

Meeting agenda

PHA Board Meeting

Date and time	Venue
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18 December 2025 at 10.00am	Invest NI Meeting Rooms, 3 rd Floor, Bedford Square, Bedford Street, Belfast
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Item	Topic and details	Presenter
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1 10.00	Welcome and Apologies	Chair
2 10.00	Declaration of Interests	Chair
3 10.00	Minutes of Previous Meeting held on 27 November 2025	Chair
4 10.05	Actions from Previous Meeting / Matters Arising	Chair
5 10.10	Reports of New or Emerging Risks	Chief Executive
6 10.15	Raising Concerns	Chief Executive
7 10.20	Chief Executive and Directors' Report	Chief Executive
8 10.30	Finance Report [PHA/01/12/25] (For noting)	Mrs Scott
9 10.40	PHA Complaints Policy and Associated Procedure (2026) [PHA/02/12/25] (For approval)	Mr Wilson
10 10.50	Presentation on Organ Donation	Mr Wilson
11 11.10	Update on Influenza	Dr McClean
12 11.35	Chair's Remarks	Chair

13 Any Other Business Chair
11.40

14 Details of next meeting: Chair
Thursday 22 January 2026 at 1.30pm
Fifth Floor Meeting Room, 12/22 Linenhall Street,
Belfast

PHA Board Meeting Minutes

Date and Time	Venue	
27 November 2025 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
Ms Heather Reid	Interim Director of Nursing, Midwifery and Allied Health Professionals	Present
Mrs Leah Scott	Director of Finance and Corporate Services	Present
Mr Craig Blaney	Non-Executive Director	Present (via Teams)
Mr John Patrick Clayton	Non-Executive Director	Present
Ms Anne Henderson	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present
Mr Joseph Stewart	Non-Executive Director	Present
Mr Stephen Wilson	Head of Chief Executive's Office	In attendance
Mr Robert Graham	Secretariat	In attendance
Ms Meadhbha Monaghan	Chief Executive, Patient Client Council	In attendance

134/25 - Item 1 – Welcome and Apologies

134/25.1 The Chair welcomed everyone to the meeting. There were no apologies.

135/25 - Item 2 – Declaration of Interests

135/25.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

136/25 - Item 3 – Minutes of previous meeting held on 23 October 2025

136/25.1 The minutes of the Board meeting held on 23 October 2025 were **APPROVED** as an accurate record of that meeting.

137/25 - Item 4 – Actions from Previous Meeting / Matters Arising

137/25.1 The Chair asked Mr Graham to update members on the actions from the last meeting.

137/25.2 Mr Graham advised that the article on ransomware had been shared with members, thus closing action 1. For action 2, he reported that Mr Ben Doran has agreed to attend the Board meeting in February 2026. With regard to action 3, he said that a draft letter has been prepared to be sent to the Department regarding PPI.

137/25.3 Mrs Scott reported that for action 4, she receives a weekly update on new starts and forwards this to Directors and manager asking them to ensure that the staff complete their mandatory training. For action 5, Mr Graham advised that a date is being finalised for Ms Hampson to meet with the Board. The Chief Executive said that he would have liked Ms Hampson to present at today's meeting, but there was not time on the agenda. Mr Graham advised that action 6 has been completed as the "Live Better" evaluation report was shared with members.

137/25.4 The Chair went through the outstanding actions from earlier meetings. He said that he would like the Board to see the terms of reference for the Committees in Common once they are available. For the action relating to a workshop on the Implementation Plan, he asked that the Directors ensure that the Business Plan covering Year 2 of the Corporate Plan and the Implementation Plan are joined up. He suggested that the action should be closed as this will be dealt with. He also proposed that the action relating to pandemic preparedness should also be closed.

138/25 - Item 5 – Reshape and Refresh Programme

Ms Grainne Cushley joined the meeting for this item

138/25.1 Ms Cushley delivered a presentation and began by thanking Ms Karyn Patterson from BSO and others for their contribution to this work. She outlined the timeline for the programme and showed how PHA has changed in terms of the number of staff working in each directorate and the new structures. She gave an overview of the work of the Senior Leaders Forum.

138/25.2 On behalf of the Board, the Chair congratulated Ms Cushley for what has been achieved. He said that the Senior Leaders Forum will see the value in their work when they see it being acted upon. Mr Wilson said that the Senior Leaders Forum has helped shape the People Plan as well as the discovery work for the revamped PHA website.

138/25.3 Ms Cushley gave an overview of the public health planning teams and then showed members the investment map. Ms Henderson asked for more information about this. Dr McClean explained that the colours show the level of investment in each area. Mr Blaney noted that while some areas may be seen as wealthy, there will be areas of deprivation and that should not be overlooked. The Chief Executive said that detail is available down to ward level. It was agreed that Mr Andrew Steenson should attend a future meeting to do a presentation on the model (**Action 1 – Secretariat**).

138/25.4 Ms Cushley advised that, as part of an ongoing staff engagement programme, the Chief Executive has conducted a series of “walkarounds” in other PHA offices.

138/25.5 Ms Cushley said that carrying out a programme looking at culture has been challenging to do at the same time as a change programme. She advised that Ms Helen Bevan is attending the staff event in January 2026.

138/25.6 Ms Cushley gave an overview of the recommendations and the progress on their implementation. The Chair asked if there were any recommendations that had not yet been embedded, but Ms Cushley said that all of the actions are either complete or in progress.

138/25.7 Mr Stewart said that as someone who has been involved in change management programmes in the past, this has been exceptional at all levels and a model for how change management should be implemented. He complimented Ms Cushley and the Executive Team for their work. He noted that the number of actions marked “complete” is three more than the number marked “ongoing” and he asked how those rated “ongoing” will be monitored, for example the recruitment of the Director or Digital. He said that the Chief Executive should proceed with recruitment of this post.

138/25.8 The Chief Executive noted that this commenced as a shared review between PHA and the Department and EY was brought in to help develop an action plan. He stated that the implementation plan is wholly owned by PHA and EY supported PHA in the delivery, but the drive to complete it is down to the PHA and its staff.

138/25.9 Ms Henderson asked if it would be possible to get an updated organisational chart (**Action 2 – Secretariat**). She asked if the chairs of the planning teams attend the Senior Leaders Forum and Mr Wilson replied that they do.

138/25.10 The Chief Executive advised that he had discussed with Ms Cushley the need to develop a learning report based on the programme, and this will be completed by the end of the next quarter.

138/25.11 The Chair noted that this report will be shared with the Department and will be discussed at the forthcoming Accountability Review meeting. He proposed that the Reshape and Refresh item be removed as a standing item from future Board meetings and that the Reshape and Refresh Programme Board will evolve into an HR/OD Committee. Mr Stewart said that it is important that the Board is kept updated on progress, perhaps every six months.

138/25.12 The Chief Executive said that it was clear during the COVID pandemic that there had been a lack of investment in the PHA over many years which left the organisation unfit to respond to the pandemic. He said that the work of the Refresh and Reshape programme means that the organisation is now better prepared.

138/25.13 Dr McClean commented that there has been a view that the programme has taken too long, but she pointed out that there are many new roles and each of these needed a new job description and these posts to be matched and recruitment to take place. The Chair reiterated that this has been a major achievement.

138/25.14 Mrs Scott suggested that there is an opportunity for the Chair to raise the issue about the fact that the Director of Digital has not yet been appointed. She noted that there are also concerns about the affordability of the new structure.

139/25 - Item 6 – Reports of New or Emerging Risks

139/25.1 The Chief Executive advised that no new risks have been added to the Corporate Risk Register.

140/25 - Item 7 – Raising Concerns

140/25.1 The Chief Executive advised that there were no new concerns to report on.

141/25 - Item 8 – Updates from Board Committees

Governance and Audit Committee

141/25.1 The Chair noted that the Governance and Audit Committee had not met since the last Board meeting

Remuneration Committee

141/25.2 The Chair noted that the Remuneration Committee had not met since the last Board meeting.

Planning, Performance and Resources Committee

141/25.3 Ms Henderson advised that the Planning, Performance and Resources (PPR) Committee had met on 20 November and that the papers presented were excellent and that some of the papers are being brought to today's meeting. She said that there was a paper brought outlining the process for the development of the Business Plan which set out very clearly all the steps involved.

Screening Programme Board

141/25.4 The Chair noted that the Screening Programme Board had not met since the last Board meeting.

Procurement Board

141/25.5 The Chair noted that the Procurement Board had not met since the last Board meeting.

Information Governance Steering Group

141/25.6 The Chair noted that the Information Governance Steering Group had not met since the last Board meeting.

Public Inquiries Programme Board

141/25.7 The Chair noted that the Public Inquiries Programme Board had not met since the last Board meeting.

142/25 - Item 9 – Performance Management Report [PHA/03/11/25]

142/25.1 Mrs Scott said that the Performance Management Report had been considered by the PPR Committee and sets out the progress against PHA's Business Plan as at the end of September. She reported that of 27 targets, 1 is rated "blue", 17 are rated "green" and 9 are rated "amber" or "red".

142/25.2 Mrs Scott advised that one of the actions rated "red" relates to the Child Health System and that the other relates to delays in establishing public health planning teams and developing a performance framework. The Chair asked if, for the next report, timings for the completion of actions can be firmed up.

142/25.3 The Chair asked about KPI1 and staffing capacity to develop the dashboard. Mrs Scott advised that the delay relates to the development of the next iteration.

142/25.4 Ms Henderson said that there was discussion about KPI2 at the PPR Committee and assurances were provided that there has been progress made since the end of the last quarter. Dr McClean explained that the issues are out with PHA's control, but she expected that the programme will launch. The Chair said that he had a query relating to Encompass. The Chief Executive advised that Encompass remains a concern for PHA as the Child Health System has been assigned a lower priority than

other projects. He explained that PHA has established a Screening Modernisation Programme Board which he chairs, and it has been agreed that work should proceed on “proof of concept” testing to ensure that the Epic system can handle the screening systems in compliance with national standards.

142/25.5 The Chair said that he would like to have a further understanding of what the actions rated “green” mean in terms of how PHA progresses on the next stage of its work and if there is more to be done in these areas. Dr McClean noted that there was an issue about whether PHA was setting KPIs that were deliverable. Mrs Scott said that there is a question around whether KPIs reflect PHA’s strategy. The Chair stated that from the outset PHA should have developed its Implementation Plan first, and then its Business Plan. Mrs Reid said that PHA wants to get its objectives right, but noted that public health objectives, by their nature, are generally long term. The Chair said that there needs to be an understanding of how all of the objectives link together and suggested that some of the KPIs are operational.

At this point Mr Clayton joined the meeting.

142/25.6 The Chief Executive said that he appreciated all of the comments being made and stated that while PHA has achieved a lot, there is a need to build on this and to keep improving.

142/25.7 Ms Henderson commented that obesity rates have rocketed and felt that PHA is not having an impact on this. Mr Stewart said that PHA spends considerably less funding in this area than in other areas. Dr McClean agreed that PHA does need to review its investment as there are some legacy investments. She added that one of the areas being looked at is the Physical Activity Referral Scheme.

142/25.8 The Board noted the Performance Management Report.

143/25 - Item 10 – Chief Executive and Directors’ Report

143/25.1 The Chief Executive reported that he was invited to the celebratory reception for the Northern Ireland team which had participated in the Transplant Games. He said that the captain of the team gave a personal mention to Ms Catherine McKeown for the support she has given through her work in organ donation. He added that this shows that PHA staff are recognised for work beyond PHA.

143/25.2 The Chief Executive advised that he had attended a CAWT launch event and suggested that it would be useful to have a representative from CAWT attend a future meeting as one of their projects is in the area of obesity (**Action 3 – Chief Executive**).

143/25.3 The Chief Executive said that as part of a number of strategic engagements he has carried out, he met with Mr Chris Quinn, the Commissioner of Children and Young People as they are carrying out work in the area of Special Educational Needs. He said that he is planning to arrange a joint senior management team meeting between PHA and NICCY. He added that there will be a joint visit to a school for Irish Travellers. He advised that he had also met with the Health Innovation Network.

143/25.4 The Chief Executive commented that the George Cross Lecture was a powerful event and a reminder about the importance of having a good public health system. He said that Professor van Tam succinctly set out the lessons that need to be taken forward for responding to future pandemics.

143/25.5 Mrs Reid reported that a business case has been agreed in relation to Advanced Care Planning which is for around £405k over the next three years.

143/25.6 Mr Clayton asked about the work in relation to the Cawdrey Review and if the family has been involved in this work and if PHA is engaging with them. Mrs Reid explained that PHA had carried out some joint work with SPPG but this was absorbed into work being led by the Coroner. She said that Mr Brian Goodfellow and Mr Peter Toogood would meet with the family. Ms Henderson asked which organisation is responsible for taking forward lessons learned and if PHA is getting involved in work around homicide. Mrs Reid replied that PHA was involved in a specific review of homicides, but the aim is for PHA to make recommendations. She said the Director of Nursing and Director of Social Services in the Southern Trust will chair a group looking at the implementation of the recommendations, but PHA does not have a mandate to direct learning. She added that PHA is looking at its governance structures and how it can feed into the review of the Serious Adverse Incident process.

144/25 - Item 11 – Finance Report [PHA/04/11/25]

144/25.1 Mrs Scott said this Finance Report outlines the position as at the end of September where PHA is showing a surplus of £788k, but this is being returned to the Department leaving PHA in a break even position. In terms of the overall situation across the HSC, it is likely that there will be an overall deficit due to the funding required for pay. She said that PHA will require £2.9m for its pay award, but she expected that PHA will receive some funding for that.

144/25.2 Mr Clayton declared an interest as he and his Trade Union organisation has been involved in the negotiations regarding Agenda for Change (AfC) pay. He noted that the background was that there is a deficit of £200m for pay across both AfC and medical and dental pay and that while the Executive appeared to have allocated £100m towards this, the Department of Health has been advised that it can overspend in order to meet the pay awards. Mrs Scott agreed that it is an unprecedented situation. The Chair noted that the overspend will be carried forward into next year's budget.

144/25.3 The Chair asked about the risk relating to the Reshape and Refresh programme. Mrs Scott explained that the cost of the new organisational structure needs to be reduced by approximately £1m to make it affordable. She said that while she was comfortable with the current level of slippage, decisions need to be made and there is ongoing work with the Directors regarding that. The Chief Executive advised that he would like this situation resolved before the start of the next financial year and that if necessary, he and Mrs Scott will make the required decisions.

144/25.4 Mr Stewart complimented the format of the Finance Report saying that it was a very clear report. He advised that he had attended a meeting of the Chairs of Audit Committees where there was a briefing around funding. He said that Mr Mike Farrar

has given a direction that going forward HSC bodies should factor pay into their budgets instead of treating it as an additional cost.

144/25.5 The Board noted the Finance Report.

145/25 - Item 12 – Joint Emergency Planning Report [PHA/05/11/25]

Ms Mary Carey joined the meeting for this item

145/25.1 Ms Carey said that as members had read the report, she would welcome any queries that they had.

145/25.2 Mr Stewart asked if there is more than can be done to address the issue of the inadequacy of the training budget. Ms Carey replied that there has been an uplift to £40k, and there may be an underspend due to the impact of Operation Pegasus. She noted that there is a risk with regard to specialist training for CBRN (Chemical, Biological, Radiation and Nuclear). She said that there is an issue whereby Trusts need to be able to provide their own training and it should not be the responsibility of PHA and SPPG. She added that there is also an issue about staff being released for training.

145/25.3 Ms Henderson asked whether the issue around decontamination units was sorted. Ms Carey explained that the units are jointly owned by the Department and PHA has been liaising with the Department over the last 18 months. She said that this issue will need to be resolved with the All-Ireland Fleadh coming to Belfast next year. She added that there are contingency arrangements and that this issue will be discussed at the next meeting of the Joint Emergency Planning Board in December.

145/25.4 The Chair asked which organisation owns this work and any lessons to be learnt from Pegasus or the COVID Inquiry, and if PHA needs support from its Board. Ms Carey said that there is a group which has been established to undertake a gaps analysis. She added that the Department is aware of the situation. The Chair asked again if the Board can play a role given the number of recommendations being made in this report. Ms Carey advised that a letter has been prepared to send to the Department, but given that the individual leading this area has only recently been appointed, it would be better to give them time. Dr McClean echoed this adding that this is a joint report with BSO and SPPG, and that SPPG is part of the Department. Mr Clayton suggested that there should be a further update to the Board in January given the consequences if there were to be an incident (**Action 4 – Dr McClean**). The Chair reiterated that if PHA is not getting the support it needs, this should be flagged up with the Board.

145/25.5 Mr Clayton asked how PHA is doing against the new core standards. He noted that there were some issues around business continuity arrangements. Ms Carey explained that the questions were different in last year's submission and there were gaps around PHA's consultant complement. She said that PHA is now aligned to the national standards. With regard to this year's assessment, she highlighted some areas where PHA rated as "amber", these were in relation to carrying out debriefs after incidents, having an EPPR policy and reviewing training. In terms of business

continuity, she said that work is ongoing with the Finance and Corporate Services directorate to review the policy.

145/25.6 The Board **APPROVED** the Joint Emergency Planning Report.

146/25 - Item 13 – Papers for Noting

Workforce Information Report [PHA/06/11/25]

PHA People Plan 2024 – 2025 Closure Report [PHA/07/11/25]

146/25.1 Mr Stewart commented that both of these reports were excellent.

147/25 - Item 14 – Chair’s Remarks

147/25.1 The Chair advised that he had met with the Permanent Secretary to discuss the “This is Our Health” initiative and said that it is important that Ms Hampson attends a future meeting.

147/25.2 On the eve of her retirement, the Chair thanked Mrs Reid for her contribution to the work of the Agency. He said that he had enjoyed listening to her insights at Board meetings. He acknowledged her contribution to the Reshape and Refresh programme which saw a change in culture in PHA and a focus to the organisation becoming a public health entity and not one that operates in silos. He added that she is well respected by staff and peers and will be missed by all her colleagues. Mrs Reid thanked the Chair for his comments and said that her time in PHA has been a journey.

148/25 - Item 15 – Any Other Business

148/25.1 There was no other business.

149/25 - Item 16 – Details of Next Meeting

Thursday 18 December 2025 at 10.00am

Board Room, Invest NI, 3rd Floor, Linum Chambers, Bedford Street, Belfast

Signed by Chair:

Colin Coffey

Date: 18 December 2025



Finance Report

Month 7 - October 2025

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

Introduction

This summary report outlines the agency's statutory duties and provides an update on the financial position at month 7, building on the PHA Financial Plan 2025/26 which has been formally approved by AMT and the PHA Board.

Section A: Statutory Targets

- **Break-even**

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

- **Financial Planning**

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

- **Prompt Payment**

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

Section B: Summary Position

The position at 31 October 2025 (Month 7) reflects a year-to-date (YTD) surplus of £158k and a forecast full year breakeven position.

Table 1: PHA Summary Revenue position – September 25	Oct 25 Budget £'000	Oct 25 Actual £'000	Oct 25 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast Expenditure £'000
Programme Expenditure by Trust	4,052	4,052	- 0	27,610	27,610	0	47,457
Programme Expenditure by PHA	3,465	3,952	(487)	30,170	30,684	(515)	61,046
Total Programme Expenditure	7,516	8,004	(487)	57,779	58,294	(515)	108,503
Management & Admin	2,759	2,752	7	19,300	18,654	646	32,182
Ringfenced by Trust	268	268	0	278	278	0	476
Ringfenced by PHA	42	28	15	310	304	7	2,152
Total Ringfenced	310	295	15	588	582	7	2,628
Other Revenue Income	-	-	-	-	(20)	20	-
PHA Total	10,586	11,051	- 466	77,667	77,509	158	143,313

Total Funding Available 2025-26 (Appendix 1) **143,313**

Forecast Surplus/(Deficit) **0**

The PHA funding allocation of £143m is set out in **Appendix 1**.

The DoH receive a budget allocation from the minister each year. The Department is then responsible for the allocation of funds across HSC organisations while ensuring financial balance is achieved. During the year the supplementary monitoring process provides a formal system for reviewing plans and priorities for the current year in line with the most up to date position. This process allows organisations to identify underspend and/or additional pressures arising from which organisations may secure additional funds however they may also be faced with additional savings targets should a funding gap exist across HSC.

Other additional 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 7

The PHA has reported a YTD **surplus position of £158k at 31 October 2025** and is forecasting 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	Oct 25 Budget £'000	Oct 25 Actual Exp £'000	Oct 25 Variance £'000	YTD Budget £'000	YTD Actual Exp £'000	YTD Variance £'000	Forecast Expenditure £'000
Programme Expenditure							
HSC Trust (See Table 3)							
Public Health	2,810	2,810	0	18,983	18,983	0	32,669
Population Health & Wellbeing	1,241	1,241	- 0	8,626	8,626	(0)	14,788
Sub Total By Trust	4,052	4,052	0	27,610	27,610	(0)	47,457
PHA Internal							
Public Health	1,989	2,186	(197)	17,786	18,332	(546)	32,622
Population Health & Wellbeing	1,409	1,723	- 314	11,684	11,792	(108)	23,737
Finance & Corporate Services	-	-	-	-	7	7	-
Population Data & Intelligence	67	44	23	664	650	15	4,252
Chief Executive & Board	0	0.21	0	34	56	(22)	435
Other	-	-	-	-	(173)	173	-
Sub Total By PHA Internal	3,465	3,952	(487)	30,170	30,664	(494)	61,046
Sub Total Trust + PHA Internal	7,516	8,004	(487)	57,779	58,274	(494)	108,503
Management & Admin							
Public Health	1,279	1,134	145	8,833	8,091	743	13,758
Population Health & Wellbeing	720	709	11	5,067	4,656	411	8,018
Finance & Corporate Services	349	371	(22)	2,411	2,438	(27)	4,197
Population Data & Intelligence	248	285	- 37	1,784	1,757	26	3,257
Chief Executive & Board	617	155	462	1,155	1,140	15	3,003
Other	(539)	0	(539)	(547)	-	(547)	(1,094)
SBNI	85	99	- 14	597	572	25	1,043
Sub Total - Management & Admin	2,759	2,752	7	19,300	18,654	646	32,182
Ringfenced							
Trust	268	268	0	278	278	0	476
PHA Direct	42	28	15	310	304	7	2,152
Sub Total	310	295	15	588	582	7	2,628
PHA TOTAL	10,586	11,051	- 466	77,667	77,509	158	143,313

In respect of the year to date position:

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

PHA Internal Programme – An overspend of £494k is shown on PHA Internal programme budgets (i.e. Non-Trust) for the year-to-date.

- The *Chief Executive & Board* programme line shows a YTD overspend of £22k which is related to timing of payments, and no overspend is anticipated at year-end.
- The *Other* line relates to year-end accruals which were not required and have therefore been swept up and held centrally, effectively becoming a funding source for 2025/26.
- The *Public Health Services* Directorate shows an overspend of £546k for the year to date, due to a number of pressures which were approved within the Programme budget, 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 relates to timing of expenditure, and no surplus is currently forecast for the full year.

Management & Administration - A surplus of £646k is shown on the Management & Administration budget at month 7, 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, and management are working to reduce this funding gap.

Ringfenced Funding – a small underspend of £7k is shown for the year to date. The full year budget comprises NI Protocol funding (£62k), Tackling Paramilitarism / Fresh Start (£408k) and COVID (£2,158k, mainly for vaccinations). This position will be kept under close review during the year, and any potential slippage highlighted at an early stage if it arises.

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

Table 3: Trust Allocations	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS £'000	Total Planned Expenditure £'000
Public Health							
Health Protection	2,501	2,552	1,747	2,167	1,831	-	10,797
Service Development & Screening	8,332	3,576	971	2,505	3,227	-	18,610
Living Well	1,036	576	554	480	491	-	3,136
	11,869	6,703	3,271	5,152	5,548	-	32,543
Population Health & Wellbeing							
Ageing Well	265	67	197	107	45	-	680
Early Years	736	1,019	595	886	689	-	3,926
MH&LD	4,536	1,094	365	589	240	73	6,896
Nursing	857	306	341	944	807	31	3,287
	6,393	2,486	1,498	2,526	1,781	104	14,788
Other - Yet to be allocated							126
Total Core Funding	18,262	9,189	4,769	7,678	7,329	104	47,457
Ringfenced - Covid	57	4	132	121	162	-	476
Total Current RRLs	18,319	9,193	4,901	7,799	7,491	104	47,933

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.

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

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

Section D: Risks

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

- HSC-wide funding gap:** the opening allocation letter from the DoH in June 2025 confirms a significant funding gap of some £600m across the HSC. To address the funding gap the Department established a Systems Financial Management Group (SFMG) to realise cash releasing savings in-year and put the HSC on a more sustainable footing. Although the Department is committed to driving efficiencies, they confirmed that it would not be feasible to address the overall gap in totality. As such, the PHA were advised that it is possible ALBs will be asked to deliver further savings in 2025/26.
- 2025/26 Pay Award:** the Minister has approved the payment of a pay award for 2025/26, however there is some uncertainty around whether the full impact of this will be funded in the current year. PHA have been assuming to date that the entire

pay award will be covered by DoH, but are keeping this assumption under review as there is some risk that funding provided will be lower than the overall cost in the current year.

3. **Recurrent pressures funded from non-recurrent sources:** in the 2025/26 Financial Plan, a number of high-priority public health initiatives were approved to progress, funded from in-year slippage, mainly from vacancies within Administration budget. These initiatives have recurrent tails, and appropriate recurrent funding will need to be identified from 2026/27 onwards.
4. **EY Reshape & Refresh review and Management and Administration budgets:** The PHA is has undergone a significant review of its structures and processes, and final structures are nearing completion. The current model has been costed at approximately £1m more than the funding available and, although current vacancy levels mean there is no issue in-year, there is a concern that once all posts are filled the structure will be unaffordable. Management are working to refine the structure and bring the cost into line with available funding to reduce the risk of an overspend in the future.
5. **Demand-led budgets:** a number of significant areas of expenditure are demand-led and subject to significant fluctuations (vaccines administration, smoking cessation etc.). There is inherent risk in these areas, and they will be kept under close review.

Section E: Prompt Payment

Prompt Payment performance for October shows that PHA is above the 95% prompt payment target on volume and value. The year to date position shows that the PHA is achieving its target on volume but has dropped below the target on value. Prompt payment targets will continue to be monitored closely over the 2025/26 financial year. The value percentage dropped below the 95% target due to a large invoice in relation to vaccines not able to be processed for payment due to staff on leave.

Table 4: Prompt Payment Performance	October 2025	October 2025	Cumulative position as at October 2025	Cumulative position as at October 2025
	Value	Volume	Value	Volume
Total bills paid (relating to Prompt Payment target)	£5,850,340	308	£39,933,329	2,816
Total bills paid on time (within 30 days or under other agreed terms)	£5,743,219	295	£37,507,986	2,711
Percentage of bills paid on time	98.2%	95.8%	93.9%	96.3%

The 10-day prompt payment performance remains above the current DoH target for 2025/26 of 70%, at 84.9% on volume for the year to date.

Section F: Capital position

The PHA has a capital allocation (CRL) of £6.898m at 31 October 2025. This mainly relates to projects managed through the Research & Development (R&D) team, with £7.1m previously held by PHA now retracted by DoH and issued to Trusts directly. The overall summary position, at the end of October 2025, is reflected in **Table 5** below.

Table 5: PHA Summary capital position – 31 October 2025

Capital Summary	Total CRL	Year to date spend	Full year forecast	Forecast Surplus/ (Deficit)
	£'000	£'000	£'000	£'000
HSC R&D:				
R&D - Health ALBs	240	0	240	-
R&D - held for Trusts	2,193	0	2,193	-
R&D - Other Bodies	2,772	2,012	2,772	-
R&D - Capital Receipts	(547)	(124)	(547)	-
Subtotal HSC R&D	4,659	1,889	4,659	-
Other:				
Congenital Heart Disease Network	724	0	724	-
iReach Project	656	287	656	-
R&D - NICOLA	835	0	835	-
Monitors for Directors	5	0	5	-
Planning Laptops	19	19	19	-
Subtotal Other	2,238	305	2,238	-
Total PHA Capital position	6,898	2,194	6,898	-

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

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

Recommendation

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

Appendix 1 – Breakdown of Funding Allocation 2025/26

Letter	Description	Total Allocation
DoH Allocation Letters:		
PHA 1	Opening PHA Allocation - 26 June 2025	£140,362,212
PHA 2	Primary HPV - transferred from SPPG	£729,601
	Trust Vaccination of relevant vaccinators against Hepatitis B	£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)
Assumed allocations to come from DoH (currently included in budget):		
	Additional funding for Prof Ian Young	£35,000
	Advanced Communication Skills Training Programme Lead	£1,787
	Clinical Excellence Award	£58,272
	Waste Water Pilot	£31,059
	Senior Executives Pay Award	£120,000
Funding confirmed from NIMDTA		£490,690
Total Funding for 2025-26		£143,312,394

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 18 December 2025

Title of paper PHA Complaints Policy and Associated Procedure (2026)

Reference PHA/02/12/25

Prepared by Alastair Ross

Lead Director Stephen Wilson

Recommendation

For **Approval**

For **Noting**

1 Purpose

This paper has been drafted to provide the Board with information in relation to the newly developed PHA Complaints Policy and associated procedure (2026).

Board are asked to review the content of the policy and provide approval for it to become operational within the Agency as at 1 January 2026.

2 Background Information

On the 1 January 2026, the Department of Health's HSC Complaints Procedure Directions and Guidance will be replaced by the Health and Social Care Model Complaints Handling Procedure (MCHP).

The MCHP has been developed by the Northern Ireland Public Services Ombudsman (NIPSO) in partnership with each of the HSC Trusts and a number of wider HSC organisations like that of the PHA. The development of a MCHP for the HSC is part of a broader plan by NIPSO to standardise complaints handling across the public sector.

By way of synopsis, the MCHP is based upon a two-stage process designed to ensure that complaints are resolved in a timely and transparent manner. Stage One is an opportunity to respond and resolve complaints early within no more than 10 days. Stage Two is for when the service user remains dissatisfied after Stage One, necessitating the issue of a formal acknowledgement and resolution within twenty working days, subject to extension where necessary. The two-stage process is a departure from the current HSC complaints handling procedure within which complaints are dealt with on an informal/formal basis.

Incumbent upon all HSC organisations is the requirement to ensure that as at 1 January 2026, their pre-existing complaints handling processes are compliant with the MCHP. In line with that requirement, it has been necessary to update the Agency's pre-existing 2025 PHA Complaints Policy to ensure that it conforms to the mandatory aspects of the MCHP.

3 Next Steps

Upon the approval of the PHA Complaints Policy and associated procedure (2026) it will be operationalised within the Agency as at 1 January 2026.

Enclosed

PHA Complaints Policy and associated procedure

PHA COMPLAINTS POLICY

and associated procedure

1 January 2026



This is an official PHA policy and should not be edited in any way			
Title	PHA Complaints Policy		
Director Responsible	Head of Chief Executive Office and Strategic Engagement		
Lead Authors	Alastair Ross - Senior Planning Manager Ashley Stoney - Planning Manager		
Contact Details	complaints.pha@hscni.net		
Policy Replacement:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	PHA Complaints Policy (27 February 2025)	
Links to other Policies, Procedures & Guidance	NIPSO - The Health and Social Care Model Complaints Handling Procedure (1 July 2025) Model Complaints Handling Procedures NIPSO		
Policy Review & Approval Route:	PHA - AMT		
	PHA - Board		
Operational Date:		Review Date	31 March 2029

PHA Complaints Policy

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SECTION 1 - INTRODUCTION

1.1 Purpose of the PHA Complaints Policy

This document sets out the policy and procedures through which complaints relating to the Public Health Agency (PHA) should be managed.

The policy reflects the content of the Northern Ireland Public Services Ombudsman's (NIPSO) Model Complaints Handling Procedure (MCHP) which became operational on the 1 January 2026. The MCHP sets the standards for how the Health and Social Care sector in Northern Ireland manages complaints in an open and transparent manner, aiming to provide a simple, accessible and compassionate process for responding to complaints by capable, well-trained staff.

1.2 What the PHA Complaints Policy covers

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

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

1.3 What the PHA Complaints Policy does not cover

The following matters are not covered by this policy:

- Complaints referred to professional regulatory bodies. There may however be discrete elements of this type of complaint that can proceed under the Complaints Policy.
- Complaints that necessitate the need for a Serious Adverse Incident (SAI) review. Where an SAI commences following a complaint, the outcome of the SAI may be used to address the specific aspect of the complaint that the SAI addresses. Other aspects of the complaint should proceed while the SAI is being undertaken.
- Complaints involving legal action or proposed legal action - aspects of a complaint which do not fall within the scope of legal action may progress under the Complaints Policy provided they will not compromise or prejudice the matter being investigated legally.
- Complaints that are being investigated by the Coroner's Office.

- Complaints in which an independent inquiry into a serious incident or a criminal investigation has been initiated.
- Complaints that relate to Adult Safeguarding or decisions relating to Child Protection Procedures.
- Complaints in relation to the work of other HSC organisations or the work of private care and treatment providers.
- Requests for information under the Data Protection or Freedom of Information (Northern Ireland) Acts and requests for reviews of decisions under these statutory regimes.

The PHA Complaints Policy does not cover PHA staff grievances, disciplinary matters, conflict/bullying/harassment issues, or raising concerns (whistleblowing) disclosures - each of these matters having their own distinct policies/procedures in place.

Issues can be raised in a complaint which may overlap with matters being dealt with through an alternate process. Where this is the case, matters pertaining to the complaint element of a wider issue can proceed where this is possible. Where the progression of an alternate process restricts the disclosure of information to a complainant they should be advised accordingly.

1.4 Complaints about commissioning decisions and commissioned services

1.4.1 Commissioning decisions

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

1.4.2 Commissioned services

Complaints are best handled by the organisation that delivers the service.

Complaints in relation to service providers who deliver a service on behalf of or through a contract or commissioning arrangement with the PHA should be forwarded to the relevant service provider for handling through their own complaints handling procedure.

Service providers must have complaint handling procedures in place that adhere to the requirements of the MCHP. If a service provider refuses to investigate a complaint, this will be addressed by the relevant PHA contract lead/manager.

As a commissioner, the PHA has an obligation to ensure that all complaints made to its commissioned services are properly investigated.

1.5 Complaints involving more than one area or organisation

Where a complaint raises issues in relation to multiple areas within the PHA or involves another organisation, contact should be made with the PHA Complaints Office. The PHA Complaints Office will be able to co-ordinate communication with the service user, providing clarity on what they can expect to receive and from whom it will be issued.

Where a complaint is received in relation to another organisation or public service provider, the PHA staff member in receipt of the complaint should help the service user to identify where it should be directed to.

1.6 Complaints about senior staff

When complaints are raised which involve senior staff, the complaint shall be assigned to an individual who is independent of the situation to avoid any perceived conflict of interest. This decision shall be made by the responsible Director in conjunction with the PHA Complaints Office.

Where a complaint is made in relation to the actions of the Chief Executive or a Director within the PHA it shall be assigned to a Non-Executive Director for progression. Where a complaint is made in relation to the actions of a Non-Executive Director, the matter shall be escalated to the PHA Chair.

1.7 Complaints from MLAs, MPs or Councillors

Councillors, MLAs and MPs may complain in their own capacity as a service user or in their capacity as an elected member in support of their constituents. In both scenarios, where a

complaint is received from an elected member it should be directed to the PHA Complaints Office in the first instance.

1.8 Compliments

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

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

1.8.1 Receipt of Verbal Compliments

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

1.8.2 Receipt of Written and Electronic Compliments

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

SECTION 2 - MAKING A COMPLAINT

2.1 What is a complaint?

A complaint is an: **expression of dissatisfaction by one or more members of the public about an organisation's action or lack of action, or about the standard of service provided by or on behalf of an organisation.**

A complainant may not always use the word 'complaint' when they contact the PHA so it is important to carefully consider the content of any correspondence/communication you may receive. A single piece of correspondence/communication may also include more than one complaint.

The following examples would fall within the scope of a complaint for the PHA:

- failure or refusal to provide a service;
- inadequate quality or standard of service, or an unreasonable delay in providing a service;
- failure to properly implement or follow policy, procedures and standards;
- failure to properly apply the law, procedure or guidance when delivering services;
- failure to follow the appropriate administrative process associated with the provision of HSC services;
- the conduct, attitude or behaviour of a member of staff;
- disagreement with a decision (except where there is a statutory procedure for challenging that decision, or an established appeal process);
- dissatisfaction with how an element of a decision was administered;
- the provision of health or social care which is not in accordance with good practice.

2.2 Who can make a complaint?

Anyone who receives, requests or is directly affected by or comes into contact with PHA services can make a complaint.

Complaints may be made by:

- existing or former users of PHA services;
- someone acting on behalf of an existing or former PHA service user;
- parents (or persons with parental responsibility) on behalf of a child under the age of 18 years; and
- any appropriate person in respect of a patient or client unable by reason of physical or mental capacity to make the complaint himself or where the person is deceased.

2.3 Consent and capacity

Complaints by a third party should be made with the written consent of the individual concerned.

If consent is not received, the complaint can still be investigated although the PHA may be constrained as to what it can do in terms of investigating a complaint, or in terms of the information which can be included in the report following any investigation. Where limitations

apply, the person who submitted the complaint must be made aware of these limitations and the effect they may have on the scope of any response issued.

In circumstances where a person does not have the capacity to consent to the complaint being made on their behalf, any person making the complaint on the person's behalf must have a legitimate interest in the person's welfare and no conflict of interest.

2.4 Anonymous complaints

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

Any decision not to pursue an anonymous complaint must be authorised by the PHA Complaints Office with the rationale for not progressing the complaint recorded.

2.5 What if the service user does not want to complain?

Where a service user has expressed dissatisfaction in line with the definition of a complaint but does not want to complain, the PHA staff member in receipt of the concern should explain the benefits of raising a complaint to the service user. Encouraging a service user to submit their complaint will ensure that the service user receives a response outlining any remedial actions undertaken within the PHA.

Where a service user insists that they do not wish to complain, the issues raised must be recorded as an anonymous complaint and dealt with on that basis.

2.6 Unacceptable behaviours

There may be occasions where the behaviour of a complainant is unacceptable.

Any measures taken in response to unacceptable behaviour by a complainant should be proportionate in nature and proactively reviewed to ensure they remain necessary through the course of the complaint. The complainant should be notified prior to the enactment of any restrictive measures.

Any restrictive measures imposed on a complainant, must not result in the complaint not being dealt with and the complainant not receiving a response.

2.7 Vexatious complaints

There may be times when nothing further can be reasonably done to assist a complainant.

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

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

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

2.8 Maintaining confidentiality and data protection

Confidentiality is important in complaints handling and extends to not only the complainant's details but also those of any PHA staff members, independent contractors or other third parties involved in a complaint.

Care must be taken at all times to make sure that any complaint information disclosed is confined to that which is relevant to the review of the complaint and is only disclosed to those people who have a demonstrable need to know it for the purpose of reviewing the complaint. Confidentiality must not be used as a means to prevent legitimate comment by service users about their complaint.

Advice and support on data protection is available to all PHA staff via the PHA Information Governance Office.

2.9 How can be complaints be made?

Complaints can be made to any member of PHA staff and may be received in a variety of formats be that verbally, via face-to-face or telephone message, or in writing, via letter or email.

2.10 Time limit for making complaints

A complaint should be made as soon as possible after the action giving rise to it, normally within six months of the event. If a complainant was not aware that there was potential cause for complaint, the complaint should normally be made within six months of their becoming aware of the cause for complaint.

At the discretion of the PHA Complaints Office, the timescales for making a complaint can be extended. In determining whether to accept a complaint beyond the six-month threshold, the PHA Complaints Office will consider as a minimum the following mitigating factors:

- health or bereavement issues;
- the seriousness of the issue;
- the availability of relevant records and/or the staff involved;
- how long ago the events occurred; and
- the likelihood that an investigation will lead to a practical outcome for the service user or useful learning for the organisation.

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

SECTION 3 - HANDLING COMPLAINTS

3.1 Expected behaviours

Complaints should be received in a manner that is non-defensive and shows a willingness to listen and respond.

All PHA staff must:

- Treat complainants with courtesy, respect and dignity;
- Remain calm and professional when working with a complainant;

- Show understanding of how confusion, distress or illness may affect how someone raises a complaint.

3.2 Roles and responsibilities

PHA Board Members

- Provision of strategic leadership to drive a culture of openness within which complaints are welcomed and valued;
- Ensure complaints data and trends are analysed and routinely considered as part of leadership information; and
- Provide the necessary challenge, holding senior staff to account for the PHA's performance in complaints handling and management.

Chief Executive

- Ensure there are appropriate mechanisms in place for the recording of complaints and that complaints performance is considered at a senior level within the PHA including to Board.

Directors

On the Chief Executive's behalf, directors are responsible for:

- Signing off organisational responses where this has been delegated;
- Overseeing the implementation of actions required as a result of a complaint; and
- Ensuring all staff receive training appropriate to their role.

PHA Governance Leads

- Monitor and at times lead on the management of complaints within their operational directorate, working closely with the PHA Complaints Office.

PHA Complaints Office

- Provision of advice and guidance to all staff members regarding the application of and adherence to the PHA Complaints Policy; and
- Preparation of quarterly and annual complaints reports on behalf of the PHA.

PHA Line Managers

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

PHA Staff

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

3.3 Complaints Reporting

A complaints report will be presented to Agency Management Team, Governance and Audit Committee and PHA Board on a quarterly basis.

The report will set out: performance against timescales, average response times, complaints resolved, upheld, partially upheld and not upheld, number of complaints where an extension was authorised and any lessons learned from complaints.

In addition to a quarterly internal facing report, an annual external facing Complaints Report will be produced and made available through the PHA external website.

SECTION 4 - Complaints Procedure

The PHA Complaints Procedure consists of two stages.

- Stage One is an opportunity to respond and resolve complaints early, close to the point where the service was delivered.
- Stage Two is for when the service user remains dissatisfied after Stage One.

Operational flow charts of each stage are set out at Appendix A and B of this document.

4.1 Stage One: Frontline response

The aim at Stage One is to respond quickly (within 5 working days) to a complainant.

All staff within the PHA can deal with complaints at this stage if they are able to do so - this approach supports a culture of openness. The ability of a staff member to deal with a complaint should be based on the complexities of the matter and the level of seniority they have in role.

If a complaint has been received in writing and it is beyond the receiving staff members area of expertise or relates to an alternate part of the PHA, it should be directed to the PHA Complaints Office for onward consideration.

If a complaint has been received verbally and it is beyond the receiving staff members area of expertise or relates to an alternate part of the PHA, the complainant should be asked to formalise their complaint in writing to complaints.pha@hscni.net. If the complainant is unable to put their complaint in writing then the receiving member of PHA staff should offer assistance using the 'PHA - Complaint Record Form' set out in Appendix C of this document.

If a complaint is about the actions of another staff member (whether named or not), it is good practice for the complaint to be shared with them, where possible, before responding, however this must not unnecessarily delay the response to the service user.

Upon the resolution of a complaint, a 'Complaint Outcome Form' should be sent by the staff member to the PHA Complaints Office for retention. The Complaint Outcome Form will set out the nature of the complaint, the response provided and any changes that are to be enacted. Where learning has been identified, this must be recorded to enable reporting of root causes, trends and themes. A copy of the 'PHA - Complaint Outcome Form' is set out in Appendix D of this document.

The PHA Complaints Office are available to provide support to all staff in relation to any aspect of a Stage One complaint.

4.2 Stage One: Timelines

A Stage One response must be completed within 5 working days.

The date of receipt (Day Zero) is considered to be the day a complaint is received unless it is received after normal business hours or is received on a weekend or bank holiday in which case the date of receipt is the next working day.

4.3 Stage One: Extension to the timeline

In exceptional circumstances, a short extension of time at Stage One is permissible due to unforeseen circumstances.

Where an extension is necessary, the complainant should be advised of:

- the extension,
- the expected response date; and
- the reason that the extension was necessary.

The maximum extension that can be granted at Stage One is 5 working days (that is, no more than 10 working days in total from the date of receipt). If a Stage One complaint has not been responded to within 10 working days and there is no clear date when a full response will be issued, the service user can request that the complaint be escalated to Stage Two.

4.4 Stage One: Responding to the complaint

A response must be provided to every complaint received by the PHA.

As already set out - upon the resolution of a complaint, a 'Complaint Outcome Form' should be completed and sent by the staff member to the PHA Complaints Office for retention.

Where a resolution of the complaint has not been possible within 10 working days contact should be made by the PHA staff member with the PHA Complaints Office.

The PHA Complaints Office will contact the service user in writing to explain the reason for the delay and provide advice in relation to the escalation of the complaint to Stage Two should the service user wish to do so.

4.5 Stage Two: Investigation

Stage Two complaints are managed through the PHA Complaints Office.

Stage Two is appropriate when a complaint has not been resolved at Stage One and the service user has requested further consideration.

In exceptional circumstances and following agreement with the service user complex complaints may be progressed to Stage Two without a response at Stage One. This should be by exception with the matter to be discussed with the PHA Complaints Office prior to any offer being made to the service user.

Stage Two is an opportunity to explore the complaint further, aiming to provide the service user with a response that represents the final position of the PHA. A restatement of the response at Stage One is not sufficient, unless the response offered at Stage One was comprehensive and objective in its manner.

Stage Two complaints must, where possible, be investigated by someone who was not involved in the complaint.

4.6 Stage Two Investigation: Acknowledging the complaint

Upon the acceptance of a complaint for Stage Two, the PHA Complaints Office will issue an acknowledgement email within 3 working days of receipt.

The acknowledgement will issued be in a format which is accessible to the service user, taking into account their preferred method of contact. It is likely the case that this will be in writing via email as a means to preserve a visible communication trail throughout the complaint.

4.7 Stage Two Investigation: Confirming the issues of complaint and outcome sought

While the complaint will have been considered at Stage One it is important to confirm the issues of complaint and outcome sought if this has not already been made clear.

If required the PHA Complaints Office will contact a complainant to clarify:

- the issues of complaint to be investigated;
- confirmation of any issues of complaint that cannot be considered; and
- the outcome sought and if this is achievable.

4.8 Stage Two Investigation: Updating staff members involved

If a complaint is about the actions of a PHA staff member, the staff member will be advised by the PHA Complaints Office that the complaint has been escalated to Stage Two. The involvement and co-operation of the PHA staff member is to be encouraged throughout the Stage Two process.

Where a complaint involves a staff member, the PHA Complaints Office will:

- share the complaint information with the staff member/s (unless there are compelling reasons not to);

- advise the staff member/s how the complaint will be handled, how they will be kept updated and how the PHA will share the complaint response with them;
- discuss staff member/s willingness to engage with complaint resolution approaches (where applicable); and
- provide support and information to affected staff member/s on what to expect from the complaint process.

If through the course of a Stage Two investigation, possible disciplinary issues become apparent this will be escalated through the staff member/s line management structure.

4.9 Stage Two: Full Investigation

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

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

Investigations should be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner. The investigation must uphold the principles of fairness and consistency. As part of an investigation, it may be necessary to conduct a meeting with the complainant in relation to the response. This will however be by exception and only used where there are complex issues. Where a meeting does take place, a complainant has a right to choose from whom they seek support and should be encouraged to attend alongside a trusted individual. A record of the meeting will be taken by the PHA with a copy shared with the complainant.

Once the investigator has reached their conclusion they should prepare the draft report/response for initial consideration by the PHA Complaints Office. Investigators can seek advice from the PHA Complaints Office, wherever necessary, about the conduct or findings of the investigation.

4.10 Stage Two Investigation: Timelines and extension to the timelines

Stage Two complaint correspondence is managed through the PHA Complaints Office.

A final response to the complaint must be provided as soon as possible but not later than 20 working days from the time the complaint was received at Stage Two.

If it becomes apparent that a full response cannot be provided within 20 working days the complainant (and any member/s of staff complained about) must be advised and provided with the reason for the extension as well as the expected response date. The complainant (and any member/s of staff complained about) must be contacted at least once every 20 working days to update them on the progress of the investigation.

4.11 Stage Two Investigation: Closing the complaint

The final complaint response will be issued to the service user in writing from the PHA Complaints Office.

A final response will only be issued after it has been approved in turn by:

- a senior member of staff (Assistant Director level or equivalent) within the relevant Directorate;
- the PHA Complaints Office; and
- the Chief Executive.

The response must:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational;
- avoid technical terms, but where these must be used, an explanation of the term must be provided;
- address all the issues raised and demonstrate that each element has been fully and fairly investigated;
- include an apology where things have gone wrong;
- highlight any area of disagreement and explain why no further action can be taken;
- indicate that a named member of staff is available to clarify any aspect of the letter - this is an avenue through which a service user can have further discussion on the

stated outcomes, it is not an opportunity to reopen the complaint or ask for a new investigation; and

- advise the complainant that they have completed the PHA complaints process.

Where a complaint is about the actions of a PHA staff member/s, any part of the complaint response which relates to them will be shared with the PHA staff member/s unless there are compelling reasons not to.

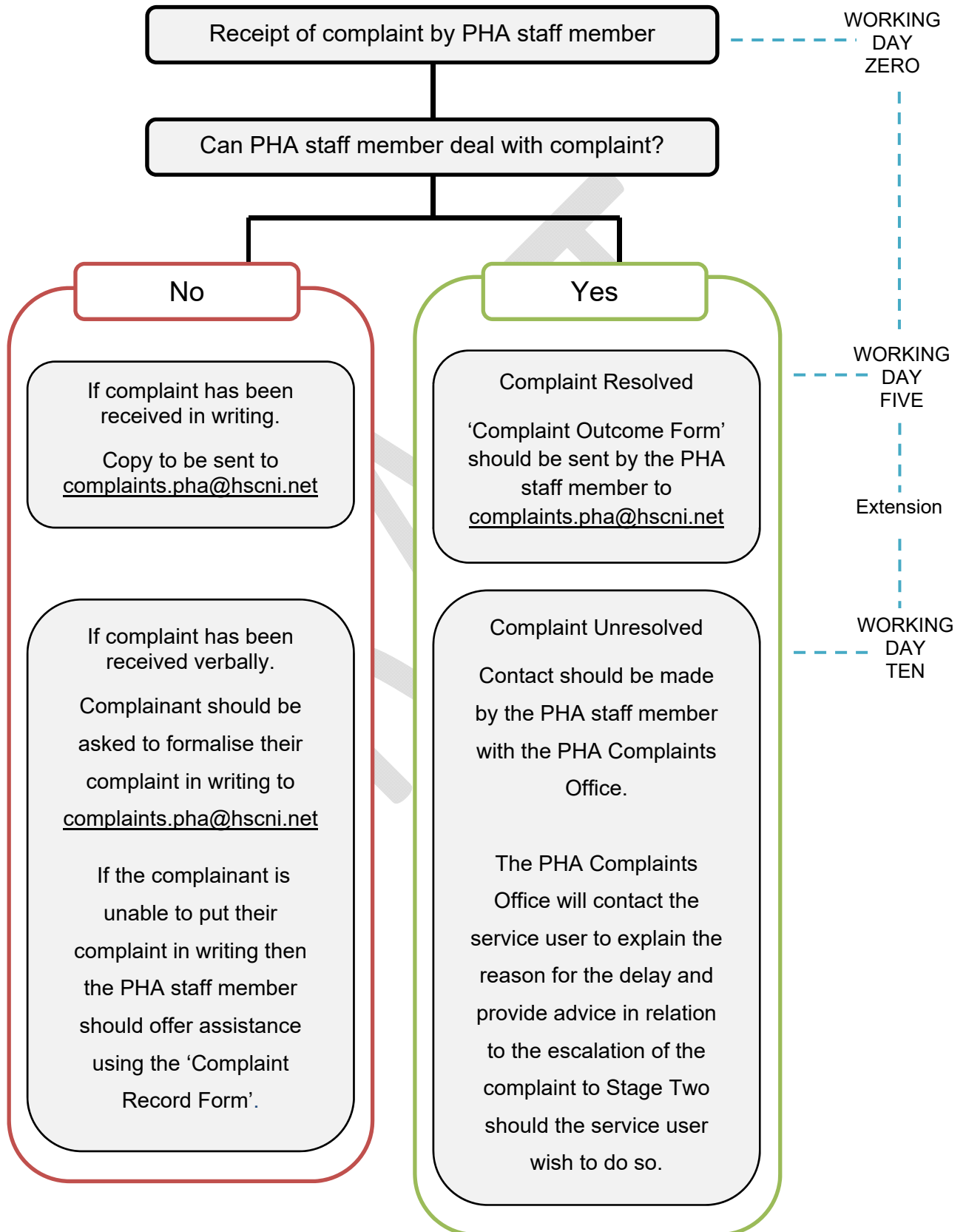
4.12 Signposting to NIPSO

Upon the conclusion of Stage Two, a complainant has the right to contact NIPSO if they remain dissatisfied. The PHA final response letter to a Stage Two complaint will set out the complainants:

- right to ask NIPSO to consider the complaint;
- the time limit for doing so; and
- how to contact NIPSO.

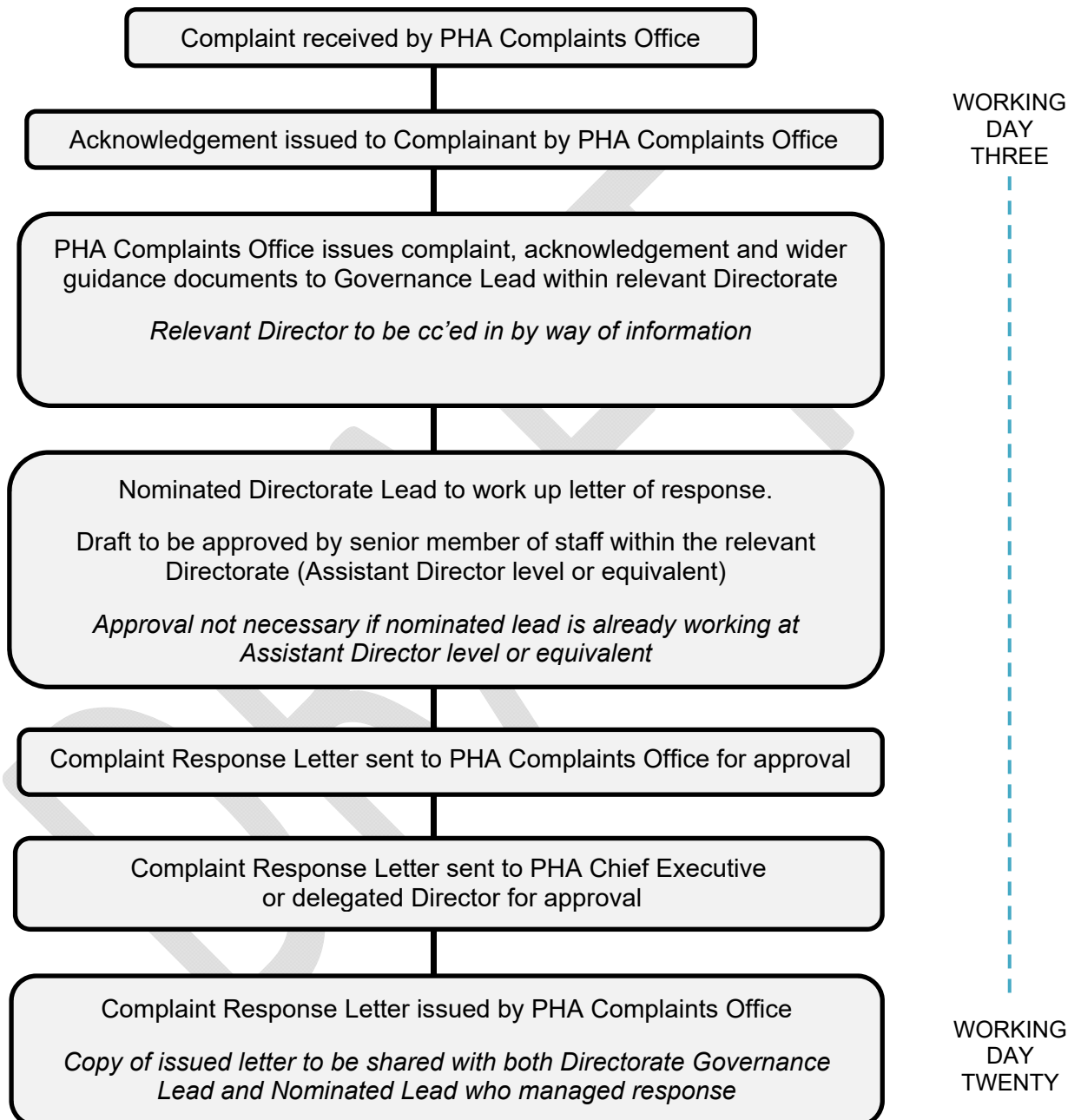
SECTION 5 - APPENDICES

Appendix A - Stage One Flowchart



Appendix B - Stage Two Flowchart

Stage Two complaint correspondence is managed through the PHA Complaints Office



Appendix C

PHA - Complaint <u>Record</u> Form	
Date:	
PHA Staff Member	
Complainant	
Name	
Contact Details <i>Email/Phone/Address</i>	
Details of the Complaint	
Complainant's Expected Outcome	
Action taken At Point of Receipt	
Please forward a copy of the Complaints Record Form to <u>complaints.pha@hscni.net</u> for onward action	

Appendix D

PHA - Complaint <u>Outcome</u> Form	
Date:	
PHA Staff Member	
Complainant	
Name	
Contact Details <i>Email/Phone/Address</i>	
Details of the Complaint	
Response Provided	
Changes to be enacted as a result of the Complaint	
Please forward a copy of the Complaints Outcome Form to complaints.pha@hscni.net for retention	

