2011
2012

HSC Public Health Agency

ANNUAL REPORT and ACCOUNTS

for the year ended 31 March 2012

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HSC Public Health Agency

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Board
The Board of the Public Health Agency (PHA) meets frequently throughout the year and members of the public may attend these meetings. The dates, times and locations of these meetings are advertised in advance in the press and on our main corporate website www.publichealth.hscni.net

Using this report
This report highlights the broad range of work carried out by the PHA and shows how this work has contributed to meeting our objectives and fulfilling our statutory functions.

For more detailed information on our work, please visit our corporate website at www.publichealth.hscni.net

The online Portable Document Format (PDF) file of this report also has live web access to relevant websites.

Other formats
Copies of this report may be produced in alternative formats on request. A PDF file of this document is also available to download from our corporate website at www.publichealth.hscni.net

2011 2012

ANNUAL REPORT and ACCOUNTS

for the year ended 31 March 2012

HSC Public Health Agency

Laid before the Northern Ireland Assembly under Schedule 2, paragraph 18 (2) of the Health and Social Care (Reform) Act (Northern Ireland) 2009, by the Department of Health, Social Services and Public Safety

on 29 June 2012

Chair's statement

At the end of our third year of operation, the Public Health Agency can look back with a degree of satisfaction, but not complacency.

Over the past twelve months my colleagues have risen admirably to the many and varied challenges we faced, and progressed new areas of work with assurance. Of considerable concern was an outbreak of Pseudomonas in neonatal units, an incident which serves to highlight the extraordinary and immensely important work of health protection. On the other hand, the positive uptake of the flu jab in response to our seasonal campaign reminds us that there is much greater public awareness and acceptance of vaccines that can prevent illness and ill health.

In new areas of work, the complete roll-out of the bowel screening programme and the launch of remote telemonitoring across Northern Ireland are evidence that even in times of financial constraint, health improvement cannot stand still. Health is everyone's business. Close cooperation between colleagues throughout Health and Social Care (HSC), as well as crucial collaborative work with local government, the community and voluntary sectors, is vital in driving this forward.

We continue to work to reduce health inequalities and to improve the health outcomes for children, older citizens and people from disadvantaged areas and marginalised communities across Northern Ireland.

In particular, we bear in mind the needs of groups including Travellers, people who are homeless, members of the lesbian, gay, bisexual, and transgender community, looked-after children, children with a disability, prisoners and vulnerable older people.

This annual report reflects some of the work undertaken in these areas in the course of the last year.

Whether as individuals, citizens or health professionals, we all must continue to build on this excellent work. We can do this by investing in early interventions and community infrastructure, by changing our environment for the benefit of everyone, by supporting good health, and by tackling issues such as obesity, smoking and alcohol abuse.

We must continue to engage with the public in a manner which will ensure that our core mission of improving the health of the population and reducing health inequalities in Northern Ireland becomes part of their mission as well.

Our greatest asset in taking forward our mission is our staff, and my thanks and congratulations go to the chief executive and our team at the PHA for all their hard work, professionalism and commitment.

On a final note, we lost our two local government non-executive Board members last May as a result of the local government elections, but I am pleased to say that we are now back to full strength with two new local government non-executive members.

I would like to personally thank the current members of our Board, and those who have served on it within the past year, for all their dedication and support. I would also like to thank our colleagues throughout the wider HSC and in the Department of Health, Social Services and Public Safety (DHSSPS) for all their assistance and advice.

I look forward to continuing to work with you all to achieve our common goals.

Mary McMahon
Chair

Chief Executive's statement

The Public Health Agency has a central role to play in protecting and improving the health and wellbeing of the people of Northern Ireland. The potential benefits of success make our work important but also rewarding.

Our team strives daily to improve public health and reduce health inequalities, which is central to our work. Much of this focuses on involving the PHA in the long-term health of the community, tackling those factors that contribute most to preventable ill health and death. However, we are also ready to respond to emerging public health issues quickly and professionally, working with partners both at home and further afield to help protect the wellbeing of the public here.

A prime example of this over the past year was in response to the Pseudomonas outbreak. Our team worked in close partnership with colleagues from across Health and Social Care, the DHSSPS and the Health Protection Agency to respond to the challenges posed, and navigated what was effectively uncharted territory to deal with the issue professionally and with dedication.

The performance of staff in delivering on both our core work and on responding to immediate challenges has been commendable, and I wish to recognise the professionalism and dedication displayed by the entire team at the PHA.

Later in this report the PHA Executive Directors Dr Carolyn Harper (Public Health), Mary Hinds (Nursing and Allied Health Professions) and Ed McClean (Operations), explain the work of their teams throughout the year. This shows the wide range of support provided by our staff, from our work at the heart of the health and social care services, to the work we support in local communities to tackle the detriments of poor health.

A key element of this work has been to develop partnership working.

The vast array of challenges which exist in the field of public health cannot be tackled independently by one single organisation. It is only through collaborative and tailored working with colleagues across the HSC, local government and the community and voluntary sectors that we can together deliver real and meaningful progress.

Issues such as obesity, smoking and alcohol misuse continue to pose significant challenges to the health and wellbeing of people living in Northern Ireland, but we are fully committed to working in a progressive, collaborative way to find innovative and effective methods to address these challenges.

We have made great strides in joint working throughout the year, and we will continue to develop good working relationships right across Northern Ireland.

Much progress has been achieved to date, but there is still much more to do.

I would like to thank the PHA Board of Directors and our staff for their commitment to the vital work of the agency.

Another year lies ahead, and with it a significant amount of important work, but I am confident that the commitment and professionalism shown by the PHA team in the past year will continue to shine and that we will meet the challenges ahead.

Dr Eddie Rooney
Chief Executive

Director's report: Public Health

Dr Carolyn Harper

During the past year the Directorate of Public Health has continued to work extensively across its four key areas:

- protecting public health;
- improving the health and social wellbeing of the population;
- reducing inequalities in health and social wellbeing through targeted, effective action; and
- supporting and fostering research and its application in the HSC.

This year, my report is particularly focusing on activities relating to the health and wellbeing of children and young people.

At a time when Northern Ireland is faced with economic hardship, financial austerity and unemployment, it is perhaps more important than ever to focus on improving the health of the public. A recession poses multiple threats to wellbeing, and tackling these has been central to our activities over the past year as we work to improve the wellbeing of people now and in the future.

Infection prevention and control advice for nurseries and childcare settings

Infections often spread easily in childcare settings as large numbers of children come into close contact. In 2011, the PHA worked with representatives of the Health and Social Care Trusts' (HSCTs) Early Years Teams and local council environmental health departments to produce infection control advice for nurseries and childcare settings.

This provides childcare staff with simple, practical advice on the day-to-day implementation of good infection prevention and control practices, as well as specific actions to take in the event of an outbreak. The guidance highlights simple procedures such as good hand hygiene that can be encouraged in nurseries and childcare settings, helping to embed basic infection prevention principles in children at an early age. The document has been distributed to all childcare facilities registered with the HSCTs.

Childhood immunisations

Northern Ireland has achieved excellent uptake rates for childhood immunisations, with rates well above the UK average. For example, 97.2% of one year olds are immunised against meningitis group C in Northern Ireland, compared to the UK average of 93.8%. As a result of this excellent vaccine uptake, once common childhood infections have become rare or have been totally eliminated.

It is important to keep this vaccine success story going. Areas of low vaccine uptake have been identified and the PHA has shared evidence of good practice with health professionals working in these areas. A 'one stop shop' for new migrants is being established to address the health needs of new migrants, including immunising children, and the benefits of vaccination are being promoted with the Traveller community.

Roots of Empathy

I reported last year on the development of the Roots of Empathy programme in Northern Ireland – a schools-based lesson programme that aims to

improve children's emotional and social wellbeing and to enable positive relationships and success in school and later life. The implementation of the programme has progressed with 67 primary schools delivering the programme in the current academic year. A team from Queen's University Belfast will support research to evaluate the effectiveness of the programme.

Strengthening Families Programme

The Strengthening Families Programme (SFP) is a parenting and family strengthening programme targeted at high-risk families with young teenagers aged between 12 and 16 years of age. Children and their parents participate in the programme, both separately and together. The programme has been shown to reduce problem behaviour, alcohol and drug abuse in children, and to improve social competencies and school performance. Parents also strengthen bonds with their children and learn more effective parenting skills.

The programme has been piloted in three areas of Northern Ireland, with feedback indicating improved communication between parents and children, a reduction in arguments and a more satisfying family life. The programme will be further developed in 2012 to include a formal evaluation of the outcomes to inform future expansion.

Diabetes in children and young people

Good diabetes control in children and young people reduces the risk of short-term complications as well as long-term ill health and premature death. An insulin pump delivers continuous fast acting insulin through a soft thin tube into a needle inserted under the skin. It provides the individual with an option to deliver booster amounts of insulin when required. The use of pumps has been shown to improve diabetes control and quality of life for children and their families. The provision of pumps is being extended and by the end of March 2012, 20% of children with diabetes had been offered a pump.

The CHOICE (carbohydrate and insulin collaborative education) programme is a structured patient education programme for children and their families. It has been developed in Northern Ireland and is being offered to all children and their families over the next 12 to 18 months. The CHOICE programme is coordinated by Cooperation and Working Together (CAWT). The aim of the programme is to support children and their families to manage their diabetes as effectively as possible. An e-learning programme based on CHOICE is also being developed.

Pictured is Co Antrim dad Adam Drozd, father of 10 year old Bart who suffers from Type 1 Diabetes.

Conclusion

The areas outlined above are only some examples of public health activity in the last year; further information can be found in the Director of Public Health Annual Report 2011, which will be available on the PHA website from June 2012.

Finally, I would like to sincerely thank all those involved in supporting our public health work during the last year.

Director's report: Nursing and Allied Health Professions

Mary Hinds

The PHA Nursing and Allied Health Professions Directorate is responsible for:

- professional, service and public health issues relating to nursing, midwifery, health visiting and the allied health professionals (AHPs);
- the Health and Social Care Safety Forum;
- the Centre for Connected Health and Social Care.

The Directorate also provides:

- regional leadership for personal and public involvement;
- regional leadership for issues related to quality, safety and patient/client experience.

Nursing incorporates midwifery, health visiting, health care assistants and other support staff, while allied health professionals represent dietetics, occupational therapy, orthoptics, physiotherapy, podiatry, radiography and speech and language therapy.

While we live in economically straitened times, our work has continued to deliver a service centred on the person and which charts new territory in terms of best practice and innovation with a view to improving the experience of patients and clients.

During 2011/12 nurses within the PHA continued to deliver on a challenging agenda. Some examples of key work include:

Professional and clinical developments

PHA nurse consultants have led on a range of professional and clinical developments, including agreeing regional staff/bed ratios for general and specialist hospital services and the development of regional job plans for specialist nurses. This work was launched by the minister on 28 March 2012.

A comprehensive project was established to determine the information and communication technology (ICT) requirements of community nurses throughout the region. This work is now incorporated into the strategic IT steering group.

Family Nurse Partnership

We were delighted to establish Northern Ireland's first Family Nurse Partnership (FNP) in the Western HSCT, and the programme has been running successfully for the last 12 months. FNP is a nurse-led preventive programme offered to young mothers. It includes an intensive home visiting programme beginning in early pregnancy through to the baby's second birthday.

There are currently 86 mothers enrolled on the Western HSCT programme, and already we are seeing improvements in breastfeeding rates, reduction in smoking during pregnancy and improvements in young mothers returning to education and employment.

The PHA is now in the process of appointing a second FNP site.

Pictured is Emma McCurry, Family Nurse, Western Trust, Eibhlinn McGowan, young mother and son.

Mental health, learning disability and prison health care

PHA nurse consultants in mental health and learning disability continue to provide nursing leadership and professional direction to the Bamford implementation groups. The lead nurse is the chair of a number of Bamford workstreams, including forensic, personality disorder and low secure services.

During 2011/12 the nurse consultants developed and implemented regional guidance on the use of special observations within acute inpatient mental health services and child and adolescent mental health inpatient services. This is the first regional guidance of its kind to be agreed for implementation. In response to the review and monitoring of serious adverse incidents within mental health services, the nurse consultants held a regional, multi-professional and interagency event to examine our response to individuals who may self-harm. The event was very well attended and resulted in a multiagency action plan being developed.

Primary care nursing

PHA primary care nurse advisors completed extensive work which has led to the first ever regional workforce profile of practice nurses and health care assistants in primary care. The nurse advisors have contributed to the PHA priorities in improving health and wellbeing, including obesity, smoking cessation, sexual health, suicide awareness and cancer screening.

Midwifery and statutory supervision of midwives

The first regional midwife consultant was appointed by the PHA in 2011. The midwife consultant is co-chair of the maternal and child health commissioning service team, and provides expert advice and guidance on all commissioning issues.

As the PHA functions as the local supervising authority (LSA) in Northern Ireland, we are required to produce an annual review. The review carried out by the Nursing and Midwifery Council (NMC) confirmed that we now meet 53 out of the 54 specified standards and that the profile of statutory supervision of midwives has improved significantly over the past two years.

Patient safety, quality and patient/ client experience

During 2011/12, the lead nurse for safety, quality and patient experience took forward an extensive work programme for implementing the DHSSPS Patient and Client Experience Standards. Along with the HSCTs, the lead nurse has agreed a detailed action plan and the areas for monitoring of the standards during 2012/13. In addition, supported by colleagues in the Health and Social Care Board (HSCB), the lead nurse provided the first quarterly serious adverse incident learning report. This was approved by the HSCB and PHA.

The Patient Safety Forum has continued to support organisations in implementing evidence-based interventions to improve both quality and safety of care. In 2011/12 the forum led the development and implementation of regional risk assessment for venous thromboembolism (VTE) as well as facilitating regional agreement on quality indicators for emergency medicine which has led to the establishment of an improvement collaborative project with all HSCTs. A second collaborative project was developed and involves work with nursing homes throughout the region.

Local commissioning

The local commissioning nurse consultants have worked closely with all HSCTs to deliver on a range of service development and service improvement initiatives. In the Western HSCT, the lead nurse consultant has engaged in a transformation project leading to modernisation of district nursing services in the area. The project builds on the recently published DHSSPS district nursing strategy. Nurse consultants worked closely with GPs to develop

primary care partnerships that will lead to improved patient experience outcomes. These include developments in dermatology, community nursing, minor surgery, sexual health and mental health.

Allied health professionals

As an integral part of commissioning structures across the region, AHP consultants continue to provide professional advice to the five local commissioning groups and 12 services teams. This work extends to primary care partnerships, service reviews and specific service framework groups.

AHPs jointly lead on local health economy groups (local commissioning groups and HSCT representatives).The purpose of the local health and social care economy is to deliver on the recommendations set out in Transforming your care, the review of Health and Social Care 2011, and to ensure that the population has access to safe, quality and responsive services that are provided within available resources.

AHP consultants continue to lead on regional commissioning priorities, including:

- Review of multidisciplinary children's teams, established under the children and young people's package to achieve regional consistency in function and service model;
- Supporting children with communication needs as early as possible through the review of SureStart models;
- Review of the levels of AHP input into special schools across Northern Ireland. The aim of this work is to enhance the partnership approach between health, education and parents to develop a model of care to best meet the health and development needs of children with special needs, whether in a special school or in a mainstream school;
- Review of eating disorder services.

An AHP forum has been established to provide professional leadership to AHPs working in the PHA, HSCB and Business Services Organisation (BSO). This forum will assist AHPs to fulfil their statutory requirements with the Health Professions Council.

The production of regional safeguarding guidelines for AHPs will lead to a regional model which will ensure all AHP staff (both qualified and support staff) are trained to the appropriate level to support safeguarding of children. This has been done in the context of regional guidance from the Regional Child Protection Committee and the current regional revision of the DHSSPS guidance on cooperating to safeguard children.

Supplementary prescribing

Leading on the development and implementation of a framework for supplementary prescribing for podiatry, physiotherapy and radiography.

Cancer services

AHP consultants have a leadership role through partnership working with the Northern Ireland Cancer Network (NICaN) in the implementation of the cancer rehabilitation standards across the region.

One of our AHP consultants has secured membership on the All-Ireland Institute of Hospice and Palliative Care's policy and practice steering group.

Conclusion

The areas outlined above are only examples of the Nursing and Allied Health Professions Directorate's activity in the last year; further information is available on the PHA website.

I would like to sincerely thank all the team who have worked tirelessly throughout the year and who have faced every challenge with professionalism and compassion.

My thanks to those involved in supporting our work during the last year, the staff of the HSC whether at the bedside or the Board room, the staff of the voluntary and community sector and the patients and clients who guide our work.

The aim of the Directorate is to promote a service centred on the person, the patient and the community, and a service which is high quality and delivered with care, compassion and respect for each individual.

Director's report: Operations

Edmond McClean

The Operations Directorate of the PHA embraces a range of functions including communications, campaign development, health intelligence, governance and planning and business management. The following report illustrates some of the work undertaken during 2011/12.

Communications

Corporate and public affairs

Our health messaging in 2011/12 ranged from health and wellbeing issues such as smoking, alcohol and mental health, to issues involving nursing and allied health professions, screening, commissioning, and research and development programmes. Of particular note during the year were the communications around health protection issues such as the water safety in a Ballymoney housing estate and the high-level joint response to the issue of Pseudomonas in neonatal units.

Following the challenges of the 2010/11 flu season, comprehensive planning was put in place in preparation for the 2011/12 season. Close working with the DHSSPS has led to the PHA hosting the ministerial launches of three major policy documents – physical activity guidelines, the ten year tobacco control strategy and the Fitter Futures obesity prevention framework for Northern Ireland, together with public information campaigns on stroke and bowel cancer screening.

Close working relationships were also developed with the Samaritans in implementing a media monitoring project to support the Northern Ireland suicide prevention strategy. This project played an important role in attempting to minimise the impact of media reporting of suicide by offering advice to concerned community groups and families bereaved by suicide.

Considerable communications support was also provided on the issue of organ donation with the Transplant Games 2011 being held in Belfast.

A programme of public relations opportunities resulted in Dr Eddie Rooney, as chairman of the games, giving over 40 broadcast interviews in the run up to the August event, with the emphasis on getting people to sign the register. For the first time the number of people registered as organ donors crossed the 50,000 mark – a significant achievement for all concerned.

Public information campaigns

The PHA also developed a number of major public information campaigns in 2011/12.

Smoking

Smoking is the largest preventable cause of ill health and premature death in Northern Ireland, claiming between 2,700 and 3,000 deaths per year. The 'Things to do before you die' campaign ran throughout 2011/12 to motivate and encourage smokers to stop smoking. The first phase of the campaign focuses on the reasons to quit and targets committed smokers, while phase two focuses on how to quit and is aimed at smokers who say they would like to quit. The campaign signposts smokers to a range of support resources, including smoking cessation services, a website (www. want2stop.info), a smoker's helpline and the self help Quit Kit. By the end of February 2012 over 15,000 Quit Kits had been requested by people trying to quit smoking.

Pictured at the launch of the DHSSPS Ten Year Tobacco Control Strategy is Edwin Poots, Health Minister and Dr Eddie Rooney, Chief Executive, Public Health Agency.

Stroke

In one of his earliest duties after taking office in June 2011, the Health Minister Edwin Poots MLA helped launch the Northern Ireland FAST campaign. This campaign aims to raise awareness of the signs and symptoms of stroke and what to do if someone is having a stroke. Campaign elements included TV and radio advertising, and information resources which were distributed to HSCTs, GPs, pharmacies and numerous community/voluntary organisations.

Pictured at the launch of the FAST campaign is from L-R: Peter McStea, Northern Ireland Ambulance Service, Edwin Poots, Health Minister, Cilla Taylor, Stroke Patient, Patrick O'Grady, Northern Ireland Ambulance Service, Dr Eddie Rooney, Chief Executive, Public Health Agency.

Physical activity

We updated and re-ran the physical activity campaign, 'It all adds up!' in September 2011. The campaign was first launched in 2009 to promote and encourage uptake of physical activity among primary school children. The 2009 evaluation indicated the campaign had a positive impact on awareness and knowledge regarding the physical activity guidelines for children.

Mental health

As a follow up to its award winning 'Don't cover up your problems' mental health campaign, the PHA developed and launched a new campaign during the year titled 'Under the surface'. This campaign aims to raise awareness of the early warning signs that could indicate there may be a mental health problem and encourage help seeking behaviour. Campaign elements include TV, radio, press and online advertising utilising Google search to promote mental health with a focus on early warning signs and the campaign messages to drive traffic to www.mindingyourhead.info

Seasonal flu

Using insights gained from qualitative research, the PHA launched the seasonal flu public information campaign on 30 September 2011. The campaign message urged those in the at risk groups, including pregnant women at all stages of pregnancy, to get their flu vaccine early and emphasised the seriousness of flu. The research had indicated that not only was there a need to raise awareness of the seriousness of flu for those in the 'at risk' groups, but there was also a need to raise awareness of who is eligible for the free flu vaccine and that the vaccine is only effective for one year.

Bowel cancer screening

In February 2012 we launched a new bowel cancer screening campaign to raise awareness of the bowel cancer screening programme and encourage those eligible for bowel screening to participate in the screening programme when invited. The aim of the screening programme is to decrease mortality from colorectal cancer in the general population by inviting all eligible men and women to complete a faecal occult blood test (FOBT) kit every two years. This is the first HSC cancer screening programme to include men.

Publication development, design and electronic communications

Notable this year was the creation of a distinct visual identity for the introduction of the abdominal aortic aneurism screening programme, a major regional health initiative. This work included the development of four information leaflets and one poster for the public, and an information pack for health professionals.

We produced over 100 other publications during the year, including updated editions of The Pregnancy Book and Birth to Five, leaflets and posters in support of flu vaccination and new information materials for cervical screening.

A strong online presence is a high priority for the PHA, and this year we redeveloped Connect, the

staff intranet. This provides better connectivity for PHA staff across Northern Ireland, ensuring easy access to agency news, policies and information.

Health intelligence

Health intelligence staff have worked to ensure that the PHA's work is both informed by the latest data and evidence and builds evaluation processes into all stages of programme development. Particular emphasis this year has been given to improving knowledge dissemination, collaboration with other organisations and system development. Health intelligence staff have contributed to a range of workshops and presentations on topics as diverse as sexual health and obesity.

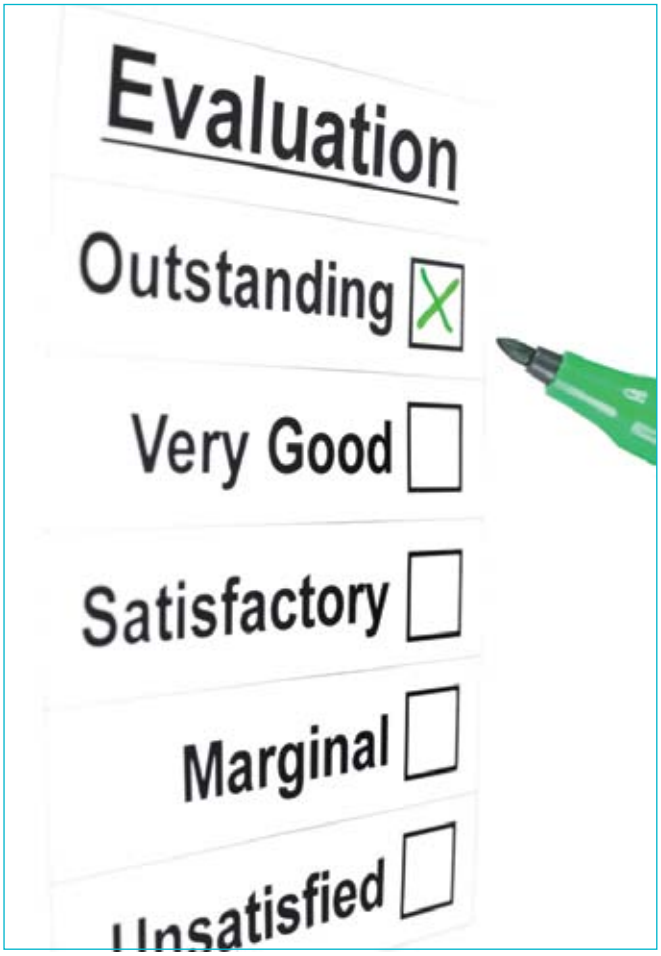
We have provided support to the PHA's expanded programme of public information campaigns. The role of health intelligence in this area includes reviewing the evidence and experience of campaigns elsewhere, developing baselines, preparing briefs for qualitative research, quality assuring materials and commissioning post-campaign evaluations.

During 2011/12 health intelligence briefs have been produced on suicide, alcohol, breastfeeding, minority ethnic issues, and accidents. Specific evaluations have been completed on Maximising Access to Benefits and Lifeline, the suicide prevention helpline.

An enhanced focus has been placed on developing access to new sources of data for public health and capitalising on existing sources. Formal data access agreements have been put in place with various HSCTs and other providers, and this information has been used to target resources on high areas of need. We have started to work with providers and other regional bodies to improve data quality and the PHA is leading on improving information systems around child and maternal health.

We have enhanced our internal capacity for developing data analysis, mapping and access to evidence and completed a series of internal workshops aimed at improving awareness of evidence sources for staff. This has involved working with Northern Ireland Statistics and Research Agency staff to introduce the revised Northern Ireland Neighbourhood Information Service's (NINIS) Investing for Health website.

Collaborative working continues to be at the centre of our activities and is critical to health intelligence. Key relationships have been strengthened through joint working with the Centre of Excellence at QUB, the Institute of Public Health and the DHSSPS.



Performance management systems

Managing and understanding the impact of our expenditure as an organisation is of critical importance. During 2011/12 the PHA has further developed its performance management systems, in particular developing a programme expenditure monitoring system (PEMS), which provides detailed and accurate information on all programme expenditure and allows us to fully understand how funding is being invested to meet corporate priorities.

Work has also commenced to develop a more robust performance management system that will allow the PHA to assess progress over the short to medium term across an agreed set of outcomes and performance indicators.

Training

The PHA has a responsibility to provide training and awareness for all staff in respect of key governance areas. Training provided to staff this year included the following areas:

- fraud, finance and operational;
- health and safety;
- fire safety;
- equality screening.

The PHA also launched an e-learning programme during the year to enable staff to undertake a range of training (including mandatory training) at a time and place that best suits them. The programmes currently available include:

- fraud awareness;
- IT security;
- fire awareness;
- recruitment and selection.

Accommodation

The chief executive, chair and core Operations functions moved from Ormeau Avenue to Linenhall Street, ensuring better operational capability and efficiency through co-location with all PHA Directors and Assistant Directors on the fourth floor, Linenhall Street.

PHA corporate strategy and corporate business plan

During 2011/12 the PHA finalised its corporate strategy for the years 2011–2015, following extensive internal discussions and an engagement exercise with key external stakeholders. The document sets out the strategic direction for the PHA through four core goals and six common themes that underpin all our work and is available at www.publichealth.hscni.net

A corporate business plan was also developed and approved by the PHA Board, setting out how the goals and common themes were to be taken forward during 2011/12.

Business continuity

During 2011/12 the PHA established a project team to take forward an extensive review of the existing PHA business continuity plan to ensure that it met the BS 25999 standard.

Significant preparatory work has been carried out during the year, resulting in the production of a PHA business continuity policy statement, a business impact assessment report and a revised and tested business continuity plan.

Governance

During 2011/12 the PHA reviewed and extensively revised its assurance framework. The framework provides the PHA Board with systematic assurances on the effectiveness of the system of internal control through a concise structure for reporting key information to the Board and its committees. It gives a simple but comprehensive method for effectively managing the principal risks to meeting PHA objectives.

Building on the work in the previous year to develop risk management processes in the PHA, a new risk management strategy and policy was developed and approved by the Governance and Audit Committee and the PHA Board.

Controls assurance standards

During 2011/12 we systematically self-assessed our level of compliance with the applicable controls assurance standards. The DHSSPS raised the level required to achieve substantial compliance from 70% to 75% in 2011/12. The levels of compliance achieved are outlined in the table below:

Standard	DHSSPS Expected Level of Compliance	Level of Compliance 2011-12	Verified by Internal Audit
Buildings, land, plant and non-medical equipment	75% - 99% (Substantive)	79% (Substantive)	-
Decontamination of medical devices	75% - 99% (Substantive)	N/A	-
Emergency Planning	75% - 99% (Substantive)	83% (Substantive)	-
Environmental Cleanliness	75% - 99% (Substantive)	N/A	-
Environment Management	75% - 99% (Substantive)	75% (Substantive)	-
Financial Management (Core Standard)	75% - 99% (Substantive)	86% (Substantive)	BSO IA
Fire Safety	75% - 99% (Substantive)	90% (Substantive)	BSO IA
Fleet and Transport Management	75% - 99% (Substantive)	N/A	-
Food Hygiene	75% - 99% (Substantive)	N/A	-
Governance (Core Standard)	75% - 99% (Substantive)	79% (Substantive)	BSO IA
Health & Safety	75% - 99% (Substantive)	78% (Substantive)	-
Human Resources	75% - 99% (Substantive)	84% (Substantive)	-
Infection Control	75% - 99% (Substantive)	N/A	-
Information Communication Technology	75% - 99% (Substantive)	79% (Substantive)	-
Management of Purchasing and Supply	75% - 99% (Substantive)	81% (Substantive)	-
Medical Devices and Equipment Management	75% - 99% (Substantive)	N/A	-
Medicines Management	75% - 99% (Substantive)	N/A	-
Records Management	75% - 99% (Substantive)	75% (Substantive)	BSO IA
Research Governance	75% - 99% (Substantive)	80% (Substantive)	-
Risk Management (Core Standard)	75% - 99% (Substantive)	78% (Substantive)	BSO IA
Security Management	75% - 99% (Substantive)	83% (Substantive)	BSO IA
Waste Management	75% - 99% (Substantive)	78% (Substantive)	-

Management commentary

The PHA was established in April 2009 as part of the reforms to health and social care in Northern Ireland.

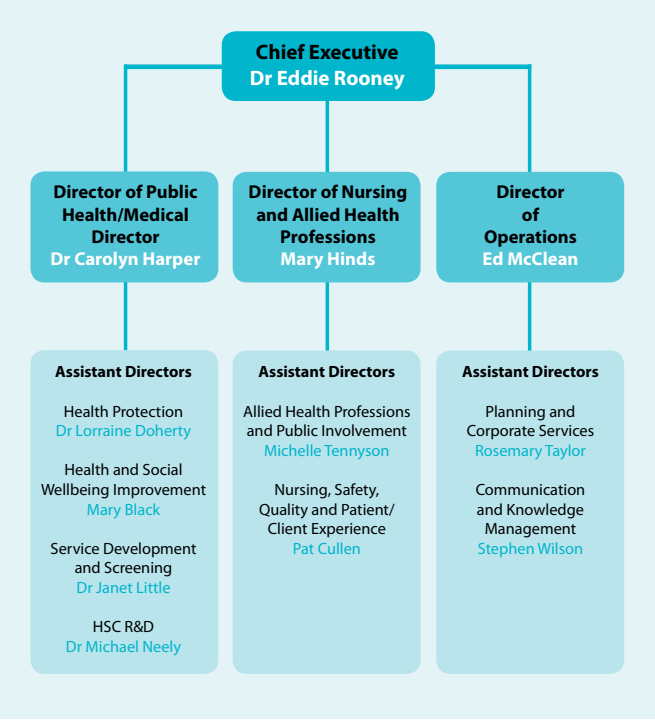
The PHA is an integral part of the HSC system, working with the HSCB, BSO and Patient and Client Council (PCC). It drives the public health and social wellbeing agenda, bringing together a wide range of functions to give a renewed, enhanced and sustained focus on health protection and improving health and wellbeing outcomes.

The primary functions of the PHA are as follows:

- improvement of health and social wellbeing;
- health protection;
- service development.

In the exercise of these functions, the PHA also has a general responsibility for promoting improved partnership between the HSC and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social wellbeing and for anticipating the new opportunities offered by community planning.

The following diagram highlights the organisational structure down to tier three.



Supporting and developing staff

We are committed to the continued professional development of our staff, and to maintaining a supportive and secure workplace.

In pursuit of this goal this year we have continued to review and redevelop a number of working policies and guides. These have now been placed on the new intranet site (Connect), enabling ease of access for all staff.

Research and health intelligence committee

We further refocused our research and health intelligence work, emphasising the effective use of health intelligence and research resources towards evidence-based practice and ensuring the transfer of knowledge identified into effective interventions with measurable outcomes for the population of Northern Ireland.

Personal and public involvement

Personal and public involvement (PPI) is the proactive involvement of service users, carers and the wider public to inform and influence the commissioning, design, delivery and evaluation of HSC services.

It is central to the development of high quality, safe, effective and tailored services. HSC organisations now have a statutory duty to involve and consult service users and carers.

The PHA has the lead role with regards to implementation of PPI and to provide assurances to the DHSSPS on PPI across the HSC system.

In the past year the PHA, through its two PPI officers has:

- developed a joint PPI strategy for the PHA and HSCB;
- trained in excess of 200 HSC staff and students on PPI;
- provided professional PPI guidance and support to a wide range of initiatives across the HSC, including commissioning teams and service frameworks;

- serviced and facilitated the operation of the regional HSC PPI forum and its associated subgroups;
- contributed to the review of PPI guidance and other key policies and strategies such as the quality strategy and the advocacy strategy;
- produced a regional reimbursement policy for service users and carers engaged with the HSC;
- produced a HSC wide PPI annual report;
- run a small grants programme funding some 20 PPI pilot projects across the HSC;
- driven forward innovative work such as the use of the Sensemaker programme through the Neurological Conditions Engagement Exercise and the use of 'Turning Point' technology.

Equality scheme, audit of inequalities and action plan

The PHA submitted its equality scheme in April 2011. The scheme was approved by the Equality Commission in November 2011. Since then, the PHA has published a range of accessible versions of the document, targeted at the public and staff. Moreover, the PHA revised its equality action plan – developed on the back of the audit of inequalities undertaken in the previous year – in light of comments and suggestions received during public consultation.

To strengthen the capacity of PHA staff to undertake meaningful equality and human rights screening, a series of half-day workshops were held. Eighty seven PHA staff attended these. The roll-out of this training to policy leads alongside the development of a screening policy has resulted in a marked increase in the completion of screening exercises. Since October 2011, we have been publishing all screening documentation as soon as it is signed off. The equality unit at BSO produces and publishes quarterly screening reports on behalf of the PHA and its 10 partner organisations. This allows maximising resources and ease of access for consultees.

In addition, a range of initiatives to promote equality and good relations was taken forward through the health and social wellbeing improvement work of the PHA. This includes, for instance, the establishment of a lesbian, gay, bisexual and transgender staff forum for people working in the HSC and securing funding for the new regional 'one stop shop' pilot project for migrants.

The PHA continued to be actively represented on the regional accessible formats steering group. The overall purpose of the group is to support individuals in making informed choices about their health and social care through the provision of accessible information. This relates to written information in the first instance, provided by HSC as well as public safety organisations, and different ways of making its content accessible.

During the year, a stakeholder workshop was convened with the aim of beginning a dialogue with key people working with voluntary sector groups about accessible formats for information materials provided by the HSC.

Discussion focused on four main target groups:

- black and minority ethnic people/those not fluent in English;
- people with a learning disability;
- older people;
- people with a sensory impairment.

Equal opportunities

The PHA has in place an Employment Equality of Opportunity Policy to promote and provide equality between persons of different genders, marital or

family status, religious belief or political opinion, age, disability, race or ethnic origin, nationality or sexual orientation, between persons with a disability and persons without, between persons with dependents and persons without, between men and women generally, and irrespective of staff organisation membership. This policy applies to recruitment, promotion, training, transfer and other benefits and facilities.

Sick absence data

Based on the HSC formula for calculating absence levels, the corporate absence level for the PHA for the period from 1 April 2011 – 31 March 2012 is 1.80%. During the above period there were 251 working days available (excluding bank holidays). The total number of working days available in this period was therefore 67,104.1.

There were 1,206.3 days lost due to sickness absence. This equates to 4.2 days lost per employee. This is 6.4 days less than the national average of 10.6 days per employee for the Health Sector (CIPD Absence Management Survey 2011). It is also 3.8 days less than the average days lost per employee for an organisation of a similar size.

Information governance

During 2011/12 the PHA continued to fulfill our obligations under legislation such as the Freedom of Information Act and the Data Protection Act. In line with DHSSPS requirements a senior information risk owner (SIRO) was identified (the Director of Operations) and eight information asset owners (IAOs), to ensure that information assets are identified and owned and information risk managed effectively. The SIRO, IAOs and the Data Protection Guardian (DPG) all attended specialist training. A PHA information governance steering group was established with the primary function of leading the development and implementation of the information governance framework across the organisation.

New PHA information governance and records management strategies were approved, giving a clear context and direction for information governance within the PHA.

Freedom of Information requests

During the year the PHA received and responded to a number of Freedom of Information (FOI) requests as follows:

FOI requests received from1 April 2011 to 31 March 2012 = 38.

In addition the PHA received and responded to one Subject Access Request during this period.

No major personal data protection incidents occurred during 2011/12.

Assembly questions

The PHA received 58 Assembly Questions for Written Answer and 11 Questions for Oral Answer during 2011/12.

Consultations

In the 2011/12 financial year, the PHA undertook five consultations, on:

- the PHA corporate strategy;
- the personal and public involvement strategy;
- the community development strategy;
- Cope with Confidence – survey of heart failure patient experience;
- Speak out for change.

Emergency preparedness

The PHA has led on the development of joint emergency preparation and response arrangements with the HSCB and BSO. A joint response plan was approved by each of the organisations' senior management teams. The plan was approved by the PHA Board in September 2011.

Environmental issues

The PHA has in place a range of measures to help reduce its adverse impact on the environment. The past year has seen an increase in the availability and use of videoconference and teleconference facilities to reduce the need for travel to meetings.

The PHA also encourages recycling and has in place arrangements to facilitate this.

A cycle-to-work scheme is available to employees to encourage them to travel by bicycle rather than taking a car.

Central to many aspects of the PHA's public messaging is the promotion of active living. In addition to walking, running and cycling helping to improve health and wellbeing, a secondary benefit will be a reduction in the use of vehicles.

Complaints

The Public Health Agency received two complaints in 2011/12. The complaints were resolved.

If you wish to make a formal complaint, please write to:
Mary Hinds
Director of Nursing and Allied Health Professions
Public Health Agency
12–22 Linenhall Street
Belfast
BT2 8BS

Preparation of accounts

The PHA has prepared a set of accounts for the year ended 31 March 2012 in accordance with the relevant legislative requirements.

Summary financial statements are included in the 'Operating and financial review' section of this report.

Statement on Internal Control

The PHA Statement on Internal Control is available on request.

The continuing work of the Public Health Agency

This report has so far focused on our work and achievements during the 2011/12 financial year. No less important are the challenges that will face us in 2012/13.

The PHA recognises the difficult financial context within which the Northern Ireland Executive has had to set the budget for the next number of years and welcomes its commitment to promoting and protecting public health despite other financial challenges.

If anything, the need to promote and protect the health and wellbeing of people is now even more crucial at a time when there are many factors which could have a detrimental effect in this area. Northern Ireland continues to experience some of the greatest levels of health inequality in the UK and Europe, but there is a commitment to invest in the essential work being undertaken by the PHA to help reduce levels of ill health, and therefore levels of inequality, in our population.

The current financial climate is a challenge to everyone, but the PHA is determined to respond to the belief placed in its work by the Executive by meeting the threats posed to people's health and wellbeing head-on, through innovative, targeted and collaborative working. This is important at a time when some areas of public expenditure are likely to have a particular impact on people who are already more vulnerable to poor levels of health and wellbeing.

Public health programmes are highly cost-effective and the commitment by the Executive to support our work will benefit the people of Northern Ireland in the short, medium and long term, not just in health and social care, but also in education, the criminal justice system and the overall economy.

In the coming financial year the PHA will continue in its commitment to the services that are being delivered by partners in the community and voluntary sectors and explore more efficient ways of working as an organisation and with partners where appropriate.

If we are to ensure a healthier future for the people of Northern Ireland, it is essential that there is a demonstrable and material shift to investment in preventive services. This will enable the adoption of models of service that will keep people healthier for longer.

Of paramount importance is the need for continued political and professional leadership so these shifts in service design and investment are embedded at the heart of modernising our health and social care system to meet the challenges of the 21st century.

Remuneration report for the year ended 31 March 2012

Remuneration report for the year ended 31 March 2012

A subcommittee of non-executive Board members exists to advise the full Board on the remuneration and terms and conditions of service for Senior Executives employed by the PHA. The membership of the subcommittee is:

- Ms M McMahon, Chairman of the Board
- Dr J Harbison, Non Executive Board member
- Ms M Karp, Non Executive Board member
- Cllr C Mullaghan, Non Executive Board member (to 9 May 2011)

Whilst the salary structure and the terms and conditions of service for senior executives is determined by the Department of Health Social Services and Public Safety (DHSSPS), the Remuneration Committee has a key role in assessing the performance of Senior Executives and where permitted by DHSSPS agreeing the discretionary level of performance related pay.

The salary, pension entitlement and the value of any taxable benefits in kind paid to both Executive and Non-Executive Directors is set out below.

Early Retirement and Other Compensation Schemes

There were no early retirements or payments of compensation for other departures relating to senior executives during 2011/12.

Salary (Table Audited)

Name	2011-12			2010-11		
	Salary £000s	Bonus / Performance pay £000s	Benefits in Kind (Rounded to nearest £100)	Salary £000s	Bonus / Performance pay £000s	Benefits in Kind (Rounded to nearest £100)
Non-Executive Members						
M McMahon	30-35	0	100	30-35	0	100
J Erskine	5-10	0	200	5-10	0	100
J Harbison	5-10	0	0	5-10	0	0
M Karp	5-10	0	100	5-10	0	100
T Mahaffy	5-10	0	0	5-10	0	0
C Mullaghan (Left 31/05/11)	0-5	0	0	5-10	0	0
S Nicholl (Left 31/05/11)	0-5	0	0	5-10	0	0
R Orr	5-10	0	0	5-10	0	0
P Porter (Appointed 14/11/11)	0-5	0	100	0	0	0
W Ashe (Appointed 13/02/12)	0-5	0	0	0	0	0
Executive Members						
E P Rooney	115-120	0	500	120-125	0	100
C Harper	145-150	0	0	130-135	0	400
E McClean	75-80	0	1,200	80-85	0	300
M Hinds	100-105	0	300	100-105	0	600

Pensions (Table Audited)

Name	Real increase in pension and related lump sum at age 60 £000s	2011-12 Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/11 £000s	CETV at 31/03/12 £000s	Real increase in CETV £000s
E P Rooney	0 – 2.5 pension	5 -10 pension	50	81	31
C Harper	2.5 – 5 pension 10 – 12.5 lump sum	35 – 40 pension 110 – 115 lump sum	491	636	145
E McClean	0 -2.5 pension 0 -2.5 lump sum	15 – 20 pension 55 – 60 lump sum	369	407	38
M Hinds	0 – 2.5 pension 0 – 2.5 lump sum	10 – 15 pension 40 – 45 lump sum	217	254	36

Notes:

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Value (CETV) is the actuarially-assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer their benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of them purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines of the framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV – this reflects the increase in CETV effectively funded by the employer. It takes account of the increase of accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transfer from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Median Salary (Table Audited)

Following the Hutton Fair Pay Review which recommended that, from 2011/12, all public service organisations publish their top to median pay multiples each year the Department of Health Social Services and Public Safety issued Circular HSC (F) 23/2012 setting out a requirement to disclose the relationship between the remuneration of the most highly paid director in the organisation and the median remuneration of the organisation's workforce. Following the application of the guidance contained in circular HSC (F) 23/2012 the following can be reported.

	2011-12 £	2010-11 £
Band of Highest Paid Director's Total Remuneration	147,500	132,500
Median Salary	34,622	35,125
Median Total Remuneration Ratio	4.3	3.8

The median salary ratio has increased by 0.5 due to a change to the remuneration of the most highly paid Director.

Signed

Chief Executive

13 June 2012

Operating and financial review

Report from the Governance and Audit Committee

The Governance and Audit Committee (GAC) assists the PHA Board by providing assurance, based on independent and objective review, that effective internal control arrangements (including risk management) are in place within the PHA. The GAC takes an integrated view of governance, encompassing corporate, finance and safety and quality dimensions.

The GAC comprises five non-executive members of the PHA: Mrs J Erskine (Chair); Mr R Orr; Mr T Mahaffy; Mrs M Karp and Alderman P Porter (from December 2011).

The committee is supported by: Mr E McClean, Director of Operations, PHA; Mr P Cummings, Director of Finance, HSCB and Mrs C McKeown, Head of Internal Audit, BSO; and their respective staff.

Representatives of the Northern Ireland Audit Office and their contracted auditors (PricewaterhouseCoopers) are invited to attend all meetings.

Meetings

The GAC met on the following dates during 2011/12:

- 6 June 2011;
- 10 October 2011;
- 8 December 2011;
- 16 February 2012;
- 19 April 2012.

Attendance

Mrs J Erskine (Chair)	5
Mr R Orr	5
Mr T Mahaffy	5
Mrs M Karp	5
Alderman P Porter (member from December 2011)	2

Activities

During 2011/12 the GAC:

- considered the PHA Statutory Accounts, Statement on Internal Control and draft Annual Report and recommended their approval to the PHA Board;
- reviewed the External Auditor's Report to those charged with governance and management's response, and received regular progress reports on implementation of recommendations;
- considered the PHA Mid Year Assurance Statement and recommended approval to the PHA Board;

- considered the PHA Assurance Framework 2011–2013 and recommended approval to the PHA Board;
- considered the PHA Risk Management Strategy and Policy and recommended approval to the PHA Board;
- regularly considered and approved the PHA Corporate Risk Register;
- approved the revised PHA Whistleblowing policy;
- had oversight of the process for self-assessment of compliance with Controls Assurance Standards;
- self-assessed the GAC against the NAO Audit Committee Self Assessment Checklist;
- considered the PHA Information Governance and Records Management Strategies and recommended approval to the PHA Board;
- regularly reviewed the Information Governance Action Plan progress report;
- approved the internal audit work plan for 2011/12 and considered the reports on each piece of work;
- considered the PHA Fraud Policy and Response Plan and recommended approval to the PHA Board;
- reviewed regular Fraud Liaison Officer reports;
- provided assurance to the PHA Board that the annual accounts would be prepared in accordance with the relevant statutory regulations;
- considered the revised PHA Standing Orders, Standing Financial Instructions and Schedule of Delegated Authority and recommended them to the PHA Board for approval;
- received reports on PHA Emergency Preparedness Plan and Business Continuity Plan;
- received reports on Safety and Quality.

The chair of the GAC brings regular verbal and written reports to the PHA Board; she also has regular meetings with the Chief Executive and the PHA Chair. The GAC chair also attends the DHSSPS regional forum for audit committee chairs.

The GAC looks forward to continuing its work in 2012/13, building on relationships with Executive Directors, PHA officers and internal and external auditors to ensure robust governance across the PHA.

J Erskine
Chair
Governance and Audit Committee

13 June 2012

Summary financial statements

Overview

These accounts have been prepared in a form determined by the DHSSPS based on guidance by the Department of Finance and Personnel's Financial Reporting Manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

This summary Financial Statement does not contain sufficient information for a full understanding of the activities and performance of the PHA. For further information, the full Accounts (including the Statement of Internal Control), Annual Report and Auditor's Report for the year ended 31st March 2012 should be consulted.

Copies of the full Accounts are available from:

Director of Finance
Health and Social Care Board
12-22 Linenhall Street
Belfast
BT2 8BS

STATEMENT of COMPREHENSIVE NET EXPENDITURE FOR THE YEAR ENDED 31 March 2012

	2012 £000s	2011 £000s
Expenditure		
Staff costs	(14,894)	(12,580)
Depreciation	(63)	(58)
Other Expenditure	(36,234)	(33,519)
	(51,191)	(46,157)
Income		
Income from activities	229	636
Other Income	279	185
Deferred income	0	0
	508	821
Net Expenditure	**(50,683)**	**(45,336)**
Revenue Resource Limits (RRLs) issued (to)		
Belfast HSC Trust	(9,636)	(9,183)
South Eastern HSC Trust	(2,990)	(1,902)
Southern HSC trust	(3,858)	(3,918)
Northern HSC Trust	(5,319)	(4,943)
Western HSC Trust	(5,072)	(4,361)
NIAS HSC Trust	(47)	(5)
Total RRL issued	(26,922)	(24,312)
Total Commissioner Resources Utilised	(77,605)	(69,648)
Revenue Resource Limit (RRL) received from DHSSPS	77,796	69,712
Surplus / (Deficit) against RRL	**191**	**64**

OTHER COMPREHENSIVE EXPENDITURE

	2012 £000s	2011 £000s
Net gain on revaluation of Property, Plant and Equipment	0	12
Net loss on revaluation of Intangibles	0	(2)
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2012	**(50,683)**	**(45,326)**

ANALYSIS OF NET EXPENDITURE BY SEGMENT

The PHA has identified three segments: Commissioning, Family Health Services (FHS) and Administration. Net expenditure is reported by segment as detailed below:

Summary	**2012 £'000s**	**2011 £'000s**
Commissioning	59,029	50,425
FHS	1,314	1,749
Agency Administration	17,262	17,474
Total Commissioner Resources utilised	**77,605**	**69,648**
Commissioning		
Expenditure		
HSC Trust		
Belfast HSC Trust	9,636	9,183
South Eastern HSC Trust	2,990	1,902
Southern HSC Trust	3,858	3,918
Northern HSC Trust	5,319	4,943
Western HSC Trust	5,072	4,361
NIAS HSC Trust	47	5
Other Providers	32,336	26,749
	59,258	51,061
Income		
Income from activities	229	636
Commissioning Net Expenditure	**59,029**	**50,425**
FHS		
Expenditure		
Family Health Services Expenditure	1,314	1,749
Income		
	0	0
FHS Net Expenditure	**1,314**	**1,749**
Agency administration		
Expenditure		
Salaries & wages	14,894	12,580
Operating expenditure	2,566	5,002
Non Cash costs - External Auditors Remuneration	18	18
Depreciation	63	59
	17,541	17,659
Income		
Staff secondment recoveries	227	169
Operating income	52	16
	279	185
Administration Net Expenditure	**17,262**	**17,474**

Revenue Resource Limit

Resulting from the introduction of the Non Departmental Public Body (NDPB) format of accounts, the Revenue Resource Limit (RRL) has been introduced as a means of setting a cash limit of the amount of funding to be drawn directly from the DHSSPS by the PHA and Trusts in relation to the costs of providing services to Agency residents. This RRL mechanism replaced the Service and Budget Agreement process previously in place.

The memorandum below expresses the PHA 'Net Expenditure Account' in a traditional income and expenditure format.

SUMMARY FINANCIAL INFORMATION FOR YEAR ENDED 31ST MARCH 2012

	2012 £'000s	2011 £'000s
Revenue Resource Limit (RRL) received from DHSSPS	77,796	69,712
Other Income	508	821
	78,304	70,533
Expenditure (including RRLs issued from Trusts)		
Staff Costs	(14,894)	(12,580)
Depreciation	(63)	(58)
Expenditure	(63,156)	(57,831)
	(78,113)	**(70,469)**
Surplus/(Deficit)	**191**	**64**

STATEMENT of FINANCIAL POSITION as at 31 March 2012

	2012 £000s	Restated 2011 £000s	Restated 2010 £000s
Non Current Assets			
Property, Plant and Equipment	282	229	199
Intangible Assets	0	0	3
Financial Assets	0	0	0
Trade and other Receivables	0	0	0
Other Current Assets	0	0	0
Total Non Current Assets	282	229	202
Current Assets			
Assets classified as held for sale	0	0	0
Inventories	0	0	0
Trade and other Receivables	1,371	2,553	710
Other Current Assets	26	19	24
Financial Assets	0	0	0
Cash and cash equivalents	311	169	111
Total Current Assets	1,708	2,741	845
Total Assets	**1,990**	**2,970**	**1,047**
Current Liabilities			
Trade and other Payables	(8,819)	(10,927)	(16,754)
Other Liabilities	0	0	0
Provisions	0	0	0
Total Current Liabilities	(8,819)	(10,927)	(16,754)
Non Current Assets plus/less Net Current Assets / Liabilities	**(6,829)**	**(7,957)**	**(15,707)**
Non Current Liabilities			
Provisions	0	0	0
Other Payables > 1 yr	0	0	0
Financial Liabilities	0	0	0
Total Non Current Liabilities	0	0	0
Assets less Liabilities	**(6,829)**	**(7,957)**	**(15,707)**
Taxpayers' Equity			
Revaluation Reserve	34	34	23
SoCNE Reserve	(6,863)	(7,991)	(15,730)
	(6,829)	**(7,957)**	**(15,707)**

Signed

Chair
13 June 2012

Signed

Chief Executive
13 June 2012

Public Sector Payment Policy – Measure of Compliance

The Department requires that the PHA pays their non-HSC trade creditors in accordance with the CBI Prompt Payment Policy and Government Accounting Rules. The PHA's payment policy is consistent with the CBI prompt payment codes and Government Accounting Rules and its measure of compliance is:

	2012 Number	2012 Value £'000	2011 Number	2011 Value £'000
Total bills paid	10,851	35,654	8,943	35,715
Total bills paid within 30 day target	10,018	34,781	8,477	33,734
% of bills paid within 30 day target	92.3%	97.6%	94.8%	94.5%

Related party transactions

The PHA is an arm's length body of the Department of Health, Social Services and Public Safety and as such the Department is a related party with which the HSC body has had various material transactions during the year.

Dr Jeremy Harbison, Non-Executive Director, is also a Pro-Chancellor of the University of Ulster which is an organisation likely to do business with the HSC in the future.

During the year, none of the Board members, members of the key management staff or other related parties has undertaken any material transactions with the PHA.

Directors' interests

Details of company directorships or other significant interests held by Directors, where those Directors are likely to do business, or are possibly seeking to do business with the PHA where this may conflict with their managerial responsibilities, are held on a central register. A copy is available from Edmond McClean, PHA Director of Operations, and on the PHA website at http://www.publichealth.hscni.net/pha-Board

Charitable donations

The PHA did not make any charitable donations during the financial year.

Post balance sheet events

There are no post balance sheet events that have a material impact on the accounts.

Audit Services

The PHA's statutory audit was performed by PricewaterhouseCoopers on behalf of the Northern Ireland Audit Office and the notional charge for the year ended 31 March 2012 was £18,244. This is reflected in Non-cash expenditure within note 4 of the Annual Accounts. There were no additional payments made for non-audit work in 2011/12.

Statement on disclosure of audit information

All Directors can confirm that they are not aware of any relevant audit information of which the PHA's auditors are unaware.

Staff Numbers

The average number of whole time equivalent persons employed during the year was:

	2012 Total	2012 Permanently Employed Staff	2012 Other Staff	2011 Total
Health Commissioning improvement and protection	302	265	37	242
Less staff on outward secondments (average)	3	3	0	3
Total (average) persons employed	**299**	**262**	**37**	**239**

Management Board

The Management Board responsible for setting the direction of the PHA is made up of the following individuals:

Executive members:
Dr Eddie Rooney (Chief Executive)
Dr Carolyn Harper
Edmond McClean
Mary Hinds

Non-executive members:
Mary McMahon (Chairperson)
Julie Erskine
Dr Jeremy Harbison
Miriam Karp
Thomas Mahaffy
Cllr Billy Ashe
Alderman Paul Porter
Ronnie Orr

In addition, Cathal Mullaghan and Stephen Nicholl served on the PHA Board until 9 May 2011.

Signed

Chief Executive

13 June 2012

PUBLIC HEALTH AGENCY

STATEMENT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

I have examined the summary financial statements for the year ended 31 March 2012 set out on pages 26 to 29.

Respective responsibilities of the Public Health Agency, Chief Executive and Auditor

The Public Health Agency and Chief Executive are responsible for preparing the summary financial statements.

My responsibility is to report to you my opinion on the consistency of the summary financial statements within the Annual Report with the full annual financial statements, and its compliance with the relevant requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health, Social Services and Public Safety directions made thereunder.

In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited summary financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

Basis of audit opinions

I conducted my work in accordance with Bulletin 2008/03 'The auditors' statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. My report on the Public Health Agency full annual financial statements describes the basis of my audit opinions on those financial statements and the part of the Remuneration Report to be audited.

Opinion

In my opinion, the summary financial statements are consistent with the full annual financial statements of the Public Health Agency for the year ended 31 March 2012 and complies with the applicable requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health, Social Services and Public Safety directions made thereunder.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU
25 June 2012

PHA Board

1 Mary McMahon

Mary is the PHA's Chair and is a self-employed social policy researcher. She was previously coordinator with the Belfast Traveller Support Group and is a member of Amnesty International (Mid-Down branch), the Committee on the Administration of Justice and also the United Nations Children's Fund (UNICEF).

2 Dr Eddie Rooney

Dr Eddie Rooney is Chief Executive of the PHA. Prior to joining the PHA, Dr Rooney served as Equality Director at the Office for the First Minister and Deputy First Minister and as Deputy Secretary at the Department of Education from 2004–2008.

3 Dr Carolyn Harper

Dr Harper is the PHA's Director of Public Health and Medical Director. She was previously Deputy Chief Medical Officer in the DHSSPS. She trained in general practice before moving into public health and also worked as Director of Quality Improvement for the Quality Improvement Organisation in California.

4 Mary Hinds

Mary Hinds is the PHA's Director of Nursing and Allied Health Professions. She was previously Director of the Royal College of Nursing (RCN) in Northern Ireland. Prior to joining the RCN, she was Director of Nursing at the Mater Hospital in Belfast.

5 Edmond McClean

Edmond McClean is the PHA's Director of Operations since its inception in April 2009. His background includes lead Director supporting the initial development of Belfast and East Local Commissioning Groups. From 1997 to 2007 he was Director of Strategic Planning and Commissioning with the Northern Health and Social Services Board. This role also involved leading equality and human rights functions, Investing for Health, and Northern Neighbourhood Health Action Zones initiatives.

6 Julie Erskine

Julie Erskine is a member of the Northern Ireland Social Care Council, a member of the Northern Ireland Local Government Officers' Superannuation Committee and a member of the Audit Committee for the Northern Ireland Commissioner for Children and Young People. She has worked in the healthcare service industry for over 25 years and held the position of Operations Director and Support Services Director within a Belfast-based private healthcare company.

7 Dr Jeremy Harbison

Dr Harbison is a retired civil servant. He is a Pro-Chancellor of the University of Ulster and a Trustee of the Community Foundation for Northern Ireland. He remains a Commissioner of the Northern Ireland Legal Services Commission.

8 Miriam Karp

Miriam Karp is a Council Member of the Northern Ireland Social Care Council, a Board Member with Skills For Care and Development, a Fitness To Practise Panellist for the Northern Ireland Pharmaceutical Society (Statutory Committee), a Fitness To Practise Panellist for the General Medical Council, a member of the Exceptional Circumstances Body for School Transfer, a Lay Representative for the Northern Ireland Medical and Dental Training Agency and a consultant for Arthritis Care UK.

9 Thomas Mahaffy

Thomas Mahaffy is employed by UNISON as Policy Officer with responsibility for partnerships, equality, human rights and social policy issues within Northern Ireland. He is a Board member of the Northern Ireland Anti-Poverty Network and Human Rights Consortium.

10 Ronnie Orr

Ronnie Orr worked with the Office of Social Services in DHSSPS until 2009, undertaking inspections and providing policy advice in relation to child care and criminal justice. He is currently a member of the Independent Monitoring Board for Hydebank Wood Prison and Young Offenders Centre. A member of the Board of Governors of the Presbyterian Orphan and Children's Society and a volunteer in Knock Child Contact Centre.

11 Councillor Billy Ashe

Billy Ashe has been a public representative from May 1997. He has served on the district policing partnership from its inception and was previously Chairman of an urban farm project for learning disabilities. He is currently coordinator of Carrickfergus Community Forum.

12 Alderman Paul Porter

Alderman Paul Porter was Mayor of Lisburn City Council from 2010 to 2011 and is an elected representative and member of Lisburn City Council. He is currently employed as personal assistant/office manager for Jonathan Craig MLA, undertaking constituency case work, managing budgets and staff. He was formerly employed as a nursing auxiliary (Thompson House Hospital/ Lagan Valley Hospital and Seymour Nursing Home) from 1994 to 2000. He will bring to his role on the PHA Board his experience gained on Lisburn City Council over the past eleven years representing constituents on health issues.

Not pictured

Paul Cummings

Paul Cummings is Director of Finance, HSCB. He has previously been a Director of Finance in the South Eastern, Mater and Ulster Community and Hospitals Trusts with over 25 years' experience in Health and Social Care and was the national chair of the Healthcare Financial Management Association in 2002/03, continuing to be an active member. Paul, or a deputy, will attend all agency Board meetings and have attendance and speaking rights.

Fionnuala McAndrew

Fionnuala McAndrew is Director of Social Care and Children, HSCB. Fionnuala, or a deputy, will attend all PHA Board meetings and have attendance and speaking rights.

A representative from the Patient and Client Council will attend all PHA Board meetings.

In addition, Cathal Mullaghan and Stephen Nicholl served on the PHA Board until 9 May 2011.

Produced by the **Public Health Agency**, 4th Floor, 12-22 Linenhall Street, Belfast BT2 8BS. Tel: 028 9032 1313.
www.publichealth.hscni.net

ISBN 978-1-874602-76-7

07/12