

Meeting agenda

PHA Board Meeting

Date and time	Venue
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24 September 2026 at 1.30pm Board Room, Gransha Park House, L'derry

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 27 August 2026	Chair
4 1.30	Actions from Previous Meeting / Matters Arising	Chair
5 1.40	Reports of New or Emerging Risks	Chief Executive
6 1.45	Raising Concerns	Chief Executive
7 1.50	Presentation by Cathy McCloskey, Chief Officer, CAWT (Co-operation and Working Together)	Chair
8 2.20	Presentation by Ageing Well Public Health Planning Team	Ms Roberts
9 2.50	Presentation on Right Care Right Person	Ms Roberts
10 3.20	Finance: - Verbal Update on Financial Plan 2026/27 - Finance Report [PHA/01/09/26] (For noting)	Mrs Scott
11 3.50	Board Assessments [PHA/02/09/26] (For noting)	Chair

12 4.00	Updates from Committees: • HR/OD Committee Terms of Reference [PHA/03/09/26] (For approval) • Constitution of Board Committees [PHA/04/09/26] (For approval)	Chair
13 4.15	Partnership Agreement between Department of Health and Public Health Agency (revised August 2026) [PHA/05/09/26] (For noting)	Mrs Scott
14 4.25	Chief Executive and Directors' Report	Chief Executive
15 4.35	Chair's Remarks	Chair
16 4.40	Any Other Business	Chair
17	Details of next meeting: <i>Thursday 22 October 2026 at 1.30pm</i> <i>Board Room, Tower Hill, Armagh</i>	Chair

PHA Board Meeting Minutes

Date and Time

27 August 2026 at 1.30pm

Venue

Fifth Floor Meeting Room, 12/22 Linenhall Street

Member

Title

Attendance status

Mr Colin Coffey	Chair	Present
Dr Joanne McClean	Director of Public Health	Present
Ms Emily Roberts	Interim Director of Nursing, Midwifery and Allied Health Professionals	Present
Mrs Leah Scott	Director of Finance and Corporate Services	Present
Mr Craig Blaney	Non-Executive Director	Present
Mr John Patrick Clayton	Non-Executive Director	Present
Mr Michael Gibbs	Non-Executive Director	Present
Ms Anne Henderson	Non-Executive Director	Present
Mr Robert Irvine	Non-Executive Director	Present
Ms Patricia Kelly	Non-Executive Director	Present
Mr Tom Wright	Non-Executive Director	Present
Dr Declan Bradley	Director of Population Research and Intelligence	In attendance
Mr Stephen Wilson	Head of Chief Executive's Office	In attendance
Professor Sir Michael McBride	Chief Medical Officer, Department of Health	In attendance
Mr Robert Graham	Secretariat	In attendance

Mr Aidan Dawson	Chief Executive	Apologies
Ms Meadhbha Monaghan	Chief Executive, Patient Client Council	Apologies

92/26 - Item 1 – Welcome and Apologies

92/26.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Aidan Dawson and Ms Meadhbha Monaghan. The Chair advised that Mr Dawson is unlikely to return to work before the end of September.

92/26.2 The Chair welcomed Dr Declan Bradley to his first meeting as Director of Population Research and Intelligence and said that he would ensure that he would get the proper resources to support him in establishing his new directorate.

93/26 - Item 2 – Declaration of Interests

93/26.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. Dr Bradley declared that he holds an honorary role with Queen's University. Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

94/26 - Item 3 – Minutes of previous meeting held on 18 June 2026

94/26.1 The minutes of the Board meeting held on 18 June 2026 were **APPROVED** as an accurate record of that meeting subject to a minor amendment. In paragraph 82.26/2 Mr Clayton noted that the reference to the need to have a Non-Executive on the Information Governance Steering Group suggests that there is not one currently in place and he occupies that role although his term is due to come to an end. It was agreed that the word "replacement" should be inserted.

94/26.2 Mrs Henderson asked about paragraph 84/26.8 and how the cohorts of patients will be identified. Dr Bradley explained that there is workstream jointly chaired by himself and Digital Health to look at a mechanism whereby the Integrated Neighbourhood Teams (INTs) will give GPs a list of patients for review, but he advised that SPPG is facilitating that process. He noted that a balance needs to be struck between having a population wide approach and a narrow approach. Mrs Henderson asked how individuals will be selected and what principles will be applied. Dr Bradley replied that the same principles will be applied across the system and that the focus is on older people with frailty who have recently accessed secondary care. Ms Roberts advised that the new Assistant Director for Ageing Well will join the Programme Board for Neighbourhood.

94/26.3 Mr Clayton said that for the record, he wished to thank Dr McClean for providing him with a briefing on cancer clusters in the mid-Ulster area as he was not able to attend the Board meeting on 2 June.

95/26 - Item 4 – Actions from Previous Meeting / Matters Arising

95/26.1 The Chair noted that some of the actions from the previous meeting had been completed while other actions remained ongoing. For clarity Dr McClean advised that for Action 1 relating to the cancer clusters there will be reports for each year individually and that while 2023 data are now available, the data for 2025 will not be validated until 2027/2028.

96/26 - Item 5 – Reports of New or Emerging Risks

Corporate Risk Register as at 30 June 2026 [PHA/01/08/26]

96/26.1 Mrs Scott said that the Corporate Risk Register was reviewed by the Governance and Audit Committee at its meeting on 13 August. She reported that there are ten risks and that following review, one new risk has been included, which relates to Right Care Right Person; one risk, relating to staffing, was removed and de-escalated to the appropriate directorate risk register, and one risk, relating to public inquiries, had its rating reduced. She advised that the next review will take place at the end of September.

96/26.2 Mrs Henderson advised that the Committee had considered the Risk Register and noted that five risks were outside PHA's risk appetite and that the Committee will look at each of these in detail. Mr Clayton added that the Committee had agreed that there would be reports on each risk individually as they would require an in-depth discussion. He said that for the risk relating to staffing, this has been a standing risk that went across the entire organisation and it was suggested that the Agency Management Team (AMT) should re-examine this and consider whether it is a directorate or corporate risk. The Chair said that this should be discussed at the HR/OD Committee.

96/26.3 Ms Kelly said that the risk on staffing is a standing risk given the current financial situation. She noted that the rating for the risk on public inquiries was reduced and asked if the Board will receive an analysis of inquiries. For the new risk relating to Right Care Right Person, she said that this represents a significant risk in terms of the approach to children and she wished to emphasise the potential for serious issues arising.

96/26.4 Mr Gibbs noted that he did not feel assured about the risks on cyber security and asked whether the actions can be delivered. For the risk around safety and quality, he noted that there is reference to a Framework Document which dates back to 2011.

96/26.5 The Chair suggested that there should be more detail about actions being taken. He asked if any of the risks could be escalated to the Department's Risk Register and how PHA can obtain assurance. Mr Wilson said that the Department is

duty bound to review PHA's Corporate Risk Register and raise any queries it has. The Chair stated that if PHA is failing outside of its scope it should formally advise the Sponsor Branch. In relation to the Framework Document, he noted that this is a long standing issue for PHA and has been raised at Accountability Review meetings.

96/26.6 Mrs Scott advised that the Risk Register has been subject to review by AMT who have considered each of the risks in turn and are satisfied that they reflect their current status and mitigations. The Chair asked about those risks that are outside their risk appetite. Mrs Scott replied that a commitment has been made to provide updates on these to the Governance and Audit Committee but the Chair stated that the Board owns the risks.

96/26.7 Mrs Scott said that for the risk relating to staffing, this risk reflects the fact that PHA has gone through the Reshape and Refresh programme and has worked hard to ensure that it has the correct staffing and capacity with headcount increasing by 16%. She acknowledged that there are pockets where there are gaps but these are being managed by Directors. She added that the PHA is operating within a challenging financial situation and that it may be asked to implement vacancy controls. The Chair asked that if PHA is operating outside of its risk appetite, should this be flagged to the Department, but Mrs Scott said that would be for discussion at an Accountability Review meeting.

96/26.8 Dr McClean gave an update on the risk relating to pandemic preparedness and explained that part of it, relating to staff mobilisation, is within PHA's control, but noted that PHA submitted a business case to the Department but did not get a response. However, she advised that the Department has reviewed its structure and a new pandemic preparedness group is being established and that the UK Health Security Agency (UKHSA) is looking at a UK-wide platform.

97/26 - Item 6 – Raising Concerns

97/26.1 Mrs Scott advised that there were no new concerns to report on.

98/26 - Item 7 – Updates from Board Committees

Governance and Audit Committee [PHA/02/08/26]

98/26.1 Mrs Henderson reported that the Governance and Audit Committee had discussed the Corporate Risk Register and she agreed with the suggestion that the updates requested at that meeting should be presented to the Board.

98/26.2 Mrs Henderson advised that the Committee had received the outcome of two Internal Audit reports, relating to the Duty Room and Information Governance, and both received a satisfactory level of assurance. She added that the Committee had approved that an audit on the People Plan should be deferred to next year.

98/26.3 Mr Gibbs asked about the vaccine losses issue. Mrs Henderson advised that the losses had appeared in PHA's accounts and that there was a full briefing given to members. She explained that vaccines are ordered a year in advance, but now there is

a new system so there is not the same level of losses. Dr McClean added that there are tighter controls in terms of what levels of vaccines GPs and community pharmacies buy. The Chair said that this has been a success story for PHA. Mr Wright noted that the Northern Ireland Audit Office had accepted that it is a tough call for PHA to make.

98/26.4 The Chair noted the recent correspondence sent to PHA staff around the use of personal devices and cyber security issues. Mrs Scott said that staff are aware of their responsibilities. Mr Clayton said that there is not currently a workforce policy about the use of AI and there should be something which outlines the parameters of its use. Mrs Scott advised that any AI tools used in the HSC are heavily managed by BSO. Ms Kelly asked if there is a policy. Dr Bradley replied that there was a framework developed recently and Mrs Henderson asked if it would be possible to get a copy of it (**Action 1 – Dr Bradley**). Mr Irvine commented that AI is progressing at a faster rate than staff and organisations can keep up so any government organisation needs to be comfortable with how it is using it. He suggested that this should be placed on the agenda of the next Board meeting (**Action 2 – Secretariat**).

Remuneration Committee

98/26.6 The Chair advised that the Remuneration Committee had not met since the last Board meeting.

Planning, Performance and Resources Committee

98/26.7 The Chair advised that the Planning, Performance and Resources Committee had met on 20 August where there was a procurement update given by Mr Kevin Bailey. He added that he was impressed with the work that is taking place and how commissioning processes are aligning with the new planning teams.

98/26.8 The Chair said that the Committee had received end of year reports from each of the planning teams and that each of the teams will be coming to the Board to present on their work. He acknowledged the progress that has been made.

98/26.9 The Chair advised that the Committee had considered the first quarterly Performance Management Report and had also looked at the draft Financial Plan, which will be considered in the confidential section, and the latest Finance report.

98/26.10 Mr Clayton asked why the Financial Plan will be considered in the confidential section and the Chair explained there is still uncertainty on the financial position given recent correspondence from the Department and therefore it needs to be discussed in private. Mrs Scott added that there is a lack of clarity regarding PHA's performance target.

98/26.11 Ms Kelly asked whether there are still issues with the Directorate of Legal Services and delays in procurement. Mrs Scott said that it is her understanding that these matters have been resolved, but she would obtain a fuller response (**Action 3 – Mrs Scott**).

HR/OD Committee

98/26.12 The Chair reported that the HR/OD Committee held its inaugural meeting on Wednesday and that Mr Blaney will chair this Committee. He said that a terms of

reference is being finalised which will ensure that the Committee focuses on how the People Plan is taken forward. He added that the Committee is due to meet again in October or November.

Screening Programme Board

98/26.13 The Chair noted that the Screening Programme Board had not met since the last Board meeting.

Procurement Board

98/26.14 The Chair noted that the Procurement Board had not met since the last Board meeting.

Information Governance Steering Group

98/26.15 The Chair noted that the Information Governance Steering Group had not met since the last Board meeting.

99/26 - Item 8 – Chief Executive and Directors' Report

99/26.1 Mrs Scott advised that following the publication of the report of the Muckamore Abbey Hospital Inquiry, there were 106 recommendations of which three directly relate to PHA. She added that PHA feels there is further discussion needed around the implementation of these.

99/26.2 Mr Clayton said that while he can understand the rationale for PHA not being best placed to implement recommendations 15 and 79, he suggested that it may have some interaction with the wider HSC system in relation to recommendation 67. He noted that given the seriousness of the events leading to this review, there is a need to resolve these issues quickly and whether there is another organisation that can pick up this work.

99/26.3 Mr Gibbs queried how the Department can assign recommendations to PHA without the resources to implement it. He asked when the Board could expect to receive a costed assurance paper. The Chair said that RQIA may be best placed to implement these recommendations. Mr Wilson advised that following the workshop held with the Department, it is taking the opportunity to review all of the recommendations so there will be clarity. He noted that issue raised previously about the Framework Document being out of date.

99/26.4 Mr Clayton asked again about recommendation 67. Ms Roberts advised that her team has been looking at the Patient Safety process, which is a risk to PHA, and had intended to come to present their findings to the Board. She noted that there has been a delay in organisations feeding back to the Department, but she agreed that none of these recommendations belong solely to PHA.

99/26.5 Mrs Scott said that the rest of the report focuses on the establishment of Dr Bradley's new directorate.

99/26.6 Dr Bradley outlined how some teams have been moved into the new structure and there has been agreement on how the epidemiology team will be split between his directorate and the health protection team. In terms of work he advised that his team is providing baseline intelligence for the Neighbourhood model as part of an ongoing programme. He gave an overview of the SAPPHIRE (the Safe Access to Patient data for Public Health, Intelligence, Research and Evaluation) initiative. He said that he is made applications for funding from external bodies for PHA data.

100/26 - Item 9 – Finance

Financial Plan 2026/27 [PHA/04/08/26]

100/26.1 Mrs Scott advised that she has been unable to present a finalised Financial Plan for approval for today's meeting and that there will be an update on this in the confidential session.

Finance Report [PHA/05/08/26]

100/26.2 Mrs Scott explained that this Finance Report has been prepared as at the end of June based on a 4% savings target. She advised that for the year to date there is an underspend of £470k. She outlined the key risks which mainly relate to the current financial situation across the HSC. She said that this Report was considered by the PPR Committee.

100/26.3 The Board noted the Finance Report.

101/26 – Item 10 – Annual Progress Report 2025-26 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order [PHA/06/08/26]

101/26.1 Mrs Scott presented the Annual Report to the Equality Commission, explaining that it is set out in a series of chapters and that the Equality Unit in BSO helped with the compilation of this. She reported that of eight policies screened, two were screened out with mitigation while the remaining six were screened in without mitigation. She said that 343 staff have undertaken equality training while 62 line managers have completed specific training. She advised that actions within the Equality and Disability Action Plan remain ongoing.

101/26.2 The Chair noted that from reading the report he was unable to determine if PHA is making good progress and what is impeding progress. Ms Kelly said that she welcomed the establishment of the Equality, Experience and Involvement (EE&I) Associates Forum but she expressed surprise at the low number of screenings given PHA is producing policies on a regular basis.

101/26.3 Mr Clayton questioned whether the template for producing this Report is attuned to PHA's purpose, but suggested that this is something the new Forum could

look at. He also suggested that the new Forum could provide more regular reports to the Board. He noted that the number of screenings produced by PHA in recent years has been an issue and the Forum should look at this. He asked whether the one complaint referenced in the Report has also been included in the corporate Complaints Report. He also asked why the representation of the Forum seemed to be staff at Band 6 and above. Mrs Scott advised that the Forum is in its early days and she would be content to receive more feedback on it.

101/26.4 Ms Kelly suggested that PHA should engage with the Equality Coalition. Professor McBride said that he welcome the establishment of the Forum as the report had outlined that PHA needs to do more, and this Forum would ensure that this is carried through. Mrs Scott explained that the Forum is made up of individuals who have expressed an interest in being members and its role could be to improve the co-ordination of how PHA picks up on what work it has undertaken with regard to equality. The Chair proposed that there should be more regular updates on its work with Mrs Henderson suggesting this should be done on a quarterly basis (**Action 4 – Mrs Scott**).

101/26.5 The Board **APPROVED** the Annual Progress Report 2025-26 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order.

102/26 - Item 11 – Performance Management Report **[PHA/07/08/26]**

102/26.1 Mrs Scott advised that this Report gives an update on progress during the first quarter against the targets in PHA's Business Plan and that of 132 Key Performance Indicators (KPIs) across five priority areas, 10 are rated "blue", 79 are rated "green", 37 are rated "amber" and 6 are rated "red". She outlined those rated "red" relate to areas such as the implementation of the Blood Borne Viruses (BBV) strategy, the finalising of terms of reference for the maternity implementation plan, reviewing Youth Engagement Services (YES) and implementing work in Advanced Care Planning (ACP). She said that PHA is working to progress all of these. She added that included in the Report is an addendum showing how actions not completed during 2025/26 are being taken forward.

102/26.2 Mr Gibbs said that he thought that PHA was moving towards an Outcomes Based Accountability (OBA) approach and asked when that transition was being made. Mrs Henderson said that the planning teams are moving in that direction and that will eventually transition into this Report. The Chair noted that PHA has been trying to move forward in this area over the last couple of years. He advised that the planning teams are working with the procurement team and have made progress in moving towards a more outcomes-based approach.

102/26.3 Mr Clayton commented that a recent Internal Audit report on performance management had highlighted some differences between what the planning teams are reporting on and this report. He noted that there are a number of actions in the plan which are unfunded and one of these, relating to bowel cancer screening, is rated "green". Dr McClean explained that there is an expectation that the work will be completed before April 2027 and there is more certainty around this particular bid for funding.

102/26.4 Mr Clayton asked about the delays on obtaining legal advice which is affecting the procurement of contracts relating to Protect Life 2 and substance use. He also asked about screening modernisation work as this is a risk. Mrs Scott replied that screening and IT is an issue that is regularly discussed at AMT and this is linked to Encompass. Dr McClean said that a lot of progress has been made in the last year and that screening was included in the original Encompass business case. She added that this is a different issue to the one impacting the Child Health System where PHA is relying on others.

102/26.5 Mrs Henderson asked if PHA is the appropriate organisation to be dealing with valproate. Dr McClean explained that work is being taken forward jointly by SPPG and PHA with the Medication Safety Group.

102/26.6 The Board noted the Performance Management Report.

103/26 - Item 12 – Complaints, Compliments and Claims Quarterly Report [PHA/08/08/26]

103/26.1 Mr Wilson reported that during the first quarter PHA received one complaint and one compliment and that no new claims are being managed. He advised that the complaint is being dealt with under the new complaints process.

103/26.2 The Board noted the Complaints, Compliments and Claims Quarterly Report.

104/26 - Item 13 – Presentation by Living Well Public Health Planning Team

Ms Siobhan Donald, Ms Alison Little and Ms Katie Blair joined the meeting for this item

104/26.1 The Chair welcomed Ms Siobhan Donald, Ms Alison Little and Ms Katie Blair to the meeting and invited them to give an update on the work of the Living Well Public Health Planning Team.

104/26.2 Ms Donald outlined the membership of the year before Ms Blair gave an overview of the different areas that the team is involved in as well as its funding. Ms Blair advised that the team action plan for 2026/27 contains 28 actions across seven areas. Ms Donald concluded the presentation by giving four examples of where the work of the team has had an impact and shared some of the feedback from participants.

104/26.3 Mrs Henderson welcomed the update and noted that she, along with some of the other Board members, had previously visited the Physical Activity Referral Scheme (PARS) in Armagh.

104/26.4 Professor McBride asked if the team is underselling the good work that it is doing. He said that for every person who gives up smoking could be one less person to develop cancer. He referenced other good work in relation to obesity and RSV. The Chair stated that it is important to look at this work from the point of view of “invest to

save". Ms Donald said that the team now plans to build on the outcomes already achieved.

104/26.5 Mrs Henderson asked about the joint working with SPPG. Ms Donald explained that some of the teams are in their infancy while others have been established for longer. She added that there will be a number of different joint planning teams that PHA will have to feed into.

104/26.6 The Chair asked if the Reshape and Refresh programme has improved team working and if there have been any changes. Ms Donald replied that it remains a work in progress. She said that she has a fully constituted team, but it is still at the relationship building stage, and that staff are working well together and understanding that there is a need to gel and avoid silo working. Ms Little advised that she has seen the benefits of merging elements of Health Improvement with Nursing/AHP and Health Protection. She said that there is better collaboration and also referenced working with Dr Bradley and Dr Magda Bucholc.

104/26.7 The Chair asked if areas for improvement are being captured and fed back to AMT or the Board. Ms Donald said that the Senior Leaders Forum has been helpful as a vehicle for sharing challenges, and there is also a Chairs' Forum.

104/26.8 Dr McClean said that this is about culture and staff working with colleagues outside their usual work areas. She cited winter planning as an area of cross working. Ms Donald agreed saying that prior to this meeting she was in a meeting where there were different groups working together. Ms Roberts cited PARS as a good example. She agreed that the Senior Leaders Forum is a very good forum.

104/26.9 The Chair noted that in the end of year reports there was reference to delays in achieving some of the outcomes and said that it is important that the Board is aware of any challenges and how it can help. Ms Donald asked what process may be used for raising issues and the Chair suggested that it should come through AMT.

104/26.10 The Chair thanked Ms Donald, Ms Little and Ms Blair for their presentation.

105/26 - Item 14 – Gifts and Hospitality Policy [PHA/09/08/26]

105/26.1 Mrs Scott said that the Gifts and Hospitality Policy has been updated to ensure it is line with HSC policy. She advised that staff should obtain consent from a Director before obtaining hospitality and that external venues should not be used for meetings.

105/26.2 The Board **APPROVED** the Gifts and Hospitality Policy.

106/26 - Item 15 – Health and Safety, Fire Safety and Security Annual Report [PHA/10/08/26]

106/26.1 Mrs Scott presented the Annual Report on Health and Safety, Fire Safety and Security and the Chair said that it was a good report. Mr Wright welcomed the review but suggested there should be a look ahead. Mr Clayton asked what assurances PHA

receives from those providers where the office space is not owned by PHA. Mrs Scott said that this would come through the Premises Committee.

106/26.2 Mr Wright noted that PHA has a Health and Safety policy and a duty of care, but conceded that it would be difficult to carry out any form of trend analysis as the frequency of incidents is so small. However, he suggested that there could be a quarterly update which could either indicate that there have been no incidents, or it could advise of what actions PHA has taken.

106/26.3 The Board noted the Health and Safety, Fire Safety and Security Annual Report.

107/26 - Item 16 – Infectious Diseases in Pregnancy Report [PHA/11/08/26]

107/26.1 Dr McClean noted that this report is for the year 2021/22 but said that she has asked the team to expedite the collation of the most recent reports. She said that the report sets out the progress PHA is making to ensure the programme meets the national standards and what work it is required to do.

107/26.2 Mr Gibbs asked about the delay in producing these reports. Dr McClean explained that there has been a delay since COVID and she would like to see shorter reports produced. Mrs Henderson said that reports from across all of the screening programmes need to be brought up to date but that a process has started.

107/26.3 Mrs Henderson asked about the Very High Risk Breast Screening programme and if there are still IT issues. Dr McClean said that the new Breast Screening Select system is due to launch in September.

107/26.4 Dr McClean advised that there is a new senior manager in the screening team whose role it will be to look at the production of the Annual Reports.

107/26.5 Mr Wright said that at the last Governance and Audit Committee meeting it was agreed that there should be an in-depth review of the screening programmes. Dr McClean said that she would welcome this.

107/26.6 Mr Gibbs noted that these Annual Reports are designed to provide assurance but given the delay in producing them, he asked what assurances can be provided. Dr McClean replied that she would expect the team to raise any issues they encounter directly with Trusts. Mr Gibbs asked if there is evidence of that and Dr McClean explained that there is a Screening Programme Board which receives a detailed report on each programme and this information is shared with the Department.

107/26.7 Mr Wright noted that the last Internal Audit report contained recommendations which were accepted by the management team. Dr McClean said that PHA is working through the responses to these.

107/26.8 Mr Clayton thanked Dr McClean for the update and said that there is a need to bridge the gap and get these reports up to date. He noted that within cervical screening one of the questions that arose was whether issues were brought up through

governance structures and whether the Board knew what was happening. Dr McClean said that there is a need for work for data modernisation and that one of the recommendations from the cervical screening review was that there should be a new framework for screening programmes. Dr Bradley said that during the pandemic PHA modernised its information systems for infectious diseases so it should not take a lot of resource to develop a system for screening. The Chair said that he would like to meet with Dr Bradley to discuss this further (**Action 5 – Chair/Dr Bradley**).

107/26.9 The Board noted the Infectious Diseases in Pregnancy Report

108/26 - Item 17 – Chair's Remarks

108/26.1 The Chair said that he had no remarks.

109/26 - Item 18 – Any Other Business

109/26.1 There was no other business.

110/26 - Item 19 – Details of Next Meeting

Thursday 24 September 2026 at 1.30pm

Board Room, Gransha Park House, L'derry

Signed by Chair:

Date:

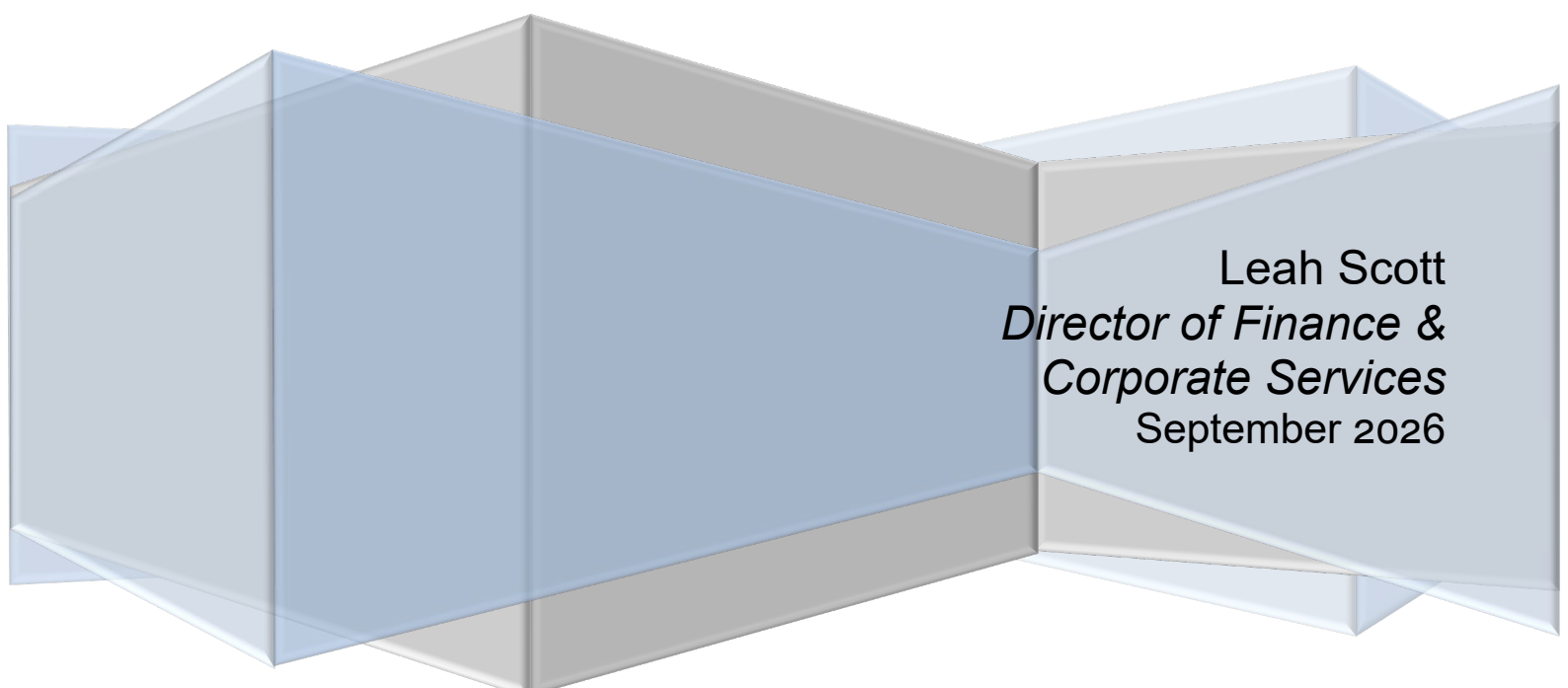
PHA Board Action Log
Public Session Actions

Date of Meeting	Reference	Action	Owner	Due Date	Status	Notes
27/08/2026	1	Dr Bradley to share with members a copy of the AI Framework	Dr Bradley	24/09/2026	COMPLETE	
27/08/2026	2	Discussion on AI to be placed on the agenda of the next Board meeting	Secretariat	24/09/2026	IN PROGRESS	Presentation to the Board to be arranged at a future date
27/08/2026	3	Mrs Scott to provide further clarity as to whether legal issues relating to delays in procurement have been resolved	Mrs Scott	24/09/2026	IN PROGRESS	Verbal update to be given at meeting on 24 September
27/08/2026	4	Mrs Scott to look at bringing quarterly updates on Equality to the Board	Mrs Scott	24/09/2026	IN PROGRESS	Presentation on new Equality Forum to come to a future meeting
27/08/2026	5	Chair / Dr Bradley to meet to discuss information systems	Chair / Dr Bradley	24/09/2026	INCOMPLETE	Meeting not yet arranged
18/06/2026	1	Dr McClean to bring a report to the Board once Cancer Registry data for 2023, 2024 and 2025 has been verified and validated	Dr McClean	TBC	INCOMPLETE	Reports to come when available
18/06/2026	2	Chief Executive / Dr McClean to prepare a paper for the Board regarding assurances	Chief Executive / Dr McClean	27/08/2026	IN PROGRESS	Draft paper prepared but not finalised due to Chief Executive's absence
18/06/2026	3	Chair / Dr McClean / Secretariat to meet to discuss a Screening update for the Board	Chair / Secretariat / Dr McClean	27/08/2026	IN PROGRESS	Screening update to be brought to October Board meeting
18/06/2026	4	Chair / Mrs Scott to meet to discuss planning teams / savings / procurement	Chair / Mrs Scott	27/08/2026	CLOSED	Meeting no longer required
18/06/2026	5	Chief Executive to prepare written update for the Board on the Muckamore Inquiry	Chief Executive	27/08/2026	COMPLETE	
18/06/2026	6	Chief Executive to put out message to staff regarding PHA Board support to staff following recent civil unrest	Chief Executive	27/08/2026	COMPLETE	
18/06/2026	7	Mrs Scott to discuss with her team the development of an Executive Summary of the Annual Report	Mrs Scott	27/08/2026	COMPLETE	This will be considered as part of the preparation of the 2026/27 Report
18/06/2026	8	PHA to submit report on Review of Equality Scheme but work with BSO on the approach for future reports	Mrs Scott	27/08/2026	IN PROGRESS	Report for this year submitted
02/06/2026	1	Mrs Scott to bring update on the new PHA Equality Forum to a future meeting	Mrs Scott	27/08/2026	COMPLETE	Update included in Equality Report cover sheet
02/06/2026	2	Letters of condolence to be sent to the families of Sharon Curran and Barbara Porter	Secretariat	18/06/2026	COMPLETE	
02/06/2026	3	Dr McClean to keep Board updated on work she is participating in with DfC and DfE	Dr McClean	24/09/2026	INCOMPLETE	Update to come at a future meeting

25/04/2026	1	Secretariat to share full Register of Interests with new members	Chief Executive	02/06/2026	COMPLETE	
25/04/2026	2	Secretariat to arrange for Permanent Secretary, CMO and Mr Peter Toogood to attend future Board meetings	Secretariat	02/06/2026	IN PROGRESS	Meeting with CMO organised, other dates being looked at
25/04/2026	3	Mrs Scott to share copy of letter sent to BSO regarding cyber security concerns	Mrs Scott	02/06/2026	COMPLETE	
25/04/2026	4	Chair to respond to DoH correspondence regarding savings	Chair	02/06/2026	IN PROGRESS	Correspondence remains ongoing between PHA and DoH
25/04/2026	5	Chief Executive to arrange that all NEDs are invited to follow up session with the Permanent Secretary	Chief Executive	02/06/2026	INCOMPLETE	Follow up session not yet arranged

Finance Report

Month 4 - July 2026



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

Introduction

This summary report outlines the Agency's statutory duties and provides an update on the financial position at month 4. However, due to the uncertainty around savings targets across the HSC, there is no confirmed allocation for PHA in 2026/27, and the Financial Plan 2026/27 has not yet been presented to PHA Board for approval.

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 its statutory responsibilities and ensures that expenditure is contained within the total RRL.

- **Prompt Payment**

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

Section B: Summary Position

The position at 31 July 2026 (Month 4) reflects a year-to-date (YTD) **underspend of £448k** and a forecast full year **deficit of £1.682m**, as shown on **Table 1** on the next page. This reflects the difference between the 6% savings reduction (£5.046m) incorporated within the PHA's indicative allocation and the 4% savings programme (£3.364m) currently considered deliverable. Resolution of this position remains dependent on confirmation of the final DoH allocation and Ministerial decisions regarding the implementation of additional savings measures.

Appendix 1 sets out further detail on the PHA **indicative** funding allocation of £143.7m.

The DoH receives 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 emerging pressures and priorities against the most up to date financial position.

Table 1: PHA Summary Revenue position – Jul 26

Table 1: PHA Summary Revenue position – Jul 2026	Jul 26 Budget £'000	Jul 26 Actual £'000	Jul 26 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast Expenditure £'000
Programme Expenditure by Trust	4,142	4,142	(0)	16,135	16,135	(0)	48,999
Programme Expenditure by PHA	2,403	2,548	(145)	10,774	10,825	(51)	61,473
Total Programme Expenditure	6,545	6,690	(145)	26,909	26,960	(51)	110,473
Management & Admin	2,938	2,827	112	11,540	11,065	474	34,102
Ringfenced by Trust	-	-	-	-	-	-	-
Ringfenced by PHA	52	43	10	204	180	24	764
Total Ringfenced	52	43	10	204	180	24	764
Other Revenue Income	-	-	-	-	(1)	1	-
PHA Total	9,536	9,559	(24)	38,653	38,205	448	145,339
Total Funding Available 2026-27 (Appendix 1)							143,657
Forecast Surplus/(Deficit)							(1,682)

The financial position remains subject to significant uncertainty pending confirmation of the final DoH allocation, agreement of an Executive Budget and any Ministerial direction regarding implementation of the full 6% reduction. While the PHA developed and submitted proposals capable of achieving a breakeven position, including a reduction in programme spend within the Community & Voluntary sector, approval to implement these proposals has not been confirmed.

Early signals from DoH colleagues indicated that a 4% saving would be required from PHA, however the 6% savings target reflected in the indicative allocation letter is now expected to be fully achieved.

In the absence of approval to reduce the proposed savings, the PHA is reviewing all available options to bridge the residual gap. Given the limited scope to achieve saving from programme budgets without impacting service delivery, any additional savings would be required to be achieved from Management & Administration budgets. However, these opportunities are limited and may introduce further operational, workforce and organisational risks for the Agency.

The Agency will continue to engage closely with DoH and maintain robust financial monitoring throughout the year to manage financial risks and maximise opportunities to achieve financial balance.

Section C: Expenditure to month 4

Based on the indicative allocation of £143.7m, the PHA is forecasting a full year deficit of £1.682m, as outlined in Section B above. **Table 2** provides a breakdown of the forecast expenditure of £145.3m by budget area.

Table 2: Breakdown by Budget Area	Jul 26 Budget £'000	Jul 26 Actual Exp £'000	Jul 26 Variance £'000	YTD Budget £'000	YTD Actual Exp £'000	YTD Variance £'000	Forecast Expenditure £'000
Programme Expenditure							
HSC Trust (See Table 3)							
Public Health	2,874	2,874	-	11,320	11,320	-	33,986
Population Health & Wellbeing	1,268	1,268	(0)	4,816	4,816	0	15,014
Chief Executive & Board	-	-	-	-	-	-	-
Sub Total By Trust	4,142	4,142	0	16,135	16,135	0	48,999
PHA Internal							
Public Health	1,910	1,854	56	5,703	5,648	55	31,945
Population Health & Wellbeing	963	854	108	5,077	4,918	158	24,153
Population Data & Intelligence	60	20	40	437	394	43	4,320
Chief Executive & Board	(530)	(180)	(350)	(443)	(137)	(306)	1,056
Sub Total By PHA Internal	2,403	2,548	(145)	10,774	10,824	(50)	61,473
Sub Total Trust + PHA Internal	6,545	6,690	(145)	26,909	26,959	(50)	110,473
Management & Admin							
Public Health	1,262	1,234	29	5,049	4,897	152	14,560
Population Health & Wellbeing	743	696	47	2,973	2,718	255	8,518
Finance & Corporate Services	449	448	1	1,596	1,495	101	4,569
Population Data & Intelligence	247	209	38	984	959	25	3,285
Chief Executive & Board	150	175	(25)	592	685	(94)	2,112
SBNI	87	65	21	347	312	35	1,057
Sub Total - Management & Admin	2,938	2,827	112	11,540	11,065	474	34,102
Ringfenced							
Trust	-	-	-	-	-	-	-
PHA Direct	52	43	10	204	180	24	764
Sub Total	52	43	10	204	180	24	764
PHA TOTAL	9,536	9,559	(24)	38,653	38,205	448	145,339

In respect of the year to date position:

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

PHA Internal Programme – An underspend of £50k is shown on PHA Internal programme budgets (i.e. Non-Trust) for the year-to-date. This relates to small underspends in each directorate due to timing of payments v budget profiling.

Management & Administration - A surplus of £474k is shown on the Management & Administration budget at month 4, primarily reflecting underspends generated by the current level of vacancies across the Agency. This position is in line with planning assumptions and has been incorporated within the Financial Plan to help mitigate identified programme pressures and support the Agency's overall financial position during 2026/27.

Ringfenced Funding – a small underspend of £24k is shown for the year to date. The full year budget currently comprises of NI Protocol funding (£67k), COVID (£289k, mainly for vaccinations) and Tackling Paramilitarism / Fresh Start (£408k). A full year breakeven position is expected. This position will be kept under close review during the year, and potential slippage highlighted at an early stage if it arises.

Trust Allocations: Table 3 below summarises the allocations to the respective Trusts in 2026/27 to date.

Table 3: Programme Expenditure by Trust

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	2,579	2,617	1,802	2,231	1,888	-	11,117
Service Development & Screening	8,615	3,700	1,005	2,592	3,338	-	19,251
Living Well	1,075	580	694	560	505	-	3,414
	12,270	6,897	3,500	5,383	5,732	-	33,782
Population Health & Wellbeing							
Ageing Well	274	69	204	110	37	-	693
Early Years	1,584	1,320	931	1,837	1,607	-	7,278
MH&LD	4,300	711	228	530	247	12	6,029
Partnership & Engagement	32	32	32	32	32	32	193
	6,190	2,132	1,395	2,508	1,922	44	14,192
Other - Yet to be allocated	359	445	144	15	-	61	1,024
Total Core Funding	18,819	9,474	5,040	7,906	7,654	105	48,999
Ringfenced - Covid	-	-	-	-	-	-	-
Total Current RRLs	18,819	9,474	5,040	7,906	7,654	105	48,999

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 have been considered in assessing the Agency's forecast position at 31 July 2026.

Risks to Year-End breakeven

	Risk	Status
1.	Failure to Deliver the Required Savings in 2026/27 The most significant financial risk is the £1.682m gap between the 4% saving programme considered deliverable and the 6% reduction within the indicative opening allocation. In the absence of Ministerial approval regarding proposed reductions to programme expenditure the PHA is reviewing all available options to bridge the residual gap.	On-going, and significant <i>Further engagement with DoH is required to get clarity regarding the final 26/27 allocation & saving requirements.</i>
2.	Demand-led budgets There are a number of demand-led budgetary areas that are more difficult to forecast the funding requirements and therefore manage the budgets. These include Nicotine Replacement Therapy (NRT) and various vaccination budgets totalling in excess of £25m. Demand for these services can fluctuate significantly during the year, creating potential financial pressures. The position will be closely monitored by the Immunisation & Vaccination and Finance teams to ensure any emerging risks are identified early and managed appropriately to minimise the impact on the Agency's financial position.	On-going <i>Both vaccines and NRT Smoking Cessation will continue to be closely monitored throughout the year.</i>
3.	Administration Slippage Historic levels of vacancy related slippage have reduced during 2026/27 as the Agency transitions to more substantive staffing structures. The Financial Plan includes an estimate of approximately £0.9m in-year slippage to help fund known pressures. The position will be closely monitored throughout the year, with any material changes reported promptly to AMT and the Board.	On-going <i>Month 4 reports M&A slippage of £474k</i>
4.	Population Research & Intelligence Directorate The approved funded structure under the Reshape & Refresh process includes £400k of M&A funding for this Directorate, based on the approved business case at the time. However, there was an acceptance that a larger funding envelope would be required in the long-term to appropriately staff this Directorate. PHA will need to identify further funding in order to adequately resource this team following the appointment of the Director.	On-going <i>Director now formally appointed and recruitment of remaining staff members will be progressed during the year, pending confirmation of funding.</i>

Risks to Longer-term Financial Stability

	Risk	Status
1.	HSC-wide funding gap: DoH have indicated an HSC funding gap in the region of £1 billion for 2026/27 and has provided early indications that HSC organisations may be required to deliver a total of 12% savings over a 3 years period commencing in 26/27. Delivery of cuts on this scale will have serious implications for the PHA's ability to achieve its corporate objectives, maintain investment in prevention and early intervention, and fully discharge its statutory duties. The PHA is continuing to engage with DoH on the outcome of this process and the impact for future years' allocations.	On-going <i>Further engagement will be required with DoH to ensure a viable recurrent budget is retained for future years</i>

Section E: Prompt Payment

Prompt Payment performance for July shows that PHA is above the 95% prompt payment target on volume but is below the target on both volume and value. The year to date position shows that the PHA is achieving its target on volume but is slightly below on value due to one significant invoice relating to R&D missing the 30-day target in June 2026. Prompt payment targets will continue to be monitored closely over the 2026/27 financial year.

Table 4: Prompt Payment Performance	July 2026	July 2026	Cumulative position as at July 2026	Cumulative position as at July 2026
	Value	Volume	Value	Volume
Total bills paid (relating to Prompt Payment target)	£2,411,031	376	£16,310,961	1,325
Total bills paid on time (within 30 days or under other agreed terms)	£2,348,094	360	£15,467,980	1,273
Percentage of bills paid on time	97.4%	95.7%	94.8%	96.1%

The 10-day prompt payment performance remains above the current DoH target for 2026/27 of 70%, at 83.9% on volume for the year to date.

Section F: Capital position

The PHA has a capital allocation (CRL) of £13.505m at 31 July 2026. This mainly relates to projects managed through the Research & Development (R&D) team with £5.218m to be allocated to Trusts in-year.

The overall summary position, at the end of July 2026, is reflected in **Table 5** below.

Table 5: PHA Summary capital position – 31 July 2026

Capital Summary	Total CRL	Year to date spend	Full year forecast	Forecast Surplus/ (Deficit)
	£'000	£'000	£'000	£'000
HSC R&D:				
R&D - Health ALBs	261	-	261	-
R&D - held for Trusts	4,592	-	4,592	-
R&D - Other Bodies	3,859	805	3,859	-
R&D - Capital Receipts	(564)	(101)	(564)	-
Subtotal HSC R&D	8,148	704	8,148	-
Other:				
Congenital Heart Disease Network	627	-	627	-
iReach Project	1,589	-	1,589	-
R&D - NICOLA	691	-	691	-
VMS - Add PPV and hepB (Small Projects)	47	-	47	-
Planning Laptops	-	-	-	-
Device Refresh	-	-	-	-
R&D VPAG	1,281	-	1,281	-
R&D VPAG Trusts	626	-	626	-
R&D VPAG Other Bodies	496	-	496	-
Subtotal Other	5,358	-	5,358	-
Total PHA Capital position	13,505	704	13,505	-

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

The relatively low level of expenditure to date is in line with expectations, and a breakeven position is expected for year-end. Any departure from this position will be notified to AMT and Board as early as possible.

Recommendation

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

Appendix 1 – Breakdown of Funding Allocation 2026/27

Letter	Description	Total Allocation
DoH Allocation Letters:		
PHA 1	Indicative PHA Opening Allocation	£138,278,747
Assumed allocations to come from DoH (currently included in budget):		
	SBNI CCE	£110,000
	Clinical Excellence Award	£60,931
	Joint Partnership Lead - J McGinty	£40,000
	Accommodation funding for LHS from SPPG	£250,000
	BSO Re-alignment exercise	£526,083
	Vaccinations - Shingles, Flu etc	£3,196,291
	Ringfenced funding	
	Fresh Start - Tackling Paramilitarism	£408,000
	Sessional Vaccinators	£289,000
	Assumed Funding from NIMDTA	£498,126
Total Funding for 2026-27		£143,657,178

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 24 September 2026

Title of paper Board Assessments

Reference PHA/02/09/26

Prepared by Robert Graham

Lead Director Colin Coffey

Recommendation

For **Approval** ☐

For **Noting** ☒

1 Purpose

The purpose of this paper is to bring to the Board the summary of the Board Self-Assessment and Chair Assessment for 2025/26.

2 Key Issues

The Board is required to complete a Self-Assessment each year and report on its completion in its Mid-Year Assurance Statement.

This is the second year that the Board has used this form of Self-Assessment and in collating the results the scores from the previous year are indicated in brackets.

Within the Board assessment, of 25 areas scored, 19 had an improved score from the previous year, 3 had the same score and for 3 the score had reduced.

For the Chair assessment, of 18 areas scored, 4 had an improved score from the previous year, 3 had the same score and for 11 the score had reduced.

It should be noted that the above is based on a reduced sample size due to the new Non-Executive Directors not being in post for the period assessed, and none of the changes, up or down, were significant.

Only one key action was identified, but a number of actions have been carried forward from the previous year.

3 Next Steps

The Chair and Secretariat will work through the Action Plan and liaise with other members of the Board as appropriate.

Board Effectiveness – Self-Assessment Questionnaire 2025/26

Summary of Responses

PRINCIPLE 1				
GOOD GOVERNANCE MEANS FOCUSING ON THE ORGANISATION'S PURPOSE AND ON OUTCOMES FOR APPLICANTS AND BENEFICIARIES				
			Rating: 1 Exceeded expectations 2 Met expectations 3 Partially met expectations 4 Did not meet expectations	
Indicator of board performance	Examples of strong performance	Indicators of weak performance	1	2
			3	4
CORE RESPONSIBILITIES				
a) Establishing clarity: The Board has developed and communicated a shared understanding of its mission, vision, remit and strategic priorities	Board simplifies complexity by clarifying and promoting a common understanding of the Board's vision, mission and strategic objectives. These are well documented, with clearly stated objectives and outcomes, and are cascaded throughout the organisation. Board members and senior management are passionate about delivering PHA's vision	Board members appear to share a superficial understanding of the Board's purpose and remit, but disagreements may exist at a more fundamental level. Vision is not aligned with strategy, and there is disagreement over what can actually be achieved	PHA score – 1.4 (1.8) Average EDs – 1.3 (1.8) Average NEDs – 1.7 (1.8)	

b) The Board is actively involved in strategic planning and policy decisions	Board has agreed a formal strategic planning process and timetable facilitating whole board involvement and ensuring appropriate executive team involvement in and ownership of the process. Executive team provides appropriate level of support and information. The timetable fits in with the DoH requirements and is rigorously adhered to.	Process exists but is patchy, driven by the executive team, and entails only superficial Board member involvement; the Board has relatively little discussion on key strategic issues, and merely performs a “rubber stamping” function. Timetable is not in place or fully observed.	PHA score – 1.7 (1.8) Average EDs – 1.8 (1.8) Average NEDs – 1.7 (1.8)
c) The Board has developed clear deliverable objectives and priorities that derive from the relevant legislation and remit agreed with the sponsor department	The Board has a clear understanding of relevant DoH targets and Ministerial priorities; together with an appreciation of the NI Executive’s Programme of Government. Discussion of strategy leads to outcome-based objectives and key indicators of performance	Board is disconnected from its sponsor department’s strategic priorities; performance against key objectives is discussed infrequently with little monitoring of performance	PHA score – 1.9 (1.9) Average EDs – 1.8 (1.8) Average NEDs – 2.0 (2.0)
d) The Board, its executive team and sponsor department all understand the responsibilities of the board	Board members (and members of the executive team) demonstrate their understanding of the purpose of PHA as defined in legislation, the accountability regime, and the body’s framework documentation	There is a lack of clarity and agreement among board members regarding the Board’s responsibilities	PHA score – 1.9 (1.7) Average EDs – 2.0 (1.8) Average NEDs – 1.7 (1.6)

Comments:

In their comments members said that the Board is driving the implementation of the new Corporate Plan and is now paying attention to the work and output of the planning teams. There is a much stronger focus on outcome-based objectives and performance at all levels across the organisation and provides a solid basis for delivery.

One issue that still remains is the lack of clarity regarding commissioning and PHA's relationship with SPPG.

Actions to take:

1. PHA should continue to highlight its concerns to the Department regarding the lack of clarity around commissioning.

PRINCIPLE 2				
GOOD GOVERNANCE MEANS PERFORMING EFFECTIVELY IN CLEARLY DEFINED FUNCTIONS AND ROLES				
			Rating: 1 Exceeded expectations 2 Met expectations 3 Partially met expectations 4 Did not meet expectations	
Indicator of board performance	Examples of strong performance	Indicators of weak performance	1	2
			3	4
CORE RESPONSIBILITIES				
e) The Board has a clear relationship with its sponsor department	Division of responsibilities for strategy setting, oversight and implementation is jointly understood by all parties. DoH has sufficient confidence in PHA to maintain its Departmental oversight at an appropriate level, given the body's purpose. Chair is main interface for discussion of strategy and performance with Ministers and sponsor department.	The Board has a defensive relationship with its sponsoring department The sponsor department's relationship with the Agency can be characterised either as benign neglect or micro-management	PHA score – 1.4 (1.6) Average EDs – 1.3 (1.4) Average NEDs – 1.7 (1.8)	

f) There is agreement on the distinction between board level and operational management decisions	Board has formally agreed and communicated the types of decisions reserved for the board. Executive team carries out implementation of strategy. Board and executive team demonstrate a shared understanding of their respective roles. All parties feel their views are listened to; frequent interaction between Chief Executive and Chair ensures “ <i>no surprises</i> ” environment. Board acts as the external face of the organization.	There is a lack of clarity regarding matters reserved for the board, and how relationships should operate between the Board and senior management team; the executive team is unclear as to why the board takes particular decisions.	PHA score – 1.7 (1.8) Average EDs – 1.8 (2.0) Average NEDs – 1.7 (1.6)
g) All board members take collective responsibility for decisions	Board members take full collective ownership for all decisions		PHA score – 1.6 (1.7) Average EDs – 1.5 (1.8) Average NEDs – 1.7 (1.6)
Comments: It was commented that there is a positive relationship between PHA and its Sponsor Branch, and that the Chair has been very proactive in maintaining relationships both with the Department and with the Minister. There are no specific actions for this section.			

PRINCIPLE 3				
GOOD GOVERNANCE MEANS PROMOTING VALUES FOR THE WHOLE ORGANISATION AND DEMONSTRATING THE VALUES OF GOOD GOVERNANCE THROUGH BEHAVIOUR				
			Rating: 1 Exceeded expectations 2 Met expectations 3 Partially met expectations 4 Did not meet expectations	
Indicator of board performance	Examples of strong performance	Indicators of weak performance	1	2
CORE RESPONSIBILITIES			3	4
h) The Board has established, and regularly reviews, the organisation's values , and sets a positive example by complying with and actively promoting them	Board is developing/has developed shared organisational values and standards of conduct including formal codes of conduct Standards of conduct are embedded in the organisation's culture	The board has not succeeded in communicating its values throughout the organization, and doesn't always set a positive example. There are cultural and behavioural barriers which are weakening the Board's ability to perform	PHA score – 1.6 (1.7) Average EDs – 1.5 (1.8) Average NEDs – 1.7 (1.5)	

i) The board acknowledges its responsibility for ensuring that the body operates the highest standards of governance appropriate to a public body, including regularity propriety and value for money	A sound public sector ethos, which promotes the proper stewardship of public funds, exists throughout the whole organisation and is regularly reinforced	Lack of consistent public sector ethos within the organisation and insufficient regard for the proper conduct of public business and careful stewardship of public funds. Departmental and/or public perception is that PHA has a poor reputation for governance	PHA score – 1.7 (1.8) Average EDs – 1.8 (1.6) Average NEDs – 1.7 (2.0)
ENABLERS OF EFFECTIVENESS			
j) Partner organisations are aware of the Board's values, and the behaviour of key partners reflects the Board's standards			PHA score – 2.1 (2.3) Average EDs – 2.0 (2.0) Average NEDs – 2.3 (2.7)
k) Formal governance: Whistle blowing arrangements, procedures for managing conflicts of interest, and codes of conduct are in place and are regularly reviewed along with other aspects of			PHA score – 1.7 (1.6) Average EDs – 1.8 (1.6) Average NEDs – 1.7 (1.5)

governance, by the audit committee			
Comments: It was said that the Board is committed to developing good strategic partnerships and has embarked on a series of presentations/engagement with key partners as part of the Board meeting agendas. During the year PHA completed its People Plan which ensures staff understand the values and ethos. A new complaints and whistle blowing policy has also been developed and signed off by the Board in line with new DoH policy with regular reports on complaints and compliments being presented to the Governance and Audit Committee and the Board. Point j relating to whether partner organisations are aware of the Board's values received a high score as it was queried as to whether external organisation would be aware of these.			

PRINCIPLE 4				
GOOD GOVERNANCE MEANS PROMOTING VALUES FOR THE WHOLE ORGANISATION AND DEMONSTRATING THE VALUES OF GOOD GOVERNANCE THROUGH BEHAVIOUR				
			Rating: 1 Exceeded expectations 2 Met expectations 3 Partially met expectations 4 Did not meet expectations	
Indicator of board performance	Examples of strong performance	Indicators of weak performance	1	2
			3	4
CORE RESPONSIBILITIES				
1) The board promotes a culture of performance delivery and is actively involved in monitoring organisational and financial performance, holding the executive to account whilst remaining independent	Board routinely formally monitors and discusses performance of PHA, and uses the results of these deliberations to inform its strategic plan, resource allocation and evaluation of the Chief Executive's performance The Board demands and receives accurate and objective financial and performance information. Board works with its executive team to	Infrequent discussion of performance with no direct feedback to strategic plan or CE performance evaluation. Board's relationship with executive team lacks independence and constructive challenge	PHA score – 1.6 (1.7) Average EDs – 1.5 (1.6) Average NEDs – 1.7 (1.8)	

	develop outcome-based objectives and indicators and promotes a performance management framework that rewards achievement and deals with under performance	Performance against mission and objectives discussed infrequently with measurement based on activities rather than outcomes	
m) Openness and creativity	The Board has developed a culture that encourages innovation by demonstrating their own openness to challenge praising and rewarding new ideas and taking a balanced approach to risk. The Board has an agreed communication strategy in place and has promoted an open culture, ensuring effective communication throughout the organisation and beyond	The prevailing culture in the organisation stifles innovation and well managed risk taking, and is characterised instead by blame, defensiveness and mistrust The Board's website contains only sketchy information regarding the body's governance arrangements	PHA score – 1.9 (1.9) Average EDs – 2.0 (2.0) Average NEDs – 1.7 (1.8)
n) Board has put in place procedures for dealing effectively with risk management, and is supported by a properly constituted Audit Committee	The Board regularly reviews potential sources of risk and has mitigation plans in place. There are only a very few occasions when the board has to deal with a wholly unexpected set of circumstances	There is no clear understanding or discussion of the risks to which the organisation is exposed. There is a lack of risk ownership throughout the	PHA score – 1.6 (1.7) Average EDs – 1.5 (1.8) Average NEDs – 1.7 (1.6)

	Risk management is fully embedded in the systems and processes of the organisation	board and senior executive team. The draft statement on control does not always recognize significant control weaknesses	
o) Financial Management: The Board effectively oversees financial reporting and compliance	The Board understands its financial management, approval, and compliance role, and receives regular feedback and assurance from both its audit committee and executive team. Board ensures that financial management is given a high priority and that there is a culture of continuous improvement	Little awareness of, or involvement of board members in, key financial management, reporting and compliance issues Board members do not take their financial management responsibilities seriously	PHA score – 1.6 (1.8) Average EDs – 1.5 (1.8) Average NEDs – 1.7 (1.8)
ENABLERS OF EFFECTIVENESS			
p) Board is provided with information that is fit for purpose	The Board is clear on its information needs. Board papers are tailored to the governance role of the Board, providing a robust analysis and clear explanation of technical issues. Professional advice is available where needed. Financial statements and information are accurate and reliable	Board papers are lengthy and detailed, containing unnecessary and confusing information on operational management issues. Key information obscured; board papers assume deep level of knowledge regarding specific operational or financial	PHA score – 1.4 (2.0) Average EDs – 1.3 (2.0) Average NEDs – 1.7 (2.0)

		matter. Papers do not always make clear what is required of Board. Board sometimes seeks information which is not relevant to its role and may place an unnecessary burden on executive.	
q) Effectiveness of board meetings	Majority of time devoted to board debate and discussion of key strategic issues; good time management by the chair with overzealous or loquacious contributions effectively managed. Board members feel that their contributions are valued. Dissenting voices can be heard without damaging collective responsibility. Board regularly reflects on effectiveness of its meetings and takes any necessary remedial action.	Poorly conducted meetings, weak time management, dominated by presentations to the board by executive team, approval of long-winded papers from executive team with insufficient time allocated for discussion and debate on key priority issues. Short term and urgent issues often crowd out longer term and important. Board does not plan and prepare effectively for Board meetings.	PHA score – 1.7 (1.9) Average EDs – 1.8 (2.0) Average NEDs – 1.7 (1.8)

r) Board meetings are characterised by enjoyment and passion	Board meetings are both productive and enjoyable, with a good balance of work and other activities, such as site visits and opportunities to meet key stakeholders	Board meetings viewed as a chore; lack of opportunity to socialise before or after meetings; failure to establish a positive team spirit	PHA score – 1.4 (2.0) Average EDs – 1.3 (2.2) Average NEDs – 1.7 (1.8)
Comments: It was said that there is a well-developed Committee structure that fits into the Board architecture and governance architecture. There are clear escalation routes and risks are considered, evaluated and mitigated in a clear and meaningful way to help the organisation to deliver its business in the most efficient, safe and effective way. It was noted that while meetings are effective and enjoyable, at times there could be better time management from all members.			

PRINCIPLE 5				
GOOD GOVERNANCE MEANS DEVELOPING THE CAPACITY AND CAPABILITY OF THE GOVERNING BODY TO BE EFFECTIVE				
			Rating: 1 Exceeded expectations 2 Met expectations 3 Partially met expectations 4 Did not meet expectations	
Indicator of board performance	Examples of strong performance	Indicators of weak performance	1	2
			3	4
CORE RESPONSIBILITIES				
s) The Board is composed of the right level of skills knowledge and aptitudes in order to enable it to meet its objectives, manage change and deal with unexpected events	The Chair and sponsor department maintain and update the profile of the Board to ensure it can achieve its objectives Skill shortages on the Board are promptly identified and addressed Induction programmes ensure that new Board members add value as quickly as possible		PHA score – 1.9 (2.0) Average EDs – 2.0 (2.2) Average NEDs – 1.7 (1.8)	

t) Development of board members is ongoing and fit for the board's purpose	Development objectives are in place for each Board member (including the Chair)		PHA score – 2.0 (1.7) Average EDs – 2.0 (1.5) Average NEDs – 2.0 (1.8)
u) The board's performance is actively monitored and improved through objective assessment	Chair leads an annual assessment of how well the Board, as a whole, has met the full range of its objectives and how it has dealt with unforeseen events		PHA score – 1.6 (1.8) Average EDs – 1.5 (1.8) Average NEDs – 1.7 (1.8)
v) All board members are regularly appraised against their personal objectives ensuring all members continue to add value	Each Board member has agreed and clearly defined personal objectives and receives individual feedback on performance in line with timetable. Poor performance is addressed promptly.	Board members objectives are generic and not readily measured. Performance evaluation is perfunctory.	PHA score – 1.7 (1.7) Average EDs – 1.5 (1.5) Average NEDs – 2.0 (1.8)
Comments: It was noted that while there have been gaps in the Board, there are new Non-Executive Directors in place as from 1 April 2026. There is an induction programme in place for new Non-Executives and Directors also have regular appraisals. The Chair manages the Board's effectiveness and works to ensure an appropriate board cycle is in place.			

PRINCIPLE 6				
GOOD GOVERNANCE MEANS ENGAGING STAKEHOLDERS AND MAKING ACCOUNTABILITY REAL				
			Rating: 1 Exceeded expectations 2 Met expectations 3 Partially met expectations 4 Did not meet expectations	
Indicator of board performance	Examples of strong performance	Indicators of weak performance	1	2
			3	4
CORE RESPONSIBILITIES				
w) Board understands its role in building and enhancing the organisation's reputation	There is an accepted need for reputation building based on a strategic view of desired outcomes; meaningful stakeholder relationship roles are identified for individual Board members	Reputational objectives are understood only in vague terms with little differentiation of message between different stakeholder groups	PHA score – 1.7 (1.8) Average EDs – 1.8 (2.0) Average NEDs – 1.7 (1.6)	
x) Board's effectiveness in enhancing relationships with stakeholder communities	Board members are proactive in engaging with stakeholders (including sponsor department), building awareness interest and	Board plays almost no role in building confidence in the organisation, and developing positive relationships with	PHA score – 1.6 (1.9) Average EDs – 1.5 (1.8)	

	excitement about the work of the organisation; Board members are seen as effective ambassadors	stakeholders. Board does not keep stakeholders engaged and supportive of its vision	Average NEDs – 1.7 (2.0)
y) The Board understands that they are accountable to, and consults and communicates regularly with, its sponsor department, ministers and other stakeholder groups	Board identifies primary stakeholders and their requirements, and ensures that sound governance and effective performance are prominently reported Board members are tuned in to current political priorities and personalities Board has processes for obtaining feedback from stakeholders, and ensures that this information is used to inform strategy and resource allocation Consultation takes place with sponsor department and key stakeholders prior to significant policy change	Board has little discussion of accountability issues, with divergent opinions regarding the significance of key stakeholders Feedback limited to presentations by staff or interaction with stakeholder representatives at board meetings only Board business appears to be only remotely connected to the objectives of the sponsor department Board members unaware of political sensitivities and aspirations	PHA score – 1.7 (1.8) Average EDs – 1.5 (1.8) Average NEDs – 2.0 (1.8)

Comments:

It was noted that the Board and Chair enjoy very productive working relationships with DoH officials and the Minister. There are regular meetings with the Minister and Sponsorship Branch.

Meetings also take place with key Departmental officials e.g. Chief Medical Officer, Chief Nursing Officer. The Deputy Secretary would also attend Board meetings by invitation.

There are no specific actions for this section.

You may add below any additional comments or observations on board performance:

A member said that they have found the Board to be highly effective, constructive and clearly focused on the Agency's core purpose of improving health and wellbeing and reducing health inequalities across Northern Ireland. They are impressed by the breadth of experience and commitment across Board colleagues. There is a strong sense of collective responsibility, with members bringing valuable insight from health, public service, finance, governance, community, professional and lived experience perspectives. This adds real strength to the quality of discussion and decision-making. In their view, the Board operates in a professional, respectful and purposeful way. It gives appropriate attention to governance, accountability, risk, performance and the wider public health agenda, while remaining mindful of the pressures facing the health and social care system and the communities the PHA serves.

Another member indicated that the PHA's "hybrid" Board demonstrates a high level of cohesion, competence, mutual respect and integrity. The Board demonstrates consistently its commitment to the values of the PHA, and works conscientiously to deliver the objectives of the PHA.

Summary of Actions

Action	Owner	Target Date
PHA should continue to highlight its concerns to the Department regarding the lack of clarity around commissioning.	Chair	December 2026

Actions Carried Forward from Previous Assessment

Action	Owner	Target Date
PHA should develop a timetable of workshops on specific topics outside of normal Board meetings	Chair / Secretariat	March 2027
PHA should look at a getting an independent evaluation of Board effectiveness	Chair / Secretariat	March 2027
PHA should review the Self-Assessment template to ensure it covers all relevant areas	Chair / Secretariat	March 2027

Board Members' Assessment of the Chair's Performance 2025/26

Summary of Responses

Name of Chair	Colin Coffey		
Period of Report	From	1 April 2025	To 31 March 2026

			Rating: 1 Very Effective 2 Effective 3 Partially Effective 4 Not Effective			
			1	2	3	4
1. ATTENDANCE AND COMMITMENT						
(a) Attendance at Board and other meetings			PHA score – 1.0 (1.1) Average EDs – 1.0 (1.2) Average NEDs – 1.0 (1.0)			
2. STRATEGIC LEADERSHIP						
(b) Leads the Board effectively in setting the strategic direction of PHA and ensuring that PHA’s plans (and in particular, its statutory functions) are effectively delivered			PHA score – 1.5 (1.3) Average EDs – 1.7 (1.2) Average NEDs – 1.3 (1.4)			
(c) Is visible within PHA and is viewed as being accessible to Board members and staff			PHA score – 1.5 (1.2) Average EDs – 1.7 (1.4) Average NEDs – 1.3 (1.0)			

(d) Is alert to changes in the business needs of PHA and ensures that these are communicated to Board members and responded to, as appropriate	PHA score – 1.3 (1.3) Average EDs – 1.7 (1.2) Average NEDs – 1.0 (1.4)
(e) Leads the Board in holding management to account for performance through purposeful challenge and scrutiny, ensuring that good performance is recognised and any under-performance is promptly addressed	PHA score – 1.3 (1.3) Average EDs – 1.3 (1.0) Average NEDs – 1.3 (1.6)
(f) Ensures that the principles of effective governance are known to, understood and practised by board members (and PHA senior managers/the Agency Management Team) individually and collectively	PHA score – 1.5 (1.6) Average EDs – 1.7 (1.4) Average NEDs – 1.3 (1.8)
(g) Ensures that the performance of the Board (and individual sub-committees) is reviewed regularly	PHA score – 1.7 (1.6) Average EDs – 2.0 (1.6) Average NEDs – 1.3 (1.6)
3. BUILDS EFFECTIVE RELATIONSHIPS	
(h) Develops a mutually beneficial relationship with the Minister and DoH demonstrating a clear understanding of PHA's and his/her responsibilities to both the Minister and DoH	PHA score – 1.3 (1.4) Average EDs – 1.3 (1.4) Average NEDs – 1.3 (1.5)

(i) Develops an appropriate relationship with the Chief Executive and Agency Management Team (supportive yet challenging)	PHA score – 1.5 (1.5) Average EDs – 1.3 (1.4) Average NEDs – 1.7 (1.6)
(j) Promotes effective teamwork between board members and ensures that the Board operates as a cohesive unit	PHA score – 1.8 (1.6) Average EDs – 2.0 (1.4) Average NEDs – 1.7 (1.8)
(k) Ensures that PHA is well connected with its stakeholders and that any concerns or difficulties are addressed promptly and effectively	PHA score – 1.5 (1.4) Average EDs – 1.3 (1.0) Average NEDs – 1.7 (1.8)
4. COMMUNICATION	
(l) Represents the Board and PHA effectively with stakeholders including the media	PHA score – 1.3 (1.5) Average EDs – 1.0 (1.2) Average NEDs – 1.7 (1.8)
(m)Has open and effective lines of communication (formal and informal) with Board members and DoH and meets regularly with Chairs of sub-committees	PHA score – 1.5 (1.2) Average EDs – 1.7 (1.0) Average NEDs – 1.3 (1.4)

5. CHAIRING THE BOARD	
(n) Ensures that the Board agenda, discussions and challenge at meetings are focused on strategy, performance (including financial), governance and compliance, corporate risks and feedback from stakeholders	PHA score – 1.7 (1.3) Average EDs – 1.7 (1.0) Average NEDs – 1.7 (1.6)
(o) Ensures that the Board receives and makes decisions based on high quality financial and performance information	PHA score – 1.8 (1.3) Average EDs – 2.0 (1.2) Average NEDs – 1.7 (1.4)
(p) Ensures that there is a culture of performance delivery and Board decisions are implemented promptly and effectively	PHA score – 1.7 (1.5) Average EDs – 1.7 (1.2) Average NEDs – 1.7 (1.8)
(q) Meetings are chaired effectively (start and finish on time; open debate encouraged; constructive challenge welcomed; conflict well handled; outcomes of discussions/decisions well summarised)	PHA score – 1.7 (1.7) Average EDs – 2.0 (1.6) Average NEDs – 1.3 (1.8)

6. OVERALL MARKING	
Overall mark	PHA score – 1.7 (1.4) Average EDs – 1.7 (1.3) Average NEDs – 1.7 (1.7)
Comments: The Chair's leadership of the Board is predicated on public sector values of openness, integrity and transparency. Over the year this has included delivering on the organisation's Reshape and Refresh programme. He has sought to promote effective relationships with all PHA's stakeholders, and he has continually sought opportunities to expand PHA's partnership approach to meeting its health objectives. The Chair has prioritised promoting good healthy relationships and communication amongst the board and with and amongst the senior management team, and the wider PHA organisation. He has focused on ensuring the objectives, outputs and performance of the PHA are clearly established, including encouraging and promoting the preparation of a 3-year implementation plan, based on the Corporate Plan. The Chair's commitment to the most recently established Board committee, the Planning, Performance and Resource Committee, reflects his promotion within the Agency to articulating, monitoring and managing the organisation's use of resources to achieve the most desirable outcomes, and performance. The Chair manages the Board with a calm, thoughtful and inclusive style, ensuring that meetings are well-structured, focused and constructive. He creates the right environment for open discussion, appropriate challenge and collective decision-making, while always keeping the purpose and values of the PHA at the centre of the Board's work. The Chair's experience, judgement and steady leadership are a real asset to the Board, and he has helped foster a positive culture of respect, professionalism. He manages the Board well and ensures he provides both support and challenge to the Senior Management Team.	

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 24 September 2026

Title of paper HR/OD Committee Terms of Reference

Reference PHA/03/09/26

Prepared by HR/OD Committee members

Lead Director Colin Coffey

Recommendation

For **Approval** ☒

For **Noting** ☐

1 Purpose

The purpose of this paper is to seek Board approval of the terms of reference of the newly established Human Resources / Organisation Development (HR/OD) Committee.

2 Key Issues

Under Standing Order 3.1.3 the Board can establish Committees and these Committees should have terms of reference which are incorporated into Standing Orders.

The HR/OD Committee had its inaugural meeting on 26 August 2026 and it was agreed that terms of reference would be approved and forwarded to the Board. The attached reflects the agreed terms of reference.

3 Next Steps

Following approval, membership of the Committee will be agreed and a schedule of meetings will be developed. The terms of reference will be included in a review of Standing Orders.

Human Resources & Organisational Development Committee

1.0 REMIT AND CONSTITUTION

1.1 Introduction

The Health and Social Care (Reform) Act (Northern Ireland) 2009 applies.

The Public Health Agency (hereafter referred to as PHA or Agency) Board has a Governance and Audit Committee, a Remuneration and Terms of Service Committee and a Planning, Performance & Resources Committee. Under Standing Order 3.1.3 the PHA Board may establish other Committees as it deems appropriate. In this context the PHA wish to establish a Human Resources & Organisational Development (HROD) Committee.

1.2 Role

The primary responsibility of the HROD Committee is to provide strategic oversight, governance and assurance to the PHA Board regarding organisation development and people management arrangements, ensuring the Agency has a capable, engaged, inclusive and sustainable workforce aligned to delivery of the PHA's corporate objectives.

1.3 Terms of Reference

The main functions of the Committee are:

- To review workforce intelligence, trends, performance indicators and associated risks, mitigating actions and opportunities for further development.
- To oversee delivery of the PHA People Strategy, monitoring progress and achievement of the people ambition and core priorities therein.
- To provide assurance on the ongoing effectiveness of implementation of the Refresh Reshape programme.
- To undertake any other work delegated by the board in relation to People Management.

The Terms of Reference for the Committee will be reviewed annually with an initial review taking place nine months after the establishment of the Committee.

There will also be an annual review of effectiveness and added value of the Committee.

1.4 Composition of the HR & OD Committee

The Committee shall comprise of three Non-Executive Directors (NED's), alongside the Director of Public Health Services, Director of Population Health & Wellbeing, Director of Finance & Corporate Services and Director of Population Research & Intelligence. If a member is not able to attend it is expected a deputy would be identified.

Senior staff in attendance will include the Assistant Director of Finance & Corporate Services and Head of Chief Executive Office.

The Chief Executive may attend at their own discretion. Other officers may be invited to attend as required.

The BSO Senior HR Business Partner should be in attendance.

A quorum shall be two Non-Executive Directors, two executive Directors and one officer. The Committee will be chaired by one of the NED's.

1.5 Authority of the HR & OD Committee

The Committee is authorised by the PHA Board to:

- Review, scrutinise and provide assurance on matters within its remit.
- Seek any information it requires from management.
- Require attendance of PHA staff or subject matter experts (e.g. HR, OD, Trade Union partners).
- Make recommendations to the PHA Board for approval or endorsement where appropriate.

The Committee has no executive powers, unless specifically delegated by the Board.

2.0 CONDUCT OF BUSINESS

2.1 Meetings

- The Committee shall meet at least three times per year.
- Additional meetings may be convened at the request of the Committee Chair or the PHA Board.
- Meetings may be held virtually or in person.
- The Agenda will include 'conflict of interest' as a standing item. In instances where there is a declaration of interest in any of the agenda items, members will be asked to leave the meeting while those items are being discussed. In instances where the conflict of interest is likely to be ongoing the member may be asked to stand down from the Committee.
- In addition, the agenda will also cover:
 - Update on Workforce Information including Risks and Opportunities
 - Update on People Strategy implementation and alignment with the benefits realisation from the 2025 Organisational Change programme.
 - Delegated Items from the Board.
- Final draft minutes of the previous meeting will be presented to each meeting for formal approval by the committee.
- Items for 'Any Other Business' should formally be requested from the chair in advance of the meeting.
- Key messages for sharing with the Board and / or staff will be agreed by the Chair at the end of each meeting. The Chair will provide a report to the subsequent Board meeting summarising matters considered, assurances provided, key risks identified and recommendations requiring Board consideration.

2.2 Secretariat

- The Committee shall be supported by an appropriate secretariat.
- Papers will normally be circulated at least five working days in advance of each meeting.

- Draft minutes of each meeting will be prepared and circulated to members for comment following initial review by the Committee Chair.

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 24 September 2026

Title of paper Constitution of Board Committees

Reference PHA/04/09/26

Prepared by Colin Coffey

Lead Director Colin Coffey

Recommendation

For **Approval** ☒

For **Noting** ☐

1 Purpose

The purpose of this paper is to seek Board approval of the proposed membership of PHA Board Committees going forward.

2 Key Issues

It is proposed that the constitution of Board Committees will be as follows:

Governance and Audit Committee (GAC) (Current Chair - Anne Henderson)

Proposed membership:

- Tom Wright
- Robert Irvine
- Michael Gibb
- Craig Blaney
- John Patrick Clayton – until 9 October

Planning, Performance and Resources (PPR) Committee (Current Chair - Colin Coffey)

Proposed membership:

- Anne Henderson
- Paddy Kelly
- Craig Blaney

Human Resources and Organisation Development (HR/OD) Committee – (Current Chair - Craig Blaney)

Proposed Membership:

- Paddy Kelly
- Tom Wright

Members should note that a process has to be agreed to replace Colin Coffey as Chair of PPR due to concerns raised by Internal Audit.

3 Next Steps

Following approval, members will be formally added to the Committees and all relevant information e.g. dates of meetings etc. shared with them.

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 24 September 2026

Title of paper Partnership Agreement between Department of Health and Public Health Agency (revised August 2026)

Reference PHA/05/09/26

Prepared by DoH / PHA leads

Lead Director Leah Scott

Recommendation

For **Approval** ☐

For **Noting** ☒

1 Purpose

The purpose of this paper is to bring the updated Partnership Agreement between Department of Health and Public Health Agency to the Board for noting.

2 Key Issues

The Board approved the Partnership Agreement between PHA and the Department of Health in February 2025 and there is a requirement to bring the Agreement to the Board annually for noting.

Within the Agreement there is an Engagement Plan which is updated annually and this has been updated for 2026/27.

One of the appendices to the Agreement is the MOU between PHA, the Department and the Safeguarding Board for Northern Ireland (SBNI). This has been updated and the new version is now included as an appendix.

There have no substantive changes to the main Agreement.

3 Next Steps

The updated Partnership Agreement will be published on the PHA website.

Partnership Agreement between Department of Health and Public Health Agency

April 2025

Revised August 2026 – Updated Engagement Plan

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Introduction

1. The Partnership Agreement

- 1.1. This document sets out the partnership arrangements between Public Health Agency and the Department of Health. In particular, it explains the overall governance framework within which Public Health Agency operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined.
- 1.2. The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes. Underpinning the arrangements are the principles set out in the NI Code of Good Practice ***‘Partnerships between Departments and Arm’s- Length Bodies’*** which should be read in conjunction with this document. The principles which are laid out in the Code are:

LEADERSHIP
<i>Partnerships work well when Departments and Arm’s Length Bodies demonstrate good leadership to achieve a shared vision and effective delivery of public services. Strong leadership will provide inspiration, instil confidence and trust and empower their respective teams to deliver good outcomes for citizens.</i>
PURPOSE
<i>Partnerships work well when the purpose, objectives and roles of Arm’s Length Bodies and the sponsor department are clear, mutually understood and reviewed on a regular basis. There needs to be absolute clarity about lines of accountability and responsibility between departments and Arm’s Length Bodies. In exercising statutory functions Arm’s Length Bodies need to have clarity about how their purpose and objectives align with those of departments.</i>
ASSURANCE
<i>Partnerships work well when departments adopt a proportionate approach to assurance, based on Arm’s Length Bodies’ purpose and a mutual understanding of risk. Arm’s Length Bodies should have robust governance arrangements in place and in turn departments should give Arm’s Length Bodies the autonomy to deliver effectively. Management information should be what is needed to enable departments and Arm’s Length Bodies to provide assurance and assess performance.</i>

VALUE
<i>Partnerships work well when departments and Arm's Length Bodies share knowledge, skills and experience in order to enhance their impact and delivery. Arm's Length Bodies are able to contribute to policy making and departmental priorities. There is a focus on innovation, and on how departments and Arm's Length Bodies work together to deliver the most effective policies and services for its customers.</i>
ENGAGEMENT
<i>Partnerships work well when relationships between departments and Arm's Length Bodies are open, honest, constructive and based on trust. There is mutual understanding about each other's objectives and clear expectations about the terms of engagement.</i>

1.3. A full copy of the NI Code can be found at Annex 8.

1.4. This document should also be read in conjunction with guidance on proportionate autonomy which provides an outline of the principles and characteristics for proportionate autonomy. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance to be established between Public Health Agency and the Department of Health and this is reflected in this agreement.

1.5. Department of Health and Public Health Agency are committed to:

- Working together within distinct roles and responsibilities;
- Maintaining focus on successful delivery of Programme for Government outcomes and Ministerial priorities (see also paras 2.5 and 2.6);
- Maintaining open and honest communication and dialogue;
- Keeping each other informed of any issues and concerns, and of emerging areas of risk;
- Supporting and challenging each other on developing policy and delivery – when developing policy this may cut across more than one department;
- Seeking to resolve issues quickly and constructively; and
- Acting at all times in the public interest and in line with the values of integrity, honesty, objectivity and impartiality.

- 1.6. The effectiveness of the partnership and the associated Engagement Plan will be reviewed each year by the Department and the Public Health Agency in order to assess whether the partnership is operating as intended and to identify any emerging issues/opportunities for enhancement. This can be carried out as part of existing governance arrangements. The Partnership Agreement document itself will be reviewed formally at least once every three years to ensure it remains fit for purpose and up-to-date in terms of current governance frameworks. The formal review will be proportionate to the Agency's size and overall responsibilities and will be published on departmental and PHA websites as soon as practicable following completion.
- 1.7. A copy of this agreement has been placed in the Assembly Library and is available on the Department of Health and Public Health Agency websites.

Public Health Agency Establishment and Purpose

2. Statutory Purpose and Strategic Objectives

2.1. The Public Health Agency is a body corporate established under section 12 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (hereafter referred to as the Act). It is named in the legislation as the Regional Agency for Public Health and Social Wellbeing, but it operates under the shorter title of the Public Health Agency (PHA). The PHA does not carry out its functions on behalf of the Crown. For national accounts purposes the PHA is classified to the central government sector.

2.2. The PHA is established for the purposes specified in section 13 of the Act. The approved overall aim for the PHA is to improve the health and social well-being of the population and the quality of care provided, and to protect the population from communicable disease or emergencies or other threats to public health. As well as the provision or securing of services related to those functions, the PHA will commission or undertake programmes of research, health awareness and promotion etc. This aim will be delivered through three core functions of the PHA:

- securing the provision of, developing, and providing programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland,
- protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being including dangers arising on environmental or public health grounds or arising out of emergencies; and
- providing professional input to the commissioning of health and social care services which meet established quality standards and which support innovation.

2.3. The Agency's general powers etc. are listed in Schedule 2 to the Act.

- 2.4. The Minister for Department of Health is answerable to the Assembly for the overall performance and delivery of both the Department of Health and Public Health Agency.
- 2.5. The Executive's outcome-based approach to delivery recognises the importance of arm's length bodies and departments working collaboratively and together in a joined-up approach to improve overall outcomes and results. To that end there is strategic alignment between the aims, objectives and expected outcomes and results of PHA and Department of Health.
- 2.6. As per PHA's corporate plan, the Agency's purpose is to protect and improve the health and social wellbeing of our population and reduce health inequalities through strong partnerships with individuals, communities and other key public, private and voluntary organisations. Its vision is that all people and communities are enabled and supported in achieving their full health and wellbeing potential, and inequalities in health are reduced.

3. Organisational Status

- 3.1. The PHA is a legal entity in its own right, employing its own staff and operating at arm's-length from the Department. As a legal entity it must comply with all associated legislation including legislation relating to its employer status.
- 3.2. In accordance with the Health and Social Care (Reform) Act (NI) 2009, the following services are required to be carried out by the Regional Business Services Organisation, as directed by the Department of Health:
- i) Administrative support, advice and assistance
 - ii) Financial services
 - iii) Human resource, Personnel & Corporate Services
 - iv) Training
 - v) The management & maintenance of buildings equipment & land
 - vi) Information technology & information management
 - vii) The procurement of goods & services

viii) Legal, medical, scientific or other professional services

ix) Contractual compliance internal audit and counter fraud & probity services

4. Governance Framework

- 4.1. The PHA has an established Corporate Governance Framework which reflects all relevant good practice guidance. The framework includes the governance structures established within the PHA and the internal control and risk management arrangements in place, including the PHA's Standing Orders, Standing Financial Instructions and the Scheme of Delegation. This includes its Board and Committee Structure. The Department should be satisfied with the framework.
- 4.2. An account of this is included in PHA annual Governance Statement together with the PHA Board's assessment of its compliance with the extant Corporate Governance Code of Good Practice (NI). Any departure from the Corporate Governance Code must be explained in the Governance Statement. The extant Corporate Governance Code of Good Practice (NI) is available on the DoF website at <https://www.finance-ni.gov.uk/publications/governance-and-risk-guidance>.
- 4.3. PHA is required to follow the principles, rules, guidance and advice in Managing Public Money Northern Ireland. A list of other applicable guidance and instructions which PHA is required to follow is set out in Annex 6. Good governance should also include positive stakeholder engagement, the building of positive relationships and a listening and learning culture.
- 4.4. The Health and Social Care (Reform) Act (Northern Ireland) 2009 provides the legislative framework within which the health and social care structures operate. It sets out the high-level functions of the various HSC bodies. It also provides the parameters within which each body must operate, and describes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

- 4.5. The Public Health Agency is accountable to the Department of Health, through its Sponsor Branch and the relevant Executive board member, for governance and financial management within the organisation and is operationally independent from other HSC bodies.

5. PHA Board

- 5.1. The PHA is led by a Board, non-executive members of which are appointed by the Minister of Health, following an open competition. The appointment process for non-executive Board members complies with the Code of Practice on Public Appointments for Northern Ireland. Board membership is defined by The Regional Agency for Public Health and Social Well-being (Membership) Regulations (Northern Ireland) 2009, which prescribes that five non-executive members shall be appointed by the Department and that one officer [Chief Executive] shall be appointed by the Chair and other specified members of the Agency. The regulations also prescribe that the Director of Public Health and the Director of Nursing and Allied Health Professions shall be (executive) members and that 2 (non-executive) members appointed by the Department shall be district councillors.
- 5.2. As Public Appointees non-executive Board members are office holders rather than employees, they are not subject to employee terms and conditions. Board appraisal arrangements are set out in paras 16.1 and 16.2, and matters for consideration in dealing with concerns/complaints in respect of Non-executive Board members are provided in Annex 5.
- 5.3. The Board's operating framework/terms of reference provides further detail on roles and responsibilities and should align closely with this Partnership Agreement. Three members of the Agency's executive sit on the PHA Board – the Chief Executive and the Directors of Nursing and Allied Health Professions, Finance and Corporate Services, and Public Health respectively.
- 5.4. The purpose of the Public Health Agency Board is to provide effective leadership and strategic direction to the organisation and to ensure that the policies and priorities set by the Minister of Health are implemented. It is responsible for

ensuring that the organisation has effective and proportionate governance arrangements in place and an internal control framework which allow risks to be effectively identified and managed. The Board will set the culture and values of the organisation, and set the tone for the organisation's engagement with stakeholders and clients.

- 5.5. The Board is responsible for holding the Chief Executive to account for the management of the organisation and the delivery of agreed plans and outcomes. The Board should also however support the Chief Executive as appropriate in the exercise of their duties.
- 5.6. Board members act solely in the interests of the Public Health Agency and must not use the Board as a platform to champion their own interests or pursue personal agendas. They occupy a position of trust and their standards of action and behaviour must be exemplary and in line with the seven principles of public life (Nolan principles). The Public Health Agency has a Board Code of Conduct and there are mechanisms in place to deal with any Board disputes/conflicts to ensure they do not become wider issues that impact on the effectiveness of the Board. A Board Register of Interests is maintained, kept up to date and is publicly available to help provide transparency and promote public confidence in the Public Health Agency Board by providing a mechanism to publicly declare any private interests which may conflict, or may be perceived to conflict, with their public duties.
- 5.7. Communication and relationships within the Board are underpinned by a spirit of trust and professional respect. The Board recognises that using consensus to avoid conflict or encouraging members to consistently express similar views or consider only a few alternative views does not encourage constructive debate and does not give rise to an effective Board dynamic.
- 5.8. It is for the Board to decide what information it needs, and in what format, for its meetings/effective operation. If the Board is not confident that it is being fully informed about the organisation this will be addressed by the Chair of the Board as the Board cannot be effective with out-of-date or only partial knowledge.

- 5.9. In order to fulfil their duties, Board members must undertake initial training (in relation to the duties and responsibilities of a non-executive Director), and regular ongoing training and development. Review of Board skills and development will be a key part of the annual review of Board effectiveness.

6. Governance and Audit Committee

- 6.1. A further important aspect of the Public Health Agency's governance framework is its Governance and Audit Committee, established in line with the extant Audit and Risk Assurance Committee Handbook (NI).

- 6.2. The Governance and Audit Committee's purpose/role is to support the Accounting Officer and Board on governance issues. In line with the handbook the Governance and Audit Committee focuses on:

- assurance arrangements over governance; financial reporting; annual reports and accounts, including the Governance Statement; and
- ensuring there is an adequate and effective risk management and assurance framework in place.

- 6.3. The Public Health Agency and the Department of Health have agreed arrangements in respect of Governance and Audit Committee which may include:

- attendance by departmental representatives in an observer capacity at Public Health Agency's Governance and Audit Committee meetings;
- Access to Public Health Agency Governance and Audit Committee papers and minutes; and
- Any input required from Public Health Agency's Governance and Audit Committee to the departmental Audit and Risk Assurance Committee.

- 6.4. Full compliance with the Audit and Risk Assurance Committee Handbook (NI) is an essential requirement. In the event of significant non-compliance with the handbook's five good practice principles (or other non-compliance) discussion will be required with the Department and a full explanation provided in the annual Governance Statement.

6.5. The extant Audit and Risk Assurance Committee Handbook (NI) is available on the DoF website at <https://www.finance-ni.gov.uk/publications/audit-committees>.

7. Public Health Agency Chair

7.1. The Chair, who is appointed by the Health Minister, is responsible for setting the agenda and managing the Board to enable collaborative and robust discussion of issues. The Chair's role is to develop and motivate the Board and ensure effective relationships in order that the Board can work collaboratively to reach a consensus on decisions. To achieve this, they should ensure:

- The Board has an appropriate balance of skills appropriate to its business;
- Board members are fully briefed on terms of appointment, duties, rights and responsibilities;
- Board members receive and maintain appropriate training;
- The Minister is advised of the Public Health Agency's needs when board vacancies arise;
- There is a Board Operating Framework in place setting out the roles and responsibilities of the Board in line with relevant guidance;
- There is a code of practice for Board members in place, consistent with relevant guidance.

7.2. The role also requires the establishment of an effective working relationship with the Chief Executive that is simultaneously collaborative and challenging. It is important that the Chair and Chief Executive act in accordance with their distinct roles and responsibilities as laid out in Managing Public Money NI and their appointment letters.

7.3. The Chair has a presence in the organisation and cultivates external relationships which provide useful links for the organisation while being mindful of overstepping boundaries and becoming too involved in day to day operations or executive activities. Responsibility for the performance assessment of the

Chair rest with the Department of Health, via Sponsorship and Executive Board Member arrangements.

8. ALB Chief Executive

- 8.1. The role of the Public Health Agency Chief Executive is to run the Public Health Agency's business. The Chief Executive is responsible for all executive management matters affecting the organisation and for leadership of the executive management team.
- 8.2. The Chief Executive is designated as Public Health Agency Accounting Officer by the departmental Accounting Officer (see section 12). As Accounting Officer, they are responsible for safeguarding the public funds in their charge and ensuring they are applied only to the purposes for which they were voted and more generally for efficient and economical administration. It should be noted that the PHA provides hosting arrangements for the Safeguarding Board Northern Ireland (SBNI). The responsibilities for expenditure relating to SBNI are set out in section 15 of the 2012 HSC (SBNI) regulations. The Memorandum of Understanding between the DoH, PHA and SBNI is attached at Annex 9.
- 8.3. The Chief Executive is accountable to the Board for the Public Health Agency's performance and delivery of outcomes and targets and is responsible for implementing the decisions of the Board and its Committees. They maintain a dialogue with the Chair on the important strategic issues facing the organisation and for proposing Board agendas to the Chair to reflect these. They ensure effective communication with stakeholders and communication on this to the Board. They also ensure that the Chair is alerted to forthcoming complex, contentious or sensitive issues, including risks affecting the organisation.
- 8.4. The Chief Executive acts as a role model to other executives by exhibiting open support for the Chair and Board members and the contribution they make. The Chair and Chief Executive have agreed how they will work together in practice, understanding and respecting each other's role, including the Chief Executive's responsibility as Accounting Officer.

- 8.5. Further detail on the role and responsibilities of the Chief Executive are as laid out in Managing Public Money NI and their Accounting Officer appointment letter.

The Chief Executive's role as Principal Officer for Ombudsman Cases

- 8.6. The Chief Executive is the Principal Officer for handling cases involving the NI Public Sector Ombudsman. They shall advise the departmental Accounting Officer of any complaints about Public Health Agency accepted by the Ombudsman for investigation, and about the proposed response to any subsequent recommendations from the Ombudsman.

Role of the Department of Health

9. Partnership Working with the Public Health Agency

- 9.1. The Department of Health and Public Health Agency are part of a total delivery system, within the same Ministerial portfolio. The partnership between Department of Health and Public Health Agency is open, honest, constructive and based on trust. There is mutual understanding of each other's objectives and clear expectations on the terms of engagement. Ministerial/Departmental directions will be issued and implemented as per process at Annex 10.
- 9.2. Through the Strategic Outcomes Framework, set by the Department, in exercising its functions Public Health Agency has absolute clarity on how its purpose and objectives align with those of Department of Health. and this is reflected in PHA Corporate and Annual business plans. There is also a shared understanding of the risks that may impact on each other and these are reflected in respective Risk Registers.
- 9.3. There is a regular exchange of skills and experience between Department of Health and Public Health Agency and where possible joint programme/project delivery boards/ arrangements. Public Health Agency may also be involved as a stakeholder in policy/strategy development and provides advice on policy implementation/ the impact of policies in practice.
- 9.4. The Department of Finance (DoF) has established, on behalf of the Assembly, a delegated authority framework which sets out the circumstances where prior DoF approval is required before expenditure can be occurred or commitments entered into. The Accounting Officer of the Department of Health has established an internal framework of delegated authority for the Department and its ALBs which apply to Public Health Agency. This can be found online at <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-09-2024.pdf>. Other specific approval requirements established in respect of Public Health Agency as set out at Annex 3.
- 9.5. Once the Public Health Agency's budget has been approved by the Minister of Health, the Public Health Agency shall have authority to incur expenditure

approved in the budget without further reference to the Department. Inclusion of any planned and approved expenditure in the budget shall not however remove the need to seek formal departmental approval where proposed expenditure is outside the delegated limits (as laid out in Annex 3) or is for new schemes not previously agreed. Nor does it negate the need to follow due processes laid out in guidance contained in Managing Public Money NI and Better Business Cases NI (previously NI Guide to Expenditure Appraisal and Evaluation).

10. Lead Official

10.1. The Department of Health has appointed Deputy Secretary for Social Care and Public Health Policy Group as the Executive Board member and lead senior official to manage the relationship with Public Health Agency and ensure effective partnership working. Engagement between the Department and Public Health Agency will be co-ordinated, collaborative and consistent. A clear sense of collaboration and partnership will be communicated to staff in both the Department and the Public Health Agency in order to promote mutual understanding and support. The lead senior official is supported by the Director of Population Health and the branch within the branch responsible for managing PHA sponsorship (known as the Sponsor Branch). The Finance business partner in DoH is the 'Grade 7 Accountant' within DoH Finance Directorate.

10.2. The lead senior official is the policy lead for the policy area relating to the Public Health Agency's business and has a clear understanding of the Public Health Agency's responsibilities for policy implementation/operational delivery and the relevant audiences/stakeholders involved.

10.3. The lead senior official will ensure that where there are departmental staff changes, time is taken to ensure they have a full understanding of the Public Health Agency's business and challenges.

11. Annual Engagement Plan

11.1. The Department and the Public Health Agency will agree an engagement plan before the start of each business year. The Annual Engagement Plan (Annex 2)

will set out the timing and nature of engagement between the Public Health Agency and the Department. The engagement plan will be specific to the Public Health Agency and should not stray into operational oversight.

11.2. Engagement between the Department's lead official/their teams and the Public Health Agency will be centred on partnership working, understanding of shared risks and working together on business developments that align with policy objectives.

11.3. In line with relevant guidance¹, the Public Health Agency will work in collaboration and partnership with the Department to prepare corporate and business plans. There should be high level strategic alignment between departmental and Public Health Agency plans. Once approved it will be the Board of the Public Health Agency that primarily holds the Chief Executive to account for delivery and performance. The Department will engage with the Public Health Agency on areas of strategic interest, linking departmental policy and Public Health Agency delivery of policy intent.

11.4. The Annual Engagement Plan will also reference the agreed management and financial information to be shared over the course of a year. The aim will be to ensure clear understanding of why information is necessary and how it will be used. Where the same, or similar information is required for internal governance information requirements will be aligned so that a single report can be used for both purposes. In addition, the engagement plan should consider opportunities for learning and development, growth and actions which could help achieve better outcomes.

12. Departmental Accounting Officer

12.1. The departmental Accounting Officer is accountable to the NI Assembly for the issue of grant in aid to the Public Health Agency. They have designated the Chief Executive of the Public Health Agency as the Public Health Agency Accounting Officer and respective responsibilities of the departmental Accounting Officer

¹ Guidance issued by TEO on NICS Work Programme which includes guidance on business planning for an outcomes-based PfG/ODP

and the Public Health Agency Accounting Officer are set out in Chapter 3 of Managing Public Money Northern Ireland. The departmental Accounting Officer may withdraw the Public Health Agency Accounting Officer designation if they conclude that the Public Health Agency Accounting Officer is no longer a fit person to carry out the responsibilities of an Accounting Officer or that it is otherwise in the public interest that the designation be withdrawn. In such circumstances the Public Health Agency Board will be given a full account of the reasons for withdrawal and a the opportunity to make representations by way of response to DoH officials or the Health Minister. Withdrawal of Public Health Agency Accounting Officer status would bring into question employment as Chief Executive and the Chair should engage with the Department should such circumstances arise.

- 12.2. As outlined in section 8, the Public Health Agency Chief Executive is accountable to the Public Health Agency Board for his/her stewardship of Public Health Agency. This includes advising the Board on matters of financial propriety, regularity, prudent and economical administration, efficiency and effectiveness.
- 12.3. The departmental Accounting Officer must be informed in the event that the judgement of the Public Health Agency Accounting Officer (on matters for which they are responsible) is over-ridden by the Public Health Agency Board. The Public Health Agency Accounting Officer must also take action if the Public Health Agency Board is contemplating a course that would infringe the requirement for financial propriety, regularity, prudent and economical administration, efficiency or effectiveness. In all other regards, the departmental Accounting Officer has no day-to-day direct operational involvement with the Public Health Agency or its' Chief Executive.
- 12.4. In line with DoF requirements, the Public Health Agency Accounting Officer will provide a yearly declaration of fitness to act as Accounting Officer to the departmental Accounting Officer, in line with DAO (DoF) 05/17, found at https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/daodof0517_0.pdf.

13. Attendance at Public Accounts Committee

13.1. The Public Health Agency Chief Executive/Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as Accounting Officer (as laid out in their Accounting Officer appointment letter) on issues arising from the C&AG's studies or reports following the annual audit of accounts.

13.2. The Chair may also, on occasion, be called to give evidence to the Public Accounts Committee on such relevant issues arising within the C&AG's studies or reports, in relation to the role and actions taken by the Board, where appropriate.

13.3. In addition, the Department of Health Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as departmental Accounting Officer with overarching responsibility for the Public Health Agency. In such circumstances, the departmental accounting Officer may therefore expect to be questioned on their responsibilities to ensure that:

- there is a clear strategic control framework for the Public Health Agency;
- sufficient and appropriate management and financial controls are in place to safeguard public funds;
- the nominated Accounting Officer is fit to discharge their responsibilities;
- there are suitable internal audit arrangements;
- accounts are prepared in accordance with the relevant legislation and any accounting direction; and
- intervention is made, where necessary, in situations where the Public Health Agency Accounting Officer's advice on transactions in relation to regularity, propriety or value for money is overruled by the Public Health Agency's Board or its Chair.

Assurance Framework

14. Autonomy and Proportionality

- 14.1. The Department of Health will ensure that the Public Health Agency has the autonomy to deliver effectively, recognising its status as a separate legal entity which has its own Board and governance arrangements. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance established between the Public Health Agency and the Department of Health and is reflected in this agreement.
- 14.2. A proportionate approach to assurance will be taken based on the Public Health Agency's overall purpose, business and budget and a mutual understanding of risk. The approach will include an agreed process through which the Public Health Agency Accounting Officer provides written assurance to the Department that the public funds and organisational assets for which they are personally responsible are safeguarded, have been managed with propriety and regularity, and use of public funds represents value for money.
- 14.3. Recognising the governance arrangements in place within the organisation, the Public Health Agency Accounting Officer will arrange for their written assurance to be discussed at the Public Health Agency Governance and Audit Committee and presented to the Public Health Agency Board prior to submission to the Department where possible. If not possible, or practicable, the Chair of the Public Health Agency Board should have sight of the assurance statement, prior to being submitted to the Department.
- 14.4. The Public Health Agency Chair will provide written confirmation that the Public Health Agency Accounting Officer's formal assurance has been considered by the Board and is reflective of the Public Health Agency's current position.
- 14.5. In addition to the Public Health Agency Accounting Officer's written assurance, the Department will take assurance from the following key aspects of Public Health Agency's own governance framework:
- Annual Review of Board Effectiveness;

- Completion of Board Appraisals which confirm Board member effectiveness;
- Internal Audit assurance and External Quality Assessment of the Internal Audit function;
- Externally audited Annual Report and Accounts, reviewed/considered by the Public Health Agency Governance and Audit Committee.

15. Board Effectiveness

15.1. The Public Health Agency Chair will ensure that the PHA Board undertakes an annual review of Board Effectiveness² which encompasses committees established by the Board.

15.2. The Chair will discuss the outcome of the annual review of Board Effectiveness with the lead official to ensure a partnership approach to any improvements identified. This will inform the annual programme of Board training/development and discussions in respect of Board composition and succession.

15.3. In line with any parameters set out in founding (or other) legislation, the Chair in conjunction with the Department, and Ministers where appropriate, will consider the size and composition of the Public Health Agency Board, proportionate to the size and complexity of the Public Health Agency and keep this under review.

15.4. In addition to the annual review of Board Effectiveness, the Public Health Agency will undertake an externally facilitated review of Board effectiveness at least once every three years covering the performance of the Board, its Committees and individual Board members. The Chair will liaise with the Department to identify a suitably skilled facilitator for the external review (this can be a peer review, and should be proportionate) and will share the findings/outcome report with the Department on completion of the review.

² [NIAO Good Practice Guide on Board Effectiveness](#)

16. Board Appraisals

- 16.1. The Chair of the Public Health Agency will conduct an annual appraisal in respect of each Board member which will also inform the annual programme of Board training/ development. The Chair will engage with the Chief Executive/lead official as appropriate on improvements identified through the appraisal process and the annual training/development programme.
- 16.2. The Chair's annual appraisal will be completed by the lead official within the Department. The appraisal will take account of the Key Characteristics of a good chairperson (particularly for the Chair to have well developed interpersonal skills) set out in the NIAO Good Practice Guide on Board Effectiveness available on the NIAO website. There will be close engagement between the Chair and the lead official on improvements identified through the appraisal process.

17. Internal Audit Assurance

- 17.1. The Public Health Agency is required to establish and maintain arrangements for an internal audit function that operates in accordance with the Public Sector Internal Audit Standards (PSIAS). The Department of Health must be satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving appointments are in accordance with PSIAS.
- 17.2. The Public Health Agency utilise BSO's Internal Audit services. BSO Internal Audit is PSIAS compliant and based on an overarching Service Level Agreement and Memorandum of Understanding with the Department, BSO discharges functions, such as Internal Audit to the PHA, on behalf of DoH.
- 17.3. The Public Health Agency will provide its internal audit strategy, periodic audit plans and annual audit report, including the Head of Internal Audit's opinion on risk management, control and governance to the Department. The Public Health Agency will ensure the Department of Health's internal audit team have complete right of access to all relevant records. This applies whether the internal audit function is provided in-house or is contracted out.

17.4. The Public Health Agency will ensure regular, periodic self-assessments of the internal audit function in line with PSIAS and will share these with the Department. The Public Health Agency will also liaise with the Department on the External Quality Assessment (EQA) of the internal audit function which (in line with PSIAS) is required to be conducted at least once every five years by a qualified independent assessor.

17.5. The Public Health Agency will alert the Department to any less than satisfactory audit reports at the earliest opportunity on an ongoing basis. The Public Health Agency will also alert the Department to a less than satisfactory annual opinion from the Head of Internal Audit at the earliest opportunity. The Public Health Agency and the Department will then engage closely on actions required to address the less than satisfactory opinion in order to move the Public Health Agency to a satisfactory position as soon as possible.

17.6. The Department will take assurance from the fact that the Public Health Agency has met the requirements of PSIAS and has a satisfactory annual opinion from the Head of Internal Audit as part of its overall assurance assessment.

18. Externally Audited Annual Report and Accounts

18.1. The Public Health Agency is required to prepare an Annual Report and Accounts in line with the Government Financial Reporting Manual (FReM) issued by the Department of Finance (DoF) and the specific Accounts Direction issued by Department of Health, and in accordance with the deadlines specified.

18.2. The Comptroller & Auditor General (C&AG) will arrange to audit the Public Health Agency's annual accounts and will issue an independent opinion on the accounts. The C&AG passes the accounts to Department of Health who shall lay/present/deposit them before the NI Assembly together with The Public Health Agency's annual report.

18.3. The C&AG will also provide a Report to Those Charged with Governance (RTTCWG) to the Public Health Agency which will be shared with the Department.

- 18.4. The Public Health Agency will alert the Department to any likely qualification of the accounts at the earliest opportunity. In the event of a qualified audit opinion or significant issues reported in the RTTCWG the Department will engage with the Public Health Agency on actions required to address the qualification/significant issues.
- 18.5. The Department will take assurance from the external audit process and an unqualified position as part of its overall assurance assessment.
- 18.6. The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the Public Health Agency has used its resources in discharging its functions. The C&AG may also carry out thematic examinations that encompass the functions of the Public Health Agency.
- 18.7. For the purpose of audit and any other examinations, the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.
- 18.8. Where making payment of a grant, or drawing up a contract, the Public Health Agency should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the transaction. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

Signatories

Public Health Agency and the Department of Health agree to work in partnership with each other in line with the NI Code of Good Practice ***'Partnerships between Departments and Arm's-Length Bodies'*** and the arrangements set out in this Agreement.

A handwritten signature in black ink, appearing to read 'Colin Coffey', with a horizontal line underneath.

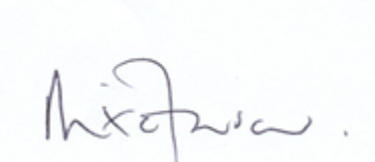
Signed – Colin Coffey, Public Health Agency Chair

Date – 10 April 2025

A handwritten signature in black ink, appearing to read 'Aidan Dawson', with a horizontal line underneath.

Signed – Aidan Dawson, Public Health Agency Chief Executive

Date – 10 April 2025

A handwritten signature in black ink, appearing to read 'Mike Farrar', with a horizontal line underneath.

Signed – Mike Farrar, Department of Health Permanent Secretary

Date – 16 April 2025

Annex 1 - Applicable Legislation

List the founding legislation and other key statutes which provide the Public Health Agency with its statutory functions, duties and powers.

Health and Social Care (Reform) Act (Northern Ireland) 2009, paragraphs 12 and 13, and Schedule 2 - <https://www.legislation.gov.uk/nia/2009/1/contents>

The Regional Agency for Public Health and Social Well-being (Membership) Regulations (Northern Ireland) 2009 - <https://www.legislation.gov.uk/nisr/2009/93/contents>

Annex 2 - Annual Engagement Plan

Good engagement is one of the key principles in the Partnership Code, underpinning the other principles of: Leadership; Purpose; Assurance; and Value.

As laid out in the Code, partnerships work well when relationships between departments and ALBs are open, transparent, honest, constructive and based on trust and when there is mutual understanding of each other's objectives and clear expectations about the terms of engagement.

The template provided outlines the key areas of engagement between Departments and ALBs. The template is not intended to be prescriptive and should be completed collaboratively and agreed between the Department and the ALB.

Engagement Plan 2026/27		
Policy Development and Delivery		
<i>Add details of the planned engagement between the ALB and the Department in relation to development and monitoring of existing and new areas of policy.</i>		
Policy Area	Frequency/Timing	Lead Departmental/ALB Officials
Annual meeting with Minister / Perm Sec to discuss policy and strategic issues affecting the PHA	Annual, as required	Minister / Permanent Secretary
Strategic Planning		
Activity	Date	Lead Departmental/ALB Official
PHA Strategic Planning Workshops – encompassing strategic planning and risk identification. Informed by input on departmental priorities/plans and risk areas	Sufficiently well in advance of the Business Year to inform development of the Business Plan for the year ahead	As deemed appropriate
Engagement on the draft Business Plan and identification of areas of strategic interest to the Department to inform further	April 2026	Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services, Assistant Director Planning and Performance

scheduled engagement during the year		
Submission/presentation of the ALB Business Plan 2025/26	April 2026	<i>Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services</i>
Approval of the PHA Business Plan 2026/7	May 2026	<i>Sponsor Branch Team</i>
Engagement on areas of strategic interest iro the ALB Business Plan during the year	As required	<i>Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services</i>
Joint Working		
<i>Add details of any interchange opportunities, and/or joint programme/project delivery boards</i>		
Activity	Frequency/Timing	Lead Departmental/ALB Official
Development of Neighbourhood Model of Health and Wellbeing	As Required	<i>Sponsor Branch / SPPG / CEO PHA</i>
Board Appointments		
<i>Add details of any engagement related to Public Appointment exercises</i>		
Activity	Date	Lead Departmental/ALB Official
Skills Audit of PHA Board	Annual	<i>Sponsor Branch Team / PHA Chair</i>
Recruitment of non-executive members to the PHA Board	As vacancies occur	<i>Public Appointment Unit</i>
Code of conduct for PHA Board members	Once and when revised	<i>Public Appointment Unit / PHA Chair</i>
All newly appointed PHA Board Members have attended an appropriate training course preferably within 6 months of appointment. This training course (which is provided by either CIPFA or ON BOARD TRAINING) is in addition to any Induction training provided by the Chair and the PHA and increases their effectiveness in discharging their roles and responsibilities	As required, following appointment	

Chief Executive Recruitment

Add details of any engagement related to the recruitment of a new Chief Executive (if anticipated during the year ahead). ALBs should engage with the Department at an early stage in the event of the recruitment of a new Chief Executive. While recognising the role of the Board as employer, the Department will work closely with the ALB in the recruitment and selection process in line with extant guidance.

Activity	Date	Lead Departmental/ALB Official
PHA Chief Executive has acknowledged in writing receipt of a formal letter of designation as Accounting Officer defining the role and responsibilities of this position	On appointment	<i>Sponsor Branch Team / PHA CE</i>
The PHA Chief Executive has, within six months and preferably within three months of appointment, attended an accounting officer training course run by Chief Executives Forum	Within six months of appointment	<i>Sponsor Branch Team / PHA CE</i>
Refresher Accounting Officer Training is undertaken at least every six years	As appropriate	<i>Sponsor Branch Team / PHA CE</i>

Assurances

Add details of the timetable for submission of key assurance sources and any other assurance related activity

Action	Date	Lead Departmental/ALB Official
Pre-Ground Clearing Sponsorship Review Meetings	Biannually – mid-year and end-year, in advance of Ground Clearing SRM	<i>Sponsor Branch Team / PHA Director of Finance & Corporate Services, Assistant Director Planning and Performance</i>
Ground Clearing Sponsorship Review Meetings	Biannually – mid-year and end-year, in advance of Accountability meeting	<i>Lead official, Sponsor Branch Team / PHA CE, PHA Executive Board Members</i>
Accountability Meetings	Biannually – mid-year and end-year	<i>Permanent Secretary, Lead official / PHA Chair, PHA CE</i>
Outcome of the Review of Board Effectiveness	Annual review with an externally facilitated review at least once every three years	<i>Lead official / Sponsor Branch Team</i>
Planning for the externally facilitated review of Board Effectiveness	Externally facilitated review at least once every three years	<i>Lead official / Sponsor Branch Team</i>

Board Appraisals and planned training/development for Board members	Following the end of the Business year	<i>PHA Chair</i>
Chair Appraisal	Following the end of the Business year. After Board Appraisals have been completed by the Chair and the annual Review of Board Effectiveness has concluded	<i>Lead official</i>
Departmental Attendance at GAC	Attendance as observer Once per Annum	<i>Sponsor Branch Team</i>
Assurance Statement	Specify frequency. In most cases this is bi-annual	<i>PHA CE</i>
Draft Governance Statement	Annual	<i>PHA CE / Director of Finance & Corporate Services</i>
Annual Report and Accounts	Annual	<i>PHA CE / Director of Finance & Corporate Services</i>
Report to those Charged with Governance	As required	<i>PHA CE / Director of Finance & Corporate Services</i>
Engagement on other planned NIAO reports	As required	<i>PHA CE / Director of Finance & Corporate Services</i>
Head of Internal Audit Annual report/Opinion	Annual	<i>PHA CE / Director of Finance & Corporate Services</i>
Internal Audit Strategy and Plans	Annual	<i>PHA CE / Director of Finance & Corporate Services</i>
Internal Audit External Quality Assessment	To be conducted at least once every five years	<i>PHA CE / Director of Finance & Corporate Services</i>
Anti-Fraud Policy	Once, and then when revised - for information	<i>PHA CE / Director of Finance & Corporate Services</i>
Fraud Response Plan	Once, and then when revised - for information	<i>PHA CE / Director of Finance & Corporate Services</i>
Budget Management <i>Add details of the information and returns to be provided.</i>		
Item and Purpose	Date	Lead Departmental/ALB Official
Engagement on budget requirements and Forecast Expenditure for the Financial Year	November	<i>Director of Finance / Director of Finance and Corporate Services</i>

Departmental approval of the annual budget	March	<i>Director of Finance / Director of Finance and Corporate Services</i>
Monthly Financial Management Returns	Monthly	<i>Director of Finance / Director of Finance and Corporate Services</i>
Monthly Cash Forecast	Monthly	<i>Director of Finance / Director of Finance and Corporate Services</i>
Monitoring Round Returns	As required	<i>Director of Finance / Director of Finance and Corporate Services</i>
Provisional Outturn	Annual	<i>Director of Finance / Director of Finance and Corporate Services</i>
Final Outturn	Annual	<i>Director of Finance / Director of Finance and Corporate Services</i>
Other <i>Tailor as required to reflect the specific requirements</i>		
Item and Purpose	Submission Date	Lead Departmental/ALB Official
Accounting Officer - Fitness to Act as Accounting Officer	Periodic (specify) request from the Departmental Accounting Officer	<i>Sponsor Branch Team / PHA CE</i>
Fraud Reporting	Immediate reporting of all frauds (proven or suspected including attempted fraud	<i>Department will report frauds immediately to DoF and C&AG.</i>
Fraud Reporting	Annual fraud return commissioned by DoF on fraud and theft suffered by PHA	<i>PHA CE / Director of Finance and Corporate Services</i>
Media management protocols – independence of PHA to engage with media/announcements of corporate and policy communications significant to PHA - arrangements to share press releases where relevant – ensure no surprises.	As required	<i>PHA CE / Head of Chief Executive Office / DoH Director of Communications</i>
Preparation of business cases – departments and ALBs to consider working together to share expertise where appropriate.	As required	<i>PHA CE / Director of Finance & Corporate Services</i>

Whistleblowing cases/ Speaking Up/Raising Concerns.	As required	<i>PHA CE / Director of Finance & Corporate Services</i>
Review of the Partnership Arrangement <i>Tailor as required to reflect the specific requirements</i>		
Item and Purpose	Date	Lead Departmental/ALB Official
Light touch review of the Partnership Agreement	Schedule following the end of the Business Year	<i>Sponsor Branch Team / PHA CE, Director of Finance & Corporate Services</i>
Formal review of the Partnership Agreement	To be conducted once every three years	<i>Sponsor Branch Team, Lead official / PHA Chair, PHA CE</i>

Annex 3 - Delegations

Delegated authorities

The Public Health Agency shall obtain the Department's prior written approval before:

- entering into any undertaking to incur any expenditure that falls outside the delegations or which is not provided for in the Public Health Agency's annual budget as approved by the Department;
- incurring expenditure for any purpose that is or might be considered novel or contentious, or which has or could have significant future cost implications;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the Department;
- making any change of policy or practice which has wider financial implications that might prove repercussive or which might significantly affect the future level of resources required; or
- carrying out policies that go against the principles, rules, guidance and advice in Managing Public Money Northern Ireland.

Public Health Agency Specific Delegated Authorities

As set out at 4.4 of this Agreement, The Public Health Agency is accountable to the Department of Health, through its Sponsor Branch, for governance and financial management within the organisation. It is operationally independent from other HSC bodies. This means that:

- The Public Health Agency has a high degree of autonomy in relation to its operational activities and how it operationally fulfils its statutory functions. In the context of the status of the Public Health Agency as an arms-length body of the

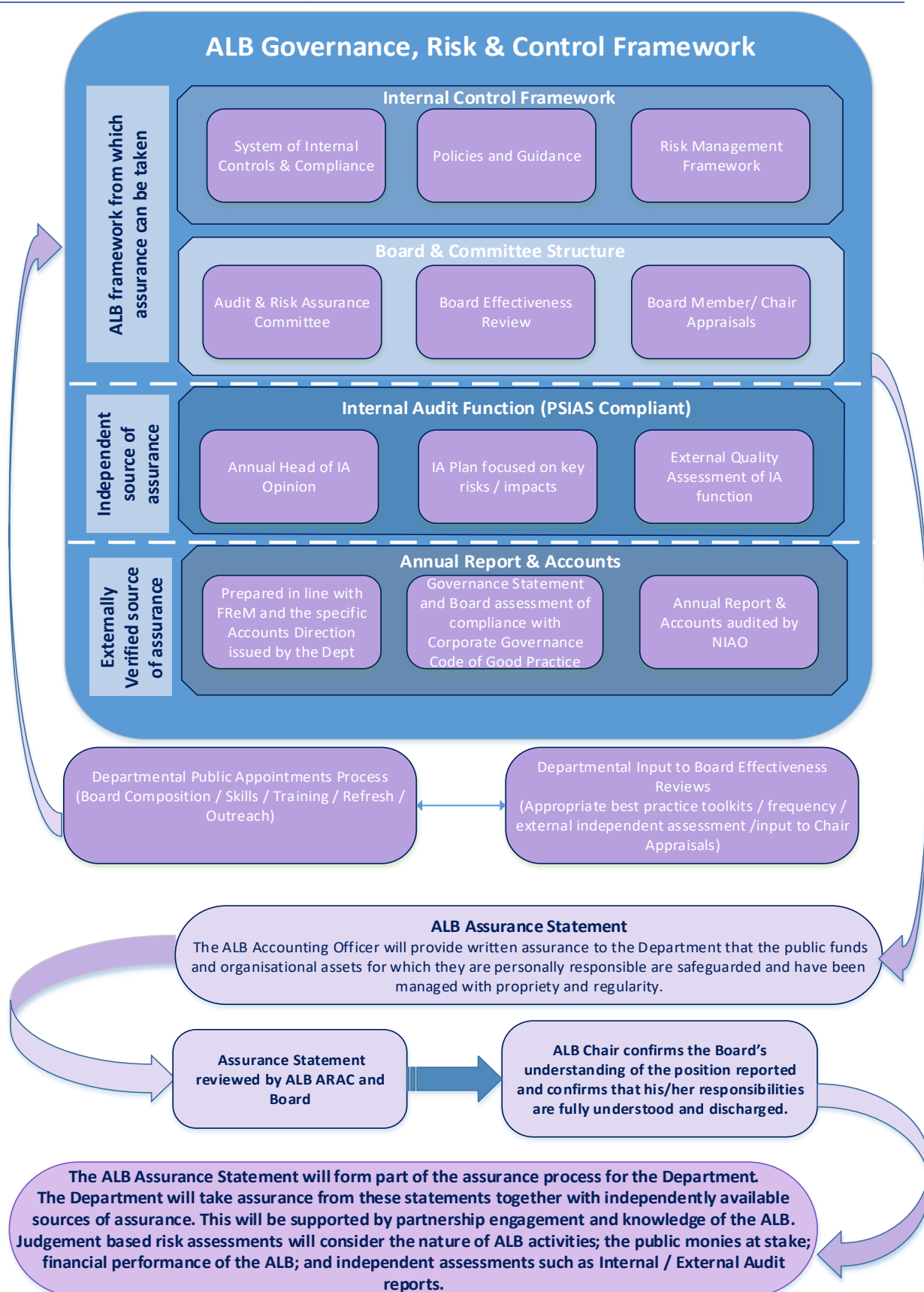
Department of Health, this is demonstrated by a maximum degree of distance, or 'long arm', related to the operations of the organisation.

- The Accounting Officer of the DOH has established an internal framework of delegated authority for the Department and the Public Health Agency, found online at:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-09-2024.pdf>.

These delegations shall not be altered without the prior agreement of the department and, where applicable, DoF.

Annex 4 – Illustrative System of Assurance



Annex 5 – Concerns/Complaints in respect of Board members

In line with the NI Code of Good Practice and the arrangements in this Partnership Agreement the approach to concerns/complaints raised in respect of the Public Health Agency Board members should be transparent and collaborative. The principle of early and open engagement is important, with the Department made aware of any concerns/complaints as soon as practicable.

While Board Members are Public Appointees/office holders rather than Public Health Agency employees a Public Health Agency employee may utilise the Public Health Agency's grievance procedure/other HR procedure to raise a complaint against a Board member. The Public Health Agency employee raising the grievance should expect this to be handled in line with the Public Health Agency's HR procedures.

Concerns/complaints might also be raised through:

- Raising Concerns/Whistleblowing arrangements;
- Complaints processes;
- Directly with the Public Health Agency or the Department.

Where a concern/complaint is received within the Public Health Agency in respect of an individual Board Member this should be provided to the Public Health Agency Chair who should notify the Department at the outset in order that lead responsibility for handling the complaint/concern is clear in advance.

Where a concern/complaint relates to the Public Health Agency Chair, the Public Health Agency should notify the Department at the outset for the Department to determine the approach to handling the complaint/concern.

Differences of view in relation to matters which fall within the Board's responsibilities are a matter for the Board to resolve through consensus-based decision making in the best interests of the Public Health Agency.

Exceptionally a concern/complaint may be raised by a Board Member about a fellow Board Member or a senior member of Public Health Agency staff. The Public Health Agency Chair should notify the Department at the outset to ensure that arrangements for handling the concern/complaint are clear. The Department may determine that it should make arrangements to deal with the concern/complaint. This will be agreed at the outset.

Arrangements for concerns/complaints in respect of Board members should be reflected in all relevant procedures, including Standing Orders and Board Operating Frameworks.

Annex 6 - Applicable Guidance

The following guidance is applicable to the Public Health Agency

Guidance issued by the Department of Finance

- Managing Public Money NI
- Public Bodies – A Guide for NI Departments
- Corporate Governance in central government departments – code of good practice
- DoF Risk Management Framework
- HMT Orange Book (Management of Risks)
- The Audit and Risk Assurance Committee Handbook
- Public Sector Internal Audit Standards
- Accounting Officer Handbook – HMT Regularity, Propriety and Value for Money
- Better Business Cases and the Approval Process: <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-10-2024.pdf>
- Dear Accounting Officer Letters
- Dear Finance Director Letters
- Dear Consolidation Officer and Dear Consolidation Manager Letters
- The Consolidation Officer Letter of Appointment
- Government Financial Reporting Manual (FReM)
- Guidance for preparation and publication of annual report and accounts
- Procurement Guidance

Other Guidance and Best Practice

- Specific guidance issued by the Department
- EU Delegations
- Recommendations made by the NI Audit Office/NI Assembly Public Accounts Committee
- NIAO Good Practice Guides
- Guidance issued by the Executive's Asset Management Unit
- NI Public Services Ombudsman guidance

Annex 7 – Role of the Minister

Role of the Minister

The Chair of the Public Health Agency is responsible to the Minister. Communication between the Board and the Minister should normally be through the Chair.

The departmental Accounting Officer is responsible for advising the relevant Minister on a number of issues including the Public Health Agency objectives and targets, budgets and performance.

In addition to being answerable to the Assembly as laid out in paragraph 2.4, the Minister is also responsible for:

- Setting the strategic direction and overall policies and priorities for the ALB as reflected in the PfG;
- Approving the ALB's Business Plan;
- Setting the ALB's budget; and
- Appointment of non-executive board members. The Minister may also be involved in considering the size and composition of the Public Health Agency Board – see para 15.3.

Annex 8 – Partnerships between Departments and Arm's Length Bodies: NI Code of Good Practice

NI Code of Good Practice

Partnerships between Departments and Arm's Length Bodies: NI Code of Good Practice – online at:

<https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/NI%20Code%20of%20Good%20Practice%20v3%20%28300323%29.pdf>

Annex 9 – Memorandum of Understanding between DOH, PHA and SBNI

January 2025: Memorandum of Understanding under review. Updated MOU to be appended to Partnership Agreement once agreed.

August 2026 – Final MOU appended.



FINAL MOU between
the Department, the P

Annex 10 – Process for Communication of Departmental Directions to ALBs

From the Director of Corporate Management
La'Verne Montgomery



To: DoH EBMs

Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

Tel: 02890520501
Email: laverne.montgomery@health-ni.gov.uk

Date: 10 August 2021

Dear Colleagues

PROCESS FOR COMMUNICATION OF DEPARTMENTAL DIRECTIONS TO ALBs

To address the recommendation in the report into resignations of the RQIA Board (Action Plan ref 74.16), I wish to advise EBMs that when the Department is exercising the right under legislation to issue a direction to an ALB, the following process should be applied.

Ministerial/Departmental directions should be issued to the Board Chair and copied to the ALB Chief Executive. This is required to ensure that any instruction issued is to the Corporate Body and not only to the Executive team.

It should be noted that this process is distinct from formal Ministerial Directions as detailed in section 3.4 of Managing Public Money Northern Ireland (MPMNI). Departmental and DOF guidance on these can be found in FMD 12-2021 and DAO (DOF) 02/21.

If you have any queries, please contact Governance Unit in the first instance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'La'Verne Montgomery'.

La'Verne Montgomery

Working for a Healthier People

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE DEPARTMENT OF HEALTH,

THE PUBLIC HEALTH AGENCY

AND

THE SAFEGUARDING BOARD FOR NORTHERN IRELAND

August 2026

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INTRODUCTION

1. The Safeguarding Board for Northern Ireland is a partnership of 21 member bodies whose common purpose is to help safeguard and promote the welfare of children and young people in Northern Ireland and protect them as far as possible from all forms of neglect and abuse. The partnership is chaired by a person independent of the member agencies and receives corporate support from the Regional Agency for Public Health and Social Well-being (PHA) to facilitate the operation of the partnership.
2. This Memorandum of Understanding (MoU) is a tri-lateral agreement between the Department of Health (the Department), the PHA and the Safeguarding Board for Northern Ireland (SBNI). This MoU replaces the MoU dated January 2021 between the Department, the PHA and the SBNI.

PURPOSE OF THIS MOU

3. This MoU specifies the roles, responsibilities and obligations of the Department and the PHA in relation to the SBNI. It also sets out how the SBNI will relate to the PHA and the Department in accountability terms. A full description of the statutory objective, functions and duties of the SBNI is set out in separate guidance¹ to the SBNI. They are summarised below.
4. As the corporate host, the PHA will either provide or secure the necessary corporate services including, accommodation, financial management, IT, HR and legal services, necessary to meet the staffing, accommodation and running of the SBNI. The PHA will also employ the staff supporting the SBNI (the SBNI Central Support Team). This will enable the SBNI to effectively function within the resources made available to it by the Department.
5. The majority of the 'corporate' services will be provided to the SBNI on the same basis as they are available to all PHA staff and in accordance with the PHA's

¹ SBNI Guidance is currently under review.

Service Level Agreement (SLA) with the Business Service Organisation (BSO). However, where the SBNI requires services above and beyond those provided by the PHA's SLA with the BSO, the additional costs will be met by the SBNI from its budget. In particular, the SBNI will cover the costs associated with Equality Unit support², and its accommodation (including equipment, telephone rental and calls and other office running costs). The Chair of the SBNI and the SBNI Central Support Team will comply with PHA corporate policies and procedures in line with the compliance expected of any member of PHA staff.

6. This MoU does not affect existing statutory functions nor amend any other policies or agreements relating to the activities of the PHA or the SBNI. It is not a legally binding document; it is not a contract between partners, nor is it intended to cover every aspect of the relationship between the three parties. Each signatory agrees to work together within the framework outlined in this MoU.

The SBNI

7. The SBNI was established under the Safeguarding Board Act (NI) 2011 (SBNI Act)³ as an unincorporated statutory partnership. It is sponsored by the Department of Health. The SBNI is a multi-disciplinary interagency partnership, chaired independently from its members, and its statutory objective is to coordinate and ensure the effectiveness of what is done by each person or body represented on the SBNI (its members) for the purposes of safeguarding and promoting the welfare of children and young people in Northern Ireland. The statutory functions of the SBNI are:
 - i. to develop policies and procedures for safeguarding and promoting the welfare of children in Northern Ireland;
 - ii. to promote an awareness of the need to safeguard and promote the welfare of children;

² The SBNI is a designated Public Authority, as such it is subject to the statutory duties in s75(1) and (2) and consequently has to have an equality scheme approved by the Equality Commission.

³ The SBNI Act is available at: <http://www.legislation.gov.uk/nia/2011/7/contents>

- iii. to keep under review the effectiveness of what is done by members to safeguard and promote the welfare of children
- iv. to undertake case management reviews in such circumstances as may be prescribed;
- v. to review such information as may be prescribed in relation to deaths of children in NI⁴;
- vi. to advise the Department in relation to safeguarding and promoting the welfare of children:
 - i. as soon as reasonably practicable after receipt of a request for advice; and
 - ii. on such other occasions as the SBNI thinks appropriate.
- vii. to promote communication between the SBNI and children and young people; and
- viii. to make arrangements for consultation and discussion in relation to safeguarding and promoting the welfare of children.

The PHA

8. The PHA was established under section 12(1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and is an Arm's Length Body (ALB) of the Department of Health. It delivers a range of health functions including:
 - i. health and social wellbeing improvement;
 - ii. health protection;
 - iii. public health support to commissioning and policy development; and
 - iv. HSC research and development.

In addition, PHA is a member of the SBNI under section 1(3) of the SBNI Act.

PHA Corporate Host Functions

9. The PHA will act as corporate host to the SBNI in accordance with Section 13 and 14 of The Safeguarding Board for Northern Ireland (Membership, Procedure,

⁴ This statutory duty has not yet commenced.

Functions and Committee) Regulations (Northern Ireland) 2012. This will require the PHA to provide corporate services relating to: the employment and appointment of staff to the SBNI; the provision of office and other accommodation to SBNI staff; and the upkeep of accommodation by way of maintenance, cleaning and other relevant accommodation services. This, in turn will require SBNI staff and the SBNI Chair to be able to access to a range of corporate services, including: HR, training, finance, IT, legal, equality proofing and advice and support in connection with complaints handling and information management.

10. The staff it employs to support the SBNI (The SBNI Central Support Team) will have access to the full range of corporate services available to any employee of the PHA. Some of these services will be provided by the Business Services Organisation under Service Level Agreement with the PHA. The performance of SBNI Central Support Team will be managed in accordance with the performance management arrangements of the PHA.
11. The Chair of the SBNI has line management for the SBNI Director of Operations. The SBNI Director of Operations remains an employee of the PHA and is covered by PHA HR policies and procedures.
12. The CEO of the PHA will nominate a PHA official to oversee relevant support arrangements for SBNI activity and to ensure compliance with statutory corporate responsibilities as a 'hosted' activity in PHA corporate frameworks & financial accounts.
13. The nominated PHA official will also act as the link between the Director of Operations and PHA Corporate Services. This will require the individual to keep corporate hosting arrangements under review and to work with the SBNI Director of Operations to address any issues arising relating to corporate hosting. Any issues that cannot be resolved between the Director of Operations and the nominated PHA official should be brought to the attention of the SBNI Chair and the Chief Executive of the PHA. If necessary, they may bring any unresolved

issues to the attention of the Director of Family and Children's Policy in the Department.

14. The PHA is a member agency of the SBNI and, in that role, must fulfil the duties ascribed to all member agencies, including the specific duty to cooperate under section 10 of the SBNI Act. The PHA must also play its role in the exercise of the SBNI's statutory functions and the delivery of its statutory objective. However, the PHA is not accountable for the overall performance of the SBNI in terms of its statutory objective, functions and duties. The Chair of the SBNI will account to the Department, through the Director of Family and Children's Policy, for the discharge of the SBNI's statutory objective, duties and functions.
15. While the financial allocation to support the operation of the SBNI is made to the PHA by the Department of Health, decisions relating to the use of the allocation in support of strategic and annual business plan objectives are a matter for the SBNI under the guidance and leadership of the Chair of the SBNI. However, the PHA will ensure that all expenditure mandated by the SBNI fully complies with financial legislation, policy and procedures. In addition, if the PHA is of the view that additional resources are required to effectively provide corporate services to the SBNI, this should be brought to the attention of the Department through the PHA sponsor branch.

The Department

16. On behalf of the Northern Ireland Executive, the Department sponsors and will provide funding to support the operation of the SBNI on an annual basis. Funding allocations will be made through the PHA. Expectations in connection with the funding allocation to the SBNI through the PHA are set out below (see Financial Management). On behalf of the Executive, the Department will continue to set the policy and legislative frameworks within which the SBNI operates and provide guidance as necessary. It will hold the SBNI to account for the exercise of its statutory objective, functions and duties through the Chair of the SBNI. It will hold the PHA to account for its corporate hosting role through the PHA Chief Executive. See Assurance and Accountability Arrangements below.

ASSURANCE AND ACCOUNTABILITY ARRANGEMENTS

PHA Corporate Host Responsibilities

17. The relationship between the PHA and the Department, and the framework within which the PHA operates as an ALB of the Department is specified in a Partnership Agreement between these bodies.
18. As an unincorporated statutory partnership, the SBNI will not have a separate Partnership Agreement. A copy of this MoU will be appended to the Partnership Agreement of the PHA.
19. The Chair of the SBNI and the PHA nominated official may be asked by the Department to attend a relevant section of the PHA/Department Accounting Officer-led assurance and accountability meetings if there are particular SBNI corporate host issues which require discussion. The CEO of the PHA will be advised in advance of the attendance of the Chair of the SBNI.
20. If requested, the SBNI Chair and/or the PHA nominated official will attend meetings of the PHA Governance and Audit Committee in relation to matters of relevance to the Committee arising from corporate hosting responsibilities/functions. The CEO of the PHA will be advised in advance of the attendance of the Chair of the SBNI.

SBNI Statutory Objective, Functions and Duties

21. The SBNI, through the Chair, will account directly to the Department for the exercise of its statutory objective, functions and duties. In accordance with guidance issued by the Department, the SBNI will develop a Strategic Plan and Annual Business Plans and in accordance with section 6 of the Safeguarding Board Act (Northern Ireland) 2011 will produce an annual report. See Performance against Objectives below.

22. Every four years, the SBNI, through the Chair, will submit to the Department a draft strategic plan setting out the strategic priorities for the next four years. It will set out how the SBNI will deliver on its statutory objective, functions and statutory duties. The plan will be subject to Departmental approval and will be supported by annual Business Plans.
23. In March each year, the SBNI, through the Chair, will provide the Department with a draft Business Plan for the year ahead (April to March). It will include key actions, supported by measures of success/expected outcomes, to be undertaken in the year ahead and will include financial information.
24. By October each year, the SBNI, through the Chair, will provide the Department with a draft annual report for the previous year.
25. As corporate host for the SBNI, the PHA does not have lead responsibility for the development of the SBNI Strategic and Business Plans, their review or approval. However as a statutory member of the SBNI, the PHA will be expected to contribute fully to the development of the SBNI's Strategic and Business Plans in line with the contributions expected of any SBNI member body. This could commit the PHA (as a member body of the SBNI) to priorities or actions specified in plans, either acting alone or in partnership with other SBNI member bodies. The Chair of the SBNI will formally meet with the Department's Director of Family and Children's Policy twice each year (May and October). The PHA nominated official may be asked to attend if there are particular SBNI corporate host issues which require discussion/resolution. The attendance by others at the meeting will be agreed by the Chair of the SBNI and the Director of Family and Children's Policy. These meetings will be minuted by the Department.

Performance Against Objectives

26. As indicated in paragraph 21, the SBNI is required to submit to the Department a draft 4-year Strategic Plan. The plan will reflect the SBNI priorities, strategic aims and objectives. It will set out how the SBNI will deliver on its statutory objective,

statutory functions and statutory duties. The plan will be subject to Departmental approval and will be supported by an annual Business Plan.

Declaration of Assurance to the PHA

27. In line with the corporate hosting arrangements, twice yearly, the Chair of the SBNI must provide a declaration of assurance to the PHA, confirming (or otherwise) that:

- The SBNI Central Support Team has adhered to all relevant PHA policies and procedures;
- The resources allocated to the SBNI by the Department have been deployed in full to further the statutory objective, functions, duties and strategic priorities of the SBNI identified in its Strategic Plan and annual business Plans;
- Any unused resources have been flagged to the PHA within a reasonable timescale.

28. The SBNI's declaration of assurance will inform the PHA's mid-year and year-end Assurance Statement and Governance Statement to the Department. In circumstances where the Chair cannot provide an assurance to the PHA in connection with any of the above, an explanation must be provided in the declaration.

FINANCIAL MANAGEMENT

29. As an unincorporated statutory partnership, the SBNI is unable to hold its own funds. It receives funds from the Department through the PHA and may receive funding from other sources. Any financial allocation from sources other than the Department must be declared to the PHA and must be held by the PHA.

30. The PHA will receive an annual financial allocation from the Department to enable the SBNI to meet its statutory objective, functions and duties. This funding will provide for both running costs including the staff, accommodation and services

provided by the PHA and the programme of activity agreed by the SBNI and included in its fully costed annual Business Plan.

31. Prior to the approval of the SBNI Business Plans, the Department may consult with the Chief Executive of the PHA in his/her role as Accounting Officer to establish whether there are any known financial issues that may impact on either the content or delivery of the SBNI plans. Where plans are subject to change after approval, the Department may further consult the Chief Executive of the PHA if this is deemed necessary.
32. The PHA will not use funds allocated for the SBNI for any other purpose. Any request for additional resources in respect of the SBNI must be referred to the Department. The PHA Accounting Officer will be advised of all requests and approvals of additional resources and expenditure, as he/she will be held accountable for this expenditure.
33. Details of all SBNI's financial allocations and expenditure will be included within the PHA Annual Accounts and subject to financial policy, governance and audit arrangements within the PHA. The PHA must be satisfied that the level of detail fully accounts for all SBNI financial allocations.
34. The Chair of the SBNI and the SBNI Central Support Team will comply with PHA Standing Financial Instructions (SFI) and all other financial policies and procedures of the PHA.
35. The SBNI and PHA will comply with Finance Director letters (FDs) issued by the Department of Finance and Managing Public Money (MPNI).
36. The Director of Operations will provide assurance to the Chief Executive Officer on an annual basis that responsibilities of the Accounting officer are carried out by the SBNI.

PROCUREMENT

37. Goods and Services will be procured by the SBNI Central Support Team in line with the normal HSC policies and procedures, as specified in PHA Standing Orders and Standing Financial Instructions , or through BSO PALS where this is required.
38. The SBNI will work with PHA in respect of any social care procurements it is undertaking and these will be included on the PHA Social Care Procurement Plan. They will be taken forward by the SBNI Central Support Team with access to the full range of guidance and advice from BSO PALS Social Care Procurement Unit (over threshold) and PHA staff (under threshold).

GOVERNANCE

Risk Registers

39. The SBNI must maintain its own internal Risk Register. It must inform the Department of risks identified in relation to the exercise of its statutory objective, functions and duties or the delivery of its Strategic Plan and/or Business Plan. It must inform the PHA of risks identified that relate to corporate hosting arrangements. The PHA must determine if any such risks should be included in its Risk Register and/or identified to the Department.

Business Continuity Plan

40. The Director of Operations will ensure the SBNI have and operate adequate business continuity arrangements independent to those of PHA. If required, the SBNI will liaise with the PHA in connection with Business Continuity Planning arrangements to ensure the continued functioning of the SBNI and/or PHA in the event of disruption to normal business.

Internal Audit

41. The SBNI will be included within the PHA annual Internal Audit work plan in respect of those areas relating to the PHA corporate host functions. The SBNI will provide Management Responses to relevant draft audit findings or recommendations and the SBNI Director of Operations will designate a senior member of the SBNI Central Support Team to undertake this function. Responses must be provided to Internal Audit within required timescales to enable it to finalise the report for submission to the PHA Governance and Audit Committee, in compliance with the standard Internal Audit reporting procedures of the HSC. Where it considers it necessary, the Department will establish separate audit arrangements for those areas for which the SBNI provides assurance directly to the Department.

Information Management

42. The remit of the PHA Data Protection Officer (DPO), Personal Data Guardian (PDG) and Senior Information Risk Owner (SIRO) encompasses the SBNI in respect of records generated by or held by the SBNI Central Support Team in pursuance of SBNI business. The SBNI Director of Operations will designate a senior member of the SBNI Central Support Team as Information Asset Owner (IAO) who will be responsible for ensuring that information is managed appropriately and for providing assurances to the SBNI via the Chair and the PHA. The IAO will participate in the PHA's Information Governance Steering Group.
43. The SBNI Central Support Team will comply with all the PHA Information Governance policies and procedures. PHA will provide advice and guidance relating to those policies and procedures.
44. Freedom of Information (FOI) requests relating to the work of the SBNI will be dealt with in accordance with PHA FOI policies and procedures. On receipt of a relevant FOI request by the PHA Information Governance Team, it will be forwarded to the SBNI IAO, who will identify the relevant SBNI information

handler. The response will be issued through the PHA, based on the SBNI information provided, PHA Information Governance advice and approval of the SBNI IAO.

Complaints Handling

45. Complaints relating to the work of the SBNI, will be dealt with through the normal PHA complaints procedure. SBNI staff will provide the necessary information and input to respond to the complaint. The PHA, and where appropriate, the Department (through the SBNI sponsor branch), will provide advice and guidance.
46. The Chair of the SBNI will inform the Permanent Secretary of the Department of any complaints about the SBNI accepted by the NI Public Services Ombudsman for investigation and about the SBNI's proposed response to any subsequent recommendations from the Ombudsman.
47. The SBNI Director of Operations will inform the PHA nominated official of any matters arising from complaints relating to any member of the SBNI Central Support Team.

Alerts

48. In a timely manner, the Chair of the SBNI must alert:
 - the Department of any matter which he/she considers would adversely impact the delivery of the SBNI's statutory objective, functions, duties or reputation or the reputation of the Department;
 - the PHA of any matter which would adversely impact the functions or reputation of the PHA.
49. In a timely manner, the PHA must alert:
 - the Chair of the SBNI and the Department of any matter which it considers would adversely impact the reputation of the SBNI.

- the Department of any matter arising from its SBNI corporate host responsibilities/functions, which would adversely impact the delivery of PHA functions or reputation or the reputation of the Department.

LEGAL SERVICES

50. The Departmental Solicitor's Office will provide legal services for matters relating to the SBNI's statutory objective, functions and duties. The PHA will secure legal services from the BSO Directorate of Legal Services for those matters relevant to the PHA's corporate hosting responsibilities/functions.

ACCOMMODATION AND EQUIPMENT

51. The PHA will provide agreed office accommodation, and standard office equipment for specific use by the SBNI Central Support Team and Chair of the SBNI. The costs of accommodation (including equipment, telephone rental and calls, and other office running costs) will be covered by the SBNI management and administration budget. The SBNI may secure alternative accommodation. Any proposed move to alternative accommodation will be subject to established approval mechanisms as set out by DoH Assets and Estate Management Branch.

HUMAN RESOURCES

52. With the exception of the Chair of the SBNI, and Lay Members, who are publicly appointed by the Department, the SBNI Central Support Team staff are employees of the PHA assigned specifically to support the SBNI. The creation of new posts within the SBNI Central Support Team will require the prior approval of the Department. The SBNI Central Support Team staff should not be utilised elsewhere in the PHA without formal agreement with the Department. The PHA has no responsibility for the 'recruitment' of any other member of the SBNI. Independent Safeguarding Panel Chairs and the CMR Panel Chair will be appointed by the SBNI in a process agreed and overseen by the Department. Appointment of Independent Safeguarding Panel Chairs and the CMR Panel Chair will be taken forward by the SBNI in conjunction with the Department.

53. Membership of the SBNI is determined by legislation and is the responsibility of the Department.
54. The work of the SBNI team including the SBNI Director of Operations will be directed by the Chair of the SBNI.
55. In respect of the Director of Operations, the SBNI Chair will have responsibility for the approval of annual leave and for the management of any sickness and absence reporting and a point of escalation for any people processes within the PHA. The SBNI Chair will have access to the full range of HR services provided by BSO and where appropriate will be supported by the PHA Nominated Official.
56. If the Director of Operations has concerns which relate to the actions or instructions of the Chair of the SBNI, they will raise these with the PHA nominated official in the first instance who will liaise with Human Resources and the PHA Chief Executive to agree a way forward. Such matters should also be escalated to the Department.
57. The Chair of the SBNI will support and participate in the recruitment process for staff to the SBNI team in PHA using the current governance, policies and permissions processes existing within PHA and the wider HSC.
58. The PHA will continue to engage and consult with trade unions as necessary regarding any emerging changes to the SBNI function or structures.

Management of SBNI Central Support Team Staff

59. The relationship between the PHA and the SBNI will be one of partnership and collaboration, ensuring appropriate working relationships and support for the SBNI Central Support Team staff.
60. The SBNI Central Support Team staff, as employees of the PHA, will be subject to the same policies and procedures as other PHA staff, including in connection

with leave and attendance, complaints, grievances, discipline and whistle blowing.

61. A line management structure must exist within the SBNI Central Support Team. The SBNI Director of Operations must ensure that the structure is sufficiently robust and bring any concerns about the structure to the attention of the Chair of the SBNI. Any unresolved concerns must be brought to the attention of the Department. The arrangements for approving staff leave requests as they relate to the SBNI Director of Operations must be agreed by the Chair of the SBNI. All other leave requests will be handled in accordance with SBNI Central Support Team line management arrangements.
62. The SBNI Chair and/or Director of Operations will advise the PHA nominated official of any issues emerging in relation to SBNI Central Support Team staff and their adherence to PHA policies and procedures. Individual incidents/breaches of these policies and procedures will be managed in keeping with established HSC practice, PHA guidance and escalation arrangements.

Performance Appraisal

63. Annual appraisal of SBNI Central Support Team staff will be conducted against SBNI business and individual staff objectives and in line with the HSC Performance Appraisal processes operated by the PHA. Responsibility for the annual appraisal of the SBNI Director of Operations will be conducted by the Chair of the SBNI in line with the PHA appraisal process. Line Managers of other Central Support Team staff will be responsible for performance appraisal/management.
64. Appraisal of the performance of the SBNI Chair and Lay Members will be conducted in line with established Public Appointment arrangements, except where an alternative arrangement has been agreed in advance.

Staff Training and Development

65. The PHA will continue to be responsible for induction training, mandatory training, supporting individuals in meeting any professional registration requirements, and securing provision of training and development of SBNI staff employed by PHA in line with performance management agreements.

Recruitment of Staff

66. Through the BSO Recruitment Shared Service Centre (RSSC), the PHA will secure the timely recruitment of staff to SBNI Central Support Team posts approved by the Department.

PRESENTATIONAL ISSUES

Communication and Liaison Arrangements

67. The PHA and the SBNI (through the SBNI Chair) will keep each other promptly and regularly informed about any work being undertaken or issues arising which may impact on the other, or in which the other has an interest. Both parties must keep the Department informed about any matter which is likely to be of interest to the Department or the Minister.

Media Handling and Support

68. It is anticipated that day to day media handling and planned communications outputs will be managed and delivered directly by the SBNI Central Support Team under the guidance of the Director of Operations within SBNI. When the SBNI requires additional support the SBNI Director of Operations will consult the PHA to determine whether the PHA Communications Team can provide support and to agree the cost of that support where appropriate, alternatively the SBNI may require to procure external communications provision
69. If the SBNI plans to conduct a media/social marketing campaign, this should be discussed and agreed with the Department, and PHA where appropriate, including how the cost of conducting the campaign will be met.

Website

70. The SBNI Central Support Team is responsible for the ongoing maintenance of the SBNI website. The cost of maintaining and developing the SBNI website will be met from the SBNI's financial allocation.

OTHER MATTERS

Indemnity

71. The SBNI Chair and Lay Members will be indemnified by the Department while engaged in SBNI business, provided they have acted honestly and in good faith, and have not acted recklessly. This means that the Department will indemnify the Chair of the SBNI and publicly appointed Lay Members in relation to any legal costs and damages which may be awarded against them in connection with the conduct of SBNI business. Indemnification by the Department does NOT extend to other members of the SBNI.

72. The Department will indemnify and hold harmless the PHA employees or agents in relation to any legal costs and damages incurred while they are engaged in SBNI business and as a result of acting under instructions of the Chair of the SBNI, provided the PHA and its employees or agents have acted honestly and in good faith, and in accordance with PHA policies and procedures.

Conflicts of Interest

73. If any conflicts of interest should arise for the PHA in connection with its SBNI corporate hosting responsibilities/functions, the matter should be referred to the Director of Family and Children's Policy in the Department by the Chief Executive of the PHA for resolution. Any conflicts of interest or perceived conflicts of interest, which arise for the SBNI, must be notified to the Director of Family and Children's Policy in the Department by the Chair of the SBNI immediately.

AGREEMENT AND REVIEW OF THE MEMORANDUM OF UNDERSTANDING

74. This MOU will be reviewed every three years. It will also be amended, if necessary, following any relevant changes to the policies, procedures and structures of the parties concerned. Any issues arising at any stage from the operation of the MoU, must be brought to the Department's attention by the SBNI or the PHA, as soon as practicable.

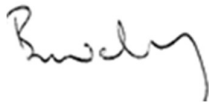
75. Agreement to this Memorandum of Understanding is given by signature of the following:

On behalf of the PHA



Mr Aidan Dawson
Chief Executive

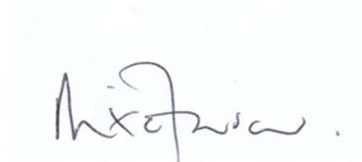
On behalf of the SBNI



02/07/2026

Ms Bernie McNally
SBNI Chair

On behalf of the Department of Health



21/08/2026

Mr Mike Farrar
Permanent Secretary