

Meeting agenda

PHA Board Meeting

Date and time	Venue
27 November 2025 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 23 October 2025	Chair
4 1.35	Actions from Previous Meeting / Matters Arising	Chair
5 1.40	Reshape and Refresh Programme [PHA/01/11/25]	Chair
6 2.10	Reports of New or Emerging Risks	Chief Executive
7 2.15	Raising Concerns	Chief Executive
8 2.20	Updates from Committees: <ul style="list-style-type: none"> • Governance and Audit Committee • Remuneration Committee • Planning, Performance and Resources Committee [PHA/02/11/25] • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board 	Committee Chairs
9 2.30	Performance Management Report [PHA/03/11/25] (For noting)	Mrs Scott

10 2.45	Chief Executive and Directors' Report	Chief Executive
11 2.55	Finance Report [PHA/04/11/25] (For noting)	Mrs Scott
12 3.05	Joint Emergency Planning Report [PHA/05/11/25] (For approval)	Dr McClean
13 3.20	Papers for Noting: <ul style="list-style-type: none"> • Workforce Information Report (PHA/06/11/25) • PHA People Plan 2024 – 2025 Closure Report (PHA/07/11/25) 	
14 3.35	Chair's Remarks	Chair
15 3.40	Any Other Business	Chair
16	Details of next meeting: <i>Thursday 18 December 2025 (Time TBC)</i> <i>Fifth Floor Meeting Room, 12/22 Linenhall Street,</i> <i>Belfast</i>	Chair

PHA Board Meeting Minutes

Date and Time

Venue

23 October 2025 at 1.30pm Board Room, Gransha Park House, L'derry

Member

Title

Attendance status

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

115/25 - Item 1 – Welcome and Apologies

115/25.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Heather Reid and Ms Meadhbha Monaghan.

116/25 - Item 2 – Declaration of Interests

116/25.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

116/25.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

117/25 - Item 3 – Minutes of previous meeting held on 28 August 2025

117/25.1 The minutes of the Board meeting held on 28 August 2025 were **APPROVED** as an accurate record of that meeting.

118/25 - Item 4 – Actions from Previous Meeting / Matters Arising

118/25.1 The Chair went through the outstanding actions from the action log. He noted that the terms of reference for the Committees in Common had not yet been signed off. He asked Directors to ensure that there is a follow up session on the Implementation Plan.

118/25.2 The Chair asked Dr McClean to give an update on Operation Pegasus. Dr McClean said that two of the three phases of the exercise have been completed and a lot of PHA staff and time has been required. She advised that the Department has been content with the inputs that PHA has provided and that the exercise has been useful in helping to identify gaps. The Chair asked if Dr McClean was pleased with PHA's progress and if PHA is better prepared for a pandemic. Dr McClean replied that having a pandemic preparedness plan has helped and there have been improvements in terms of surveillance, but there remain some gaps which PHA has highlighted to the Department.

118/25.3 Mr Clayton sought clarity as to whether PHA has obtained a response from the Department with regard to its pandemic plans so until then, the action remains open.

118/25.4 The Chair asked if PHA has a list of work areas that would be stood down in the event of a pandemic. Dr McClean explained that this would be covered in the Business Continuity Plan.

119/25 - Item 5 – Reshape and Refresh Programme

119/25.1 The Chair said that there has not been a meeting of the Reshape and Refresh Programme Board since the last Board meeting, but he asked that the final report giving an update on the implementation of the EY recommendations is brought to the next Board meeting.

120/25 - Item 6 – Reports of New or Emerging Risks [PHA/01/10/25]

120/25.1 The Chief Executive advised that no new risks have been added to the Corporate Risk Register.

120/25.2 The Chair said that he would like the Executive Directors to consider placing a risk on the Register regarding ransomware as this is becoming a bigger issue in the private sector. He asked how PHA would respond to such an attack. The Chief Executive replied that if PHA came under such an attack it would turn to BSO as the lead organisation for cyber security who manage this risk centrally for the HSC. The Chair said that he would forward an article regarding this (**Action 1 – Chair**). The Chief Executive advised that Mr Ben Doran has now been appointed as the Director with overall responsibility in this area and he suggested that Mr Doran could be invited to a future Board meeting (**Action 2 – Chief Executive**).

120/25.3 Mr Blaney noted that while BSO has the lead in this area, it may not have intimate knowledge of what PHA's most critical data would be that may require extra protection. Mr Wilson said that ransomware is a live risk and that BSO has taken on the learning following an attack on the Health Service Executive (HSE) in the Republic of Ireland. He added that the biggest risk to PHA is with its third party providers and there is a separate risk on PHA's Corporate Risk Register regarding this.

120/25.4 The Board noted the Corporate Risk Register.

At this point the Chair and Chief Executive stepped out of the meeting and Mr Stewart took over as Chair

121/25 - Item 8 – Updates from Board Committees

Governance and Audit Committee [PHA/02/10/25]

121/25.1 Mr Stewart advised that the minutes of the August meeting were available for noting and that all of the actions from that meeting had been completed, but there remained an outstanding action regarding documents management.

121/25.2 Mr Stewart said that the Committee had received an update from Internal Audit where two further audits had been completed with a "satisfactory" level of assurance given, which leaves two audits to be completed. He said that he expected PHA to receive an overall "satisfactory" level of assurance.

121/25.3 Mr Stewart reported that the Committee had received an update showing that 82% of outstanding audit recommendations had been implemented and he thanked the Agency Management Team for their focus on this area. He added that PHA should complete the work on the remaining recommendations before the end of this financial year. He said that he wished to flag up two issues which related to vaccine management and contracts with Trusts.

At this point the Chair re-joined the meeting

121/25.4 Mr Stewart advised that the Committee had considered the Mid-Year Assurance Statement, the Corporate Risk Register, the Business Continuity Plan, and a report on the Contracts Assurance Process which he described as comprehensive and reassuring. He added that the Committee had also considered a paper around a review of contracts in line with GDPR. He said that the Committee had suggested some amendments to the Assurance Framework and had also reviewed the Information Governance Plan and the Fraud Liaison Officer report. He advised that the Committee members need to convene to complete their self-assessment.

121/25.5 The Chair congratulated all those involved for the progress made in a short period of time to reduce the number of outstanding Priority 1 audit recommendations.

122/25 - Item 16 – HSC Trust Involvement Monitoring Reports [PHA/09/10/25]

Mr Martin Quinn joined the meeting for this item

122/25.1 The Chair welcomed Mr Martin Quinn, who was attending the meeting for this item in the absence of Mrs Reid.

122/25.2 Mr Quinn presented the reports and explained that there is a process in place whereby Trusts self-assess against Personal and Public Involvement (PPI) standards and provide evidence. He said that twice a year Trusts also look at their involvement monitoring data to determine what difference their PPI has made. He explained that Trusts have to take ownership of the process, but PHA can offer advice and guidance on best practice.

122/25.3 Mr Quinn said that when decisions are being made about services, Trusts have to ensure that lived experience is part of the design process, rather than being considered afterwards.

122/25.4 Mr Quinn advised that from the data provided in the reports, there were almost 600 involvement projects across a range of areas. He said that he considers the level of engagement in Northern Ireland to be quite advanced in comparison to the rest of the UK and that the HSE in the Republic of Ireland is mapping work that is done here. He reported that in the recent UK Patient Experience and Active Involvement Awards, there were 28 categories and among the local Trusts there were 15 finalists, with four winners and four runners-up, with the overall UK winner going to an initiative in the Southern Trust area.

122/25.5 Mr Quinn advised that these reports will be sent to the Department as part of governance arrangements with Trusts. He said that a huge amount of work goes into this area and he has been asked to look at how AI can be used to identify trends. He added that Trust PPI officers now have access to information about their own involvement work and what difference it is making.

122/25.6 The Chair said that he had attended a session in Riddel Hall where there was some excellent work showcased, but he felt that the outcomes were quite vague. He asked about the ownership of this work and said that it should be driven by Trusts. Mr Quinn explained that PHA has a leadership role, a role in monitoring and a role in trying to bring about good practice. The Chair asked if PHA should be instructing Trusts about what they need to do, but Mr Quinn said that PHA does not have the executive authority. The Chair asked if this could be raised with the Trusts. Mr Quinn said that there is a regional forum where PHA meets with people and offers its expertise. The Chair stated that PHA needs to define Trusts' responsibilities and then hold them to account.

122/25.7 Mr Clayton commented that this was a useful summary report and asked if there are any thematic issues across all Trusts. Mr Quinn replied that one issue is the implementation of the Circular on the Change or Withdrawal of Services. He noted that the returns he receives are self-reported. Mr Clayton said that when Trusts are making changes to services that are more controversial, those appear to be the ones where there has not been early engagement. He added that very few Trusts are carrying out equality monitoring. Mr Quinn said that his team has picked up on this.

122/25.8 The Chair said that he would like Mr Quinn to come back to a future meeting to further explore these issues. Mrs Scott suggested that the Chief Executive could add involvement to the agenda of his meetings with Trust Chief Executives. Mr Quinn noted that Mr Stephen Murray has shared a Framework and suggested issues could be raised through that.

122/25.9 Ms Henderson asked about the new PPI Strategy. Mr Quinn replied that this is out for public consultation which will conclude in December.

122/25.10 The Chair stated that he would like to close the circle of accountability and suggested that this should be raised with the Department (**Action 3 – Chief Executive**). Mr Quinn said that his team would welcome this.

122/25.11 The Board noted the HSC Trust Involvement Monitoring Reports.

123/25 - Item 7 – Raising Concerns

123/25.1 Mrs Scott advised that there were no new concerns to report on.

121/25 - Item 8 – Updates from Board Committees (ctd.)

Remuneration Committee

121/25.6 The Chair noted that the Remuneration Committee had not met since the last Board meeting.

Planning, Performance and Resources Committee

121/25.7 The Chair noted that the Planning, Performance and Resources Committee had not met since the last Board meeting.

Screening Programme Board

121/25.8 The Chair noted that the Screening Programme Board had not met since the last Board meeting.

Procurement Board

121/25.9 The Chair said that there had been an update on the last Procurement Board meeting at the Board workshop in September.

Information Governance Steering Group

121/25.10 Mr Clayton reported that the Information Governance Steering Group had met earlier this month and a lot of progress has been made in the area of contracted providers and compliance with GDPR. He said that one issue which continues to exercise the Group is in relation to new staff completing mandatory training within 5 days. He noted that there had been a suggestion of a “new start” day, but this was not feasible due to the small numbers of staff so it was felt that this issue should be brought to the attention of the Board.

121/25.11 Mrs Scott said that as there are low numbers involved, one or two can affect the overall percentage, but she added that she has been speaking to her team about this. She noted that there can be difficulties for staff getting set up onto the LearnHSCNI system.

121/25.12 The Chair stated that this issue needs to be resolved. The Executive Directors agreed to reinforce this with their managers (**Action 4 – Executive Directors**).

Public Inquiries Programme Board

121/25.13 Mr Wilson reported that although the Public Inquiries Programme Board has not met, there will be some reports published from Public Inquiries shortly and there is likely to be criticism for the HSC system.

124/25 - Item 9 – Mid-Year Assurance Statement [PHA/03/10/25]

124/25.1 Mrs Scott said that the Governance and Audit Committee had considered the Mid-Year Assurance Statement which has been completed in line with a template sent by the Department. She advised that PHA has closed down a number of the internal control divergences in the areas of financial performance, campaigns, staff resilience, recruitment of consultants, hosting of SBNI and public inquiries by applying stricter criteria. She added that there are updates on current control issues.

124/25.5 The Board **APPROVED** the Mid-Year Assurance Statement.

125/25 - Item 10 Annual Quality Report [PHA/04/10/25]

125/25.1 The Chair commented that the Annual Quality Report was a brilliant report and that he learnt a lot from it about work that PHA has delivered. He added that he was pleased that the Report aligns with the KPIs in PHA's Corporate Plan and that it will be made public.

125/25.2 Ms Henderson asked if staff who have contributed to the Report receive feedback or recognition. Dr McClean suggested that there could be a CPD-type event to look at the learning from the Report and PHA could also look at staff recognition. The Chair said that when the Report is published, he would like to see the positive work highlighted through PHA's communications channels.

At this point the Chief Executive re-joined the meeting.

125/25.3 Mr Clayton noted that the Report is internally focused and asked if PHA is offering a view on quality across the HSC. The Chief Executive advised that the format of the Report has changed in that previously it would have been developed jointly with SPPG, but is now a Report solely about PHA. He added that other organisations will have their own Reports and they will all be launched on World Quality Day.

125/25.4 Mr Clayton asked about the section on contact tracing and asked how PHA is maintaining that group of staff. Dr McClean replied that PHA has a bank of staff, but it is reducing so there is a proposal to refresh the bank. In terms of whether PHA would buy into a national platform, she said that she was unsure whether the Department would endorse that policy position.

125/25.5 The Board **APPROVED** the Annual Quality Report.

126/25 - Item 11 – PHA Assurance Framework [PHA/05/10/25]

126/25.1 Mrs Scott advised that the Governance and Audit Committee had reviewed the updated Assurance Framework and suggested some minor amendments in the sections regarding Information Governance and the Partnership Agreement, and these have now been made.

126/25.6 The Board **APPROVED** the Assurance Framework.

127/25 - Item 12 – PHA Corporate Business Continuity Plan [PHA/06/10/25]

127/25.1 Mrs Scott said that the Governance and Audit Committee had considered the Business Continuity Plan. She advised that the Plan reflects PHA's arrangements in the event of a disruption, but is a generic document. She said that the document relates to PHA's corporate functions and pandemic preparedness plans, and was tested earlier this year.

127/25.2 The Chair sought clarity about the levels of authority and how decisions are escalated. He suggested that the Chief Executive's view of what is a major incident may be different than that of other Directors. The Chief Executive explained that PHA sits on HSC Silver and any HSC-wide incidents go through HSC Gold. For incidents affecting solely PHA, he said that escalations would come up through Directors.

127/25.3 Mr Clayton noted that this is the Corporate Business Continuity Plan, but Internal Audit had made a recommendation about directorate level plans. He asked about how the recovery time levels have been set. Mr Stewart said that he had asked the same question. Mrs Scott replied that the times have been set in consultation with the relevant teams. In terms of directorate plans, she outlined that there are Business Impact Assessments for each directorate as part of PHA's pandemic preparedness.

127/25.4 The Chair asked if PHA has a clear plan in terms of who needs to be informed if PHA decides to stand down a particular service. Mrs Scott replied that this is contained with the Business Impact Assessments. Mr Wilson added that there was a discussion at the Senior Leaders Forum about the need to look at functions and responsibilities in the context of a business continuity incident so this a live issue.

127/25.5 The Board **APPROVED** the PHA Corporate Business Continuity Plan.

128/25 - Item 13 – Chief Executive and Directors' Report

128/25.1 The Chief Executive reported that he has commenced a series of accountability meetings with Trust Chief Executives. He explained that these meetings were prompted by two factors, a recommendation in the Internal Audit report on the oversight of contracts with Trusts, and also matters relating to the Urology Public Inquiry and the recent issue regarding cardiac services in the Belfast Trust where formal escalations from Chief Executive to Chief Executive would have been beneficial. He said that the meetings he had had have looked at spend and activity and the possibility of decommissioning certain services in order to get better outcomes for the local population. He advised that the Chief Executives have found the meetings to be helpful, but also challenging, and that there have been discussions around the prevention agenda, in areas such as vaccination, smoking cessation and screening. He said that going forward there will be "ground clearing" at Director level in advance of his meetings.

128/25.2 The Chief Executive advised that he had attended a meeting of the Chief Executives of the 4 UK public health organisations in Glasgow, and he had also attended the NICON conference.

128/25.3 The Chief Executive updated members on the “This Is Health” initiative and said that PHA had met with Ms Denise Hampson who is leading this work. He explained that PHA will take ownership of the initiative and Ms Hampson will be available for 2/3 days per week. Ms Henderson asked what work will be undertaken. The Chief Executive replied that this work, which relates to behavioural science and prevention, will be done in conjunction with the Department, SPPG and the Patient Client Council. Ms Henderson asked who Ms Hampson will be accountable to, and the Chair replied that it is the Permanent Secretary.

128/25.4 Mr Wilson outlined that Ms Hampson is leading on a Northern Ireland-wide programme of public engagement around health, similar to work carried out in Wigan, which envisages the public having a role in its own health which will help the system. Ms Henderson asked who is supporting Ms Hampson in this work and Mr Wilson replied that the Permanent Secretary has asked PHA to support the work with input from communications, PPI and other departments. The Chief Executive added that there will be inputs from Digital Health and the Patient Client Council. The member asked how this links with work in Dr McClean’s directorate on intervention and Dr McClean replied that the scope of the work is not yet determined so this will form part of the discussions with Ms Hampson.

128/25.5 The member asked if there is correspondence relating to this work and how it links to PHA’s Corporate Plan and Programme for Government. The Chair said that this work is happening and the Permanent Secretary has brought Ms Hampson in to lead it, but PHA should be guiding her because the work should not compete with work that PHA is doing. The Chief Executive added that the Permanent Secretary chairs the This Is Health steering group, but there will be another group that he, Dr McClean and Mr Wilson will sit on and that is where PHA will have influence and shape this work. He said that the Permanent Secretary feels that PHA is best placed to lead this work and that the focus is about health, and not healthcare and healthcare services.

128/25.6 Mr Blaney noted that while PHA may be guiding this work, he asked if there was any possibility that Ms Hampson may push forward her own approach, but the Chief Executive said that Ms Hampson is clear that she is dependent on PHA and this is not her programme. The Chair said that this is a great opportunity for PHA to guide and steer this work and that the feedback he has received from the Permanent Secretary about PHA is very positive.

128/25.7 Mr Clayton commented that this is one initiative, but there are many different initiatives happening at present and he would welcome seeing the evaluation of the Live Better initiative. He suggested that Ms Hampson should attend a future Board meeting **(Action 5 – Chief Executive)**.

128/25.8 The Chair reiterated that this is an opportunity for PHA to shape the prevention agenda. The Chief Executive said that he would be content to share the Live Better evaluation **(Action 6 – Chief Executive)**. He added that this work will help inform the neighbourhood model.

128/25.9 Mr Stewart said that this work is an area that PHA was always going to look at once the restructuring was complete and that the prevention agenda is something that the Minister and the Permanent Secretary are keen to take forward.

129/25 - Item 14 – Finance Report [PHA/07/10/25]

129/25.1 Mrs Scott said this Finance Report outlines the position as at the end of August and that while PHA was projecting a break even position at that point with a small surplus, the situation has changed in that PHA is now surrendering £788k to the Department, made up of £500k for an additional allocation for vaccinations that is not required, and £288k in relation to funding for an organ donation campaign, when there is currently a freeze on campaigns.

129/25.2 Mrs Scott advised the financial risks for PHA remain the same and that the situation across the HSC remains difficult with no plan in place yet to fund pay awards. Mr Clayton declared an interest at this point as his Trade Union organisation has been involved in discussions regarding the pay award.

129/25.3 Mrs Scott reported that the capital budget remains on target.

129/25.4 The Chair welcomed the decision of PHA to return the funding at this time and asked that the Board is kept informed of any further developments.

129/25.5 The Board noted the Finance Report.

130/25 - Item 15 – Compliments, Complaints and Claims Quarterly Report [PHA/08/10/25]

130/25.1 Mr Wilson presented the Compliments, Complaints and Claims Report which he said had been brought to the Governance and Audit Committee. He advised that at this stage of the year PHA has received five complaints, three of which have been closed and two of which remain open. He reported that PHA has received four compliments, and that of two claims received, one has been closed, and one remains open.

130/25.2 The Board noted the Compliments, Complaints and Claims Report.

131/25 - Item 17 – Chair's Remarks

131/25.1 The Chair advised that he had no business to update on.

132/25 - Item 18 – Any Other Business

132/25.1 There was no other business.

133/25 - Item 19 – Details of Next Meeting

Thursday 27 November 2025 at 1.30pm

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

Signed by Chair:

Colin Coffey

Date: 27 November 2025

PHA Planning, Performance and Resources Committee Minutes

Date and Time	Venue
21 August 2025 at 10.00am	5 th Floor Meeting Room, Linenhall Street

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

1/25 - Item 1 – Welcome and Apologies

1/25.1 The Chair welcomed members and acknowledged apologies.

2/25 - Item 2 – Declaration of Interests

2/25.1 No declarations of interest were made.

3/25 - Item 3 – Minutes of previous meeting

3/25.1 Members unanimously **APPROVED** the minutes of the previous meeting held on 22 May 2025.

4/25 - Item 4 – Alignment of Reshape Refresh to reporting structures

4/25.1 The Chair invited views on the future governance of Reshape Refresh, noting restructuring of PHA is nearly complete but working practices, cultural change will take longer. He suggested the potential establishment of a new committee (ODNHR) but questioned whether this was necessary given existing reporting.

4/25.2 Mr Dawson emphasised that organisational culture is as important as strategy and performance and must remain a leadership priority.

4/25.3 Ms Henderson initially felt a new committee was unnecessary but acknowledged good points made by Mr Dawson and a case could be made for additional focus. She suggested reviewing the position in the autumn.

4/25.4 The Chair agreed with these points, stressing that Reshape Refresh is as much about changing attitudes and behaviours as structures and operations.

4/25.5 Ms Reid cautioned against adding more committees but supported maintaining cultural focus within current structures. She noted the Senior Leadership Forum is already delivering positive outcomes.

4/25.6 Dr McClean supported deferring a decision, allowing time for the new structures to embed.

4/25.7 Mrs Patterson advised the people agenda should remain integrated across all business rather than be siloed. Members agreed culture and people development are as important as performance and finance.

4/25.8 It was agreed not to establish a new committee at this stage. Position to be reviewed in six months.

5/25 - Item 5 – Matters Arising

5/25.1 Two actions completed and the third, procurement report preparation, is in progress for Board consideration.

6/25 - Item 6 – Performance

Quarter One Performance Report

6/25.1 Ms Scott presented the report on progress against the 2025/26 Annual Business Plan. Several KPIs remain Amber/Red, including:

- KPI 7 – Refresh of Healthy Child Healthy Future programme.
- KPI 8 – Transfer of NI Child Health System onto Encompass.
- KPI 17 – Development of MDT pathway for care homes.
- KPI 20 – Implementation of new planning framework.
- KPI 23 – Development of Partnership Working Strategy.
- KPI 25 – Completion of Reshape and Refresh programme.

6/25.2 The Chair asked whether mitigating actions for Red KPIs were sufficient. Ms Reid explained KPI 17 work has expanded into a broader programme with NIAS and GP input. Ms Henderson noted the breadth of activity now reflected in KPIs and commended the horizon scanning approach. Mr Dawson clarified quality assurance processes and governance arrangements across programmes. Dr McClean highlighted the need for clarity in terminology when referring to quality assurance.

6/25.3 The Chair asked for an update on the Implementation Plan. Ms Mawhinney confirmed the plan is nearly in final draft. The Chair queried the plan's value and alignment with Board's expectations; Ms Scott and Mr Murray advised the new planning teams will take ownership of the plan and it will be a useful tool to deliver corporate objectives. Mr Wilson described the plan as a stepping stone for realising the corporate plan, despite timing challenges. Dr McClean and Ms Mawhinney echoed concerns on timing pressures but recognised long-term benefits. Mr Dawson noted planning teams will support flexibility, staff alignment with organisational goals, and improved governance.

6/25.4 Members emphasised the importance of capturing and reporting meaningful change throughout the year.

Finance Report

6/25.5 Mrs Scott provided an update on the most recent finance report highlighting the year-to-date position shows a surplus of £646k, with **an overall forecast to break even**.

6/25.6 There is a regional HSC funding gap of £600m, which PHA is addressing with the Department.

6/25.7 The Chair stressed the need for a proactive approach to utilise available resources for maximum impact and alignment with ministerial priorities.

6/25.8 Ms Henderson queried surplus potential; Ms Scott advised close monitoring of vacancies and pressures.

6/25.9 Dr McClean stressed the need for greater organisational vision to identify opportunities for strategic investment. Members discussed the potential for future grant programmes and the importance of early planning for non-recurrent spend. Mr Murray noted potential for additional spend through grants or top-ups to existing contracts and services but emphasised the need for early clarity to best manage this.

6/25.10 Ms Henderson commented the finance report was very much an improved report, easier to read and provided better insight for budget holders. Having a finance department now provides better support and more financial information on hand more easily available and accessible.

6/25.11 The Chair reiterated PHA's role as sector leaders and encouraged development of "shelf-ready" proposals for any additional funding. The Chair commented if we are confident we will have additional spend then we should be ready with proposals that are aligned with CMO and ministerial priorities.

7/25 – Planning

7/25.1 – Mr Murray gave an update on planning teams and advised a procurement update and paper will be going to the Board next week.

7/25.2 – An up-to-date Procurement Operational plan was discussed at the last meeting to set out a timeline approach to address all contracts over the coming 3-5 year period. Mr Murray advised members there is now a clear pathway to reach compliance with audit recommendation to align with procurement regulations.

7/25.3 Mr Murray noted several tenders awarded since last meeting (e.g. Drugs and Alcohol Phase 1, Workplace Programme, Elevate Programme). He further added a

governance framework for Planning Teams is being finalised; the number of teams will reduce from six to five.

7/25.4 The Chair encouraged greater visibility of PHA's impact, including positive publicity for commissioned services. Members agreed to look at exploring ways to reduce bureaucracy and maintain an outcomes-focused approach.

7/25.5 Mr Kevin Bailey and Dr Denise O'Hagan joined the meeting and gave a comprehensive presentation on the Mental Health and Drug and Alcohol Planning Teams highlighting progress, challenges, and integration opportunities.

7/25.6 Members commended the work of both reports however noted the level of detail provided was perhaps excessive for Committee purposes; future reports should be streamlined to focus on assurance of strategic outcomes.

7/25.7 Ms Henderson commented both reports were extremely impressive and asked Mr Bailey if the planning teams structure presented a better way of working? Mr Bailey acknowledged the theory of the planning team approach stating it absolutely works well but there have been challenges in terms of internal capacity and resources. There is still work to do internally as an organisation to improve connection with networks and infrastructure to maximise resources and reach. Reshape and Refresh will support this better and allow room to think more broadly and strategically resulting in being able to deliver more effectively on the ground.

7/25.8 Ms Henderson acknowledged the information presented today on planning teams was fabulous and asked Dr O'Hagan if we are getting the right balance of administrative burden and connection across the organisation? Emphasising the purpose behind the teams is to provide benefit without being hugely administrative. Dr Ms O'Hagan commented it is about getting the right balance of people in terms of expertise and skill set and this might need to be reviewed to ensure staff and jobs are appropriately aligned and effectively utilising skill sets to avoid overburdening public health professionals with administrative tasks that could be potentially supported elsewhere in the organisation – this is due to be reviewed as planning teams evolve.

7/25.9 Ms Henderson commented further on the benefit of the report and noting it provided a lot of detail and advised at this level not so much detail is necessary. The Chair concurred commenting the report was superb and he would like there to be focus on actions that were not able to be progressed or faced blockage highlighting the opportunity for this committee and the Board to better assist and support where needed.

7/25.10 Mr Dawson is encouraged and feels there has been improvement in terms of stakeholder engagement - over the last few months people are beginning to think more of the necessity to work in a collaborative basis, recognising the impact and benefit of this approach. Mr Dawson commented there is more work to do in this space and alongside Directors is currently looking at areas that could benefit more from support by

Non-Executive Directors and this committee. Public Health is wider than the health service and input into other Departments by Non-Executive Directors could present opportunity to expand the health agenda across government departments fostering joined up working, furthering reach and impact.

7/25.11 Mr Dawson reflected both reports were very good and commended staff who put them together. He feels at this stage of transitioning the level of detail is very helpful, might not be necessary for Board but for the planning teams it will be beneficial and can see value for future planning and understanding by staff. The reports help to reflect position and direction of travel.

Actions

The Chair encouraged a mapping exercise of stakeholder engagement to identify opportunities to strengthen connectivity with key and potentially new partners.

Future planning updates to concentrate on progress against corporate outcomes, with reduced administrative burden.

Quarter 3 update on planning teams to review progress and impact - it was suggested that this would be best delivered in a workshop setting.

8/25 Item 8 – Resources

Our People Report

8/25.1 Mrs. Patterson presented an update on the People Report noting workforce data is detailed within and highlighted the report also provides an update on the People Plan which is around the areas of staff experience, workforce development and culture.

8/25.2 Workforce indicators are positive: overall headcount is up; turnover is down, permanent staffing is up, and temporary staffing levels have reduced. In the area of recruitment a new model for admin staff is in development and a new recruitment campaign for consultant recruitment has seen some success.

8/25.3 Looking at broader themes, the People Plan is in its last quarter with preparations underway for development of a new People Strategy.

8/25.4 Feedback from the last staff engagement event has been taken on board and reflected into an action plan which has been shared with all staff.

8/25.5 The Chair questioned should there be concern the rolling twelve-month absence figure continuing to rise? Mrs Patterson advised comparatively this figure remains relatively low and caution is always required within the PHA due to small numbers

creating large statistical swings. Mental Health remains a primary cause of staff illness with all staff being appropriately managed and supported.

8/25.6 The Chair queried whether staff development actions identified through appraisals are being implemented; Mrs Patterson advised this information was currently held at local level so whilst she couldn't comment specifically noted that a piece of work on developing a process to complete a skills audit was commencing and would incorporate development of tools to track organisational progress in the future.

8/25.7 There was a brief discussion in relation to continuing to seek feedback from staff. Mrs Patterson agreed this was important and regular mechanisms such as pulse surveys may be an option for future consideration.

8/25.8 The Chair sought assurance that the Raising Concerns Policy is understood and trusted; Whilst this is not a HR Policy, Mrs Patterson said she felt there is a staff willingness to come forward and speak up if necessary.

9/25 - Item 9 – Any Other Business

9/25.1 None

10/25 - Item 10 – Details of Next Meeting

Thursday 20 November 2025 at 10am

Fifth Floor Meeting Room, 12/22 Linenhall Street

Signed by The Chair:

Colin Coffey

Date: 20 November 2025

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 27 November 2025

Title of paper Performance Management Report

Reference PHA/03/11/25

Prepared by Stephen Murray / Marie Therese Higgins

Lead Director Leah Scott

Recommendation For **Approval**

For **Noting**

1 Purpose

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

2 Key Issues

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

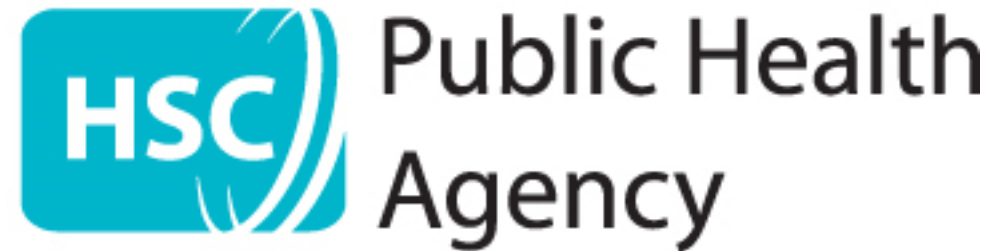
Of the **27** actions, **1** action is rated **Blue (action completed)**, **17** are rated **Green**, **7** are rated **Amber** and **2** are rated **Red**.

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

The Performance Management Report was considered by the Planning, Performance and Resources Committee at its meeting on 20 November 2025.

3 Next Steps

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



PERFORMANCE MANAGEMENT REPORT

Q2 Monitoring of KPIs Identified in





The Annual Business Plan 2025 – 2026

Introduction

The Public Health Agency (PHA) Annual Business Plan outlines the key actions to be undertaken during 2025/26 to support Ministerial and Departmental priorities and demonstrate delivery against Corporate Plan objectives.

This report provides an update on the progress of actions identified in the PHA Annual Business Plan 2025-26. Progress updates for each action are to be provided by the designated Lead Officers. The Annual Business Plan identifies a total of **27** actions across 5 key priorities. Each action is assigned a BRAG status, as defined below:

BRAG Status:

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

At the end of September 2025, of the 27 actions, **1 is Blue**, **17 are currently rated Green**, **7 are currently rated Amber**, and **2 currently rated Red**. This report outlines the BRAG status of each action with a particular focus on those currently rated **Amber** or **Red**.










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


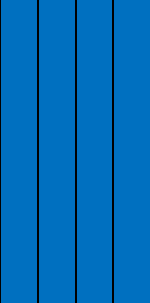

At the end of September 2025 there were 9 KPIs identified or partly identified with an Amber or Red BRAG status. Further details of these KPIs below.


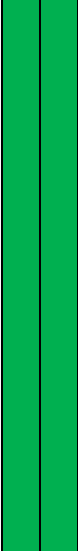
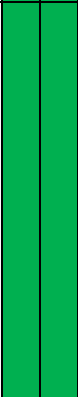
A copy of the full Annual Business Plan can be found here:


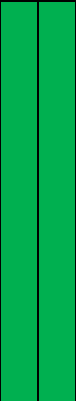
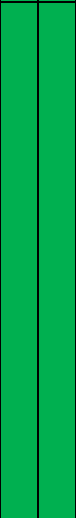



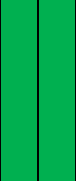


PHA Annual
Business Plan 2025_;


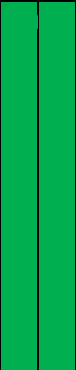
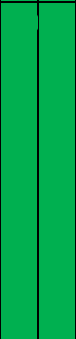

PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
1	Develop a public facing, universal indicator dashboard covering communicable diseases and related special health matters.					
	Dashboard launched	Dec 2025	A project plan has been developed and commenced for this dashboard. Work includes scoping UK wide dashboards and identifying service priority areas across surveillance. Development includes setting up a structure and designing a dashboard using Shiny app on a public-facing Posit Connect server. Further phased development is in progress to use respiratory and genomics data initially. Progress has been delayed due to competing work priorities	 	Work to resume subject to staffing capacity.	Joanne McClean Declan Bradley
	Review and further development	Mar 2026	This work has been paused due to competing work priorities.	 	Work to resume subject to staffing capacity.	
2	Implement Phase 1 and Phase 2 changes to the childhood vaccination schedule in line with JCVI advice.					
	Phase 1	Jul 2025	The first phase of the changes to the childhood schedule was implemented on 1 st July 2025. In preparation for the change, the team carried out a number of training sessions with primary care staff, public health nursing staff, community pharmacies and administrative staff. Associated changes have been made to the	   		Joanne McClean Louise Herron










PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			Child Health System to schedule appropriate appointments. A patient information flyer has been developed to explain the changes in the interim prior to Phase 2 of implementation (where new appointment flyers will be created). NIDirect has been updated with relevant information. Associated PGDs for Phase 1 have also been reviewed and updated.			
	Phase 2	Jan 2026	Planning is underway for the second phase of changes (the introduction of a new 18-month appointment for MMR and hexavalent vaccine), with potential introduction of varicella component (policy decision awaited). Progress is being made with relation to the planning of training sessions with the clinical education centre. Conversations are underway with the Child Health System to implement the schedule change in time for January. A new 18-month appointment leaflet is in development for parents.		There is a potential delay in implementation which is outside of PHA control. DoH are responsible for negotiating GP payments relating to the immunisation programmes and this has not yet been agreed by NIHPC. A lack of agreement to proceed has a major impact in programme planning as a number of tasks must be completed with providers in preparation for January. The PHA team have progressed with as much planning as they are able to. In the absence of an agreement with NIGPC, the next steps are limited in terms of operational planning as it requires direct contact with GP practices to facilitate the changes. PHA has notified DoH of the potential impact and this has been flagged with senior colleagues. The risk has been placed on the directorate risk register.	



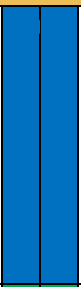
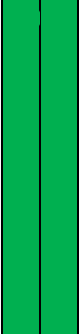
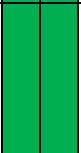
PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
3	Pandemic preparedness planning					
	Participation in the national emergency planning exercise	Stage 1 Monday 15 th - Wed 24 th Sept; Stage 2- Monday 6 th to Wed 15 th Oct; Stage 3- Monday 27 th to Wed 5 th Nov	<p>The PHA has confirmed their participation in Exercise Pegasus. This is a national exercise being delivered in three stages between September and early November 2026. The PHA are represented on the HSC Exercise Co-ordination Group (co-chaired by TEO and DoH) In addition, the PHA have convened a PHA planning group to prepare for participation in Exercise Pegasus. Following discussions with the DoH and SPPG on the 21st of May, it was agreed to resubmit an updated version of the PHA pandemic preparedness plans reflecting funding requirements and options appraisals as necessary.</p>			Joanne McClean Louise Herron
	Learning from exercise reflected in updated emergency plans	Mar 2026	<p>Learning from exercise Pegasus will be incorporated into organisational pandemic preparedness plans. At this time, it is envisaged that learning will be addressed via the Emergency Planning Public Health Planning Team (EPPHPT) as part of the new structures resulting from the PHA Reshape and Refresh programme. This group has not yet convened and is part of the wider Reshape and Refresh programme of implementation.</p>			


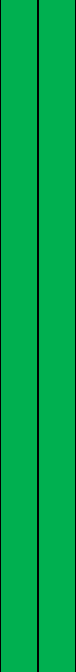
PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
4	Complete option appraisal and commence the development of a business plan that addresses the digital needs of all screening programmes.					Joanne McClean Gary Loughran
	Option appraisal	Aug 2025	Options appraised with NIDIS, encompass and the Screening Digital Modernisation Programme Board. The preferred option is to use encompass. A workshop was held to walk through options and encompass with PHA and Service screening leads which also endorsed the option. A formal request to inform capability, resources and planned timescales is being submitted to encompass which advise the Business Plan.			
	Business Plan	Oct 2025	The experience of CHS and encompass has varied the approach to developing screening programmes in encompass. Given the external developments by NIDIS and NHSE it is important to be fully assured end-to-end screening can work effectively in encompass. Resources have been secured by encompass to develop a Proof of Concept system for screening programmes. There will be a cost to PHA for this work, however, it is deemed essential to ensure the decision to forego NIDIS/NHSE developments and move to encompass is sound.			


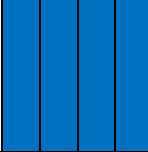
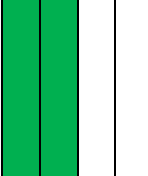
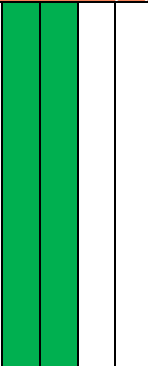

PROTECTING HEALTH						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			The Business Plan is on track to be in place by the end of October and will reflect the changing circumstance of the Proof of Concept build. Should this prove successful then a plan to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


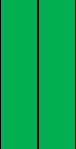
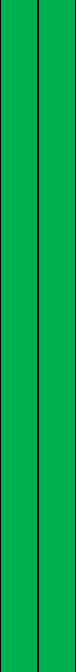
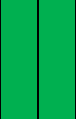
STARTING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
6	Address the root causes of domestic abuse.					
	Recommendations from the Review of Routine Enquiry (RE)	Mar 2026	Final Report and recommendations approved by AMT. This has been shared with key stakeholders including, HSCTS, DOH, Women's Aid and SBNI Domestic Abuse subgroup. Steering group will now develop action plan by Sept 25. There has been delay in progressing development of action plan due to staff vacancy and team pressures within Starting Well		The Designated Nurse for Safeguarding Children was appointed end of September will be working closely with Project lead to develop an agreed Action Plan to take forward Recommendations	Heather Reid Emily Roberts
	Final Model of Routine Enquiry for Midwifery and SCPHN	Dec 2026	First draft of the revised Model of Routine Enquiry for Midwifery and SCPHN has been developed and shared with the Steering Group for initial comments. First consultation with key stakeholders completed and Revised Model updated to reflect feedback and comments. Final model is nearing completion and will be ready for sign off and approval by Dec 2026			
7	Universal Child Health Promotion Programme Healthy Child Healthy Future (HCHF) - strengthen reach and impact to enhance early intervention and developmental support from universal services and AHPs to meet the specific and developmental needs of children.					
	Refreshed HCHF Programme completed	Jun 2025	The programme has been reviewed and framework refreshed. Launch initially planned for May delayed until 25 th Sept 25 to allow for the potential development of a business case. .			Heather Reid Deirdre Ward


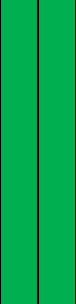
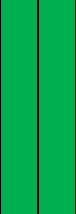
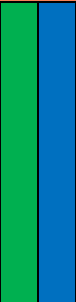
STARTING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			The HCHF Framework was formally launched on 25 th September 2025. The DOH have advised there is no additional resource for implementation of framework and therefore no business case required.	 		
	Establishment of NI Implementation Group	Jun 2025	PHA lead communicating closely with HSCTS Heads of Public Health Nursing and DOH Policy Leads. Meeting with DOH Policy Lead to discuss the establishment of a NI Implementation Group arranged for 28 th October 2025	 	In the absence of additional funding PHA will continue to support HSCTS to maximise existing HCHF resources for public health benefit. PHA will work closely with CHS to ensure key outcome measures for HCHF are included in the migration of CHS to Encompass	
8	Drive and support the transfer of the NI Child Health system onto Encompass including supporting the build for the system with EPIC developers.					Heather Reid / Joanne McClean Deirdre Ward / Gillian Weir
	Establish project support and arrangements for escalation of issues	May 2025	Senior Project Manager (1WTE) in post from April. Project has been fully reviewed and restructured with significantly improved governance structures and escalation processes established.	 		
	Full availability of CHS functionality on Encompass and go live.	Feb 2026	Detailed review of project undertaken and detailed scoping document developed and shared with senior Encompass team. Although work has progressed there has been no firm commitment from Encompass or a timeframe on their capacity to meet the reporting functionality. Cogito, the reporting team within Epic will take this work forward. Following the	 	Encompass team reviewing resource and timescale and will advise if Feb 2026 is achievable for Go Live. Continue with the discovery process with Encompass.	



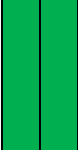
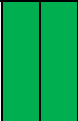
STARTING WELL							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
			Risk Summit at end September a proposal has been made to extend the go live date to August 2026 with the exception of preschool vaccination scheduling.				
9	Analysis of the healthcare and therapeutic needs of children with Special Educational Needs (SEN) in Special Schools including capturing presenting co-morbidities and the level of complexities of need to help plan and support children's access to the education curriculum.						
	Nursing needs assessment	Jun 2025	Draft report submitted to CNO for review and comment June 2025. Review completed outlining recommendations to improve cross-sectoral working and support for improved models of care provision. Report signed off by AMT, sent to DoH and DoH have published on their website.			Heather Reid	
	Therapeutic needs assessment	Mar 2026	Working with relevant stakeholders, PHA leads have developed a scoping tool to capture relevant data in support of an assessment of therapeutic needs with an initial focus on CYP in Special Schools and Special Provision Schools. The tool is in initial stages of testing. Scope commenced on therapeutic needs commencing with CYP identified with nursing needs in special schools.			Geraldine Teague / Eilidh McGregor	
	Develop updated pathways to support children with SEN	Mar 2026	Engagement with Epic/Encompass colleagues is ongoing to ensure guidance and templates for health care professionals supporting CYP with SEN in the initial stage of the EA				







STARTING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			Statutory Assessment process will be compatible with Encompass. A digital platform has been developed to house Regional Guidance for Healthcare Professionals supporting CYP with SEND. Discussions underway with Encompass to embed resources to enhance continuity of care and support the reporting of key population health data sets. PHA are working with EA to develop and implement an Early Alert process. This enables HSCTs to notify EA of CYP with SEN and Profound and Multiple Learning Difficulties prior to their -2 (nursery) school-year, current EA directive. This facilitates HSCTs to meet their statutory duties to support the identification, assessment and provision of services for CYP with SEN/D (Article 14 of the 1996 Order)			


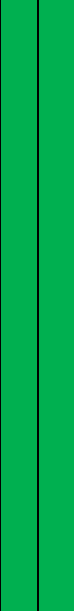

LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
10	Review and update the Regional PL2 Action Plan and local Protect Life Implementation Groups (PLIGs) Action Plans to reflect updated PL2 Strategy priorities					Joanne McClean / Heather Reid Fiona Teague
	New regional PL2 action plan	Jun 2025	The new Protect Life Action and Implementation Plan have been approved by Minister and is due to be published on 1 July 2025. Launched 10 th September			
	New PLIG Action Plans	Dec 2025	The new Local Protect Life Implementation Groups Action Plans are currently being developed through the 5 local partnerships. Action plans currently at development stage.			
11	Implement a review and revision of the service provision model of all Pharmacy based Stop Smoking Services across NI, considering refreshed NICE guidance and evidence base in re-commissioning of services. Implement a review of all Trust based Stop Smoking services commissioned via PHA, to ensure regionally consistent and comparable, measurable services are in place to meet population needs in each Trust.					Joanne McClean Colette Rogers
	Revised Pharmacy based Stop Smoking services rollout to begin across NI in partnership with SPPG	Feb 2026	A comprehensive quality assurance exercise is underway across all pharmacies in relation to the delivery and performance of existing Stop Smoking Services. Medicines Optimisation Innovation Centre (MOIC), has also been engaged to support an evaluation of current service with providers and service users. This review and evaluation findings will inform the refreshed specification.			
	Review team established	May 2025	The Stop Smoking Services Review Team has been established. Membership will expand as required.			



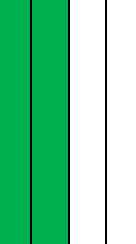
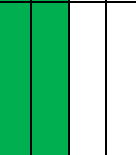
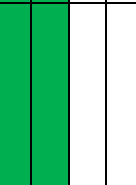
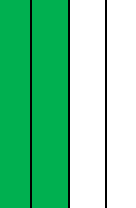
LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	Development of a regional service specification	Feb 2026	Preliminary work underway including desktop reviews, workshops for provider input and engagement with Care Opinion. This is on track for February 2026 at present.			
12	Develop a regional cancer toolkit as an option to facilitate cancer prehabilitation options.					
	Establish in conjunction with NICaN and SPPG a proposed regional Model for Prehabilitation	Mar 2026	On target. NICaN Project Lead has lead Macmillan Northern Ireland Regional Cancer Prehabilitation Programme, a pioneering initiative designed to embed personalised, early-intervention support into cancer care pathways across all five trusts. The programme was delivered in partnership with 11 local councils and funded through the DoH's Cancer Charities Support Fund, part of a broader £10 million COVID-19 recovery initiative. The programme's overarching aim was to improve patient outcomes, reduce treatment-related complications and promote long-term health and wellbeing through multimodal prehabilitation—a proactive approach that includes physical activity, nutritional support and psychological care. Macmillan Evaluation almost complete.			Joanne McClean Lorna Nevin / Ceara Gallagher
	Establish opportunities to progress and embed targeted and universal prehabilitation		On target. This collaborative model represents a significant step forward in transforming cancer care delivery in Northern Ireland, aligning with			


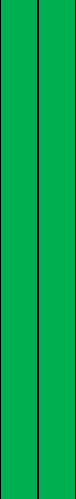
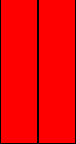
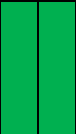

LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	through council, community and voluntary sector engagement	Mar 2026	national health priorities and setting the foundation for sustainable, system-wide change. Integrating services across the health, leisure, and voluntary sectors. Engage with Health Improvement Team. Joanne McClean follow up meeting with CLEO Presentation to Cancer Programme Steering Group June 2025.			
13	Undertake a review of PHA commissioned physical activity referral scheme (PARS) including consideration of expanding its role in helping people with serious illnesses manage their conditions, prehabilitation and rehabilitation					Joanne McClean Siobhan Donald
	Review completed and if recommended update service specification with a plan to expand reach for the potential benefits of physical activity.	Mar 2026	On Track to be completed.			
14	Launch a constipation campaign, to include establishing an expert reference working group with the aim to co-produce a suite of resources / guidance to support people with learning disabilities, their families / carers and clinical staff to prevent, recognise and treat constipation across the lifespan.					Heather Reid Siobhan Rogan
	Identify specific needs and risk factors for prevalence of constipation in people with learning disabilities	Jun 2025	A high-level paper to consider specific needs and risk factors for prevalence of constipation in people with learning disabilities across the lifespan has been drafted for sign off. The paper has helped to establish how well services and systems are working across Northern Ireland to ensure people with learning			








LIVING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			disabilities get the right support to identify, manage and treat this preventable health condition. If constipation is not recognised and treated appropriately, it can have major adverse effects on an individual's health and wellbeing.			
	Carry out a scope across the UK and Ireland to review the programmes of care in relation to constipation and people with learning disabilities.	Sept 2025	Scope has been undertaken across UK and Ireland providing a structure to make an informed decision on the best approach, avoid duplication and learn from practice.			
	Expert reference working group established.	Mar 2026	Once scoping is completed and needs identified a working group will be established. Can now be progressed.			








AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
15	Develop a NI Regional Safer Mobility Model and lead on the implementation, beginning with PHA commissioned services.					
	Creation of regional forum comprising of 6 trusts, and relevant stakeholders.	Sept 2025	A detailed project plan has been developed which outlines; governance structures, associated actions, timelines and stakeholders. New regional Safer Mobility SharePoint site developed. Model Design Task and Finish Group established and Regional Steering Group being established.			Heather Reid Sandra Aitcheson
	Scope SPPG commissioned services in relation to falls and working with the SPPG Joint commissioning team, agree NI Safer Mobility model.	Sept 2025	Comms have started to gather this data through Roisin Doyle in SPPG with coverage over the various areas that impact Safer Mobility. Key elements and deliverables of the NI Safer Mobility Model are in the process of being agreed with key stakeholders and SPPG.			
	Creation of implementation plan and evaluation framework.	Dec 2025	Action Plan developed. Service Users identified.			
	Begin implementation of Safer Mobility Model.	Mar 2026	Dependent on the above			
Adopt a regional approach to addressing the potential harms of deconditioning which older people may experience during an episode of care in hospital.						
16	Agreement on key messages for older adults and their carers to improve awareness about the risk of deconditioning.	Mar 2026	The T&F group completed a scope of current activity including an overview of promotional resources Trusts use to raise deconditioning awareness. They are now developing key messages based on nutrition, movement and cognition evidence.			Heather Reid


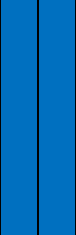

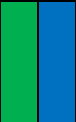
AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	The development of regionally agreed standards with associated KPIs for the identification of people at risk, prevention and management of deconditioning.	Mar 2026	The T&F group reviewed potential standards and KPIs from models operating in and outside of Northern Ireland. Nutrition has been identified as a key area and work is underway with regional Dietetics to progress standard and supporting KPIs. Staff survey on knowledge about deconditioning completed. A workshop was held in September for the development of a NI Frailty Care Bundle. Operational application will identify inpatients at risk (65 years plus with a clinical frailty score of 5-6) and will trigger the use of the Frailty care bundle. The pathway was presented to steering group and approved, moving to implementation stage, local pilot roll out aiming for commencement at December 2025.			Sandra Aitcheson
	Update and test MDT decision making pathway for care home residents to reduce unnecessary admission to hospital.					
17	Analysis of regional NIAS and ED data to provide clarity on scale of problem and provide recommendations for improved access to data	Jun 2025	This work has been subsumed into Big Discussion project on Advanced Care Planning. NIAS conveyancing received and being considered alongside information from primary care LES reporting. Working with DHSCNI to explore availability and quality of regional reporting from encompass related to care homes. Met with care home team with highest calls to NIAS in SHSCT,		New approach being co-ordinated under the Big Discussion workstream that has been established.	Heather Reid Sandra Aitcheson



AGEING WELL						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
			currently agreeing access to data for processing.			
	Working with staff and stakeholders to identify barriers and solutions for improvements	Aug 2025	SHSCT Project team established. BHSCT Project Team Membership secured, attended one meeting and agreed PDSA to progress. Version 3 of post falls guideline to be launched. Project teams meeting regularly. Deep dive into one care facility in SHSCT agreed.			
	Test new decision-making pathway in SHSCT to refine approach	Sept – Dec 2025	Dependent on above. This work mirrors work happening in NHSCT and BHSCT of which Nurse Consultant Care Homes is linked into.			
	Present findings and recommendations to relevant commissioning teams and PTEB	Feb 2026	Dependent on above			
18	Evaluate the impact of the Age-Friendly Communities Initiative across NI (currently funded in each Local Council by PHA).					Heather Reid Diane McIntyre
	Evaluation report produced and analysed	Mar 2026	Social Market Research (SMR) have been awarded the evaluation contract and are proceeding as planned. Evaluation outcomes due to be presented at Age Friendly Futures Summit on 4th November 2025.			

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
19	Develop a new HR Strategy 'Beyond the People Plan'					
	New HR Strategy agreed	Jan 2026	A workshop was held in April 2025 to inform this strategy document. During August 2025 an outline blueprint was presented to AMT and also to the Senior Leaders Forum. Following refinement in line with the principles of co-design staff engagement was planned and communicated during September with Town hall sessions held during October and Team / Individual engagement approaches also opened for input. This remains on target with a full draft for consultation due to be completed in Quarter 3.			Leah Scott / Karyn Patterson
20	New Operational Framework for Public Health Planning Teams and performance management framework, aligned to the new PHA operational model, to be developed and approved by PHA board.					
	PHPT Framework agreed	Jun 2025	Draft PHPT Governance and Accountability Framework document has been developed and reviewed by the Senior Leadership Forum.		Submission for AMT for approval planned for November 2025.	Leah Scott
	Performance Framework approved	Nov 2025	Performance framework in development and on track			Stephen Murray
21	PHA Procurement Plan to be reviewed and updated and Procurement Plan priorities 2025/6 to be progressed in line with agreed timelines					
	Organisational Procurement Plan setting out timelines for	Jun 2025	A plan for completion of market testing of all existing roll forward			All Directors (as per Leads for

OUR ORGANISATION							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
	market testing all existing roll forward contracts		contracts was submitted to PPR Committee in May 2025.	 		individual tenders)	
	Procurement Plan 2025/6 delivered in line with agreed timelines.	March 2026	All tenders planned for issue to the market in 2025/26 are progressing well. There has been a slight delay in getting tenders out to the market due to a regional review of T&Cs having to be undertaken by DLS to ensure they align with the new Legislation and Public Procurement Policy.	 	DLS has confirmed that new T&Cs will be available early November 2025. PHA tenders that are ready to be issued to market will be advertised asap.		
22	Effectively manage the PHA financial position to achieve a breakeven position at year-end.						Leah Scott
	The PHA will achieve a surplus position within the 0.25% tolerance level set by DoH on an annual basis.	Mar 2026	<p>Based on the indicative opening allocation, the 25/26 financial plan was approved by the board. The plan takes account of the agencies saving targets & in year pressures and is projecting breaking even at 31 March 2026.</p> <p>The DoH have however noted a significant funding gap across the HSC and while steps have been taken to reduce the gap from £600M to £360M at mid- year (with a further 68M savings identified) the DoH continue to focus on prioritising the funding gap across all areas.</p> <p>Based on our current allocation the PHA continue to forecast a break-even position for 25/26.</p>	 			

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
23	Develop a Partnership Working Strategy and Action Plan, addressing PHA HSC wide Leadership responsibilities for PCE & PPI and which embeds these approaches into PHA culture & practice.					
	Draft Strategy and Indicative Action Plan	Jun 2025	AMT has approved and indicative action plan competed			Heather Reid
	Public Consultation on Strategy Consultation on strategy only	Oct 2025	The AMT approved P&E strategy is currently out for public consultation until 19 th December.			
	Strategy Review & Finalisation	Dec 2025	Plans are underway in preparation for the review of the strategy consultation.			Martin Quinn
	Strategy, Launch & Implementation	Feb 2026	Plans are underway for the launch of the strategy.			
24	Finalise a framework to support Quality and Safety corporate processes for PHA.					
	Framework will be finalised for AMT and Board	Aug 2025	A joint PHA/SPPG Quality and Safety framework is under development.		The framework to be submitted at December's Joint Assurance Group. This will incorporate the PHA plan	Heather Reid / Denise Boulter
25	Conclude Agency Reshape and Refresh change management programme.					
	Reshape and refresh outcome measures delivered in line with Project plan timescales.	Dec 2025	An update was provided to the PHA Board Meeting in June and further work is being taken forward to conclude relevant outcome reporting		Following June 2025 Board update further work has progressed to support Tier 4 structure implementation. A further update to PHA Board is planned for November 2025. The majority of remaining Tier 4 posts will be progressed during Quarter 3 and 4 with view to formal evaluation in Quarter 4	Aidan Dawson (CEO) Grainne Cushley

OUR ORGANISATION							
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director	
26	Develop a new PHA Corporate Website providing greater functionality for engagement with target audiences.						
	Corporate website redevelopment project team in place	May 2025	Initial project work undertaken by Communications Mgt team. Project PID approved by AMT in June and revised project team being established. Discovery exercise commissioned and will report into Project Team.				Stephen Wilson
	Project plan agreed	Sept 2025	Draft project plan developed by Communications Mgt team. This will be further developed based on the Discovery exercise and input from wider project team. Discovery exercise includes: <ul style="list-style-type: none"> • PHA corporate site audit • UX baseline report • Competitive analysis report • Research methodology report • Google Search Console report • Public facing survey on PHA corporate site live • User behaviour survey Internal and External stakeholders workshops conducted and summary reports produced.			Initial Project plan drafted and a more comprehensive Discovery exercise agreed and commissioned with a resultant knock on impact on original timeline. Revised timeline: Dec 25 - Discovery exercise concluded and reported Jan 26 – Revised action plan agreed and signed off for development of new Corporate Website Mar 26 – Website development contract developed	
Further develop the Public Health Master Dataset.							
27		Sept 2025	Access to PHMDS was opened to HSCNI network users in June 2025. This will enable wider reach for				Paul McWilliams

OUR ORGANISATION						
	KPI and Milestones	Date	Progress (100 Words max)	Q1-Q4 	Mitigating Actions	Lead Director
	Dataset established, integrated with PHA systems, usage in analytics		<p>PHMDS and ensure HSC partners can make use of it.</p> <p>The most significant development has been the addition of geographic area-level profiles for District Electoral Areas and Trusts; Trust profiles are designed to support AIPBs. In addition, the Social Determinants of health section has been expanded. All changes have been co-developed with Health Intelligence.</p>			



Finance Report

Month 6 - September 2025

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

Introduction

This summary report outlines the agency's statutory duties and provides an update on the financial position at month 6, building on the PHA Financial Plan 2025/26 which has been formally approved by AMT and the PHA Board.

Section A: Statutory Targets

- **Break-even**

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

- **Financial Planning**

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

- **Prompt Payment**

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

Section B: Summary Position

The position at 30 September 2025 (Month 6) reflects a year-to-date (YTD) surplus of £624k and a forecast full year surplus of £788k.

The expected surplus of £788k for 2025/26 is based on the best available estimates at this time and relate to:

- Shingles vaccine: £0.500m unrequired from the allocation of £3m from DoH in August 2025, based on the vaccines team's confirmation of the anticipated 49,000 doses to be utilised in-year.
- Deemed Consent Organ Donation: £0.288m funding in baseline which won't be spent since the campaign has not be permitted to proceed by DoH.

We have advised the DoH that PHA are content for this amount to be retracted non-recurrently for 2025/26, which will leave a forecast breakeven position.

Table 1: PHA Summary Revenue position – September 25	Sep 25 Budget £'000	Sep 25 Actual £'000	Sep 25 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast Budget £'000
Programme Expenditure by Trust	4,168	4,168	0	23,558	23,558	0	47,243
Programme Expenditure by PHA	4,215	4,114	101	26,705	26,732	(27)	61,133
Total Programme Expenditure	8,383	8,282	101	50,263	50,290	(27)	108,376
Management & Admin	2,796	2,717	79	16,540	15,901	639	32,282
Ringfenced by Trust	10	10	0	10	10	0	20
Ringfenced by PHA	28	39	(10)	268	276	(8)	1,295
Total Ringfenced	38	49	(10)	278	286	(8)	1,315
Other Revenue Income	-	(1)	1	-	(20)	20	-
PHA Total	11,218	11,047	171	67,081	66,457	624	141,973

Total Funding Available 2025-26 (Appendix 1) **142,760**

Forecast Surplus/(Deficit) **788**

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

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

Other additional ad-hoc funds may be allocated during the course of the year for specific areas of costs arising which were not included in the opening allocation e.g. pay awards.

Section C: Expenditure to month 6

The PHA has reported a YTD **surplus position of £624k at 30 September 2025** and is forecasting a surplus of £788k 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	Sep 25 Budget £'000	Sep 25 Actual Exp £'000	Sep 25 Variance £'000	YTD Budget £'000	YTD Actual Exp £'000	YTD Variance £'000	Forecast Budget £'000
Programme Expenditure							
HSC Trust (See Table 3)							
Public Health	2,821	2,821	(0)	16,173	16,173	0	32,473
Population Health & Wellbeing	1,347	1,347	0	7,385	7,385	(0)	14,770
Sub Total By Trust	4,168	4,168	(0)	23,558	23,558	(0)	47,243
PHA Internal							
Public Health	3,544	3,624	(80)	16,394	16,752	(358)	33,938
Population Health & Wellbeing	659	474	185	10,227	10,076	151	23,813
Finance & Corporate Services	3	-	3	49	0	49	268
Population Data & Intelligence	-	-	-	-	-	-	3,252
Chief Executive & Board	10	16.11	(6)	34	56	(22)	(137)
Other	-	-	-	-	(173)	173	-
Sub Total By PHA Internal	4,215	4,113	102	26,705	26,712	(7)	61,133
Sub Total Trust + PHA Internal	8,383	8,281	102	50,263	50,270	(7)	108,376
Management & Admin							
Public Health	1,267	1,153	114	7,555	6,957	598	13,803
Population Health & Wellbeing	477	647	(170)	4,347	3,947	399	8,007
Finance & Corporate Services	227	354	(127)	2,062	2,067	(5)	4,111
Population Data & Intelligence	485	289	196	1,535	1,473	63	3,308
Chief Executive & Board	756	160	595	1,077	984	92	3,104
Other	(539)	0	(539)	(547)	-	(547)	(1,094)
SBNi	123	114	9	512	473	39	1,043
Sub Total - Management & Admin	2,796	2,717	79	16,540	15,901	639	32,282
Ringfenced							
Trust	10	10	0	10	10	0	20
PHA Direct	28	39	(10)	268	276	(8)	1,295
Sub Total	38	49	(10)	278	286	(8)	1,315
PHA TOTAL	11,218	11,047	171	67,081	66,457	624	141,973

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 - A small overspend of £7k is shown on PHA Internal programme budgets (i.e. Non-Trust) for the year-to-date.

- The *Chief Executive & Board* programme line shows a YTD overspend of £22k which is related to timing of payments, and no overspend is anticipated at year-end.
- The *Other* line relates to year-end accruals which were not required and have therefore been swept up and held centrally, effectively becoming a funding source for 2025/26.
- The *Public Health Services* Directorate shows an overspend of £358k 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 underspend on the *Population Health & Wellbeing* Directorate relates to timing of expenditure, and no surplus is currently forecast for the full year.

Management & Administration - A surplus of £639k is shown on the Management & Administration budget at month 6, reflecting underspends generated by the current level of vacancies across the Agency. This underspend was anticipated at the start of the year, and the Financial Plan approved a number of Programme pressures to absorb this slippage and manage the overall breakeven position.

Work on the realignment of budgets in line with the Reshape & Refresh programme has been completed and revised Directorate structures are now shown in the table above. The *Other* line reflects the fact that the Reshape & Refresh budget exceeds the funding available, and management are working to reduce this funding gap.

Ringfenced Funding –Ringfenced funding reflects a small overspend of £8k for the year to date. The full year budget comprises NI Protocol funding (£62k), Tackling Paramilitarism / Fresh Start (£408k) and COVID (£845k). 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	2,447	2,481	1,706	2,133	1,796	-	10,563
Service Development & Screening	8,332	3,576	971	2,505	3,227	-	18,610
Living Well	1,036	576	554	480	529	-	3,174
	11,814	6,632	3,231	5,118	5,551	-	32,346
Population Health & Wellbeing							
Ageing Well	265	67	197	107	45	-	680
Early Years	731	1,006	595	861	699	-	3,892
MH&LD	4,536	1,094	365	604	240	73	6,911
Nursing	857	306	341	944	807	31	3,287
Hlth&Swi	0	0	-	-	-	-	0
	6,388	2,473	1,498	2,516	1,791	104	14,770
Ringfenced- Covid	4	4	4	4	4	-	20
Other - Yet to be allocated							126
Total Current RRLs	18,207	9,109	4,732	7,638	7,346	104	47,263

Nursing: The budget associated with the former Nursing & AHP Directorate is shown as a single line until it is split into the new thematic areas later in the year.

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

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

Section D: Risks

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

- 1. HSC-wide funding gap:** the opening allocation letter from the DoH in June 2025 confirms a significant funding gap of some £600m across the HSC. To address the funding gap the Department has established a new Systems Financial Management Group (SFMG) to realise cash releasing savings in-year and put the HSC on a more sustainable footing. Although the Department is committed to driving efficiencies they have confirmed that it will not be feasible to address the overall gap in totality. As such, the PHA are advised that it is possible ALBs will be asked to deliver further savings in 2025/26. It will therefore follow that any slippage identified, net of inescapable pressures, will need to be returned to the Department during 2025/26.
- 2. Recurrent pressures funded from non-recurrent sources:** in the 2025/26 Financial Plan, a number of high-priority public health initiatives were approved to progress, funded from in-year slippage, mainly from vacancies within Administration budget. These initiatives have recurrent tails, and appropriate recurrent funding will need to be identified from 2026/27 onwards.
- 3. EY Reshape & Refresh review and Management and Administration budgets:** The PHA is has undergone a significant review of its structures and processes, and final structures are nearing completion. The current model has been costed at approximately £1m more than the funding available and, although current vacancy levels mean there is no issue in-year, there is a concern that once all posts are filled the structure will be unaffordable. Management are working to refine the structure and bring the cost into line with available funding to reduce the risk of an overspend in the future.
- 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 September shows that PHA is above the 95% prompt payment target on volume and value. The year to date position shows that the PHA is

achieving its target on volume but has dropped below the target on value. Prompt payment targets will continue to be monitored closely over the 2025/26 financial year. The value percentage dropped below the 95% target due to a large invoice in relation to vaccines not able to be processed for payment due to staff on leave.

Table 4: Prompt Payment Performance	September 2025	September 2025	Cumulative position as at September 2025	Cumulative position as at September 2025
	Value	Volume	Value	Volume
Total bills paid (relating to Prompt Payment target)	£9,681,617	336	£34,082,989	2,508
Total bills paid on time (within 30 days or under other agreed terms)	£9,579,572	325	£31,764,767	2,416
Percentage of bills paid on time	98.9%	96.7%	93.2%	96.3%

The 10-day prompt payment performance remains above the current DoH target for 2025/26 of 70%, at 85.4% on volume for the year to date.

Section F: Capital position

The PHA has a capital allocation (CRL) of £4.717m. This mainly relates to projects managed through the Research & Development (R&D) team, with the £4.6m allocated to Trusts in-year now retracted by DoH and issued to Trusts directly. The overall summary position, at the end of September 2025, is reflected in **Table 5** below.

Table 5: PHA Summary capital position – 30 September 2025

Capital Summary	Total CRL	Year to date spend	Full year forecast	Forecast Surplus/ (Deficit)
	£'000	£'000	£'000	£'000
HSC R&D:				
R&D - Health ALBs	293	0	293	-
R&D - Other Bodies	2,557	1,354	2,557	-
R&D - Capital Receipts	(372)	(76)	(372)	-
Subtotal HSC R&D	2,478	1,278	2,478	-
Other:				
Congenital Heart Disease Network	724	0	724	-
iReach Project	656	287	656	-
R&D - NICOLA	835	0	835	-
Monitors for Directors	5	0	5	-
Planning Laptops	19	19	19	-
Subtotal Other	2,238	305	2,238	-
Total PHA Capital position	4,717	1,583	4,717	-

R&D expenditure funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research

networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities. Both allocations fund agreed projects that enable and support clinical and academic researchers.

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

Recommendation

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

Appendix 1 – Breakdown of Funding Allocation 2025/26

Letter	Description	Total Allocation
DoH Allocation Letters:		
PHA 1	Opening PHA Allocation - 26 June 2025	£140,362,212
PHA 2	Primary HPV - transferred from SPPG	£729,601
	Trust Vaccination of relevant vaccinators against Hepatitis B (FAO Louise Herron, Rachel Spiers, Deirdre Ward, Wendy Thornton)	£20,000
	Sessional vaccinator funding for spring 2025 Covid Vaccination Programme (FAO Louise Herron, Rachel Spiers, Deirdre Ward, Wendy Thornton)	£42,313
	Trust spring 2025 Covid-19 vaccination clinics (FAO Louise Herron, Rachel Spiers, Deirdre Ward, Wendy Thornton)	£542,652
	Gonorrhoea Vaccination Programme (FAO Louise Herron, Rachel Spiers, Deirdre Ward, Wendy Thornton)	£100,000
	Joint Health and Education Partnership Lead Post (Technical Transfer - Direct)	£40,000
	Child Criminal Exploitation (ARCS Funding for SBNI Post) (Technical Transfer - Direct)	£55,000
	Cross Government Trauma Informed Practice Hub (Technical Transfer - Direct)	£328,000
	Drug Related Intimidation Response Scoping (Technical Transfer - Direct)	£80,000
	"Shingrix for all" Shingles Vaccination Programme	£3,000,000
	Protect Life 2	£200,000
PHA 3	Substance Use Strategy (Naloxone)	£40,000
	Retraction - Various Projects (Ward Sisters Initiative; Nursing Home In-Reach; Dysphagia Project and Partnership Working Officers) - to be transferred to SPPG	(£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
Assumed allocations to come from DoH (currently included in budget):		
	Additional funding for Prof Ian Young	£35,000
	Advanced Communication Skills Lead	£29,559
	Clinical Excellence Award	£58,272
	Accommodation funding (from SPPG)	£440,823
	Waste Water Pilot	£31,059
	Senior Executives Pay Award	£120,000
	Sessional Vaccinators	£240,000
Funding confirmed from NIMDTA		£490,624
Total Funding for 2025-26		£142,760,594

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 27 November 2025

Title of paper Joint Emergency Planning Annual Report 2024-2025

Reference PHA/05/11/25

Prepared by Mary Carey / Catherine Curran

Lead Director Dr Joanne McClean

Recommendation

For **Approval**

For **Noting**

1 Purpose

The purpose of this paper is to bring the Joint Emergency Planning Report to the Board for approval.

2 Background Information

The following Joint Public Health Agency (PHA), Strategic Planning and Performance Group (SPPG) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for the reporting period 2024-2025 seeks to provide assurance to the Department on progress made in emergency preparedness for the PHA, SPPG, BSO as outlined in the [HSC 44/2022 DOH and HSC Emergency Planning Policy Circular – September 2022](#).

This is a joint report produced collaboratively by the PHA, SPPG and BSO. The PHA has taken a lead role in co-ordinating the compilation of the report, ensuring alignment across all contributing partners. Submission of the report to DoH Emergency Planning Branch is via SPPG Director for Performance.

Adhering to the agreed regional template for this report, the key areas reflected include

- Leadership
- Multi-agency collaboration including cross-border initiatives
- Planning, Validating and Review of plans for the PHA, SPPG and BSO
- Key issues and areas of risk identified for the reporting period

- Incidents notified and responded to by PHA, SPPG, BSO and HSC Trusts for the reporting period
- Lessons learnt through exercising, debriefing and actions taken
- Training and exercising including associated expenditure
- Business Continuity Management
- Core Standards Assurance

The report covers the timeframe from 1st April 2024- 31st March 2025 and has been included as a separate attachment to this submission. The following is a summary of the key issues identified following a review of the Trust emergency planning annual report and core standard submissions.

3 Summary of Issues Identified

3.1.1 Chemical, Biological, Radiation and Nuclear (CBRN)

A key area of concern highlighted by Trusts with respect to CBRN, aligns to previous years submissions to DoH Emergency Planning Branch and highlights the requirement for specialised training for staff and testing of CBRN plans.

Completion of an initial analysis in 2024 by the DoH Emergency Planning Branch of the HSC personnel, equipment and training required to implement an effective response to a CBRN incident, highlighted concerns with respect to the lifespan of the CBRN decontamination equipment held by Trusts. The Powered Respirator Protective Suits (PRPS) expire in November 2027 and the mobile decontamination units reached their expiry date in March 2025.

Issues relating to the provision of training, exercising and the update of equipment across Trusts has been highlighted for some time and this has been recognised by the DoH forming the CBRN Resilience Co-ordination Group, the purpose of which is to address the regional risks associated with the absence of a local specialist training provided. The first meeting of this group was held in June and the September meeting has been rescheduled to January 2025.

Further discussion with DoH Emergency Planning Branch will be required to agree next steps.

3.1.2 Identification of Risks

Each Trust has identified risks within their area and have detailed action plans to address these. Ownership and responsibility of these risks' rests with each individual Trust. Progress and improvement against the risks and the non or partial compliance, will be reviewed throughout the year at Emergency Planning Oversight and Monitoring Group meetings.

3.1.3 Ownership and Responsibility for Risks

Each identified risk has been assigned to a lead organisation e.g. HSC Trusts, DOH, SPPG, PHA, with clear accountability for monitoring and mitigation. Organisational risk registers should be updated accordingly and reviewed regularly through HSC organisation governance forums.

3.1.4 Assessment of Progress and Improvement

Progress and improvement in emergency planning across PHA, SPPG and BSO are assessed through the annual HSC Emergency Planning Core Standards process. This structured framework enables consistent monitoring and benchmarking of performance against key preparedness. By reviewing compliance with these standards annually, we can identify areas of strength, and highlight gaps. This ongoing assessment supports continuous improvement and helps ensure that emergency planning remains robust, responsive, and aligned with regional and national expectations.

3.2.0 Assurance of Preparedness

The PHA, SPPG, and BSO continue to assure themselves of system readiness through:

3.2.1 Emergency Planning Training Budget and Delivery Overview

A dedicated recurring budget of £40K per annum is assigned by DoH NI to support emergency preparedness training across the Health and Social Care (HSC) system. This budget is overseen by the Public Health Agency (PHA) on behalf of the Department of Health Northern Ireland (DoH NI). The PHA is responsible for identifying training needs, sourcing appropriate training providers, and ensuring delivery to key staff within HSC partner organisations.

Training priorities are informed by the outcomes of the HSC Emergency Planning Training Needs Analysis (TNA), which is conducted annually to assess system-wide capability gaps and development requirements.

3.2.2 Training and Exercise Delivery: 2024–2025

Table 4 outlines the external training delivered to HSC organisations during the reporting period. This training was commissioned from a specialist provider and funded through the PHA emergency planning training budget.

Table 5 details the internal training delivered to staff within PHA, SPPG, and BSO. This training was facilitated by the PHA Emergency Planning and Hazards Team and the Health Protection Team, focusing on core competencies in emergency response and public health resilience.

Table 6 summarises the internal and multi-agency exercises in which staff from PHA, SPPG, and BSO participated during 2024–2025. These exercises were designed to test operational readiness, inter-agency coordination, and escalation protocols.

3.2.3 Review of lessons learned from real incidents and exercises

Between 1st April 2024 and 31st March 2025, the PHA and SPPG were alerted to a range of public health incidents, as detailed in Table 1, while Table 2 outlines cyber incidents reported to BSO during the same period. The PHA Health Protection Team also participated in several UKHSA National (Enhanced) Incident Management Team, as shown in Table 3.

Lessons identified from the local incidents highlighted in Table 1 emphasised the importance of timely inter-agency coordination, clear communication pathways, sustainable resource planning, and improved digital infrastructure to support preparedness and response efforts.

3.3.0 Review of the annual Emergency Planning HSC Core Standards

All HSC Trusts were required to submit their Emergency Planning Core Standards and Annual Emergency Preparedness Reports for 2024/25 to the Strategic Planning and Performance Group (SPPG) by 8th August 2025, see section 11 of the report for further information.

3.3.1 Core Standards Return (2024-2025)

The 2024/ 25 annual assurance process was undertaken through a local self-assessment against the HSC Emergency Planning Core Standards. The DoH NI lead a review of the EP core standards framework during the reporting period. The revised version for this reporting period and were introduced, retrospectively, in May 2025. The introduction of a number of new standards have resulted in the partial compliance. It has been agreed that the that full compliance against the standards would be achieved incrementally, with HSC organisations achieving full or near compliance within a three-year timeframe.

3.3.2 PHA

The PHA Emergency Planning HSC Core Standards for the time frame 2024-2025 have been scored with an amber RAG self-assessment for seven core standards and full compliance (green RAG) on fourteen standards. Work is ongoing as part of the 2025-2026 programme of work to address those standards that scored as amber. A summary of actions to address amber scores is outlined as follows;

- Development of a PHA policy on debriefing following incident response.
- Development of an EPRR policy for the organisation reflecting the roles and responsibilities of all staff.
- Review of the PHA; SPPG; BSO Joint Response Emergency Plan (JREP).
- Review of all EPRR plans

- Review of current EPRR training programme and recruitment to address current staff vacancies in the PHA Emergency Planning and Environmental Hazards Team.
- Review of training and exercise programme in line with agreed regional priorities.

3.3.2.1 Business Continuity Planning (BCP)

With reference to BCP, the self-assessment exercise reflected an amber self- assessment RAG for two core standards and green for fourteen standards out of the sixteen core standards applicable to business continuity.

The amber score will be addressed following the implementation of the training programme for BCP in 2026.

3.3.3 SPPG

The SPPG Emergency Planning HSC Core Standards for the timeframe 2024-2025 were submitted to the DoH Emergency Planning Branch with an Amber RAG self-assessment indicating partial compliance.

The Emergency Planning Core Standards are a revised version for this reporting period and were introduced, retrospectively, in May 2025. There are a number of new standards that have resulted in the partial compliance.

3.3.4 BSO

The BSO Emergency Planning HSC Core Standards for the timeframe 2024-2025 have been scored as partial (amber). The BSO's ability to fully comply was limited due to not having a dedicated Business Continuity/Emergency Planning resource. This was documented on the Directorate's risk register along with a supporting action plan which has since been addressed by the Director of People & Place and the BSO Executive Leadership Team. A dedicated resource is now in place and work will commence to ensure full compliance with the HSC Core Standards.

3.3.5 HSC Trusts

HSC Trusts were requested to submit their Emergency Planning HSC Core Standards and Annual Reports on Emergency Preparedness for 2024/25 no later than 31st October 2025. The rationale for the change in the normal submission date was that a new group of Core Standards was issued by DoH Emergency Planning Branch on 21st May 2025 following a review of the previous Core Standards Framework. The reviewed Framework has a three-year period to provide time to achieve full or near full compliance. The submissions were reviewed by SPPG and a number of development areas and challenges were identified for consideration and incorporated in to Trust work plan and risk registers as appropriate for 2025/ 2026.

There were a number of common areas of partial or non-compliance within the Trust Standards which are summarised as follows;

- **Governance** – the main area identified across the returns was the need to develop an EPRR policy for the organisation; this was a new standard for this reporting period.
- **Duty to Assess Risk** – this standard requires the specific inclusion of EPRR Risks into Trusts and the linking of this to the NI Civil Contingencies Risk Register produced by TEO. This EPRR Risk Register links to the development of the EPRR Policy.
- **Resources**– the availability of EPRR resources is a recurring theme with Trusts considering the resourcing issues associated with maintaining plans within review periods (12 months), meeting the demands of the Business Continuity arrangements associated with Encompass and reviewing Business Continuity plans in line with NIS Regulations and Business Continuity Audit recommendations. A number highlighted the potential impact of the work that is to commence on the review of the NI Mass Casualty Framework by DoH.
- **Command and Control** – the introduction of the consideration for all on-call staff to be trained in line with the NHS England Minimum Occupational Standards for EPRR highlighted partial or non-compliance across all Trusts. Whilst the Standards are yet to be formally adopted (this was to be done via the NI HEPPF), all Trusts are working to that formal adoption.
- **Information Sharing** – Trusts reflected that there was still work to be done Regionally within the multi-agency sphere and Trusts would continue to engage where possible.
- **Training** – there was 25% regional compliance in this area. The topics are linked to the introduction of the Minimum Occupational Standards, sourcing appropriate training to meet the Standards, no formalised regional training strategy and the need to complete and maintain records of training and exercising.
- **Preparedness** – this standard primarily addresses Trust Preparedness in relation to CBRN work areas. The matter of CBRN exercising across Trusts has been highlighted for some time and this has been recognised by the DoH forming the CBRN Resilience Co-ordination Group, to address the regional risks associated with the absence of a local specialist training provider, issues with aging CBRN equipment and competing operational priorities.
- **Hazmat CBRN Training** – regional compliance is at 23%; this is linked to the previous Standard (see note above).
- **CBRN Capability** – regional compliance is at 30%. The principle area of non-compliance is related to the requirement for a CBRN Capability report and clarification on responsibility for completion of the report as referenced in core standard no. 36.

3.4. PHA;SPPG and BSO action plan for the next 12 months to manage identified risks and areas of concern raised during responses to actual incidents.

A key area of concern highlighted by Trusts with respect to CBRN, aligns to previous years submissions to DoH Emergency Planning Branch and highlights the requirement for specialised training for staff and testing of CBRN plans.

Completion of an initial analysis in 2024 by the DoH Emergency Planning Branch of the HSC personnel, equipment and training required to implement an effective response to a CBRN incident, highlighted concerns with respect to the lifespan of the CBRN decontamination equipment held by Trusts. The Powered Respirator Protective Suits (PRPS) expire in November 2027 and the mobile decontamination units reached their expiry date in March 2025.

Issues relating to the provision of training, exercising and the update of equipment across Trusts has been highlighted for some time and this has been recognised by the DoH forming the CBRN Resilience Co-ordination Group, the purpose of which is to address the regional risks associated with the absence of a local specialist training provided. The first meeting of this group was held in June and the September meeting has been rescheduled to January 2025.

Further discussion with DoH Emergency Planning Branch will be required to agree next steps.

3.5. Conclusion

During the course of the reporting period the PHA, SPPG and BSO encountered a number of significant challenges as outlined in this report. Despite these pressures, PHA, SPPG and BSO staff continued to ensure key issues were addressed during this timeframe and delivered a comprehensive exercise and training programme for staff as reflected in this report. In addition, the PHA lead on the co-ordination of a number of public health incident responses as well as participating in a significant number of national IMTS.

The review of the PHA, SPPG, BSO and HSC Trust annual reports and emergency planning core standard submissions to DoH. reflects that the delivery of specialised training for staff remains challenging.

The [NI Civil Contingencies Framework](#) outlines the requirements for multi-agency partnership in planning for and responding to incidents. This has placed a renewed focus on multi-agency training and exercising.

The [NHS Minimum Occupational Standards for Emergency Preparedness Resilience and Response](#) sets out the minimum standards that health commanders, managers and staff responding to incidents and other staff involved in EPRR must achieve in order to be competent and effectively undertake their roles.

4 Next Steps

Following approval, the Report will be submitted to the Department for publication.

JOINT PUBLIC HEALTH AGENCY (PHA) / STRATEGIC PLANNING AND PERFORMANCE GROUP (SPPG) / AND BUSINESS SERVICES ORGANISATION (BSO) ANNUAL REPORT ON EMERGENCY PREPAREDNESS 2024/2025

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Acronyms	
ABC	Agency Business Continuity
AD	Authorised Departures
AMT	Agency Management Team
BCG	Business Continuity Plan
BEPG	Belfast Emergency Preparedness Group
BGAMG	Blue Green Algae Monitoring Group
BHSCT	Belfast Health and Social Care Trust
BIA	Business Impact Analysis
BSO	Business Services Organisation
BTS	Blood Transfusion Service
CBEMG	Cross Border Emergency Management Group
CBRN	Chemical, Biological, Radiological & Nuclear
CCA	Civil Contingencies Act 2004
CCGNI	Civil Contingencies Group Northern Ireland
CEx	Chief Executive
CMO	Chief Medical Officer
CONOPS	Concept of Operations
CTP	Critical Threats Preparedness Tactical Working Group
CXNIW	Chief Executive Northern Ireland Water
DAERA	Department of Agriculture and Environment Rural Affairs
DAFM	Department of Agriculture Food and Marine Highly Pathogenic
DFI	Department of Infrastructure
DoH (NI)	Department of Health (Northern Ireland)
DoJ	Department of Justice
DPH	Director of Public Health
EHNI	Environmental Health Northern Ireland
EmPEnH	Emergency Planning & Environmental Hazards Team within the Public Health Agency
EOC	Emergency Operations Centre
EPG	Emergency Preparedness Group
EPHPB	Environment Public Health Programme Board
EPHPB	Environmental Public Health Protection Board
EPHPN	Environmental Public Health Practice Network
EPRR	Emergency Preparedness Resilience and Response
HMIMMS	Hospital Major Incident Medical Management Systems
HNV	Health Notifications Value
HP	Health Protection
HPAINCG	Avian Influenza National Coordination Group
HPIRP	Health Protection Incident Response Plan
HSC	Health & Social Care
HSE	Health Service Executive
IAR	In Action Review
IMT	Incident Management Team
JEP	Joint Emergency Preparedness Board
JESIP	Joint Emergency Service Interoperability Programme

JREP	Joint Response Emergency Plan
LGEMG	Local Government Emergency Management Group
LIAC	Local Impact Assessment Call
MA	Multi Agency
MET	Meteorological Office
NHS	National Health Service
NHSCT	Northern Health and Social Care Trust
NIAS	Northern Ireland Ambulance Service
NICCF	Northern Ireland Civil Contingencies Framework
NIE	Northern Ireland Electricity
NIEPG	Northern Ireland Emergency Preparedness Group
NIFRS	Northern Ireland Fire and Rescue Service
NRAPUK	National Radon Action Plan (UK)
NSRA	National Security Risk Assessment
PHA	Public Health Agency
PPE	Personal Protective Equipment
PSNI	Police Service Northern Ireland
PSSID	Performance Safety and Service Improvement Director
RCE	Radiation Chemical and Environmental Hazards
SEHSCT	South Eastern Health and Social Care Trust
SHSCT	Southern Health and Social Care Trust
SOP	Standard Operating Procedure
SPPG	Strategic Planning & Performance Group
STAC	Scientific & Technical Advice Cell
TEO	The Executive Office
TNA	Training Needs Analysis
UKSHA	UK Security & Health Authority
WHSC	Western Health and Social Care Trust

EXECUTIVE SUMMARY

Summary of Issues identified

The following Joint Public Health Agency (PHA), Strategic Planning and Performance Group (SPPG) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for the reporting period 2024-2025 seeks to provide assurance to the Department on progress made in emergency preparedness for the PHA, SPPG, BSO as outlined in the [HSC 44/2022 DOH and HSC Emergency Planning Policy Circular – September 2022](#).

This is a joint report produced collaboratively by the PHA, SPPG and BSO. The PHA has taken a lead role in co-ordinating the compilation of the report, ensuring alignment across all contributing partners. Submission of the report to DoH Emergency Planning Branch is via SPPG Director for Performance.

The report covers the timeframe from 1st April 2024- 31st March 2025 and has been included as a separate attachment to this submission. The following is a summary of the key issues identified following a review of the Trust emergency planning annual report and core standard submissions

Chemical, Biological, Radiation and Nuclear (CBRN)

A key area of concern highlighted by Trusts with respect to CBRN, aligns to previous years submissions to DoH Emergency Planning Branch and highlights the requirement for specialised training for staff and testing of CBRN plans.

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Further discussion with DoH Emergency Planning Branch will be required to agree next steps.

Identification of Risks

Each Trust has identified risks within their area and have detailed action plans to address these. Ownership and responsibility of these risks' rests with each individual Trust. Progress and improvement against the risks and the non or partial compliance, will be reviewed throughout the year at Emergency Planning Oversight and Monitoring Group meetings.

Ownership and Responsibility for Risks

Each identified risk has been assigned to a lead organisation e.g. HSC Trusts, DOH, SPPG, PHA, with clear accountability for monitoring and mitigation. Organisational risk registers should be updated accordingly and reviewed regularly through HSC organisation governance forums.

Assessment of Progress and Improvement

Progress and improvement in emergency planning across PHA, SPPG and BSO are assessed through the annual HSC Emergency Planning Core Standards process. This structured framework enables consistent monitoring and benchmarking of performance against key preparedness. By reviewing compliance with these standards annually, we can identify areas of strength, and highlight gaps. This ongoing assessment supports continuous improvement and helps ensure that emergency planning remains robust, responsive, and aligned with regional and national expectations.

Assurance of Preparedness

The PHA, SPPG, and BSO continue to assure themselves of system readiness through:

1) Emergency Planning Training Budget and Delivery Overview

A dedicated recurring budget of £40K per annum is assigned by DoH NI to support emergency preparedness training across the Health and Social Care (HSC) system. This budget is overseen by the Public Health Agency (PHA) on behalf of the Department of Health Northern Ireland (DoH NI). The PHA is responsible for identifying training needs, sourcing appropriate training providers, and ensuring delivery to key staff within HSC partner organisations.

Training priorities are informed by the outcomes of the HSC Emergency Planning Training Needs Analysis (TNA), which is conducted annually to assess system-wide capability gaps and development requirements.

2) Training and Exercise Delivery: 2024–2025

Table 4 outlines the external training delivered to HSC organisations during the reporting period. This training was commissioned from a specialist provider and funded through the PHA emergency planning training budget.

Table 5 details the internal training delivered to staff within PHA, SPPG, and BSO. This training was facilitated by the PHA Emergency Planning and Hazards Team and the Health Protection Team, focusing on core competencies in emergency response and public health resilience.

Table 6 summarises the internal and multi-agency exercises in which staff from PHA, SPPG, and BSO participated during 2024–2025. These exercises were designed to test operational readiness, inter-agency coordination, and escalation protocols.

3) Review of lessons learned from real incidents and exercises

Between 1st April 2024 and 31st March 2025, the PHA and SPPG were alerted to a range of public health incidents, as detailed in Table 2, while Table 7 outlines cyber incidents reported to BSO during the same period. The PHA Health Protection Team also participated in several UKHSA National (Enhanced) Incident Management Team, as shown in Table 3. Lessons identified from the local incidents highlighted in Table 2 emphasised the importance of timely inter-agency coordination, clear communication pathways, sustainable resource planning, and improved digital infrastructure to support preparedness and response efforts.

4) Review of the yearly Emergency Planning HSC Core Standards

All HSC Trusts were required to submit their Emergency Planning Core Standards and Annual Emergency Preparedness Reports for 2024/25 to the Strategic Planning and Performance Group (SPPG) by 8th August 2025, see section 10 for further information.

1. Background

Emergency Planning Resilience and Response (EPRR) is a core function of the PHA, SPPG and BSO and is required in adherence to the [NI Civil Contingencies Framework](#) and the [HSC 44/2022 DOH and HSC Emergency Planning Policy Circular – September 2022](#). As such, each organisation is required to demonstrate its ability to respond to a wide range of incidents and emergencies while maintaining services. These can range from extreme weather conditions to infectious disease outbreaks, major incidents requiring the co-ordination of a response and resources from a number of organisations.

The following Joint Public Health Agency (PHA), Strategic Planning and Performance Group (SPPG) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for 2024/25 updates the DoH EPRR Branch on the following over the reporting timeframe (2024/25);

- Summary of key activities
- Update on incidents and events which occurred during the reporting timeframe
- Outcome of the annual EPRR assurance and related functions
- Priorities for the 2025/26 work programme

The SPPG have received the Annual Reports on Emergency Preparedness from the Belfast Health and Social Care Trust (BHSCT), the South Eastern Health and Social Care Trust (SEHSCT), the Western Health and Social Care Trust (WHSCCT), the Northern Health and Social Care Trust (NHSCT), the Southern Health and Social Care Trust (SHSCT), and the Northern Ireland Ambulance Service Trust (NIAS). A summary of the key issues identified in these reports is reflected in section 10 page 44.

2. Leadership

Responsibility for emergency preparedness in the three organisations is held by the Chief Executives for the PHA and BSO, and SPPG Chief Operations Officer (Interim) and is delegated via the Director for Public Health (PHA) the Director for Strategic Performance (SPPG) and the Director of People and Place (BSO) to the Senior Manager for Emergency Planning PHA, the Emergency Planning Resilience and Response (EPRR) Lead SPPG and the Assistant Director, Corporate Services, BSO.

3. Multi-agency collaboration including any cross-border initiatives

Taking cognisance of the principles outlined in the NI Civil Contingencies Framework, the PHA, SPPG and BSO work collaboratively with their multi-agency partners and HSC Trusts in enhancing emergency preparedness, resilience and response arrangements. The

following paragraphs provide an overview of multi-agency partnership working across a number of planning groups.

3.1 Northern Ireland Emergency Preparedness Group (NIEPG)

The Civil Contingencies Group Northern Ireland CCG (NI), chaired by the Deputy Secretary of Civil Contingencies in The Executive Office, is the principal strategic emergency preparedness body for the public sector and comprises of representatives for the local government sector, government departments and emergency services.

The NIEPG is a sub-group of the Civil Contingencies Group NI CCG (NI) the purpose of which is to ensure that planning at local level is in line with the strategic direction provided by CCG (NI). NIEPG provides direction to the work of the Northern, Southern and Belfast Emergency Preparedness Groups (EPGs), facilitates cohesion between these groups and ensures effective communication between the EPGs, regional working groups and CCG (NI). HSC Trusts are represented on each of the EPGs and the PHA and SPPG are both represented on NIEPG.

Representation of the PHA and SPPG on NIEPG fulfils the following;

- Engagement with partner organisations;
- Where appropriate, health representation on key planning and priority projects;
- Contributes to discussions around the provision of a joint approach to emergency preparedness, response and recovery;
- Supports an escalation pathway from Health to multi-agency partners; and
- Contributes to the delivery of the work programme where appropriate for Health.

The PHA Senior Emergency Planner and SPPG Emergency Planning and Business Continuity Manager are represented on this group and report on proceedings to the chairs of the PHA, SPPG, BSO Joint Emergency Planning (JEP) Board.

During the reporting timeframe NIEPG met on the following dates;

- 29th April 2024
- 16th September 2024
- 10th December 2024

The Terms of Reference for the group can be seen in appendix 1.

3.2 Critical Threats Preparedness (CTP) Steering Group and Critical Threats Preparedness Tactical Working Group

The PHA Senior Emergency Planner represents the PHA on the CTP Steering Group which sits under the auspices of CCG(NI). It is chaired by the Department of Justice (DoJ) and

includes representation for Government Departments, agencies and key stakeholder groups who have a key role in preparing a multi-agency response to critical threats. Members of this group have the authority to take decisions on behalf of their organisations. and who have the authority to take decisions on behalf of their organisations The role of the CTP Steering Group is to understand the critical threats picture for NI (taking account of the National Security Risk assessment (NSRA)) and to set the strategic direction for and provide oversight of a co-ordinated multi-agency preparedness and response capability in respect of critical threats for NI. The group is supported by the Critical Threats Preparedness Tactical Working Group who take forward where necessary actions from the steering group which support tactical planning, including recommendations from the Manchester Arena Inquiry, Martyn’s Law and going forward the outcomes of the review of the National Strategic CBRN Framework as applicable to NI. The PHA are represented on both groups.

The CTP Steering Group met on the following dates during the reporting timeframe:-

- 7th June 2023
- 6th September 2023
- 6th December 2023

The CTP Tactical Working Group met on the following dates during the reporting timeframe;

- 28th March 2024
- 25th September 2024
- 22nd January 2025

3.3 Four Nations meetings

Table 1 provides a summary of the national the PHA are represented on. The PHA are key contributors to the work of these groups the outcomes from which are incorporated into local planning and response arrangements.

Table 1: Four Nations Groups

Meeting	Chair	Representative
4 Nations Health Protection Committee	UKHSA	Director of Public Health
4 Nations Health Protection Oversight Group	UKHSA	Director of Public Health
4 Nations EPRR Group	4 nation rotating chair, currently PHW	Senior Emergency Planner PHA
4 Nations Border Health Stakeholder Group	UK Home Office	Senior Emergency Planner PHA

4 Nations Border Health Working Group	UKHSA	Senior Emergency Planner PHA
UKHSA Situational Awareness Exchange	UKHSA	PHA Surveillance

3.4 Northern Ireland (NI) Port Health Forum:

The NI Port Health Forum is chaired by the Senior Emergency Planner for the PHA, Health Protection. The purpose of the group is to support the PHA Health Protection service in meeting its responsibilities for:

- Liaising with other agencies involved in providing health related activities at ports;
- Contributing to health protection related planning in ports;
- Conducting a review of port health plans as required;
- Providing training and continuing education related to port health;
- To facilitate collaborative working with health protection colleagues to respond to a health protection incident on ships or aircrafts; and
- To ensure consistency of approach across all ports in NI.

The group meets on a six-monthly basis and met on the following dates during the reporting timeframe:

- 3rd June 2023
- 15th November 2023
- 7th March 2024

The NI Port Health Forum Terms of Reference can be viewed in appendix 2.

3.5 Environmental Public Health Programme Board (EHPB) 4 Nations

The PHA Environmental Hazards lead is a member of The Environmental Public Health Programme Board which aim to protect public health and provide leadership and oversight of environmental public health matters and to identify environmental public health synergies with the devolved administrations, providing a forum for co-ordination of activities and sharing good practice.

Representatives from the 4 nations attend including the Department of Health, Department for Environment, Food and Rural Affairs, the Environment Agency and Devolved administration equivalents, Public Health Wales, Public Health Scotland and the Health and Safety Executive. The priorities of the group are:

- to identify gaps and priorities in environmental public health in line with government policy and to promote appropriate projects/collaborations to fill these gaps and to achieve health protection goals;
- to review strategic plans across PHE that are relevant to environmental public health; and
- to review R&D priorities and research strategies relevant to environmental public health and to identify opportunities for joint research.

The Board meets on a quarterly basis and met on the following dates during the reporting timeframe:

- 24th April 2024
- 3rd July 2024
- 22nd January 2025

3.6 Environmental Public Health Practice Network (EPHPN) 4 Nations

The PHA Environmental Hazards lead is a member of the Environmental Public Health Practice Network which is a forum with the aim of developing a harmonised approach to dealing with non-infectious environmental public health issues. These include chemical, environmental hazards and radiological matters within UKHSA and with the Devolved Administrations.

Representatives from the 4 Nations attend including UKHSA Health Protection Teams, the Radiation, Chemicals and Environmental Hazards Directorate (RCE), Public Health Agency, Public Health Wales and Public Health Scotland. The forum is accountable to the EPHPB. The priorities of the network include:

- to provide a platform for discussion of non-infectious environmental public health hazards, identifying common issues, training needs, good practice and recommendations for addressing key issues;
- to promote teamwork and coordination;
- to promote a consistent local and national approach within UKHSA, thereby promoting uniformity and standardisation; and
- to promote liaison between RCE, local health protection teams and others as appropriate and make recommendations to improve the effectiveness of operational response of UKHSA on non-infectious environmental public health hazards.

The group met on the following dates during the reporting timeframe:

- 12th November 2024
- 20th June 2024

3.7 National Radon Action Plan Group

In 2018 following public consultation, the first UK National Radon Action Plan (NRAP) was published. Radon is a radioactive gas from natural sources and the largest source of radiation exposure to the UK population. Long term exposure to high radon levels significantly increases the risk of lung cancer. The NRAP ensures compliance for the UK with The Ionising Radiation (Basic Safety Standards) (Miscellaneous Provisions) Regulations 2018. The NRAP must be updated at intervals of no more than five years.

The group serves two functions:

- to update the NRAP; and
- to ensure good cross-government communications on radon-related matters following the creation of UKHSA.

The PHA Environmental Hazards lead is a member of the group which meet to contribute to and review the revised publication and make sure it has gained the necessary approvals within the respective organisations. The group also provides an opportunity for shared learning and discussion of updated research and issues. The report was submitted last year for ministerial approval. The group met on the following date during the reporting timeframe:

- 22nd May 2024

3.8 Drinking Water & Health Liaison Group

The PHA Environmental Hazards Lead attends the Drinking Water and Health and Liaison Group which aims to advise on public health issues associated with both public and private drinking water supplies, enhancing working relationships, co-ordination of approaches and understanding between group members and the organisations that they represent. Where relevant, matters will be referred to Department of Health (DoH) Chief Medical Officer (CMO), Director Public Health (DPH) and Chief Executive of Northern Ireland Water (CXNIW) for endorsement/ approval. The group is attended by members from the Department of Health, NI Water, the Environmental Health Northern Ireland (EHNI) and Drinking Water Inspectorate.

Matters considered include to review:

- Health Notification Values (HNVs) and associated procedures and action;
- Derogation procedures including Authorised Departures (ADs) and undertakings;
- Current issues e.g. lead, Cryptosporidium, public buildings, private supplies, contaminated land, algal blooms, etc;
- Water quality incidents, shared learning points;
- Timeframe review of drinking water and health guidance;

- Consideration of potential research topics; and
- Other matters referred to it by the DoH CMO, the DPH CXNIW or any of the organisations represented on the Group.

The group meets on a 6-monthly basis and met on the following dates during the reporting timeframe:

- 5th December 2024
- 10th May 2024

3.9 Inter-agency Blue Green Algae Monitoring group

The Inter-agency Blue Green Algae Monitoring Group (BGAMG) was established in late 2023 following management of a number of significant blue green algae blooms in Lough Neagh. The group review monitoring approaches by agencies involved in providing public advice on the use of water bodies that can be impacted by blue-green algae in Northern Ireland along with the current guidance available for bathing, drinking water and consumption of fish from the lough. They will also support the work of the Water Quality Task and Finish Review Team (which comprises of senior DAERA policy officials and senior representatives from the NIEA and NIW) to ensure water quality.

The group met on the following dates during the reporting period:-

- 9th April 2024
- 23rd April 2024
- 2nd May 2024
- 29th July 2024
- 28th February 2025

3.10 Four Nations Environmental Public Health Task Group

The UKHSA led Environmental Public Health Protection Board (EPHPB) has previously agreed to incorporate the Four Nations Environmental Public Health (EPH) workstream within its remit and function. This has been endorsed by the Health Protection Oversight Group. Government officials and public health agencies from each UK nation expressed an appetite to work together to develop a common EPH work programme, which led to the establishment of this Task Group. It aims to strengthen cooperation and coordination of common issues, enhance incident response capabilities and improve the effectiveness of UK arrangements to deal with serious cross border EPH threats.

The group met on the following dates during the reporting period:

- 11th October 2024
- 8th January 2025

- 17th March 2025

3.11 BEPG Belfast Harbour and River Lagan Working Group

The Belfast Harbour and River Lagan Working Group ensures that Belfast Harbour, the River Lagan management, and emergency responders plan together to provide an integrated and effective response and recovery to any emergency within or affecting the Belfast Harbour Estate or the River Lagan. The Group facilitate multi-agency partnership working to share risk information to enable a collaborative assessment of risk and to prepare and plan for emergencies that may necessitate multi-agency co-ordination. The group meets twice yearly or more frequently if required.

The group met on the following dates during the reporting timeframe:

- 16th May 2024
- 26th September 2024
- 24th March 2025

3.12 Health Emergency Preparedness Meetings

The revised Emergency Planning Policy Circular issued in September 2022 outlines the roles and responsibilities for all HSC Organisations in respect of Emergency Preparedness and Resilience. In particular it references the enhanced monitoring and performance management function of the SPPG, and details the development of the overarching HSC Emergency Preparedness Monitoring Group and the Emergency Preparedness Group to support the SPPG's revised monitoring function. The following groups support the implementation of the governance arrangements for emergency preparedness as outlined in the [HSC 44/2022 DOH and HSC Emergency Planning Policy Circular – September 2022](#).

3.12.1 The NI Health Emergency Planning Forum

The forum meets on a bi-annual basis the purpose of which is to provide strategic direction and focus on defining agreed annual priorities for HSC emergency preparedness. The forum is chaired by the DoH and membership includes Director level representation from HSC Trusts, NIFRS, NIBTS, PHA, BSO and SPPG. This group met three times during the reporting period:

- 23rd May 2024
- 24th October 2024
- 27th February 2025

The Health Emergency Planning Forum Terms of Reference can be referred to in appendix 3.

3.12.2 Joint Emergency Planning Board (JEP Board)

The Joint Emergency Preparedness (JEP) Board is co-chaired by the Director of Public Health (PHA) and the Director of Strategic Performance (SPPG). The purpose of the Board is to ensure that there is an appropriate and proportionate level of HSC preparedness across the three organisations to enable an effective HSC response to emergencies which have a significant impact on the local community. The forum meets on a 6 monthly basis as follows;

- 7th November 2024
- 10th April 2025

Membership of JEP Board consists of senior level representation from the PHA, SPPG, BSO and DoH. The Terms of Reference for this group can be referred to in appendix 4.

3.12.3 Joint Emergency Preparedness Team (JEP Team)

The PHA, SPPG and BSO are responsible for the development of plans that support the co-ordination of a response to a major incident by Health Silver. The JEP Team are responsible for taking forward actions as identified by the JEP Board, for the maintenance and development of the PHA, SPPG, BSO Joint Emergency Response Plan (JERP) and supporting operational plans including the development and delivery of a programme of training for the three organisations.

The role of the Joint Emergency Preparedness (JEP) Team is to ensure that PHA:SPPG:BSO, are adequately prepared to respond to major incidents and events within the context of the [HSC 44/2022 DOH and HSC Emergency Planning Policy Circular – September 2022](#). And the Civil contingencies Framework NI. The team will report up to the JEP Board via the PHA Senior Manager for Emergency Planning and the SPPG EPRR Lead.

The Team is co-chaired by the PHA Emergency Planning and Business Continuity Manager and the SPPG EPRR Lead. The JEP Team meet monthly and met on the following dates during the reporting timeframe:-

- 18th February 2025
- 18th March 2025

Terms of reference for this group can be referred to in appendix 5.

3.12.4 The HSC Emergency Planning Monitoring Group / HSC EPRR Monitoring and Oversight Group

In the interest of progressing the EPRR agenda for the HSC, taking cognisance of learning from Module 1 of the Covid Inquiry and planning for major events in 2025, a proposal to repurpose this group was submitted to the DoH in December 2024. It was proposed that

the SPPG EP Monitoring Meeting was repurposed to incorporate the legacy informal HSC Trust Emergency Preparedness meetings to support the governance arrangements for the communication of risks and issues identified to DoH. This approach was taken in acknowledgement of the learning from Module 1 of the Covid Inquiry and the required planning with HSC Trusts for major mass gathering events scheduled for 2025.

The repurposed HSC EPRR Monitoring and Oversight Group is chaired by the SPPG Director of Performance, Safety and Service Improvement (PSSID), and co-chaired by the Director of Public Health Agency (PHA) and Director of People and Place (BSO). Membership includes Trust Medical Directors, Trust Director of Performance, Assistant Directors with responsibility for emergency preparedness, EP leads from the HSC Trusts, NI Blood Transfusion Services (NIBTS), PHA, SPPG and BSO. The repurposed HSC EPRR Monitoring and Oversight Group meets three times a year at which HSC Trusts are expected to provide updates and assurance in respect of:

- DOH Emergency Planning Branch Priorities
- Emergency Preparedness Core Standards
- Annual Emergency Preparedness Reports
- Completion of annual training and exercising requirements
- Horizon scanning and associated risk assessments
- Identification of resources to meet annual emergency preparedness commitments.

The group met on the following date:

- 22nd April 2024- meeting cancelled as the priorities for planning had not been set by DoH and NI Health Emergency Planning Forum not scheduled to meet until 23rd May 2024.
- 18th September 2024-meeting cancelled as priorities for planning (24-25) were not set by DoH EPRR Branch
- 13th March 2025- meeting convened

Terms of reference for this group can be referred to in appendix 6.

3.12.5 PHA;SPPG;BSO Pandemic Preparedness Task and Finish Group

The PHA SPPG BSO Pandemic Preparedness Task and Finish Group was established in June 2023 to develop the PHA,SPPG and BSO pandemic preparedness plans, taking cognisance of learning from Covid. The purpose of the Task and Finish Group is to ensure that the three organisations are prepared to respond to future pandemics and that plans are in place to support a sustained response to a protracted pandemic requiring activation of business continuity arrangements for the three organisations. This group is co-chaired by the Deputy Director for Public Health and the Director for Hospital Care and supported by

the PHA Emergency Planning Team. Membership of the group consists of service leads from the three organisations.

Work has been progressing to develop pandemic plans incorporating a focus on preparedness for H5N1. A pandemic preparedness workshop was held on Monday 16th September 2024, the purpose of which was to present an overview of draft service plans, identify areas where further planning was required, discuss cross cutting issues and areas where additional funding is required, including digital requirements.

The approved draft pandemic preparedness plans were submitted to DoH in October 2024. to inform an assessment of readiness for pandemic response and to determine next steps for planning with HSC Trusts and partner organisations. A consolidated gaps analysis and identification of funding requirements was included with the submission.

This group met on the following dates during the reporting timeframe: -

- February to April 2024 one to one meetings with workstream leads to discuss service specific plans
- 29th May 2024
- 4th July 2024
- 1st August 2024
- 16th September 2024 – Pandemic Preparedness Workshop

The following is a list of the plans submitted to DoH in October 2024;

- Health Protection Acute Response
- Health Protection Surveillance
- Contact Tracing, Digital Requirements and Workforce Planning
- Joint Communications Pandemic Preparedness Operational Plan
- Infection Protection Control
- Testing
- Vaccinations
- General Medical Services
- Secondary Care
- Population Screening
- General Dental Services
- General Ophthalmic Services
- Pandemic Plan for Prisons in Northern Ireland
- Community Care
- Mental Health and Learning Disability Pandemic Planning
- Older People and Physical Disability Sensory Impairment
- Children and Young People's Services
- NI Pandemic Regional Action Plan for Hospice Sector

- Care Home Sector

3.12.6 Health Service Executive (HSE) and Department of Agriculture, Food and the Marine Highly Pathogenic (DAFM) Avian Influenza National Coordination Group (HPAI NCG)

Following the all island HPAI exercise in June 2023, the PHA were invited to join the HPAI NCG as observers. This is a multidisciplinary group co-chaired by the HSE and DAFM the purpose of which is to facilitate collaborative situation monitoring, ongoing risk assessment and coordinate shared HPAI prevention and preparedness activities with the aim of rapidly informing response to mitigate the risk to human health posed by Highly Pathogenic Avian Influenza. The group meets on a quarterly basis and the current draft terms of reference can be seen in appendix 7.

4. Review of Emergency Response Plans (2024/25)

Throughout the reporting period key areas of planning were taken forward by the PHA, SPPG and BSO, as follows;

4.1 Health Protection Incident Response Plan (HPIRP)

The Health Protection Incident Response Plan V1, May 2023 provides the framework of how the PHA Health Protection Service assesses, responds to and recovers from public health incidents. The document reflects clear escalation and co-ordination arrangements and is reflective of the procedures outlined in the UKHSA Incident Response Plan. Training with respect to this plan is ongoing for the PHA acute response service.

4.2 Emergency Operations Centre (EOC) Plan 2024

The EOC operational plan provides guidance on the activation, operational management, logistical requirements and stand down of an EOC for a joint and single agency response. The plan outlines staff roles, responsibilities and operational processes including records management processes for a physical and virtual EOC. Minor updates were made to this document during the reporting period.

4.3 Chemical, Biological, Radiological Nuclear (CBRN) Plans

CBRN preparedness planning was agreed as a priority for action at the NI Health Emergency Planning Forum in February 2025. To support delivery of this priority, the following work is ongoing;

- The PHA and SPPG are core members of the NI Critical Threats Steering Group and NI Critical Threats Tactical Working Group.
- Completion of HSC CBRN gaps analysis and submission of paper to the chair of the regional Critical Threats Steering Group (February 2025).

- The PHA and SPPG were contributors to the regional review of the Emergency Preparedness Core Standards for Health, which includes CBRN, implemented May 2025.
- Establishing links with UKHSA with respect to the update of plans, national review of CBRN plans currently ongoing.
- The PHA Senior Emergency Planner is chair of the 4N group tasked to review the Scientific Technical Advisory Group (STAC) training for chairs. This work has been temporarily paused in light of commitments to exercise Pegasus across the four nations.

4.4 BSO Emergency Preparedness

The revised Emergency Planning Policy Circular issued in September 2022 outlines the roles and responsibilities for all HSC Organisations in respect of Emergency Preparedness and Resilience. Where a tactical level emergency response is required which is impacting on HSC Service Delivery, the BSO will support SPPG who will lead Health Silver. The BSO continues to have a significant number of senior staff across all business areas trained in Emergency Preparedness.

4.4.1 BSO HSC Incident Response Plan (cybersecurity)

The HSC Incident Response Plan has been tested through a series of cyber exercises in 2025, in order to build resilience, confidence and capability across the organisation. Recognising the benefit of embedding exercising within routine cyber resilience planning, the Cyber Programme Team have hosted regional events including a technical table top Exercise for HSC Cyber Leads in March 2025 and a Senior Leadership Cyber Desktop Exercise in May 2025. Such exercises aim to build staff confidence in navigating challenges effectively, offering 'preparedness through practice' for incident response.

Please refer to Table 7 page 30, for further information on the types of cyber incidents responded to during the reporting period.

4.5 SPPG Emergency Preparedness

The Emergency Preparedness Team changed in 2024, with both staff members moving on, creating a vacancy for seven months. The 8B post remained vacant to the beginning of 2025, when it was filled via a secondment from PHA. Planning commenced for the Open Golf (which was scheduled for July 2025) in January 2025 with PHA and SPPG co-chairing a HSC Emergency Planning Group on a monthly basis. Work was continued with DoH Policy colleagues, in the revision of the Core Standards Framework and with NIAS regarding their Major Incident declaration cascade procedures.

4.6 Business Continuity Planning

During the reporting period, a comprehensive review of all SPPG directorate-level Business Continuity Plans (BCP) was undertaken (June 2024) to ensure continued organisational resilience and preparedness. This review was conducted in alignment with the Corporate Business Continuity Plan, which was also updated to reflect current risks, operational changes and lessons learned from recent disruptions.

Each directorate assessed and refreshed its individual continuity arrangements, ensuring that critical functions are supported by up-to-date mitigation strategies and recovery procedures. The Corporate Business Continuity Plan now incorporates these updated directorate plans and provides an integrated framework to manage disruptions, safeguard essential services, and maintain public confidence in the event of emergencies.

4.7 Planning for Major Events

Major sporting and entertainment events are not new to Northern Ireland. Large scale mass gatherings /high profile events present significant challenges to public health. Fluctuating populations and increased population density during mass gatherings contribute to what is believed to be a higher incidence of illness and injury than would occur naturally in a population of comparable size. Where many people are gathered together there is an increased risk of transmission of disease, which can have implications both for the host country and the countries to which visitors return.

These events bring with it special challenges for the HSC family and will require planning and preparation across the HSC and multi-agency partners, building on existing emergency preparedness arrangements. Specific health planning will focus on the following areas;

- Disease surveillance and outbreak response
- Environmental health and food safety
- Health care capacity and mass casualty preparedness
- Public health response to CBRN/HAZMAT incidents
- Public information

The following is a summary of the mass gathering events planned for during the 2024/25 reporting period.

4.7.1 Events Planning - Amgen Irish Open – 8th September to 15th September 2024

Planning for the Amgen Irish Open commenced in June 2024. The EP role within Multi-Agency Silver was to contribute to the development of the organiser's major incident plans for the event from the perspective of a health response for NI and to ensure appropriate procedures were in place by the medical events team for a major incident response and management of an outbreak.

4.7.2 153rd Open Golf Championship – 13th July 2025 to 20th July 2025

Planning for the 153rd Open Golf Championships commenced in 2024. In November 2024, the PHA and SPPG were invited to join the Silver multi-agency planning group and the Gold multi-agency planning group and lead on HSC planning for this event. From the 13th -20th July 2025, at the Royal Portrush Golf Club will host the 153rd Open.

To support the development of a robust HSC plan for this event, a PHA Health Protection Sub-Group was established and chaired by the PHA Emergency Planning and Business Continuity Manager, these were held monthly from 1st April 2025. In parallel a joint HSC emergency preparedness sub-group was established to support Trust planning for this event. Meetings were held monthly from January to June 2025. This group was co-chaired by the SPPG EPRR Lead and the PHA Senior Emergency Planning Manager. The final draft of all multi-agency and the event organisers Incident Response plan (IRP) was tested as part of a table top exercise on the 27th May 2025. For additional information with respect to HSC planning, please refer to the event briefing paper in appendix 8.

5. Incidents Notified and responded to by the PHA, SPPG and BSO

The following tables provide an overview of the incidents responded to over the 2024/25 reporting timeframe.

Table 2- Public Health incidents requiring co-ordination of a response from the PHA

Table 3- UKHSA National Incident Response co-ordination with PHA involvement/representation

Table 4- Incidents notified to SPPG

Table 5- Local Impact Assessment Calls

Table 6- Summary of incidents responded to by HSC Trusts

Table 7- Summary of cyber incidents responded to by BSO

Table 2 - Pubic Health incidents requiring a response from the PHA

Date	Incident type	Level of Involvement	IRP Response Level
PHA Incident Response			
15 January 2024 – 22 October 2024	Pertussis	UKHSA declared a Standard response in May 2024 due to the continue increase in cases within England, Scotland, Wales and NI. The projection that this surge would last until Autumn 2024. The PHA Health Protection service established a Health Protection Pertussis Incident Management Team on 29th May 2024, chaired by the Director for Public Health. This group was set up to support joint working with Trusts on the further development of public health response planning for pertussis.	Standard
13 March 2024 – 22 January 2025	Measles	In October 2023, there was an increase in measles cases across England, with a disproportionately high rate seen in the West Midlands region. In January 2024, cases in the West Midlands increased sharply. Following confirmed cases of measles within NI (1 st case 7 th February 2024) the PHA Health Protection service enhanced its measles planning via the establishment Measles Preparedness and Response Steering Group chaired by the Deputy Director of Public Health and a Measles Response Operational Cell group chaired by a Health Protection Consultant.	Standard
19 August 2024-present	Mpox (clade 1)	Related to incident NRC035 in Table 3.	Standard
10 th February 2025 – 17 February 2025	H5 Avian Influenza Incident – Risk assessment and follow up of 5 exposed persons	Standard response OOHs 2 nd on call HP Consultant linking with external stakeholders, DPH in attendance at meetings.	Routine

Table 3 – UKSHA National Incident Response with PHA Involvement / Representation

Incident Name	Description	Start of Incident (date)	Incident Status
UKSHA National Incidents with PHA Involvement			
NICC62 Diphtheria	A notable increase in cases of diphtheria caused by toxigenic <i>Corynebacterium diphtheriae</i> amongst asylum seekers recently arriving in the UK was observed from September 2022. Case numbers escalated during October and November, prompting escalation to a UKHSA enhanced incident response on 9th of November 2022. Cases were also reported in several European countries.	09.11.2022	Stood Down 21.05.24
NRC022 Increase in Measles 2024	Since 01 October 2023, there was an increase in measles cases across England, with a disproportionately high rate seen in the West Midlands. The areas and communities with the highest increases and most serious outbreaks are those with low uptake of MMR vaccination (some as low as 50%). The West Midlands Regional HPT team escalated this to the central incident response team in UKHSA which declared a Standard national incident to oversee the risk assessment and public health response to the outbreak in the West Midlands and coordinate the multiagency input to the response.	24.11.2023	Stood Down 04.11.24
NRC025 Pertussis Increase	Following an increase in cases from December 2023 in England, Scotland, Wales and N.I (January 2024), UKHSA declared a Standard incident response in May 2024 due to the continued increase in cases and projection that the surge would last until Autumn 2024.	15.01.2024	Stood Down 23.05.25
NRC026 Increase in Non0157 STEC	Cluster of 20 confirmed cases of STEC O26 t5.2283, predominantly affecting young children and geographically spread across England, Scotland and Wales. The outbreak strain was associated with higher risk of the patient developing Haemolytic Uremic Syndrome (HUS), a serious complication that can result in renal failure, severe illness and death. Due	16.01.2024	Stood down – 02.08.2024

Incident Name	Description	Start of Incident (date)	Incident Status
UKSHA National Incidents with PHA Involvement			
	to concern around the severity of illness in a vulnerable age group and a high rate of hospital admission, a decision was made to escalate to a Standard national incident on 15 January 2024.		
UKHSA Salmonella Anatum ST5197 (outbreak response)	Cluster of 22 cases of confirmed <i>Salmonella anatum</i> t5.3 (ST5197 5-SNP address: 2.2.2.2.3.%) identified across England, Scotland, Wales and N. Ireland. UKHSA outbreak response.	24.04.2024	Stood Down-28.04.24
H5N1 Cattle (USA outbreak)	A single joint (animal/human) assessment of likely relative risks for routes by which this outbreak is most likely to reach the UK and/or Western Europe, and to look at how international animal and human surveillance is aligned with this relative risk along these routes.	29.04.2024	Stood Down 20.05.25
NRC028 Listeria – Standard Response	On 28 May 2024, the UKHSA were informed of <i>Listeria monocytogenes</i> (LM) isolated from two patients (both with specimen dates of 06 May) which fall into the same five SNP cluster belonging to serotype 1/2A, CC20 with SNP address designation T5140.	10.06.2024	Stood Down 22.07.24
NRC035 Mpox Clade I	<p>The World Health Organizations (WHO) multi-country outbreak of mpox. Clade I mpox virus (MPXV) is a high consequence infectious disease (HCID) which may be more severe and transmissible than the clade II mpox, which has been present in the UK since 2022.</p> <p>UKHSA declared a National Enhanced Incident on 19th August 2024 following increasing transmission of clade I mpox in the Democratic Republic of Congo (DRC), and other surrounding countries in Central and East Africa. The. The World Health Organization (WHO) International</p>	19.08.2024	Stood-down 19.06.2025

Incident Name	Description	Start of Incident (date)	Incident Status
UKSHA National Incidents with PHA Involvement			
	Health Regulations (2005) (IHR) Emergency Committee classed the outbreak as a Public Health Emergency of International Concern (PHEIC).		
NRC025 Marburg	An outbreak of the Marburg Virus Disease (MVD) in Rwanda reported a total of 26 confirmed cases including six deaths, a CFR of 23%.	30.09.2024	Closed
NRC029 Burkholderia Stabilis Cluster	Investigating a cluster of <i>Burkholderia (B.) stabilis</i> sequence type (ST) 1565 suspected to be associated with a specific non-sterile ultrasound gel product used in clinical settings in England.	08.10.2024	Stood down 15.11.2024
NRC038	Issues with Electronic Reporting	17.10.2024	Closed on 31.10.2024
NRC042 H5N1 Human Cases in North America	Review situational awareness, data, risk assessment, testing and diagnostics to develop plans for the identification and management of the early cases of H5N1 in England.	26.11.2024	Stood Down 22.05.25
NCR043 Polio	Detection of poliovirus in sewage samples collected from Leeds, London and West Sussex in November. The surveillance undertaken involves 26 sewage treatment sites being tested monthly across England.	11.12.24	Stood Down 08.05.25
NRC046 Candidozyma Auris	UKHSA is responding to increasing detections of <i>Candidozyma (Candida) auris</i> in hospitals. This was managed as a Routine incident with a multi-stakeholder incident management team.	07.01.25	Stood Down 22.20.25
NRC045 VHF Outbreak in Africa	On 14 January 2025, the World Health Organization (WHO) published a Disease Outbreak News item stating that as of 11 January 2025, 9 suspected cases of Marburg virus disease (MVD) had been reported from the Kagera region, United Republic of Tanzania. No cases of Ebola or Marburg virus disease associated with the outbreaks were reported in the UK. UKHSA assessed the risk to UK public health as very low for the MVD outbreak in Tanzania and low for the Sudan EBV	05.02.25	Stood Down 22.04.25

Incident Name	Description	Start of Incident (date)	Incident Status
UKSHA National Incidents with PHA Involvement			
	outbreak in Uganda. A National Standard incident was stood up on 31 January 2025.		
NRC047 Lassa Fever	On 05 March the IHR NFP of Nigeria reported an individual who had travelled to the UK whilst unwell, and who had been diagnosed with confirmed Lassa fever on return to Nigeria. Contact tracing commenced 05 March evening across multiple regions of England.	06.03.2025	Stood Down 14.10.25

NB: Stood-down - Business as Usual with monitoring meetings depending on the type and scale of the incident. **Closed** -the incident is declared as over entirely. **Open** – meetings still ongoing about the incident.

Table 4 – Incidents Notified to SPPG

Date	Incident type	Level of Involvement	JREP Response Level
Incidents notified to SPPG			
24.01.25	Severe weather- Storm Eowyn – red weather alert	Represented Health on the multi-agency Strategic Co-ordination Group and the cell for the medical vulnerable group was chaired by the Director for PMSI. Response co-ordinated with HSC Trust and multi-agency partners.	n/a JREP not activated as HSC Silver not convened.

Table 5 – Local Impact Assessment Calls

Date	Incident type	Level of Involvement	JREP Response Level
Multi Agency Led Incidents			
6 th – 7 th April 2024 Local Impact Assessment Call	Yellow weather warning-impacts for wind and rain	PHA Emergency Planning and Hazmat Team represented on LIAC call.	1
12 th May 2024 Local Impact Assessment Call	Yellow weather warning for thunderstorms	PHA Emergency Planning and Hazmat Team represented on LIAC call.	1
22 nd May 2024 Local Impact Assessment Call	Yellow warning for rain – low impact	PHA Emergency Planning and Hazmat Team represented on LIAC call	1
16 th October 2024 Local Impact Assessment Call	Yellow warning – Storm Ashley	PHA Emergency Planning and Hazmat Team represented on LIAC call	1
21 st November 2024 Local Impact Assessment Call	Yellow warning – Storm Bert	PHA Emergency Planning and Hazmat Team represented on LIAC call	1
5 th December 2024 Local Impact Assessment Call	Yellow warning – Storm Darragh	PHA Emergency Planning and Hazmat Team represented on LIAC call	1
21 st January 2025 – 26 th January	Storm Eowyn <ul style="list-style-type: none"> • National Severe weather warning 	SPPG Emergency Planning and Business Continuity Manager and members of the PHA Emergency Planning and Hazmat Team represented on LIAC call.	2

Date	Incident type	Level of Involvement	JREP Response Level
Multi Agency Led Incidents			
Severe Weather Event – Local Impact Assessment Calls (LIAC) Storm Eowyn	for Friday 24 th to Saturday 25 th January. <ul style="list-style-type: none"> • 22nd January AMBER warning for strong winds and YELLOW warnings for wind, rain and snow. • 23rd January RED warning for strong winds across NI and Government emergency alerts sent to everyone across NI. 		
8 th April 2025 9 th May 2025 Local Impact Assessment Calls (LIAC)	Wildfires across NI	Facilitation of multi-agency engagement in line with the NI Civil Contingencies Framework to raise awareness of the potential for impacts and identify if any assistance or coordination may be required for wildfires across NI. SPPG Emergency Planning and Business Continuity Manager and members of the PHA Emergency Planning and Hazmat team represented on LIAC calls.	1

Table 6 – Summary of Incidents Responded to by HSC Trusts

HSC Trust	Total Number of Incidents Notified to Trust	Number of Major Incidents Declared by Trust	Major Incident Involvement	Number of Incidents Responded to by Trust
SEHSCT	4	1	07.10.24 - Bus crash (Trust declared) 24.01.25 - Storm Eowyn (PSNI declared)	4
NHSCT	15	0	24.01.25 - Storm Eowyn (PSNI declared) 05.03.25 - RTC (PSNI declared)	11
WHSCT	5	0	24.01.25 - Storm Eowyn (PSNI declared)	5
SHSCT	14	1	03.02.25 - House fire, –(Trust declared) 24.01.25 - Storm Eowyn (PSNI declared)	12
BHSCT	29	0	24.01.25 - Storm Eowyn (PSNI declared)	15
NIAS	11	1	07.10.24 - Bus Crash (NIAS declared) 24.01.25 - Storm Eowyn (PSNI declared)	11

Table 7 – Summary of Cyber Incidents Responded to by BSO

Date	Incident type	Level of Involvement	
Cyber Incidents			
Phishing	3	Fraudulent emails designed to steal personal information or containing suspicious links which were received by HSC staff and reported centrally to the Cyber Programme Team.	
Major 3 rd Party Incidents	7	3rd party suppliers to HSC who have experienced a major incident.	

Date	Incident type	Level of Involvement	
Cyber Incidents			
Email Compromise	2	HSC suppliers who have experienced a compromise of their mailbox.	

NB: Stood-down - Business as Usual with monitoring meetings depending on the type and scale of the incident. **Closed** -the incident is declared as over entirely. **Open** – meetings still ongoing about the incident.

6 Storm Eowyn – 21st January to 31st January 2025

SPPG convened a meeting of Health Silver on 23rd January 2025, following the Met Office issuing a Red Weather Warning. From this point to 31st January 2025, SPPG Chaired the Vulnerable Cell and was also represented on the Humanitarian Cell which stood-up during the recovery phase. SPPG worked with partners to prioritise those with medical needs who were impacted by the storm.

Membership of the Vulnerable Cell included HSC Trusts, NIE Networks, Red Cross, Housing Executive and the Resilience Team. Key elements for the focus of the Cell were to identify people who were known to Trusts as clients and cross-match these people with those who had registered with NIE Networks on their Vulnerable Customer register. One identified learning point was that the data held by NIE Networks was categorised by address and did not always contain a rationale for why the individual had registered. It was time-consuming mapping this information to Trust boundaries. Also, the NIE Networks data was aligned to the customer and this also did not directly read across to Trust information. As the impact of the storm continued to be felt, the work of the Vulnerable Cell became absorbed into the Humanitarian Cell, as it was evident that the societal impact was becoming greater and was not just impacting those with medical needs. Further work with respect to the co-ordination of the response for vulnerable people with multi—agency partners, taking cognisance of the learning from discussions at the multi-agency debrief (June 2025). The report from this debrief remains outstanding.

In response to Storm Eowyn, a PHA Health Protection Group was formed to oversee business continuity measures and was chaired by the PHA Senior Emergency Planning Manager. The agenda for this group included assessing the impact of the storm, evaluating business continuity arrangements for staff, and developing contingency plans going into the weekend of the storm, along with communications to PHA staff. The group convened daily at 10:00am from 23rd January to 26th January 2025.

7. Training and exercising

A joint training and exercise programme for 2024-2025 was developed for PHA, SPPG and BSO staff. The purpose of this programme was to support organisational resilience, staff succession planning and the capability to respond to incidents and support business continuity for the PHA, SPPG and BSO.

7.1 SPPG Training

This year, significant progress was made in enhancing the visibility, tracking and strategic oversight of staff training across the organisation. A new consolidated training report has been developed through the Emergency Planning team, designed to support workforce planning, compliance monitoring, and professional development.

Each training report includes:

- Staff Training Portfolios – Individualised records, detailing completed training, competencies, and certification staff for each, as well as outline all courses invited to.
- Course Directory – A comprehensive catalogue of available training courses.
- Key to National Occupational Standards (NOS) - A clear mapping of training content to relevant NOS, supporting standardised skills development and regulatory alignment.
- Training Calendar – A record of past training sessions and scheduled future training dates, enabling better planning and attendance.
- Training master sheet – A centralised log consolidation all training data, used to identify gaps, monitor uptake, and support audit readiness.
- Compliance Summary Datasheet – A high-level overview of training completion rates by course, highlighting areas requiring additional focus or intervention.

This new reporting framework strengthens our commitment to workforce capability and compliance, ensuring staff are equipped with skills and knowledge necessary to delivery safe, effective, and high-quality services.

8. DoH training budget

A dedicated recurring emergency planning budget of £30,000 per annum was agreed in 2012. It has been the responsibility of the PHA to oversee this budget on behalf of DoH NI and source relevant training for key staff within HSC partner organisations.

Table 8, below highlights emergency preparedness training provided to HSC organisations during 2024-2025 based on the outcome of the HSC Training Needs Analysis (TNA).

Table 9, below highlights the internal training provided to PHA, SPPG and BSO staff. This training was provided by the PHA Emergency Planning and Hazards Team and Health Protection Team during 2024-2025.

Table 10, below highlights the number of exercises staff from PHA, SPPG and BSO participated in during 2024-2025.

Table 8 :- External Emergency Preparedness training provided by HSC and partner organisations funded by the PHA emergency planning training budget

Date	Venue	Programme	Provider	Participants	Cost
27 March 2025	Conference Rooms, 2 nd Floor Linenhall Street, Belfast	BIA Process Development workshop	BC Training, Fairhaven Road, Lytham, St Anne	2 - NIBTS 1 - BSO 1 - WHSCT 2 - SHSCT 2 - SETrust 3 - NHSCT 2 - SPPG 3 - PHA Total - 16	£9387.00
28th October 2025	Conference Rooms, 2 nd Floor Linenhall Street, Belfast	Introduction to Northern Ireland Civil Contingencies	The Executive Office (TEO)	30 – PHA Total - 30	£42.00 Catering Venue - £0.00
	BHSCT	Hospital Major Incident Medical Management Systems (HMIMMS)	ALSG	116 staff across 6 Trusts	£15,184
Overall Training Total - £24,655					

Table 9:- Internal Emergency Preparedness training provided to PHA, SPPG and BSO staff by the PHA Emergency Planning and Hazards Team and the Health Protection Team

Dates	Venue	Programme/ Topic	Participants	Costs
30 May 2024	Conference Rooms, 2 nd Floor Linenhall Street, Belfast	Environmental Training	6 - PHA Total – 6	£0.00
27 June 2024 10 July 2024 24 July 2024	M S Teams	Blue Green Algae	11 - PHA 18 - PHA 20 - PHA Total – 49	£0.00
30 August 2024	The Mount, Woodstock Road, Belfast	Measles Learning Event	5 - BHSCT 3 - WHSCT 6 - NHSCT 5 - SEHSCT 6 - SHSCT 7 - PHA Total – 32	£1329.60 – catering and room hire at The Mount
23 August 2024	M S Teams	EOC Training (SPPG)	10 - SPPG Total – 10	£0.00
16 September 2024	The Mount, Woodstock Road, Belfast	Pandemic Preparedness Work Shop	17 - PHA 10 - SPPG 1 - BSO Total – 28	£1329.60 – catering and room hire at the Mount

Dates	Venue	Programme/ Topic	Participants	Costs
12 September 2024 2 October 2024 10 December 2024	M S Teams	EOC Training	8 - PHA 6 - PHA 8 - PHA Total – 22	£0.00
24 April 2024 26 March 2024 20 August 2024	M S Teams	In House Loggist Training	5 - PHA 12 - PHA 4 - PHA Total – 21	£0.00
12 September 2024 05 December 2024 06 March 2025	Conference Rooms, 2 nd Floor, Linenhall Street, Belfast	Mandatory Emergency Preparedness Planning & Response in Practice training	37 - PHA 33 - PHA 49 - PHA Total – 119	£0.00
6 th November 2024	Conference Rooms, 2 nd Floor, Linenhall Street, Belfast	IRP (Incident Response Plan) Awareness Training	17 – PHA Total - 17	
1 st April 2024 to 31 st March 2025	On Line LearnHsc – e-learning	Emergency Planning Preparedness and response Awareness	132 - PHA Total - 132	£0.00
			Overall Training Total– £2659.20	

8.1 Emergency Preparedness e-Learning Module

An e-learning module was launched on HSCNI Learn platform in January 2024. The training module aims to raise awareness amongst PHA, SPPG and BSO staff on emergency planning, preparedness and response arrangements.

The module informs staff of the statutory duties and legal framework for Emergency Planning in NI; the principles of Emergency Planning; the roles and responsibilities of the PHA, SPPG and BSO and staff in supporting an emergency response; emergency planning phases and how the organisations assess, respond to and recover from incidents. This training is mandatory for PHA staff and staff were required to undertake the e-learning and the Mandatory Emergency Preparedness Planning and Response Training for certification compliance, see Table 8.

8.2 Training attended by the PHA Emergency Planning Team during 2024-2025

The NI Civil Contingencies Learning and Development Strategy

The NI Civil Contingencies Learning and Development Strategy was authorised by Civil Contingencies Group (NI) on 16th November 2022. This strategy was developed to augment the NI Civil Contingencies Framework to deliver excellence in learning and development within our profession. CCG(NI) also authorised the provision of a task and finish group which would provide oversight and direction to the implementation and authorisation of the strategy. The PHA Senior Emergency Planner is a member of the Learning and Development Working Group and members of the PHA Emergency Planning Team have facilitated on a number of the training courses.

8.2.1 Introduction to Civil Contingencies Training – 28th October 2024

Members of the PHA Emergency Planning and Hazmat Team attended the Introduction to Civil Contingencies Training. The purpose of this training was to provide participants with understanding and awareness of civil contingencies arrangements in NI and the principles articulated in JESIP.

The course is orientated to providing initial awareness and orientation to civil contingencies in NI. It provides a foundational understanding of;

- relevant legislation, guidance and structures
- NI specific provisions provided for in the NI Civil Contingencies framework
- The operationalisation of such arrangements within JESIP and through local emergency preparedness activities.

The training took place in conference room 4, Linenhall Street, Belfast.

Table 10: - PHA, SPPG and BSO Exercise Table 2024 – 2025

Exercise Name	Date	Participants	Exercise Type	Provider
PHA Internal Exercises				
PHA Measles Learning Event	30 th August 2024	BHSCT – 5 NHSCT – 4 WHSCT – 3 SHSCT – 6 SEHSCT – 5 TOTAL – 23	Learning event to reflect on HSC Trusts plans, procedures and current systems for Measles in a variety of settings with different patient groups. To identify and discuss areas that need action or further consideration	PHA Emergency Planning and Hazards Team, Speciality doctors.
PHA, SPPG, BSO Pandemic Preparedness Workshop	16 th September 2024	PHA EP, SPPG EP Teams, PHA - 17 BSO - 1 SPPG - 10	Table-top exercise to identify gaps in pandemic planning and preparedness, resilience and response for each of the participating organisations.	PHA Emergency Planning and Environmental Hazards Team
PHA MPOX Table Top Exercise Janus	16 th January 2025	BHSCT – 15 NHSCT – 11 SEHSCT – 15 SHSCT – 11 WHSCT – 7 NIAS – 3 SPPG - 7 PHA – 30 TOTAL - 99	Table-top exercise to explore the HSCNI readiness response for the first imported cases of MPOX Clade 1.	PHA Emergency Planning and Hazards Team, Speciality doctors.
Multi-Agency Exercises 1st April 2024- 31st March 2025				
DfE/TEO Electricity Reasonable Worst-	5 th June 2024	TEO CCPB, NI Utilities, NI Gov Departments, Trusts, Emergency Services	Table-top exercise to examine the impacts of reductions in electricity supply and how	TEO CCPB

Exercise Name	Date	Participants	Exercise Type	Provider
case scenario workshop			this cycle of outages might be managed in the short to medium term.	
Exercise Erne Endeavour WHSCT Mass Casualty Exercise	14 th October 2024	WHSCT Staff, SPPG, NIAS, PSNI	The table-top exercise at the Southwest Acute Hospital examined the response to a multiple casualty incident in the South West area and the impact on HSC locally and beyond.	The Executive Office, Civil Contingencies Learning and Development Division
Multi-agency Exercise Scorpion part 2	23 rd October 2024	PHA, PSNI, NIFRS, NIAS	CBRN Table-top exercise as part of the annual CPD programme for Strategic and Tactical Commanders	NCBRNC
DfI Desktop training exercise – snow & ice	28 th November 2024	PSNI, NIFRS, PHA, DoH, HSC Trusts, MET office, DFI, SPPG, NIE, NI Water, Translink, NIAS	A training exercise to test both the tactical and strategic multi-agency response to a severe snow and ice weather emergency in accordance with the NI Civil Contingencies Framework. The aims of the exercise were to give attendees the opportunity to network and share knowledge In order to: <ul style="list-style-type: none"> • better understand the role and responsibilities of their organisation in the response and recovery phases of the NI Civil Contingencies Framework; and specifically, during a major snow & ice emergency; 	Department for Infrastructure (DFI)

Exercise Name	Date	Participants	Exercise Type	Provider
			<ul style="list-style-type: none"> inform the development of their organisation's own Major Emergency Response Plans; test areas where we as a multi-agency emergency planning group are particularly vulnerable when it comes to dealing with major severe weather emergencies. 	
Port Health Exercise Blue Eagle	10 th December 2024	PHA Senior Emergency Planner	PHA were observers on the PHS port health (aviation) table top exercise – Mpox clade 1	Public Health Scotland (PHS)
Exercise ICARUS	28 th January 2025	Emergency Services, HSC Trusts, SPPG, NIAS, NI Airport FRSs, Regional Resilience staff National DVI staff, NI Coroner.	This exercise was to examine the response to a large passenger aircraft crashing off the runway at Belfast International Airport. It looked at the multi-agency co-ordination to 40 fatalities 50+ casualty incident.	College of Policing
Exercise Pandora (ROI)	6 th March 2025	PHA Senior Emergency Planner	The PHA were invited to participate as observers at the RoI Health Service Executive (HSE) Pandemic Exercise.	RoI HSE

8.3 Measles Learning Event – 30th August 2024

On the 30th August, 2024, PHA Health Protection staff organised a Measles Learning event in the Mount Conference centre, Belfast.

The learning event was attended by all HSC Trusts and the objectives were;

- To reflect on HSC Trust plans, procedures and current systems for Measles in a variety of settings with different patient groups.
- To identify and discuss areas that need action or further consideration.

There were presentations from the PHA Health Protection, Acute Response and Surveillance. Two scenarios were discussed which were developed by blending particular circumstances from a number of cases that the PHA were involved in. There were two injects for each scenario which facilitated discussion and observations on current HSC Trust procedures and processes. Key issues and themes were identified from the facilitated discussions, notes from the tables and the plenary session.

Assurances were sought from the HSC Trusts on the following key areas;

- Plans and pathways are in place for identifying and contact tracing exposed individuals in hours and out of hours for all departments.
- Plans and pathways for risk assessing and treating high risk contacts.
- Individuals identified and trained for these roles.
- Communication pathways, escalation, leadership including IMT membership and documentation.

8.4 PHA, SPPG, BSO Pandemic Preparedness Workshop 16th September 2024

A Pandemic Preparedness workshop was held on Monday 16th September 2024 for planning leads to provide an overview of planning completed to date, identification of gaps in planning and identify next steps, support a joined-up approach to planning and to outline the submission schedule to DoH.

The aim of the workshop was to update participants on pandemic preparedness plans and identify any gaps in planning. The objectives of the workshop were to:-

- Explore the areas/gaps that had not been addressed in the pandemic plans;
- Facilitate collaborative discussions regarding areas that require further planning and agree next steps;
- Support a joined-up approach across the different pandemic plans; and
- Work collaboratively to finalise the plans for Mid-October deadline as agreed with DoH NI.

8.5 Mpx Clade 1 table top exercise – 16th January 2025

On the 16th January, 2025, the Health Protection Emergency Planning and Environmental Hazards Team and speciality doctors organised a table-top exercise to explore the HSCNI readiness response for the first imported cases of clade 1 Mpx. The exercise provided an opportunity to bring HSC Trusts, SPPG and PHA together to explore current planning assumptions for the management of a High Consequence Infectious Disease (HCID) through scenario-based discussion.

The objectives of Exercise Janus;

- To explore plans to suppress the transmission of clade 1 Mpx in NI through a combined strategy incorporating testing, tracing, vaccination and isolation.
- To explore arrangements to mitigate harm from clade 1 Mpx infection by early diagnosis, risk stratification and care pathways.
- To review the co-ordination of the health response for clade 1 Mpx

The scenario for Exercise Janus was designed to draw out the challenges that may arise for the HSC in the management of the first case of clade 1 Mpx and to facilitate discussions across a number of key themes as aligned to the exercise objectives. The exercise also provided participating organisations to share learning, identify areas of concern and to identify gaps in planning.

The exercise provided an opportunity to review planning to date, identify gaps and areas that require a renewed focus to support the development of a HCID framework for HSC NI.

9. Business Continuity Management

PHA, SPPG and BSO have in place business continuity plans for their respective organisations which aligns with the requirements of the ISO 22301/22313.

9.1 PHA

During the reporting timeframe the PHA Finance and Corporate Services Directorate completed a major review of the Business Continuity arrangements in place. Business Impact Assessments had been completed by each Directorate and reviewed by AMT. Directorate Business Continuity Plans had been developed and submitted and approved by AMT in September 2024.

The Business Continuity Project Team was re-established to review and test Business Continuity Plans within the PHA. Terms of Reference were reviewed and

approved by AMT in January 2025. The Terms of Reference can be viewed at appendix 9.

The Corporate Business Continuity Plan (Version 10) was reviewed and updated and signed off by Assistant Directors and Deputy Directors in April 2025. The Corporate Business Continuity Plan was tested on the 6th May 2025, those present at the testing included Directors, Assistant/ Deputy Directors, relevant senior staff and members of the Business Continuity Project Team.

The Communications Protocol was reviewed and updated and Agency Business Continuity (ABC) information has been produced and added to PHA Connect intranet for access by all staff.

9.2 SPPG

During the reporting period, a comprehensive review of all SPPG directorate-level Business Continuity Plans (BCP) was undertaken (June 2024) to ensure continued organisational resilience and preparedness. This review was conducted in alignment with the Corporate Business Continuity Plan, which was also updated to reflect current risks, operational changes and lessons learned from recent disruptions.

Each directorate assessed and refreshed its individual continuity arrangements, ensuring that critical functions are supported by up-to-date mitigation strategies and recovery procedures.

The Corporate Business Continuity Plan now incorporates these updated directorate plans and provides an integrated framework to manage disruptions, safeguard essential services, and maintain public confidence in the event of emergencies.

9.3 BSO

Given its remit in supporting HSC, the BSO have a comprehensive Business Continuity Planning process. BSO SMT requires the BCP to be updated twice a year, along with evidence of departmental testing. Version control and full audit logs are inbuilt within the SharePoint site.

Following on from the strategic review of BSO operations, we again reviewed areas of work which must continue should an interruption to normal business occur, along with areas that could be stood down. The BSO ranks its services between Priority 1 (cannot be deferred or delegated) and Priority 4 (These services will be stood down if disrupted or if staff are required to work elsewhere, but will be reinstated as soon as possible).

Given the critical support role the BSO provide to wider HSC, the majority of BSO functions are listed as Priority 1. Any services listed as Priority 4 will primarily support BSO Priority 1 services.

10 Core Standards Assurance

The 2024/ 25 annual assurance process was undertaken through a local self-assessment against the HSC Emergency Planning Core Standards. The DoH NI lead a review of the EP core standards framework during the reporting period. The revised version for this reporting period and were introduced, retrospectively, in May 2025. The introduction of a number of new standards have resulted in the partial compliance. It has been agreed that the that full compliance against the standards would be achieved incrementally, with HSC organisations achieving full or near compliance within a three year timeframe.

10.1 PHA

The PHA Emergency Planning HSC Core Standards for the time frame 2024-2025 have been scored with an amber RAG self-assessment for seven core standards and full compliance (green RAG) on fourteen standards. Work is ongoing as part of the 2025-2026 programme of work to address those standards that scored as amber. A summary of actions to address amber scores is outlined as follows;

- Development of a PHA policy on debriefing following incident response.
- Development of an EPRR policy for the organisation reflecting the roles and responsibilities of all staff.
- Review of the PHA; SPPG; BSO Joint Response Emergency Plan (JREP).
- Review of all EPRR plans
- Review of current EPRR training programme and recruitment to address current staff vacancies in the PHA Emergency Planning and Environmental Hazards Team.
- Review of training and exercise programme in line with agreed regional priorities.

10.2 SPPG

The SPPG Emergency Planning HSC Core Standards for the timeframe 2024-2025 were submitted to the DoH Emergency Planning Branch with an Amber RAG self-assessment indicating partial compliance.

The Emergency Planning Core Standards are a revised version for this reporting period and were introduced, retrospectively, in May 2025. There are a number of new standards that have resulted in the partial compliance.

10.3 BSO

The BSO Emergency Planning HSC Core Standards for the timeframe 2024-2025 have been scored as partial (amber). The BSO's ability to fully comply was limited due to not having a dedicated Business Continuity/Emergency Planning resource. This was documented on the Directorate's risk register along with a supporting action plan which has since been addressed by the Director of People & Place and the BSO Executive Leadership Team. A dedicated resource is now in place and work will commence to ensure full compliance with the HSC Core Standards.

10.4 HSC Trusts

HSC Trusts were requested to submit their Emergency Planning HSC Core Standards and Annual Reports on Emergency Preparedness for 2024/25 no later than 31st October 2025. The reason for the change in the normal submission date was that a new group of Core Standards was issued by DoH Emergency Planning Branch on 21st May 2025 following a review of the previous Core Standards Framework. The reviewed Framework has a three-year period to provide time to achieve full or near full compliance. The submissions were reviewed by SPPG and a number of development areas and challenges were identified for consideration and incorporated in to Trust work plan and risk registers as appropriate for 2025/2026.

There were a number of common areas of partial or non-compliance within the Trust Standards which are summarised as follows;

- **Governance** – the main area identified across the returns was the need to develop an EPRR policy for the organisation; this was a new standard for this reporting period.
- **Duty to Assess Risk** – this standard requires the specific inclusion of EPRR Risks into Trusts and the linking of this to the NI Civil Contingencies Risk Register produced by TEO. This EPRR Risk Register links to the development of the EPRR Policy.
- **Resources**– the availability of EPRR resources is a recurring theme with Trusts considering the resourcing issues associated with maintaining plans within review periods (12 months), meeting the demands of the Business Continuity arrangements associated with Encompass and reviewing Business Continuity plans in line with NIS Regulations and Business Continuity Audit recommendations. A number highlighted the potential impact of the work that is to commence on the review of the NI Mass Casualty Framework by DoH.

- **Command and Control** – the introduction of the consideration for all on-call staff to be trained in line with the NHS England Minimum Occupational Standards for EPRR highlighted partial or non-compliance across all Trusts. Whilst the Standards are yet to be formally adopted (this was to be done via the NI HEPF), all Trusts are working to that formal adoption.
- **Information Sharing** – Trusts reflected that there was still work to be done Regionally within the multi-agency sphere and Trusts would continue to engage where possible.
- **Training** – there was 25% regional compliance in this area. The topics are linked to the introduction of the Minimum Occupational Standards, sourcing appropriate training to meet the Standards, no formalised regional training strategy and the need to complete and maintain records of training and exercising.
- **Preparedness** – this standard primarily addresses Trust Preparedness in relation to CBRN work areas. The matter of CBRN exercising across Trusts has been highlighted for some time and this has been recognised by the DoH forming the CBRN Resilience Co-ordination Group, to address the regional risks associated with the absence of a local specialist training provider, issues with aging CBRN equipment and competing operational priorities.
- **Hazmat CBRN Training** – regional compliance is at 23%; this is linked to the previous Standard (see note above).
- **CBRN Capability** – regional compliance is at 30%. The principle area of non-compliance is related to the requirement for a CBRN Capability report and clarification on responsibility for completion of the report as referenced in core standard no. 36.

10.5 PHA;SPPG and BSO action plan for the next 12 months to manage identified risks and areas of concern raised during responses to actual incidents.

A key area of concern highlighted by Trusts with respect to CBRN, aligns to previous years submissions to DoH Emergency Planning Branch and highlights the requirement for specialised training for staff and testing of CBRN plans.

Completion of an initial analysis in 2024 by the DoH Emergency Planning Branch of the HSC personnel, equipment and training required to implement an effective

response to a CBRN incident, highlighted concerns with respect to the lifespan of the CBRN decontamination equipment held by Trusts. The Powered Respirator Protective Suits (PRPS) expire in November 2027 and the mobile decontamination units reached their expiry date in March 2025.

Issues relating to the provision of training, exercising and the update of equipment across Trusts has been highlighted for some time and this has been recognised by the DoH forming the CBRN Resilience Co-ordination Group, the purpose of which is to address the regional risks associated with the absence of a local specialist training provided. The first meeting of this group was held in June and the September meeting has been rescheduled to January 2025.

Further discussion with DoH Emergency Planning Branch will be required to agree next steps.

11 Conclusion

During the course of the reporting period the PHA, SPPG and BSO encountered a number of significant challenges as outlined in this report. Despite these pressures, PHA, SPPG and BSO staff continued to ensure key issues were addressed during this timeframe and delivered a comprehensive exercise and training programme for staff as reflected in this report. In addition, the PHA lead on the co-ordination of a number of public health incident responses as well as participating in a significant number of national IMTS.

The delivery of specialised training for staff remains challenging. The review of the PHA, SPPG, BSO annual reports and emergency planning core standard submissions to DoH.

The [NI Civil Contingencies Framework](#) outlines the requirements for multi-agency partnership in planning for and responding to incidents. This has placed a renewed focus on multi-agency training and exercising.

The [NHS Minimum Occupational Standards for Emergency Preparedness Resilience and Response](#) sets out the minimum standards that health commanders, managers and staff responding to incidents and other staff involved in EPRR must achieve in order to be competent and effectively undertake their roles.

Appendix 1 Northern Ireland Emergency Preparedness Group (NIEPG) Terms of Reference

TERMS OF REFERENCE NORTHERN IRELAND EMERGENCY PREPAREDNESS GROUP

Background

The Civil Contingencies Group, Northern Ireland CCG (NI), chaired by the Deputy Secretary of Civil Contingencies in The Executive Office, is the principal strategic emergency preparedness body for the public sector and comprise of representatives for the local government sector, government departments and emergency services.

Purpose

The Northern Ireland Emergency Preparedness Group is a sub group of CCG (NI). Its purpose is to ensure that work at local level is in line with strategic direction provided by CCG (NI). It provides direction to the work of the Northern, Southern and Belfast Emergency Preparedness Groups (EPGs), facilitates cohesion between these groups and ensures effective communication between the EPGs, regional working groups and CCG (NI).

Note

The NI Emergency Preparedness Group can step into a co-ordination role on the activation of NICCMA in accordance with Para 6.2 of the Framework. When it is activated in RESPONSE mode the NIEPG is to agree a new set of operational Terms of Reference, pertinent to the operation A template for these Terms of Reference is attached in Annex 1. These TORs are to be approved by CCG (O). Once activated in RESPONSE mode the NIEPG will revert to the title SCG (NIEPG), on all other occasions it is simply known as NIEPG. A standard agenda for SCG (NIEPG) is attached in Annex 2.

It is important to note the role and responsibilities of the Resilience Team in relation to multi agency preparedness, response and recovery. These are detailed in Annex 3.

Membership

Membership of the group will consist of nominated representatives from the following organisations:

Members

Joint Chairs: SOLACE representative and PSNI ACC
EPG Joint Chairs (Local Government and PSNI)
Regional Officer: Local Government Civil Contingencies (Secretariat)
PSNI HQ (Emergency Planning)
EPG Resilience Managers
The Executive Office
NIFRS HQ
NIAS HQ
HMCG
Health – PHA & SPPG
DOJ
DFI
DFC
Education Authority
MET Office
MOD

Members co-opted as necessary, depending on the relevant work streams

Functions

The functions of the Sub-Group are to:

- Deliver the strategic priorities and underlining objectives as detailed within the local level Civil Contingencies Resilience Strategy for Northern Ireland;
- Agree a joint approach to emergency preparedness, response and recovery across the EPGs, in line with direction set by Civil Contingencies Group (NI);
- Consider the decisions from the Civil Contingencies Group (NI) that have relevance for local civil emergency preparedness; including the implications of legislation and NI initiatives;
- Establish regional working groups to undertake projects when appropriate to aid the EPGs;
- Oversee the functions and the work streams that have been allocated to the EPGs and regional working groups;
- Agree a work programme taking into account the strategic priorities within the NI Resilience Strategy and any requests from members, subgroups or CCGNI
- Receive reports from the EPGs outlining progress with actions and identifying gaps in planning;
- Identify and develop mechanisms /arrangements (including access to resources) to facilitate the local emergency preparedness structures to effectively deliver their respective work programmes.
- NIEPG may escalate relevant matters to CCG (NI) through PSNI or Local Government as Joint Chairs of NIEPG, following the principle of subsidiarity as stated in the NI Civil Contingencies Framework

Quorum

A quorum will be only achieved if local government and PSNI are present with at least three other members present.

Frequency of Meetings

Meetings will take place three times a year, or more frequently if required.

Agenda

The Secretariat will prepare an agenda for the meeting in liaison with the Joint Chairs and the Regional Officer with all members of the group entitled to submit items for inclusion.

Record and Reporting of Meetings

A record of all meetings shall be formally recorded by the Secretariat and made available to each member as soon as possible after each meeting.

Responsibility for any action required shall be clearly defined.

The minutes of each meeting shall be formally approved at the following meeting.

Review of Terms of Reference

These Terms of Reference will be reviewed on an annual basis and if necessary, more frequently, to ensure that they continue to reflect the aim and purpose of the group. The Terms of Reference are consistent with those of the other EPGs in NI.

Annex 1: Terms of Reference Template for establishing Strategic Co-ordination Group: NI Emergency Preparedness Group (SCG (NIEPG))

Terms of Reference

1. Background:

The Northern Ireland Emergency Preparedness Group is a subgroup of CCG (NI). Its purpose is to ensure that work at local level is in line with strategic direction provided by CCG (NI) and provides direction to the work of the Northern, Southern and Belfast Emergency Preparedness Groups (EPGs). It also facilitates cohesion between these groups and ensures effective communication between the EPGs, regional working groups and CCG (NI).

2. Purpose:

Outline reason for activation:

1. NIEPG is experienced at delivering multi agency cohesion and will provide the co-ordination of TCGs where more than one is activated, ensuring the local level speak with one voice to Central Government and the principle of subsidiarity is implemented. SCG (NIEPG) in response mode can be activated during a local or regional level emergency, during a Level 1 emergency and when NICCMA (NI Central Crisis Management Arrangements) has been activated.
2. SCG (NIEPG) can activate itself for an operational response to a local and or a Level 1 emergency.
3. If CCG (O) determines there is a co-ordination gap, with a lead government Department (LGD) unable to facilitate multi agency cohesion, it can request SCG (NIEPG) to step into that role.

The process for Activated SCG (NIEPG) in response mode is outlined in Figure 19 within the Northern Ireland Civil Contingencies Framework and is as follows:



3. Scope:

- 3.1 Charing
- 3.2 Review Mechanism

4. Functions:

To effectively discharge its role, the SCG (NIEPG) will deliver the following functions: Alignment to the Role and Responsibilities of a SCG as detailed within Appendix E of JESIP Joint Doctrine: The Interoperability Framework 2022 and the NI Civil Contingencies Framework

This may include:

- a. Determine and share clear strategic aims and objectives and review them regularly
- b. Establish a working framework for the overall management of the incident response
- c. Prioritise objectives and allocate personnel and resources accordingly
- d. Formulate public communication plans and manage media enquiries and releases, possibly delegated to one responder organisation
- e. Direct planning and operations beyond the immediate response to manage the recovery process
- f. Consider the establishment of subgroups to support information flow.

5. Constraints:

Extracted from JESIP Joint Doctrine: The Interoperability Framework 2022.

The SCG does not have the collective authority to issue executive orders to individual responder organisations. Each organisation retains its own command authority and defined responsibilities, and exercises command of its own operations in the normal way. However, the co-ordinated direction and instructions generated by the SCG will be translated by each responder organisation into appropriate commands, passed on through their respective command structures and transmitted directly to all subordinate Tactical Co-ordinating Groups (TCGs).

6. Meetings:

- 6.1 Frequency:
- 6.2 Attendance:
- 6.3 Papers: A structured agenda, based on the template attached in Annex 2 will be prepared in advance of the meeting and log of key decisions and recommendations will be maintained

7. Membership:

The membership of the SCG (NIEPG) is set out below:

Name	Organisation

8. Accountability and Governance:

Annex 2: Strategic Co-ordination Group: Northern Ireland Emergency Preparedness Group SCG (NIEPG)

Aligned to Section 6.2 and Appendix 8 of the NI Civil Contingencies Framework.

	Item	Item Lead
1.	Introductions (by exception and only where deemed necessary)	Chair
2.	Declaration of items for urgent attention	Chair
3.	Confirmation of decisions on urgent items	Chair
4.	Adjourn as necessary to action urgent issues	
5.	Situational briefing (including any clarifications or recent updates from information manager/attendees by exception only)	All Members
6.	Review and agree strategy and priorities	Chair
7.	Review outstanding actions and their effect	Chair
8.	Determine new strategic actions required	Chair
9.	Confirm whether there are any priority actions for vulnerable people or critical infrastructure	Chair
10.	Allocate responsibility for agreed actions and requests for collaboration	Chair
11.	Confirm date and time of next meeting and required attendees (alongside an established meeting rhythm)	Chair
12.	Post Meeting: Distribute record of meeting and recommendations	Sec/Chair

Annex 3: Role of the Resilience Team

1. The Regional Resilience Team (“the Resilience Team”) works collectively on behalf of Local Government with respect to civil contingencies but independently of each District Council. The Resilience Team will be involved in the preparation, response and recovery phases of civil contingencies where sub-regional, regional or national co-ordination is required. Its role primarily involves co-ordination and facilitation.
2. Arrangements are currently in place set out in the Northern Ireland Civil Contingencies Framework (Building Resilience Together) (“NICCF”). This is a comprehensive document that sets out, in an overarching framework, the relevant structures of management and the methodology of co-operation, preparation, response and recovery. It espouses the Joint Decision Model and identifies the structures for strategic and tactical co-operation.
3. The Resilience Team does not make decisions for Local Government but will, on behalf of Local Government, develop and maintain collaborative working arrangements with multi-agency partners, facilitate co-ordination of preparation,

response, and recovery, and promote cohesive planning, mutual support arrangements and the development of a consistent approach to emergency planning arrangements across Local Government.

4. The collaborative priority for emergency response partners and Local Government, with the assistance of the Resilience Team, is to ensure an effective emergency response, when required, through preparation, response and recovery. The Resilience Team will seek to provide support to the Joint Chairs of the relevant Emergency Preparedness Group to enable effective multi-agency planning arrangements in place. Each organisation remains responsible for their own actions, or steps, that need to be taken, to prepare for, respond to and recover from an emergency.
5. Where local or regional co-ordination is required, the Resilience Team or any other partner organisation may assist and facilitate emergency preparation, response and recovery by chairing a meeting such as a multi-agency planning meeting, TCG or SCG. By taking on this role, the Resilience Team or other partner organisations do not assume responsibility for decision making. Their role, in this regard, is to facilitate and co-ordinate emergency planning, response or recovery. Decision making remains collective in nature and decisions are made by the Group. Group member organisations are responsible for (i) implementing agreed actions, and (ii) translating strategic/tactical co-ordination guidance into operational activity directions within their own organisations.
6. Multi-agency plans may be developed and circulated by the Resilience Team, consistent with its strategic/tactical co-ordination and facilitation role, in collaboration with partner organisations. Multi-agency plans are developed and circulated by the Resilience Team only under the authority of the governance group that commissioned them e.g. EPG, Critical Threats Steering Group etc.
7. Where an emergency is, or becomes, a major and imminent threat to life, as defined within the NI Civil Contingencies Framework, the strategic co-ordination response role must pass to the PSNI as the Category 1 responder. Similarly, for maritime incidents, MCA will fulfil this role. The statutory obligations of a Category 1 responder are provided within the Civil Contingencies Act of 2004.

Appendix 2 – Port Health Terms of Reference

TERMS OF REFERENCE

1.0 COMMITTEE	PORT HEALTH FORUM
2.0 PURPOSE	<p>The purpose of the Port Health Forum is to support the NI Public Health Agency (PHA) in meeting its responsibilities for:</p> <ul style="list-style-type: none"> • Liaising with other agencies involved in providing health-related activities at ports • Contributing to health protection related planning in ports • Conducting a review of port health plans as required • Providing training and continuing education related to port health • To facilitate collaborative working with health protection colleagues to respond to a health protection incident on ships or aircrafts. • To ensure consistency of approach across all ports in NI.
3.0 MEMBERSHIP	<p>Chair: Senior Emergency Planner, PHA Port Health Unit, Belfast City Council Regional Officer: Local Government Civil Contingencies EHO Mid and East Antrim EHO Derry City and Strabane City EHO Ards and North Down EHO Causeway Coast and Glens EHO Newry Mourne and Downe Border Force, Home Office EP Belfast International Airport EP George Best Belfast City Airport City of Derry Airport EHO Antrim and Newtownabbey Belfast Harbour Foyle Port Maritime Coastal Agency (MCA)</p>
4.0 DUTIES	<p>4.1 To advise the Public Health Agency (PHA) on health protection matters relating to Ports (airports and seaports) in Northern Ireland</p>

	<p>4.2 To consider how national and local policy/guidance in relation to health protection in Ports might be implemented in Northern Ireland Ports.</p> <p>4.3 To consider the provision of health protection services within Ports in Northern Ireland and make recommendations to the PHA where areas of potential improvement have been identified.</p> <p>4.4 To act as a forum where public health, environmental health practitioners and other port health forum partners can share best practice and network in relation to health protection in Ports.</p> <p>4.5 To review the learning from health protection incidents in ports and amend local arrangements and processes accordingly.</p> <p>4.6 To facilitate joint training in health protection in Ports.</p>
5.0 AUTHORITY	The NI Port Health Forum operates under the authority of the Joint Emergency Planning Board (JEP Board)
6.0 MEETINGS	<p>6.1 Quorum – A quorum is the minimum number of members of a committee necessary to conduct business. A quorum will be defined as half the representation from each organisation plus one. If a member is unable to attend a meeting a representative should be nominated in their place.</p> <p>6.2 Frequency of Meetings – NI Port Health Forum will meet every 4 months.</p> <p>6.3 Papers - Minutes and action logs will be circulated to committee members within 10 days before meetings and will detail action points and responsibilities.</p>
REPORTING	The chair of the NI Port Forum will report to the PHA; SPPG; BSO Joint Emergency Planning Board.
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for group members, co-opted members and members of the forum to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
REVIEW	November 2024

Appendix 3 – HSE



HSE Public Health: Health Protection
FSS Sláinte Poiblí: Chosaint Sláinte



An Roinn Talmhaíochta,
Bia agus Mara
Department of Agriculture,
Food and the Marine

Health Service Executive & Department of Agriculture, Food and the Marine Highly Pathogenic Avian Influenza National Coordination Group

1 Background

Ireland faces a number of active and emerging threats, posing various degrees of risk to human health, animal health, and environmental health. One such threat is the current, large and ongoing global epidemic of avian influenza in birds.

The Health Service Executive (HSE) and Department of Agriculture, Food and the Marine (DAFM) co- established this Highly Pathogenic Avian Influenza (HPAI) National Co-ordination Group (HPAI – NCG) as forum to monitor the national and international situation with regards to HPAI, undertake continuous national situational dynamic risk assessment, facilitate multidirectional communication and intelligence sharing, and, coordinate relevant HPAI prevention and preparedness activities.

2 Governance

The HPAI – NCG is a sub-group of the One Health Oversight Committee (OHOC) co- chaired by the Chief Medical Officer and Chief Veterinary Officer of Ireland.

OHOC, established in 2022, is a cross government, all island, interagency strategic committee that advises the offices of the Chief Medical Officer (CMO) and the Chief Veterinary Officer (CVO) in best practice with respect to relevant One Health policy and strategic direction. The aim of OHOC is to systematically strengthen capacity and collaboration among diverse stakeholders, both within and beyond the health sector, with the goal of enhancing public health intelligence and improving evidence for decision-making. Initially, the focus of this committee is on emerging and re-emerging zoonotic



diseases, with a specific focus on those with pandemic potential, namely avian influenza. However, in time it is envisaged that the scope will expand to additional One Health topics such as include One Health topics such as climate change and its impact on the health of humans, animals and ecosystems, and food safety and security.

The HPAI – NCG is co-chaired by HSE Public Health: Health Protection and the Department of Agriculture, Food and the Marine (DAFM). Any collaborative actions, recommendations or decisions arising from this group will indicated to OHOC and addressed and approved through existing governance structures within the HSE, DAFM or other partner organisations as appropriate.

3 Terms of Reference

3.1 Aim

To facilitate collaborative situation monitoring, ongoing risk assessment and coordinate shared HPAI prevention and preparedness activities with the aim of rapidly informing response to mitigate the risk to human health posed by Highly Pathogenic Avian Influenza.

3.2 Objectives

1. To review global developments in the epidemiology and surveillance of human disease due to HPAI with reference to other emerging zoonotic influenza viruses, including animal to human, human to human, and, human to animal transmission and viral characteristics.
2. To review the evolution of the clinical characteristics of human disease due to HPAI
3. To consider global developments in identification and management of human cases and contacts of animal cases of HPAI
4. To develop, test and ensure interoperability of HPAI protocols, procedures and guidance.
5. To foster links with Northern Ireland, UKHSA and ECDC to enable sharing of learning including delivery of collaborative training and exercises.
6. To oversee and drive implementation of actions and recommendations arising from collaborative training and exercises.
7. To establish mechanism(s) for communication of decisions/ outputs to all key stakeholders , including One Health Oversight Committee and any other relevant groups or committees.

3.3 Membership

The group will be co-chaired by HSE Public Health: National Health Protection Office and DAFM. Membership of the group will include:

Ireland:

- HSE Public Health: National Health Protection Office including CPHM ID and Health Security Programme
- CPHM si HP, Area Departments of Public Health, HSE Public Health: Health Protection
- Principal Epidemiologists and representatives from Health Protection Surveillance Centre, HSE Public Health: National Health Protection Office
- AMR HCAI Health Protection, HPSC, HSE Public Health: National Health Protection Office
- Director, National Virus Reference Laboratory Clinical Lead, Antimicrobial Resistance and Infection Control Team, HSE
- Vet Operations, Department of Agriculture, Food and the Marine (DAFM)
- National Disease Control Centre, DAFM
- Deputy Chief Medical Officer and representatives from
- Department of Health Northern Ireland:
- Public Health Consultant Lead for Avian Influenza and representatives from Public Health Agency Northern Ireland
- Pandemic Preparedness Branch and representatives from Department of Health Northern Ireland

3.4 Meetings

This group will meet every quarter via videoconference or in person. Frequency of meetings will be kept under review and may increase in response to an emerging situation or increasing risk. Business of the group can also take place via email between meetings.

Team members will be provided with relevant information that will be circulated electronically in advance of the scheduled meetings. All team members can add items to agenda as required in advance of or at the meetings through the Chairperson.

Decisions made during meetings will be recorded and communicated to members

through minutes. The quorum for the meetings will be 50% plus Chairpersons. If necessary, the Chairperson will be the casting decision maker. Subject to the requirement, the Chairperson may invite relevant attendees as subject matter experts to inform decision-making.

Appendix 4 – Joint Emergency Preparedness Board Terms (JEP) of Reference

TERMS OF REFERENCE

1.0 COMMITTEE	Joint Emergency Preparedness Board
2.0 PURPOSE	<p>The Strategic Planning and Performance Group (SPPG), Public Health Agency (PHA) and Business Services Organisation (BSO) seeks assurance on HSC preparedness to manage a response to emergency incidents in adherence to the <i>Circular, HSC (PHD) 44/2022 Emergency Preparedness for HSC</i> and within the context of the requirements of the Civil Contingencies Framework for Northern Ireland (2021).</p> <p>The role of the JEP Board is to ensure that there is an appropriate and proportionate level of HSC preparedness across the three organisations to enable an effective HSC response to emergencies which have a significant impact on the local community.</p>
3.0 MEMBERSHIP	<p>Chair: Director of Public Health and Director of Performance Safety and Service Improvement (chairing of meetings will alternate between both chairs)</p> <p>SPPG Emergency Planning/Business Continuity Lead, SPPG Head of Business Support, Primary Care, SPPG Head of Social Work Governance (Community Care), SPPG Head of Communications SPPG Representative from Directorate of Hospital Care), SPPG</p> <p>PHA Senior Emergency Planner PHA Assistant Director of Planning and Business Services PHA Head of Health Protection, PHA Director of Nursing, Midwifery and AHPs, PHA Director of HSC Quality Improvement</p> <p>BSO Director of Human Resources BSO Head of Corporate Services, BSO Head of Logistics, BSO Division Head of Procurement, BSO ICT representative, BSO Head of Emergency Planning Branch (Chief Medical Officers Group), DoH (NI)</p> <p>Additional representation from partner organisations may be sought in line with agenda items.</p>

<p>4.0 Purpose</p>	<p>The purpose of the JEP Board is to;</p> <ul style="list-style-type: none"> 4.1 To coordinate HSC preparedness for major emergencies including CBRN incidents, adverse weather and major events. In this way enable the HSC to best respond to their individual and collective impacts. 4.2 Approve the annual work programme 4.3 Establish Task and Finish Groups via JEP Team to take forward specific tasks as required. 4.4 Seek assurances following the HSC EP Monitoring Meetings that HSC Trusts are adequately prepared to meet their responsibilities for emergency preparedness as outlined in the <i>Emergency Preparedness Circular, HSC (PHD) 44/2022</i>. 4.5 Assess the preparedness of the HSC EPRR arrangements through review of core standards, annual reports and HSC EP Monitoring meeting 4.6 Escalate key risks to relevant Executive Teams and NI DoH. 4.7 Ensure the Joint Response Plan and other related Plans, are up to date and interlinked where appropriate and tested appropriately 4.8 Regularly review capacity within the three organisations to meet the growing emergency preparedness agenda. 4.9 Work collaboratively with multi- agency partner organisations as outlined in the Civil Contingencies Framework NI September 2021.
<p>5.0 AUTHORITY</p>	<p>The JEP Board operates under the joint authority of the Director of Public Health and Director of Performance Safety and Service Improvement.</p> <p>The existing arrangements within and between Directorates for the detailed operational planning for major incidents and major event preparedness will continue, with JEP Board holding an overview of that work and enabling identification and closure of any gaps in current arrangements.</p> <p>Incident response structures are separate from JEP Board and will reflect the Joint Emergency Response Plan. JEP Board members will be involved in the response structures as appropriate.</p>

6.0 MEETINGS	<p>6.1 Quorum – A quorum is the minimum number of members of a committee necessary to conduct business. A quorum will be defined as a representative from the SPPG, PHA and BSO. If a member is unable to attend, they should nominate a relevant deputy of similar level of seniority from their organisation.</p> <p>6.2 Frequency of Meetings - JEP Board will meet bi-annually with dates issued at the start of the financial year. Stakeholders outside the PHA/SPPG/BSO will be invited as required. Special meetings may be required prior to any major events.</p> <p>6.3 Papers - Minutes and action logs will be circulated to committee members one week prior to the meeting and will detail action points and responsibilities.</p>
REPORTING	The JEP Board will report by exception through the Chairs to senior executive teams of the PHA, SPPG and BSO.
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for Board members, co-opted members and members of working groups to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
OTHER EMERGENCY PREPAREDNESS GROUPS LINKING TO THE JEP BOARD	<p>Figure 1 shows the proposed structures of the JEP Board and Team and how they relate to each other as well as depicting the other main emergency preparedness groups that PHA, SPPG and BSO are required to participate in.</p> <p>Membership and responsibility for chairing the other various groups is set out in the individual boxes in the diagram figure 1.</p>
REVIEW	April 2024

Appendix 5 – Joint Emergency Preparedness Team (JEP) Terms of Reference

TERMS OF REFERENCE

1.0 COMMITTEE	Joint Emergency Preparedness Team (JEP Team)
2.0 PURPOSE	<p>The Strategic Performance and Planning Group (SPPG), Public Health Agency (PHA) and Business Services Organisation (BSO) are responsible for the development of plans that support the co-ordination of a response to a major incident by Health Tactical Co-ordination (Health Silver). The JEP Team are responsible for the maintenance and development of the PHA:SPPG:BSO Joint Response Emergency Plan (JREP) within the context of the requirements of Building Resilience Together, Civil Contingencies Framework for Northern Ireland (revised 2023).</p> <p>The role of the Team is to ensure that PHA:SPPG:BSO, are adequately prepared to respond to major incidents including CBRN incidents, adverse weather and major events. The team will report up to the JEP Board via the Senior Manager for Emergency Planning PHA and the SPPG Emergency Planner and Governance Lead.</p>
3.0 MEMBERSHIP	<p>Co-Chairs (on a rotational basis): Catherine Curran, Emergency Planning & Business Continuity Manager, PHA and Philip Martin, SPPG Emergency Planner and Governance Lead Kevin Carland, BSO Head of Corporate Services Darren Sessions, BSO Complaints and Whistleblowing Manager Ciara O’Hanlon, PHA Emergency Planning Co-ordinator Gemma McKenna, PHA Environmental Hazards Lead Kyla Emerson, PHA Emergency Planning Co-ordinator Joe Diver, SPPG Assistant Emergency Planning Manager(Admin Support) Sharon Kelly, PHA Emergency Planning Support Officer (Admin Support) Aisling Smyth, PHA Operations Manager, Business Continuity Lead Serena Moore, SPPG Inquiry / Clinical Negligence Administrative Officer</p>
4.0 RESPONSIBILITIES	<p>The responsibilities of the JEP Team are to;</p> <p>4.1 Ensure the completion of all assigned actions from JEP Board meetings to JEP Team.</p>

	<p>4.2 Under direction of the Team chairs, co-ordinate and deliver a programme of work to deliver the approved PHA;SPPG;BSO annual programme of preparedness planning and deliver an annual work programme following approval by JEP Board.</p> <p>4.3 Review and update the Joint Response Emergency Plan annually and post incidents.</p> <p>4.4 Complete the annual staff TNA for PHA;SPPG and BSO</p> <p>4.5 Develop and deliver the PHA;SPPG;BSO EPRR and Environmental Hazards annual training and exercise programme.</p> <p>4.6 Responsible for completion of the annual Joint Response Emergency Preparedness report.</p> <p>4.7 Responsible for completion of the annual EPRR Core Standards Submissions for PHA;SPPG and BSO.</p> <p>4.8 Review and update all PHA;SPPG and BSO EPRR plans on an annual basis or following the identification of learning from incident and exercise debrief reports.</p> <p>4.9 Responsible for the development of event specific response plans and the supporting organisational Concept of Operations (ConOps) where required.</p> <p>4.10 Responsible for the development and delivery of operational plans for activation and ongoing co-ordination and management of an EOC that will support delivery of an effective response to a major incident or public health incident response. To include;</p> <ul style="list-style-type: none"> • Activation and establishment of an EOC, in hours and out of hours; • Delivery of EOC training for all staff; • Planning and co-ordination of arrangements for SitRep reporting; • Ensuring I.T. capability i.e. equipment and network capacity for the EOC in hours and out of hours; • Responsibility for maintenance of the EOC when not operational (dormant) i.e. checking of equipment and I.T updates; and • Responsibility for management and oversight of the EOC SharePoint site including file management. <p>4.11 Identify key risks and concerns regarding PHA;SPPG and BSO Emergency Preparedness that require escalation to the Senior Emergency Planner PHA and the SPPG Emergency Planner and Governance Lead .</p>
<p>5.0 AUTHORITY</p>	<p>The JEP Team operates under the authority of the JEP Board.</p>

7.0 MEETINGS	<p>7.1 Quorum – A quorum is the minimum representation necessary to conduct business. A quorum will be defined one representative from each of the three organisations.</p> <p>7.2 Frequency of Meetings - JEP Team will meet monthly</p> <p>7.3 Papers - An action log and any key documents will be circulated to JEP Team members within 6 days before meetings and will detail action points and responsibilities.</p>
REPORTING	The JEP Team will report through the Chair to JEP Board via the PHA Senior Emergency Planning Manager and the SPPG Emergency Planner and Governance Lead.
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for group members, co-opted members and members of working groups to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
OTHER EMERGENCY PREPAREDNESS GROUPS LINKING TO THE JEP TEAM	<p>Other main emergency preparedness groups that PHA, SPPG and BSO are required to participate in, are as follows:-</p> <ul style="list-style-type: none"> • JEP Board • HSC EPRR Monitoring and Oversight Group • NI Health Emergency Planning Forum
REVIEW	March 2026

Appendix 6 – EPRR Monitoring and Oversight Group

TERMS OF REFERENCE

COMMITTEE	HSC EPRR Monitoring and Oversight Group
<p>CONTEXT</p>	<p>The Strategic Planning and Performance Group (SPPG), Department of Health (DoH), has delegated responsibility for Emergency Planning. The three core functions of the SPPG are finance; planning (commissioning); and performance management, service improvement.</p> <p>In accordance with <i>HSS 44/2022 – DoH and HSC Emergency Planning Policy Circular</i> and within the context of the Civil Contingencies Framework for Northern Ireland (The Northern Ireland Civil Contingencies Framework The Executive Office), the SPPG will take the lead role in performance monitoring emergency preparedness related activities, targets and projects within the service and will be supported in this respect by the Public Health Agency (PHA) and Business Services Organisation (BSO).</p> <p>The SPPG and PHA will work closely in reviewing performance in those areas for which the PHA is the lead organisation (this includes emergency Preparedness as part of the PHA health protection function) and any escalation of performance risks in these areas will be jointly agreed by SPPG and PHA.</p> <p>The BSO alongside the PHA will support the SPPG providing advice and guidance in respect of its business support functions, to include (but not limited to) shared services such as recruitment and payroll, ICT availability, distribution of PPE (including oversight of how the emergency stockpile is controlled and managed regionally. This includes demand planning, operational management, stock reviews and replenishment).</p>
<p>PURPOSE /DUTIES</p>	<p>Purpose Each HSC Organisation is required to have effective and efficient emergency preparedness processes and coordinated response action plans in place, to deal with major incidents/emergency situations (to include recovery). Processes that support the regular review, testing and validation of these plans should also be in place.</p>

	<p>The purpose of these meetings is to assess the preparedness of the HSC against the NI EP Core Standards. These meetings will provide the opportunity to engage with HSC Trusts as part of their internal assurance</p> <p>processes, with a focus on Emergency Preparedness, Resilience and Response (EPRR), identifying and closing gaps in current arrangements.</p> <p>HSC Trusts will be expected to provide updates and assurances in respect of;</p> <ul style="list-style-type: none"> - Emergency Preparedness Core Standards, including progress in line with the annual “deep dive” review on specific standards (as identified by DoH agreed priorities) - Emergency Preparedness/Major Incident Plans/Business Continuity arrangements (in that they have been tested, reviewed and updated as determined by agreed timeframes) - Their organisations capacity to meet the growing emergency preparedness agenda, to include completion of an annual EP training and exercise programme which is aligned to the regional programme for training and exercise. - Horizon scanning and associated risk assessments; - Completion (and submission) of Annual Reports; and - Completion of any additional planning as identified by NI Health Emergency Planning Forum <p>The scope of this Group excludes;</p> <ul style="list-style-type: none"> - The role of Family Practitioner Services (FPS) <p><u>Non-Compliance</u></p> <p>SPPG will track compliance against the above and HSC Organisations will be expected to develop action plans for any areas of non-compliance with updates to be provided as agreed with SPPG. Timelines for reporting on action plans may be determined by urgency of the issue identified.</p>
<p>MEMBERSHIP</p>	<p>Members of the Group will include the Directors of Planning/Operations from the HSC Trusts (including NIBTS), supported by their Emergency Planning Leads.</p> <p>Chair - Director of PSSID, SPPG Co-Chair - Director of Public Health, PHA</p>

	<p>Co-Chair - Director of HR, BSO</p> <ul style="list-style-type: none"> - Emergency Planning Lead, SPPG - Emergency Planning Lead, PHA - Emergency Planning Lead, BSO - AD Social Care and Children Directorate SPPG <p>HSC Trusts</p> <ul style="list-style-type: none"> - Medical Directors - One Director of Performance (to be nominated by Directors of Planning and Performance) - Trust AD/ Senior Manager with Responsibility for Emergency Preparedness - Trust EPOS <p><u>In Attendance</u></p> <ul style="list-style-type: none"> - Director of Planning/Operations – NIBTS - Emergency Planning Manager – NIBTS <p>*Additional representation may be sought in line with agenda items.</p>
<p>MEETINGS</p>	<p>Quorum Quorum is the minimum number of members necessary to conduct business. A quorum will be defined as representation from the SPPG, PHA, BSO and full representation from all six Trusts. If a member is unable to attend, they should nominate relevant deputy of similar level of seniority from their organisation or Trust.</p> <p>Frequency of Meetings Meetings will take place three times a year (June; October and February) with dates issued at the start of the financial year. The SPPG Emergency Planning Lead will be responsible for arranging meeting dates, and co-ordinating communication with the Group.</p> <p>Papers Action points following the meeting will be issued within 2 weeks. The SPPG Emergency Planning Lead will be responsible for issuing the agenda, notes of previous meetings and action points at least 10 days in advance of meetings.</p>

	Responses to actions assigned to individual members from the previous meeting should be received as per agreed timeframes for completion of actions.
REPORTING	The Chair and Co-Chairs (supported by their respective Emergency Planning Leads) will upward report to DoH following these meetings
REVIEW	April 2026
VERSION	2.0

Appendix 7 – Health Emergency Planning Forum (HEPF)

Terms of Reference

1. Introduction

This paper contains the terms of reference for the Health Emergency Planning Forum. It sets out the Forum's purpose, and explains the contributions expected of Forum members.

2. Purpose

The Health Emergency Planning Forum brings together the core Department, its agencies and relevant ALBs to discuss emergency preparedness strategies and policies. It provides a forum for the Department to set the strategic direction for Health and Social Care and to identify the planning priorities for the coming reporting year.

3. Aims and Objectives

- To set out the strategic direction for the HSC, identify the Department's planning priorities for the reporting year and provide oversight of the review of the Emergency Planning Core Standards, including the subject area identified for a 'deep dive' review.
- To provide feedback to members on emerging emergency planning issues at national and regional level and their associated impacts on emergency planning work programmes.
- To provide SPPG and PHA with a forum to feed back to members, by exception, relevant information from the governance structures that sit below the HEPF, e.g. the monitoring meeting, Trust EP meetings, the JEP Board, and the NIEPG.

4. Membership

The membership of the Health Emergency Planning Forum will comprise of Director and/or Assistant Director level from the HSC Trusts, NIFRS, NIAS and BRC, Children's Court Guardian Agency for NI & NISCC. Director and/or Assistant Director level representation from SPPG/PHA/BSO is also required (See **Annex A**). Subject matter experts may also attend on request, where specialist knowledge is required.

5. Chair and Secretariat

The Health Emergency Planning Forum will be chaired by the Department's Director of Emergency Resilience and Protecting Health and a secretariat will be provided by DoH's Emergency Planning Branch. Agenda, papers and minutes will be circulated via email where possible at least 5 working days in advance of the meeting.

6. Frequency of Meetings and Quorum

The Health Emergency Planning Forum will meet bi-annually in order to agree strategic priorities for the incoming year and to catch-up on progress at the mid-point of the year. A quorum of 75% must be reached in order for meetings to proceed.

In addition to the annual meeting, it may be necessary to call ad hoc meetings if the circumstances require.

7. Review

The Terms of Reference will be discussed and reviewed at the annual Health Emergency Planning Forum.

Annex A

NI Health Emergency Planning Forum Members		
Name	Role	Organisation
Chris Matthews	Director of Emergency Preparedness, Resilience and Response	DoH
Dr. Steve Austin	Medical Director	SHSCT
Mr Simon Gibson	Assistant Director	SHSCT
Martine McNally	Asst Director, Risk Management and Governance	SEHSCT
Charlie Martyn	Medical Director	SEHSCT
Dr. Dave Watkins	Medical Director	NHSCT
Dr. Mark Jenkins	Assistant Medical Director	NHSCT
Dr. Brendan Lavery	Medical Director	WHsCT
Dr. Shivashankar Girish	Assistant Medical Director	WHsCT
Mr Chris Hagan	Medical Director	BHSCT
Dr Mark Cross	Deputy Medical Director	BHSCT
Rosie Byrne	Director of Operations	NIAS
Dr Paula Smyth	Director of Human Resources and Corporate Services	BSO
Kevin Carland	Assistant Director of HR and Corporate Services	BSO
Lisa McWilliams	Director of Strategic Performance	SPPG
Brendan Whittle	Director of Hospital and Community Care	SPPG
Dr. Joanne McClean	Director of Public Health	PHA
Aidan Jennings	Assistant Chief Fire and Rescue Officer	NIFRS
Declan Gillespie	Governance, Risk and Emergency Planning Manager	NIBTS
Sandra Stranaghan	Head of Business Services	NISCC
Joanne McKenna	Head of Emergency Response and Resilience	BRC
Sean Brown	Head of Corporate Services	Children's Court Guardian Agency for Northern Ireland

Appendix 8 – Mass Gatherings - The 153rd Open Golf Championship Terms of Reference

HSC Emergency Preparedness The 153rd Open Golf Championship 13th- 20th July 2025, Portrush HSCNI Brief

1. INTRODUCTION

Major sporting and entertainment events are not new to Northern Ireland. Large scale mass gatherings /high profile events present significant challenges to public health. Fluctuating populations and increased population density during mass gatherings contribute to what is believed to be a higher incidence of illness and injury than would occur naturally in a population of comparable size ([ECDC](#)). Where many people are gathered together there is an increased risk of transmission of disease, which can have implications both for the host country and the countries to which visitors return.

These events bring with it special challenges for the HSC family and will require planning and preparation across the HSC and multi-agency partners, building on existing emergency preparedness arrangements. Specific health planning will focus on the following areas;

- Disease surveillance and outbreak response
- Environmental health and food safety
- Health care capacity and mass casualty preparedness
- Public health response to CBRN/HAZMAT incidents
- Public information.

BACKGROUND

From the 13th -20th July 2025, the Royal Portrush Golf Club will host the 153rd Open Golf Championships. The Open, which was last played at the Royal Portrush in July 2019, is expected to be the biggest sporting event ever held in Northern Ireland, with the potential for significant economic impact and destination marketing benefit. At this time, it is anticipated that attendance will increase from 2019, 237,750 spectators to over 250,000 in 2025 due to increased hospitality options, improved spectator flow, and enhanced visibility for spectators. At this time, attendance based on anticipated ticket sales is as follows;

Sunday 13th July – 12k
Monday 14th July – 17k
Tuesday 15th July – 25k
Wednesday 16th July – 35k
Thursday 17th & Friday 18th July – 48.5k
Saturday 19th & Sunday 20th July – 46k

In addition, the global audience for this event based on previous figures is 80 million with a 600million reach.

Based on ticket sales, attendees' country of origin is as follows;

- 49% NI
- 17% ROI
- 12% England
- 12% USA
- 2% Scotland
- 7% Rest of world

2. MULTI-AGENCY PREPAREDNESS/ ORGANISATION TO DATE

The multi-agency preparedness for The Open being directed by R&A (Royal and Ancient). NI Tourism holds the contract for the event which is being enabled by Causeway Coast and Glens (CC&G). Planning for this event commenced in February 2024. The first meeting of the medical sub-group was held in November 24. This group will focus on the following;

- First Aid
- Emergency Medical Services
- Ambulance Transport Services (including Air Ambulance)
- Specialised Ambulance Services including CBRN response
- Medical Incident Officer

In light of the anticipated influx of visitors from around the globe and the ongoing preparations for the provision of additional accommodation, transport management, catering, health advice, the PHA (Health Protection) will work directly with the EHOs from Causeway Coast and Glen's Council.

3. HSC PREPAREDNESS

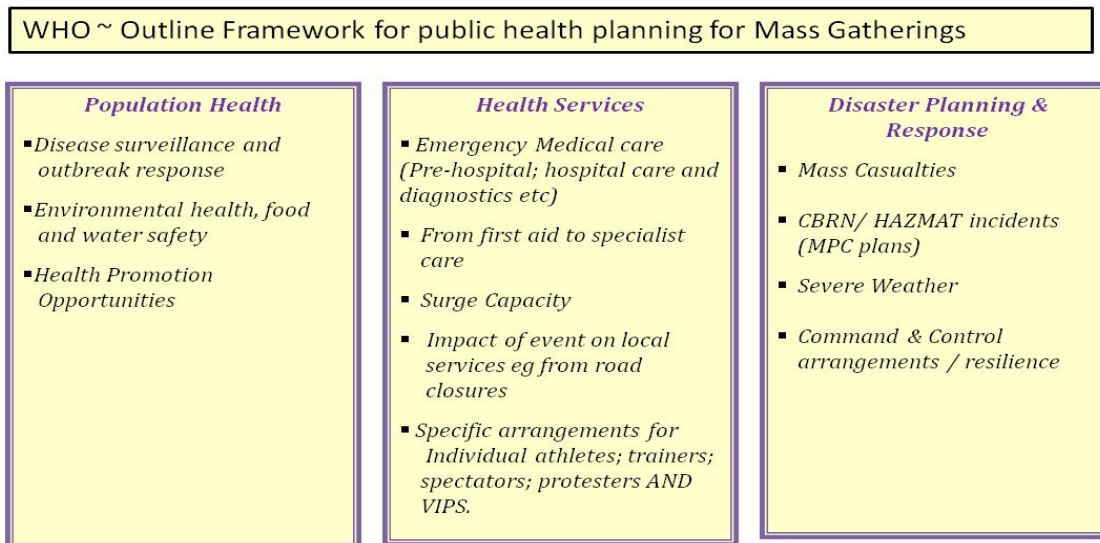
Given the scale of the event it is important that a clear project plan is in place to take forward the various strands of HSC preparedness.

The WHO framework (Fig 1 below) for planning for mass gatherings sets out the three areas that 'health' should consider in their preparedness. HSC preparations should involve the following steps:

- A Risk Assessment of the event considering the three areas within the WHO framework. HSC organisations are advised to risk assess the impact this event may have on service delivery, business continuity arrangements, emergency preparedness and response.

- The development of a HSC overarching operational plan for The Open to include SOPs where appropriate.
- An assessment of the HSC resource implications of any special HSC arrangements including staffing levels during the events that need to be put in place in particular for the duration of The Open.

Figure 1 WHO Framework



4. RISK ASSESSMENT

Following completion of a risk assessment for the event, the three areas of HSC preparedness for the three Major Events should be considered as part of the development of an SOP for the event and review of plans by HSC organisations.

5. PURPOSE

The purpose of the PHA;SPPG; Trust Joint Preparedness Team for this event is to provide an assurance that contingency plans are in place for their respective organisation that reflect requirements for the delivery of a robust HSC response

6. PROJECT STRUCTURE

To facilitate lines of communication and sharing of planning information between the event multi-agency planning groups and HSC organisations, it is proposed that a HSC planning group is established to ensure all the various strands of HSC preparation and planning are tied together and facilitate a central point of contact for the wide range of multi-agency partners working across the three events. A small project group will be established from across PHA and SPPG in order to progress the various strands of work including an event risk assessment and recognition of the potential impact of the event

on HSC organisations. In this way any gaps identified may have the appropriate steps taken to address these. Figure 2 outlines structure of the planning groups. Table 1 reflects the proposed membership of the SPPG:PHA: Trust Joint Planning Group membership for the Open.

(Fig 2) HSC Open Golf Championship Planning and Reporting Structures

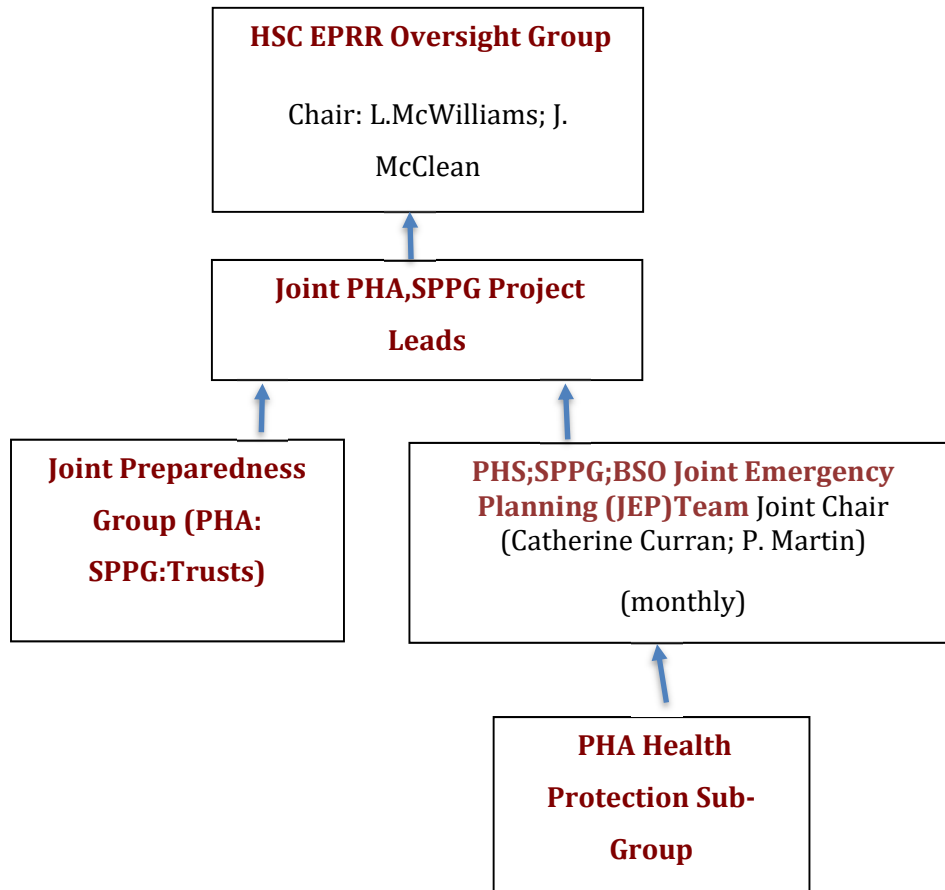


Table 1. PHA SPPG:Trusts Joint Planning Group membership

Role	Organisation	Leads
Chair(s)	PHA	Mary Carey/ Philip Martin
Support	PHA	Joe Diver
Emergency Planning	NIAS	Heather Sharpe/ nominated representative
Emergency Planning	NHSCT	Declan McAleese/ Jeremy Cowan
Emergency Planning	WHST	Jacqueline Doherty
Emergency Planning	BHSCT	Kerrie Fletcher
Emergency Planning	SHSCT	Teresa Cunningham
Emergency Planning	SEHSCT	Claire Boyd
Emergency Planning	NIBTS	Declan Gillespie

7. EXERCISE

A multi-agency table top exercise for this event has been scheduled for Tuesday 27th May 2025 (details to be confirmed by the R&A).

8. NEXT STEPS

Tables 2 identifies the areas to be considered as part of planning for this event. The first meetings of the above groups has been scheduled for the 16th of January with subsequent meetings scheduled for the 3rd Thursday every month until June.

Table 2. Areas For Consideration, Planning and Decision

	Areas for consideration, planning and decisions
Public Health	<p>Surveillance:</p> <ul style="list-style-type: none"> ▪ <u>Utility of Existing Systems</u> (frequency: indicators: coverage) ▪ <u>Enhanced surveillance</u> needed and for what indicators? ▪ <u>Sources of information</u> (Event venue/ hotels/ hospitals/ primary Care...) ▪ <u>Process</u> (& associated Resource requirements) <ul style="list-style-type: none"> ~ Electronic Vs manual return ~ Daily for the duration of the event- for consideration ~ Surveillance staffing within PHA <p>~ Daily review team</p>
	<p>Outbreak Response:</p> <ul style="list-style-type: none"> ▪ <u>Pre-event EHO visits</u> to venues and accommodation sites ▪ <u>Notification</u> ~ Timeliness need for enhanced process during event (eg daily proforma return from local primary care/ ED/laboratories/event site via EHOs or members of the public) ▪ <u>Resilience</u> ~ Food Related incident EHO & PH ~ Non-Food Related ID Incident (PH and other clinical) <p><u>Laboratory support</u></p>
	Health Promotion- NHSCT- TBC

	Areas for consideration / decisions	
	Risk Assessment of impact of possible scenarios on HSC	
	What is needed/ required / being asked for by visitors of the HSC?	

Health Services	Utility of existing service model and existing business continuity and emergency plans to meet needs identified	
	<ul style="list-style-type: none"> ▪ What is the best model to manage: <ul style="list-style-type: none"> ○ Individual minor illness/injury ○ Cluster of minor illness / injury ○ Specialist care of seriously ill ○ Diagnostic capacity ○ Care of the VIP 	▪
	What is level of involvement of primary care needed?	
	What is the balance of local versus central HSC capacity needed	
	What additional staffing will be needed?	
Disaster Planning & Response	<ul style="list-style-type: none"> ▪ Service Capacity monitoring <ul style="list-style-type: none"> ○ Utility of existing systems and planning arrangements ○ Frequency of reporting as determined by HSC Tactical co-ordination (Silver) if convened as part of incident response. 	▪
	Review of Trust Business Continuity Plans and escalation across trusts	
	<ul style="list-style-type: none"> ▪ Development of event SOP building on existing emergency preparedness plans; <ul style="list-style-type: none"> ○ Major Incident ○ Mass Casualty Plans ○ CBRN / HAZMAT Plans ○ MPC plans 	▪
Exercise	▪ Multi-agency exercise 27 th May 2025 (TBC)	▪

Appendix 9 – Business Continuity Plan – Project Team Terms of Reference

Business Continuity Plan - Project Team

Terms of Reference

Purpose

The PHA Business Continuity Plan Project Team, with accountability to the Director of Finance and Corporate Services, has been established to assist Directors in ensuring the PHA Business Continuity Plan is continually reviewed and kept up-to-date.

Aims/Objectives/Scope

In order to have a robust Business Continuity Plan in place, the PHA is required to identify and record arrangements that should be in place to assist in managing business continuity during an incident through to recovery of business as usual. This has 3 work areas:

Work Area 1) For each Directorate/Service Area to undertake a Business Impact Analysis (BIA) and then development of Directorate Business Continuity Plans. Complete/Review/Test and Exercise of the DBCP on an annual basis.

Work Area 2) Development and review of PHA Corporate Business Continuity Plan.

Work Area 3) Test the Corporate Business Continuity Plan annually via desk top exercise.

The Project Team will have an important role in assisting with the co-ordination and updating of the Corporate Business Continuity Plan to improving the organisation's resilience and capability to deal with any interruptions to business.

Role of the Project Team

The role of the Project Team will be to:

- Facilitate two-way communication between staff teams and management
- Keep details such as staff contact details up-to-date in the directorate business continuity plan and provide details to Corporate Services for inclusion in the Corporate Business Continuity plan
- Assist with dissemination of key information in relation to the BCP to staff within their Directorate
- Fulfil a co-ordination role and participate in activities to ensure the plan is reviewed and up-to-date
- Promote Increased awareness among staff of Business Continuity Management and the role of individuals

- Assist with better understanding and identification of the organisation's business critical products/services and their dependencies
- Assist with improved planning to cope with an event within the organisations to enable business critical operations to continue
- Assist in the provision of training and awareness sessions.

Membership

Membership of the PHA Business Continuity Plan Project Team will include: -

- Senior Finance and Corporate Services staff
- One representative per Directorate function
- Member from the Communications Team
- Member from Emergency Planning Team
- Representative from BSO ITS

The PHA Business Continuity Plan Project Team will be chaired by Senior Operations Manager (Delivery) or deputy.

A quorum of 4 members must be present before a meeting can proceed, with one member being the Chair.

Internal or external persons may be invited to attend the meetings at the request of the Chair on behalf of the committee to provide advice and assistance where necessary.

Meetings

The PHA Business Continuity Plan Project Team normally meet 3 times per year. This will not preclude the convening of a meeting at any time for a special purpose for example in the event of a specific incident having occurred.

The Committee shall be supported by Finance and Corporate Services staff.

Accountability

The PHA Business Continuity Plan Project Team shall be responsible to the PHA Director of Finance and Corporate Services.

Review

The terms of reference shall be reviewed every two years; however, they can be reviewed more frequently if required.

Date of Last Review: November 2024

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 27 November 2025

Title of paper Workforce Information Report

Reference PHA/06/11/25

Prepared by Karyn Patterson

Lead Director Leah Scott

Recommendation

For **Approval**

For **Noting**

1 Purpose

The purpose of this paper is to provide an overview of all workforce related information and activity for the period 1st July – 30th September 2025.

2 Key Issues

This report provides a summary of workforce information and activities for the period 1 July to 30 September 2025, highlighting key trends, statistical changes, and significant workforce developments and priorities.

Overall the workforce data demonstrates positive trends with an increase in Headcount, permanent staffing and reduction in turnover. Whilst sickness absence is seeing a marginal rise, this is largely attributed to long term absence which is being proactively managed.

In the area of workforce development, appraisal compliance continues to reach the 95% target with embedding of the Skills Development framework and establishment of a project work to progress the development of Skills Assessment tools for 2026.

3 Next Steps

This report is presented for noting only.



Workforce Information

Report for period ending
30 September 2025

*Prepared by Mrs Karyn Patterson,
Senior HR Business Partner*

Key Messages

This quarterly Workforce Information report sets out the data as available from HRPTS to end of 30th September 2025. Within this there are a number of key messages which should be noted as follows;

- **Workforce Data**

- Overall Headcount has increased by 2.7% in the rolling 12 months to end of September 2025.
- Permanent Staff has increased by 3.9% with Temporary staffing reduced by circa 1.5%
- 'Pure' Temporary staff with 2+ years service is 17.
- Turnover for the rolling 12 months to end of September is marginally down at 6.23% compared to the same period in 2024/25.

- **Recruitment Information**

- Recruitment activity is beginning to rise as we come out of the organisational change programme and new teams begin to form.
- Delays by Managers typically occur in submission of panel set up, completion of shortlisting and submission of Interview details.

- **Workforce Development**

- Appraisal Compliance for the current year is just shy of the 95% target at 94.32%.
- Significant work has continued to progress through the delivery of the People Plan.
- Development of the new People Strategy for 2026-2030 is at co-design stage.

- **Sickness absence rates**

- Overall sickness absence has risen over the past 12 months although Long Term absence remains the most significant element with short term absence relatively low and stable.
- Long Term absence is all being managed appropriately.
- Mental Health remains the highest proportion although notably the highest sub categories have moved from stress to anxiety.

- **SIP & Vacancy compliance,**

- Despite the significant organisational change, the compliance rates remain at 100% through this quarter. Additional return time has been allowed in the month of September to facilitate the first response from the new teams.



Permanent Staffing has continued to increase when reviewing the Headcount for the rolling 12 months to end of September 2025, with a rise of just over 3.9% in Headcount and 5.4% WTE. Notably the WTE has increased more than headcount in this period.

The overall headcount has increased by 2.7% with the proportion of temporary to permanent staffing reducing by circa 1.5%, demonstrating an increase in the overall stability of the organisation through permanent staffing.

- Total Headcount - 415 (compared to 404 at end of Sept 2024)
- Permanent Headcount - 375 (compared to 361 at end of Sept 2024)
- Permanent WTE - 355.26 (compared to 336.81 at end of Sept 2024)

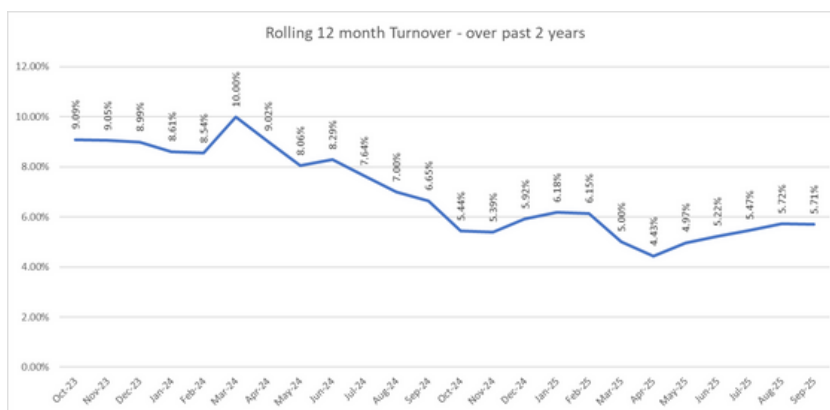
Temporary Staffing*:

- 34 staff representing 8.2% of the overall workforce.
- 17 'pure' Temporary staff have / will have more than 2 years service at end of their existing contract which presents a number of employment risks;
 - 9 relate to short term funding;
 - 5 are linked to vacant positions, some of which are due to labour pool shortages;
 - 3 were due uncertainty of requirements in light of organisational change and are now progressing to conclusion.

**Please note these figures exclude those on training / Student contracts
'pure' temporary staff also exclude secondees from other organisations*

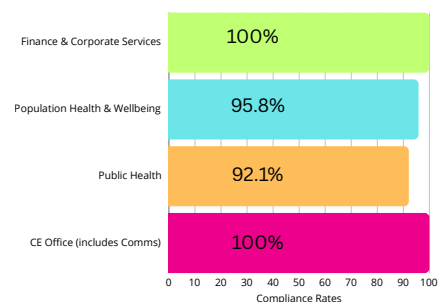
Turnover of Permanent staff :

- The cumulative turnover rate stands at 6.23% for the rolling 12 months to end of September 2025, representing 23 permanent staff leavers in this period. This is circa 0.6% lower than the same period in 2024/25 showing a levelling out in the past 12 months compared to the decline in the previous 12. This can be seen in the monthly average position shown in the following diagram;



Appraisal

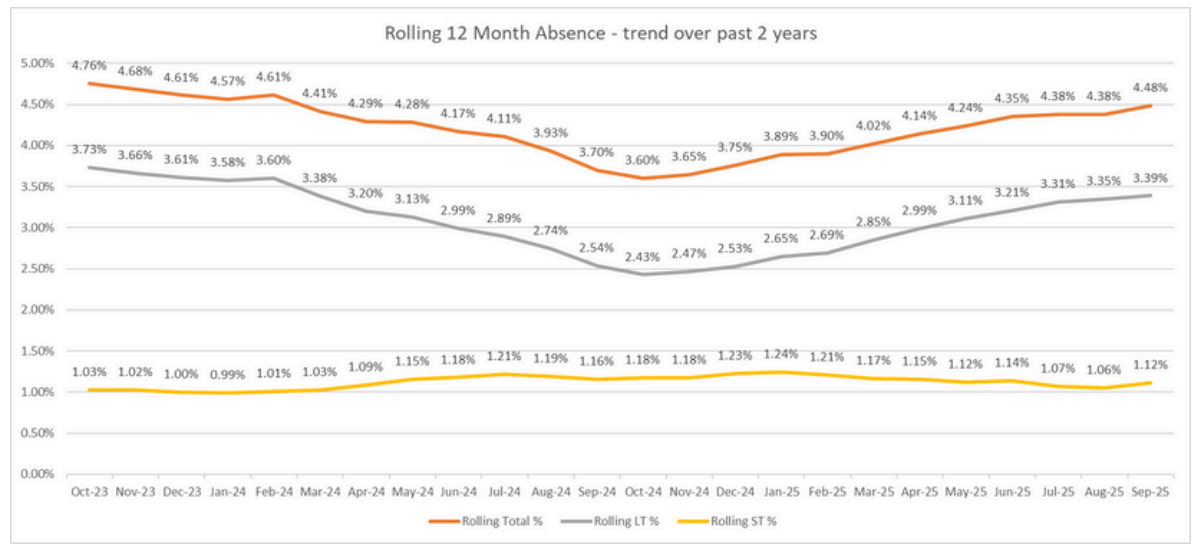
- Overall compliance for the 25/26 year to date is 94.32% so very marginally below the target of 95%.





Sickness Absence

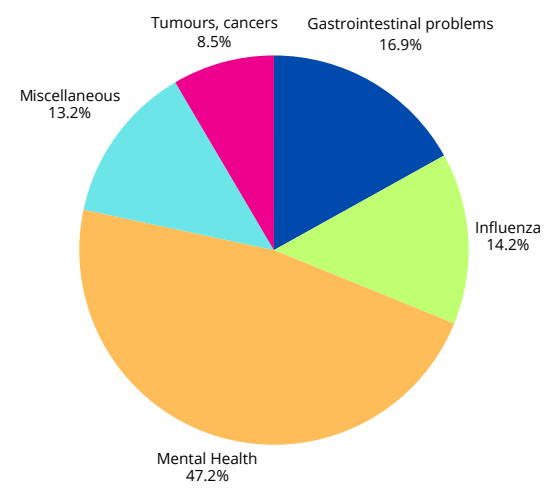
In month, sickness absence is starting to decline although the cumulative total and rolling 12 month absence remains high with a rising trend. This may settle to a decline if in month figures continue to reduce. The Trend lines can be seen in the diagram below;



- At Directorate level small numbers can result in large statistical swings therefore the corporate position is the most accurate to review.
- Long Term absence remains the greatest proportion with a number of staff experiencing significant conditions - at the end of September 5 staff were on no pay and 3 on half pay all of which are being actively managed.

Top 5 Reasons

- Mental Health related absence continues to dominate the top 5 reasons for absence with the greatest proportion being Anxiety at 45.65% with stress (*general*) recorded at 26.72% and work related stress with an average of 11% (*down 7% on the previous quarter*) of the Mental Health category.
- Influenza has appeared in the top 5 this quarter, which is likely seasonal, and gastro problems has also increased.



Key Messages for Managers

- Timely Recording on HRPTS alongside Occupational Health referrals are key to continuing to manage sickness absence.
- OH documentation to instigate a referral should be discussed in full with the staff members.
- Where work related stress occurs, the stress toolkits should be used promptly and always in advance of Occupational Health referral.
- Return to Work interviews should be routinely completed, storing notes locally and recording completion on HRPTS.



Recruitment / Staffing

Scrutiny Approvals - overview of activity and time taken from approval to Requisitions arriving in RSSC.

- Overall in the period 1st July - 30th September 2025 there were 36 posts presented for approval at Corporate Scrutiny, one was withdrawn and all others were approved.
- Once approved the following is observed;
 - 10 moved to ITM in the first instance;
 - 2 moved to a restricted Internal Trawl in the first instance;
 - 16 moved directly through the Recruitment Shared Service Centre;
 - 1 moved to Medical Recruitment which is managed by the BSO Retained Recruitment Team;
 - 1 was withdrawn post approval;
 - 1 was progressed through the new Admin pool;
 - 4 appear to be pending action.
- For those which move directly to the Recruitment Shared Service Centre the average time from approval to the requisition arriving into the Recruitment Centre was 4.15 weeks, marginally faster than the first half of 2025.

Recruitment live activity

- Live recruitment is starting to increase with 16 posts being actively recruited to with 3 posts on hold. The increase is likely related to the completion of the organisational change albeit some restrictions remain in place with all Band 8B / 8C / 8D posts progressing through internal trawl in the first instance. Whilst turnover remains steady it is likely that the number of posts moving to normal recruitment will increase in coming months.
- With this rise in normal recruitment the need to pay attention to timeliness of manager action is important.



Recruitment / Staffing

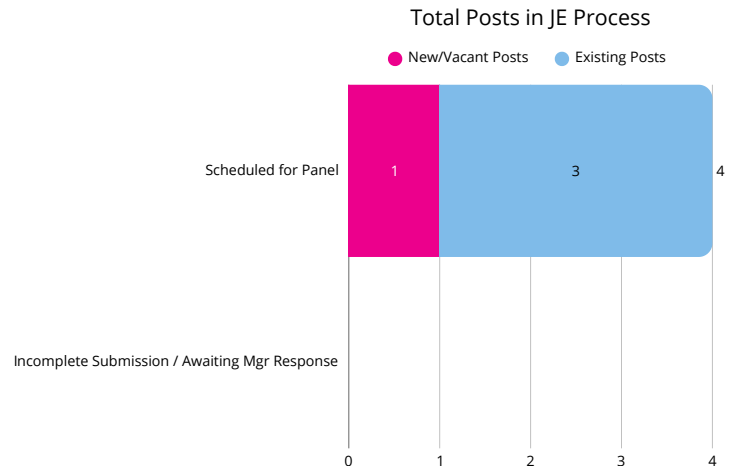
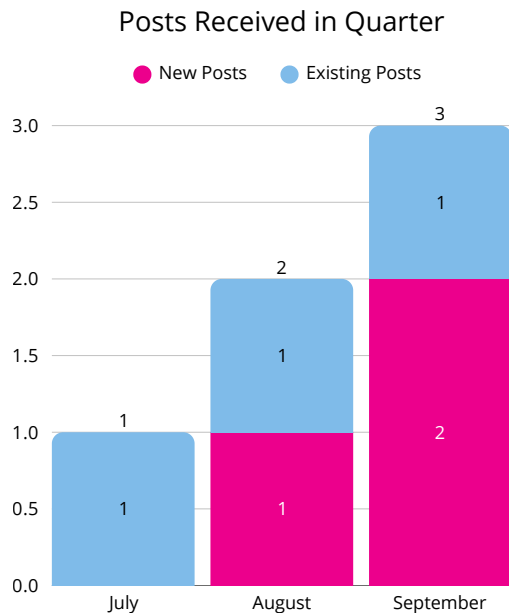
Recruitment live activity

- Reviewing the live activity and particularly those progressing as bespoke activities there are a few observations on the managers timelines as follows;
 - Delays are evident at panel set up with a range of 0-15 working days to submit panel details after the advertisement closing date. This causes a delay in release of shortlisting and therefore is impacting on candidate experience. There was only one occasion when the information was provided prior to the advertisement closing date.
 - **Corrective Action required** - Managers should ensure they have their panel details secured early and submitted before the advertisement closing date.
 - Delays are evident at shortlisting stage with a range of 8-14 working days for completion of shortlisting. In one instance, which remains outstanding at the date of reporting, the timeline to date of report is sitting at 17 days.
 - **Corrective Action required** - Managers should schedule time in diaries for completion of shortlisting normally within 5 working days of such being released. This will require chairpersons to ask their panel members to do likewise and arrange a short consensus meeting to resolve any differences in individual decisions which may arise.
 - The submission of interview details to allow candidates to be called for interview is a further delay with the range being 0-3 working days beyond the submission of the shortlisting for this to be achieved. Again this impacts on candidate experience and often will result in candidates withdrawing.
 - **Corrective Action Required** - Managers should ensure they have planned ahead in booking of rooms for interview to ensure the interview details can be submitted at the same time as the shortlisting outcomes.



Job Evaluations

Job Evaluation requests can be for new posts or existing posts (*changed job requests*). The following provides a high level summary of the volume of requests received over the quarter alongside the total number outstanding completion.



Workforce Development



Throughout the quarter workforce development activity has continued through the delivery of the People Plan. The key activity and achievements during this quarter were as follows:

Policy Development

Policy Insights - monthly focus on the key elements of a policy, manager and employee responsibilities;

- Secondment Guidance featured in July 2025.
- Attendance at Work Policy was featured in August 2025.
- Supporting Health & Wellbeing was featured in September 2025 incorporating:
 - Workplace Policy on Domestic Abuse;
 - Menopause at work Policy;
 - Alcohol & Substance Misuse at work Policy;
 - Leave Pack (including flexible working options).



Resourcing

- **Model for Admin Recruitment** - with the waiting lists now in place, the oversight group have a listing of posts to be filled with 3 x Band 4 and 3 x Band 3. Offers are in progress to join the pool and fill immediate gaps. Once the pool is fully established this will reduce the lead in time for recruitment.
- **Consolidation of Health Protection Rotas** - The support for Consultants to refresh their Health Protection skills is ongoing through the 'flipping' of the 'resilience' rota and HP Consultant rota. This approach is set to continue until 31st December 2025, with a target date for complete transition to a single rota agreed by the Local Negotiating Committee (LNC) as 1st January 2026. This is contingent on skill refreshment being fully achieved, with a review scheduled for late November 2025 to confirm the timeline.
- **Public Health Trainee Hours Monitoring** - the latest round of analysis was completed in April with outcomes scheduled for release in late October 2025. There is no change to the banding supplements and no issues of concern identified.

Organisation Development Engagement Forum (ODEF)

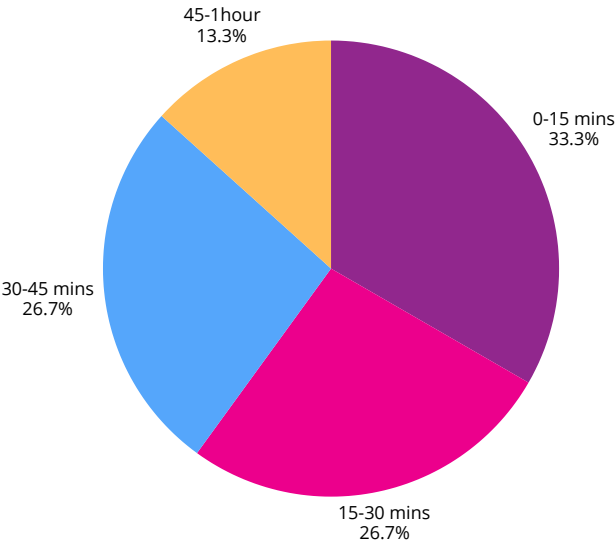
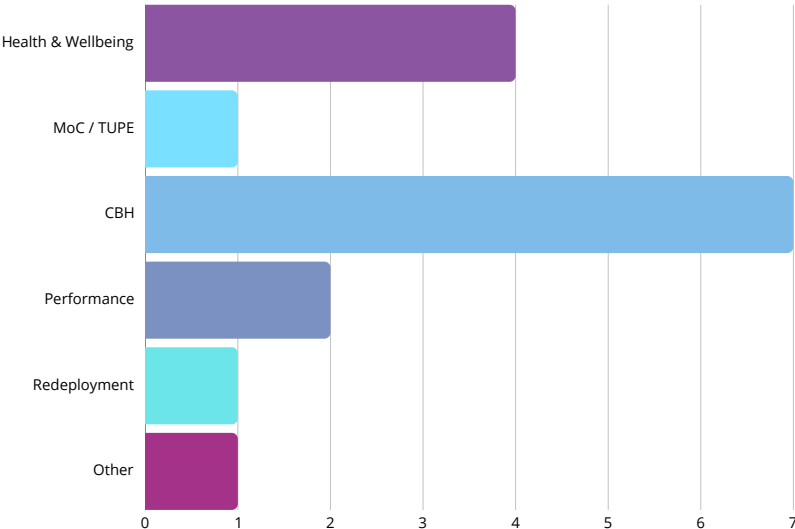
- **People Strategy 2026 - 2030** - With the current People Plan due to conclude in December 2025, an outline blueprint was presented to Senior Leaders in August 2025. Following some minor amendments arising from feedback, the next phase of co-design through staff engagement was planned with Townhall events and Team discussion sessions planned for October - November 2025
- **Skills Assessment Tools** - the next phase of the skills development programme is now underway with a project group established to oversee the development of tools to facilitate this in the 2026/27 appraisal year.



In the area of Employee Relations (ER), currently the PHA has;

- 1 live Industrial Tribunal Case

In addition to the live activity, during the period 1st July to 30th September 2025 the PHA has monitored the informal Employee Relations activity, with 15 instances of informal advice being sought to manage a range of situations



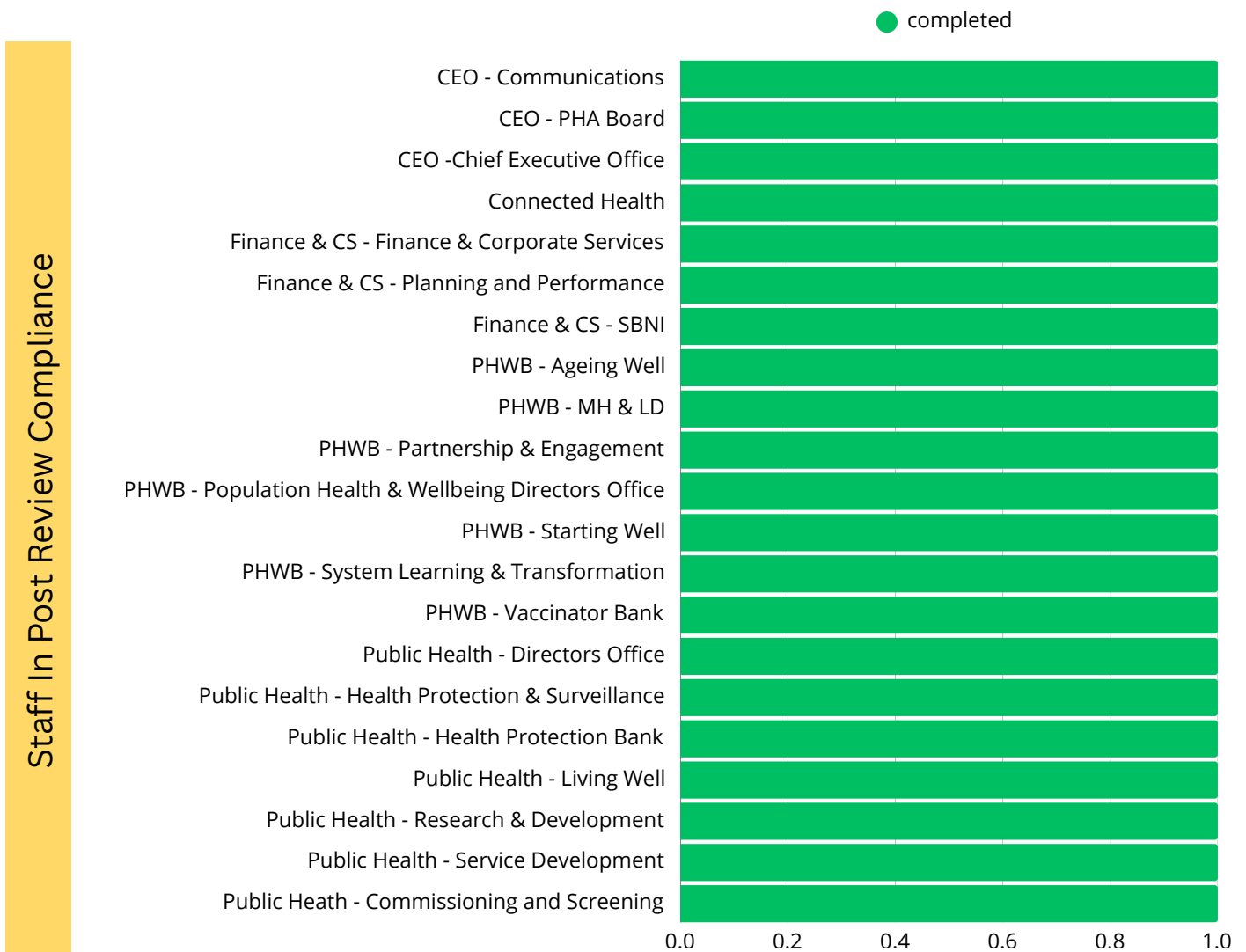
Staff in Post Reports



All 'Staff in Post' governance arrangements continue to be managed monthly on a SharePoint site. The Assistant Director of Finance & Corporate Services continues to maintain oversight with a 100% compliance during the period July - September 2025.

With the go live of the new Organisational structures on HRPTS, a full review of the authorised signatories has taken place in advance of the September returns being published. Due to the changeover, it was anticipated that some challenges might arise during September and for that reason a longer sign off timeline was allowed for.

Overall the changeover appears to have gone smoothly with some minor issues being managed as they arise. The below overview provides a visual of the compliance levels;





Alongside the Staff in Post monthly reports, monitoring for compliance of HRPTS actions and associated timelines continues on a monthly basis.

In the Period June to September 2025, 49 transactions were completed. 3 related to Bank staff of which all related to removing bank staff from the system and 2 related to processing of a death in service transaction. Excluding the above staff records which are non pay impacting / exceptional circumstances;

- 93.02% are confirmed as processed on time with no financial impacts;
- 2.33% (1 case) was processed late resulting in a technical underpayment however was amended through an off cycle payment to ensure impact was minimised.
- 4.65% (2 cases) were processed late resulting in overpayments in month.

Governance reports continue to be issued regularly to Directors where there are any late notifications even if this was a 'near miss' to highlight the need for prompt action by managers.

Corrective actions are naturally progressed when any over or underpayments are identified.

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 27 November 2025

Title of paper PHA People Plan 2024 – 2025 Closure Report

Reference PHA/07/11/25

Prepared by Karyn Patterson

Lead Director Leah Scott

Recommendation

For **Approval**

For **Noting**

1 Purpose

The purpose of this paper is to provide an overview of the achievements and organisational impact of the Public Health Agency's inaugural People Plan (2024–2025) as it concludes and the Agency prepares for the next People Strategy (2026 – 2030).

2 Key Issues

Underpinned by work commencing in early 2023, the PHA People Plan (2024–2025) was formally launched in June 2024. Amidst a time of significant organisational transformation, it set out a bold ambition to:

- foster a shared sense of purpose,
- ensure our staff feel supported and valued, and
- build a workforce that is knowledgeable, skilled, and ready for the future

Through the collective efforts of staff, managers, and the Organisation Development Engagement Forum (ODEF), we have laid the foundations for our continued journey in supporting everyone in Team PHA to thrive. Together, we have:

- **Established multiple two-way communication channels**, ensuring all staff voices are heard and acted upon;
- **Begun to develop a culture of recognition and celebration**, with annual staff events, the launch of Culture Champions and frequent sharing of team work and achievements through First Tuesday;
- **Developed a Health & Wellbeing programme**, commencing with the baseline survey through the Live Well, Work Well initiative and resulting in the identification

of Health & Wellbeing Champions who have supported the delivery of local health and wellbeing activities across each of the main sites;

- **Explored improvements to Recruitment, Pre-Boarding and On Boarding** processes with the introduction of new technology, a refreshed “Working for Us” website section, a bespoke e-learning for new staff and a new approach to corporate induction - all of which have been rated highly by new staff;
- **Launched the Skills & Development Framework and the Learn HSC system**, supporting continuous professional development and career progression for all.

In summary:

- **93% of our People Plan targets were fully or substantially progressed**, reflecting our collective determination to turn ambition into action. The remaining **7% have been categorised as partially achieved** in that they have been progressed as far as possible during this plan, with some external constraints hindering fuller implementation. These will be rolled over into our new People Strategy.
- **Staff engagement and wellbeing are becoming central to our culture**, demonstrating the power of working together for continuous improvement and collective success.
- **Our commitment to recognition has deepened**, with a desire to ensure every member of staff feels valued and appreciated for their unique contribution.
- **Open and honest communication has become a cornerstone of our organisation**, with multiple channels now firmly embedded, laying a solid foundation for trust and transparency.
- **The introduction of our new Skills and Development Framework** sets the stage for ongoing growth and adaptability as we embrace our new operating model together.

The attached report provides further detail on all activities undertaken during this period, highlights progress and impact on the People Agenda, and informs the development of the forthcoming PHA People Strategy 2026–2030.

3 Next Steps

This report is presented for noting ahead of being presented prepared for publication.



Our People Plan 2024 - 2025 ACHIEVEMENTS

Date of Report - November 2025

Foreword

As Chief Executive of the Public Health Agency, I am proud to present the closure report for our inaugural People Plan (2023–2025). This plan was launched at a time of significant transformation for our organisation, with the ambition to make PHA the employer of choice .

Our People Plan set out a bold vision:

- to foster a shared sense of purpose,
- ensure our staff feel supported and valued, and
- build a workforce that is knowledgeable, skilled, and ready for the future

Through the collective efforts of our staff, managers, and the Organisation Development Engagement Forum, we have made substantial progress against these aims.

The achievements outlined in this report reflect not only the dedication of our people but also our commitment to continuous improvement. Together we have strengthened our organisational culture, enhanced staff engagement, and modernised our workforce practices. These successes provide a strong foundation as we look ahead to our next People Strategy.

I would like to thank every member of ‘Team PHA’ for their contribution to this journey. Together, we are building an organisation where people thrive and deliver their best for the communities we serve.



Aidan Dawson,
Chief Executive



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A word of Thanks

The delivery of the PHA People Plan has been a strategic priority for the Agency over the past two years, strengthening our commitment to excellence in both service delivery and organisational development. As Director of Finance & Corporate Services, and Chair of the Organisation Development Engagement Forum (ODEF), I have had the privilege of witnessing first-hand the positive and lasting impact that our collective efforts are having on our people and our operational effectiveness.

Through a collaborative approach across Culture, Staff Experience, and Workforce Development, we have laid the foundations for our continued journey in supporting everyone in Team PHA to thrive. Together, we have:

- **Established multiple two-way communication channels**, ensuring all staff voices are heard and acted upon;
- **Begun to develop a culture of recognition and celebration**, with annual staff events, the launch of Culture Champions and frequent sharing of team work and achievements through First Tuesday;
- **Developed a Health & Wellbeing programme**, commencing with the baseline survey through the Live Well, Work Well initiative and resulting in the identification of Health & Wellbeing Champions who have supported the delivery of local health and wellbeing activities across each of the main sites;
- **Explored improvements to Recruitment, Pre-Boarding and On Boarding** processes with the introduction of new technology, a refreshed “Working for Us” website section, a bespoke e-learning for new staff and a new approach to corporate induction - all of which have been rated highly by new staff;
- **Launched the Skills & Development Framework and the Learn HSC system**, supporting continuous professional development and career progression for all.

Achieving these outcomes during a period of major organisational change underlines the collective leadership, resilience, and adaptability of everyone across the Agency.

Thank you to all who brought the People Plan to life—especially our Workstream Sponsors for their unwavering leadership, and every colleague who contributed through workstreams and working groups. Your energy, commitment, and willingness to embrace new ways of working have delivered meaningful, measurable benefits for our organisation and for each other.

Of course, this is only the beginning. The lessons we have learned and the foundations we have built will shape our future strategies and ensure that PHA continues to invest in its greatest asset—our people.



Leah Scott,
Director of Finance &
Corporate Services



What We Set Out To Do and What, Together, We Have Achieved

The People Plan was more than a roadmap—it was a promise to all of us. Together, we set out to create an environment where every member of Team PHA could flourish, contribute with pride, and feel the power of belonging to something bigger.

Guided by three strategic workstreams, we turned aspiration into action and vision into achievement. Here is an overview of what we have collectively achieved:

Culture: Our People have a Shared Sense of Purpose

We set out to ignite a sense of unity and meaning across the Agency, ensuring every colleague could see their unique contribution reflected in our collective mission. Our aspiration was to build a culture where every voice is heard, achievements are celebrated, and our HSC Values are lived out every day.

What we achieved together:

- We opened new channels for genuine two-way communication—First Tuesday sessions, quarterly ‘Chat with the Chief’, the People Portal and staff insights and exchange initiative —making listening and responding part of ‘how we do things round here’.
- Our “You Said, We Did” approach is building trust and shows that every idea matters.
- Annual staff recognition events and the creation of Culture Champions are bringing our values to life, aiming to make celebration and appreciation part of our shared experience.
- HSC Values are becoming more than words through being the foundation of how we recruit, welcome new staff, and work together.

Staff Experience: Our People feel Supported, Valued, and Engaged

We set out to make PHA a place where everyone feels seen, supported, and empowered to be their best. We know that when our people thrive, so does our organisation—and this has to be good for the communities we serve.

What we achieved together:

- The Live Well, Work Well programme provided a structured approach to baselining Health & Wellbeing resulting in the appointment of a Health Champions network who put wellbeing at the heart of our culture, with action plans and support in every office.
- Our new induction process, including Pre-boarding materials, an Induction Pack for new staff and their managers, with a range of support tools, and the introduction of our Corporate Welcome event provided warmth and clarity for new staff. This is evidenced in achieving 90% attendance at the Corporate Welcome events and outstanding satisfaction scores across all the associated materials.
- Appraisal compliance reached 95% annually, with the Skills and Development Framework ensuring every conversation about performance is also a conversation about growth.
- We modernised our support for learning and development, updated our Assistance to Study Policy, and introduced an Exit Survey to keep learning from every experience.

Workforce Development: Our People are Knowledgeable, Skilled, and Competent.

We set out to equip everyone for today and tomorrow—offering clear pathways for growth, embracing new ways of working, and ensuring we are ready for whatever the future holds.

What we achieved together:

- The Skills and Development Framework, a first not only for PHA but in the whole of the HSC, was developed and implemented through the collective efforts of all our teams.
- The regional Learning Management System empowered staff to take charge of their learning, with an average of 99% engagement in any reporting period.
- Candidate Attraction and Experience was improved with a refreshed “Working for Us” section on the PHA website, and a new on line pre-employment checks process making it a much smoother and easier process. A pilot of a new standardised recruitment pack and recruitment video was undertaken with positive results. All of this also supported Manager Experience alongside introduction of a range of tools and explanatory videos.
- We developed a bespoke e-learning package as an introduction to Public Health for staff at every level.
- We embraced hybrid working, piloting and implementing a model that balances flexibility with collaborative approaches to team work, supported by our ‘Working effectively’ pack which contains a wide range of practical resources.
- We began building a Job Description Library, with a trial of some template generic Job Descriptions for greater agility and consistency, and strengthened our training in the area of emergency planning to ensure readiness and resilience.

The Results: A Foundation for the Future

The achievements of the People Plan 2024–2025 are a testament to what is possible when we unite around a shared vision. In summary:

- **93% of our People Plan targets were fully or substantially progressed**, reflecting our collective determination to turn ambition into action. The remaining **7% have been categorised as partially achieved** in that they have been progressed as far as possible during this plan, with some external constraints hindering fuller implementation. These will be rolled over into our new People Strategy.
- **Staff engagement and wellbeing are becoming central to our culture**, demonstrating the power of working together for continuous improvement and collective success.
- **Our commitment to recognition has deepened**, with a desire to ensure every member of staff feels valued and appreciated for their unique contribution.
- **Open and honest communication has become a cornerstone of our organisation**, with multiple channels now firmly embedded, laying a solid foundation for trust and transparency.
- **The introduction of our new Skills and Development Framework** sets the stage for ongoing growth and adaptability as we embrace our new operating model together.

These outcomes are not just milestones—they are the springboard of an even brighter future. The People Plan 2024 - 2025 has set a standard for what it means to be part of Team PHA. As we embark on our new People Strategy, these foundations will continue to shape our journey, inspiring us to reach even greater heights together.

Appendix

Targets and Achievements

Targets (2023-2025)

Communications will be **Streamlined** and continually evaluated for effectiveness .

Communication will be 2 way so we can listen and **act upon staff feedback** with feedback loops to ensure a shared understanding of the actions arising from feedback.

RATING
Fully Achieved

Achievements

Staff Engagement and Communication

As a starting point, all survey data collected over the previous two years was reviewed in detail. This analysis informed the creation of a “You Said, We Did” document, which:

- Highlighted actions taken in response to staff feedback.
- Identified areas requiring further attention and shaped plans for future action.

Multiple Channels were Established to strengthen two-way communication with a corporate communication guide published outlining all available channels for providing information to and from staff. This included:

- Corporate Welcome - in person sessions quarterly for new staff
- First Tuesday - virtual sessions for all staff monthly led by a member of the Senior Leadership Team
- Staff News - weekly updates for all staff
- Chat with the Chief - quarterly in person site engagement events / walkabout
- Policy Promotions issued each month to feature a Policy
- PHA People Portal - for all things People Related
- Appraisal / Chats for all staff
- Team Meetings
- Directorate Team Briefings (reminders) for all staff

Building on this, additional feedback was gathered during the 2024 Staff Event, analysed comprehensively, and used to develop and publish **a full action plan, on the PHA People Portal** during 2025. This is a live document which is being updated and added to through the Staff insights and Exchange scheme.

The Staff Insights and Exchange initiative, introduced an ongoing mechanism for staff to provide their ideas and feedback, both in a physical format with boxes across the four main offices and digitally via Microsoft Forms.

These measures have aimed to enhance transparency, improve staff engagement, and ensure consistent communication across the organisation.

Targets (2023-2025)

Activities to **recognise and celebrate** our staff and their success will be developed.

RATING
Fully Achieved

Develop and implement proposals on **PHA wide activities** which might support internal cultural development. This might range from internal activities to those engaging with / through external organisations.

RATING
Substantially Achieved

Achievements

Staff Recognition and Celebration

In 2023, PHA hosted its first all staff event at the Titanic venue, exploring **the theme of 'Take 5' - Reflection, Recovery, and Readiness**. The event was well received, with feedback indicating that staff felt valued and invested in.

Building on the success of this first event, the second annual event focused on **the theme of Recognition**, featuring a motivational keynote speaker on energising team dynamics. Staff across the agency were invited to showcase their work through team posters, which were displayed at the event and later shared during First Tuesday sessions, promoting collaboration and recognition.

Planning is currently underway for the 2025 Staff Recognition Event, which will continue to build on these themes of engagement and organisational culture.

A range of activities have been suggested and progressed through staff feedback, the culture and staff experience workstreams. Initiatives have included for example:

- Development and Promotion of the Staff Benefits Brochure in collaboration with the BSO HR Team.
- Implementation of the Staff Insights and Exchange process.
- Site specific staff events such as coffee mornings; charitable fund raising, Christmas Choir, walking clubs, book club etc.

Culture Champions Initiative

In June 2024, the Culture Workstream invited staff to volunteer as Culture Champions to support the delivery of the action plan arising from staff feedback, aimed at strengthening organisational culture. These champions work closely with Health and Wellbeing Champions, and in some cases, collaborate on joint actions to maximise impact.

The Culture Champions group provides a platform for discussion and idea-sharing on how PHA can continuously improve its culture, using feedback from staff such that gathered at the 2024 staff event and through the Staff insights and exchange process.

This collaborative approach has fostered engagement and ownership, ensuring cultural development remains a shared responsibility across the organisation.

Targets (2023-2025)

To promote the HSC Values in all we do ensuring the promotion of diversity and the psychological safety of all.

RATING
Fully Achieved

Achievements

Promotion of HSC Values

PHA has actively embedded and promoted HSC Values across the organisation through a range of initiatives, including:

Integration into Recruitment and Onboarding

- HSC Values have been consistently highlighted in recruitment campaigns, candidate information packs, and the refreshed “Working for Us” section of the PHA website. New staff are introduced to the values during induction and through mandatory training programmes

Staff Engagement and Communication

- Values have been reinforced through corporate communications, including Staff News, First Tuesday sessions, and team briefings, ensuring they remain visible and relevant in day-to-day operations.
- Values has been featured as a ‘policy insight’ for a focused promotion over a full month.

Culture and Wellbeing Initiatives

- The establishment of Culture Champions and collaboration with Health and Wellbeing Champions has supported local action plans aligned to HSC Values, fostering a positive and inclusive organisational culture.

Recognition and Events

- Annual staff events have incorporated themes that reflect HSC Values, such as teamwork, recovery, and readiness, providing opportunities to celebrate and recognise staff contributions.
- Mandatory training programmes, including the “What is Public Health” e-learning module and the Skills and Development Framework, have embedded HSC Values into professional development and appraisal processes.

These actions have ensured that HSC Values are not only communicated but actively lived within the organisation, shaping behaviours and guiding decision-making.

Targets (2023-2025)

Baselining staff Health & Wellbeing.

Engaging PHA delivery partners to support the **Work Well Live Well model** for our staff.

Promote Health & Wellbeing through regular communication of available resources.

RATING
Fully Achieved

Achievements

Live Well, Work Well Initiative

Launched at the 2023 Staff Event, PHA partnered with the Chest, Heart and Stroke Association to deliver the Live Well, Work Well programme, including a comprehensive staff health and wellbeing survey.

Participation: 156 staff completed the survey, representing approximately 40% of the workforce at that time.

Scope: The survey provided detailed insights into areas such as physical activity, nutrition, weight control, alcohol and drug use, sleep, health risks and screening, emotional and mental wellbeing, and stress factors.

The results led to key actions including:

Establishment of Health Champions across PHA, with training provided for volunteers. Health Champions play a vital role in organising and promoting wellbeing initiatives, encouraging healthy lifestyles, supporting data collection, and evaluating action plans. Dedicated time is allocated to enable them to fulfil this role effectively.

Programme Support: The Staff Experience Workstream secured a small programme budget for Health Champions and approval to maintain **Business in the Community membership**, providing access to training workshops, e-learning, and webinars on a wide range of health and wellbeing topics.

As a result, **Health and Wellbeing Action Plans** are now in place across all PHA offices, supported by a **Health and Wellbeing Champions Forum**, which meets regularly to share ideas and monitor progress.

Targets (2023-2025)	Achievements
<p>Commence development of a climate change and sustainability workplace wellbeing plan.</p> <p>RATING Substantially Achieved</p>	<p>Climate and Sustainability Workplace Wellbeing Plan</p> <p>A Task and Finish Group was established to develop and implement a Climate and Sustainability Workplace Wellbeing Plan, focusing on five key areas:</p> <ul style="list-style-type: none"> • Active Travel • Staff Education • Communications • Innovation and Carbon Footprint Reduction • PHA Policies <p>While the plan remains in draft, notable progress was achieved during 2024/25, including the completion of a Sustainability Quality Improvement Project by three staff members. This project examined interventions to improve energy efficiency within the workplace (<i>4th Floor, Linenhall Street</i>), culminating in a presentation to all staff via First Tuesday sessions to highlight practical actions individuals can take to reduce energy consumption and support carbon reduction.</p> <p>The work of this group will be carried forward into the 2026–2030 PHA People Strategy, ensuring sustainability remains a core organisational priority.</p>
<p>Appraisals will be available for all staff.</p> <p>Promotion of new Appraisal tools for all staff and to review feedback for further improvements.</p> <p>RATING Fully Achieved</p>	<p>Appraisals</p> <p>PHA has consistently promoted and monitored the completion of staff appraisals over the past three years, achieving a 95% compliance rate annually for all staff who were at work. This strong performance has reinforced the importance of:</p> <ul style="list-style-type: none"> • Clarifying roles and responsibilities • Setting clear objectives • Supporting personal development planning <p>In 2025/26, this process was further enhanced through the integration of the Skills and Development Framework, providing a structured approach to continuous professional development and career progression.</p>



Our People feel supported, valued and engaged

Targets (2023-2025)	Achievements
<p>Staff Development Opportunities will be available with a clear framework for career progression.</p> <p>RATING Substantially Achieved</p>	<p>Learning and Development Initiatives</p> <p>In 2023, the Learn HSC system was introduced, providing all staff with immediate access to a wide range of development opportunities. The platform enables staff to:</p> <ul style="list-style-type: none"> • Access a central hub for learning resources and training programmes with an application process; • Record and track their own Continuous Professional Development (CPD); • Maintain compliance with mandatory training requirements; <p>Complementing this, the Skills and Development Framework introduced practical guides and tools to support career progression, including:</p> <ul style="list-style-type: none"> • An outline of career pathways within the PHA; • A broad overview of the knowledge, skills, and experience required for progression across different levels within PHA; • Initial training options aligned to the National Qualifications Framework. <p>These initiatives have strengthened organisational capability by embedding structured development opportunities and supporting staff in planning and advancing their careers.</p>
<p>To update policies in the area of staff development and promote opportunities available.</p> <p>RATING Fully Achieved</p>	<p>Assistance to Study Policy</p> <p>In 2023, PHA undertook a review of the previous Post-Entry Training and Qualifications Policy and replaced it with an updated Assistance to Study Policy, reflecting the evolving environment in which training and education are delivered. This revised policy provides clearer guidance and support for staff undertaking further education or professional development.</p> <p>Over the past two years, [insert number] staff members have availed of this policy, demonstrating its value in enabling continuous learning and career progression across the organisation.</p>



Our People feel supported, valued and engaged

Targets (2023-2025)

Corporate & Local Induction Process will be reviewed and updated to ensure engaging and informative.

RATING
Fully Achieved

Achievements

Pre-boarding and On-boarding Programme

To address the absence of a formal corporate and local induction process, the Staff Experience Workstream collaborated to design and implement a comprehensive **Corporate Induction Pack**.

This resource provides new staff with detailed information about the organisation, its role and responsibilities, and the benefits of joining PHA. It also includes manager checklists for both corporate and local induction processes.

Initially launched as a PDF on PHA Connect in 2024, the pack was later transferred to the Learn HSC system, enabling traceability of access and usage.

Alongside this, a **suite of pre-boarding documents** was developed for each main office, equipping managers to communicate essential information to new appointees prior to their start date (e.g., dress code, lunch facilities).

A New Start Toolkit for managers was also introduced, providing a one-page reference for key processes such as ordering equipment, setting up IT access, and ensuring payroll readiness.

To complement these resources, a **Corporate Welcome Event** was introduced on a quarterly basis, led by the PHA Chief Executive. This event offers new staff an opportunity to network with senior leaders and peers, while recognising completion of mandatory training through the presentation of a certificate of achievement.

Feedback gathered throughout the implementation period has been overwhelmingly positive. In Q2 2025, analysis showed:

- 78 new starts during the reporting period.
- 90% attendance at Corporate Welcome events.
- 24.3% feedback response rate, with all but one respondent rating the experience positively.
- Corporate Welcome widely regarded as beneficial, with staff noting they felt valued by the investment, particularly the engagement from the Chief Executive.
- Induction Pack rated 8.86/10 for satisfaction and 9/10 for usefulness



Our People feel supported, valued and engaged

Targets (2023-2025)	Achievements
<p>Exit Survey will be used as a means of feedback.</p> <p>RATING Substantially Achieved</p>	<p>Exit Survey and Feedback</p> <p>Since August 2023, PHA has been collecting exit survey data to capture insights from staff leaving the organisation. While initial response rates were limited, targeted promotion in recent months has encouraged greater participation.</p> <ul style="list-style-type: none">• Over the period August 24 - July 25 the response Rate was 56% compared to 22% in the previous 12 months• Feedback: Although the volume of responses remains low, all feedback is helpful. Due to the small sample size, no formal report has yet been produced; however, it is anticipated the first report will be available in the last quarter of 2025/26.

Targets (2023-2025)

Attraction - To consider new and innovative ways to raise the profile of the Agency across HSC; Education and beyond to support attraction at a range of levels.

RATING
Substantially Achieved

Achievements

PHA Website Enhancement

A refreshed “Working for Us” section was successfully developed and launched on the public-facing PHA website. This section now provides comprehensive information to prospective employees, including:

- Overview of the PHA and its purpose
- Reasons to join the organisation
- HSC Values
- Staff benefits and development opportunities
- The People Plan
- Organisational locations
- Employee spotlight features

Employee Spotlight – “A Day in the Life”

The first employee spotlight feature has been published, showcasing a typical day in the life of a PHA employee. While currently limited to one profile, plans are in place to expand this initiative in the coming months to further highlight diverse roles and career pathways.

Work Experience and Placement Programmes

A full concept for work experience and placement programmes has been developed, including:

- Graduate Training Schemes for General Management and Accountancy, with one placement supported in each programme during 2025/26.
- A formal process for general work experience placements at third-level education, with details published on the PHA website. Although uptake has been limited to date, two international students successfully completed placements during 2025/26.

Further development of these programmes, along with broader placement opportunities, will be incorporated into the next People Strategy, ensuring continued growth and alignment with organisational workforce priorities.

Targets (2023-2025)

Candidate Information -
develop standard documentation which might improve attraction.

RATING
Substantially Achieved

Candidate Experience -
To work with the Recruitment partners to influence and improve candidate experience throughout the recruitment journey.

RATING
Partially Achieved

Achievements

Template Candidate Information Pack

A standardised Candidate Information Pack template was developed and successfully trialled during:

- Public Health Consultant recruitment (March 2025)
- Administrative Band 3 and Band 4 waiting list recruitment (August 2025)

Initial feedback indicates the template enhances consistency and candidate experience. Further evaluation and refinement will be undertaken prior to full organisational rollout. Consideration will also be given to potential impacts arising from the implementation of new HR systems under the Equip Programme in 2026.

PHA Recruitment Video

A short promotional video was produced and trialled as part of the Public Health Consultant recruitment campaign (March 2025). While plans were in place to extend its use to the Administrative Band 3 and Band 4 recruitment activity, resource constraints limited this. Future utilisation and expansion of video content will be explored as part of ongoing employer branding initiatives.

Candidate Experience – Pre-employment Checks

Throughout the duration of this People Plan, PHA has supported the implementation of the Amicus system, which enables candidates to securely upload documentation required for pre-employment checks. This system has proven highly effective in streamlining and accelerating the recruitment process, reducing delays and improving overall candidate experience. Further evaluation and enhancement of candidate experience will be progressed under the forthcoming People Strategy, ensuring continuous improvement and alignment with best practice.

Targets (2023-2025)	Achievements
<p>Keeping Activity moving - To regularly host sessions for Managers on proactively managing their recruitment exercise, sharing available tools to build knowledge of support arrangements to navigate the process.</p> <p>RATING Fully Achieved</p>	<p>Managers Survey A comprehensive survey of all recruiting managers was conducted during late 2024 and early 2025, achieving a response rate of approximately 47%. The insights gathered provided a robust evidence base for the development of a targeted Recruitment Action Plan.</p> <p>Managers Toolkit Feedback from the survey highlighted two key challenges for managers:</p> <ol style="list-style-type: none"> 1. Understanding the required steps and their sequence 2. Locating the correct process documents <p>To address these issues, a concise one-page Managers Toolkit was created and published on the PHA People Portal. The toolkit presents the recruitment steps at a glance and includes direct links to all relevant resources. It has been actively promoted on a regular basis to ensure visibility and ease of access for managers.</p>
<p>Job Descriptions - Review the Regional Job Description Template to consider wording to reflect PHA specific requirements particularly in the area of Emergency Response and transport requirements. Influence change to the presentation of Job Descriptions to support attraction.</p> <p>RATING Substantially Achieved</p>	<p>Refreshed Job Description and Personnel Specification Template The PHA Job Description and Personnel Specification template was refreshed and republished in September 2025 to reflect PHA-specific requirements. However, the review was limited due to ongoing regional discussions regarding potential changes linked to the implementation of new HR systems under the Equip Programme in 2026.</p> <p>Emergency Response Wording Proposed updates to include Emergency Response wording, which was nearing agreement with Trade Union colleagues, have been temporarily paused. This is due to broader discussions involving Emergency Planners and the Health Protection team, ensuring consistency and alignment corporately.</p>

Targets (2023-2025)	Achievements
<p>Job Description Library - commence planning as to how this might be achieved and to link to developing of 'Template' Job Descriptions for the same role but in various programmes of work not only to ensure consistency but flexibility to meet organisational needs.</p> <p>RATING Partially Achieved</p>	<p>Job Description Library Development Work has commenced on creating a centralised Job Description Library, which in time will be a resource for managers, by collating existing job descriptions and logging them into a single database.</p> <p>A first-level desktop analysis was completed to:</p> <ul style="list-style-type: none"> • Categorise posts as unique or part of a generic group • Identify opportunities to unify similar roles under a single, standardised job description in the future <p>This foundational work provides a clear structure for improving consistency and efficiency in job documentation.</p> <p>Template Job Descriptions The concept of template job descriptions for roles with similar responsibilities but different subject matter areas was trialled with:</p> <ul style="list-style-type: none"> • Programme Manager (Band 8A) • Operational Project Leads (Band 7) <p>The trial demonstrated positive benefits, including improved clarity and reduced duplication, particularly in the recruitment process, supporting the case for wider adoption of template-based job descriptions.</p>

Targets (2023-2025)

A skills & competencies framework will be

developed and implemented with an audit tool used to support the identification of current levels for every staff member. This will also require to be linked to Job Descriptions to both support attraction and approaches to recruitment.

Undertake a scoping exercise of the risks and challenges in the area of workforce planning which might inform strategies for succession planning. This should be linked to and inform the skills / competencies framework.

RATING

Substantially Achieved

Achievements

The PHA Skills and Development Framework was developed during 2023/24 through:

- staff engagement sessions
- Research into best practice
- Alignment with the Public Health Skills and Knowledge Framework

The framework provides a practical reference tool to empower staff in their continuous professional development and, where desired, support career progression. Following a soft launch in April 2024 to allow familiarisation and further staff feedback, the framework was fully embedded into the appraisal process in April 2025.

Skills Baseline and Gap Analysis

Building on this successful implementation, we are commencing an initiative to understand and recognise the strengths of our current workforce while identifying opportunities for growth. This process will help us ensure everyone has the skills and support needed to deliver on PHA's strategic priorities and thrive in the transformation journey. A dedicated project group has been established to develop a suite of tools that will integrate with the Skills and Development Framework to:

- Facilitate self assessment and discussion with line managers;
- At individual level support the shaping of Personal Development Plans;
- At team / Directorate level facilitate an overview of Personal Development Plans and prioritisation of training requests;
- At Corporate level provide a clear understanding of workforce skills alignment and distribution;
- Facilitate workforce planning by overlaying skills data with workforce metrics;
- Maintain an up-to-date skills baseline, enabling progress tracking over time.

This initiative will strengthen organisational capability and ensure alignment with future workforce planning requirements.

Our People are knowledgeable, skilled and competent

Targets (2023-2025)	Achievements
<p>Hybrid Working as a model will be operational as a trial with an evaluation process agreed to facilitate decisions on the future model and fit for organisational purposes.</p> <p>RATING Fully Achieved</p>	<p>A pilot hybrid working scheme was formally introduced in April 2023 with a comprehensive evaluation conducted in 2024, providing staff with multiple opportunities to contribute feedback through:</p> <ul style="list-style-type: none"> • Structured questionnaires via Microsoft Forms • Interactive Townhall sessions <p>Based on this feedback, the scheme was regularised and fully implemented in January 2025. In addition, a representative working group supported the development of practical resources to support staff and managers to work effectively in a hybrid environment, regardless of location. These resources, which are published on the PHA People Portal, have been embedded as organisational guidance to ensure consistency and accessibility.</p>
<p>Learning Management system will be in place and actively used across the Agency.</p> <p>RATING Fully Achieved</p>	<p>Regional HSC Learning Management System</p> <p>The regional HSC Learning Management System (LMS) was successfully launched in May 2023, providing a single, integrated platform for:</p> <ul style="list-style-type: none"> • Accessing information on available training programmes • Monitoring mandatory training compliance at a glance • Applying for training programmes • Recording individual Continuous Professional Development (CPD) activities <p>PHA demonstrated exceptional engagement from the outset, achieving 92% uptake within three months of go-live, compared to a regional average of 58%. This high level of engagement has been consistently maintained, with the latest figures standing at 99.31%.</p>

Targets (2023-2025)

Mandatory Training will be available and completed.

RATING
Fully Achieved

Achievements

Mandatory Training Compliance

Compliance data for mandatory training is fully accessible through Learn HSC, enabling:

- Individual staff to monitor their own compliance status
- Managers to view compliance for their entire team and individual staff members
- Corporate reporting to provide an organisational overview and ensure compliance standards are maintained

Over the past few years, compliance data has been regularly reviewed, with figures published as required and highlighted through Staff News and First Tuesday sessions.

These actions have consistently raised awareness among staff and managers, reinforcing the importance of maintaining mandatory training compliance.

Development of E-learning Package

To support onboarding and enhance understanding of public health principles, a new e-learning module titled “What is Public Health” was developed by staff for staff and launched as a mandatory training programme in April 2025. This initiative ensures all new employees gain a foundational understanding of public health, reinforcing organisational values and objectives from the outset.

Targets (2023-2025)

New Ways of Working will be considered and an action plan developed which will ensure the Agency modernises approaches in line with the technology and resources available.

RATING
 Substantially
 Achieved

Achievements

Working Effectively Resource

In response to staff feedback and the need for clear guidance on hybrid working, a comprehensive Working Effectively Resource was developed. This resource provides practical principles and tools to support both individuals and teams in a hybrid environment. Key areas covered include:

- The Manager's Role
- The Employee's Role
- Maximising Office Days
- Supporting staff from a Health & Wellbeing perspective
- Leveraging technology to optimise hybrid working

Additional guidance and best practices are included to ensure effective collaboration and productivity regardless of work location.

Model for Administrative Recruitment

Through a dedicated working group, a new approach to recruitment for Band 3 and Band 4 positions has been designed, introducing a centralised recruitment pool for these roles. Key achievements include:

- Development of protocols for managing the pool;
- Creation of refreshed standard job descriptions for both bands;
- Launch of a corporate recruitment drive, resulting in single organisational waiting lists;
- Establishment of an oversight group to manage allocation of candidates to short-term roles initially, and subsequently into permanent positions.

Once fully implemented, this model will significantly reduce lead times for recruitment, improve consistency, and enhance workforce planning efficiency.

Targets (2023-2025)

Emergency Planning will be in place to ensure readiness to respond to any future incidents. This will include linkages to Job Descriptions and the skills / competencies framework.

RATING
Substantially
Achieved

Achievements

Emergency Planning and Organisational Readiness

The Emergency Planning Team, has worked over the past two years to ensure organisational readiness. A comprehensive training programme has been developed to cover the various roles and levels required for emergency response, with relevant elements incorporated into mandatory training for all staff.

Job Description Updates

Proposed Emergency Response wording for job descriptions was developed and reached near agreement with Trade Union colleagues. However, implementation has been temporarily paused to allow for broader discussions with Emergency Planners and the Health Protection Team, ensuring consistency and alignment across corporate emergency planning frameworks.

Integration with Skills and Development Framework

The Emergency Planning Team is actively developing a dedicated section for inclusion in the Skills and Development Framework, which is anticipated to be in place prior to the April 2026 appraisal cycle. This will further embed emergency preparedness into organisational capability and workforce development.



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