

Meeting agenda

PHA Board Meeting

Date and time	Venue
2 June 2026 at 1.30pm	Board Room, County Hall, Ballymena

Item	Topic and details	Presenter
1 1.30	Welcome and Apologies	Chair
2 1.30	Declaration of Interests	Chair
3 1.30	Minutes of Previous Meeting held on 23 April 2026	Chair
4 1.35	Actions from Previous Meeting / Matters Arising	Chair
5 1.40	Reports of New or Emerging Risks	Chief Executive
6 1.50	Raising Concerns	Chief Executive
7 1.55	Updates from Committees: <ul style="list-style-type: none"> • Governance and Audit Committee • Remuneration Committee • Planning, Performance and Resources Committee [PHA/01/05/26] • Screening Programme Board • Procurement Board • Information Governance Steering Group 	Committee Chairs
8 2.05	Chief Executive and Directors' Report	Chief Executive
9 2.20	Finance Report [PHA/02/05/26] (For noting)	Mrs Scott
10 2.30	Performance Management Report [PHA/03/05/26] (For noting)	Mrs Scott

11 2.45	Presentation on PHA People Strategy	Mrs Scott
12 3.05	Presentation on This Is Our Health	Mr Wilson
13 3.15	Presentation by Protecting Health Planning Team	Dr McClean
14 3.45	Updates from Director of Public Health: <ul style="list-style-type: none"> • Cancer Cases in the Mid-Ulster Area • Atherton Report on Cervical Screening 	Dr McClean
15 4.10	Chair's Remarks	Chair
16 4.15	Any Other Business	Chair
17	Details of next meeting: <i>Thursday 18 June 2026 at 1.30pm</i> <i>Fifth Floor Meeting Room, 12/22 Linenhall Street,</i> <i>Belfast</i>	Chair

PHA Board Meeting Minutes

Date and Time	Venue
23 April 2026 at 1.30pm	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Member	Title	Attendance status
Mr Colin Coffey	Chair	Present
Mr Aidan Dawson	Chief Executive	Present
Dr Joanne McClean	Director of Public Health	Present
Mr Martin Quinn	Assistant Director for Partnership and Engagement <i>(on behalf of Ms Roberts)</i>	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
Mr Michael Gibbs	Non-Executive Director	Present
Ms Anne Henderson	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present
Ms Patricia Kelly	Non-Executive Director	Present
Mr Tom Wright	Non-Executive Director	Present
Mr Stephen Wilson	Head of Chief Executive's Office	In attendance
Mr Robert Graham	Secretariat	In attendance
Ms Emily Roberts	Interim Director of Nursing, Midwifery and Allied Health Professionals	Apologies

46/26 - Item 1 – Welcome and Apologies

46/26.1 The Chair welcomed everyone to the meeting including the three new Non-Executive Board members, Mr Gibbs, Ms Kelly and Mr Wright to their first meeting. He added that the newly appointed Director of Population Research and Intelligence will also be joining the PHA Board.

46/26.2 Apologies were noted from Ms Emily Roberts and Ms Meadhbha Monaghan.

47/26 - Item 2 – Declaration of Interests

47/26.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

47/26.2 The Chair asked that the updated Register of Interests for all members is circulated to the full Board for information (**Action 1 – Secretariat**).

48/26 - Item 3 – Minutes of previous meeting held on 26 March 2026

48/26.1 The minutes of the Board meeting held on 26 March 2026 were **APPROVED** as an accurate record of that meeting.

49/26 - Item 4 – Actions from Previous Meeting / Matters Arising

49/26.1 Mr Graham advised that the actions from the previous meeting had been completed and all other actions remained ongoing.

49/26.2 The Chair said that in addition to the presentations being scheduled, he would like invitations sent to the Permanent Secretary, Chief Medical Officer and Mr Peter Toogood to attend a future PHA Board meeting (**Action 2 – Secretariat**).

50/26 - Item 5 – Reports of New or Emerging Risks

Corporate Risk Register as at 31 March 2026 [PHA/01/04/26]

50/26.1 Mrs Scott presented the Corporate Risk Register as at 31 March 2026 and reported that there are currently ten risks, seven of which are rated “high” and three rated “medium”. She added that two of the risk relate to cyber security and there are a number of operational risks. She explained that the last risk relates to the fact that the Department’s Framework Document has not been updated since 2011.

50/26.2 Mrs Scott advised that there is a process whereby PHA looks at new and emerging risks when it is reviewing the Register. She added that Internal Audit conducted a review of PHA’s risk management arrangements and received a “satisfactory” level of assurance.

50/26.3 Ms Henderson said that the Governance and Audit Committee had reviewed the Risk Register and had picked up on the risks regarding cyber security. She added that the Committee asked PHA to write to BSO outlining its concerns. Mrs Scott said that the Committee had asked for specific clarity around ISO 27000. She advised that BSO is currently developing an action plan and have submitted a couple of business cases, however there is no funding. Ms Henderson commented that cyber security is an area that exercises the Committee but added that through Mrs Scott’s letter, PHA has placed its concerns on record. Mr Clayton said that it would be useful to see the letter (**Action 3 – Mrs Scott**).

50/26.4 Mr Clayton asked about the risk concerning pandemic preparedness and if there were any recommendations or actions being taken forward on the back of Operation Pegasus. He noted that there was consideration being given to a UK-wide single surge model, but during COVID, PHA had retained its own Contact Tracing Support, which was a different approach compared to other parts of the UK. Dr McClean replied that the report is due in June, but the local exercise highlighted areas that were known to need reviewed and PHA is continuing to work with SPPG on these. She added that there has been an overhaul of the structures in the Department in this area. In terms of a single surge model, she explained that this would have to be a policy decision.

50/26.5 Dr McClean explained that there is also a single service centre in England, but PHA has never used it. She highlighted the recent meningitis outbreak in Kent and advised that if this had happened in Northern Ireland, PHA would have struggled to obtain the additional resources locally to service that so it is important for PHA to have its staff trained up. She advised that PHA does receive help from the UK Health Security Agency (UKHSA).

50/26.6 Mr Clayton asked about the Child Health System (CHS) and noted that the “go live” date is stated as August 2026, but it also indicates that this will be confirmed by the end of Quarter 4. Dr McClean explained that the responsibility for delivery lies with Encompass and the working date remains 10 August, but it will be for Encompass to determine if it is ready or not. She said that the scope and the specification need to be right and the system will need to be tested. She added that she sits on the Programme Board and there is a “Go Live Readiness Assessment” which is being closely monitored. She said that the vaccine schedule needs to be ready to put on the new

system. The Chair asked about historic data and Dr McClean replied that there is a Data Migration Group looking at this. Mr Clayton asked what will happen if the date is missed, and Dr McClean replied that it will roll on. She acknowledged that it is a risk but indicated that the situation is much better than it was.

50/26.7 The Chief Executive pointed out that while PHA is a user of CHS, the system belongs to the Trusts and that PHA is driving this work out of necessity. Dr McClean agreed that it is critical that the system works properly. The Chair commended the work of the team to date.

50/26.8 The Board **APPROVED** the Corporate Risk Register.

51/26 - Item 6 – Raising Concerns

51/26.1 The Chief Executive advised that there were no new concerns to report on.

52/26 - Item 7 – Updates from Board Committees

Governance and Audit Committee

52/26.1 Ms Henderson advised that the Governance and Audit had met on 16 April and had considered the Corporate Risk Register as well as the Public Health Directorate Risk Register. She reported that PHA will be receiving an overall satisfactory audit opinion from Internal Audit which was welcomed by members. She said that the majority of PHA's audits this year were given a satisfactory level of assurance, with the exception of the audit on screening which was given a limited opinion, however many of the issues raised were ones that PHA is familiar with. She commended the work of Mrs Scott's team in working through the outstanding audit recommendations and getting these cleared.

52/26.2 The Chair asked if the issues raised in the audit of screening programmes were historical. Ms Henderson replied that three programmes were audited and the issues went across each of these. Dr McClean added that there were issues that PHA was already aware of and is working to fix. Mrs Scott said that there were two Priority 1 recommendations and six Priority 2 recommendations and all were accepted by management. The Chair asked when this area was last audited. Ms Henderson replied that a previous audit was carried out in 2022 and it also received a limited level of assurance.

52/26.3 Ms Henderson reported that she had attended the recent meeting of the Vaccination Programme Board and was impressed by the amount of ongoing work. The Chief Executive said that over the last 2 years, a number of multi-disciplinary Programme Boards have been set up which have better ownership and improved partnership working. However, he noted that vaccine uptake is decreasing and initiatives are being put in place to increase uptake in deprived area.

52/26.4 Ms Henderson advised that the committee approved the Internal Audit Plan for the next three years and also received an update on progress against outstanding audit recommendations. She said that there was a paper providing an update on vaccine

losses. She added that External Audit will be commencing their work soon. She noted that the getting a quorum for the Committee is presenting a challenge.

52/26.5 The Chair asked if the Board can assist PHA in areas relating to vaccination or screening where third party organisations are not providing the help or support they should. Dr McClean explained that in such instances PHA would escalate issues, but it does have good working relationships with its partners. She noted that the process for ordering vaccines has now changed, but there still remain some challenges around delivery. She said that PHA delivered a presentation on vaccinations for the Permanent Secretary as part of his visit earlier this week. The Chief Executive advised that PHA can place issues like this on the agenda of its accountability meetings with Trusts and if necessary, issues can be raised by the Chair to the Chair of the Trust.

52/26.6 The Chair said that vaccinations has been a success for PHA in terms of how it has managed the process and effected savings of £1.5m. He asked that his congratulations be passed onto the team and also to all staff who have helped achieve the year-end satisfactory assurance outcome from Internal Audit.

Remuneration Committee

52/26.7 The Chair noted that the Remuneration Committee had not met since the last Board meeting.

Planning, Performance and Resources Committee

52/26.8 The Chair noted that the Planning, Performance and Resources Committee had not met since the last meeting.

Screening Programme Board

52/26.9 The Chair noted that the Screening Programme Board had not met since the last Board meeting.

Procurement Board

52/26.10 The Chair noted that the Procurement Board had not met since the last Board meeting

Information Governance Steering Group

52/26.11 The Chair noted that the Information Governance Steering Group had not met since the last Board meeting.

53/26 - Item 8 – Chief Executive and Directors' Report

53/26.1 The Chief Executive advised that since the last Board meeting, there has been a lot of focus on the PHA budget. The Chair said that the Permanent Secretary will be attending the next NICON Chairs meeting and that there will be a lengthy discussion on the financial situation. Ms Henderson asked if there were any indications as to the outcome for PHA. The Chief Executive explained that PHA has received

correspondence from the Permanent Secretary. By way of background, he explained that Trusts had received correspondence asking for savings proposals for 6 and 12% which arm's-length bodies were asked for proposals for 5, 10 and 15% and after PHA had submitted its proposals, it had a meeting with the Department where it was told that 6% was required. He said that PHA has now received correspondence advising that it should proceed to implement 5% savings with immediate savings and submit a plan for 6%. He noted that Trusts have been asked to implement savings measures which have a low and medium impact, but pointed out that while the Permanent Secretary has stated that every organisation must achieve 6%, there is not an official Ministerial direction on this so PHA needs clarification. He added that the longer it is left, the more difficult it will be to achieve and it is his responsibility to bring a balanced budget to the Board.

53/26.2 The Chair said that he will respond to the correspondence to seek that clarity (**Action 4 – Chair**). Mrs Scott advised that PHA is being prudent and is currently proceeding with 5%. The Chair noted that if PHA is asked to achieve a 6% level, then initiatives like Advanced Care Planning and This Is Our Health will not be possible.

53/26.3 Mr Clayton agreed that it is a confusing position given that PHA has not undertaken an impact assessment of its savings proposals, and the fact that the Northern Ireland Executive has not yet agreed a budget. He said that PHA has been placed in a difficult position and the longer that it goes on, the more magnified the impact will be. Mrs Scott explained that some of PHA's savings proposals relate to areas where there are not contractual commitments, but for some contracts there does need to be a process. The Chair said that the impact assessment needs to be undertaken and he needs to obtain clarity from the Department. Mrs Scott said that this will be discussed at the Senior Leaders Forum meeting that is taking place on Friday. The Chair suggested that the Board should receive a further briefing on this. The Chief Executive said that if there are any further developments, the Board will be updated.

53/26.4 Mr Wright asked if PHA has received the External Audit Strategy and Mrs Scott confirmed that this has been received and that Cooper Parry will conduct the audit on behalf of the Northern Ireland Audit Office.

54/26 - Item 9 – Finance Report [PHA/03/04/26]

54/26.1 Mrs Scott explained that PHA receives an allocation of £145m, £31m of which is management and administration costs. She said that this report, which goes up to the end of February, shows a surplus of £131k but that the draft year-end outturn is a surplus of £88k which is well within the target. She advised that PHA works closely with the Department.

54/26.2 Mrs Scott said that during the year, the management accounts have been re-profiled in line with the new operating model. She advised that the report contains a section on risks and by month 11 most of these have reduced, but there remains a long term risk in regard to the HSC funding gap.

54/26.3 Mrs Scott reported that PHA is complying well with the prompt payment target. She gave an overview of the capital budget explaining that this mainly relates to research and development.

54/26.4 Mrs Scott advised that during 2026/27, PHA finances will be moving onto a new system called Equip, however there have been some delays as the implementation date was due to be August, but has been delayed until November. She said that she has asked for additional resources to support PHA with training and data verification during the switch over period. Mr Clayton agreed that there is a risk with the transition.

54/26.5 The Board noted the Finance Report.

55/26 - Item 10 – Presentations on Public Health Domains to Permanent Secretary

Dr Catherine Coyle joined the meeting for this item

55/26.1 Dr Coyle delivered a short presentation where she began by outlining the vision statement of the Women and Children's Joint Planning Team, and explaining how the team was established. She showed all of the groups that the team links with and set out the workplan of team and highlighted some of its key achievements during 2025/26. She listed the priority areas the team would like to look at during 2026/27 and then detailed the challenges and opportunities facing the team.

55/26.2 Mr Wright said that he was impressed by the amount of information presented and what the group is hoping to achieve, but noted that it will depend on stakeholder engagement. He asked if this has been a challenge. Dr Coyle replied that she hopes that there will be a good progress made across a number of high profile areas. In terms of stakeholder engagement, she agreed that engagement with Trusts is critical, but there is a real appetite to have this strategic approach.

55/26.3 Mr Wright asked what success in 2 years' time would look like. Dr Coyle said that being able to demonstrate impact will be a success as well as there being advocacy for the women and children's population and their health.

55/26.4 Ms Henderson welcomed the presentation and asked if Serious Adverse Incidents (SAIs) fed into how the work programme was planned. Dr Coyle replied that there have been meeting with SPPG to look at the learning from SAIs as this information is important to give the necessary intelligence and bring issues to the attention of clinical groups.

55/26.5 Mr Clayton said that the work outlined in the presentation was interesting and noted the social complexity and the need to link with other parts of SPPG and PHA. He asked if areas such as Screening and the Family Nurse Partnership (FNP) are linked to this work. He also asked if a business case is required for the pre-term birth clinics. Dr Coyle replied that additional resources will be required but it will not prevent the team planning ahead. With regard to screening and FNP, she said that she is aware of these areas but there is probably more focus on hospital and acute care. She added that while the team has looked at the whole health pathway, they are not responsible for all of it.

55/26.6 The Chair asked if the Reshape and Refresh programme has helped this work. Dr Coyle replied that it has been helpful as her background is in healthcare public

health, but now she has a broader understanding of work that is going on and has got to learn about what other staff are doing.

55/26.7 The Chief Executive said that PHA's role in commissioning is not visible to the Board and this work is beginning to clarify that. He noted that previously there may have been staff working in silos but now all of these groups are working together.

At this point Mr Wilson left the meeting.

55/26.8 The Chief Executive advised that as this work progresses, what PHA does in the acute and community settings should be complimentary. He added that bringing this to the Board demonstrates that.

At this point Mr Clayton left the meeting.

55/26.9 Ms Kelly said that the presentation was impressive with there being a clear focus on babies and maternal, and asked about the level of focus on children and young people. She asked if there is any opportunity to work with the Department of Education. Dr Coyle explained that there is a Child Health Partnership established in SPPG which has a focus on paediatrics and beyond and that it may link with the Department of Education. The Chief Executive advised that PHA works with the Department of Education in relation to Special Education Needs, and that recently he, along with the Children's Commissioner had visited a school.

55/26.10 Mr Quinn said that he was pleased to see that service users and carers are part of the approach for the work of the planning team and said that his team would be happy to assist to ensure that there is continuity of approach.

55/26.11 Dr McClean commented that the work presented today is very acute focused, but the public health Early Years team would have more dealing with community care and special needs. She added that there is some collaboration with Education but this needs to be developed. She noted that there was good work undertaken with the Education Authority during COVID, but added that there needs to be more done in the area of adolescent health.

55/26.12 Mr Blaney welcomed that PHA has that relationship with Education and commented that if the goal is to have a healthier population, then it is helpful to encourage good habits within young people.

55/26.13 Ms Henderson said that it is good to see this work and its impact given PHA's role in commissioning, and to have that clarity. The Chief Executive agreed and said that in the past some PHA Directors would have attended both HSCB and PHA Board meetings, and information may have only been communicated through HSCB and that issue has been highlighted in some of the recent Public Inquiries.

55/26.14 The Chair thanked Dr Coyle for attending the meeting.

56/26 - Item 11 – Chair’s Remarks

56/26.1 The Chair advised that PHA facilitated a meeting with the Permanent Secretary on Tuesday morning, at which a number of presentations were delivered, but there was not sufficient time to do all of them so there will be a follow up meeting and he would like Non-Executive Directors to be invited to this (**Action 5 – Chief Executive**).

56/26.2 The Chair said that he attended a meeting with representatives from the Faculty of Public Health which was useful as the Faculty is content to issue messages about the public health agenda in Northern Ireland. The Chief Executive noted that PHA needs to carry out more engagement and promote the benefits of public health, rather than there being a focus on healthcare.

56/26.3 The Chair advised that he will be arranging appraisal meetings with Non-Executives over the next period.

56/26.4 The Chair sought approval from members that Mr Wright joins the Governance and Audit Committee with immediate effect, and this was **APPROVED**. He said that he will look at arrangements for Board “buddies” for the new Non-Executives.

57/26 - Item 12 – Any Other Business

57/26.1 There was no other business.

58/26 - Item 13 – Details of Next Meeting

Tuesday 2 June 2026 at 1.30pm

Board Room, County Hall, Ballymena

Signed by Chair:

Colin Coffey

Date: 2 June 2026

PHA Planning, Performance and Resources Committee Minutes

Date and Time	Venue
19 th February 2026 10am	5 th Floor Meeting Room, Linenhall Street

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

1/26 - Item 1 – Welcome and Apologies

1/26.1 The Chair welcomed members and acknowledged apologies from Ms Roberts, Mr Wilson and Mr Dawson.

2/26 - Item 2 – Declaration of Interests

2/26.1 No declarations of interest were made.

3/26 - Item 3 – Minutes of previous meeting

3/26.1 Members **APPROVED** the minutes of the previous meeting held on 20th November 2025.

4/26 - Item 4 – Matters Arising

4/26.1 One matter remains in progress: Flu Vaccine Delivery Programme report will be shared with the Board when available.

5/26 - Item 5 – Planning

Procurement Update

5/26.1 Mr Murray provided an update on procurement. The overall position remains positive; however, a key issue continues to be delays arising from the review of terms and conditions of contracts by Central Procurement colleagues, linked to new procurement regulations.

5/26.2 Mr Murray confirmed that existing services and payments are unaffected. Delays relate only to new tender awards. Providers have been assured that funding remains in place until new contracts are issued.

5/26.3 In planning for 2026/27, Assistant Directors and Leads have been asked to review their procurement plans, confirm objectives, and provide timelines for progression of required contracts. This will support the Procurement Board.

5/26.4 The Chair acknowledged that delays have caused frustration and emphasised the importance of avoiding unnecessary hold-ups, particularly for C&V sector organisations.

5/26.5 The Chair asked how many Direct Award Contracts (DACs) are currently in place. Mrs Scott advised approximately 39. It was noted that improved procurement oversight should reduce reliance on DACs. The Chair requested close monitoring.

Annual Business Planning 2026/27 (PPR/01/11/25)

5/26.6 Mr Murray outlined the proposed draft Annual Business Plan for 2026/27 which has been structured around the new Corporate Plan. Main actions to be progressed in 2026-27 have been captured and detail provided on how planning documents align with the Corporate Plan actions and calendar.

5/26.7 The Chair commented on the alignment between the Annual Business Plan, the Implementation Plan, and departmental planning guidance. The Chair agreed with Ms Henderson the breadth of work is substantial and the Executive Team must clearly articulate how planned work will deliver measurable outcomes.

5/26.8 It was noted that the Implementation Plan will act as a forward-looking document and will support annual planning and should reference This is Our Health where appropriate. Further detail will be added following recent departmental engagement.

ACTION: Members to consider where references to This Is Our Health and Integrated Neighbourhood Teams should be incorporated into the Business Plans.

5/26.9 The Chair asked how year one of the five-year plan (2025/26) connects to planned activity for 2026/27, emphasising the need to demonstrate a coherent organisational journey.

5/26.10 Mr Murray agreed the need for clear visibility of progress against the organisation's corporate priorities. He confirmed that this requirement will be met through the planned mid-year review of the Corporate Plan, which will provide an assessment of performance against each priority. He further noted that this aligns with the Planning Team's evolving role in supporting the development of broader strategic plans across all business areas.

5/25.11 Mr Murray emphasised the intention is to demonstrate how the full breadth of organisational activity contributes to the delivery of corporate priorities. By the end of 2027/28, the organisation should be able to present a comprehensive overview of:

- achievements over the first two and a half years of the Corporate Plan;
- progress against each of the agreed priorities; and
- projected trajectories for the associated indicators.

5/26.12 The Chair reiterated that the Board requires assurance that planned work remains on track to deliver intended outcomes, particularly given financial constraints. He emphasised the importance of ensuring the Minister has a clear understanding of the significant work delivered by PHA, much of which is substantial but can sometimes be overlooked. Delivering meaningful change will require appropriate investment.

5/26.13 Mrs Henderson sought and received clarification on several specific targets within the Annual Business Plan.

5/26.14 The Chair noted that both the Annual Business Plan and the Implementation Plan were of a high standard. The Chair asked how teams had found this year's planning process. Dr McClean reflected that the process had been positive and that the Corporate Plan had provided valuable structure and clarity. Mr Murray added that this year's process had been more

joined-up than in previous years, with staff increasingly familiar with the methodology for aligning activity to Corporate Plan outcomes and measures.

5/26.15 Mr Bailey acknowledged that some degree of challenge is inherent in planning cycles but agreed that the approach this year had been more streamlined. He noted that the process is expected to improve further next year as the implementation model becomes embedded and the Planning Teams take forward the links to the emerging three- to five-year strategic plans.

6/26 – Item 6 Performance

Quarter Three Performance Report (PPR/02/02/26)

6/26.1 Mr Murray presented the Quarter Three Performance Report for 2025/26, noting that of the 27 actions, 2 were rated blue, 17 green, 5 amber, and 3 red. He highlighted the areas contributing to red ratings and confirmed that mitigating actions were underway.

6/26.2 The Chair invited comments. Mrs Henderson and Mr Blaney both confirmed they were content with the report, noting that there were no surprises and that the Committee had been sighted on the issues throughout the year.

6/26.3 Mr Blaney noted that the red rating relating to the establishment of the Northern Ireland Implementation Group for the Child Health Programme had been discussed earlier under planning, and he would raise a further query at the Board meeting. **Mr Blaney will raise the Child Health Programme Implementation group issue at Board.**

7/26 Item 7 – Resources

2025/26 Finance Report (PPR/03/02/26)

7/26.1 Mrs Scott presented the Finance Report to the end of December, noting a year-to-date surplus of £444k and a forecast year-end surplus of £447k. This comprised a £1.114m deficit in staff pay award and a £1.5m surplus in vaccines, largely due to reduced shingles and flu vaccine requirements.

7/26.2 Mrs Scott advised that since the report was produced, the £1.5m vaccine surplus had been returned to the Department, and the PHA now has full funding for the pay award, removing the need for a managed control total.

7/26.3 The Chair commended the significant work undertaken across teams to manage the financial position in a challenging environment.

7/26.4 Mrs Henderson asked for assurance on the expected year-end position. Mrs Scott confirmed the organisation intended to meet the breakeven target, subject to the Department reclaiming small residual slippage (estimated at £0.5m). Capital is break even and this is managed closely with the Department.

Response to DoH Financial Planning Request 2026/27 – 2028/29

7/26.5 Mrs Scott introduced the paper outlining the PHA’s response to the Department’s request for £4.2m, £8.4m and £12.6m reductions against the opening 2026/27 budget. She described the evaluation process undertaken with directorates, including assessment of contractual commitments, deliverability, and public health impact.

7/26.6 The Chair sought clarification on whether pay awards were included in the reduction targets. Ms Scott confirmed that pay and price inflation would be funded centrally, and the PHA’s reduction requirement excluded pay.

7/26.7 Concern was expressed regarding the scale of the reductions required, particularly the impact on mental health and substance use programmes. Mrs Scott emphasised that the proposals represented the outcome of a prioritisation exercise completed by teams and reflected areas where cash could realistically be released in-year.

7/26.8 The Chair stressed the strategic risk of undermining prevention and shift-left priorities, noting that the Minister’s stated ambition required investment, not disinvestment.

7/26.9 It was highlighted the need to ensure that any reductions do not compromise the organisation’s ability to invest in its people, noting that austerity should not fall disproportionately on staff development or organisational culture.

7/26.10 The Committee endorsed the approach taken and agreed the response should proceed to the Department for further consideration, subject to any further clarification arising from the Chair’s meeting with the Minister.

Our People Report September - December 2025 (PPR/04/02/26)

7/26.11 Mrs Patterson presented the Our People Report for the period September - December 2025, highlighting continued growth in headcount and a positive shift from temporary to permanent contracts. She noted strong compliance with performance reviews (93–96%) and ongoing work to refresh the appraisal approach through the People Strategy.

7/26.12 Mrs Patterson drew attention to the organisation’s age profile, noting that, it required long-term workforce planning and would be addressed through the People Strategy.

7/26.13 Sickness absence remained slightly below target. Mrs Patterson emphasised that small numbers could create large percentage swings due to organisational size, and several long-term cases were being actively supported.

7/26.14 Mrs Henderson welcomed the positive trends and asked whether the small proportion of outstanding appraisals related to specific individuals or timing differences. Mrs Patterson confirmed that professional appraisal cycles accounted for most of the variance.

7/26.15 The Chair reflected on the organisation’s significant growth over recent years and the transformation in workforce data quality and organisational culture. He emphasised the importance of maintaining investment in people despite financial pressures.

PHA People Strategy 2026-2030 (PPR/05/02/26)

7/26.16 Mrs Patterson presented the draft PHA People Strategy for 2026-2030, noting that it followed the closure of the previous People Plan and had been developed through extensive

engagement, including: OD Engagement Forum workshops; senior leadership input; all-staff town halls; and formal consultation with staff and trade unions.

7/26.17 Mrs Patterson summarised the Strategy as having one ambition, three priorities, four years, and 40 actions. Feedback had been overwhelmingly positive, with constructive suggestions incorporated into the final draft.

7/26.18 Mrs Henderson and the Chair welcomed the Strategy, noting its strong alignment with organisational values and the importance of maintaining momentum on culture, development, and staff engagement.

7/26.19 The Chair emphasised the need for visibility of staff across the organisation and encouraged continued innovation in internal communication and development opportunities.

7/26.20 The Committee endorsed the People Strategy for submission to the Board. The Chair would like to wait until the May/June Board.

ACTION Mrs Patterson will liaise with Mr. Graham to coordinate and prepare a presentation of the People Strategy.

Item 8 – Any Other Business

There was no other business.

Item 9 – Details of Next Meeting

Thursday 14th May 2026 at 2pm

Fifth Floor Meeting Room, 12/22 Linenhall Street

Signed by The Chair:

Date:

Finance Report

Month 12 - March 2026



Leah Scott
*Director of Finance &
Corporate Services*
May 2026

Introduction

This summary report outlines the Agency's statutory duties and provides an update on the year-end financial position.

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. **A break-even position has been achieved at the year end.**

- **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. **This was achieved in 2025/26.**

- **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. **PHA achieved this target in 2025/26 with 95.7% of invoices by volume paid within 30 days.**

Section B: Summary Position

The 2025/26 year-end position shown below reflects an underspend of £88k, which is 0.06% of the RRL budget of £145.3m and is within the 0.25% breakeven tolerance level.

Table 1: PHA Summary Revenue position – March 2026	Year end Budget £'000	Year end Actual £'000	Year end Variance £'000
Programme Expenditure by Trust	50,803	50,803	0
Programme Expenditure by PHA	57,813	58,342	(529)
Total Programme Expenditure	108,616	109,145	(529)
Management & Admin	34,177	33,564	613
Ringfenced by Trust	1,916	1,916	0
Ringfenced by PHA	629	625	4
Total Ringfenced	2,545	2,540	4
Other Revenue Income	(66)	(66)	0
PHA Total	145,271	145,184	88

The PHA funding allocation of £145.3m 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 ad-hoc 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 12

The PHA has reported a year end **surplus position of £88k** and achieved a breakeven position for the year, as outlined in Section B above. **Table 2** provides a breakdown of expenditure by budget area.

Table 2: Breakdown by Budget Area	2025/26 Budget £'000	2025/26 Actual Exp £'000	2025/26 Variance £'000
Programme Expenditure			
HSC Trust (See Table 3)			
Public Health	34,588	34,588	0
Population Health & Wellbeing	15,027	15,027	(0)
Chief Executive & Board	1,187	1,187	-
Sub Total By Trust	50,803	50,803	(0)
PHA Internal			
Public Health	29,459	30,209	(750)
Population Health & Wellbeing	22,837	23,135	(297)
Population Data & Intelligence	4,212	4,182	30
Chief Executive & Board	1,238	1,041	198
Other	-	(291)	291
Sub Total By PHA Internal	57,747	58,276	(529)
Sub Total Trust + PHA Internal	108,549	109,079	(529)
Management & Admin			
Public Health	15,471	14,522	948
Population Health & Wellbeing	8,763	8,187	576
Finance & Corporate Services	4,266	4,115	151
Population Data & Intelligence	3,017	3,277	(259)
Chief Executive & Board	2,122	2,400	(278)
Other	(527)	-	(527)
SBNI	1,065	1,063	2
Sub Total - Management & Admin	34,177	33,564	613
Ringfenced			
Trust	1,916	1,916	0
PHA Direct	629	625	4
Sub Total	2,545	2,540	4
PHA TOTAL	145,271	145,184	88

In respect of the year-end position:

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

PHA Internal Programme – An overspend of £529k is shown on PHA Internal programme budgets (i.e. Non-Trust) for the year.

- The *Public Health Services* Directorate shows an overspend of £750k for the year to date. This is a managed position resulting from a number of programme priorities which were approved earlier in the year, funded from Admin slippage, to ensure that the PHA achieves an overall breakeven position for the full year.
- The overspend on the *Population Health & Wellbeing* Directorate also relates to additional priorities approved at the start of the year to utilise slippage, along with a number of unanticipated pressures which arose in month 11 which were managed within the overall PHA position.
- The *Other* line relates to 2024/25 year-end accruals which were not required and have therefore been swept up and held centrally, effectively becoming a funding source for 2025/26.

Management & Administration - A surplus of £613k is shown on the Management & Administration budget for the year, reflecting underspends generated by the current level of vacancies across the Agency. This underspend was anticipated at the start of the year, and the Financial Plan approved a number of Programme pressures to absorb this slippage and manage the overall breakeven position.

Work on the realignment of budgets in line with the Reshape & Refresh programme has been completed and revised Directorate structures are now shown in the table above. The *Other* line reflects the fact that the Reshape & Refresh budget exceeds the funding available. As outlined in the financial plan it is anticipated the gap will to be funded by vacant posts relating to natural turnover. Underspend in the M&A budget will be monitored closely to ensure adequate funds are available on an ongoing basis.

Ringfenced Funding – a small underspend of £4k is shown for the year. The full year budget comprises NI Protocol funding (£62k), Tackling Paramilitarism / Fresh Start (£408k) and COVID (£2,075k, mainly for vaccinations).

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

All funding allocated to Trusts by PHA is considered to be fully spent.

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	2,748	2,779	1,975	2,388	2,257	5	12,153
Service Development & Screening	8,756	3,576	971	2,505	3,227	-	19,034
Living Well	1,030	763	590	521	498	-	3,401
	12,534	7,117	3,536	5,414	5,982	5	34,588
Population Health & Wellbeing							
Ageing Well	265	70	199	111	45	-	690
Early Years	733	1,043	630	932	779	-	4,117
MH&LD	4,554	1,094	383	589	241	73	6,933
Nursing	857	306	341	944	807	31	3,287
	6,409	2,513	1,553	2,576	1,872	104	15,027
Trust Pay Award Allocations	451	210	125	210	190	1	1,187
Total Core Funding	19,393	9,841	5,214	8,201	8,043	111	50,803
Ringfenced - Covid	122	168	578	481	566	-	1,916
Total Current RRLs	19,515	10,008	5,793	8,683	8,609	111	52,718

Nursing: The budget associated with the former Nursing & AHP Directorate is shown as a single line as it has not yet been split into the new thematic areas. 26/27 reporting will reflect split in line with R&R Structure

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.

Risks to Year-End breakeven

	Risk	Status
1.	EY Reshape & Refresh review and Management and Administration budgets: PHA final structures are now agreed and in place. The current model has been costed at approximately £0.5m more than the funding available, and management are content that the average level of staff turnover will generate sufficient natural slippage to cover this.	Resolved <i>The current staffing model is considered affordable, and slippage on the salaries budget will be kept under close review.</i>
2.	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 were kept under close review throughout the year.	Resolved for 25/26 <i>Both vaccines and NRT Smoking Cessation have been managed closely throughout the year, and this will continue into 2026/27</i>

Risks to Longer-term Financial Stability

	Risk	Status
1.	HSC-wide funding gap: As we look to the 2026/27 funding allocations, the DoH have confirmed a funding gap in the region of £0.8 billion. In a bid to put the HSC on a more sustainable footing the PHA have been provided with an indicative opening allocation identifying 6% savings (£5m).	On-going <i>Further engagement will be required with DOH to ensure a balanced Financial Plan for 2026/27</i>

Section E: Prompt Payment

Prompt Payment performance for March shows that PHA is above the 95% prompt payment target on volume but is slightly below on value. Prompt payment targets were closely monitored over the 2025/26 financial year and the year-end position shows that the PHA achieved its target on volume and value.

Table 4: Prompt Payment Performance	March 2026	March 2026	Cumulative position as at March 2026	Cumulative position as at March 2026
	Value	Volume	Value	Volume
Total bills paid (relating to Prompt Payment target)	£9,555,905	412	£76,101,278	4,709
Total bills paid on time (within 30 days or under other agreed terms)	£9,045,895	396	£72,411,793	4,505
Percentage of bills paid on time	94.7%	96.1%	95.2%	95.7%

The 10-day prompt payment performance was above the current DoH target for 2025/26 of 70%, at 82.8% on volume for the year.

Section F: Capital position

The PHA year-end capital allocation (CRL) was £8.884m. This mainly relates to projects managed through the Research & Development (R&D) team, with £4m previously held by PHA now retracted by DoH and issued to Trusts directly. The overall year-end summary position is reflected in **Table 5** below.

Table 5: PHA Summary capital position – 31 March 2026

Capital Summary	Total CRL	Full year spend	Surplus/ (Deficit)
	£'000	£'000	£'000
HSC R&D:			
R&D - Health ALBs	0	-	-
R&D - held for Trusts	0	-	-
R&D - Other Bodies	4,636	4,636	-
R&D - Capital Receipts	(504)	(504)	-
Subtotal HSC R&D	4,132	4,132	-
Other:			
Congenital Heart Disease Network	564	564	-
iReach Project	656	656	-
R&D - NICOLA	835	835	-
Monitors for Directors	5	5	-
Planning Laptops	19	19	-
Device Refresh	310	310	-
R&D VPAG	670	670	-
R&D VPAG Trusts	0	-	-
R&D VPAG Other Bodies	1,695	1,695	-
Subtotal Other	4,752	4,752	-
Total PHA Capital position	8,884	8,884	-

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.

There is very close liaison with the DoH Finance capital team in the approach to year-end to ensure the allocated budget matches spend, enabling a breakeven position.

Recommendation

The PHA Board are asked to note the PHA financial update as at March 2026.

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	£20,000
	Sessional vaccinator funding for spring 2025 Covid Vaccination Programme	£42,313
	Trust spring 2025 Covid-19 vaccination clinics	£542,652
	Gonorrhoea Vaccination Programme	£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	(£4,473,755)
PHA 4	Retraction - Nursing Band 8B IRO R Donaldson - to be transferred to SPPG	(£97,758)
	Child Criminal Exploitation (funding for SBNI post) (DoH Matched Funding)	£55,000
	Online Safety Strategy funding for SBNI	£101,200
	Waste Water based epidemiology programme for Northern Ireland (Pilot)	£90,792
	Protect Life 2	£100,000
PHA 5	Sessional vaccinators & Trust vaccination clinics for the autumn 2025/26 Covid 19 Programme	£1,552,947
	PHA Accommodation funding for County Hall, Tower Hill & Gransha	£212,944
	PHA accommodation funding for Linenhall Street	£227,879
	To Support Care Home staff access to LearnHSCNI online training platform	£25,000
	Cancer Strategy Implementation - ACST Programme Lead	£29,559
	Retraction - "Shingrix for all" Shingles Vaccination Programme	(£500,000)
Retraction - Deemed Consent Organ Donation	(£288,000)	
PHA 6	Cancer Strategy Implementation - ACST Training places	£1,787
	Tier 2 Drug and Alcohol Services	£121,500
	Changes to the childhood vaccination schedule	£1,138,311
PHA 7	Farm Families Health Checks FFHCP (Technical Transfer - Direct)	£187,000
PHA 8	Pay Award	£1,016,113
PHA 9	Retraction - Covid-19 funding	(£83,000)
	Retraction - Shingles Vaccinations	(£1,000,000)
	Retraction - Adult Flu Vaccinations	(£500,000)
PHA 10	Pay Award	£1,934,779
PHA 11	Retraction - Unutilised funds in the Tobacco and Substance Use budgets	(£1,000,000)
PHA 12	Additional allocation re Vaccinations	£320,000
	Clinical Excellence 2025/26	£60,931
Funding confirmed from NIMDTA		£498,126
Total Funding for 2025-26		£145,271,133

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 2 June 2026

Title of paper Performance Management Report

Reference PHA/03/05/26

Prepared by Stephen Murray / Marie Therese Higgins

Lead Director Leah Scott

Recommendation

For **Approval**

For **Noting**

1 Purpose

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

2 Key Issues

The attached paper provides a summary of progress made, as at end of March 2026, on achieving the actions set out in the PHA Annual Business Plan 2025/26.

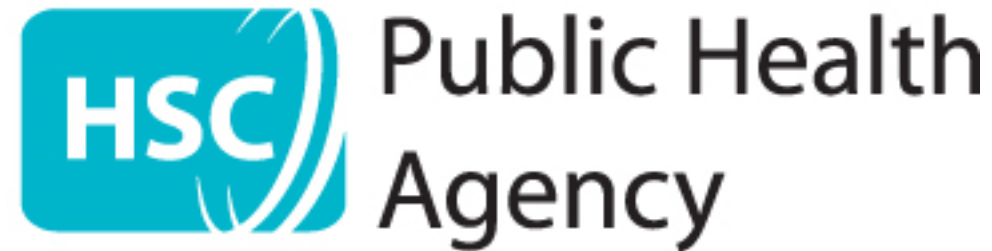
Of the **27** KPIs and **56** actions, **41** actions are rated **Blue** (*action completed*), **4** are rated **Amber** and **11** are rated **Red**.

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

The Performance Management Report was considered by the Planning, Performance and Resources Committee at its meeting on 14 May 2026.

3 Next Steps

The next quarterly Performance Management Report update will be brought to the Board in August 2026.



PERFORMANCE MANAGEMENT REPORT

Q4 Monitoring of KPIs identified in





The Annual Business Plan 2025 – 2026

Introduction

The Public Health Agency (PHA) Annual Business Plan sets out the key actions for 2025/26 that will support Ministerial and Departmental priorities, while demonstrating progress against the objectives outlined in the Corporate Plan.

This report provides an update on the progress of 27 Key Performance Indicators (KPIs) included in the 2025–26 Annual Business Plan. In total, **56** actions have been identified across five key priority areas. Progress against each action is reported by the designated Lead Officers and is assessed using a BRAG status, defined as follows:

BRAG Status:

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

As at the end of March 2026, across the **27 KPIs** and **56 actions**, **41 actions are rated blue**, **4 are rated amber**, and **11 are rated red**.

This report presents the BRAG status of each action, with particular emphasis on those currently rated amber or red.


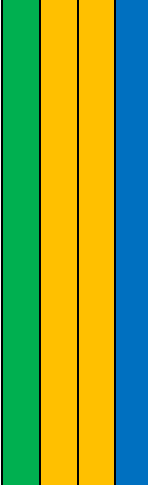
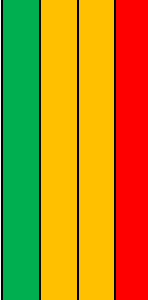
KPI	CP Priority	2025-26 Annual Business Plan Actions Summary	Action Status	
PROTECTING HEALTH				
KPI 1	3,8	Universal indicator dashboard	■	■
KPI 2	6,12	Childhood vaccination schedule in line with JCVI advice .	■	■
KPI 3	1	Pandemic preparedness planning and national emergency planning testing.	■	■
KPI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


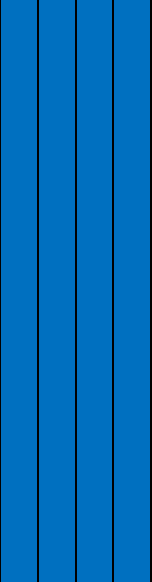
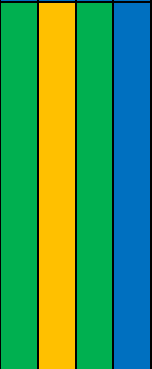
At the end of March 2026, 15 actions have been identified or partly identified with an Amber or Red BRAG status. Further details in the table below.


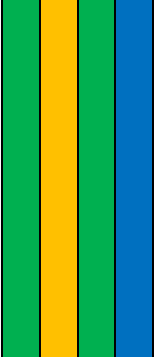
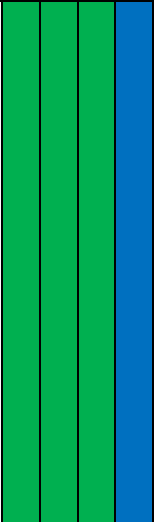
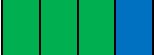
A copy of the full Annual Business Plan can be found here:


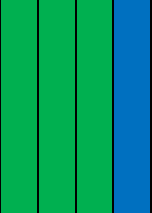
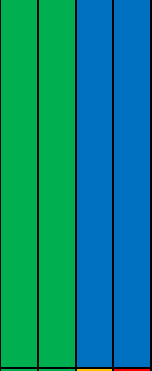
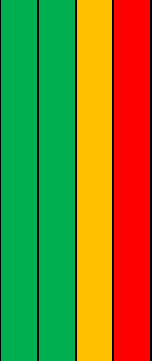



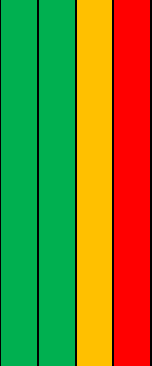


PHA Annual Business Plan 2025_;


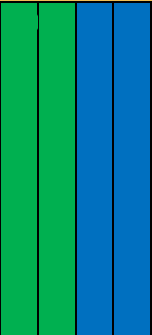
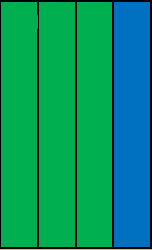
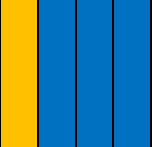
PROTECTING HEALTH							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
1	Develop a public facing, universal indicator dashboard covering communicable diseases and related special health matters.						Joanne McClean Declan Bradley
	Dashboard launched	Mar 2026	A project plan has been developed and commenced for this dashboard. Work includes scoping UK wide dashboards and identifying service priority areas across surveillance. Development includes setting up a structure and designing a dashboard using Shiny app on a public-facing Posit Connect server. Further phased development is in progress to use respiratory and genomics data initially. Progress has been delayed due to competing work priorities. Data available for respiratory, WGS and GZE (HP Zone)		Work to resume in Q4.		
	Review and further development	Mar 2026	This work has been paused due to competing work priorities. Ongoing work required on HPZ data proof of concept (GZE) and integration of measles and pertussis based on current public facing reports.		Work to resume subject to staffing capacity.		






PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
2	Implement Phase 1 and Phase 2 changes to the childhood vaccination schedule in line with JCVI advice.					
	Phase 1	Jul 2025	The first phase of the changes to the childhood schedule was implemented on 1 st July 2025. In preparation for the change, the team carried out a number of training sessions with primary care staff, public health nursing staff, community pharmacies and administrative staff. Associated changes have been made to the Child Health System to schedule appropriate appointments. A patient information flyer has been developed to explain the changes in the interim prior to Phase 2 of implementation (where new appointment flyers will be created). NIDirect has been updated with relevant information. Associated PGDs for Phase 1 have also been reviewed and updated.			Joanne McClean Louise Herron
	Phase 2	Jan 2026	Planning is underway for the second phase of changes (the introduction of a new 18-month appointment for MMR and hexavalent vaccine), with potential introduction of varicella component (policy decision awaited). Progress is being made with relation to the planning of training sessions with the clinical education centre. Conversations are underway with the Child Health System to implement the schedule change by January. A new			



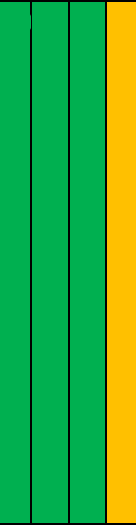
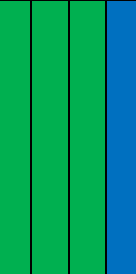
PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			18-month appointment leaflet is in development for parents. The second phase of changes (introduction of new 18-month appointment for MMRV and hexavalent vaccine) was implemented on 1 st January 2026. In preparation for the change Child Health System, updated training sessions were provided to clinical staff and updated information leaflets were developed and distributed for parents / carers.			
3	Pandemic preparedness planning					
	Participation in the national emergency planning exercise	Stage 1 Monday 15 th - Wed 24 th Sept; Stage 2- Monday 6 th to Wed 15 th Oct; Stage 3- Monday 27 th to Wed 5 th Nov	The PHA has confirmed their participation in Exercise Pegasus. This is a national exercise being delivered in three stages between September and early November 2026. The PHA are represented on the HSC Exercise Co-ordination Group (co-chaired by TEO and DoH) In addition, the PHA have convened a PHA planning group to prepare for participation in Exercise Pegasus. Following discussions with the DoH and SPPG on the 21 st of May, it was agreed to resubmit an updated version of the PHA pandemic preparedness plans reflecting funding requirements and options appraisals as necessary.			Joanne McClean Louise Herron
	Learning from exercise reflected in updated emergency plans	Mar 2026	Learning from exercise Pegasus will be incorporated into organisational		The PHA/SPPG/BSO Exercise Debrief Report has been completed and is currently	


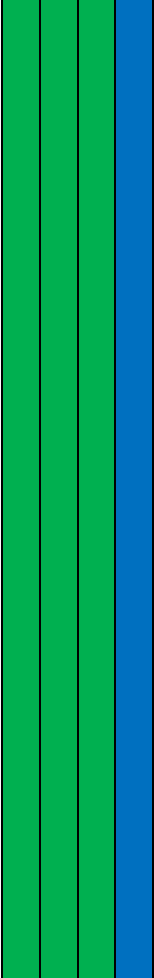
PROTECTING HEALTH							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
			pandemic preparedness plans. Following completion of the organisational debrief for exercise Pegasus, the PHA; SPPG; BSO Pandemic Preparedness Planning Group will be reconvened to take forward identified actions.		progressing through the final stages of consultation. The DoH is undertaking a review of the regional structures for pandemic preparedness. Following confirmation of these		
4	Complete option appraisal and commence the development of a business plan that addresses the digital needs of all screening programmes.						
	Option appraisal	Aug 2025	Options appraised with NIDIS, encompass and the Screening Digital Modernisation Programme Board. The preferred option is to use encompass. A workshop was held to walk through options and encompass with PHA and Service screening leads which also endorsed the option. A formal request to inform capability, resources and planned timescales is being submitted to encompass which advise the Business Plan.			Joanne McClean	
	Business Plan	Oct 2025	The experience of CHS and encompass has varied the approach to developing screening programmes in encompass. Given the external developments by NIDIS and NHSE it is important to be fully assured end-to-end screening can work effectively in encompass. Resources have been secured by encompass to develop a Proof of Concept system for screening programmes. There will be a cost to PHA for this work, however, it is		Encompass Proof of Concept developed and demonstrated at a workshop which included members of the Screening Digital Modernisation Board. Final decision on encompass will be made at a Screening Digital Modernisation Board meeting on May 1 st 2027 at which point timescales etc. for go-live will become clearer.	Gary Loughran	


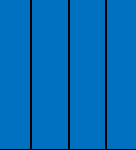
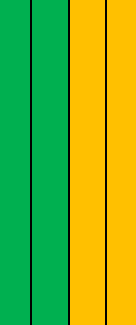
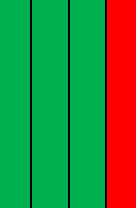
PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			<p>deemed essential to ensure the decision to forego NIDIS/NHSE developments and move to encompass is sound.</p> <p>The Business Plan is on track to be in place by the end of October and will reflect the changing circumstance of the Proof of Concept build. Should this prove successful then a plan to get to go live will follow.</p>			
5	Produce a business case for extension of the age range for bowel screening and establish project implementation structures.					Joanne McClean
	Project structures established	May 2025	Established June 2025			
	Business Case submitted	Jan 2026	Business case submitted to DOH Dec 2025			Cara Anderson




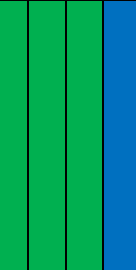
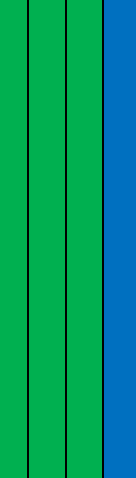
STARTING WELL							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
6	Address the root causes of domestic abuse.						Emily Roberts
	Recommendations from the Review of Routine Enquiry (RE)	Mar 2026	The recommendation is that the Regional HSC Routine Enquiry Policy is extended to other service groups. This action is complete.		The next stage in the process is for the DoH to approve the development of a Regional HSC Routine Enquiry Policy to extend to other service groups including; ED, Gynae, Radiology, mental health, breast/cervical screening services, Sexual Health, Abortion and Primary Care. Discussions have commenced with DOH and the steering group membership and TOR will be reviewed. This will be a new action for the 2026-27 ABP.		
	Final Model of Routine Enquiry for Midwifery and SCPHN	Dec 2026	The final draft of the Routine Enquiry Guidance document for midwifery and SCPHN has been approved and was launched March 6th, to coincide with International Women's Day. A series of awareness raising webinars have been developed in partnership with Women's Aid, delivery complete.				
7	Universal Child Health Promotion Programme Healthy Child Healthy Future (HCHF) - strengthen reach and impact to enhance early intervention and developmental support from universal services and AHPs to meet the specific and developmental needs of children.						Emily Roberts
	Refreshed HCHF Programme completed	Jun 2025	The programme has been reviewed and framework refreshed. It was formally launched on 25 th September 2025. DoH have advised there is no additional resource for			Deirdre Ward	


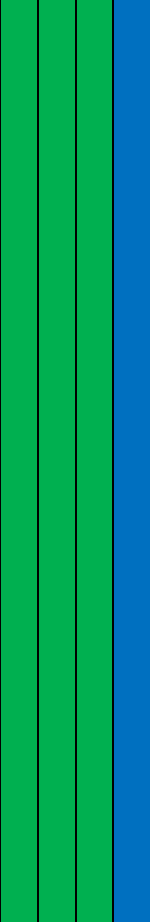

STARTING WELL							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
			implementation of framework, therefore no business case required.				
	Establishment of NI Implementation Group	Jun 2025	The Programme Implementation Board has not been stood up to date as a policy lead needs to be agreed		PHA have requested that the additional /amended reviews within the refreshed HCHF are built in the Encompass system in preparation for the implementation of the refreshed programme. A letter has been forwarded from PHA to DoH to further enquire if a decision has been made about the policy lead for HCHF in order for work to begin.		
8	Drive and support the transfer of the NI Child Health system onto Encompass including supporting the build for the system with EPIC developers.						Emily Roberts / Joanne McClean Deirdre Ward / Gillian Weir
	Establish project support and arrangements for escalation of issues	May 2025	Senior Project Manager (1WTE) in post from April. Project has been fully reviewed and restructured with significantly improved governance structures and escalation processes established.				
	Full availability of CHS functionality on Encompass and go live.	Feb 2026	Detailed review of project undertaken and detailed scoping document developed and shared with senior Encompass team. Core build complete end Feb 26. Agreement at Steering group on 19th March to go live 10th Aug 26. The first Go Live Readiness Assessment (GLRA150) successfully took place 31st March. Risks / issues highlighted and discussed. Hope to see progress by GLRA120 on 27th April.		Mitigations in place re risks / issues. Improvements after GLRA ongoing. Seeking further advice from Epic in relation to Childhood vaccination schedule. Action continued in 26-27		


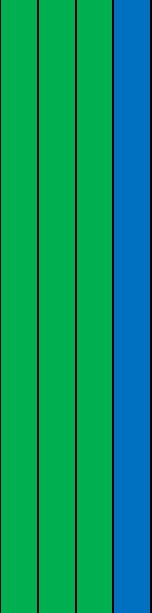
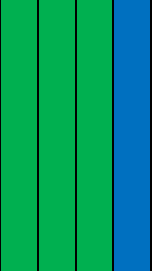
STARTING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
9	Analysis of the healthcare and therapeutic needs of children with Special Educational Needs (SEN) in Special Schools including capturing presenting co-morbidities and the level of complexities of need to help plan and support children's access to the education curriculum.					
	Nursing needs assessment	Jun 2025	Final report submitted to DoH August 2025. Awaiting implementation plan from DoH for work going forward into 2026/27.			Geraldine Teague / Eilidh McGreger
	Completion of needs assessment for children with complex health care needs attending special schools: Therapeutic needs assessment	Mar 2026	Working with relevant stakeholders, PHA leads have developed a scoping tool to capture relevant data in support of an assessment of therapeutic needs with an initial focus on CYP in Special Schools and Special Provision Schools. The tool is in initial stages of testing. Scope commenced on therapeutic needs commencing with CYP identified with nursing needs in special schools. Scoping tool has been implemented with the first phases of data being returned for analysis.		This work has been paused due to vacancies in the team. outstanding report from AHPs, this will be progressed in 2026-27 upon team return. To be continued / updated upon staff return Q3 2026-27 pending capacity and assistance from Health Intelligence and data analysis	
	Using aggregated therapeutic AHP needs assessment data, Develop updated pathways to support children with SEN Develop updated pathways to support children with SEN	Mar 2026	Engagement with Epic/Encompass colleagues is ongoing to ensure guidance and templates for health care professionals supporting CYP with SEN in the initial stage of the EA Statutory Assessment process will be compatible with Encompass. A digital platform has been developed to house Regional Guidance for			




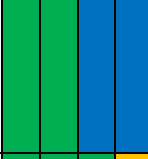
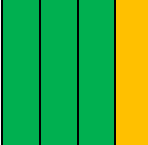
STARTING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			<p>Healthcare Professionals supporting CYP with SEND.</p> <p>Discussions underway with Encompass to embed resources to enhance continuity of care and support the reporting of key population health data sets. PHA are working with EA to develop and implement an Early Alert process. This enables HSCTs to notify EA of CYP with SEN and Profound and Multiple Learning Difficulties prior to their -2 (nursery) school-year, current EA directive. This facilitates HSCTs to meet their statutory duties to support the identification, assessment and provision of services for CYP with SEN/D (Article 14 of the 1996 Order)</p> <p>Professional resource ready for dissemination across the region to HSCT SENCO services for appropriate distribution and use in-Trust. Professional templates currently included (five professional groups) at end stage of being available in Encompass. PageTiger document completed awaiting update from DoH CNO Office.</p>			


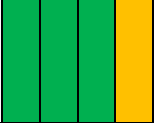
LIVING WELL							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
10	Review and update the Regional PL2 Action Plan and local Protect Life Implementation Groups (PLIGs) Action Plans to reflect updated PL2 Strategy priorities						Joanne McClean
	New regional PL2 action plan	Jun 2025	The new Protect Life Action and Implementation Plan have been approved by Minister and is due to be published on 1 July 2025. Launched 10 th September			Emily Roberts / Fiona Teague	
	New PLIG Action Plans	Dec 2025	The PHA have worked in partnership with local Protect Life Implementation Groups (PLIGs) to revise their Action Plans for 2026-2029. Final drafts are currently being screened, utilising a regionally agreed tool, prior to sign-off. Regional Terms of Reference for local PLIGs have been co-produced with PLIG reps. A guidance document to inform PLIG membership is also in development.		Anticipated that screenings will be complete and action plans approved by local PLIGs forthcoming meetings.		
11	Implement a review and revision of the service provision model of all Pharmacy based Stop Smoking Services across NI, considering refreshed NICE guidance and evidence base in re-commissioning of services. Implement a review of all Trust based Stop Smoking services commissioned via PHA, to ensure regionally consistent and comparable, measurable services are in place to meet population needs in each Trust.						Joanne McClean
	Revised Pharmacy based Stop Smoking services rollout to begin across NI in partnership with SPPG	Feb 2026	Medicines Optimisation Innovation Centre (MOIC). The stop smoking service evaluation surveys have closed 31.03.26 to new responses and work will begin on analysing these and the interviews.		Rollout timelines were not achieved as planned. This work has been incorporated into the 2026/27 Business Plan to support delivery	Colette Rogers	


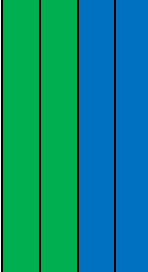
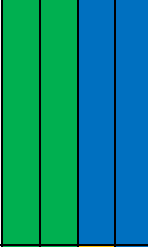



LIVING WELL							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
			This review and evaluation findings report due in June 2026 will inform the refreshed specification.				
	Review team established	May 2025	The Stop Smoking Services Review Team has been established. Membership will expand as required.				
	Development of a regional service specification	Feb 2026	Preliminary work underway including desktop reviews, workshops for provider input and engagement with Care Opinion. This is on track for February 2026 at present. Final draft specification completed. Phase 2 Implementation phase now activated.				
12	Develop a regional cancer toolkit as an option to facilitate cancer prehabilitation options.						
	Establish in conjunction with NICaN and SPPG a proposed regional Model for Prehabilitation	Mar 2026	On target. NICaN Project Lead has lead Macmillan Northern Ireland Regional Cancer Prehabilitation Programme, a pioneering initiative designed to embed personalised, early-intervention support into cancer care pathways across all five trusts. The programme was delivered in partnership with 11 local councils and funded through the DoH's Cancer Charities Support Fund, part of a broader £10 million COVID-19 recovery initiative. The programme's overarching aim was to improve patient outcomes, reduce treatment-related complications and promote			Joanne McClean Lorna Nevin / Ceara Gallagher	


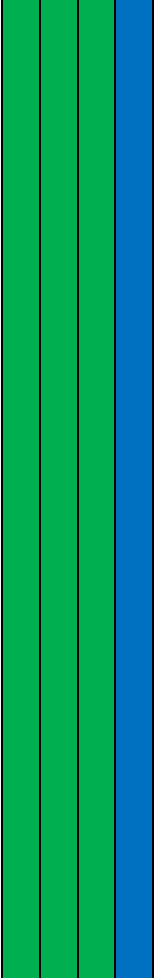
LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			<p>long-term health and wellbeing through multimodal prehabilitation - a proactive approach that includes physical activity, nutritional support and psychological care. Macmillan Evaluation has been completed. Summary paper regarding the components of a Prehabilitation model is complete. Macmillan non-recurrent funding for all posts has ended in March 2026. SET will sustain non-recurrent funding for their post for a further year.</p> <p>Presentations have been made to Cancer Steering group to reflect contribution of model.</p> <p>Briefing paper and report were requested and shared with the Regional Clinical Director for Elective Care to endorse prioritisation with DoH and SPPG. No recurrent funding allocation identified to sustain Trust programmes. A Prehabilitation Toolkit for people living with cancer now available on NICaN Website Prehabilitation Toolkit</p>			
	Establish opportunities to progress and embed targeted and universal prehabilitation		On target. This collaborative model represents a significant step forward in transforming cancer care delivery			

LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	through council, community and voluntary sector engagement	Mar 2026	<p>in Northern Ireland, aligning with national health priorities and setting the foundation for sustainable, system-wide change. Integrating services across the health, leisure, and voluntary sectors. Engage with Health Improvement Team. Presentation to Cancer Programme Steering Group June 2025. Raised Deputy Perm Secretaries in February 2026 promoting potential within future neighbourhood model.</p> <p>Meeting with CLOA at this time felt to be of limited value at this time. Information regarding the prehabilitation programme has been shared to inform PARS review.</p>			
13	Undertake a review of PHA commissioned physical activity referral scheme (PARS) including consideration of expanding its role in helping people with serious illnesses manage their conditions, prehabilitation and rehabilitation					
	Review completed and if recommended update service specification with a plan to expand reach for the potential benefits of physical activity.	Mar 2026	PARS level 3 Review this has been completed and a draft version of the report paper was presented to PHA Steering group at end of March 2026. This draft version is out for comments and a final version of the review report is due for end of April 2026. Recommendations of the report will be discussed with Steering			<p>Joanne McClean</p> <p>Siobhan Donald</p>


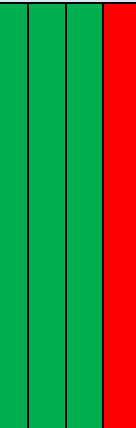
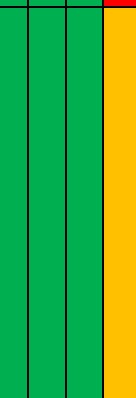
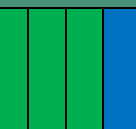
LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			group and worked through in the coming year.			
14	Launch a constipation campaign, to include establishing an expert reference working group with the aim to co-produce a suite of resources / guidance to support people with learning disabilities, their families / carers and clinical staff to prevent, recognise and treat constipation across the lifespan.					
	Identify specific needs and risk factors for prevalence of constipation in people with learning disabilities	Jun 2025	<p>A high-level paper to consider specific needs and risk factors for prevalence of constipation in people with learning disabilities across the lifespan has been drafted for sign off.</p> <p>The paper has helped to establish how well services and systems are working across Northern Ireland to ensure people with learning disabilities get the right support to identify, manage and treat this preventable health condition. If constipation is not recognised and treated appropriately, it can have major adverse effects on an individual's health and wellbeing.</p>			Emily Roberts Siobhan Rogan
	Carry out a scope across the UK and Ireland to review the programmes of care in relation to constipation and people with learning disabilities.	Sept 2025	Scope has been undertaken across UK and Ireland providing a structure to make an informed decision on the best approach, avoid duplication and learn from practice.			
	Expert reference working group established.	Mar 2026	Scoping has been completed and consideration is now being given to progressing a Phase 1 of this campaign. Membership of the Expert Reference Group is currently under			


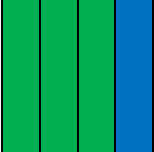
LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			consideration. Upon confirmation, formal representation will be appointed to enable the group to commence work on Phase 1.			


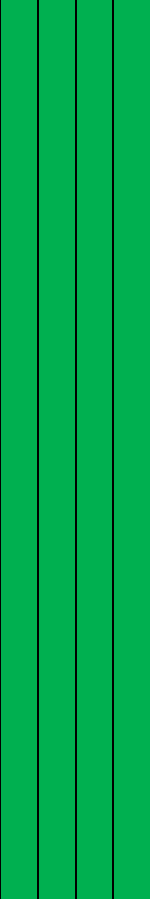
AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
15	Develop a NI Regional Safer Mobility Model and lead on the implementation, beginning with PHA commissioned services.					
	Creation of regional forum comprising of 6 trusts, and relevant stakeholders.	Sept 2025	A detailed project plan has been developed which outlines; governance structures, associated actions, timelines and stakeholders. New regional Safer Mobility SharePoint site developed. Model Design Task and Finish Group established and Regional Steering Group being established.			Emily Roberts Sandra Aitcheson
	Scope SPPG commissioned services in relation to falls and working with the SPPG Joint commissioning team, agree NI Safer Mobility model.	Sept 2025	Comms have started to gather this data through Roisin Doyle in SPPG with coverage over the various areas that impact Safer Mobility. Key elements and deliverables of the NI Safer Mobility Model are in the process of being agreed with key stakeholders and SPPG.			
	Creation of implementation plan and evaluation framework.	Dec 2025	Implementation plan created Evaluation framework complete with key indicators relating to falls identified.			
	Begin implementation of Safer Mobility Model.	Mar 2026	Implementation has begun.			
Adopt a regional approach to addressing the potential harms of deconditioning which older people may experience during an episode of care in hospital.						
16	Agreement on key messages for older adults and their carers to improve awareness about the risk of deconditioning.	Mar 2026	Action complete			


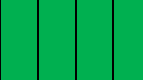
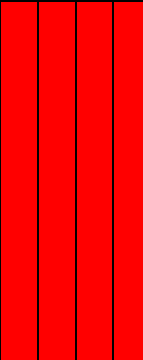
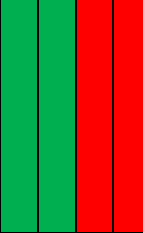
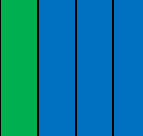
AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	The development of regionally agreed standards with associated KPIs for the identification of people at risk, prevention and management of deconditioning.	Mar 2026	<p>The Frailty Care Bundle (FCB) agreed Sept 2025 incorporates the agreed Regional Standards which have associated KPI's. The standards cover the following 3 areas: Nutrition, Cognition & Mobility.</p> <p>Work to embed and standardise the use of the Clinical Frailty Score (CFS) for the identification of those at risk of Frailty, and subsequently deconditioning, over the age of 65 has been fully endorsed and implemented across HSC through the Big Discussion under the leadership of the PHA. Use of the CFS (Score > 5/6) across acute pathways will be the trigger to commence the use of the FCB.</p> <p>Local Implementation plans have been developed to pilot the FCB. Data subgroup being established to develop a regional Frailty Dashboard which will support baselines and KPI development.</p> <p>Scoping exercise completed. Trust pilots ongoing. Working group is in place. A Dashboard is in place however refinement and QA ongoing.</p>			<p>Emily Roberts</p> <p>Sandra Aitcheson</p>


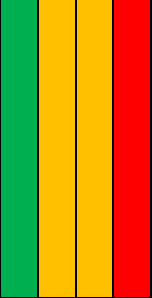
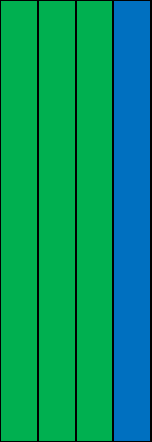
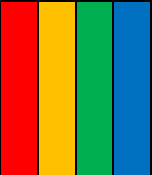
AGEING WELL							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
			Follow on Actions included in 2026/27 AWPHT Action Plan.				
17	Update and test MDT decision making pathway for care home residents to reduce unnecessary admission to hospital.						
	Analysis of regional NIAS and ED data to provide clarity on scale of problem and provide recommendations for improved access to data	Jun 2025	<p>Analysis of Regional NIAS data in relation to ED attendance for care home residents complete.</p> <p>Work ongoing across Care Home sector, in partnership with Trusts and through Big Discussion to complete more detailed analysis of position in order to clarify scale of problem.</p> <p>Access to Data held by Trusts: MOU (SAPPHIRE Data Set) in place and awaiting Trust sign off. Awaiting Trust sign off of MOU, this is being actively pursued with Trusts.</p>		New approach being co-ordinated under the Big Discussion workstream that has been established.	Emily Roberts	
	Working with staff and stakeholders to identify barriers and solutions for improvements	Aug 2025	<p>SHSCT Project team have identified issues with escalation processes within Care Homes for residents requiring clinical support.</p> <p>Identified limited staff awareness of alternatives pathways to referral to NIAS e.g. District Nursing, Marie Curie. Work was delayed due to time required to get DPIA in place but is back on target now.</p>			Alison Ferris	






AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	Test new decision-making pathway in SHSCT to refine approach	Sept – Dec 2025	<p>The learning from this work was used to host an information session for all care homes in SHSCT in December 2025 re management of an unwell resident and the options/ services available.</p> <p>There is also a similar deep dive being conducted in a second home n SHSCT to assess if there are themes or threads across homes in Trust locality.</p> <p>Monitoring of impact ongoing</p>		<p>MDT decision making and support for deteriorating patient work being taken forward via big discussion</p> <p>In year we have reviewed NIAS data and used that to target information to homes on alternatives to ED/NIAS for residents</p> <p>We are continuing to develop models for ensuring advance care plans are completed for residents.</p>	
	Present findings and recommendations to relevant commissioning teams and PTEB	Feb 2026	Dependent on above		<p>MDT decision making and support for deteriorating patient work being taken forward via big discussion</p> <p>In year we have reviewed NIAS data and used that to target information to homes on alternatives to ED/NIAS for residents</p> <p>We are continuing to develop models for ensuring advance care plans are completed for residents.</p>	
18	Evaluate the impact of the Age-Friendly Communities Initiative across NI (currently funded in each Local Council by PHA).					Emily Roberts
	Evaluation report produced and analysed	Mar 2026	Final report due Jan 2026 New Age Friendly Business Plan being developed – supported by the evaluation.			


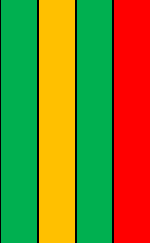
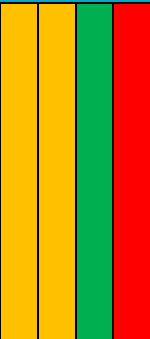
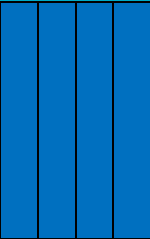

AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			Evaluation report completed with key considerations for next stage. Business case developed and presented to AMT in March. 5 year continued funding secured			Diane McIntyre


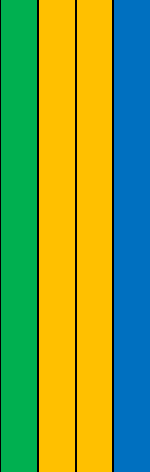
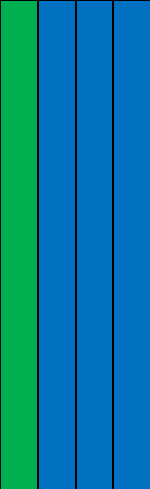
OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
19	Develop a new HR Strategy 'Beyond the People Plan'					
	New HR Strategy agreed	Jan 2026	<p>A workshop was held in April 2025 to inform this strategy document.</p> <p>During August 2025 an outline blueprint was presented to AMT and also to the Senior Leaders Forum. Following refinement in line with the principles of co-design staff engagement was planned and communicated during September with Town hall sessions held during October and Team / Individual engagement approaches also opened for input. Using the feedback received the full strategy document was developed and issued for consultation in Quarter 3 with consultation due to complete on Friday 23 January 2026 This remains on target</p> <p>Following consultation, the final document was presented to AMT at their meeting on 9th February 2026 for approval. Final design work was completed and the People Strategy formally launched to the organisation via First Tuesday on 31st March 2026. The document is also live on the PHA People Portal and</p>			Leah Scott / Karyn Patterson

OUR ORGANISATION							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
			implementation arrangements will commence from April 2026.				
20	New Operational Framework for Public Health Planning Teams and performance management framework, aligned to the new PHA operational model, to be developed and approved by PHA board.						Leah Scott Stephen Murray
	PHPT Framework agreed	Jun 2025	Draft PHPT Governance and Accountability Framework document has been developed and reviewed by the Senior Leadership Forum. Finalisation of the framework has been delayed as there are on-going discussions to clarify accountability and reporting arrangements for PHA staff that have Chairing responsibilities for both PHPT's and JPPT's		Finalised Framework document will be submitted for approval to Board in May 2026		
	Performance Framework approved	Nov 2025	A draft performance framework has been developed and will be reviewed by PHPT Chairs and Senior Leadership Forum. Finalisation of the Performance Framework is linked to the finalisation of the PHPT Operational framework noted above.		Draft Performance management framework will be finalised and submitted for approval to AMT / PHA Board.		
21	PHA Procurement Plan to be reviewed and updated and Procurement Plan priorities 2025/6 to be progressed in line with agreed timelines						All Directors (as per Leads for individual tenders)
	Organisational Procurement Plan setting out timelines for market testing all existing roll forward contracts	Jun 2025	A plan for completion of market testing of all existing roll forward contracts was submitted to PPR Committee in May 2025.				

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	Procurement Plan 2025/6 delivered in line with agreed timelines.	March 2026	Tenders planned for issue to the market in 2025/26 are progressing. However there has been a slight delay in getting tenders out to the market due to a regional review of T&Cs having to be undertaken by DLS to ensure they align with the new Legislation and Public Procurement Policy.		DLS has provided updated T&C's for review by PHA/PaLs. Comments have been provided to DLS and a final version of T&Cs will be issued by DLS as soon as possible. Publication timelines for Postvention, PPSU and YT will be confirmed once the final set of revised T&C's have been approved.	
22	Effectively manage the PHA financial position to achieve a breakeven position at year-end.					
	The PHA will achieve a surplus position within the 0.25% tolerance level set by DoH on an annual basis.	Mar 2026	Based on the indicative opening allocation, the 25/26 financial plan was approved by the board. The plan takes account of the agencies saving targets & in year pressures and is projecting breaking even at 31 March 2026 within the agreed tolerance level The DoH have however noted a significant funding gap across the HSC and while the funding gap has been reduced there remain significant challenges to DoH budget going forward.			Leah Scott
23	Develop a Partnership Working Strategy and Action Plan, addressing PHA HSC wide Leadership responsibilities for PCE & PPI and which embeds these approaches into PHA culture & practice.					
	Draft Strategy and Indicative Action Plan	Jun 2025	AMT has approved and indicative action plan completed Action Plan to be finalised and published following public consultation (ended in Dec 2025).			

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			<p>The action plan needs to reflect the comments from consultation.</p> <p>This action is complete pending two final dates in April 2026 to present at AMT and formally launch the P&E strategy and Action Plan</p>			<p>Emily Roberts</p> <p>Martin Quinn</p>
	Public Consultation on Strategy Consultation on strategy only	Oct 2025	The AMT approved P&E strategy was out for public consultation until 19 th December.			
	Strategy Review & Finalisation	Dec 2025	<p>Plans are underway in preparation for the review of the strategy consultation.</p> <p>Consultation period complete with learning to be summarised in Consultation report in advance of launch</p>			
	Strategy, Launch & Implementation	Feb 2026	The strategy is now complete following a period of consultation with an action plan developed outlining the outputs and outcomes of each priority. As part of the final approval processes this will be presented to AMT on 20 th April 2026 for noting and a formal launch has been agreed for 28 th April 2026 at a Regional Setting Strategic Priorities workshop.			
24	Finalise a framework to support Quality and Safety corporate processes for PHA.					

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	Framework will be finalised for AMT and Board	Aug 2025	A joint PHA/SPPG Quality and Safety framework is under development.		The Framework will be submitted to PHA Board Q1 26/27	Emily Roberts Denise Boulter / Grainne Cushley
25	Conclude Agency Reshape and Refresh change management programme.					
	Reshape and refresh outcome measures delivered in line with Project plan timescales.	Dec 2025	A Reshape Refresh Closure Report was presented to the PHA Board in November 2025. This report will be shared with the Department and will be discussed at the Accountability Review meeting. An evaluation exercise based on the programme is being taken forward during Q4.		Evaluation exercise to be taken forward into 26/27	Aidan Dawson (CEO) Grainne Cushley
26	Develop a new PHA Corporate Website providing greater functionality for engagement with target audiences.					
	Corporate website redevelopment project team in place	May 2025	Initial project work undertaken by Communications Mgt team. Project PID approved by AMT in June and revised project team being established. Discovery exercise commissioned and will report into Project Team.			Stephen Wilson
	Project plan agreed	Sept 2025	Draft project plan developed by Communications Mgt team. This will be further developed based on the		Discovery Exercise concluded and project plan for new Website developed. Plan is dependent on resource being confirmed in new financial	

OUR ORGANISATION						
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			<p>Discovery exercise and input from wider project team.</p> <p>Discovery exercise includes:</p> <ul style="list-style-type: none"> • PHA corporate site audit • UX baseline report • Competitive analysis report • Research methodology report • Google Search Console report • Public facing survey on PHA corporate site live • User behaviour survey <p>Internal and External stakeholders' workshops conducted and summary reports produced.</p>		year. Alternative plan also developed for website refresh if finances are not available.	
27	Further develop the Public Health Master Dataset.					
	Dataset established, integrated with PHA systems, usage in analytics	Sept 2025	<p>Access to PHMDS was opened to HSCNI network users in June 2025. This will enable wider reach for PHMDS and ensure HSC partners can make use of it.</p> <p>The most significant development has been the addition of geographic area-level profiles for District Electoral Areas and Trusts; Trust profiles are designed to support AIPBs. In addition, the Social Determinants of health section has been expanded. All changes have been co-developed with Health Intelligence.</p>			Paul McWilliams

