Public Health Agency

Meeting agenda

PHA Board Meeting

Date and time	Venue
26 March 2026 at 1.30pm	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

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 26 February 2026	Chair
4 1.35	Actions from Previous Meeting / Matters Arising	Chair
5 1.40	Reports of New or Emerging Risks	Chief Executive
6 1.45	Raising Concerns	Chief Executive
7 1.50	Updates from Committees: • Governance and Audit Committee • Remuneration Committee • Planning, Performance and Resources Committee • Screening Programme Board • Procurement Board • Information Governance Steering Group	Committee Chairs
8 2.00	PHA Business Plan 2026-2027 **[PHA/01/03/26] (For approval)**	Mrs Scott
9 2.30	Presentation on PHA Website	Mr Wilson

10 2.50	Chief Executive and Directors' Report	Chief Executive
11 3.10	Finance Report **[PHA/02/03/26] (For noting)**	Mrs Scott
12 3.25	Chair's Remarks	Chair
13 3.30	Any Other Business	Chair
14	Details of next meeting: *Thursday 23 April 2026 at 1.30pm* *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast*	Chair

Public Health Agency

PHA Board Meeting Minutes

Date and Time	Venue
26 February 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
Ms Emily Roberts	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
Ms Anne Henderson	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present
Mr Stephen Wilson	Head of Chief Executive's Office	In attendance
Dr Tracy Owen	Deputy Director of Public Health	In attendance
Mr Robert Graham	Secretariat	In attendance
Mr John Patrick Clayton	Non-Executive Director	Apologies
Ms Meadhbha Monaghan	Chief Executive, Patient Client Council	Apologies

16/26 - Item 1 – Welcome and Apologies

16/26.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr John Patrick Clayton and Ms Meadhbha Monaghan. It was noted that Dr Tracy Owen was attending the first part of the meeting on behalf of Dr Joanne McClean.

17/26 - Item 2 – Declaration of Interests

17/26.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

18/26 - Item 3 – Minutes of previous meeting held on 22 January 2026

18/26.1 The minutes of the Board meeting held on 22 January 2026 were **APPROVED** as an accurate record of that meeting.

19/26 - Item 4 – Actions from Previous Meeting / Matters Arising

19/26.1 Mr Graham advised that the only action from the previous meeting had been completed and all other actions remained ongoing.

20/26 - Item 5 – Reports of New or Emerging Risks

Corporate Risk Register as at 31 December 2025 ***[PHA/01/02/26]***

20/26.1 The Chief Executive advised that the Corporate Risk Register had been reviewed as at 31 December 2025 and that following consideration by the Governance and Audit Committee a risk was escalated from the Population Health and Wellbeing Directorate Risk Register.

20/26.2 The Chair asked what the rationale was for this change. Ms Henderson replied that the risk was rated "high" and concerned safety and quality. She explained that PHA still relies on the 2011 Framework Document which is out of date and which places statutory responsibilities on PHA. Ms Roberts echoed this and said that following discussion, it was agreed that this is a much wider issue.

20/26.3 The Chair asked if there are any mitigations. The Chief Executive said that if there is a risk around the safety and quality element of commissioning, it is a risk to the organisation's reputation as is part of the overall governance of the organisation. He added that the Department is currently reviewing the Serious Adverse Incident (SAI) process, but in the meantime, it is appropriate that this risk is on PHA's Corporate Risk Register.

20/26.4 The Board **APPROVED** the Corporate Risk Register.

21/26 - Item 6 – Raising Concerns

21/26.1 The Chief Executive advised that there were no new concerns to report on.

22/26 - Item 7 – Updates from Board Committees

Governance and Audit Committee

22/26.1 Ms Henderson advised that the Governance and Audit Committee met on 12 February and as the year end approaches, she hoped that given the number of "satisfactory" audits this year and the progress made in implementing Internal Audit recommendations, PHA should receive an overall "satisfactory" level of assurance.

22/26.2 Ms Henderson said that the Committee considered the Corporate Risk Register and the Population Health and Wellbeing Directorate Risk Register. She advised that the Committee had reviewed the updated Standing Orders and Standing Financial Instructions, but while approval was given to the Standing Financial Instructions, a query was raised with regard to the section on commissioning within Standing Orders. She said that the Committee considered the External Audit Strategy.

22/26.3 The Chair asked Mrs Scott for her sense of what level of assurance Internal Audit may give. Mrs Scott replied that while good progress has been made, the decision will ultimately sit with Mrs Catherine McKeown. The Chair said that he would be disappointed if PHA did not get an overall "satisfactory" outcome given the work undertaken and the massive changes that have taken place within the organisation.

Remuneration Committee

22/26.4 The Chair noted that the Remuneration Committee had not met since the last Board meeting.

Planning, Performance and Resources Committee

22/26.5 The Chair advised that the Planning, Performance and Resources (PPR) Committee had met on 19 February and that it was an excellent meeting. He said that the Committee had reviewed the draft Business Plan for 2026/27 which, along with the Implementation Plan, will be brought to the next Board meeting. He advised that the Committee had reviewed the Performance Management Report and had received an update on procurement. He added that there was also a presentation on the People Plan.

Screening Programme Board

22/26.6 The Chair noted that the Screening Programme Board had not met since the last Board meeting.

Procurement Board

22/26.7 The Chair noted that the Procurement Board had not met since the last Board meeting.

Information Governance Steering Group

22/26.8 Mrs Scott said that at the Information Governance Steering Group meeting on 26 January, the Group had gone through the updated Action Plan where the issues of training for new staff and ensuring all other staff, including Board members, were keeping their mandatory training up to date, were discussed. She added that there was also discussion about a new Electronic Documents Records Management System (EDRMS).

23/26 - Item 8 – Performance Management Report [PHA/04/02/26]

23/26.1 Mrs Scott advised that the Performance Management Report has been considered by the PPR Committee. She reported that of the 27 targets, there are two rated "blue", although at this stage she would have expected more, but this is down to how target dates are profiled. She said that there is a lot of work to be undertaken during the last quarter and gave an overview of the targets rated "red" and "amber".

23/26.2 The Board noted the Performance Management Report.

24/26 - Item 9 – Reports on Screening Programmes [PHA/05/02/26]

Dr Sinéad McGuinness and Ms Clare Hall joined the meeting for this item

NI Abdominal Aortic Aneurysm (AAA) Screening Programme Annual Reports: 2019-23 and 2023-24

24/26.1 Dr Owen explained that the production of annual reports for screening programmes had been paused during the COVID pandemic and that work was now under way to bring these up to date. She said that some of the reports have been combined and advised that the latest report is not yet available as there is always a delay in obtaining the data, validating it and then producing a report.

24/26.2 Dr Owen delivered a presentation where she began by explaining the purpose of the programme and what happens depending on the outcome of the scan. She explained that only certain elements of the programme were paused during the pandemic.

24/26.3 After giving an overview of the data in relation to waiting times, Dr Owen was asked by the Chair what the longest waiting time would be and she replied that she would have to find out this information **(Action 1 – Dr Owen)**. Dr Owen explained that while PHA measures this data, the responsibility for delivery sits with SPPG. She

added that issues creating delays could be around staffing capacity or access to theatres. The Chair asked if individuals could be dying as a result of the delay. Dr Owen replied that any surgery normally takes place within eight weeks and she is not aware of any cases where individuals have died due to any delays.

24/26.4 Ms Henderson asked what happens to the information in these reports. The Chief Executive replied that any issues relating to timeliness of surgery would be reported to PHA and SPPG and that he and Mrs Tracey McCaig would meet with Trusts to discuss performance issues. The Chair asked if all surgery is carried out in Belfast and Dr Owen confirmed that this is the case. The Chief Executive asked how data for Northern Ireland compares to that for other parts of the UK, but Dr Owen said that she did not have this information to hand **(Action 2 – Dr Owen)**.

24/26.5 Dr Owen completed her presentation by going through the highlights of the programme.

24/26.6 The Chair asked if PHA targets individuals for screening, for example smokers, but Dr Owen explained that all eligible men are invited. However, she added that PHA can signpost individuals to smoking cessation services.

24/26.7 Ms Henderson noted that only one of the targets is within PHA's remit, and only one target is currently outside the acceptable range. She asked about the circulation of the reports. Dr Owen said that Trusts help PHA deliver this programme. She added that the reports will be circulated to members of the Screening Programme Board and will be published on the PHA website.

24/26.8 The Chair advised that he has attended some of the service user events and that there is a lot of involvement from the Trusts.

NI Breast Screening Programme Annual Reports: 2018-21, 2021-23 and 2023-24

24/26.9 Dr McGuinness gave an overview of the Breast Screening Programme and began by explaining that the programme is aimed at women aged between 50 and 79 years who should attend every three years and that screenings take place in either static or mobile sites. She advised that for 2024/25, of 94,241 women invited, 644 cancers were diagnosed.

24/26.10 Dr McGuiness outlined the quality assurance process in place to ensure that standards are maintained. She explained that there are two levels of standard, acceptable and achievable, and presented the data for 2023/24.

24/26.11 Ms Henderson asked about the work undertaken by the Women's Resource Development Agency (WRDA) to improve uptake noting that there is a Direct Award Contract (DAC) currently in place for this work. Dr Owen explained that this contract is coming to an end and PHA is looking at ways of carrying out this work differently. Ms Henderson welcomed this and said that she would like to hear more about this at a future meeting.

24/26.12 Mr Blaney asked what action PHA takes in the event of a failing standard. Dr McGuiness replied that if there is a service failure PHA will contact the service and ask for an exception report.

24/26.13 Dr McGuiness advised that there is a Very High Risk (VHR) Breast Screening Programme which is aimed at women who have eight times the risk of developing breast cancer compared to women in the general population. She explained that these women are identified at an early age and that the service is provided at Antrim Hospital.

24/26.14 Dr McGuiness said that PHA is undertaking work to improve uptake rates in those geographical areas and subpopulations through Promoting Informed Choice.

24/26.15 Dr McGuinness advised that PHA currently uses software called Breast Screening Select which is used in England, but this software will shortly be decommissioned in England so PHA is looking at other options. The Chair asked about the timelines for Encompass, to which Dr McGuiness advised that a proof of concept will be completed by the end of March and then a business case will need to be prepared. The Chief Executive explained that there is a new group established to look at this. Dr Owen said that breast and cervical screening are being used as test cases.

24/26.16 Mr Blaney asked if the delay in getting the IT system changed will have any knock on effect. Dr Owen said that PHA is working with NHS England, and also colleagues in Wales who have helped with a method of extracting data. She noted that this is a complex area of work.

24/26.17 Mr Blaney asked about risks. Dr McGuinness said that the biggest risk for PHA is the VHR Breast Screening Programme because Northern Ireland has not been able to report against the standards set for this programme in 2021 and is currently trying to do a manual workaround on the data with the Northern Trust.

24/26.18 Mr Blaney asked if PHA is confident that the processes it is putting in place are not detrimental to patients. Dr McGuinness replied that they should not be, but she would check this with the relevant leads **(Action 3 – Dr McGuinness)**. Ms Henderson asked if this issue is on the Corporate Risk Register and Dr Owen confirmed that it is.

24/26.19 Ms Henderson noted that there seems to be an ad hoc approach to the work in VHR Breast Screening. Dr McGuinness explained that there was not a recommendation for PHA to undertake this work, but it came from work undertaken within surveillance.

At this point Dr McClean joined the meeting

24/26.20 Ms Henderson said that she would welcome a report on the Bowel Screening Programme and asked for an update on the proposal to lower the age for being called. Dr Owen advised that the business case for extending the programme is sitting with the Department, but PHA is already carrying out work to plan for the extension. Dr McClean advised that this business case is one of a number sitting with the Department. The Chair said that he would raise this matter with the Department. **(Action 4 – Chair)**.

24/26.21 The Board noted the reports on the Screening Programmes.

25/26 - Item 10 – Chief Executive and Directors' Report

25/26.1 The Chief Executive said that the PHA staff event which took place on 29 January, facilitated by Ms Helen Bevan, was very successful with around 250 staff in attendance. He advised that PHA is currently looking at a report detailing the outcomes of the event.

25/26.2 The Chief Executive reported that he hosted a visit with participants on the Common Purpose leadership programme from Scotland the Republic of Ireland. He added that he attended a meeting of the Strategic Leadership Group and chaired a session of the Northern Ireland Eyecare Network.

25/26.3 The Chief Executive advised the Child Health System should go live on Encompass in August 2026. Ms Roberts added that the risk in this area has decreased significantly and that PHA has been working closely with the Department on this. She noted that there had been a slight delay as one of the main leads was on leave, but she was confident that good progress is being made.

25/26.4 Ms Roberts said that at the last meeting, she had provided an update on the Routine Enquiry work. She reported that updated guidelines regarding domestic abuse have been approved and there will be a joint Ministerial launch of these next week.

25/26.5 The Chief Executive advised that work is underway to implement the new Complaints Policy.

25/26.6 The Chief Executive said that in March he, along with the Children's Commissioner, will visit a school to look at outcomes for children from an Irish Traveller background and children whose families are new entrants. He added that there will be an opportunity to meet with the children.

25/26.7 The Chief Executive reported that the reports of the Muckamore Abbey Hospital Inquiry, Urology Inquiry and COVID Inquiry Modules 3, 4 and 5 will all be published shortly and will require analysis by PHA.

26/26 - Item 11 – Finance Report [PHA/06/02/26]

26/26.1 Mrs Scott said that this Finance Report outlines the position at the end of December and was considered by the PPR Committee. She advised that since this Report was prepared, there have been developments in terms of the year end position with the Northern Ireland Executive having now received funding to cover pay awards so PHA will no longer have a year-end deficit of £1.1m.

26/26.2 The Chair asked if there are any other risks for PHA in terms of achieving a break-even position. Mrs Scott said that any additional slippage will be returned to the Department.

26/26.3 The Chair said that at the PPR Committee there was a sense of collegiate working across all directorates and he congratulated the staff on achieving this outcome. Mrs Scott said that she wished to acknowledge the support from the Department.

26/26.4 The Board noted the Finance Report.

27/26 - Item 12 – Complaints, Compliments and Claims Quarterly Report [PHA/07/02/26]

27/26.1 Mr Wilson advised that this Report was considered by the Governance and Audit Committee. He said that in the year to date, PHA has received seven complaints, four of which are closed and three of which remain open. He added that PHA has received eight compliments and that two claims have been closed.

27/26.2 The Board noted the Complaints, Compliments and Claims Quarterly Report.

28/26 - Item 13 – Items for Noting

*Workforce Information Report **[PHA/08/02/26]***

28/26.1 The Chair said that at the last PPR Committee meeting, Mrs Karyn Patterson delivered an excellent presentation on the People Plan and that he would like Mrs Patterson to attend a future Board meeting, once the new members are in place, and give a presentation to the full Board.

29/26 - Item 14 – Chair's Remarks

29/26.1 The Chair said that he wished to place on record that Mrs Henderson has taken over as Chair of the Governance and Audit Committee with effect from February 2026, and that going forward Mr Blaney will be a member of that Committee. He added that he will be conducting a review of membership across all Committees once the new Board members have taken up their roles.

30/26 - Item 15 – Any Other Business

30/26.1 There was no other business.

31/26 - Item 16 – Details of Next Meeting

Thursday 26 March 2026 at 1.30pm

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

Signed by Chair:

Colin Coffey

Date: 26 March 2026

Public Health Agency

item 8

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	26 March 2026
Title of paper	PHA Annual Business Plan 2026-2027
Reference	PHA/01/03/2026
Prepared by	Stephen Murray
Lead Director	Leah Scott

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

1 Purpose

The purpose of this paper is for the Board to approve the final draft of the PHA Annual Business Plan 2026-2027.

2 Background Information

The following strategic themes represent our core areas of focus for our organisation as we strive toward our vision of a healthier Northern Ireland. This Annual Business Plan is structured around key priority areas that align with and guide the delivery of our Corporate Plan ambitions and outcomes.

- Health Protection
- Starting Well
- Living Well
- Ageing Well
- Our Organisation

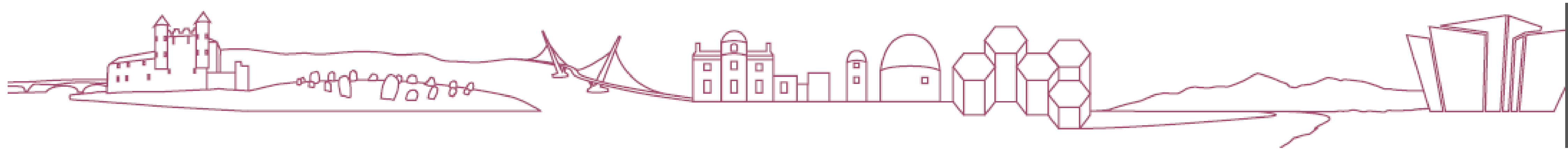
The Annual Business Plan identifies priority areas that the PHA recognises will require particular focus to enable progress to be achieved both during 2026/27 and in future years to protect and improve population health outcomes and reduce health inequalities. The Annual Business Plan is underpinned by Directorate Business Plans which encompass all core areas of work that are being progressed on an ongoing basis, meeting Ministerial priorities and outcomes set out in our New Corporate Plan 2025-2030.

In addition, the Annual Business Plan has been subject to Section 75 screening and a Rural Needs Impact Assessment. The outcomes of both processes have informed the development of the plan ensuring equality, good relations and rural needs considerations have been appropriately considered.

3 Next Steps

The Annual Business Plan will be monitored quarterly and performance update reports provided to PHA Board. AMT will be collectively responsible for ensuring the actions and associated KPIs are achieved. Where actions are not on target to deliver against these, they will be considered by AMT and noted mitigating actions agreed to ensure maximum progress is made by March 2027.

PHA Annual Business Plan 2026/27



Introduction

The Public Health Agency (PHA) remains committed to improving and protecting the health and well-being of everyone across Northern Ireland, reducing health inequalities, and delivering high quality, evidence based public health services. **The 2026/27 Annual Business Plan** sets out our key priorities, actions, and deliverables for the year ahead, aligned with our **2025–2030 Corporate Plan**, **the draft Programme for Government 2024–2027**, and a broad range of departmental policies and strategies, including the *Making Life Better* public health framework and *Health and Wellbeing 2026: Delivering Together*.

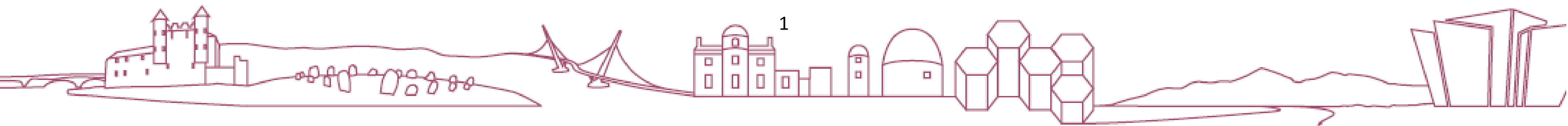
Reducing health inequalities is central to our Corporate Plan and underpins the priorities advanced in this Annual Business Plan. While the plan does not capture every action the PHA will undertake during 2026/27, it highlights key activities across all organisational functions and directorates, structured around five strategic outcomes.

The plan identifies priority areas requiring particular focus - both in 2026/27 and in future years, to drive progress in protecting and improving population health and reducing inequalities. It is supported by Directorate Business Plans, which set out the full scope of ongoing core work, including delivery against Ministerial priorities and Corporate Plan outcomes.

The following strategic themes reflect our core areas of focus as we work toward our vision of a healthier Northern Ireland:

- **Health Protection**
- **Starting Well**
- **Living Well**
- **Ageing Well**
- **Our Organisation**

By embedding an Outcomes-Based Accountability (OBA) framework, this plan provides a clear, evidence driven approach to public health improvement - enabling us to measure progress, assess impact, and drive meaningful change at every stage of life.



Our society continues to face significant public health challenges, many of which have been shaped by recent events, including the lasting impact of the COVID-19 pandemic. These challenges have reinforced the importance of pandemic preparedness, health protection and addressing systemic health inequalities that persist across Northern Ireland. Too many people still experience unfair and avoidable differences in health outcomes, leading to premature mortality and preventable conditions.

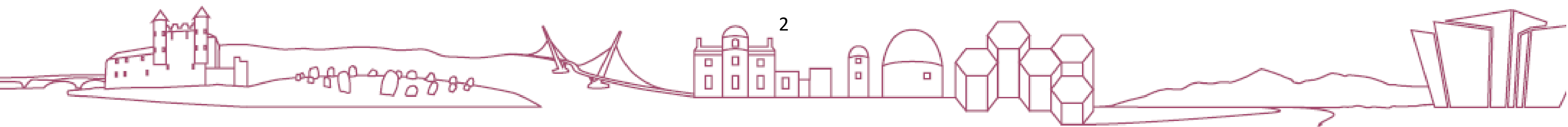
As we look ahead to 2026-27 our commitment to reducing health inequalities remains at the core of this plan. This will be a challenging year, requiring us to balance key commitments within a tight financial context while navigating a period of organisation and system-wide change. The Reshape and Refresh Programme will enable PHA to continue to evolve as a stronger organisation with the capacity and capability to provide the public health leadership and expertise to deal with and advise on the ongoing wider public health and healthcare needs of the population. To support this, it is essential that the PHA and its stakeholders have a clear understanding of our strategic priorities which will be delivered through the implementation of our new corporate plan.

The PHA retains its responsibility for providing public health professional input to the Department of Health’s Strategic Planning and Performance Group (SPPG) for the commissioning of health and social care services across Northern Ireland. In fulfilling this responsibility, we will continue to support the commissioning process and collaborate closely with SPPG colleagues to advance the development and implementation of the new Integrated Care Planning System for Northern Ireland. Ensuring that public health and health inequalities are appropriately reflected in these plans will remain a priority.

Tackling health inequalities – both across the population and the unfair and avoidable differences in health outcomes both across the population and between different groups within society - is a complex and multifaceted challenge. At the core of the challenge is the need to address the wider social determinants of health and this requires the commitment and support of Government Departments, statutory bodies and Community and Voluntary Organisations.

As the lead public health body, the PHA will continue to work with partners across Northern Ireland to tackle these inequalities and during 2026/27 we will specifically:

- Continue to champion a ‘whole system’, cross-government approach to tackle the challenges and barriers to improving health and reducing health inequalities;
- provide professional public health advice to the planning and commissioning of safe, effective, equitable, high-quality healthcare;
- listen to, involve, and work together with individuals, families, local communities, HSC and other key partners in all our work;

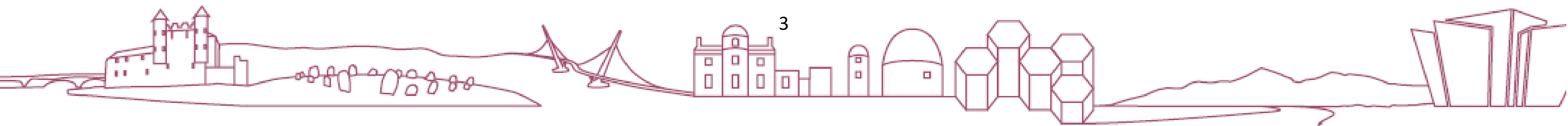


HSC Public Health Agency

- ensure planning, guidance and decisions are based on best available evidence and driven by data, research and experience, and
- improve equity of access to prevention and early intervention information and services for those who need them.

Accountability

The Annual Business Plan will be monitored quarterly and update reports will be provided to PHA Board. The Agency Management Team (AMT) will be collectively responsible for ensuring the actions and agreed outcome measures are achieved. Where actions are not on target to deliver, these will be considered by AMT and mitigating actions agreed to ensure maximum progress is made by March 2027.



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Protecting Health

Corporate Plan Indicators:

- *Vaccination uptake;*
- *Notification rates of vaccine preventable diseases;*
- *Rates of healthcare associated infections;*
- *Bloodborne virus elimination targets;*
- *Waste water surveillance;*
- *Stage of cancer diagnosis.*

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
1.	Develop programme specific action plans to halt the decline where there is a fall in uptake (to include childhood, adult and seasonal programmes)	6	Stall the decline in vaccination uptake in programmes that have experienced a reduction and deliver improvements where possible Prevention of vaccine preventable disease	Uptake rates to hold or improve for the following by end of **March 2027**: - MMR at 2 years and 5 years - Shingrix (shingles) - Health & Social Care workers flu vaccine Establish a low uptake oversight board by **May 2026** with development of action plans across the three vaccination workstreams (childhood, adult and seasonal) to be agreed by **November 2026**. Reduction in total number of cases in meningococcal disease and measles.	Joanne McClean, Director of Public Health

Public Health Agency

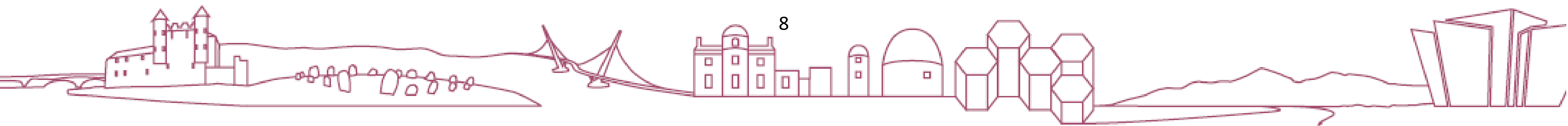
Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
2.	Implement vaccine policy including: • catch-up programme for Varicella vaccination in children aged between 3 years 4 months and 6 years • expansion of the RSV vaccination programme to those aged over 80 years	6,12, 32	Implementation of the programme will ensure that vaccinated children are protected from serious consequences of varicella (chickenpox) infection Implementation of the programme will ensure that vaccinated adults are protected from serious consequences of RSV infection, subsequently reducing likelihood of admission to hospital.	Commencement of the MMRV selective catch up by **November 2026** *(children aged 3 years 4 months and <6 years to be offered MMRV vaccination with no history of chickenpox)* Implementation of the RSV vaccine to those aged over 80 years by **May 2026.**	Joanne McClean, Director of Public Health Cara Anderson/ Rachel Spiers
3.	Implement targeted model to reduce inequalities in screening participation and vaccination uptake Commence implementation of action plan to reduce inequalities in screening participation	5, 23	Implementation of the action plan will increase screening participation among groups known to experience inequalities. Improved knowledge of, and access to, population screening programmes. Improvements and uptake across screening programmes in target areas	Agree model to target low uptake areas and implement in 2 areas by **March 2027** working with HLC for more targeted local approach (funding dependent)	Joanne McClean, Director of Public Health Bronagh Clarke

No.	Actions	Main Corp Plan Priority (1-34 or O1-O5)	Anticipated Impact / Desired outcome for client population	Outcome Measures (including timescales)	Lead Director (and Responsible Officer – for Delivery)
Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
4.	Commence implementation of the extended age range of the bowel screening programme *Action subject to funding confirmation.*	5, 32	Improved clinical outcomes for individuals within the extended age range of screening programme (Age 59 only in year 1).	Increased detection of early stage bowel cancer.	Joanne McClean Director of Public Health Christine McKee
5.	Scope the system requirements for the implementation of a targeted lung cancer screening programme	5, 23	Understanding of the system wide resource implications for the possible onward implementation of a targeted lung screening programme.	Development of project plan. **June 2026** On track to deliver milestones agreed in project plan. **March 2027**	Joanne McClean Director of Public Health Tracy Owen/Cara Anderson
6.	Design a digital solution for screening programmes	5, 23, O4	Realisation of the solution has the potential to improve digital communications with the screening population, allowing greater personal agency in the invitation, appointment and results process.	Completion and evaluation of build for breast cervical screening. **April/May 2026** Informed decision on future screening platform. **May/Jun 2026** Planning and design of further screening programmes. **March 2027**	Joanne McClean Director of Public Health Tracy Owen/Gary Loughran

HSC Public Health Agency

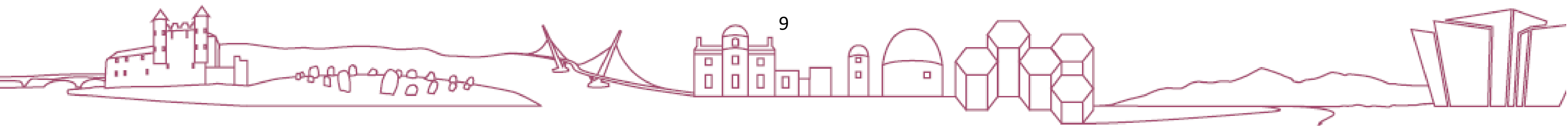
Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
7.	Implement recommendations relating to cervical screening programme and QA	5	Implementation of the action plan will enhance quality assurance arrangements within the cervical screening programme. The work will ensure that there are more robust systems and processes in place across the region to support the delivery of the audit of invasive cancer, including improvements in the patient disclosure process.	Implementation of all PHA actions set out in the plan by **March 2027**. Implementation of recommendations from improvement project. **December 2026** (*subject to any required funding*). Improved coverage. Continued confidence in screening.	Joanne McClean Director of Public Health Tracy Owen
8.	Pandemic Preparedness The PHA will strengthen its preparedness for protracted response to a public health incident, including pandemic, through: **1.** Development of a PHA EPRR policy **2.** Establishing a Staff Mobilisation T&F group		Strengthening resilience and response for public health emergencies including pandemic preparedness and support the delivery of a timely, coordinated and scalable public health response to a large-scale infectious disease outbreak or pandemic.	Update all BIAs to be reviewed in line with new PHA Structures. **June 2026** EPRR Policy in place. **June 2026** Business Continuity Awareness e-learning training programme available for staff. **June 2026**	Joanne McClean, Director of Public Health Leah Scott, Director of Finance and Corporate Services

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
	through the Protecting Health PHPT (April 2026) to: - Review of PHA BCP to reflect realignment of services to support a protracted response to a public health incident, including pandemic. - Development of a staff mobilisation plan to be progressed via Protecting Health PHPT and Senior Leaders Forum. **3. Training and Development of staff.** - Development and delivery of a Business continuity awareness e-learning training programme - Development of EPRR training programme aligned to the National Minimal Occupational Standards for EPRR			PHA wide staff mobilisation plan in place including the review of BIAs in line with new PHA Structures. **March 2027** EPRR training programme aligned to the National Minimal Occupational Standards for EPRR established **March 2027**	



Public Health Agency

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
9.	Working with stakeholders in the implementation of a BBV (Hepatitis B and C and HIV) strategy (once published) to provide a holistic BBV care model	CP2, CP3, CP4, CP8	Northern Ireland reaching the WHO health targets and eliminate Hepatitis B and C by 2030.	Adopted WHO Bloodborne virus elimination targets; Ability to report that all prisoners have access to BBV testing in prison. **March 2027** *(Possibly SE Trust funding dependent.)* BBV positive prisoners reporting on release from prison that they have treatment/know how to access treatment/ continuing on treatment pathway. **March 2027** Community and voluntary sector engaging in BBV programmes for learning and engagement with the at-risk population. **March 2027**	Joanne McClean, Director of Public Health Iheadi Onwukwe



HSC Public Health Agency

Starting Well

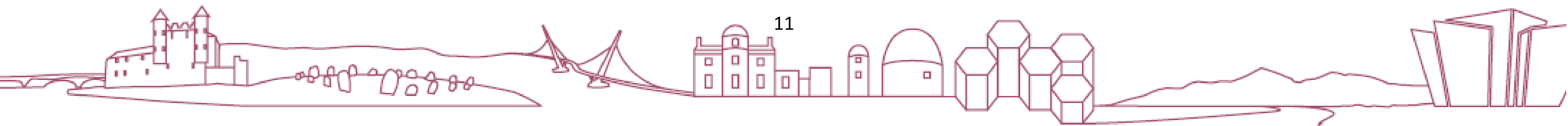
Corporate Plan Indicators:

- *screening and vaccination in pregnancy uptake;*
- *childhood vaccination uptake;*
- *percentage of children living with obesity or overweight in Year 1 and Year 8;*
- *percentage of babies born at low birth weight;*
- *avoidable child death rates;*
- *percentage of mothers breastfeeding on discharge and at 6 months;*
- *breastfeeding welcome here scheme membership*
- *percentage of young people who drink alcohol;*
- *percentage of young people who smoke cigarettes;*
- *percentage of young people who currently use e-cigarettes;*
- *number of people under 18 years attending emergency departments for self-harm;*
- *percentage of women smoking during pregnancy.*

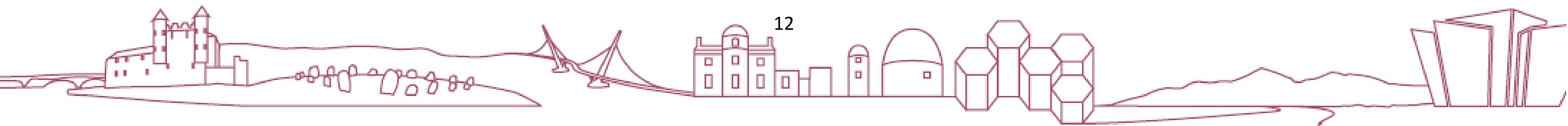
Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years

No.	Actions	Main Corp Plan Priority (1-34 or O1-O5)	Anticipated Impact / Desired outcome for client population	Outcome Measures (including timescales)	Lead Director (and Responsible Officer – for Delivery)
10.	Work with Policy and professional leads to address the root causes of domestic abuse through further expansion of the model of routine enquiry.	17	Raising awareness regarding Domestic Abuse as a Public Health Issue Increased opportunities for victims to disclose Domestic Abuse and avail of additional support thus reducing impact of domestic abuse on victims and children.	Model of Routine Enquiry to be further expanded to other disciplines and service areas. **March 27** Mandate secured and partners engaged (DoH & trusts). Agree service areas. **June 2026** Steering and working group established, dates set for meetings, 1st meeting held and ToR agreed. Actions agreed. **September 2026**	Emily Roberts, Director of Nursing, Midwifery & AHP A. Mc Cloughlin

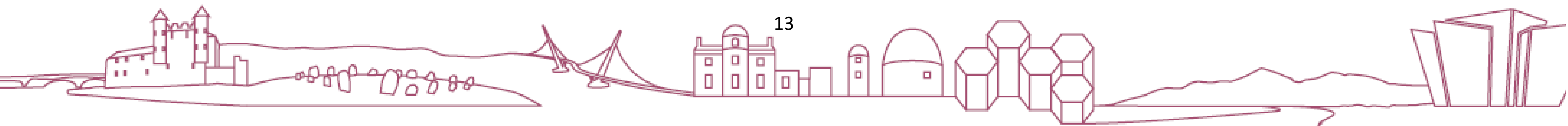
Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
				Implementation to have included training and development of guidance. **March 2027**	
11.	Improve the safety, quality and consistency of maternity care across the region to help reduce perinatal mortality and morbidity, by strengthening prevention, early identification of risk and continuity of care for women and babies.		Improved safety and outcomes for women and babies through more consistent, evidence-based maternity care, with earlier identification of risks, safer clinical pathways and reduced exposure to sodium valproate in pregnancy. Implementation of Continuity of Midwifery Carer, Saving Babies' Lives v3 and strengthened medicines-safety processes will support reductions in preventable perinatal mortality and morbidity and promote more coordinated, high-quality care across the region including reducing inequalities in perinatal outcomes, for women from disadvantaged or higher-risk groups	Support the development of a regional Maternity and New Born Partnership - agree Terms of Reference, and membership. **April 2026** Contribute to the development of a regional maternity improvement action plan. **June 2027** Compliance with core elements of Saving Babies' Lives v3. **March 2027** Implementation of safe sodium valproate pathways. **March 2027** Increase in the proportion of women receiving continuity of midwifery carer. **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP



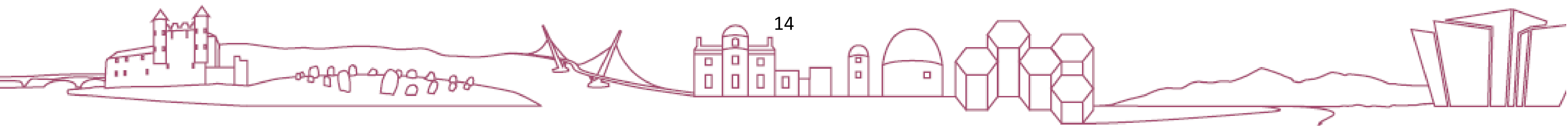
Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
12.	Work with Encompass to ensure that the replacement system fully replicates the existing Child Health System's functionality and provides a robust platform that enhances scheduling, recall, failsafe processes, data recording, and reporting across the entire Universal Health Promotion and Childhood Vaccination programmes.	3, 5, 12, 14	The Child Health System is an old IT system and its replacement with the Encompass system was included in the scope for the encompass project. The system is critical for a number of child public health functions including vaccine scheduling, vaccine recording, screening recording and failsafe. It also provides information to support public health action and collects information which is fundamental to child public health. The project is the responsibility of the Encompass project team. However, it is of such central importance to PHA that PHA has dedicated significant staff time to work alongside encompass to help ensure the replacement delivers the public health functionality required.	PHA contribute to the replacement project structure by participating in and contributing to the groups planning, building and implementing the system. Evidence of PHA engagement. Issues escalated where required.	Joanne McClean, Director of Public Health G. Weir / D. Ward



Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
13.	Conduct a comprehensive assessment of the population health and therapeutic needs of children with SEND attending special schools across Northern Ireland.	15	Enable the identification of the therapeutic and supportive requirements, informing the development of appropriate services and care models tailored to the unique challenges and disparities faced by this population. This will support joint working between health and education, promoting integrated, person-centred approaches that enable children with SEND to fully engage in school life, maximise their potential and experience improved health and wellbeing outcomes.	Comprehensive assessment of the therapeutic needs of children with SEND attending special schools completed. Findings presented to AMT and formally submitted to the DoH to inform strategic planning and service development. **June 2026** Receipt and review of DoH implementation plan. Project Board established to provide strategic oversight of actions assigned to PHA. Task and Finish Groups created with agreed responsibilities and timelines to ensure coordinated working across recommendations from both the Therapeutic Needs Assessment and Nursing Needs Assessment. **September 2026** Completion of specific, time-bound actions agreed by the Project Board. Early progress achieved in addressing	Emily Roberts, Director of Nursing, Midwifery & AHP G. Teague / E. McGregor / L. Ringland



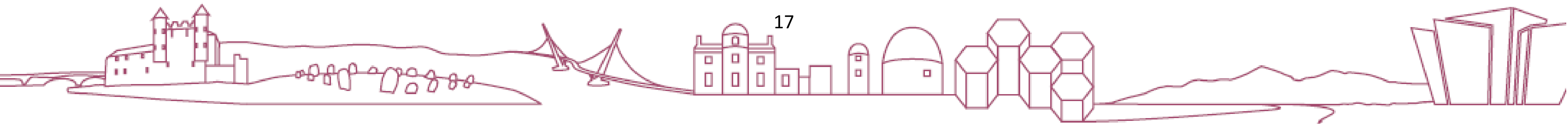
Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
				service gaps, developing integrated care pathways, and strengthening joint working between health and education. Progress report submitted to DoH. **December 2026** Further delivery of implementation plan actions. Review of recommendations achieved to date. Forward plan established to guide long-term, sustainable work in line with DoH implementation plan. **March 2027**	
14.	Work collaboratively with key stakeholders to update and implement the strategic breastfeeding action plan (2025 - 2028).	11,13	To identify and implement key strategic priorities to normalise breastfeeding and to empower and support women to breastfeed, including breastfeeding in public places. This aims to increase the; percentage of mothers breastfeeding on discharge and at 6 months and breastfeeding	Development & launch of agreed medium-term strategic breastfeeding action plan. **April 2026** Development of North-South Breastfeeding Forum. **July 2026** Expansion of the Breastfeeding Welcome Here Scheme (BWHS) to include all council areas and PHA buildings. **December 2026**	Emily Roberts, Director of Nursing, Midwifery & AHP C. Magennis



Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
			welcome here scheme membership.	Development and implementation of new public awareness raising breastfeeding opportunities. **March 2027** Percentage of mothers breastfeeding on discharge and at 6 months (indicators)	
15.	Joint Action with Living Well Action 28 Deliver the PHA's actions within the new DoH Healthy Futures Strategic Framework to prevent harm caused by Obesity	18, 24, 27, 28, 9	To reduce the percentage living with overweight or obesity and increase the percentage meeting physical activity in line with CMO guidelines. It will improve health as part of a whole system approach at all levels and empower families to make good decisions about their physical health	Current early years obesity prevention programme evaluated. **March 2027** Self-directed weight management interventions including digital approaches scoped. **March 2027** Number of Council Whole System Adopter sites progressed. **March 2027**	M. Meehan/ H. McCourt / G. Walls / L. Taylor
16.	Expand the delivery of the Family Nurse Partnership Programme to mothers up to age 24 experiencing social complexity	9, 10, 11, 12, 13	FNP significantly improves outcomes for mothers living in disadvantaged communities with multiple adversities. It supports sensitive and responsive care enhancing their child's quality of	Engagement session completed with the 5 HSCTS. **May 2026** Scope capacity within existing FNP Teams. **August 2026**	Catherine Magennis / Deirdre Ward

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
			life, development and school readiness. This will help increase; uptake in pregnancy screening and vaccination, childhood vaccination and the percentage of mothers breastfeeding on discharge and at 6 months. It will help reduce the percentage of; babies born at low birth weight and women smoking during pregnancy.	Business case developed. **June 2026** Implementation Plan developed. **September 2026** Revised FNP resources developed. **December 2026** Pilot commenced. **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP
17.	Review the delivery model for Youth Engagement Services (YES) for Substance Use and seek to develop a universal youth prevention service of support for children and young people		Reduction of harm caused by substance use in children and young people Improved access for young people to health promotion advice and services across a range of issues.	Agreement on a youth prevention service model Agreement on a joint procurement process with PHA and the Education Authority (others as appropriate) that will inform future business case and procurement processes. **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP Fiona Teague Stephanie Hanlon

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
18.	Complete the tender process for the community-based Substance Use Step 2 Youth Treatment service and the Problematic Parental Substance Use service in line with the Substance use Procurement Plan		Reduction of harm caused by substance use in children and young people	Procurement process completed and services operational within 2026/27 **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP Fiona Teague, Stephanie Hanlon



Living Well

Corporate Plan Indicators

- *percentage of people with a high GHQ-12 score, indicating a possible mental health problem;*
- *number of people who die by suicide or undetermined intent;*
- *percentage of adults smoking and vaping;*
- *percentage of adults living with overweight or obesity;*
- *percentage of adults meeting physical activity guidelines;*
- *percentage of adults drinking above weekly limits;*
- *alcohol and substance use-related hospital admissions;*
- *age standardised mortality rate for alcohol-related deaths & substance use-related deaths;*
- *percentage self-reporting a physical or mental health condition or illness expected to last 12 months or more;*
- *registrations to the NHS Organ Donor Register;*
- *percentage of those living with long-term conditions reporting a reduced ability to carry out daily activities.*

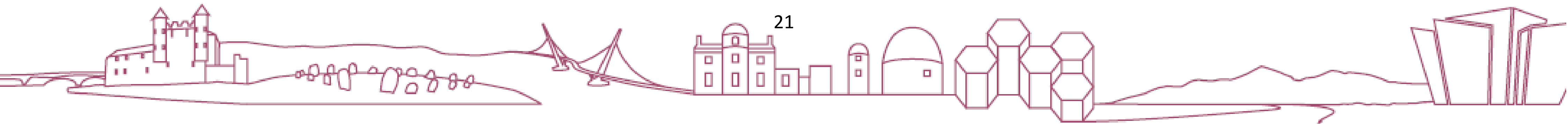
Ensuring that people have the opportunity to live and work in a healthy way

No.	Actions	Main Corp Plan Priority (1-34 or O1-O5)	Anticipated Impact / Desired outcome for client population	Outcome Measures (including timescales)	Lead Director (and Responsible Officer – for Delivery)
19.	Facilitate delivery of actions within the Mental Health Strategy for which PHA has responsibility: a) Promotion of mental health and emotional wellbeing and prevention of mental health problems (Actions 1 and 2 in the Mental Health Strategy)	20	Increased public awareness, knowledge and understanding of mental health and wellbeing Improvement in population mental health in the long term.	Plan for a rolling programme of communications and public awareness raising activity. **March 2027** Refreshed steering group and partnership structure. **June 2026**	Emily Roberts, Director of Nursing, Midwifery & AHP Denise O'Hagan / Sinéad Malone / Mary Emerson

Ensuring that people have the opportunity to live and work in a healthy way					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
	b) Development of Mental Health Crisis Services (Actions 12 and 27), co-leading this work with SPPG.		Improved access to services for people experiencing mental health crises.	Mechanisms in place to enable shared learning and reflective practice among cross-sectoral partner stakeholders. **December 2026** Action plan developed to include agreement on Mental Health Crisis Pathway. **December 2026**	
20.	Facilitate delivery of the Protect Life 2 Action Plan and Substance Use Commissioning and Implementation Plan, working in partnership with stakeholders and progression of the associated procurement plans.	20,21,22, 34	Reduction of harm from substance use and deaths in the long term. Reduction in self harm and deaths from suicide.	Expansion of Postvention services, for Children and Young People who have been bereaved by suicide, across the region. **July 2026** At risk groups targeted through grants programme in year. Procurement for substance use services progressed as outlined in the procurement plan. **March 2027**	Fiona Teague Kathy Owens Shauna Houston Stephanie Hanlon

Ensuring that people have the opportunity to live and work in a healthy way					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
21.	Develop action plan to ensure needs of people with Learning Disabilities are addressed in PHA's commissioning of public health services across the lifespan,	15,24	The needs of people with Learning Disabilities will be appropriately considered in the commissioning of public health services across the lifespan. address the health inequalities experienced by people with Learning Disabilities.	Establish a new Learning Disability sub-group within the PHA drawing membership from across Public Health Planning Teams, to represent all life stages. **April 2026** action plan to ensure needs of people with Learning Disabilities are addressed in PHA's commissioning of public health services across the lifespan. **March 2027**	Siobhan Rogan Denise O'Hagan
22.	Review and redesign of the Inclusion Health Services at the HSC Trusts to optimise the integration and coordination of the services. • Support the relocation of the Belfast Inclusion Health Service to a new hub, promote co-location of community and voluntary sector partners, and engage with the key HSC and VCSE stakeholders - Northern, Western, Southern	CP2, CP5 CP Living Well, 5 and 6	An agreed high-level direction of travel for NI Inclusion Health Groups Services. A shared articulation and understanding of our key system challenges. Agreed 5-7 guiding principles for redesign Clarity on next steps, responsibilities, funding and timeline.	Reduce alcohol and substance use-related hospital admissions. Reduction in A&E attendances among people experiencing homelessness and/or people who inject drugs (PWID) Increased uptake of primary care services / GP Registration [100% increase in Registration with a GP and dentist for all clients seen by the Local Enhanced Service}	Joanne McClean Director of Public Health Iheadi Onwukwe

Ensuring that people have the opportunity to live and work in a healthy way					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
	and South Eastern HSC Trusts to enhance regional homeless and inclusion health services. • Review and optimise delivery of sexual health services to the IHGs • Improve data quality, consistency, and equity monitoring across non-statutory partners, prison healthcare, and Inclusion Health services to better understand needs, outcomes, and service gaps. • Deliver targeted, evidence-based harm-reduction messaging tailored to high-risk and marginalised groups, using trusted channels and community partnerships to maximise impact.		Inclusion services have increased capacity to test and treat hepatitis in the community. Targeted approaches for vulnerable individuals to tackle the issues and circumstance to improve health, and ensure better access to support services.	Increased uptake of Social prescribing / number of persons reached by Navigators. Reduction in drug-related overdoses. Reduced “Did Not Attend” (DNA) rates [for example DNA rates reduced by 30% following implementation of reengagement project and outreach clinics] Increased screening uptake (cervical, bowel, blood-borne viruses) Number/percentage of homeless persons moved from temporary to settled accommodation. Reduction in rough sleeping episodes. Increased trust in health services (measured via service-user surveys)	



Public Health Agency

Ensuring that people have the opportunity to live and work in a healthy way					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
23.	Implementation and testing of the Health Inequalities Framework within one of each of the following areas for focus: • A geographical location • A health-condition • A Public Health Planning Team	28	Increased knowledge and understanding of health inequalities and impacts regionally. Strengthened approach to the use of data and evidence to inform decision making process Enhanced coordination of resources and assets supporting local delivery to address health inequalities	Identification of 3 areas for focus Development and delivery of capacity building support Develop 1 insight report for each of the 3 areas for focus Complete mapping exercises of partnerships and assets within each of the 3 areas of focus **March 2027**	Joanne McClean, Director of Public Health Andrew Steenson
24.	Development and rollout of Health Inequalities training to staff in PHA and other relevant community, voluntary and statutory organisations	28	Increased knowledge and understanding of health inequalities and impacts regionally. Enhanced collaboration, engagement and partnership working with community, voluntary and statutory organisations	Develop 1 eLearning module on Health Inequalities Engage with partner organisations in relevant community, voluntary and statutory organisations Host eLearning module on internal website Offer eLearning Health Inequalities Training externally **March 2027**	Joanne McClean, Director of Public Health Andrew Steenson

HSC Public Health Agency

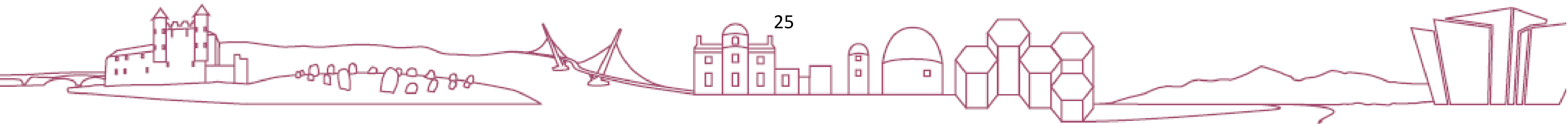
Ensuring that people have the opportunity to live and work in a healthy way					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
25.	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 updated specification for 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.	18,22, 25	Aim for a minimum of 5% of the smoking population in NI accesses Stop Smoking Services to improve quit rates and reduce ill health and deaths caused by smoking related illnesses (Ref: NI Tobacco Control Strategy) Continue to reduce smoking prevalence across NI by a minimum of 1% annually to reduce deaths caused by smoking related illnesses (Ref: NI Tobacco Control Strategy) To significantly modernise both, with increased emphasis on reducing inequalities To ensure regionally consistent and comparable, measurable services are in place to meet population needs in each Trust.	To incorporate 3 elements – Trusts, Community Pharmacy, Community and Voluntary sector. Review team established. Development and Implementation of the regional service specification for pharmacy and Trust Stop Smoking Programmes. Implement learning from the review of all Stop Smoking services commissioned via PHA. Continue stop smoking programmes roll-out to pharmacies across NI alongside a workforce training programme. **March 2027**	Joanne McClean, Director of Public Health Colette Rogers

HSC Public Health Agency

Ensuring that people have the opportunity to live and work in a healthy way					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
26.	**JOINT ACTION WITH STARTING WELL NO I8** Lead and work jointly with partners (SPPG; Councils; Trusts) to commission services based on the completed (March 2026) enhanced service specification for the physical activity referral scheme, (PARS) - *to include people living with cancer and other chronic conditions. Including cancer pre/rehabilitation, using the cancer toolkit.*	18,19,20	Optimising how physical activity is used across the health service to improve the health of patients will have a benefit at a population level given. Physical activity levels will reduce and improvements will be seen in health and outcomes from various long-term conditions. Increased physical activity to improve help Support for prehabilitation and rehabilitation through physical activity. Recognition of the benefits of physical activity for patients and a referral mechanism for health and social care staff caring for them Improve physical, nutritional, and psychological wellbeing of people living with cancer. Prehabilitation and rehabilitation is evidenced based to improving	Review the PARS scheme and development of new service specification to include a proposed regional Model for Prehabilitation. **March 2027**	Joanne McClean, Director of Public Health Siobhan Donald Lorna Nevin David Calvin

HSC Public Health Agency

Ensuring that people have the opportunity to live and work in a healthy way					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
			outcomes for people living with cancer. Supporting people to live well		
27.	This is Our Health – take forward the roll out of the public engagement programme at scale in partnership with DoH and the wider HSC partners. *(Action subject to funding)*		The purpose of the programme is - changing the relationship between people and the health and social care system - people are encouraged to take more steps to stay well - extra capacity is available within the HSC system Contribute to the HSC reset, protecting vital services and improvements in wellbeing across NI	Programme delivery partnership in place including DoH/PCC/SCTs/ CPNI and C+V sector by Q1. **June 2026** Engagement programme delivered at scale between **April – June 2026** resulting in circa 15,000 responses from the public Awareness of 'Deal' between NI public and HSC system measured by Omnibus survey Q2 **September 2026**	Stephen Wilson – Head of CEO and Strategic Engagement Martin Quinn



Ageing Well

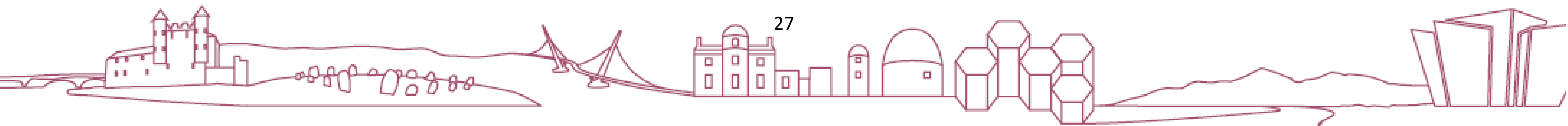
Corporate Plan Indicators:

- *percentage of people aged 65+ with a high GHQ-12 score, indicating a possible mental health problem;*
- *percentage of people who report feeling lonely 'often/always' or 'some of the time';*
- *adults aged 65+ stating health is good or very good;*
- *emergency hospital admissions due to falls in people aged 65+;*
- *number of deaths from falls in people aged 65+;*
- *percentage of older people who are living with overweight or obesity;*
- *percentage of older people who do not meet physical activity guidelines;*
- *percentage uptake of flu and shingles vaccinations;*
- *frequency of alcohol use by age;*
- *percentage of people who die at home, in hospital or other setting.*

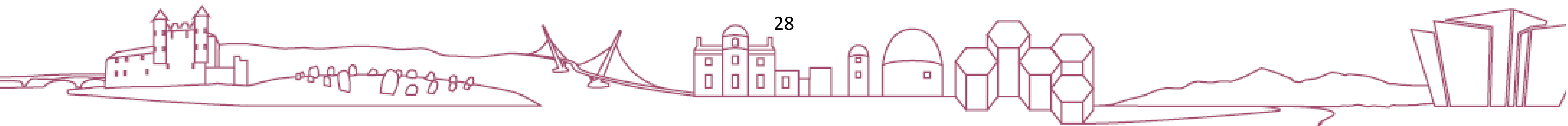
Supporting people to age healthily throughout their lives

No.	Actions	Main Corp Plan Priority (1-34 or O1-O5)	Anticipated Impact / Desired outcome for client population	Outcome Measures (including timescales)	Lead Director (and Responsible Officer – for Delivery)
28.	Design and implement a new regional WHO Age Friendly Communities/Cities Model for NI using an 'AGE-CYCLE' Plan (Assess, Govern, Engage Co-create, Yield, Check, Learn, Evolve)	29,35,38	Population approach to improving health and wellbeing across 8 Core Age Friendly domains. Collaboration, co-design across departments and key stakeholders; DOH, DFC, COPNI, Councils, Age NI and age sector networks. Increased regional consistency and collaboration across UK and Ireland. Improved outcomes and quality of life for older people across NI.	New regional Age Friendly Action Plan for NI. **September 2026** New Age Friendly Outcomes Framework developed and implemented. **March 2027** New regional communication plan designed and implemented. **December 2026** Business case developed and commissioning agreed. **April 2026**	Emily Roberts, Director, Nursing, Midwifery & AHP Diane McIntyre Jeff Scroggie

Supporting people to age healthily throughout their lives					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
29.	Implement a NEW Safer Mobility Model across Community Settings in NI	30,31,33	Enhanced primary and secondary prevention of falls. Shared best practice and learning. Improved understanding of falls in NI and the burden of falls on our population and on HSC system. Better decision making and commissioning of appropriate services based on need.	Regional safer mobility steering group established. **September 2026** Working with key stakeholders to identify gaps in services. **December 2026** Populate the PHA dashboard with information on falls data so metrics can be reviewed and analysed by the safer mobility steering group to help evaluate the effectiveness, equity and impact of falls prevention services to help inform future commissioning and service redesign. **September 2026** Update the Population Health Dashboard with the collated incidence of falls data. **September 2026**	Emily Roberts, Director, Nursing, Midwifery & AHP Diane McIntyre Jeff Scroggie
30.	Take forward Implementation of the For Now and For the Future Advance Care Planning (ACP) Policy for Adults in Northern	37	Professionals will be knowledgeable about all elements of ACP Including:	Governance and Accountability structures established including	Emily Roberts, Director, Nursing, Midwifery & AHP



Supporting people to age healthily throughout their lives					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
	Ireland through a structured approach under four key pillars: 1. Public Messaging/Systemwide communication 2. Operational Framework 3. Education & Training 4. Evaluation		• Legal • Personal • Financial • Clinical: Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). Identified professionals will have the skills and competency to complete a ReSPECT plan when appropriate. Adults (over the age of 18) will have access to information in relation to the benefits of ACP Adults will have the opportunity to complete a ReSPECT plan.	Clinical Lead(s) identified. **June 2026** Programme Team in place. **June 2026** Integration of ReSPECT documentation to Encompass. **September 2026** Public messaging resource to support implementation and sustainability of ACP policy including ReSPECT plan will be agreed and available on a phased approach. **December 2026** All relevant HSC staff will have received he required level of training applicable to their role. **March 2027** System Wide Implementation of ReSPECT Plan and phasing out of DNACPR. **March 2027**	Sandra Aitcheson Sally Convery & Caroline Lecky



HSC Public Health Agency

Supporting people to age healthily throughout their lives					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
31.	Work at a Neighbourhood level and in line with the Big Discussion to reduce the impact of frailty through supporting the identification, prevention and early intervention for those over the age of 65 at risk of developing frailty.	31	Improved QOL for patients. Supports transition from reactive to predictive care planning at neighbourhood level. More efficient targeted resource allocation toward community-based care. Reduced demand on unscheduled care. Reduced demand on social care provision.	Produce baseline Frailty prevalence data for NI. **June 2026** Agreed model for the identification and recording of frailty across the 65+ population in primary care using the Electronic Frailty Index 2 **September 2026** Agreed ToR and process for the Regional Neighbourhood Nursing Oversight Group. **June 2026** Working with the DoH and NIPEC A Regional Neighbourhood Nursing Framework will be developed that demonstrates the contribution of all primary and community nursing services within a neighbourhood model. **March 2027** Develop evidence-based pathways to reduce the impact of frailty. **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP Sandra Aitchison

Our Organisation and People

People	*Partnership*	*Process*	*Digital*	*Research and Evidence*

How we work: our processes, governance, culture, people and resources

No.	Actions	Main Corporate Plan Priority (1-34 or O1-O5)	Anticipated Impact / Desired outcome for client population	Outcome Measures (including timescales)	Lead Director (and Responsible Officer – for Delivery)
32.	Implement the Partnership & Engagement Strategy, to deliver on the PHA's regional leadership role in Experience & Involvement in the HSC, and which embeds these approaches into the culture and practice of the PHA. Evolve key priorities, including the Strategic Review of Public Engagement and Shared Decision Making, amongst others.	O2, O3	Strategic direction set for Experience and Involvement. Increased partnership and engagement with informed Service Users, Carers (SU/C) their Families & the Public in PHA & HSC. Associated better public health outcomes for SU/C, their families & the wider public	P&E Strategy finalised & published alongside an Implementation Action Plan. **June 2026** Experience & Involvement evident in structures, processes and approaches of the PHA including SU/C membership of / contribution to PHPTs, Joint Commissioning Groups etc. **January 2027** Care Opinion, 10 Thousand More Voices and involvement monitoring will be utilised to support the identification and sharing of best practice in Experience and Involvement in HSC with biannual updates provided.	Martin Quinn

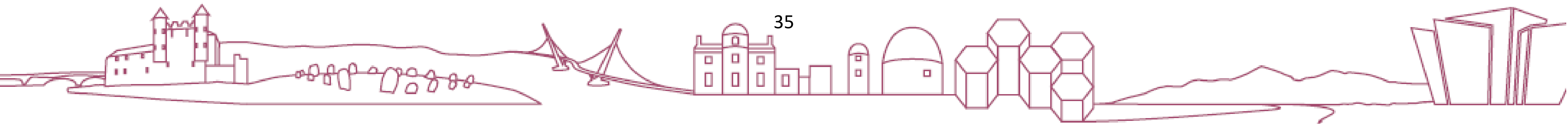
How we work: our processes, governance, culture, people and resources					
No.	**Actions**	**Main Corporate Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
				An annual joint PCE & PPI report developed, evidencing SU/C Voice & Shared Decision Making, influencing commissioning, planning & delivery of services. **March 2027**	
33.	Finalise and implement a framework to support Quality and Safety corporate processes for PHA.	36, O3	To provide a platform to ensure robust internal governance processes for areas relating to Safety & Quality are established whilst clearly outlining joint working relationships with SPPG.	Year 1 evaluation report completed. Support the implementation of the new Patient Safety Incidents (PSI) Framework as per oversight roles and responsibilities. **March 2027**	Denise Boulter Grainne Cushley
34.	Continue to provide professional advice to SPPG and Trusts to support commissioning of high quality, effective and efficient services including inequality specific services and identification of greater opportunities to reduce health inequalities	20, 21, 22, 34, O2	Health services in Northern Ireland are developed based on the best evidence of effectiveness at individual and population level.	Annual report to AMT and PHA Board on major subject areas. **March 2027** Through the JPPT develop a joint interim report on inequalities in services for AMT. **September 2026**	All Directors
35.	Implementation and delivery of the People Strategy	O1	To attract and retain a high calibre resilient workforce who are equipped, empowered and positioned to deliver the Corporate Plan within an	Implementation of Key Priorities within each year of the strategy document.	Leah Scott, Director of Finance and Corporate Services

How we work: our processes, governance, culture, people and resources					
No.	**Actions**	**Main Corporate Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
			environment of change and continuous improvement. Health inequalities will be central to decisions about service development. Healthcare inequalities will be reduced through the development of equitable service models. Services for inclusion health groups will be strengthened to address the huge health inequalities seen in inclusion health groups.		Karyn Patterson
36.	Enhance procurement processes to ensure strong accountability and implement the procurement plan 2026/27	O3	Clients accessing services have improved health and wellbeing outcomes Procurement processes in line with new procurement guidance note from 2024 Prevent roll forward contracts Services are delivering best value in terms of quality and cost	Agreed procurement plan. **May 2026** All procurement activities scheduled for 26/27 implemented.	DFCS and All Directors

How we work: our processes, governance, culture, people and resources					
No.	**Actions**	**Main Corporate Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
37.	Embed Public Health Planning Teams structure and in line with the new operating model including: • Development of 3-year strategic plans for 3 PHPTs to include review of evidence base for commissioning programmes. • • Delivery of PHPT induction programme	O3	Strategic direction set for key areas of work PHPTs have skills and knowledge to operate effectively	Agreed plan in place for each PHPT setting out the specific priorities that PHA will focus on delivering over the coming 3-year period. **March 2027** Induction process developed and rolled out by **November 2026**	DFCS & PHPT Chairs
38.	Implementation of a new integrated Finance, Procurement and HR System (EQUIP) with a wide range of self-service options aimed at modernisation and improved user experience	O3	Modernised HR and Finance software	Implementation of (EQUIP) with a wide range of self-service options aimed at modernisation and improved user experience.	DFCS
39.	Development and in-year launch of a new PHA Corporate Website providing enhanced functionality for users.	O2, O4	A new and improved public health website will give the public, professionals and stakeholders easier access to trusted advice and guidance	Meeting of scheduled development/roll out mile stones. **Monthly** In-year go live of new website **March 27**	Stephen Wilson – Head of CEO and Strategic Engagement

How we work: our processes, governance, culture, people and resources					
No.	**Actions**	**Main Corporate Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
			supporting better decision making and healthier outcomes.	Website metrics will include Increase unique users and page views. Increase user satisfaction - ease of navigation, search effectiveness and quality rating.	Margaret McCrory - Communications Manager
40.	Development and implementation of a PHA Stakeholder Engagement Action Plan	O2	A new action plan will provide a means for stronger and more consistent engagement with stakeholders, enabling better collaboration and improved outcomes.	Launch of action plan. **June 26** Number and diversity of stakeholders engaged (pre and post survey measurement)	Stephen Wilson – Head of CEO and Strategic Engagement
41.	PHA will deliver within tolerances set by department for 26/27 budget	O3	Reduce financial risk, demonstrates viability and stability	Develop and approve a financial plan for 2026/7. **June 2026** Deliver financial breakeven within tolerances in **March 2027**	Leah Scott, Director of Finance and Corporate Services
42.	Implementation following launch of the new DoH HSC Research and Development (R&D) Strategy 2026-2030	O5	A positive impact on people's health through research, policy and the public good.	Development and launch of Implementation Plan.	Joanne McClean, Director of Public Health Rhonda Campbell, AD HSC R&D

How we work: our processes, governance, culture, people and resources					
No.	**Actions**	**Main Corporate Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
43.	Lead on NI's role in the UK Clinical Research Delivery (UKCRD) cross-sector programme and the VPAG (Voluntary Scheme for Branded Medicines Pricing, Access, and Growth) Investment Programme	O5	Streamlined and reformed processes Reduced clinical trial set up times, including compliance with a 150-day target, initially for commercial clinical trials Increased recruitment/patient access to innovative treatments Standardised contracting Enhanced visibility of research delivery set-up Integration of the R&D governance assessment service with the research ethics service	Agreed and UKCRD KPIs Associated HSC Trust/site level metrics Implementation of the one for NI Commercial Research Delivery Centre Agreed VPAG Investment Programme Impact Metrics	Joanne McClean Director of Public Health Rhonda Campbell AD HSC R&D



HSC Public Health Agency

Finance Report
Month 10 - January 2026

Leah Scott
Director of Finance &
Corporate Services
March 2026

Introduction

This summary report outlines the agency's statutory duties and provides an update on the financial position at month 10, 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 2025-26 pay award is now fully funded and therefore PHA are no longer forecasting a £1.1m deficit for the financial position at year-end, but rather a full-year breakeven position.

Table 1: PHA Summary Revenue position – January 2026	Jan 26 Budget £'000	Jan 26 Actual £'000	Jan 26 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast Expenditure £'000
Programme Expenditure by Trust	4,653	4,653	(0)	41,059	41,059	(0)	50,059
Programme Expenditure by PHA	3,289	3,228	61	43,851	44,114	(263)	59,197
Total Programme Expenditure	**7,942**	**7,881**	**61**	**84,910**	**85,172**	**(263)**	**109,256**
Management & Admin	**2,718**	**2,668**	**50**	**27,530**	**26,719**	**811**	**33,199**
Ringfenced by Trust	116	116	0	1,596	1,596	0	1,916
Ringfenced by PHA	48	33	16	477	484	(7)	629
Total Ringfenced	**165**	**149**	**16**	**2,073**	**2,080**	**(7)**	**2,545**
Other Revenue Income	**-**	**(7)**	**7**	**(50)**	**(75)**	**25**	**(50)**
PHA Total	**10,825**	**10,691**	**134**	**114,463**	**113,896**	**567**	**144,950**
Total Funding Available 2025-26 (Appendix 1)							**145,950**
Forecast Surplus/(Deficit)							**1,000**

The position at 31 January 2026 (Month 10) reflects a year-to-date (YTD) surplus of £0.567k and a forecast full year surplus of £1m. This is mainly due to unutilised funds

in the Tobacco and Substance Use budget. At the date of writing the DoH have confirmed a £1m non- recurrent retraction which eliminates this surplus.

The PHA funding allocation of £146m 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 10

The PHA has reported a YTD **surplus position of £567k at 31 January 2026** and is forecasting an underspend 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	Jan 26 Budget £'000	Jan 26 Actual Exp £'000	Jan 26 Variance £'000	YTD Budget £'000	YTD Actual Exp £'000	YTD Variance £'000	Forecast Expenditure £'000
Programme Expenditure							
HSC Trust (See Table 3)							
Public Health	3,034	3,034	0	28,227	28,227	0	33,872
Population Health & Wellbeing	1,290	1,290	(0)	12,503	12,503	(0)	15,004
Chief Executive & Board	329	329	-	329	329	-	1,183
Sub Total By Trust	4,653	4,653	0	41,059	41,059	0	50,059
PHA Internal							
Public Health	1,845	1,875	(30)	25,642	25,957	(316)	31,080
Population Health & Wellbeing	1,305	1,310	(5)	17,187	17,376	(188)	23,003
Finance & Corporate Services	-	-	-	-	7	(7)	-
Population Data & Intelligence	67	52	16	866	812	54	4,212
Chief Executive & Board	72	- 16	89	107	178	(72)	853
Other	-	-	-	-	(291)	291	-
Sub Total By PHA Internal	3,289	3,221	69	43,801	44,039	(238)	59,148
Sub Total Trust + PHA Internal	7,942	7,873	69	84,860	85,098	(238)	109,207
Management & Admin							
Public Health	1,010	1,192	(182)	12,369	11,646	723	14,494
Population Health & Wellbeing	559	588	(29)	7,086	6,586	500	8,168
Finance & Corporate Services	265	330	(66)	3,374	3,332	42	4,103
Population Data & Intelligence	240	289	(48)	2,450	2,566	(116)	3,171
Chief Executive & Board	1,098	213	885	1,924	1,790	134	2,832
Other	(539)	0	(539)	(527)	-	(527)	(633)
SBNI	85	57	28	853	799	54	1,065
Sub Total - Management & Admin	2,718	2,668	50	27,530	26,719	811	33,199
Ringfenced							
Trust	116	116	0	1,596	1,596	0	1,916
PHA Direct	48	33	16	477	484	(7)	629
Sub Total	165	149	16	2,073	2,080	(7)	2,545
PHA TOTAL	10,825	10,691	134	114,463	113,896	567	144,950

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 £238k_ is shown on PHA Internal programme budgets (i.e. Non-Trust) for the year-to-date.

- The *Public Health Services* Directorate shows an overspend of £316k 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
- 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 £811k_ is shown on the Management & Administration budget at month 10, 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 _overspend 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 (£2,075k, 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	2,730	2,753	1,953	2,372	2,009	5	**11,822**
Service Development & Screening	8,356	3,576	971	2,505	3,227	-	**18,634**
Living Well	1,037	763	600	519	498	-	**3,416**
	12,122	**7,091**	**3,523**	**5,396**	**5,734**	**5**	**33,872**
Population Health & Wellbeing							
Ageing Well	265	67	197	107	45	-	**680**
Early Years	733	1,043	630	930	779	-	**4,115**
MH&LD	4,554	1,094	373	589	240	73	**6,922**
Nursing	857	306	341	944	807	31	**3,287**
	6,409	**2,510**	**1,541**	**2,570**	**1,871**	**104**	**15,004**
Other - Yet to be allocated	420	230	124	209	198	1	**1,183**
Total Core Funding	**18,951**	**9,831**	**5,188**	**8,175**	**7,803**	**110**	**50,059**
Ringfenced - Covid	122	168	578	481	566	-	**1,916**
Total Current RRLs	**19,073**	**9,999**	**5,766**	**8,656**	**8,369**	**110**	**51,974**

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.*

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

Section D: Risks

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

1. **HSC-wide funding gap**: the opening allocation letter from the DoH in June 2025 confirms a significant funding gap of some £600m across the HSC. To address the funding gap the Department established a Systems Financial Management Group (SFMG) to realise cash releasing savings in-year and put the HSC on a more sustainable footing.

   PHA have recently been asked to model the impact of savings cuts of 5%, 10% and 15% for 2026/27 and provide a response to DoH by mid-February 2026.

2. **Recurrent pressures funded from non-recurrent sources:** in the 2025/26 Financial Plan, a number of high-priority public health initiatives were approved to progress, funded from in-year slippage, mainly from vacancies within Administration budget. These initiatives have recurrent tails, and appropriate recurrent funding will

need to be identified from 2026/27 onwards, otherwise the projects will need to be curtailed where possible.

3. **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 now agreed and in place. The current model had been costed at approximately £0.5m more than the funding available and management are content that the normal level of turnover of staff will generate sufficient natural slippage to cover this.
4. **Demand-led budgets:** a number of significant areas of expenditure are demand-led and subject to significant fluctuations (vaccines administration, smoking cessation etc.). There is inherent risk in these areas, and they will be kept under close review.

Section E: Prompt Payment

Prompt Payment performance for January shows that PHA is below the 95% prompt payment target on value and volume. The year to date position shows that the PHA is achieving its target on volume but is slightly below on value. This cumulative position has deteriorated in the current month due to a small number of sizeable invoices missing the 30-day target in January, and steps have been taken to avoid this issue recurring. Prompt payment targets will continue to be monitored closely over the 2025/26 financial year.

Table 4: Prompt Payment Performance	**January 2026**	**January 2026**	**Cumulative position as at January 2026**	**Cumulative position as at January 2026**
	Value	**Volume**	**Value**	**Volume**
Total bills paid (relating to Prompt Payment target)	£4,619,432	304	£57,599,773	3,876
Total bills paid on time (within 30 days or under other agreed terms)	£4,128,152	281	£54,438,539	3,712
Percentage of bills paid on time	**89.4%**	**92.4%**	**94.5%**	**95.8%**

The 10-day prompt payment performance remains above the current DoH target for 2025/26 of 70%, at 83.4% on volume for the year to date.

Section F: Capital position

The PHA has a capital allocation (CRL) of £8.474m at 31 January 2026. 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 summary position, at the end of January 2026, is reflected in **Table 5** below.

Table 5: PHA Summary capital position – 31 January 2026

Capital Summary	Total CRL	Year to date spend	Full year forecast	Forecast Surplus/ (Deficit)
	£'000	£'000	£'000	£'000
HSC R&D:				
R&D - Health ALBs	0	-	0	-
R&D - held for Trusts	0	-	0	-
R&D - Other Bodies	4,312	3,206	4,312	-
R&D - Capital Receipts	(519)	(383)	(519)	-
Subtotal HSC R&D	**3,794**	**2,823**	**3,794**	**-**
Other:				
Congenital Heart Disease Network	724	130	724	-
iReach Project	656	536	656	-
R&D - NICOLA	835	116	835	-
Monitors for Directors	5	-	5	-
Planning Laptops	19	19	19	-
R&D VPAG	739	242	739	-
R&D VPAG Trusts	-	-	-	-
R&D VPAG Other Bodies	1,702	-	1,702	-
Subtotal Other	**4,680**	**1,043**	**4,680**	**-**
Total PHA Capital position	**8,474**	**3,866**	**8,474**	**-**

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.

The relatively low level of expenditure to date is in line with expectations, and a breakeven position is expected for year-end. Any departure from this position 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 January 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
PHA7	Farm Families Health Checks FFHCP (Technical Transfer - Direct)	£187,000
PHA 8	Pay Award	£1,016,113
PHA9	Retraction - Covid-19 funding	(£83,000)
	Retraction - Shingles Vaccinations	(£1,000,000)
	Retraction - Adult Flu Vaccinations	(£500,000)
Assumed allocations to come from DoH (currently included in budget):		
	Additional funding for Prof Ian Young	£0
	Clinical Excellence Award	£60,931
	Waste Water Pilot	£0
	Senior Executives Pay Award	£0
	Pay Award allocation	£1,934,779
	Covid retraction (ringfenced)	£0
Funding confirmed from NIMDTA		£498,126
Total Funding for 2025-26		**£145,951,133**