.

Workforce data collection for 2024/25 is currently underway to update this report with plans to continue this yearly.

Outcomes

- ► Comprehensive overview of amount of investment into DN service since 2018-2022.
- ► Overview of the DN workforce regionally including vacancies, sickness, absences etc.
- ► Bank & Agency usage within the DN service regionally.
- ► Updated age profile of all staff to inform succession planning.
- ► Regional variation in service delivery & caseload sizes noted.
- ► Quality measurement within DN highlighted.
- ► Care Opinion feedback within DN noted.
- ► Digital opportunities yet to be realised emphasised.
- ► Number of community nursing staff with DN Specialist Practice Programmes (SPQ) not working as DNs regionally highlighted.
- ► Progress of implementation of the DN Career Pathway to date discussed.

Main Recommendations/Actions moving forward
1. Patient outcome focused performance.
2. Promotion of service user engagement.
3. Improved data and intelligence.
4. Review of District Nursing Framework (2018-2026).

Corporate Plan Strategic Theme: Ageing Well

Supporting people to age healthily throughout their lives

16. NI Frailty Network Fundamentals of Frailty Education

Education has been a priority of the Frailty Network since its inception. Educating the workforce about prevention, identification and management of Frailty will lead to improved outcomes and experience of service users and staff and can have a positive impact on system pressures.

Following a scoping study, the Education Task and Finish Group concluded that whilst there were some programmes available to provide training in some of the Frailty syndromes, there was little available in terms of dedicated Frailty education. This resulted in collaboration with HSE Ireland to secure access to the Fundamentals of Frailty Programme which was operating across Ireland. In order to improve access to the content, a series of online modules have been developed in collaboration with the HSC Clinical Education Centre. The aim is to roll out a tiered education programme across the HSC and Primary Care in the first instance.

- ▶ Tier 1 – general awareness (1 e-learning module).
- ▶ Tier 2 – Non-registered or pre-registered staff working with older adults (Tier 1 + 4 additional e-learning modules).
- ▶ Tier 3 – Registered clinical staff working with older adults (Tier 2 plus 3 Face-to-Face modules with case studies and group work).

Outcomes

- ▶ From the Period October 2024 to May 2025, over 500 staff accessed and completed these online modules, which would equate to Tier 2 learning.
- ▶ Facilitators have been identified who are equipped to deliver face to face training to those identified as having Tier 3 learning needs.
- ▶ Through NIMDTA, over 80 trainee GPs received the full Tier 3 learning programme. Evaluations for the programme have always been extremely positive in all settings. Below highlights some of the responses when asked how trainees will put learning into practice:

"This was a really good teaching that applies to daily practice. Thank you"

"It was a good event, learnt how to recognise frailty, different scoring systems and community resources for helping people with frailty"

"Really brought the need to address frailty and not just accept it as an expected state"

"I will feel much more confident in providing a comprehensive assessment during Geriatric patient interaction"

Measuring Improvement

Objective 5: We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience.

Objective 6: We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.

INTRODUCTION

The PHA recognise the importance of measuring progress for safety, effectiveness and the patient/client experience in order to improve. The PHA promote the use of accredited improvement techniques when gathering information or examining data, and recognise the importance of ensuring that lessons from the information and data are learned.

Corporate Plan Strategic Theme: Protecting Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents.

17.   Leveraging Automation to Enhance Information Sharing During Pertussis Case Surge

In early 2024, pertussis notifications increased significantly, with case numbers peaking in May and June. Each case was contacted by phone to conduct a risk assessment, in many cases multiple calls were required. During these calls, essential public health advice was provided and, for higher risk cases, contact was made with the patient's general practitioner to recommend chemoprophylaxis when indicated.

To improve efficiency and manage the growing workload, a service improvement initiative was launched using the SMART framework:

► **Specific**: Introduce automation to support risk assessment for a high volume of cases.
► **Measurable**: Compare the time required for manual phone calls versus automated bulk messaging.
► **Achievable**: Ensure risk assessments are completed promptly, infection control guidance is delivered, and high-risk cases are escalated within 24 hours.
► **Relevant**: Automation was implemented specifically to address the temporary surge in workload.
► **Time-bound**: The process remained active until notification volumes decreased to manageable levels.

This approach introduced the use of text messaging to enable faster dissemination of information to all patients, improved response times, maintenance of clinical records, and efficient use of administrative resources. Tangible benefits were realised, including more efficient use of staffing resources by introducing non-clinical, operational personnel to manage the workflow process thus enabling the nursing team to focus on high-risk cases, speed of delivery of public health information, and reassurance that all patients were contacted within recommended timeframes. Overall, the service improvement ensured continuity of public health response during a period of increased demand, while maintaining quality and timeliness of care.

Outcomes

Before text messaging

► All cases notified to acute response duty room were called by bank personnel under supervision of a Health Protection Nurse.
► On average 30 mins spent per call to complete risk assessment.
► If no response to initial call then 3 attempts were made to contact the case – if these calls were all unsuccessful then IPC & exclusion advice was posted to case and records system was updated accordingly.
► May 2024 – 971 cases notified requiring telephone assessment.

After text messaging was launched (June 2024)

► All cases notified to acute response duty room received a text message incorporating the risk assessment question to identify vulnerable groups, IPC advice and exclusion information were embedded in text (see appendix).

► June 2024 > August 2024– 1500 cases received messages from the automated system, failure to respond generated a second text message 24 hours later. No further follow up was required as each text message contained IPC & exclusion advice.

► The response from cases were filtered by the bank team – any responding "yes" was contacted for further information as these indicated a positive link to a vulnerable cohort.

► If chemoprophylaxis was indicated this was escalated to the Health Protection Nurse who liaised with case & GP.

► In June, 55 cases responded "yes" to the text message – these cases received a call from a member of the bank team for risk assessment.

► Of these calls 5 cases were escalated to Health Protection Nurse for further follow up with GP and recommendation for antibiotic chemoprophylaxis.

Measurement of improvement

► The team demonstrated a significant improvement in managing a surge of cases that required prompt public health input and infection control advice, all while working within the constraints of finite staffing resources.

► To address the demand efficiently and reduce the risk of transmission to vulnerable populations, an innovative approach was implemented, incorporating automation tools and streamlined workflow processes.

► This approach led to a reduction in the need for resilience staffing by at least 50% in the initial phase, without compromising the quality, consistency, or timeliness of public health messaging.

► The success of this improvement was further highlighted in July 2024, when the team effectively applied the same automated process to manage a concurrent surge in cases alongside a separate outbreak incident. This dual-response capacity underscored the scalability and adaptability of the approach.

► The automated workflow is now formally recognised as a valuable asset in supporting the management of outbreak incidents and ensuring sustained public health responsiveness under pressure.

3 Pertussis notifications, 2024-2025

The number of notified clinically suspected pertussis cases from the start of 2024 until the report date (30 June 2025) are shown (Table 3.1).

Table 3.1: Counts of pertussis notifications, 2024-2025.

	2024	2025
Case category	2024 (N=3612)	2025 (N=63)
Confirmed	3061 (84.7%)	47 (74.6%)
Probable	551 (15.3%)	16 (25.4%)

Please note: in the table above data for 2025 is up to 30 June

Figure 3.1: Incidence of pertussis notifications, by month of notification, all ages, 2024-2025.

Template of text message sent by GovNotify service:

To: phone number

Public Health Agency NI: PHA has received a health notification that the person born on ((Date of Birth)) has pertussis (whooping cough).

Antibiotics could help some groups of people who have been in close contact with this person. These groups are identified below.

Did this person have any close contacts (such as someone in the household) who is:

a. A baby or infant who has not yet had 3 doses of pertussis vaccine (primary childhood vaccinations)
b. A woman over 32 weeks pregnant
c. A person in regular contact with babies or women over 32 weeks pregnant such as a health care worker or nursery staff

If any of the above apply, please respond YES, if none apply, please respond NO.
Thank you for your time.

INFECTION CONTROL ADVICE
https://www.publichealth.hscni.net/sites/default/files/2019-11/Do%20I%20need%20to%20keep%20my%20child%20off%20school.pdf

https://www.publichealth.hscni.net/information-and-advice-about-pertussis

18. Iterative Development of Trust Antimicrobial Consumption Dashboards for Antimicrobial Stewardship (AMS) Activities

As part of the surveillance commitments in the NI Antimicrobial Resistance (AMR) Implementation plan 2025-2029, the Healthcare Associated Infection/AMR surveillance team used Power BI to transform existing AMC dashboards to a more user friendly and impactful visualisation. These new dashboards allow Trust pharmacists to view antibiotic consumption in their own Trust at ward and antibiotic level, allowing them to develop interventions or local policies targeted to high prescribing wards, and antimicrobials with highest consumption as part of their AMS activity.

The development of these dashboards aligns to the PHA objective "Our organisation works effectively" and supports healthcare services to deliver high quality, safe and effective care. As these dashboards provide information on antimicrobial stewardship activity, they can be used to support a reduction in antimicrobial consumption in secondary care, thereby reducing the burden of antimicrobial resistance in Northern Ireland and improving public health outcomes.

** Snapshot of new Trust antimicrobial prescribing dashboard **
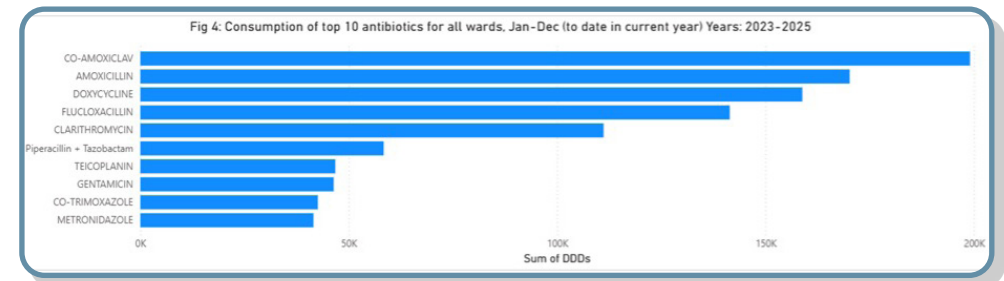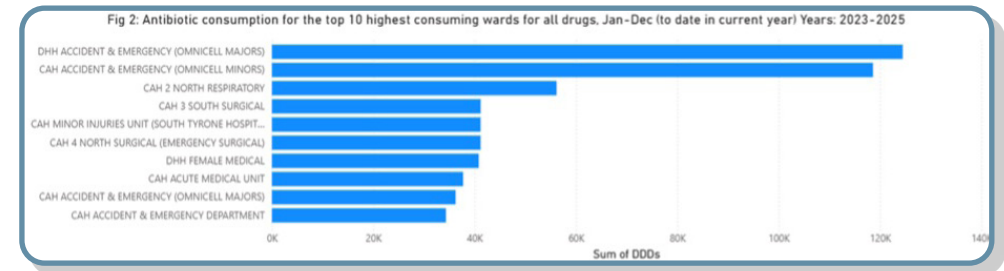
Fig 2: Antibiotic consumption for the top 10 highest consuming wards for all drugs, Jan-Dec (to date in current year) Years: 2023-2025

Fig 4: Consumption of top 10 antibiotics for all wards, Jan-Dec (to date in current year) Years: 2023-2025

Outcome

► Iterative development of antimicrobial stewardship dashboards in Trusts to enhance the application of data and improve healthcare services.

Corporate Plan Strategic Theme: Living Well

Ensuring that people have the opportunity to live and work in a healthy way

19.   Addressing Vulnerable Cancer Clinical Nurse Specialist Posts

The Cancer Strategy for Northern Ireland 2022 – 2032[1] recognises the significant impact of cancer across the population. Evaluations and patient feedback have established Clinical Nurse Specialists (CNSs) as vital members of the multidisciplinary team, leading improvements in cancer care[2]. They provide person-centred care through holistic assessments, including diagnosing and treating individuals living with cancer while also contributing to education, audit and research[3].

Each year approximately 10,000 people are diagnosed with cancer. Responsive surgery, advances in treatment, and lifestyle adaptations enable more people to live well. Data from 2021 identified 71,412 people living between 1 – 10 years following diagnosis[4] . As the first point of contact for individuals receiving their diagnosis the CNS ensures continuity of care, undertakes holistic assessments, providing specialist advice, managing symptoms, and connecting patients to essential services for self-empowerment.

To meet rising demand and improve cancer services, HSC Trusts were incurring cost pressures which could not be sustained in the current financial climate. Nor could they rely on short term funding from charitable funds to deliver cancer services. In collaboration with the NICaN Nurse Leaders Reference Group a stocktake across all HSC Trusts identified 20 whole-time equivalent CNS posts vulnerable due to non-recurrent funding.

In March 2025 a Special Edition NICaN Newsletter, celebrating National Cancer CNS Day, put a spotlight on the incredible work of Cancer CNSs across Northern Ireland NICaN News - Spring2025.

A strategic paper[5] was prepared to inform senior leadership and policy makers of the risks to service. It articulated how losing experienced CNSs would affect patient care experience and equity of access to care, staff wellbeing, retention, succession planning and achievement of strategic actions[6]. The document was shared with senior professional leaders in PHA and DOH and presented to the Cancer Programme Board.

Outcomes

► The profile and contribution of the Cancer CNS was raised across Northern Ireland.

► Feedback from CNSs reflected their sense of feeling valued but highlighted aspects of burn out and limited succession planning.

- ▶ The membership of the Cancer Programme Board, including HSC, Voluntary sector, people living with cancer, DOH policy, SPPG and PHA senior leadership supported the prioritisation of a recurrent investment for vulnerable CNS posts.
- ▶ Sustainable funding made available for 20 CNS posts reducing the risk of losing their expertise or contribution to patient care.
- ▶ Timely contact and support to people who receive a cancer diagnosis.
- ▶ Active engagement across Trusts to demonstrate impact of the Cancer CNS through capturing key performance indicator data for quarterly and annual reviews and alignment of job plans.
- ▶ Evidence of response to population need targeting through increasing uptake of holistic needs assessment and care planning from point of diagnosis of cancer.
- ▶ The further development and impact of nurse-led clinics relative to the keyworker role.

Next steps

- ▶ Ongoing process to enable accuracy of data recording and extraction of CNS KPIs using encompass.

References

1. DoH (2022) *A cancer strategy for Northern Ireland 2022-2032* Belfast: Department of Health.

2. Kerr , H., Donovan, M., & McSorley, O. (2021). Evaluation of the role of the Clinical Nurse Specialist in Cancer Care: an integrative literature review. *European Journal of Cancer Care*, 30(3), Article e13415.4

3. National Cancer Action Team (2010). *Excellence in Cancer Care: the contribution of the Clinical Nurse Specialist.* NCAT.

4. NI Cancer Registry (2023), Cancer Incidence Projections in Northern Ireland by HSC Trust (2025-2040)

5. Nevin,L (2025) NI Cancer Nurse Workforce, Areas of Significant Vulnerability & financial cost pressure paper for presentation

6. Challinor, J,.M., Alqudimat, M,R., Teixeira,T.O.A ., Oldenmenger,W.H. (2020) *Oncology nursing workforce: challenges, solutions, and future strategies* " The Lancet, Oncology Nursing Series 21 (12) pp564-574

Corporate Plan Strategic Theme: Ageing Well

Supporting people to age healthily throughout their lives

20.   Learning from Hospital Inpatient Falls

Health and Social Care Trusts (HSCTs) are no longer required to report inpatient falls that have resulted in moderate, major or catastrophic harm as a Serious Adverse Incident (SAI), unless serious care or service delivery issues are identified from the initial post-fall review. Instead inpatient falls are classed as **Adverse Incidents** and a timely Post-Fall Review is completed internally. The aim of this is to allow for local learning resulting in a change in practice to reduce the incidence of future falls.

A **Shared Learning Form** (SLF) following a Post-Fall Review is then submitted to the PHA Falls Inbox falls.learning@hscni.net. This allows the PHA to complete a regional analysis of incidents where falls have occurred between April 2024 and March 2025 and for the sharing of learning from analysis of a sample of 94 forms submitted to the PHA Falls Inbox.

Outcomes

A newsletter was created to share all this information with HSC colleagues with the intention of improving future practice.

▶ 181 completed Shared Learning Forms were provided to the PHA this year (1st April 2024 to 31st March 2025) compared with 148 provided last year (1st April 2023 to 31st March 2024).

▶ 94 Inpatient falls were analysed in depth under 5 themes:

- What happened.
- What went well before the fall.
- What went well after the fall.
- What we could improve.
- What we could learned.

▶ This year's results were further analysed used Pareto principles to identify key areas for improvement.

▶ A newsletter has been produced and shared with HSC colleagues during Falls Week, in September 2025.

▶ The Regional Inpatient Falls group chaired by the PHA will discuss learning from the analysis and agree areas to take forward for improvement.

Approximate Financial Cost of a Fall with a Hip Fracture

Activity	Cost
Ambulance transport	£460
ED attendance	£380
Hip Replacement	£10,000
Rehabilitation	£14,000
Community Physio * 4	£344
Community OT * 1	£140
	£25,324

Assigned themes "What went well after the Fall'

Assigned Theme	No of times this was reported	Cumulative %	Cumulative Count
Risk Assessment and Care Planning	355	56%	355
Leadership, Roles & Responsibilities	106	72%	461
Communication, Learning & Patient Engagement	105	89%	566
Environment, Staffing & Systems	70		636

Assigned themes "What could we Improve'

Assigned Theme	No of times this was reported	Cumulative %	Total %
Documentation & communication	210	31%	31%
Risk Assessment	154	54%	23%
Post Fall Actions & reviews	125	73%	19%
Medical management & clinical interventions	51	81%	8%
Patient factors & care planning	49	88%	7%
Staffing & resource availability	34	93%	5%
Environment & equipment	34	98%	5%
Training, policy & adherence	11	100%	2%

Pareto Chart
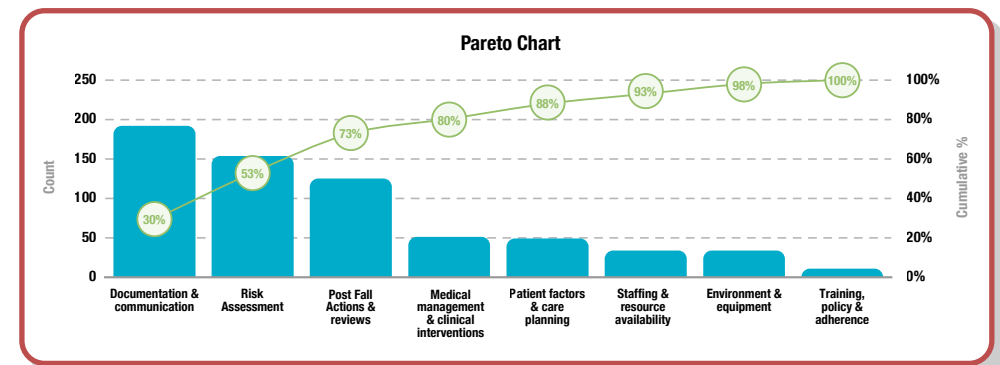
Assigned themes 'What we have Learnt'

Assigned Theme	No of times this was reported	Cumulative %	Cumulative Count
Communication, Learning & Dissemination	181	48%	181
Leadership, Roles & Responsibility	85	70%	266
Training & Competency	64	87%	330
Risk Assessment & Care Planning	34	96%	364
Environment, Staffing & Systems	14	100%	378

LEARNING FROM FALLS

SEPTEMBER 2025

IN THIS EDITION

Causes of Falls in Hospital setting	3
Risk Assessments and Plans of Care	3
The Shared Learning Form	4
Key Findings	5
Theme 1: What Happened?	6
Theme 2: Learning Points – What went well?	7
Theme 3: What Could We Improve?	11
Theme 4: What Have We Learnt?	13
Conclusion	17

HSC Public Health Agency

The purpose of this Learning from Falls Newsletter, is to share information and key learning from inpatient falls across Health and Social Care (HSC) Trusts', which are classified as Adverse Incidents identified from post fall reviews.

Any inpatient fall that has resulted in moderate, major or catastrophic harm (see table 1 below) is reported to the Public Health Agency using the Shared Learning Form (SLF) following a post fall review.

Grading the severity of harm to a person from a fall incident can be challenging for reporters. The aim of the Falls Severity Grading Document is to provide additional guidance for staff when using the HSC regional risk matrix. Examples provided are not exhaustive nor should be substituted for clinical decisions and each case should be dealt with on an individual basis.

KEY FACT

The consequences of fractures are significant, with a 1-year mortality rate of 31% after a hip fracture. NICE 2025

Table 1: FALLS Severity Grading of Injury: Moderate, Major and Catastrophic are reported using Shared Learning Forms1

DOMAIN	MODERATE	MAJOR	CATASTROPHIC
PEOPLE (Impact on the Health/ Safety/ Welfare of any person affected: e.g. Patient/ Service User, Staff, Visitor, Contractor)	The fall has resulted in • Injuries causing *semi-permanent harm/ disability*. (Consider physical/emotional injuries/trauma). • A full recovery is expected within one year. • Injuries have resulted in harm that requires a moderate increase in treatment and follow up • The person may require a prolonged length of hospital stay or care provision (between 5 and 14 days).	The fall has resulted in • long-term permanent harm/ permanent disability, i.e. the person is unlikely to regain their former level of independence. • The person may require an increased length of hospital stay/care provision (>14 days).	The fall has resulted in death • Falls resulting in death must be discussed with the coroner by the relevant medical practitioner. OR • The fall results in permanent harm/disability. This could be physical/emotional trauma which impacts on more than the person injured. If the fall resulted in death, details recorded on death certificate should be recorded on the Datix system, including coroner ref number, date and time of discussion and by whom.
EXAMPLES OF POSSIBLE INJURIES	Fracture to wrist/fingers/toes; facial fractures. Surgery may or may not be required where falls result in moderate harm.	Intracranial bleed, fracture of long bones, fractured neck of femur (intracapsular/ extracapsular), pelvis and ankle.	Spinal cord injuries, Catastrophic Brain Injuries. The person requires long term care/admission to a care facility beyond 1 year because of the fall.

1 Guidance regarding the grading of inpatient falls was updated and agreed by the Inpatient Regional Falls Group, which is chaired by the PHA and has representatives from the 5 HSC Trusts, this can be accessed at FALLS SEVERITY GRADING OF INJURY, APRIL 2024.pdf (hscni.net).

21. NI Frailty Network Conference 2024

Every year since the launch of the Network we have held an annual conference, bringing members together to enable networking, support learning and share good practice. During Covid-19 these were moved to online events but were still very well supported by members and non-members. On 1st October 2024, to mark International Day for Older Persons we were delighted to host a conference the theme of which was "Understanding Frailty: The Part We Play". Topics covered included:

- ▶ Frailty and Sarcopenia
- ▶ South Eastern HSC Trust – The Frailty Board: Our Journey
- ▶ British Geriatric Society 'Reablement, Rehabilitation, Recovery: Everyone's Business'
- ▶ Dementia and Frailty: The Importance of Inclusion
- ▶ Lived Experience: What matters to older people in Northern Ireland- with a focus on support, health & social care, communication & connection
- ▶ Building Stronger Communities: Asset-Based Approaches to Falls Prevention

Outcomes

- ▶ Attendance was from a range of disciplines, organisations and sectors.
- ▶ Very positive feedback (see word cloud below). When asked if there was anything attenders had taken away from the day that would change their practice, the following are some of the responses:

'It has made me think of how I can incorporate Frailty awareness in my every day work'

'To review Lived Experience Survey completed by Age NI to see what Older Peoples issues are'

'Inspired to bring more training to the ward'

'Discuss Frailty training with Senior Management for all staff'

'Medication Management within Nursing Homes'

'Feedback to AD and Director regarding information- particularly holistic approach to Frailty'

'Thought of the interaction between Pharmacy and Dietetics in Frailty which I wouldn't have considered before'

22. Leveraging Artificial Intelligence to Improve Medication Adherence and Patient Outcomes, while Reducing Healthcare Costs

A service focused on improving medication adherence supports the Public Health Agency by reducing the burden of preventable diseases and improving health outcomes, thereby decreasing healthcare costs and enhancing the efficiency of healthcare systems.

An AHP Consultant was accepted on to the NHS Clinical Entrepreneur Programme in September 2023. This programme allows entrepreneurs to pursue their innovation without having to leave the health service, it aims to provide the commercial skills, experience and knowledge to accelerate innovations in healthcare.

Medical AI Solutions (MAIS) aims to significantly reduce healthcare costs associated with medication non-adherence, support patient independence, and improve overall health outcomes, particularly among older and digitally-excluded populations.

Medication non-adherence is a significant issue in healthcare, it can take many forms, including missed doses, incorrect dosing, or prematurely stopping a medication regimen. This behaviour significantly impacts patient health, leading to the worsening of chronic conditions, increased hospitalisations, and higher mortality rates.

Outcomes

▶ **Product Development**: Completed the first version, featuring AI-powered telephone reminders and a user-friendly portal providing real time insights to care providers.

▶ **Cyber Security**: Successfully obtained Cyber Essentials Plus certification, demonstrating robust security practices.

▶ **Validation**: Conducted usability and functionality testing in collaboration with MOIC (Medicines Optimisation Innovation Centre), receiving positive feedback on the usability of the solution.

▶ **Partnerships**: Collaborations established with prominent care providers and academic institutions, enhancing our product with insights from various stakeholders.

Upcoming Pilot
We have secured a pilot partnership starting in late July 2025, aimed at reducing unnecessary care visits and supporting patient independence through proactive medication management support.

Academic Collaboration
Ongoing research collaboration with Queen's University Belfast focuses on integrating behavioural psychology insights into our AI system, further enhancing patient engagement.

Next Steps

► Successfully complete and evaluate the upcoming pilot project.
► Continue refining our technology and enhancing the user experience based on pilot outcomes.
► Pursue relevant regulatory pathways and compliance standards to prepare for wider adoption.

Raising the Standards

Objective 7: We will establish a framework of clear evidence-based standards and best practice guidance.

Objective 8: We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.

Introduction

The PHA has established a framework of clear evidence-based standards and best practice guidance which is used in the planning, commissioning and delivery of services in Northern Ireland. The PHA is continuously striving for excellence and raising the standards of care and the quality of services delivered.

Corporate Plan Strategic Theme: Protecting Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents.

23. Generating Valuable Health Protection Surveillance Insights to Meet Stakeholder and Public Demand for Timely, Detailed Infectious Disease Epidemiology

Public Health Agency (PHA) staff working within Health Protection Surveillance have been building capability and capacity in order to support public health professionals, policy-makers, partner organisations, the media and the public expectations for near real-time insights into an increasing number of infections and situations.

Staff have collaborated with others to complete a range of courses building digital health skills and enhancing epidemiology knowledge and practice. These include partnerships with the Digital Health Hub for Antimicrobial resistance (AMR) UK Health Security Agency (UCL, University of Sheffield, United Kingdom Health Security Agency (UKHSA)), Field Epidemiology Training Programme colleagues and wider HSCT colleagues.

Delivered by research technology professionals one training workshop has equipped epidemiologists with key tools for storing, manipulating and retrieving data in databases. A further outbreak investigation training programme was delivered using R, with a focus on the epidemiological approach to outbreak investigations.

Within the past year this training has been utilised with staff developing various new reports: for both stakeholders and public use. The team have also developed capability to detect public health threats to Northern Ireland leading to a Health Protection Situational Awareness Report (HPSAR). This report synthesises regional, national and international epidemic intelligence signals to support situational awareness in Northern Ireland for decision-makers and the public.

Outcomes

The team have created many new reports and outputs that serve to raise the standards of intelligence provided. These include the following;

► A dashboard that allows users to explore the epidemiology of causative agents from the main health protection data system (HP Zone).

► Further to this a daily multi-pipeline exceedance detection process has been established to evaluate potential abnormal infectious disease activity. To enhance its functionality, we developed an interactive application, that allows us to simultaneously process and monitor infectious diseases through a user-friendly interface. The system currently incorporates all the agents in HP Zone, respiratory virus cases and admissions. Additionally, we have expanded its scope to include GP consultation data for syndromic surveillance and reported Covid-19 outbreaks in care homes.

► The surveillance team rapidly and efficiently stood-up daily epidemiological reporting arrangements and provided out-of-hours access to surveillance information to support a major international sporting event in NI.

► Two HPSAR weekly reports; an internal version for PHA and Department of Health, and a public-facing summary for healthcare providers, media and public. The public-facing report summarises the internal version, linking to published NI surveillance reports and reports of international incidents.

► A revised public-facing, weekly respiratory report that includes additional information on testing and positivity extended to include rhinovirus, adenovirus, parainfluenza and human metapneumovirus. This report also includes some visual edits to improve readability.

This work and these reports all align with the protecting health objective within PHA corporate plan. The reports provide timely information about regional, UK and international public health threats, facilitating early preparedness work.

The integrated reporting provides data-driven information for public health practice.

The public have available to them current health intelligence in an accessible and transparent manner.

Two sample reports linked here:
► [Respiratory infections | HSC Public Health Agency](#)
► [Health protection situational awareness (HPSA) report | HSC Public Health Agency](#)

24.   Infection Prevention Control Manual

Investment was made to update and refresh the Northern Ireland Infection Control Manual and the revised site was launched at the Antimicrobial resistance (AMR) event for healthcare leaders in Riddell Hall in April 2024.

This invaluable reference source outlines the founding principles for infection prevention and control (IPC) as well as guidance for standard precautions, transmission-based precautions and detailed advice for a number of specific pathogens.

The site is regularly reviewed and updated to reflect changes in this rapidly evolving specialty and hosts best practice guidance on new and emerging infections. With over 67,500 views since it has been relaunched, the site has been widely recognised across the UK as a trusted source of information.

Outcomes

▶   Trusted regional reference source providing accurate and up-to-date information on IPC.
▶   Traffic to the site has seen approximately 4,500 visitors per month on average.
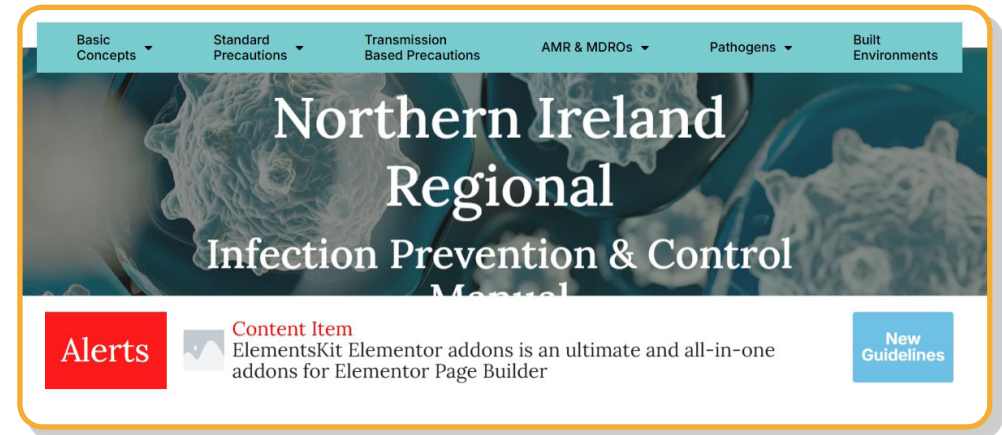
25.   Transformation of data collection tools for gram negative bacteraemia

As part of the surveillance commitments in the NI Antimicrobial Resistance Implementation Plan 2025-2029 the Healthcare Associated infection (HCAIs)/AMR surveillance team have led on the transformation/improvement of existing surveillance tools. The initial focus of this work was the data collection tools for gram negative bacteraemia's (GNB) and following its implementation, the intention is to complete a similar programme of work for *Clostridium difficile* infection.

The remodelled data collection tool is ready to be piloted across Trusts and will collect enhanced risk factor information on GNBs. This new data collection tool was peer reviewed by Healthcare Associated Infections/Antimicrobial Resistance workstream colleagues, working together to improve the existing process and ensure it is streamlined and accessible for stakeholders to capture the information in an efficient and user-friendly manner.

Outcomes

▶ Development of improved data collection tool to enhance surveillance of gram negative bacteriaemia's across primary and secondary care.

▶ Revised tool being piloted in one Trust for evaluation prior to regional roll out.

Corporate Plan Strategic Theme: Starting Well

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years.

26. Co-Production in the Development and Monitoring of Regional Standards of Care for Adolescents and Young Adults (AYA) Living with Cancer in Northern Ireland

▶ Whilst all the actions of the Northern Ireland Cancer Strategy are applicable across the life span one particular action 33 is dedicated to Teenagers and Young Adults (TYA) and it called for a review of services for this age group.

▶ This independent external review by expert colleagues from across the UK took place in 22/23. Whilst acknowledging the commitment and dedication of current staff and services, the review gave 21 recommendations and above all called for the establishment of a robust framework for service delivery with regional standards of care that would ensure that ALL young people aged 13-24 had equitable access to specialised clinical and developmentally appropriate care that is person-centred and meets their holistic needs.

▶ An oversight group was set up by DoH in 2023 to develop with key stakeholders, evidence-based standards of care for TYA with cancer in Northern Ireland which would be enabled though both clinical and strategic leadership at a regional level. The appointment of a Service Improvement Lead for TYA was established within PHA as an interim post to develop and enable delivery of the workplan.

▶ Co-production, embedded in the development of the Cancer Strategy has continued with close collaboration continuing with health professionals, charities and most importantly with young people and their families who have first-hand experience of living with cancer.

Outcomes

During the process the name of the service was changed to **Adolescent and Young Adult (AYA)** cancer service, reflecting the importance of developmental stage in an individual's life journey

What were the results?
12 Regional standards of care for AYA living with cancer in N Ireland have been co-produced.

▶ Resonating a global evidence base.
▶ Reflecting the voices, experiences and dedication of patients, families, healthcare professionals and advocates who have shaped them.

► Providing an essential step in ensuring that patients and families have equitable access to holistic care that is tailored to their needs.
► Allowing performance to be monitored through Key Performance Indicators (KPIs).
► Enabling the foundations of a regional networked service model.

A regional networked service model has been agreed.

► The goal of the service model is to enable service users to access the right care in the right place and at the right time including clinical trials, while benefiting from coordinated holistic and psychosocial support.
► Principal Treatment Centres (PTCs) for both Paediatric and Adult services are situated within the Belfast HSC Trust, with Designated Hospitals (DHs) in each of the 4 other HSC Trusts.
► At the point of their cancer diagnosis all AYA (13th to 25th birthday) will be referred to the Regional AYA multidisciplinary meeting (MDM) at the PTC to have their holistic needs assessed and care coordinated by a regional AYA Multidisciplinary Team (MDT).
► A Lead Director, Lead Nurse and Lead Clinician will ensure both clinical governance and strategic direction of this regional model.

A developmentally appropriate Holistic Needs Assessment (HNA) tool will

► Enable collaborative working across the region.
► Maximise AYA involvement and decision making in their own care.
► Ensure psychosocial needs of AYA are considered alongside clinical needs.

Full details of the Regional standards of care for AYA cancer can be found at:

https://www.health-ni.gov.uk/sites/default/files/2025-04/AYA%20NI.pdf

27. Regional Commissioning of the Self-Harm Intervention Programme

The PHA has commissioned the Self-Harm Intervention Programme (SHIP) regionally since 2015. The service provides step-2 support for those aged 11 and over who have self-harmed and who do not require the support of Step 3/4 Trust Mental Health Services.

Following the publication of updated NICE guidance in 2022 (NG 225 Self-harm: assessment, management and preventing recurrence) work commenced on re-commissioning the SHIP service in line with the NICE guidance.

A multi-disciplinary project team involving representation from various directorates in PHA drawn from the Mental Health and Suicide Prevention Public Health Planning Team. This team considered a broad range of relevant information to inform the development of a Business Case and Service Specification which took into consideration:

► NICE guideline 225
► Service performance monitoring and outcome data
► Feedback from stakeholders, including Trusts, service providers and through collated service user feedback.

To ensure quality and safety within the tendered service and ensure consistent standards of delivery across multiple service providers, regional protocols were developed including:

► Referral and engagement protocols for those who self-harm
► Referral and engagement protocols for support persons (parent/carer/friend)
► Minimum engagement protocols
► Step up processes to Trust services for patients engaged with SHIP
► Minimum protocol for the management of DNAs
► Managing contact made by clients outside office hours of SHIP
► In addition, a robust performance management tool was developed.

Outcomes

► Five contracts were awarded for delivery of the SHIP service in line with NG225
► Implementation of engagement protocols has ensured consistency in service user and referrer experience
► Improved performance management data enables identification of issues and opportunities to improve quality and safety within the service
► Quarterly Regional SHIP Network meetings provide the forum for shared learning and service and quality improvement discussions.

Regional SHIP protocols   Final. 21/10/2024

Figure 1: Referral and engagement processes for person who has self-harmed

Patient who has self-harmed is assessed/triaged by mental health professional in HSC Trust or Primary Care Multidisciplinary Team or similar.

Patient assessed as suitable for referral to SHIP using agreed eligibility criteria.

Patient assessed as unsuitable for referral to SHIP using agreed eligibility criteria.

Patient declines the offer of referral to SHIP.

Patient (and parent / guardian for <18 years) agrees to referral.
Mental Health professional makes the referral to SHIP using the agreed referral form and emails securely to relevant SHIP provider. Consideration given to support person referral (see figure 2).

Mental health professional determines care required and makes necessary arrangements.

Mental health professional determines care required and makes necessary arrangements.

SHIP receives referral form, reviews to ensure fully completed and that the referral is in keeping with the service eligibility criteria. Any uncertainties are clarified with referrer. If patient is unsuitable for SHIP the referrer will be responsible for making alternative arrangements.

If referral is appropriate SHIP contacts service user within 48h (excluding weekends and bank holidays) of receipt of referral using phone and agreed additional measures to maximise engagement (see figure 3).

Support person can still be offered referral – see Figure 2.

Upon successful contract the service user is offered an appointment within 7 calendar days of contact being made.

SHIP provider confirms engagement/ non-engagement by letter with GP and referrer. Any emerging risks to be managed appropriately (see figure 4).

SHIP provider notifies GP and referrer by letter when client is discharged using agreed template.

SHIP
Self-harm Intervention Programme
Information for patients and families/carers

Corporate Plan Strategic Theme: Living Well

Ensuring that people have the opportunity to live and work in a healthy way

28. New Models of Prescribing (NMOP): Implementation of HS21 Prescribing by Foyle Hospice Community Prescribers Pathfinder

Timely access to medicines both within and outside of normal working hours remains challenging due to workforce pressures and the lack of process to enable voluntary and independent sector medical and non-medical prescribers to issue HS21 prescriptions in the community. Under New Models of Prescribing, Non-Medical Prescribers can use a HS21 prescription pad to prescribe medication for patients. They therefore rely on GPs or OOH services to implement their prescribing recommendations.

There are a growing number of qualified non-medical prescribers (NMPs) working in the community setting. However, the process to support both hospice-employed medical and non-medical prescribers to issue HS21 prescriptions in the community continues to be limited. It is essential that additional prescribing models are considered and developed to ensure this patient population with specialist palliative care needs are adequately met by maximise capacity as far as possible within existing resource. A pathfinder was established in 2024 to address these challenges by facilitating hospice-employed specialist palliative care nurse and specialty doctor prescribers to issue HS21 prescriptions to patients living in their own homes or a care home.

A Task and Finish (T&F) group oversaw the pathfinder, developing a standard operating procedure (SOP) which detailed both governance frameworks and training and competency arrangements. The Foyle Hospice cipher number was used alongside HS21 triplicate prescription pads for the purposes of the pathfinder.

An independent evaluation was carried out by the Medicines Optimisation and Innovation Centre (MOIC) and data was collected at baseline, midway and at the end of the pathfinder.

Outcomes included:

▶ Timely access to medicines for patients and therefore prompt symptom management, increasing patient/family satisfaction.

▶ Timely review of symptoms to support the safe and effective titration of palliative medications.

▶ Reduced pressures on other services such as the GP, District Nursing and Western HSC Trust Urgent Care, thereby increasing their capacity for other clinical duties.

▶ Development & implementation of robust governance systems and standardisation of processes.

► Proficient time management for Hospice clinicians and improved clinic efficiency due to the reduction in the number of steps needed and time taken to access prescriptions.

► Encouragement of professional autonomy, clinical responsibility, and increased professional standing leading to increased job satisfaction.

Data shows that HS21 prescribing in the community reduced the number of steps and time required for a patient to obtain a prescription and their medicines:

► The baseline data confirmed that an average time of 4 hours and 43 minutes was calculated from the start of a typical homecare visit until the new HS21 was available for collection from the GP.

► Upon introduction of the pathfinder this time was reduced to 30 minutes until the new HS21 was written by the Hospice prescriber.

► The pathfinder has influenced positive partnership working and as a result of the pathfinder's success, it has been recommended that HS21 prescribing is adopted incrementally into standard practice by all Hospice settings throughout Northern Ireland.

List of Key Stakeholders Involved

Foyle Hospice, the Strategic Planning and Performance Group (SPPG), the Public Health Agency (PHA), Northern Ireland General Practitioners Committee (NIGPC), the Western Health and Social Care Trust (WHSCT), the Medicines Optimisation Innovation Centre (MOIC)

29. Development of a Guidance Document for Subcutaneous Syringe Pump Use in Adults

Over the years syringe pumps have changed in design and technology, but their ability to administer subcutaneous medications, particularly within the fields of oncology and palliative care, is of key significance. The syringe pump continues to assist in the management of symptoms and may support individuals to retain their independence and maintain their quality of life. The benefits of controlled delivery of medications subcutaneously, when they can no longer be tolerated or absorbed orally, has been particularly helpful for patients receiving oncology treatment and for those nearing the end of life.

A regional Guidance Document to support the use and standardisation of Subcutaneous Syringe Pump Use in Adults in Northern Ireland has been developed. It was co-produced by a regional multi-professional group from across all care settings and provides regional direction on the required knowledge and skills for the safe prescribing, administering, monitoring and discontinuing of medication delivered by a subcutaneous syringe pump for patients with oncology and palliative conditions across all care setting. The guidance will reduce variation in practice and increase consistency in processes throughout Northern Ireland to support safe and effective care to this patient group. There has been extensive engagement including feedback from patients, relatives and staff. This collaborative approach has enabled regional agreement on many topics including the development of robust educational, audit and governance processes for all organisations. In addition, a regional syringe pump information leaflet for patients and carers has been developed to complement the guidance.

This means that each patient receiving oncology treatment or palliative end of life care who require a subcutaneous syringe pump in Northern Ireland, regardless of where they live or access care, will receive the same information about their syringe pump. A similar document is being finalised for Children to use a Subcutaneous Syringe Pump and it is hoped that both documents will be officially launched during palliative care week in September.
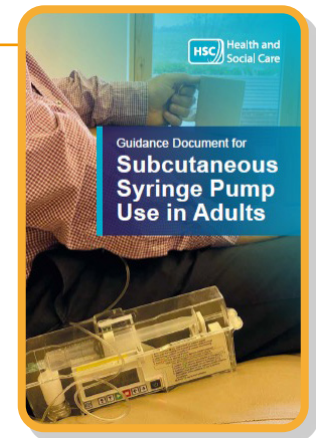
Outcomes

▶ All organisations will have access to the regional guidance which will inform local organisational policies regarding the use of a subcutaneous syringe pump to deliver medications at a pre-determined rate in a continuous subcutaneous infusion to patients with oncology and palliative conditions.

▶ Patients will experience improved consistency in care delivery across care settings thus ensuring they receive their medication in a safe and effective way.

▶ There will be improved standardisation in relation to prescribing, administration, education & training and audit and governance.

▶ The guidance has been shared as an example of good practice with the Republic of Ireland and Hospice UK.

▶ A similar document is being finalised for Children to use a Subcutaneous Syringe Pump which will ensure there is similar standards of care delivery for all those requiring a syringe pump regardless of their age.

30.   Ask Me!! Review of Routine Enquiry Into Domestic Abuse by Midwives, Health Visitors and Family Nurses

27 women have been murdered in Northern Ireland since 2020 and domestic violence and abuse (DVA) has been identified as a government priority. This particular work is aligned to one of the they key priorities of the Public Health Agency (PHA) Corporate Plan which is to "*Work with others to promote the safeguarding, and protection of children and young people*" and delivery against the Domestic Abuse Strategy for NI 2024- 2031- to support practitioners to deliver person-centred care.

Routine Enquiry (RE) involves asking all women about domestic abuse, regardless of the presence of any indicators and should be offered in pregnancy and postnatally by healthcare practitioners. It aims to identify women with current or past experience of DVA so they and their children can be offered supportive interventions including information, safety planning and referral.

Learning from local internal review processes and Case Management Reviews (CMRS)/homicide reviews highlighted regional issues in relation to the implementation of RE. The PHA Children and Young People's team completed a project specifically to review the screening processes by midwives, health visitors and family nurses with the following aims and objectives to:

► review the available evidence on RE,
► review the current approach in relation to impact/outcomes and
► develop a revised model that supports the rollout of Routine Enquiry to other professional groups.
► review and update professional support, guidance and training.

A mixed methodological approach was used to undertake the review including:

► A detailed literature review,
► A regional clinical audit,
► A service evaluation and
► 4 focus groups to ensure the voices of survivors of DVA were heard and considered.

Key Stakeholders
PHA, HSC Trusts, Woman's Aid, Survivors, DOH, University of Ulster, Clinical Education Centre (CEC).

Outcomes

The regional audit highlighted missed opportunities to complete RE.

The service evaluation demonstrated

► A lack of confidence among practitioners in asking and responding.
► Regional variation in training and responses to disclosure.
► A desire for more training.

The focus groups highlighted

► Inconsistencies when women recall being asked about domestic abuse.
► The wish to be asked at every opportunity.
► The need for meaningful conversations and information to help people understand/recognise when behaviours are unacceptable.
► The need for women to feel confident in the professional's understanding of domestic abuse and coercive control.
► Cultural sensitives- issues around the appropriate use of interpreters.
► Conducive safe environments and the need for privacy.
► The need for discreet information on where to get help.

The impact and recommendations of this review are ongoing and include:

► Development and promotion of a consistent regional approach by nurses, midwives and health visitors- New Guidance document pending and Healthy Child, Healthy Future (HCHF) programme updated.
► Development and implementation of workforce education and training to enhance confidence and competence in completion of RE.
► Review and updating of relevant DVA information provided in existing PHA resources to ensure discretion, with attention to health literacy, language and culture.
► Development of a revised guidance policy for other relevant professionals that will be implemented regionally.

Corporate Plan Strategic Theme: Ageing Well

Supporting people to age healthily throughout their lives
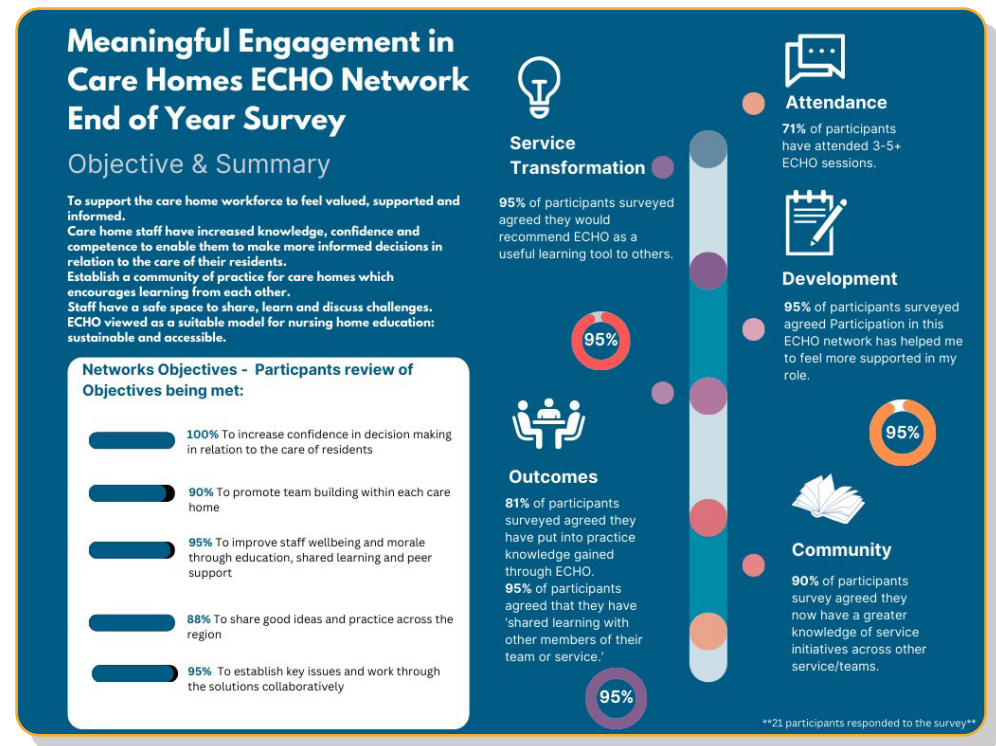
31.   Meaningful Engagement in Care Homes - ECHO

A key element in the promotion of safer mobility and falls prevention in care homes is ensuring residents are engaged with and motivated on a daily basis. Central to this is a culture of providing engagement and activities to support meaningful connections. This approach has been supported by the Meaningful Engagement in Care Homes ECHO. This ECHO network is led by the Public Health Agency and brings together care home and activity staff, occupational therapists, physiotherapists, Linking Generations, Age NI and service users to share learning and explore opportunities for building connections in care homes.

Outcomes

ECHO programme participants surveyed reported:

▶   100% increased confidence in decision making in relation to the care of residents.

▶   95% of participants surveyed said they felt an improvement their wellbeing and morale through the education, shared learning and peer support.

▶   90% of participants surveyed said the programme helped promote team building within each care home.

Meaningful Engagement in Care Homes ECHO Network End of Year Survey

Objective & Summary

To support the care home workforce to feel valued, supported and informed.
Care home staff have increased knowledge, confidence and competence to enable them to make more informed decisions in relation to the care of their residents.
Establish a community of practice for care homes which encourages learning from each other.
Staff have a safe space to share, learn and discuss challenges.
ECHO viewed as a suitable model for nursing home education: sustainable and accessible.

Networks Objectives - Participants review of Objectives being met:

100% To increase confidence in decision making in relation to the care of residents

90% To promote team building within each care home

95% To improve staff wellbeing and morale through education, shared learning and peer support

88% To share good ideas and practice across the region

95% To establish key issues and work through the solutions collaboratively

Service Transformation

95% of participants surveyed agreed they would recommend ECHO as a useful learning tool to others.

95%

Outcomes

81% of participants surveyed agreed they have put into practice knowledge gained through ECHO.
95% of participants agreed that they have 'shared learning with other members of their team or service.'

95%

Attendance

71% of participants have attended 3-5+ ECHO sessions.

Development

95% of participants surveyed agreed Participation in this ECHO network has helped me to feel more supported in my role.

95%

Community

90% of participants survey agreed they now have a greater knowledge of service initiatives across other service/teams.

21 participants responded to the survey

Integrating the Care

Objective 9: We will develop integrated pathways of care for individuals.

Objective 10: We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.

INTRODUCTION

The PHA is committed to supporting an integrated HSC system in Northern Ireland, which will enable the seamless movement across all professional boundaries and sectors of care. A number of key improvements were led by the PHA last year which contributed to raising the quality of care and outcomes experienced by patients, clients and their families.

Corporate Plan Strategic Theme: Protecting Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents.

32. Promote One Health Collaboration: Foster Collaboration Between Public Health, Animal Health, and Environmental Sectors to Address The Interconnected Risks of Zoonotic and Gastrointestinal (GI) Diseases by Establishing a Northern Ireland Gastrointestinal and Zoonotic Network

We scoped the possibility of having a one health group situated in Northern Ireland, chaired by PHA and representative of key stakeholders in One Health. This would offer infrastructure to support human, animal and environmental health and a framework to build for sustainable long-term goals and outcomes in protecting the population, aligning to global strategies that other nations are beginning to implement.

Why it's necessary: The increasing frequency and complexity of zoonotic and gastrointestinal (GI) disease outbreaks — often driven by environmental change, global travel, and antimicrobial resistance — highlight the urgent need for integrated approaches to health protection. A One Health group would provide a coordinated infrastructure to detect, prevent, and respond to these threats more effectively.

Who is at risk and who benefits: The population of Northern Ireland stands to benefit, particularly vulnerable groups such as immunocompromised individuals, children, and older adults. Farmers, pet owners, healthcare workers, and those living in proximity to wildlife or agricultural settings are also at elevated risk. A One Health approach ensures that interventions are holistic, equitable, and sustainable.

What is One Health?
One Health is a collaborative, multisectoral, and transdisciplinary approach — working at the local, regional, national, and global levels — to achieve optimal health outcomes by recognising the interconnection between people, animals, plants, and their shared environment.

Outcomes:

▶ The scoping exercise highlighted that UK Health Security Agency (UKHSA) currently coordinates some One Health issues and strategies indirectly through proxy groups such as the National Biosurveillance Network (NBN). However, there is currently no dedicated One Health group.

▶ A recent Four Nations oversight group discussed the feasibility of establishing a dedicated One Health group with representation from all four nations. While this could reduce the need for a separate Northern Ireland-specific group, there may still be value in forming a smaller internal group to address local issues.

▶ At present, the oversight group is proposing a gap mapping exercise to assess the potential value of a One Health group and to explore what its membership might look like.

▶ The gap mapping will consider issues already being addressed by other groups, such as the NBN, to avoid duplication of agendas or work.

33. Human Health Antimicrobial Resistance (AMR) Implementation Plan for Northern Ireland

To galvanise commitment from regional stakeholders to ensure delivery of the UK Antimicrobial Resistance (AMR) National Action Plan 2024 – 2029 and to develop an implementation plan for Northern Ireland, PHA hosted an Antimicrobial Resistance Healthcare Leaders event in Riddell Hall in April 2024.

This meeting provided a forum to bring healthcare leaders together, to develop ideas and create the foundations of the Human Health AMR Implementation Plan for Northern Ireland.

Over the following 10 months stakeholders worked collaboratively to produce a roadmap of the local response to AMR. The human health implementation plan outlines the local deliverables to be taken forward by stakeholders across the health and social care matrix.

Action against these deliverables are being progressed through a series of five workstreams including:

► Infection prevention and control,
► Engagement, communications and campaigns,
► Surveillance,
► Primary care antimicrobial stewardship,
► Secondary care antimicrobial stewardship.

The implementation plan has been approved and ratified by the Department of Health, and work is ongoing in response to this global threat.

Outcome

► Production of the Human Health AMR Implementation Plan for Northern Ireland outlining the actions and deliverables in response to AMR over the next 5 years.

Corporate Plan Strategic Theme: Starting Well

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years.

34. Strengthening Perinatal Mental Health Services for Women and Families

In December 2021, the Health Minister announced funding to support the development of multidisciplinary Community Perinatal Mental Health Teams within each of the five Health and Social Care Trusts. These teams were established to deliver specialist care for women experiencing moderate to severe mental health challenges from 12 weeks gestation through to one year postpartum. Their approach centres on holistic assessment and the provision of tailored treatment plans.

The Public Health Agency (PHA) led on the revision of the Regional Perinatal Mental Health Pathway, in collaboration with multidisciplinary services. The pathway clearly sets out the referral criteria for the newly established Community Perinatal Mental Health Teams and provides guidance to all Health and Social Care professionals who come into contact with women in the antenatal and postnatal period across all settings. The ethos of the service is embedded in the Think Family approach.

The Pathway was launched at the first all island Perinatal Mental Health Conference, which was held in Belfast in March 2025. This brought together experts from across the UK and Ireland including parents with lived experience who provided insightful and compelling personal reflections. The mothers' experiences formed the fundamentals of the Service User Guide which is now given to all mothers who are accepted into Perinatal Mental Health services.

The PNMH service is aligned to the key priorities of the PHA's Corporate Plan to support families to take care of their physical and mental health, and emotional wellbeing, with a particular focus on the first 1,001 days.

Outcomes

► Multidisciplinary Perinatal Mental Health Teams established in each Trust area.
► Clear criteria agreed for referral to PNMH specialist services.
► Consistency of service provision agreed across all five Heath and Social Care Trusts.
► Developed strong links with PNMH Teams in UK and Republic of Ireland.
► Integrated service users into shaping and developing the service.
► Developed proposal for a Mother and Baby Unit in Northern Ireland which will enable mothers to receive inpatient treatment while remaining involved in their baby's care.
► Development of online Perinatal Mental Health training resources, ensuring training is more accessible to a wider range of professional groups.

Source - Perinatal Mental Health Service User Guide

"I cannot speak highly enough of the care and support I received from the perinatal mental health team. They provided me with care, compassion, support and guidance through two of my three pregnancies and without them things would have been a lot different."

"When I was told social services were coming to see my family I had thought they were going to separate my family, but the social worker told me that they didn't want to separate families, they were there to keep my family together."

Corporate Plan Strategic Theme: Living Well

Ensuring that people have the opportunity to live and work in a healthy way

35.   Re-development of the PHA's 'Minding Your Head' website

A project team was establish comprising the Mental Health and Suicide Prevention Health Improvement Team and Communications Team to review the Minding Your Head website and make recommendations for the site. This review was necessary to bring the information provided up-to-date to improve quality and safety of the website for the population and also to address IT security risks associated with the existing website. A business case and service specification was developed for the redevelopment of the Minding Your Head site, the scope of the re-development was a 'like-for-like' purpose to provide:

► information on suicide prevention, mental health and emotional wellbeing for the general population
► a service directory for suicide prevention, mental health and emotional wellbeing services
► information on suicide prevention, mental health and emotional wellbeing training
► information on suicide prevention, mental health and emotional wellbeing campaigns

The project team undertook stakeholder engagement involving other PHA staff, C&V sector and HSC Trusts. They also reviewed the learning from the Mental Health Strategy Early Intervention and Prevention Digital Discovery project.

A design refresh was undertaken and new content was developed. The project team focused on user journeys, health literacy and embedding clear calls to action in site. The Minding Your Head website integrates the continuum of care needs that an individual may have in relation to mental health, emotional wellbeing and suicide prevention by enabling users to:

► Learn how to protect their wellbeing
► Identify if the symptoms they are experiencing could be a mental health condition
► Understand what they can do to help themselves
► Find out what local services are available – filtering to their specific needs
► Understand when they should contact their GP
► Know what to do/who to contact if they need immediate help.

The site also integrates to other sources of support including Youth Wellness Web, Family Support NI, Bereaved NI and more to ensure the public can access the right support at the right time.

Outcomes

▶ The new Minding Your Head site launched in December 2024

▶ 78 services are registered on the site

▶ User feedback on the site:

- 'I'm really impressed. It makes me feel warm, feels very familiar'
- 'The content is really good. It will be able to reach out to lots of different people and age groups'
- 'I would definitely recommend it and use it myself'

▶ In the three-month period following launch on the site there were 3,600 users of the site, with an average event count of 10 compared 4 in the same time period in 23/24. The majority of users of the site were first time visitors. 50% of visitors used a mobile phone to access the site and the most popular page was 'Finding help'.

▶ The website is being promoted by a broad range of stakeholders including HSC Trusts, Government Departments, Community and Voluntary Sector and community groups including sports clubs.

36. Non-Medical Prescribing Allied Health Professionals and Nurses

The Public Health Agency (PHA) working closely with colleagues in the Strategic Planning and Performance Group (SPPG) provides guidance, standards, and frameworks for non-medical prescribing (NMP) in Northern Ireland, ensuring patient safety and effective use of skills.

A Public Health Agency Allied Health Professions (AHP) Consultant and Consultant Nurse are the regional leads for non-medical prescribing for AHPs and Nurses respectively and promote non-medical prescribing as enhanced practice to meet the populations health need.

As independent prescribers, Nurses, Physiotherapists, Paramedics, Radiographers and Podiatrists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice. Physiotherapists, Paramedics, Radiographers and Podiatrists can only prescribe from a limited range of controlled drugs. Nurses can prescribe all controlled drugs in schedules two – five of the British National Formulary.As supplementary prescribers, Nurses, Physiotherapists, Podiatrists, Paramedics, Radiographers, Dietitians and Optometrists may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan, which has been agreed with a doctor.

Controlled Drugs

Amendments to controlled drug legislation has allowed Podiatrists, Physiotherapists, Paramedics and Therapeutic Radiographers Independent Prescribers to prescribe and administer a limited number of controlled drugs.

The PHA supported SPPG with the introduction of New Models of Prescribing which allows prescribers working at interfaces between HSC Trusts and General Practice to prescribe a medication directly to the patient which can then be dispensed in the community.

Outcomes

► New models of prescribing has resulted in benefits to patients, healthcare professions and the healthcare system. Patient benefits include quicker access to medicines in the outpatient setting, fewer risks with medication due to less need for transcription between professions and optimal titration to therapeutic doses of treatment.

► Regular meetings of the regional Nursing Non-Medical Prescribing Forum and the regional AHP Non-Medical Prescribing Forum, chaired by the PHA to:

- Share and discuss regional and local NMP developments.
- Share best practice.
- Raise the profile of NMP and
- Promote NMP as a valuable service delivery option.

► Paramedics registered as non-medical prescribers for the first time in Northern Ireland.

► The implementation of the Foyle Hospice Pathfinder Project which is included in more detail elsewhere in this Annual Quality report.

Other outcomes PHA contributed to:

► The development of SPPG guidance and risk assessment relating to prescribing and dispensing/supply/administration by the same healthcare professional.

► NMP Data Review Group which is responsible for ensuring that the prescribing information relating to NMPs is adequate, relevant, in line with current evidence and guidance and will support and monitor work to effect change in NMP practice.

► Ongoing work to improve electronic application for NMP prescribing ciphers.

► Transition for the application and approval process for NMP from SPPG to Trusts.

► Various medicine management, safety and optimisation groups.

► Efficiencies to the healthcare system were achieved due to:

- fewer transcription errors e.g. £3.8k saved per lymphoedema physiotherapist prescriber per annum,
- prescribing savings, and
- reduced need for community nursing resource e.g. £15k-£22k per lymphoedema physiotherapist prescriber per annum.

► Implementation of robust governance systems and standardisation of processes resulted in improved time management and avoidance of duplication of effort. For example, the Dietetic ordering of ONS for care home patients reduced the time take for community pharmacy supply of the product by 10 days.

item 11

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	23 October 2025
Title of paper	PHA Assurance Framework
Reference	PHA/05/10/25
Prepared by	IG Team
Lead Director	Leah Scott

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

1   Purpose

The purpose of this paper is to bring the revised PHA Assurance Framework to the Board for approval.

2   Background Information

Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

The PHA's Assurance Framework is designed to meet these duties. It provides the systematic assurances required by the PHA Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

3   Key Issues

As per the reporting arrangements documented within the Assurance Framework it is required to review the Framework regularly. This new iteration of the Framework has been titled Assurance Framework 2025/26

A review was carried in each Directorate and Directorates were asked to:

(1)   Update the text were required, and

(2)   Update the template, and record any gaps in controls/assurances along with actions to remove those gaps.

Changes to the document were minimal following this review, consisting mainly of formatting changes.   All suggested changes are highlighted in green throughout.

The updated Assurance Framework was approved by the Agency Management Team at its meeting on 10 October 2025 and by the Governance and Audit Committee on 17 October 2025.

4   Next Steps

The next review of the Assurance Framework is due to take place in March 2026.

Assurance Framework
2025-2026

Review as at October 2025

CONTENTS Page

2

INTRODUCTION

The Public Health Agency (PHA) has a duty to carry out its responsibilities within a system of effective control and in line with the objectives set by the Minister for the Department of Health (DoH). It must also demonstrate value for money, maximising resources to support the highest standards of service.

A key element of a system of effective control is the management of risk. It is vital the PHA discharges its functions in a way which ensures that risks are managed as effectively and efficiently as possible to meet corporate objectives and to continuously improve quality and outcomes. This means that equal priority needs to be given to the obligations of governance across all aspects of the organisation whether financial, organisational or clinical and social care and for governance to be an integral part of the organisation's culture. Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

In order to meet these duties, the PHA has prepared this Assurance Framework. The framework will provide the systematic assurances required by the PHA Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

BACKGROUND

In April 2009, DHSSPS issued 'An Assurance Framework: *A Practical Guide for Boards of DHSSPS Arm's Length bodies'*. The Framework guidance is intended to help the boards of HSC organisations improve the effectiveness of their systems of internal control, by showing how the evidence for adequate control can be marshalled, tested and strengthened within an Assurance Framework.

The HSC Paper Performance and Assurance Roles and Responsibilities (MIPB 74/09) issued in April 2009, sets out performance and assurance roles and responsibilities in relation to four key HSC domains and identifies the key functions and associated roles and responsibilities of DoH, HSCB (now SPPG), PHA, BSO, Trusts and other Arm's Length Bodies.

In September 2011, the then DHSSPS produced a Framework Document to meet the statutory requirements placed upon it by the Health and Social Care (Reform) Act (NI) 2009. The Framework Document describes the roles and functions of the various health and social care bodies and the systems than govern their relationships with each other and the Department. The Framework Document outlines the four performance and assurance dimensions previously introduced in the MIPB 74/09 paper.

For ease of reference, please see a Glossary of terms at Appendix A

STRATEGIC CONTEXT

The Programme for Government (PfG) Framework sets out the major outcomes which the Northern Ireland Executive aim to achieve for Northern Ireland society. By setting clear priorities, the PfG Framework informs the targeting of funds. PHA reflects these priorities and strategic outcomes in their own strategic directions and sets them out in PHA's Corporate Plan.

The PHA is governed by Statutory Instruments: HPSS (NI) Order 1972 (SI 1972/1265 NI14), the HPSS (NI) Order 1991 (SI 1991/194 NI1), the Audit and Accountability (NI) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009.

The primary functions of the PHA can be summarised under 3 broad headings:[1]

- Improving health and social well-being and reducing health inequalities;
- Health protection;
- Professional input to commissioning of health and social care services and providing professional leadership.

In carrying out these functions the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social well-being. The PHA also has a range of statutory duties in the area of Public Health and PPI under the duty to Involve and Consult. It is also responsible for the commissioning and quality assurance of existing and new screening programmes. In discharging these duties the Agency shall maintain the highest standards of decision-making. The detail of these duties is set out in various legislation, regulations or other guidance documents.

The Agency's Business Plan 2023/24 2025/2026 sets out the key priorities that will be taken forward by the PHA that will help to improve health and social wellbeing and protect the health of the community. The priorities and targets set have been shaped by the Departmental priorities and the longer-term goals that have been set out in the PHA Corporate Plan 2017-21 2025-2030. The Business Plan is focused around the 5 key outcomes as set out in the Corporate Plan 2017-21 2025-2030. These are:
- All children and young people have the best start in life
- All older adults are enabled to live healthier and fulfilling lives
- All individuals and communities are equipped and enabled to live long healthy lives
- All health and wellbeing services should be safe and high quality
- Our organisation works effectively

---

[1] DHSSPS Framework Document September 2011

PHA ASSURANCE FRAMEWORK

The PHA Assurance Framework sets out how PHA can be assured that the objectives of the Agency can be achieved. The layout of the Framework is based on the four performance and assurance dimensions also known as the 'Four Dimensions of Governance' as set out in the Department of Health Social Services and Public Safety ('DHSSPS') Framework Document September 2011.

The Four Dimensions are:

~~The PHA assurance framework is based broadly around the four HSC performance and assurance dimensions as set out in the DHSSPS Framework Document (September 2011) namely~~:

1. **Corporate Control** – the arrangements by which the PHA directs and controls its functions and relates to stakeholders;

2. **Safety and Quality** – the arrangements for ensuring that health and social care services are safe and effective and meet patients' and client's needs, including appropriate involvement;

3. **Finance** – the arrangements for ensuring the financial stability of the PHA, for ensuring value for money and for ensuring that allocated resources are deployed fully in achievement of agreed outcomes in compliance with the requirements of the public expenditure control framework; and

4. **Operational Performance and Service Improvement** – the arrangements for ensuring the delivery of Departmental targets and required service improvements.

The Framework Document states that "each HSC body is locally accountable for its organisational performance across the four dimensions and for ensuring that appropriate assurance arrangements are in place. This obligation rests wholly with the body's board of directors. It is the responsibility of boards to manage local performance and to manage emerging issues in the first instance."

The PHA Assurance Framework must also link with its corporate objectives and risks. An effective Assurance Framework provides a clear, concise structure for reporting key information to boards, and should be read alongside the corporate risk register to provide structured assurance about how risks are managed effectively to deliver agreed objectives.

The following tables form the basis of the Assurance Framework and have been structured according to the DOH performance and assurance dimensions, with a link to the relevant corporate objectives and primary risks.

This Assurance Framework provides the organisation with a simple but comprehensive method for effectively managing the principal risks to meet its objectives. It also provides a structure for acquiring and examining the evidence to support the Governance Statement and the Mid-Year Assurance Statement.

LINKS TO OTHER PHA POLICIES AND DOCUMENTS

The following policies and documents should be read in conjunction with the PHA Assurance Framework:

- PHA Risk Management Strategy and Policy
- PHA Corporate Risk Register
- PHA Corporate Plan 2017-21 2025-2030
- PHA Annual Business Plan 2024 2025/26
- PHA Governance Framework
- PHA Board Performance Framework

REVIEW AND APPROVAL

The Assurance Framework will be reviewed on an annual basis biannual basis. It will be brought to the Governance and Audit Committee for approval annually biannually, and the PHA board, for approval annually.

Dimension 1 – Corporate Control

The dimension of 'corporate control' encompasses the policies, procedures, practices and internal structures which are designed to give assurance that the PHA is fulfilling its essential obligations as a public body. For that reason, most of the requirements reflect those in place across the wider public sector; however, there are a number that have been instituted specifically for the field of health and social care, notably the statutory duty of care created by Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, and the statutory duty to Involve and Consult with the recipients of health and social care created by sections 19 and 20 of the HSC (Reform) Act (NI) 2009.

The staple public sector requirements include the existence of appropriate board roles, structures and capacity; compliance with prescribed standards of public administration, national or regional policy on procurement and pay, operation of a professional internal audit service and corporate and business planning approvals. The accounting officer letter of appointment spells out the principles underlying many of these obligations, while the letters appointing chairs and non- executive members of the board also gives due emphasis to this aspect of the appointees' duties.

The table below highlights the corporate control requirements for the PHA along with how the PHA meets each obligation by way of providing assurances to the board and its Committees.

Dimension 1 – PHA Corporate Control Arrangements

Link to Corporate Objectives:
Corporate Objective 5 – Our organisation works effectively

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Governance Statement signed by the Chief Executive	Chief Executive	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register		
Mid-Year Assurance Statement signed by the Chief Executive	Chief Executive	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register		
PHA Annual Report	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			
Corporate Plan	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	4-5-yearly 4-5-yearly 4-5-yearly			
Annual Business Plan	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually			
Corporate Risk Register (supported by Directorate Risk Registers)	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Quarterly Quarterly Quarterly			
Assurance Framework	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Board Performance Framework	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually			
ALB Self-Assessment	Chair	Board	Approval	Annually			
Sealing of Documents	Chief Executive	Board	Approval	As required			
Review of Standing Orders and Standing Financial Instructions	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually		Completed Oct 24 presented AMT and GAC approved subject to clarification of PHA statutory roles & responsibilities.	Continues to be an issue in the 2025 review: Clarification required from DoH regarding PHA commissioning and issuing of revised framework to reflect same.
Partnership Agreement	Director of Finance and Corporate Services	AMT ~~PPR~~ GAC Board	Approval Approval Approval	3-yearly 3-yearly 3-yearly			
Register of Board Members Interests	Director of Finance and Corporate Services	Board	Noting	Annually			
Gifts and Hospitality Register	Director of Finance and Corporate Services	AMT GAC	Noting Noting	Annually Annually			
Minutes of Governance and Audit Committee	Committee Chair	GAC Board	Approval Noting	Quarterly Quarterly			
Governance and Audit Committee Annual Report	Director of Finance and Corporate Services	GAC Board	Approval Noting	Annually Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Internal Audit Plan	Head of Internal Audit	GAC	Approval	Annually			
Internal Audit Reports	Head of Internal Audit	GAC	Noting	Annually			
Mid-Year and End-Year Head of Internal Audit Report	Head of Internal Audit	GAC	Noting	Annually			
Audit Committee Self-Assessment Checklist	Committee Chair	GAC	Approval	Annually			
Minutes of Planning, Performance and Resources Committee	Committee Chair	PPR Board	Approval Noting	Quarterly Quarterly			
Minutes of Remuneration and Terms of Service Committee	Chair	RTSC Board	Approval Noting	Biannually Biannually			
Remuneration of Executive Directors	Chair	RTSC Board	Approval Approval	Annually Annually			
Report on Progress in respect of Equality and Disability Duties under Section 75 of the Northern Ireland Act 1998 and Disability Section 49a of the Disability Discrimination Order (DDO) 2006	Director of Finance and Corporate Services	AMT Board	Approval Approval	Annually Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Equality Scheme and subsequent review	Director of Finance and Corporate Services	AMT Board	Approval Approval	5-yearly 5-yearly			
Equality and Disability Action Plan	Director of Finance and Corporate Services	AMT Board	Approval Approval	5-yearly 5-yearly			
Article 55 Review (report to Equality Commission on staffing composition)	Director of Finance and Corporate Services	AMT Board	Approval Approval	3-yearly 3-yearly		Currently in progress with an expectation that the analysis and report will be available by end of December 2025	
Rural Needs Annual Monitoring Report	Director of Finance and Corporate Services	AMT	Approval	Annually			
Information Governance Strategy 2023-2026	Director of Finance and Corporate Services	AMT IGSG GAC Board	Approval Approval Approval Approval	3-yearly 3-yearly 3-yearly 3-yearly	Risk 39 – Cyber Security		
Information Governance Action Plan	Director of Finance and Corporate Services	AMT IGSG GAC	Noting Noting ~~Noting~~ Approval	~~Quarterly~~ 3 per year ~~Quarterly~~ 3 per year ~~Quarterly~~ 3 per year	Risk 39 – Cyber Security		
PPI Update Report	Director of Nursing and AHPs	AMT Board	Noting Noting	Annually Annually			
Approval of new/revised PHA strategies and policies	Relevant Director	AMT Committee Board	Approval Approval Approval	As required As required As required			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Business Continuity Plan (Annual Review)	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			
Joint Report on Emergency Preparedness	Director of Public Health	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	Risk 75 – Pandemic preparedness	Drafted but delayed due to Pegasus. DoH advised.	Planned for presentation to AMT Nov 25
Complaints, Compliments and Claims Report	Chief Executive	AMT GAC Board	Approval Approval Approval	Quarterly Quarterly Quarterly			

Dimension 2 – Safety and Quality

The second dimension covers the arrangements whereby the PHA ensures that health and social care services, are safe and effective and meet people's needs. This covers a broad field and applies to all programmes of care and to infrastructure.

In addition to the numerous operational/professional requirements that concern or touch on safety and quality, there are more general requirements with which compliance is demanded. In the latter category, those issued by DoH include the Quality Standards[2], Care Standards, and applicable Controls Assurance standards The most notable, being the statutory duty of quality created under the HPSS (Quality, Improvement and Regulation) (NI) Order 2003.

The table below highlights the safety and quality functions required by the PHA. It also shows how the PHA meets each obligation by way of providing assurances to the board and its Committees.

---

[2] The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DHSSPS, March 2006)

Dimension 2 - Safety and Quality

Link to Corporate Objectives:
Corporate Objective 1 – All children and young people have the best start in life
Corporate Objective 2 – All older adults are enabled to live healthier and fulfilling lives
Corporate Objective 3 – all individuals and communities are equipped and enabled to live long healthy lives
Corporate Objective 4 – All health and wellbeing services should be high quality

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Reports on Safety/Quality issues • Serious Adverse Incidents • Quality Improvement Plans • 10,000 Voices • Care Opinion • Implementation of RQIA and other independent review recommendations relevant to PHA	Director of Nursing and AHPs	AMT GAC Board	Noting Noting Noting	As required As required As required	Reports on Safety/Quality issues • Serious Adverse Incidents • Quality Improvement Plans • 10,000 Voices • Care Opinion • Implementation of RQIA and other independent review recommendations relevant to PHA		
Family Nurse Partnership Annual Report	Director of Nursing and AHPs	AMT Board	Approval Approval	Annually Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Annual Quality Report	Director of Nursing and AHPs	AMT Board	Approval Approval	Annually Annually			
Director of Public Health Annual Report	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
Population Screening Annual Reports	Director of Public Health	AMT Board	Approval Noting	Annually Annually	Risk 59 – Quality Assurance and Commissioning of Screening		
Health Protection Annual Reports	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
Research and Development Annual Report	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
GMC Revalidation / Appraisal – Assurance of Annual Appraisal Cycle	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
Confirmation of Progress against NIMDTA/GMC Requirements for Doctors in Training	Director of Public Health	AMT Board	Noting Noting	Annually Annually			

Dimension 3 – Finance

Appropriate financial accountability mechanisms are necessary to:

- Ensure that the optimum resources are secured from the Executive for Health and Social Care
- Ensure the resources allocated by Minister/Department deliver the agreed outcomes and represent value for money
- Deliver and maintain financial stability
- Facilitate the delivery of economic, effective and efficient services by rewarding planned activity that maximises effectiveness and quality and minimises cost
- Facilitate the development of innovative and effective models of care

The table below highlights the PHA finance requirements. It also identifies how the PHA meets each obligation by way of providing assurances to the board and its Committees.

Dimension 3 - Finance

Link to Corporate Objectives:
Corporate Objective 5 – Our organisation works effectively

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Finance Report	Director of Finance and Corporate Services	AMT Board	Noting Noting	Monthly Monthly			
~~Response to budget proposals prepared by PHA contributed to by the Finance Department contribution to the development of Joint Commissioning Plan~~	~~Director of Finance and Corporate Services~~	~~AMT Board~~	~~Noting Noting~~	~~Annually Determined by DoH~~			
PHA Financial Plan	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually	Risk 73 – Financial Planning context 2025/26		
Annual Report and Accounts *GAC and PHA board full accounts and supporting financial excerpt from Annual Report.* *AMT summary financial statements*	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually		Not formally presented to AMT prior to the board due to time constraints	Financial Report shared in advance and full accounts shared at Board and with GAC members and Chief Executive when draft complete. Issues discussed as necessary.

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
External Audit Report to those Charged with Governance	External Audit	AMT GAC Board	Noting Noting Noting	Annually Annually Annually		Not formally presented to AMT prior to the board due to time constraints	Discussed with AMT officers for management responses.
Fraud Prevention and Detection Report	Director of Finance and Corporate Services	GAC	Noting	Quarterly			
Use of External Management Consultants	Director of Finance and Corporate Services	AMT	Noting	Annually			
PHA capital expenditure in excess of £50,000 or £1.5m for R&D capital expenditure. Note – May be required to be submitted to DoH/DoF dependant on delegated limits.	Director of Finance and Corporate Services	AMT Board	Approval Approval	As required As required			
Disposal of PHA assets in excess of £50,000	Director of Finance and Corporate Services	AMT Board	Approval Approval	As required As required			

Dimension 4 – Operational Performance and Service Improvement

Performance management and service improvement arrangements are those that are necessary to ensure the achievement of Government and Ministerial objectives and targets.

The table below highlights the PHA requirements identifying how the PHA meets each obligation by way of providing assurances to the board and its Committees.

Dimension 4 – Operational Performance and Service Improvement

Link to Corporate Objectives:
Corporate Objective 1 – All children and young people have the best start in life
Corporate Objective 2 – All older adults are enabled to live healthier and fulfilling lives
Corporate Objective 3 – all individuals and communities are equipped and enabled to live long healthy lives
Corporate Objective 4 – All health and wellbeing services should be high quality
Corporate Objective 5 – Our organisation works effectively

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Performance Report (including Commissioning Direction targets and corporate objectives)	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Quarterly Quarterly Quarterly			
Commissioning Plan	Chief Executive	AMT Board	Approval Approval	Annually Annually		To note - Commissioning Plan from 2019/20 remains the extant Plan	
PEMS Report	Director of Finance and Corporate Services	AMT Board	Approval Noting	Annually Annually			
Procurement Plan	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually			

Glossary

- **(AHP)** Allied Health Professionals
- **(AMT)** The Agency Management Team
- **(board)** PHA Board
- **(DoF)** Department of Finance
- **(DoH)** Department of Health
- **(DHSSPS)** Department of Health, Social Services and Public Safety
- **(GAC)** Governance and Audit Committee
- **(GMC)** General Medical Committee
- **(HPSS)** the Health and Personal Social Services (Northern Ireland) Order
- **(HSC)** Health & Social Care
- **(IGSC)** Information Governance Steering Group
- **(Minister)** Minister for Health, Social Services and Public Safety
- **(NIMDTA)** Northern Ireland Medical and Training Agency
- **(PEMs)** Programme Expenditure Monitoring System
- **(PfG)** Programme for Government
- **(PHA)** Public Health Agency
- **(PPI)** Personal and Public Involvement
- **(PPR)** Planning, Performance and Resources
- **(Reform Act)** the Health & Social Care (Reform) Act (Northern Ireland) 2009
- **(R&D)** Research & Development
- **(RQIA)** The Regulation and Quality Improvement Authority
- **(RTSC)** Remuneration and Terms of Service Committee
- **(SPPG)** Strategic Planning and Performance

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	23 October 2025
Title of paper	PHA Corporate Business Continuity Plan
Reference	PHA/06/10/25
Prepared by	Karen Braithwaite
Lead Director	Leah Scott

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

1   Purpose

The purpose of this paper is to bring the revised PHA Corporate Business Continuity Plan to the Board for approval.

2   Background Information

PHA has a Business Continuity Policy, the aim of which is to detail a comprehensive framework for Business Continuity Management so PHA can continue to function during an operational interruption.

It sets out general principles and processes for the development, maintenance and review of the PHA Business Continuity Plan and is separate to, but complements, the PHA Risk Management Policy. The Policy is available on the PHA Intranet for all staff and has been placed on the PHA website for the attention of interested parties.

This Business Continuity Plan has been compiled under the auspices of the Agency Management Team (AMT) by the PHA Business Continuity Project Team and is in line with the requirements of ISO 22301.

The Plan is designed to assist the PHA Incident Management Team, at a Corporate Level, through the necessary steps from an incident's occurrence to the resumption of business as usual. It is kept 'live' by regular testing, consideration of business process planning and monitoring by Senior Managers and the Project Team on an ongoing basis.

This Plan focuses on two elements, the first being immediate incident response to prevent further injury, damage, loss, tending to the injured and evidence gathering. The second element concerns addressing the damage, restoring service continuity to normal and providing information to staff, the public and Media.

3   Key Issues

The PHA Corporate Business Continuity Plan was updated following a test exercise on the 6th May 2025.

The revised Plan was approved by the Agency Management Team on 10 October and by the Governance and Audit Committee on 17 October.

4   Next Steps

This is a live document which will be kept under review and up-to-date. It will be further developed and amended to reflect the new arrangements under Reshape and Refresh.

Finance Report
Month 5 - August 2025

Leah Scott
Director of Finance &
Corporate Services
September 2025

Introduction

This summary report outlines the agency's statutory duties and provides an update on the financial position at month 5, building on the PHA Financial Plan 2025-26 which has been formally approved by AMT and the PHA Board.

Section A: Statutory Targets

- **Break-even**

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

- **Financial Planning**

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

- **Prompt Payment**

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

Section B: Summary Position

The position at 31 August 2025 (Month 5) reflects a year-to-date (YTD) surplus of £394k

Table 1: PHA Summary Revenue position – Aug 25	Aug 25 Budget £'000	Aug 25 Actual £'000	Aug 25 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast Budget £'000
Programme Expenditure by Trust	2,386	2,386	0	19,390	19,390	0	47,044
Programme Expenditure by PHA	9,271	9,326	(55)	22,489	22,618	(129)	61,834
Total Programme Expenditure	**11,657**	**11,712**	**(55)**	**41,880**	**42,008**	**(129)**	**108,877**
Management & Admin	**2,801**	**2,698**	**103**	**13,679**	**13,178**	**501**	**32,245**
Ringfenced by Trust	0	-	0	0	-	0	0
Ringfenced by PHA	56	37	19	240	238	2	1,425
Total Ringfenced	**56**	**37**	**19**	**240**	**238**	**2**	**1,425**
Other Revenue Income	**-**	**(18)**	**18**	**-**	**(19)**	**19**	**-**
PHA Total	**14,514**	**14,430**	**84**	**55,798**	**55,405**	**394**	**142,547**

Total Funding Available 2025-26 (Appendix 1) | 142,547

Forecast Surplus/(Deficit) | 0

The PHA funding allocation of £143m is set out in Appendix 1.

The DoH receive a budget allocation from the minister each year. The department is then responsible for the allocation of funds across HSC organisations while ensuring financial balance is achieved. During the year the supplementary monitoring process provides a formal system for reviewing plans and priorities for the current year in line with the most up to date position. This process allows organisations to identify underspend and/or additional pressures arising from which organisations may secure additional funds however they may also be faced with additional savings targets should a funding gap exist across HSC.

Other additional adhoc funds may be allocated during the course of the year for specific areas of costs arising which were not included in the opening allocation e.g. pay awards.

Section C: Expenditure to month 5

The PHA has reported a YTD **surplus position of £394k at 31 August 2025** and is forecasting a breakeven position for the year. **Table 2** provides a breakdown of expenditure by budget area.

Table 2: Breakdown by Budget Area	Aug 25 Budget £'000	Aug 25 Actual Exp £'000	Aug 25 Variance £'000		YTD Budget £'000	YTD Actual Exp £'000	YTD Variance £'000		Forecast Budget £'000
Programme Expenditure									
HSC Trust (See Table 3)									
Public Health	2,651	2,651	(0)		13,353	13,353	0		32,367
Population Health & Wellbeing	(265)	(265)	0		6,038	6,038	(0)		14,676
Sub Total By Trust	2,386	2,386	(0)		19,390	19,390	(0)		47,044
PHA Internal									
Public Health	6,553	6,535	17		12,850	13,132	(282)		34,477
Population Health & Wellbeing	2,808	2,765	43		9,569	9,599	(31)		23,807
Finance & Corporate Services	3	-	3		46	- 6	52		268
Population Data & Intelligence	-	-	-		-	-	-		3,252
Chief Executive & Board	(93)	8	(101)		25	(126)	151		31
Sub Total By PHA Internal	9,271	9,309	(38)		22,489	22,599	(110)		61,834
Sub Total Trust + PHA Internal	11,657	11,695	(38)		41,880	41,989	(110)		108,878
Sub Total - Management & Admin	2,801	2,698	103		13,679	13,178	501		32,245
Ringfenced									
Trust	0	-	0		0	-	0		0
PHA Direct	56	37	19		240	238	2		1,425
Sub Total	56	37	19		240	238	2		1,425
PHA TOTAL	14,514	14,430	84		55,798	55,405	394		142,548

In respect of the year to date position:

Trust Programme - A *balanced position* is shown with all allocations to Trusts from PHA being considered to be fully spent. The negative budget in the current month reflects the transfer of some Nursing projects to SPPG on the grounds that they are hospital-based and not directly related to Public Health.

PHA Internal Programme - A small _overspend of £110k_ is shown on PHA Internal programme budgets (i.e. Non-Trust) for the year-to-date. The *Chief Executive & Board* programme line reflects a YTD spend of £0.2m in relation to unmaterialised year-end accruals (24/25 allocation exceeded actual for C&V sector) which have been swept up and held centrally, effectively becoming a funding source for 2025/26. The *Chief Executive & Board* August budget is negative to reflect a budget adjustment in the month of August to correct the YTD budget going forward. A number of pressures have been approved within the Programme budget, funded from Admin slippage, to ensure that the PHA achieves an overall breakeven position for the full year.

Management & Administration - A _surplus of £0.5m_ is shown on the Management & Administration budget at month 5, reflecting underspends generated by the current level of vacancies across the Agency. Work on the realignment of budgets in line with the Reshape & Refresh programme is on-going and fully revised Directorate structures will be available from Month 6.

Ringfenced Funding –Ringfenced funding reflects a small _underspend of £2k_. The full year budget comprises NI Protocol funding (£62k), Tackling Paramilitarism / Fresh Start (£518k) and COVID (£845k).

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

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

Table 3: Trust Allocations	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS £'000	Total Planned Expenditure £'000
Public Health							
Health Protection	2,447	2,481	1,706	2,133	1,796	-	**10,563**
Service Development & Screening	8,235	3,542	968	2,480	3,189	-	**18,415**
Living Well	1,036	470	554	480	529	-	**3,069**
	11,718	**6,493**	**3,228**	**5,093**	**5,514**	**-**	**32,046**
Population Health & Wellbeing							
Ageing Well	265	67	197	107	44	-	**678**
Early Years	731	926	590	861	690	-	**3,797**
MH&LD	4,359	1,170	283	604	240	73	**6,728**
Nursing	857	306	341	944	807	31	**3,287**
Hlth&Swi	0	- 0	-	-	-	-	**0**
	6,211	**2,468**	**1,411**	**2,516**	**1,780**	**104**	**14,491**
Other - Yet to be allocated							**507**
Total Current RRLs	**17,929**	**8,962**	**4,639**	**7,609**	**7,294**	**104**	**47,044**

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

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

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

Section D: Risks

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

1. **HSC-wide funding gap**: the opening allocation letter from the DoH in June 2025 confirms a significant funding gap of some £600m across the HSC. To address the funding gap the Department has established a new Systems Financial Management Group (SFMG) to realise cash releasing savings in-year and put the HSC on a more sustainable footing. Although the Department is committed to driving efficiencies they have confirmed that it will not be feasible to address the overall gap in totality. As such, the PHA are advised that it is possible ALBs will be asked to deliver further savings in 2025/26. It will therefore follow that any slippage identified, net of inescapable pressures, will need to be returned to the Department during 2025/26.

2. **Recurrent pressures funded from non-recurrent sources:** in the 2025/26 Financial Plan, a number of high-priority public health initiatives were approved to progress, funded from in-year slippage, mainly from vacancies within Administration budget. These initiatives have recurrent tails, and appropriate recurrent funding will need to be identified from 2026/27 onwards.

3. **EY Reshape & Refresh review and Management and Administration budgets:** The PHA is currently undergoing a significant review of its structures and processes, and although final structures are near completion there is a concern that further modernisation is required which may impact on the affordability. There is a risk in implementing the outcomes of this review in a savings context, and careful management will be required at all stages of this process.

4. **Demand-led budgets:** a number of significant areas of expenditure are demand-led and subject to significant fluctuations (vaccines administration, smoking

cessation etc.). There is inherent risk in these areas, and they will be kept under close review.

Section E: Prompt Payment

Prompt Payment performance for August shows that PHA is above the 95% prompt payment target on volume but below in value. The year to date position shows that the PHA is achieving its target on volume but has dropped below the target on value. Prompt payment targets will continue to be monitored closely over the 2025/26 financial year. The volume percentage dropped below the 95% target due to a large invoice in relation to vaccines not able to be processed for payment due to staff on leave.

Table 4: Prompt Payment Performance	August 2025 Value	August 2025 Volume	Cumulative position as at August 2025 Value	Cumulative position as at August 2025 Volume
Total bills paid (relating to Prompt Payment target)	£9,127,897	374	£24,401,373	2,172
Total bills paid on time (within 30 days or under other agreed terms)	£7,232,632	359	£22,185,195	2,091
Percentage of bills paid on time	**79.2%**	**96.0%**	**90.9%**	**96.3%**

The 10-day prompt payment performance remains above the current DoH target for 2025/26 of 70%, at 85.8% on volume for the year to date.

Section F: Capital position

The PHA has a capital allocation (CRL) of £9.331m. This mainly relates to projects managed through the Research & Development (R&D) team, with £4.6m allocated to Trusts in year. The overall summary position, at the end of August 2025, is reflected in **Table 5** below.

Table 5: PHA Summary capital position – 31 August 2025

Capital Summary	Total CRL	Year to date spend	Full year forecast	Forecast Surplus/ (Deficit)
	£'000	£'000	£'000	£'000
HSC R&D:				
R&D - Health ALBs	293	0	293	-
R&D - Trusts	4,614	0	4,614	-
R&D - Other Bodies	2,557	935	2,557	-
R&D - Capital Receipts	(372)	(76)	(372)	-
Subtotal HSC R&D	**7,093**	**858**	**7,093**	**-**
Other:				
Congenital Heart Disease Network	724	0	724	-
iReach Project	656	0	656	-
R&D - NICOLA	835	0	835	-
Monitors for Directors	5	0	5	-
Planning Laptops	19	0	19	-
Subtotal Other	**2,238**	**-**	**2,238**	**-**
Total PHA Capital position	**9,331**	**858**	**9,331**	**-**

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

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

Recommendation

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

Appendix 1 – Breakdown of Funding Allocation 2025/26

Letter	Description	Total Allocation
DoH Allocation Letters:		
PHA 1	Opening PHA Allocation - 26 June 2025	**£140,362,212**
PHA 2	Primary HPV - transferred from SPPG	£729,601
	Trust Vaccination of relevant vaccinators against Hepatitis B (FAO Louise Herron, Rachel Spiers, Deirdre Ward, Wendy Thornton)	£20,000
	Sessional vaccinator funding for spring 2025 Covid Vaccination Programme (FAO Louise Herron, Rachel Spiers, Deirdre Ward, Wendy Thornton)	£42,313
	Trust spring 2025 Covid-19 vaccination clinics (FAO Louise Herron, Rachel Spiers, Deirdre Ward, Wendy Thornton)	£542,652
	Gonorrhoea Vaccination Programme (FAO Louise Herron, Rachel Spiers, Deirdre Ward, Wendy Thornton)	£100,000
	Joint Health and Education Partnership Lead Post (Technical Transfer - Direct)	£40,000
	Child Criminal Exploitation (ARCS Funding for SBNI Post) (Technical Transfer - Direct)	£55,000
	Cross Government Trauma Informed Practice Hub (Technical Transfer - Direct)	£328,000
	Drug Related Intimidation Response Scoping (Technical Transfer - Direct)	£80,000
	"Shingrix for all" Shingles Vaccination Programme	£3,000,000
	Protect Life 2	£200,000
PHA 3	Substance Use Strategy (Naloxone)	£40,000
	Retraction - Various Projects (Ward Sisters Initiative; Nursing Home In-Reach; Dysphagia Project and Partnership Working Officers) - to be transferred to SPPG (FAO Heather Reid)	(£4,473,755)
Assumed allocations to come from DoH (currently included in budget):		
	Online Safety Strategy	£101,200
	Additional funding for Prof Ian Young	£35,000
	Advanced Communication Skills Lead	£29,559
	Clinical Excellence Award	£58,272
	Accommodation funding (from SPPG)	£440,823
	Waste Water Pilot	£31,059
	Trauma Informed Practice funding	£55,000
	Sessional Vaccinators	£240,000
Funding confirmed from NIMDTA		£490,624
Total Funding for 2025-26		**£142,547,560**

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 23 October 2025

Title of paper Complaints, Compliments and Claims Quarterly Report

Reference PHA/08/10/25

Prepared by Alastair Ross / Ashley Stoney

Lead Director Aidan Dawson

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

1   Purpose

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

2   Background Information

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

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

3   Key Issues

During the first two quarters of 2025/26, the PHA received five formal complaints, three of which have been closed. In the same period four compliments have been received, one claim has been closed and one claim remains open.
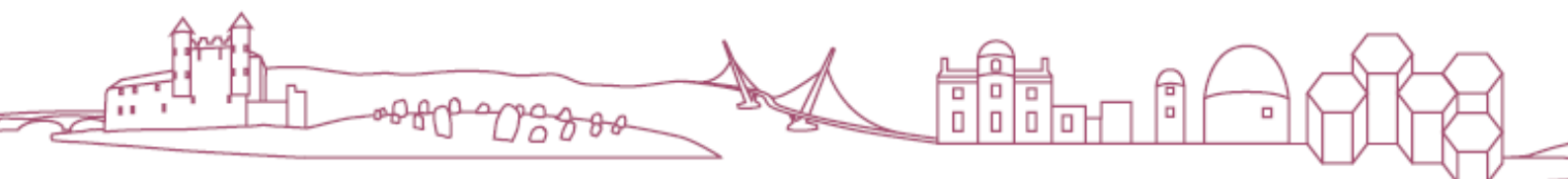
4   Next Steps

The next Report will be brought to the Board in February 2026.
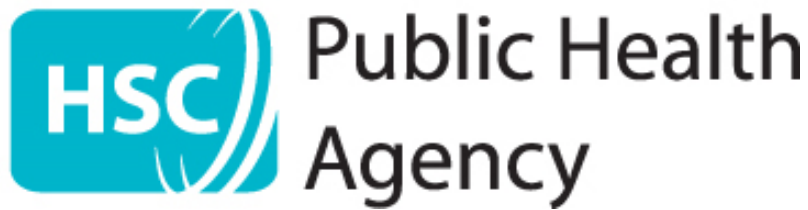
2025/2026
Complaints, Compliments and Claims Quarterly Report

Internal Qtr 2 Report

Position as at 30 September 2025

Report Prepared by PHA Complaints Office

CONTEXT

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

SECTION 1 - COMPLAINTS

1.1   Definition

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

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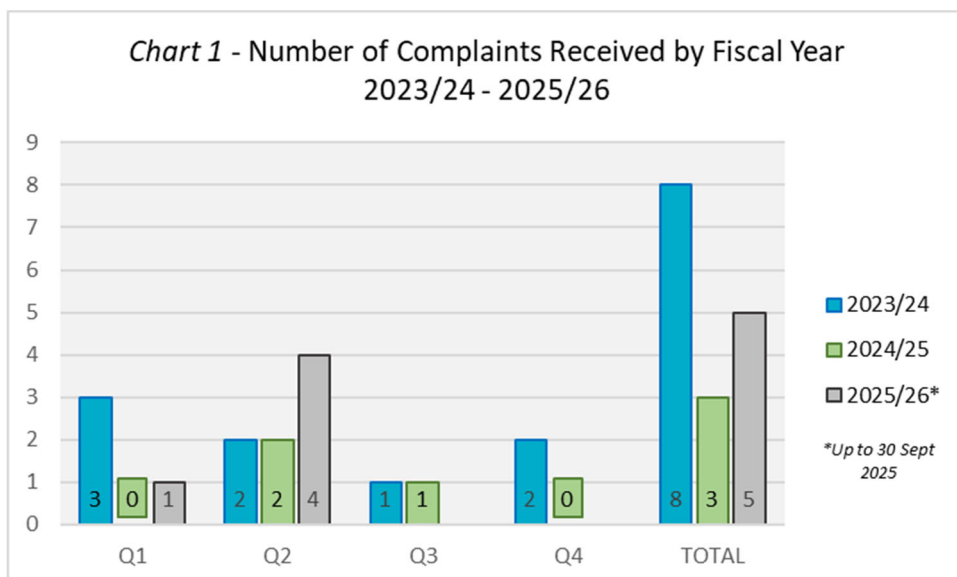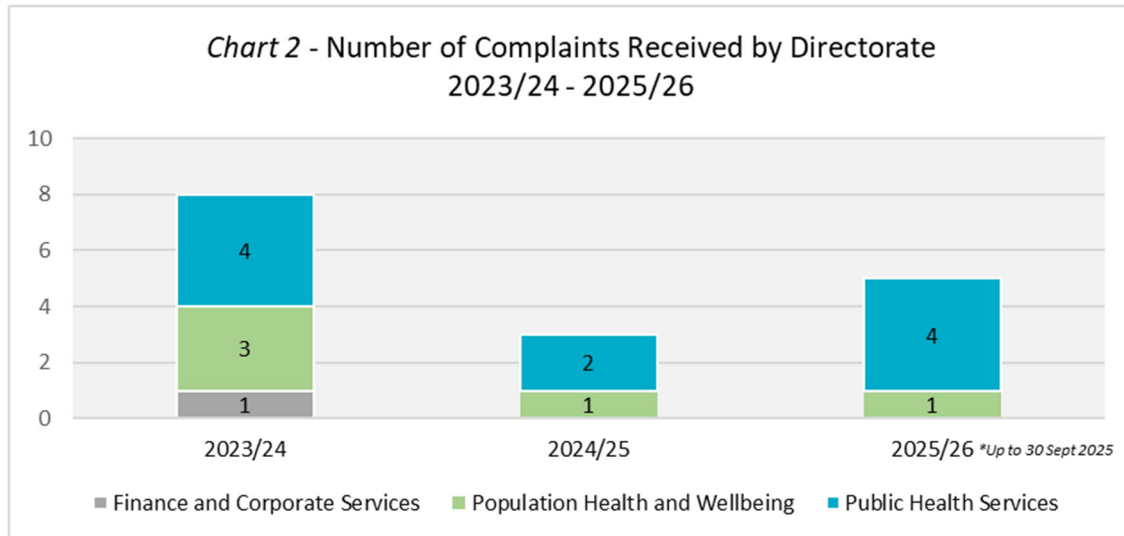
1.2   Key Performance Indicators

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

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

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

c. Where a full response within 20 days is not possible, a complainant should be updated every 20 working days on the progress of their complaint.

1.3   2025/26 Overview

During the period, 1 April 2025 - 30 September 2025, the PHA received five formal complaints, during the same period in 2024/25, the PHA received one formal complaint. Further detail in relation to the receipt of complaints by fiscal year and Directorate is set out across Charts 1 and 2.

Chart 2 - Number of Complaints Received by Directorate 2023/24 - 2025/26

1.4   2025/26 Closed Complaints

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

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

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

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

	Average time taken to conclude Complaint (working days)	Longest time taken to conclude Complaint (working days)	Shortest time taken to conclude Complaint (working days)
2023/24	27 Days	106 Days	3 Days
2024/25	25 Days	37 Days	16 Days
2025/26*	17 Days	20 Days	11 Days

*Position as at 30 September 2025

Table 3 Synopsis of Closed Complaints 2025/26

PHA Ref	Responsible Directorate	Synopsis of Complaint and Response
C01/2526	Public Health Services	**Complaint** - Complaint in relation to the application of an extension to the Adult Step 2 contract and the implications for the future provider. **Response** - Complainant was advised that the extension put in place was in accordance with agreed procurement processes. Clarity was also provided in relation to the contents of the 'Intention to Award' which had been issued to the provider by the Agency.
C02/2526	Public Health Services	**Complaint** - Complaint relating to an advert placed by the PHA in the Belfast Pride Festival Guide for 2025. **Response** - Complainant was advised that the advertisement was placed as a means for the Agency to engage with the LGBTQIA+ community to provide health information and promote relevant services. It was also clarified that while the PHA places advertisements in a range of physical and digital publications to reach diverse audiences; this does not imply endorsement of the broader content or views expressed within those publications.
C03/2526	Population Health & Wellbeing	**Complaint** - Complaint in relation to the content of a response provided by the Agency addressing the PHA's understanding of the moderation practices and impartiality of Care Opinion. **Response** - Complainant offered an apology for the manner in which the Agency's correspondence was received. Clarification was provided in relation to the Agency's contractual relationship with Care Opinion.

1.5 2025/26 Open Complaints

As of 30 September 2025, the PHA had two complaints under active review. Table 4 outlines the details of these open complaints.

Table 4 Synopsis of Open Complaints 2025/26

PHA Ref	Responsible Directorate	Synopsis of Complaint
C04/2526	Public Health Services	Complaint - Complaint in relation to the inaction of an email by the Agency regarding a conduct concern within a HSC Trust.
C05/2526	Public Health Services	Complaint - Complaint regarding the processes relied upon by the Agency in the management of an E. coli case with the complainant's daughter.

1.6 Northern Ireland Public Services Ombudsman

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

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

SECTION 2 - COMPLIMENTS

2.1 Definition

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

Between 1 April and 30 September 2025, the PHA Complaints Office was notified of four compliments received. A summary of these compliments is provided in Table 5.

Table 5 Compliments Received 2025/26

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

02/2526	Public Health	Representative from Tourism NI	"*I wanted to write to express my sincere thanks to you and your team for your involvement in the 153rd Open - a truly momentous event. The success of the event was in no small measure due to the commitment, professionalism and enthusiasm of all partners involved in the working groups including you and your team.*"
03/2526	Public Health	Representative from NI Environment Agency	"*I would like to extend my sincere thanks for your valued participation in the recent public consultation 'Drop In' events held in Eglinton and the Millennium Forum. Your presence and expertise were instrumental in making these events such a success. Feedback from attendees has been very positive. Many participants specifically commented on the benefit of having all partners present together, which not only streamlined communication but also showcased the strength and value of our collaborative working.*"
04/2526	Public Health	Representative from Department of Agriculture, Environment and Rural Affairs	"*… I know that my officials have been in discussion with your team and the PHA, and I wanted to express my gratitude for the thoughtful advice and support of the PHA….*"

SECTION 3 - CLAIMS MANAGEMENT

3.1   Potential Liabilities

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

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

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

3.2 2025/26 Closed Claims (Settled and Withdrawn)

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

Table 6 Synopsis of Closed Claims 2025/26

Date Opened	Date Closed	Type of Potential Liability	Outcome	Claim Synopsis
March 2023	May 2025	Employment Law	Withdrawn	The Safeguarding Board for Northern Ireland (SBNI) and the PHA were named as Respondents, in relation to a claim lodged with the Office of the Industrial Tribunal and Fair Employment Tribunal. The claim was in relation to the claimant's personal employment status which precluded them from contributing to the HSC Pension Scheme. The claim has now been withdrawn with a legally binding agreement in place. The outworking's are being managed through collaboration of the HR Team, the Directorate of Legal Services and SBNI.

3.3 2025/26 Open Claims

One claim in relation to the PHA has been opened during the 1 April 2025 to 30 September 2025 period. Further detail in relation to this open claim is set out at table 7.

Table 7 Synopsis of Open Claims 2025/26

Date Opened	Type of Potential Liability	Claim Synopsis
May 2025	Employment Law	Claim lodged with the Office of the Industrial Tribunal and Fair Employment Tribunal alleging discrimination on grounds of age, sex and/or religious belief/political opinion. A formal response to the claim was issued in July - the case now awaits a hearing date in which to establish the timetable for the proceedings.

PHA Complaints Office
complaints.pha@hscni.net

END

item 16

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	23 October 2025
Title of paper	HSC Trust Involvement Monitoring Reports 24-25
Reference	PHA/09/10/25
Prepared by	Emmett Lynch / Martin Quinn
Lead Director	Heather Reid

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

1   Purpose

The purpose of this paper is to note the 2024/25 HSC Trust Involvement Monitoring Reports.

2   Background Information

Personal and Public Involvement (PPI) is a statutory responsibility and a policy imperative, for which, the PHA has HSC wide oversight and leadership responsibility. The PHA are tasked with undertaking monitoring and assessing the progress being made in the HSC against this policy imperative.

The PHA have co-produced an updated Involvement monitoring mechanism, approved by the DoH and deployed with the Trusts. There has also been a focus on bringing about a level of consistency of approach to the monitoring of Involvement, utilising quantitative information in the main, alongside self-evaluation returns against the HSC Involvement Standards.

The following comprise the information that form part of the returns:

- PPI (5 Standards) Assessment Monitoring compliance return,
- Involvement monitoring data return(s),
- PPI training data return(s),
- HSC Trust signed Assurance Statement(s),
- Involvement Human Libraries June 2025.

3   Key Issues

The PHA undertakes an evaluation of the returns, including comments and makes recommendations (with input from Service Users and Carers from the Regional HSC PPI Forum). These reports are then taken through PHA approval processes, before being submitted to the DoH for their consideration as part of the wider system of accountability with HSC Trusts.

The attached reports summarise the activity across the six HSC Trusts with the full comprehensive reports available for each organisation. These are submitted to AMT for consideration and approval for onward submission to the DoH as per established processes and agreement and for sharing with Trust Chief Executives as appropriate.

4   Next Steps

Following noting by the PHA Board, these reports will be submitted to the Department as per established processes and agreement and for sharing with Trust Chief Executives as appropriate.

Personal and Public Involvement (PPI)
HSC Trust Involvement Monitoring
Summary Report 24/25

Background and Developments:

The PHA have HSC wide responsibility for the oversight of the implementation of PPI Policy and are charged with monitoring and assessing the progress being made in the HSC against this policy imperative.

Towards the end of 2021, the PHA PPI Team moved towards a more streamlined data Involvement monitoring process, with a focus on the collection of regional data in a consistent format. This model is currently implemented across all HSC Trusts and is endorsed by the DoH and Regional HSC PPI Forum.

The PHA PPI Team alongside HSC Trust PPI colleagues, DoH representation and Service Users and Carers have developed an additional qualitative verification mechanism called the Involvement Human Library. This model adds qualitative insights, robustness, value, validity and a degree of independent perspective, to the Involvement monitoring reports currently provided by HSC partners, which are primarily "self-reported".

The Involvement Human Library provides Service Users and Carers who are involved with the HSC Trusts, an opportunity to share their Involvement story. The Involvement Human Library approach provides the space for non-judgmental dialogue and reflection. A select number of Involvement projects that have started and completed within each specific HSC Trust, are invited to attend an Involvement Monitoring Human Library process. Each invited Involvement project, is allocated a specific time (approx. 1hour) and space to share their knowledge, experience and learning, the conversation focusses on 3 key themes,

- Transparency,
- Respect & Inclusion,
- Impact.

This model formed part of the PHA over-all monitoring and accountability arrangements for 2024/2025.

Progress to Date – PPI Monitoring April 2024 to March 2025:

The Co-Produced Involvement monitoring mechanism is used to support the gathering of pertinent information in order to inform the development of an assessment of HSC

Trusts progress in regards to embedding Involvement, Co-Production and Partnership Working into their culture and practice.

The following are currently being used to inform the assessment;

- PPI (5 Standards) Self-assessment monitoring compliance return,
- Involvement monitoring data return(s),
- PPI training data return(s),
- HSC Assurance Statement(s),
- Involvement Human Libraries.

HSC Trusts supplied 2 sets of data one covering April to September 2024, and another covering October 2024 to March 2025, alongside their training information and the other requisite components. An analysis was undertaken by the PHA PPI Team, with a series of comments and prioritised recommendations drawn up in regards to the findings from the reports.

The Trusts were then provided an opportunity to "sense-check" the information they supplied. This feedback has been taken into consideration in providing the final draft reports for PHA AMT consideration.

Information Activity & Outcomes:

Across the six HSC Trusts, the self-reported data for 2024/25 indicates the following:

- 595 reported Involvement projects / initiatives.
- 62,900 people (Staff, Service Users, Carers and Wider public) were involved in these Involvement initiatives,
- 53 PPI training sessions were delivered across the HSC Trusts,
- 1,868 people availed of Involvement related training.

Involvement Top 10 Outcomes 2024/2025:

Improved the service user / carer experience
Quality improvement
Better communication
Increased Involvement opportunities
Improved relationship
Service more carer / service user centred
Better health outcomes for Service Users and Carer
Better informed and kept up to date
Improved safety
Service need / concern identified

The Involvement Human Library process was undertaken in June 2025,

- There were 6 HSC Trust Involvement Human Libraries in June 2025,
- 31 Expression of Interest from Service Users & Carers to be an Involvement Human Library panel member,
- 2 Information sessions & 2 Involvement Human Library training sessions,
- 6 Involvement Human Library panel member briefing sessions,
- 24 HSC Trust Involvement projects participated,
- 12 Service Users and Carers trained as Involvement Human Library panel associates,
- 63 Service Users and Carers participating and telling their Involvement story,
- 33 HSC Staff members participating and telling their Involvement story,
- 5 PHA PPI / PCE Team members,
- 11 HSC Trust PPI Staff, supporting the coordination of the 6 HSC Involvement Human Library sessions,
- A total of 124 people involved in the June 2025 Involvement Human Library.

Key findings included:

- There is a greater awareness and understanding of the need to engage and involve service users, carers and the public as partners.
- There has been an increase in reported numbers of people engaged in Involvement activity across the HSC Trusts.
- There are increased numbers of Involvement related projects across the HSC Trusts.
- Where Involvement is taking place, people feel valued, respected and that their input is helping to inform and shape thinking, plans and decisions.
- There has been an improvement in the proportions of projects which engaged in evaluation which is key to learning and development.
- There remains a challenge in making Involvement systemic across organisations.
- There remains a challenge in getting Involvement Training rolled out through a co-ordinated and structured way via a training plan with measurable objectives and targets.
- Reporting of Involvement remains inconsistent and identifying, writing up and sharing best practice is something that seems more of an afterthought than a core objective.

Conclusions & Next Steps:

As alluded to above, the PHA PPI Team can see tangible evidence of increases in terms of the reported numbers of people being actively involved across the HSC, and increases in the number and range of Involvement projects and service areas.

There is a need however to make involvement a more systemic approach across the organisations and not just in those areas where it is a "natural fit".

There is a need to be as effective as possible at recognising, reporting and replicating the good practice that is taking place and of celebrating this. The very fact that HSC Experience & Involvement based projects, dominated the recent UK wide, National Patient Experience Awards in Birmingham is testament to the excellent work that is going on in the sphere of Patient Experience and Involvement here locally. HSCNI based projects, had 15 finalists, 4 category winners and 4 runners up and most impressively, the SHSCT "Seasons of Life" project lifted the Overall National Award Winner at the ceremony. This particular project aims to help young people think about grief and loss and provide ways to cope with their feelings and experiences. The programme was co-designed with children, families and professionals ensuring it was not only clinically informed but emotionally resonant and accessible.

There is a need to determine how best to maximise the learning from all this active Involvement for the benefit of Staff, Service Users, Carers and wider public health agenda.

There is a need to ensure that awareness raising and training is progressed in a planned and measurable way.

There are a wide range of bespoke comments and recommendations made for each Trust, in terms of their Involvement Monitoring Reports, however, PHA also prioritised 5 recommendations for each Trust to focus on for the incoming year. (This was in keeping with an Internal Audit recommendation on getting the most out of the Involvement Monitoring process).

Trusts have they have been asked to integrate the priority recommendations into their Involvement work plan for the year ahead and to ensure they are progressed and implemented in their organisation. The Trust will be requested to provide an update on the Priority Involvement recommendations in the HSC PPI Involvement Monitoring returns commencing in April 2026 and again in October 2026.

The information contained in this summary report and the individual Trust Involvement Monitoring Reports, in particular the priority recommendations, will be important considerations for the Governance and Accountability arrangements for Trusts in this area with DoH.

In terms of next steps deliberations are under way in regards to the development of a regional Involvement data activity and training dashboard that will utilise Powerbi, to further streamline our Involvement monitoring and reporting processes. This approach will enable HSC Trusts to utilise the data and target resources and support to specific Directorates or Divisions where is low Involvement reported activity.

The Involvement Human Library 2026 will be further streamlined, with Service Users and Carers being involved in the selection of Involvement projects to participate in the Involvement Human Library. This approach will increase the validation of the model and add an extra layer of independence. Service Users and Carers will also play a more significant leadership role in terms of the co-facilitation of the Involvement Human Library sessions in June 2026.

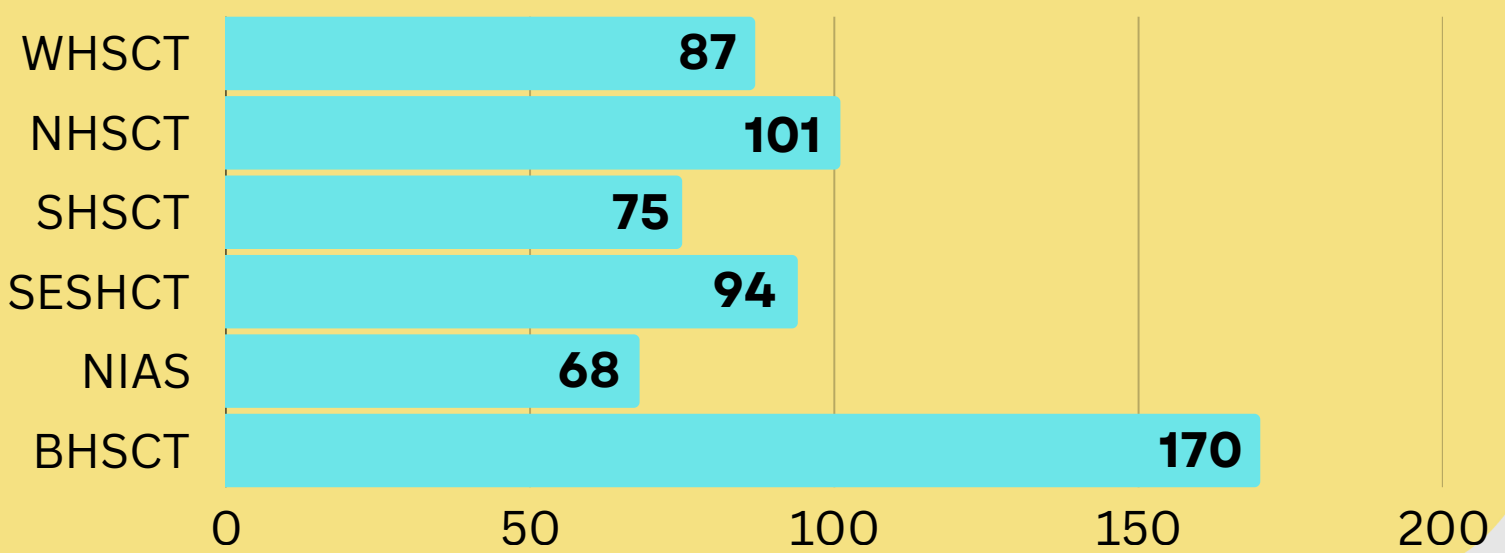# HSC Trust External Involvement Monitoring

DATA INFO-GRAPHIC

This information was collected from April 2024 - March 2025

How many Involvement activities from April 2024- March 2025

595

Involvement activity in per HSC Trust

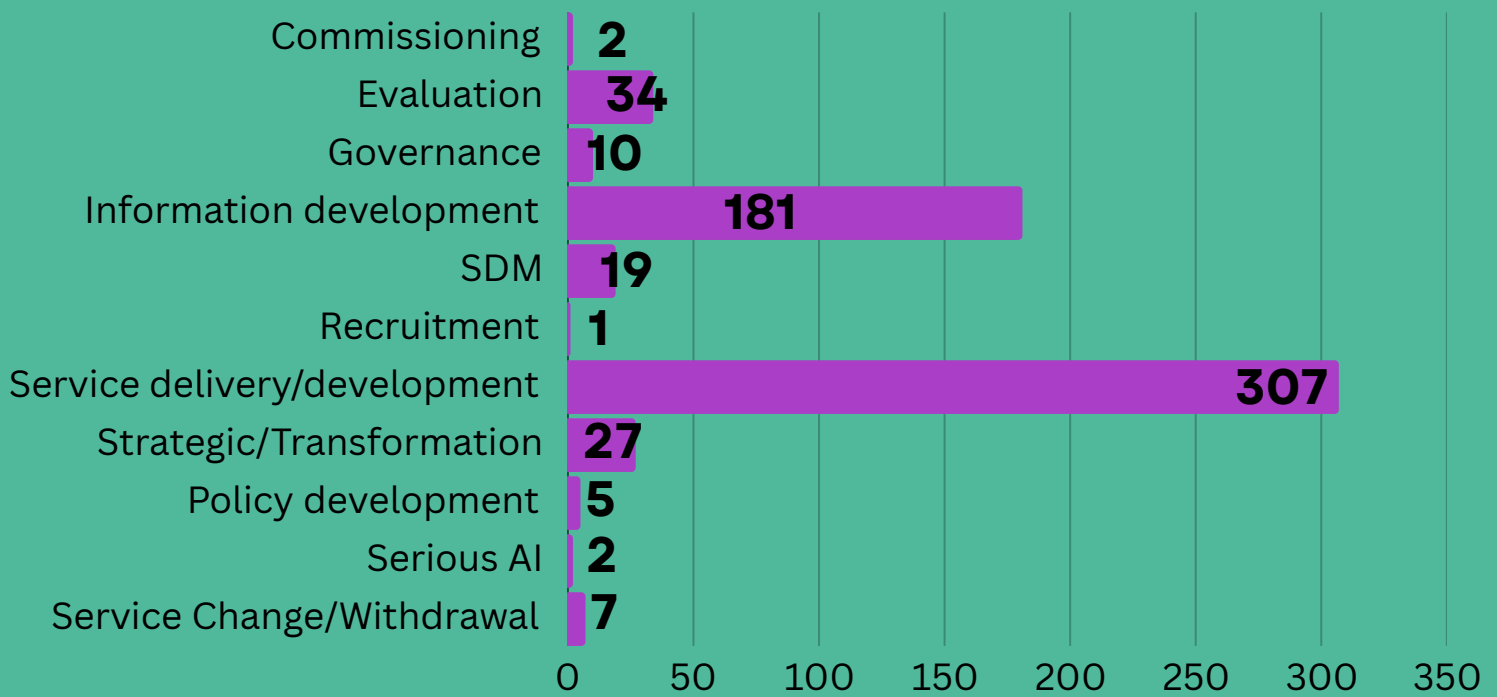| Trust	Count
WHSCT	87
NHSCT	101
SHSCT	75
SESHCT	94
NIAS	68
BHSCT	170

(x-axis: 0, 50, 100, 150, 200)

Break down in job bands delivering Involvement activity

70 x Band 3-5
313 x Band 6-7
212 x Band 8a or above

BREAK DOWN IN AREAS OF INVOLVEMENT

Area	Count
Commissioning	2
Evaluation	34
Governance	10
Information development	181
SDM	19
Recruitment	1
Service delivery/development	307
Strategic/Transformation	27
Policy development	5
Serious AI	2
Service Change/Withdrawal	7

(x-axis: 0, 50, 100, 150, 200, 250, 300, 350)

BREAK DOWN IN LEVELS OF INVOLVEMENT
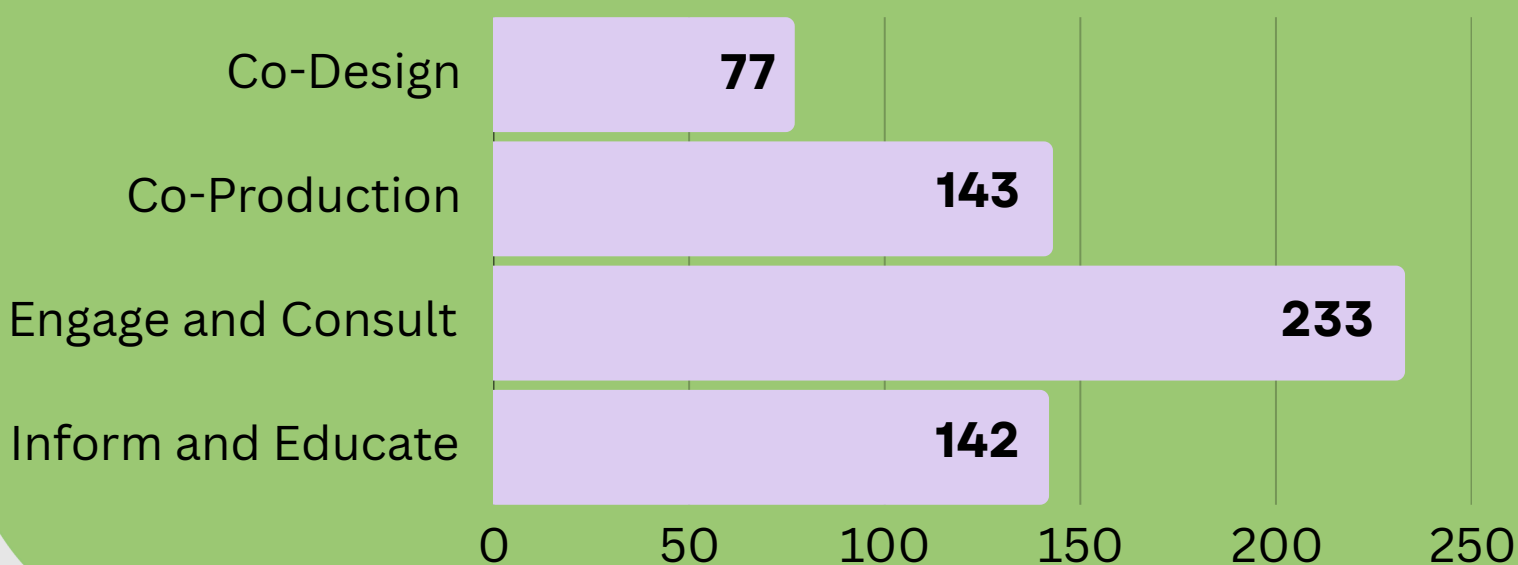
Level	Count
Co-Design	77
Co-Production	143
Engage and Consult	233
Inform and Educate	142

(x-axis: 0, 50, 100, 150, 200, 250)

This data info-graphic is subject to further assurance & verification
www.engage.hsc.net
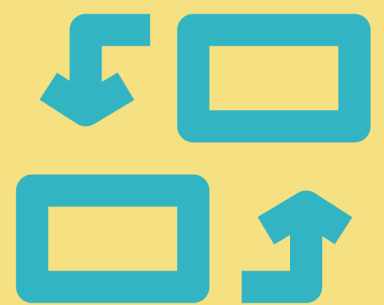
PHA INVOLVEMENT MONITORING

DATA INFO-GRAPHIC

This information was collected from April 2024 - March 2025

How did you promote your Involvement opportunity

Top 5
- **Emails**
- **Information sessions**
- **Social media**
- **Information Leaflets**
- **Information notice boards**

BREAK DOWN IN INVOLVEMENT PER GROUP

Service Users	Carers	Staff	Public	Total
21570	15332	8171	17827	62,900

Breakdown, did you evaluate your project?
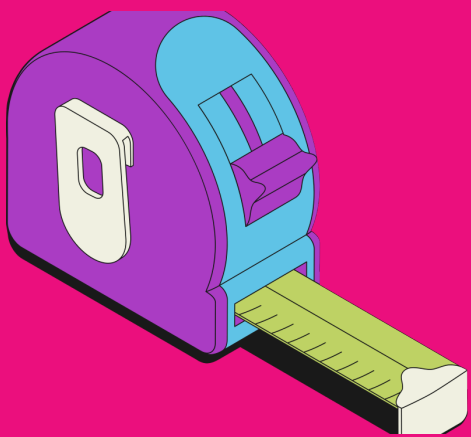
Yes 410

No 185

Top 5
MEASUREMENTS USED TO DETERMINE OUTCOMES

Observations

Questionnaires

Testimonals

Reflective Practice
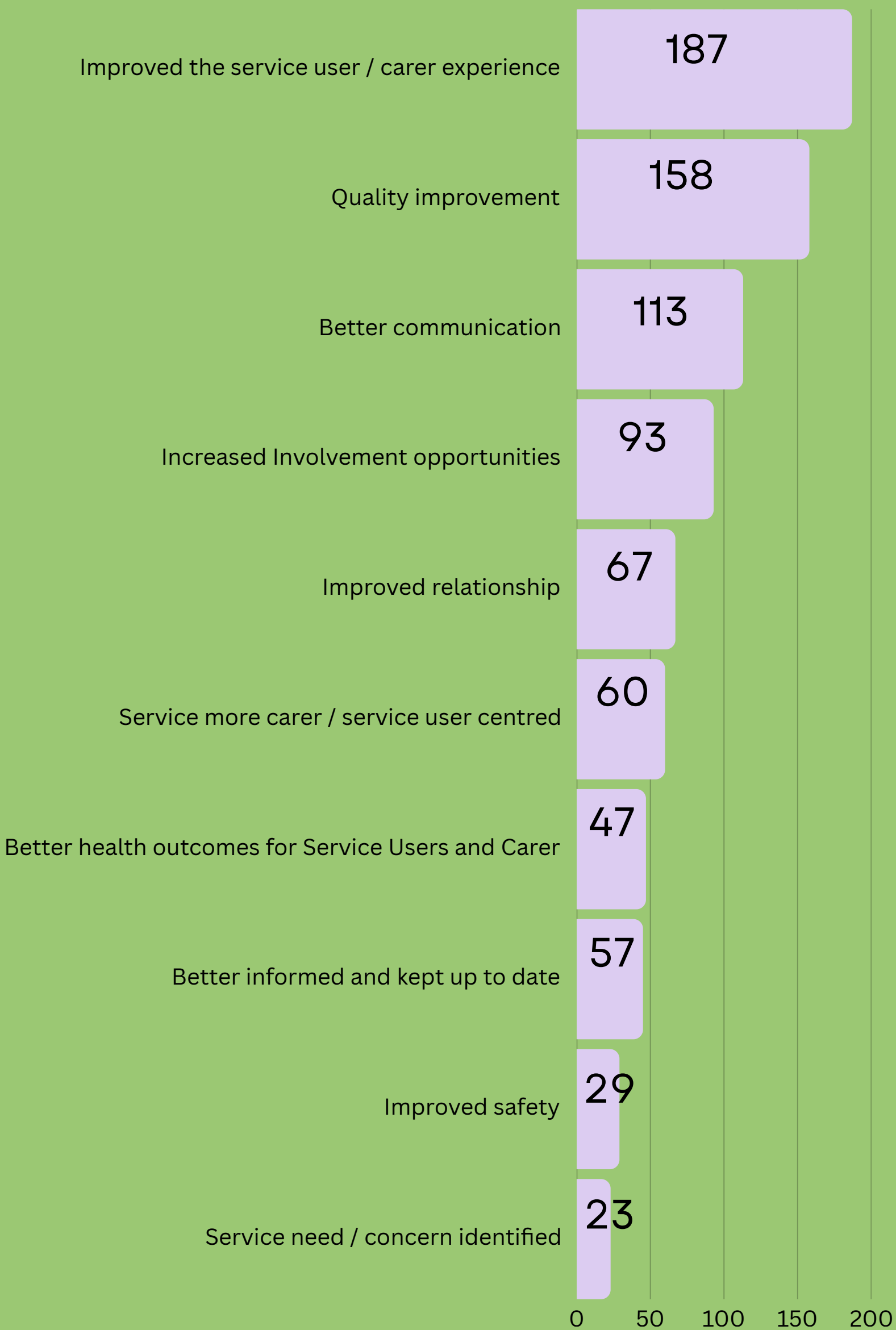
Anecodote Case Studies

PHA INVOLVEMENT MONITORING

DATA INFO-GRAPHIC

This information was collected from April 24 - March 2025

Involvement Outcomes
Top 10 Involvement Outcomes

Outcome	Value
Improved the service user / carer experience	187
Quality improvement	158
Better communication	113
Increased Involvement opportunities	93
Improved relationship	67
Service more carer / service user centred	60
Better health outcomes for Service Users and Carer	47
Better informed and kept up to date	57
Improved safety	29
Service need / concern identified	23

Scale: 0 50 100 150 200

This data info-graphic is subject to further assurance & verification

www.engage.hsc.net

PHA
INVOLVEMENT MONITORING

DATA INFO-GRAPHIC

This information was collected from April 2024 - March 2025

Did you record section 75 Data

Yes **80**   **No** **515**

Breakdown, did you provide feedback?

Yes **405**

No **190**

Top 5
How did you involve Service Users and Carers
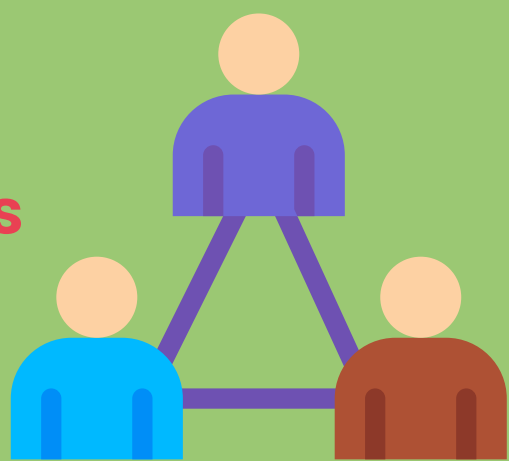
Focus Groups
Online Meetings
Questionnaires / Surveys
Service Users/Carer Reference Group
Task & Finish Groups

This data info-graphic is subject to further assurance & verification

www.engage.hsc.net