PUBLIC HEALTH AGENCY

ANNUAL REPORT & ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2014

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Laid before the Northern Ireland Assembly
under Schedule 1, para 17(5) of the Reform Act for the Regional Agency, by the
Department of Health, Social Services and Public Safety.
On 2 July 2014

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Contents

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2014 2
Chair's Statement. 5
Chief Executive's Statement 7
The Centre For Connected Health And Social Care 9
Director's Report: Public Health 11
Director's Report: Nursing And Allied Health Professions 20
Director's Report: Operations 26
Management Commentary 32
The Continuing Work Of The Public Health Agency 37
Remuneration Report 38
Report From The Governance And Audit Committee 42
PHA Board 44
ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014 49
Foreword 50
Statement Of Accountiong Officer Responsibilities 51
Certificates Of The Director Of Finance, Chairman And Chief Executive 52
Certificate of The Comptroller & Auditor General 53
Governance Statement 55
Statement Of Comprehensive Net Expenditure For The Year Ended 31 March 2014 68
Statement Of Financial Position As At 31 March 2014 69
Statement Of Cash Flows For The Year Ended 31 March 2014 70
Statement Of Changes In Taxpayers' Equity For The Year Ended 31 March 2014 71
Notes To The Accounts For The Year Ended 31 March 2014 72

PUBLIC HEALTH AGENCY

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2014

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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 reflects progress by the PHA in 2013/14 in delivering its corporate priorities and highlights examples of work undertaken to meet the targets as detailed in the PHA's annual business plan. It shows how this work has contributed to meeting our wider objectives and fulfilling our statutory functions.

The full accounts of the PHA are contained within this combined document.

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

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 www.publichealth.hscni.net

PUBLIC HEALTH AGENCY

ANNUAL REPORT FOR THE PERIOD ENDED 31 MARCH 2014

Chair's statement

Last year's Chair's statement finished with sending best wishes to our esteemed colleague and founding board member, Ronnie Orr, on his departure from the PHA board at the end of his four year appointment. Little did we know that within three months we would learn of his sudden and untimely passing at his home on 25 June.

We extend our deepest sympathies to his wife Muriel, wider family and friends as well as those colleagues throughout health and social care with whom he worked so diligently and in such good humour throughout his entire working life.

The past year has seen the PHA continue to intensify its focus on health inequalities. It has required us to continue to work across all sectors – engaging individuals, communities, the business sector and community and voluntary organisations among others to think about their health and wellbeing, how to sustain and maintain it when it is good, and how to improve it when it is not.

One of the challenges facing health services in the 21st century is to move away from the medical and treatment model of health – 'a pill for every ill' – and move towards helping to educate and enable individuals so as they can improve their health and wellbeing and prevent ill health.

At our PHA board away day in September 2013 we examined the PHA's responsibilities regarding inequalities and how commissioning can better address tackling these disparities. These helpful discussions will help inform the next phase of our corporate strategy development.

It is a process that requires political will and support, extensive collaboration involving all parties and organisations with an interest in improving health, cross-departmental and cross-sectoral working and a real determination to succeed.

We continue to welcome, at a time of constraint, additional financial resources to develop public health and health and wellbeing initiatives which have proven beneficial outcomes. This has been a brave political decision and one which places, quite correctly, a major responsibility on the organisation to ensure finances are accurately targeted and that positive outcomes are achieved.

There is increasing evidence, which is extremely welcome, that wider public health is being taken up by other departments such as the Department of Education's nutrition programme and the Office of the First Minister and Deputy First Minister's Social Investment Fund.

We continue to meet our Programme for Government commitments and expect that the new ten-year public health strategy will further enhance the spirit and willingness of inter-departmental and cross-sectoral collaboration so necessary to realising public health improvement.

Part of the PHA's role in the implementation of *Transforming Your Care* – the review of health and social care in Northern Ireland – is to help strengthen the skills and abilities of individuals and community groups through resources and support so that they can take effective action and leading roles in the development of their communities.

The PHA also supports the development, at community level, of the recruitment, retention and support of volunteers and volunteering to enable an equal playing field for those who may wish to develop social economy models of practice to help deliver services.

PUBLIC HEALTH AGENCY

ANNUAL REPORT FOR THE PERIOD ENDED 31 MARCH 2014

The year under review passed without a major outbreak of infectious disease. This does not happen by chance, but by diligent observation, intervention and the implementation of quality standards, mostly which are unseen and unknown by the public and the media, but whose effectiveness keeps us as well and protected as possible against infection and environmental hazards.

Following the extensive inquiry into the failings at Mid-Staffordshire NHS Foundation Trust, Robert Francis QC published his final report in February 2013, the recommendations and repercussions of which continue to impact on all Health and Social Care (HSC) organisations.

This has also put the spotlight on possible shortcomings in the wider health and social care system closer to home; and governance, quality and safety continue to inform all our deliberations. There can be no hiding place for bad practice or tolerance of casual indifference towards individuals when they are at their most vulnerable during a personal health crisis, be it at primary or secondary care level.

As a result, 'patient experience' will become a regular agenda item at our public board meetings and the board of the PHA will consider, either in dedicated board workshops or during confidential board sessions, any matters as they come to our attention.

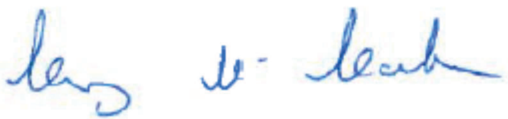
We welcome the development within Allied Health Professions of a pilot programme with South Eastern Trust to take forward self-referral physiotherapy. This should help improve patient access to services without them having to go to their GP.

I warmly welcomed Brian Coulter to the PHA board in September. Brian brings extensive social care experience to the board as well as a huge range of governance skills from his membership, over many years, of a range of voluntary and statutory bodies at board level.

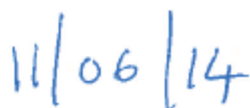
Finally, at this year's end, with the assistance of our colleagues at the Department of Health, Social Services and Public Safety, new premises have been acquired for our Belfast-based staff. This was the intention of the new arrangements in 2008 and it has taken time to identify and secure suitable facilities.

This will allow us to have a singular base in Belfast, thus improving the opportunities for cross-directorate working as well as ensuring compliance with relevant standards and providing an enhanced and productive work environment for our staff.

In conclusion, I want to acknowledge and thank all our board members and PHA staff for their continued commitment, dedication and hard work and I look forward to continuing this work during 2014/15.



Mary McMahon
Chair



Date

ANNUAL REPORT FOR THE PERIOD ENDED 31 MARCH 2014

Chief Executive's statement

This last year has been both successful and eventful in terms of progress being made towards protecting and improving the health and wellbeing of the people of Northern Ireland.

We again welcomed additional resources under the Executive's four-year *Programme for Government for 2011–2015,* which identifies public health as a priority, and with these were able to support more key initiatives and programmes within areas such as immunisation, screening, smoking prevention, mental health, obesity, physical activity, patient experience and safety and quality of services.

Our work, however, is not undertaken in isolation and we recognise that in order to effectively improve the health of the people of Northern Ireland, and help reduce the persistent health inequalities that exist, we must continue to work diligently at developing those all-important partnerships and relationships with others. We thank all those from within our sponsoring department, the wider HSC family of organisations, across government, and those from the statutory, voluntary and community sectors, who have worked with us and supported us over the years. And to all those who are just beginning a new working relationship with us, not least in the forthcoming 11 new councils, we look forward to working together towards our common goals.

The new 10-year public health strategic framework, which is expected to be ratified by Government shortly, will provide us all with an important focus and an added impetus to ensure all our relationships are cemented. We look forward to embracing the new framework and, through shared priorities, coordinated action and joint allocation of resources, to tackling the health disparities head on that exist in our society.

During 2013/14, we worked closely with the Health and Social Care Board (HSCB) on several important areas of work. We contributed to the general strategic development and roll-out of *Transforming Your Care* (TYC), the review of health and social care in Northern Ireland and the initial implementation of *Quality 2020* – the 10-year strategy to protect and improve quality in health and social care in Northern Ireland.

Both of these initiatives aim to ensure health and social care provision in Northern Ireland is second-to-none and that it is recognised as such, not only locally, but also internationally. We accept that there is much to do to achieve that goal.

Key in delivering these services, and in ensuring the modernisation of healthcare provision, are our frontline health professionals. We have worked closely with all our professional colleagues across many of our public health priority areas and will continue to do so.

Our Allied Health Profession (AHP) colleagues held their inaugural conference, 'AHPs – Transform Care', in October which examined how this group is central to the delivery of integrated health and social care and of the TYC agenda. This diverse collective of professionals contributes significantly to health and wellbeing – we acknowledge and applaud the high-quality care they provide to patients.

We continued to deliver eight population-based screening programmes to national standards. There were significant changes in breast screening during 2013/14 with the introduction of screening surveillance for women at higher risk of developing breast cancer. A lot of work has been undertaken throughout the year to promote informed choice of the cancer screening programmes and to make screening more accessible for minority groups.

PUBLIC HEALTH AGENCY

ANNUAL REPORT FOR THE PERIOD ENDED 31 MARCH 2014

This year the PHA has continued to contribute positively to the application of new technology to improve patient outcomes. I am encouraged at the developments and improvements we are seeing in patient care through the use of technology, new products and innovative approaches, particularly through the work being undertaken by the Centre for Connected Health and Social Care. We are grasping these new and emerging technologies in providing patient care with both hands and are developing strong links with partners throughout Europe and further afield to ensure we are at the forefront of developments.

It was an extremely busy and challenging year for our Emergency Planning Team who not only successfully oversaw the activation of our Joint Response Emergency Plan on two occasions but also managed commendably the delivery of emergency planning and support for the G8, the All-Ireland Fleadh and the World Police and Fire Games.

Our health protection team has also experienced an extremely busy year with four major changes and introductions to the vaccination programme. Normally, major changes and introductions occur once every few years, so the work over the past 12 months must be commended. Furthermore, the uptake rates of all programmes are extremely good and in some cases exceeding all expectations with the highest rates achieved in the UK.

Research is an extremely important aspect of healthcare development and of securing lasting improvements in the health and wellbeing of the population. To this end our R&D Division has worked in partnership with other funders to help bring a substantial amount of additional research funding into Northern Ireland. Additionally, this past year has seen the successful renewal of funding for a number of major pieces of infrastructure and new partnership funding for others.

Public information campaigns continue to be of paramount importance in raising awareness of health issues and prompting groups or individuals to seek information and services which can result in changing attitudes and behaviour. During the year we developed and undertook high profile multi-channel campaigns on smoking, mental health, and flu as well as an important campaign on raising awareness of organ donation.

As Chair of the Northern Ireland Organ Donation Task Force Implementation Group I must commend the excellent work that has been done over the year within the health services and by all of the other organisations involved in promoting organ donation and transplantation.

As this year draws to a close, we look forward to the year ahead and, with such a dedicated and professional staff and board, we welcome the challenges with confidence. I thank each and every one of them for their tireless work, dedication and commitment.

Dr Eddie Rooney
Chief Executive

11 June 2014

Date

The Centre for Connected Health and Social Care

The Centre for Connected Health and Social Care (CCHSC), located within the PHA, continued to promote improvements in patient care through the use of technology and to fast-track new products and innovation in the HSC system in Northern Ireland.

The centre continued to contribute to improving health and wellbeing through a number of partnership activities:

- continuing to develop the Telemonitoring NI service which provides both Telehealth and Telecare services across Northern Ireland with the number of Telecare clients continuing to grow during 2013–2014;
- working closely with the HSCB, DHSSPS and others, contributing to the development of the *eHealth and care strategy for Northern Ireland*;
- inputting to the Health and Wealth Memorandum of Understanding between the DHSSPS and the Department of Enterprise, Trade and Investment (DETI) including supporting the Northern Ireland Connected Health Ecosystem;
- contributing to the work of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) through involvement in a number of action groups to improve the health of older people in Northern Ireland and across Europe;
- working with other European partners on the Implementing Transnational Telemedicine Solutions projects;
- coordination of a new EU-funded project called BeyondSilos to improve the integration of service delivery through improving multi-disciplinary access to patient and client information;
- working with colleagues in HSC R&D to promote uptake of Horizon 2020, the Northern Ireland framework programme for research and innovation as well as other EU funding opportunities.

The benefits of the Telemonitoring NI service – Alice's story

Alice Quinn is 54, has Type 1 diabetes which has caused chronic kidney disease (CKD), and a history of hypertension. She has been under the care of Antrim area hospital since 2006, visiting the clinic on a regular basis for management of her CKD and blood pressure and Erythropoietin (EPO) monitoring.

In January 2012 her renal function dropped below 20% and treatment commenced to prepare Alice for haemodialysis and kidney transplant; receiving her new kidney in April 2013.

Alice was first referred to the telemonitoring service in 2012, taking her blood pressure readings on a regular basis using the telemonitoring system. Readings are then automatically uploaded to the monitoring centre where Alice's Renal Nurse Specialist accesses the information and determines the best course of treatment. Alice has used the system pre- and post-transplant.

Commenting on using the system Alice said, "Before telemonitoring I had to go to the centre to have my blood pressure taken and have my EPO injections. I used to get stressed about appointments which sent my blood pressure up, and I ended up missing some. Having the telemonitoring installed meant I could take accurate blood pressure readings to suit myself at home, which meant I could do EPOs myself, like I do my insulin. Even now, after my transplant, the whole thing is so much easier because I do not have to go for appointments all the time. It's been so useful and helpful, I know much more about how to manage my own health now, and what to do if I'm having a bad day.

"Unfortunately I had an acute episode recently which meant I had to be admitted to hospital, but having telemonitoring meant I was discharged early, as they were confident I was being monitored. I also feel I'm getting more specialised care – I don't really see my GP much as the telemonitoring helps the renal team keep an eye on me and they can call me or visit when they need to.

"I would absolutely recommend telemonitoring, its fantastic. I feel much more in control of my health, and I know if anything goes wrong or my meds need changing I have all the backing I need."

Director's report: Public Health

During 2013/14, the Public Health Directorate has worked extensively across its four key areas:

- Health Protection;
- Health and Social Wellbeing Improvement;
- Service Development and Screening;
- HSC Research and Development.

Throughout the year we have continued to implement a wide range of DHSSPS frameworks and strategies to protect and improve the health and wellbeing of our population. The following section highlights some of the strategic goals reached and focuses in more detail on several key achievements that capture the breadth and essence of our important work within public health at a grass-roots level.

Some of the key areas of work that I have been particularly involved in this year have been the implementation of *Quality 2020: A 10-year strategy to protect and improve quality in health and social care in Northern Ireland* and, in conjunction with the Director of Nursing and Allied Health Professions, I co-chair the Quality 2020 Implementation Team.

Important work around the second year implementation of the regional framework, *A fitter future for all 2012–2022*, which aims to prevent and address overweight and obesity in Northern Ireland, was undertaken during the year, and, along with several partner organisations, we launched the 'Choose to Live Better' campaign to help tackle obesity.

Other important public health projects included work to support the launch in September 2013 of a new public campaign, 'Get on Board', aimed at smokers to stop smoking.

In line with the DHSSPS' *Breastfeeding – A great start: A strategy for Northern Ireland 2013–2023*, which was launched at the PHA/UNICEF conference in June, the PHA developed a new resource entitled *Getting to know your baby* which will be given to all pregnant women with the aim of supporting information on the importance of relationship-building and understanding what babies need.

We also commissioned research through the Uplift Group to explore attitudes and awareness of the benefits of breastfeeding among the Traveller community. The subsequent report identified opportunities for developing breastfeeding support among this group which would be delivered by Travellers themselves.

In June 2013 I held the second Public Health Annual Scientific Conference, the theme of which was older people. One of the main outcomes of the conference was the increased awareness of problems facing an older population in Northern Ireland and the need for collective action from all those who impact on their wellbeing.

It is vital that we encourage and invest in research and development to secure lasting improvements in the health and wellbeing of our ageing Northern Ireland population and, accordingly, we invested substantially during the year to commission a programme of research in dementia care and also in maintaining the health, wellbeing and independence of older people.

During the year we also saw the successful delivery of G8, the All-Ireland Fleadh and the World Police and Fire Games which were all overseen by the Emergency Planning Team within the Public Health Directorate.

Northern Ireland has excellent cancer screening programmes in place to help detect the first signs of cancer. These include cervical, breast and bowel cancer screening. The new Northern Ireland Breast Screening Programme for women at high risk of breast cancer got under way during the year and I would encourage everyone to go for screening when it's offered.

Increasing physical activity levels in our population and promoting healthy living is of paramount importance and we supported many initiatives during the year to achieve this goal including the Active Belfast programme in collaboration with the Belfast Strategic Partnership.

The following sections illustrate further examples of Public Health Directorate activity and how we achieved our goals during 2013/14. Further information can be found in the Director of Public Health annual report.

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

Health Protection

The PHA's Health Protection service, providing 24/7 coverage, delivers an acute response to a range of health protection incidents. During 2013/14 the service achieved its major strategic goals through a broad range of activity including:

- working in partnership with colleagues in HSCB, BSO and multiagency partners to prepare for several major events;
- the implementation of DHSSPS policy on new and revised immunisation programmes for rotavirus, meningococcal infection, shingles, and expanded target groups for flu vaccinations;
- supporting trusts in their efforts to secure reductions in MRSA bacteraemia and Clostridium difficile infections.

Nationally, new guidance was issued in relation to flu pandemic preparedness and response and plans were developed to ensure health protection readiness in the event of a flu pandemic. A national exercise to test the resilience of plans is to be held during 2014/15; which the PHA will play a key role in.

PHA emergency preparedness and response

The Emergency Preparedness Team within Health Protection experienced an extremely busy year during 2013/14.

Members of the team were part of the multi-agency response to two severe weather events, the spring blizzards in March/April 2013 and the tidal surge in January 2014, whilst Health Protection staff responded to an outbreak of Norovirus on board the Fred Olsen cruise liner Boudicca when it docked in Belfast Port.

Dr Anne Wilson, Emergency Preparedness Lead for the PHA, project managed the HSC preparations for three major events that came to Northern Ireland for the first time in 2013. Working with other members of the team, and a range of HSC staff and multi-agency partners, the PHA prepared for what has been recognised nationally and internationally as very successful high profile events.

On 17 and 18 June 2013, 11 world leaders, 3,500 delegates, staff from the G8 countries and hundreds of world media representatives attended the most peaceful G8 summit ever held.

From 1–10 August 25,000 visitors, 10,000 competitors and 3,500 volunteers from 70 different countries participated in the 57 sports at over 40 venues in the World Police and Fire Games. Finally on 11–18 August as part of the City of Culture Londonderry hosted the All-Ireland Fleadh in Londonderry with 350,000 plus visitors.

As a result of the success of this planning, in addition to their routine emergency preparedness work programme for 2014, the Emergency Preparedness team within health protection can look forward to another interesting year of challenges as they prepare with partner organisations for the visit of the Giro D'Italia and the Commonwealth Games Queen's Baton relay, both in in May 2014.

Immunisation

The past year has been one of very significant change for the vaccination and immunisation programme, affecting people across the entire age range. In the past, major changes and introductions to the vaccination programme have occurred once every few years, however the past twelve months have seen four significant introductions and changes.

Starting with the youngest, a new vaccine to protect against rotavirus has been introduced for two and three month old infants. This is given along with other vaccines that are already given at these ages, so no extra visits are needed. Unlike other vaccines it is given by mouth.

Rotavirus is the commonest cause of vomiting and diarrhoea in children under five years of age, and results in around 400 hospital admissions a year in Northern Ireland. It is too early for official uptake figures, but early indications are that over 90% of parents are choosing to have their children vaccinated. This should lead to a significant reduction in illness.

There have been important changes to the flu vaccine programme. It has been recommended that all children aged 2–16 years should be offered the vaccine. This is being phased in and this year saw two and three year olds offered the vaccine by their GP and children in P6 offered it at school by the school health service. The vaccine being used for the vast majority of children is given as a spray into the nose. This vaccine has been shown to be more effective in children than the injected vaccine. Northern Ireland has done very well with this programme, achieving uptake rates of 80% for P6 children and 55% for the two and three year olds.

These figures exceeded expectations and were the highest achieved in the UK. Next year it is planned to roll the programme out to all primary school children and all pre-school children aged two years and over, with full roll-out the year after.

The timing of the doses of vaccination against Meningococcal Group C disease has been adjusted to ensure better long-lasting protection. A dose will now be given to children in post-primary schools, along with their school-leaving booster.

This will ensure they are protected through their late teenage years, the time of second highest risk (the highest risk is in the first year of life and is protected by the first dose).

Finally, a new vaccine has been introduced to protect people in their seventies against shingles. This is a very unpleasant and painful condition that becomes increasingly common as people get older.

Health and Social Wellbeing Improvement

During 2013/14 activity within Health and Social Wellbeing Improvement continued to focus on the following four key areas:

- giving every child and young person the best start in life;
- working with others to ensure a decent standard of living;
- building sustainable communities;
- making healthy choices easier.

There has been significant progress during the year in advancing the Early Years Intervention agenda, with delivery of a range of evidence-based programmes and training, as well as strategic support through the Office of the First Minister and Deputy First Minister's (OFMDFM) Delivering Social Change initiative and the developing Early Intervention Transformation Programme.

There remain gaps in service provision for some of the most vulnerable in our society, however, good progress has been made to develop effective programmes with Travellers and other BME groups.

The Northern Ireland New Entrance Service has been helping to meet the needs of new migrants to this country. Two highly effective programmes, Maximising Access in Rural Areas (MARA) (detailed below) and the Farm Family check scheme, have delivered real improvements to the health and wellbeing of rural communities.

Other programmes have included Active Ageing, including a highly successful arts festival with older people, engaging over 3,000 people across Northern Ireland. There have also been significant developments in obesity prevention with the delivery of programmes for adults and children, including support for pregnant women.

Another important development has been the extension of the Deliberate Self-Harm Registry across all areas. This unique data system is being used to inform service development and efforts to reduce deaths by suicide. Important joint work has also been taken forward with faith-based communities, engaging and supporting churches in addressing suicide prevention.

The following areas further illustrate examples of how we achieved key strategic goals during 2013/14.

Maximising Access in Rural Areas

The Maximising Access in Rural Areas (MARA) project is a significant inter-departmental programme led by the PHA. MARA is mainly funded by the Department of Agriculture and Rural Development (DARD) through their ongoing Tackling Rural Poverty and Social Isolation Programme.

The MARA project aims to improve the health and wellbeing of people living in rural areas throughout Northern Ireland, where the hidden nature of poverty and isolation can make it difficult to connect with the most vulnerable members of our community.

Under the project, 12,000 rural households are to benefit from a household visit during which they will be given useful information on support and services which may be of assistance to them.

The MARA project is delivered by 13 community-based organisations that have in turn recruited and trained over 120 'enablers' to carry out household visits. Other departments and agencies involved in the Project are: the Social Security Agency (SSA), the Northern Ireland Housing Executive (NIHE),

the Department of Regional Development (DRD), the Department of Social Development (DSD), the Department of Health Social Services and Public Safety (DHSSPS), health trusts and local councils. To date, 9,939 households have received a first visit and 5,786 have been visited on a second occasion. The remaining households will be visited by November 2014.

From these visits 26,269 referrals for various grants benefits and services have been generated and to date the following outcomes have been recorded:

- 622 households have benefitted from the installation of energy efficiency measures through Warm Homes and levy schemes – this has led to an investment of £909,060 in rural households;
- 3,075 households have been issued with advice and equipment following a Home Safety Check;
- 223 people have received additional welfare benefits – amounting to £61,4505.36 per annum going into vulnerable rural households;
- 465 householders have registered with their Rural Community Transport provider;
- 34 householders have received a Smart Pass;
- 215 boiler replacement applications have been approved totalling £141,800 – of which to date 71 have been claimed totalling £47,300.

Service user Joan explains how the MARA project has changed her life. "Since the initial visit I have received a benefits check and have now been awarded attendance allowance due to severe arthritis. I have had an occupational therapy assessment and have been provided with splints for my hands.

"I am now a member of community transport which I use regularly to get me to appointments. After having a home safety check I was provided with a touch lamp because of the arthritis in my hands, I also received plug pulls, jar openers and lots of useful advice on accident prevention. I am absolutely delighted!"

Active Belfast Partnership

Active Belfast, established in 2011, is a multi-sectoral partnership within Belfast and facilitates statutory and non-statutory agencies to work together to inspire more people to be more active, more often.

Staff, provided by the three lead sponsor organisations – the PHA, Belfast Health and Social Care Trust and Belfast City Council – support a wide range of organisations that are effectively making a contribution to achieving the key priorities of reducing life inequalities and promoting long-term health and social wellbeing through physical activity.

Key areas of work:

- During 2012/13, grants were allocated to 25 local community-based projects and four large city-wide programmes, drawing on a partnership grant scheme resource of £200,000 from PHA and Belfast City Council.
- Healthwise physical activity referral programme is delivered in 13 locations across Belfast under the leadership of Active Belfast.
- During 2012/13, 1,848 individuals participated in the Healthwise programme and for 2013/14 this number will exceed 2,000 people. The programme aims to achieve long-term behaviour change and enables individuals to change from being inactive to meeting physical activity guidelines by week 12. The programme has recently been extended to integrate physical activity into care pathways for rehabilitation/treatment, condition management, prevention and community programmes.

- The partnership has invested £160,000 in the development of a network of outdoor gym sites throughout the Belfast City Council area. The sites link to council or community parks and facilities, as well as to community gardens.
- The partnership's Active Ageing sub-group has delivered a range of events encouraging over 500 older people to participate in a range of physical activity taster sessions. Following the taster event, programmes have been developed within local communities to meet the needs of older people. An action plan has been drafted which is aligned to the Active Belfast strategy and wider public health strategies.
- The partnership is currently focussing on the development of an active travel action plan for Belfast, to be completed by June 2014. Chaired by Dr Rooney, the PHA's Chief Executive, the group aims to secure a collective focus on the key issues which impact on people's choices to walk or cycle and how these link to public transport. This will include infrastructure, behaviour changes, promotion and evaluation.

Service development and screening

The PHA has responsibility for the commissioning and quality assurance of eight screening programmes:

- breast;
- bowel cancer;
- cervical cancer;
- antenatal;
- aortic abdominal aneurysm;
- diabetic retinopathy;
- newborn bloodspot programmes;
- hearing programmes.

The eight key actions in 2013/14 for improving the early detection of illness have all been progressed.

The PHA's Public Health Directorate works collaboratively with Health and Social Care Board staff on improving the quality of services and providing professional expertise at local and regional levels taking account of national guidance such as NICE (National Institute for Health and Care Excellence) and local strategies and service frameworks in line with DHSSPS priorities and available resources.

Surveillance screening for women at higher risk of breast cancer

On 1 April 2013 the PHA introduced a new surveillance screening programme for women at higher risk of breast cancer. It is closely linked to the Northern Ireland Breast Screening Programme. However, there are significant differences between the two programmes.

The higher-risk surveillance screening programme is only available to women who have a significantly increased risk of breast cancer (more than eight times the normal risk).

Women can be at such risk because they have an identified genetic mutation (most often BRCA1 or BRCA2) or because they had radiotherapy that included their breasts in the treatment area (supradiaphragmatic radiotherapy) before the age of 30 (most often for Hodgkin's disease).
These higher risk women are invited for screening every year, rather than every 3 years. They are also invited from a much earlier age (usually from the age of 30) and can have breast MRI, as well as mammography.

Because of the relatively small numbers of these women, and the need to maintain expertise and quality in the use of these tests in this group of women, the service is provided and managed by the Northern HSC Trust and based at a single site – Antrim Area Hospital. It is quality assured by the PHA.

Increasing age limits for paediatric care in hospitals in Northern Ireland

Adolescence is recognised as a vitally important stage of life which offers an opportunity to improve health and wellbeing with results that will last throughout adult life.

Some hospitals in Northern Ireland care for children as young as 13 years old on adult wards where they are looked after by staff whose training and expertise relates to older adults. The needs of adolescents are very different to older adults. In other local hospitals, only those aged 16 or older are cared for in an adult environment.

The PHA wants to ensure that all children and young people across Northern Ireland are cared for in an age-appropriate environment by professionals who have expertise in their specific needs.

The 2013/14 commissioning plan gives a commitment to ensuring that by March 2016 all children are cared for in age-appropriate settings by paediatric staff. We have also committed to working with professionals across Northern Ireland to ensure that the transition to adult services is improved.

In November 2013 the PHA held a workshop involving professional and managerial staff from throughout Northern Ireland. There was input from the Chair and immediate-past Chair of the Royal College of Paediatrics and Child Health's Young People's Health Special Interest Group.

The purpose of the workshop was to identify the challenges faced by staff caring for young people and to come up with a plan that will help staff enhance their skills in addressing the particular health needs of adolescents. Work in this area is ongoing and a major training day being organised in partnership with the Ulster Paediatric Society and other professional groups is planned for June 2014.

HSC Research and Development

The PHA continues to support health and social care research in its widest sense, throughout the HSC, as a means of securing lasting improvements in the health and wellbeing of the population of Northern Ireland.

The Northern Ireland Public Health Research Network (NIPHRN) has continued to flourish, and has demonstrated success in securing external funding through collaboration amongst diverse stakeholders.

HSC R&D Division works in partnership with other funders to help bring additional research funding into Northern Ireland. This year has seen the renewal of funding for a number of major pieces of infrastructure and new partnership funding for others.

This includes the continued funding of the Northern Ireland Centre of Excellence in Public Health for a further five years, as well as a Northern Ireland Administrative Data Research Centre (ADRC), one of four in the UK, awarded by the Economic and Social Research Council. Along with the recently establish Honest Broker Service, the ADRC will be part of an emerging system which will facilitate access to, and use of, routinely collected health and social care data for important research studies.

As well as commissioning research in important areas such as dementia care, HSC R&D Division is also working to support, encourage and facilitate researchers to secure funding from major external sources. The past year has seen a good success rate bringing significant funds back to Northern Ireland from UK-wide funding streams and building up a strong profile for Northern Ireland in Europe.

Ongoing activities of the Northern Ireland Public Health Research Network

The NIPHRN continues to grow since it was launched in March 2012 by the HSC Research and Development Division and the Centre of Excellence for Public Health in Northern Ireland. The network now has over 200 members and aims to:

- facilitate public health intervention research;
- extend the public health evidence base;
- increase engagement between public health professionals, academics and the third sector;
- increase the quantity and quality of public health research in Northern Ireland.

The network employs a Research Development Group (RDG) model to bring together individuals from a range of backgrounds in public health to focus on the development of specific research protocols. This helps to attract external funding in relation to new policy/interventions planned by policy, practice or service partners.

One of the first success stories for the NIPHRN was the RDG on physical activity in older adults which was successful in gaining funding from the NIHR Public Health Research programme.

Research in dementia care

Research in dementia care is a joint programme with The Atlantic Philanthropies and seeks to address the increasing prevalence of dementia in Northern Ireland, the challenges it presents for health and social care staff and resources and its impact on quality of life and wellbeing of those with dementia and their carers.

Its development follows the launch of the NI Dementia Strategy *Improving Dementia Services in Northern Ireland* in 2011 and will complement the work of the Dementia Strategy Implementation Group (DSIG), chaired by the PHA and HSCB.

The programme identifies evidence-based models of care and support that most appropriately and cost effectively address the needs of people with dementia and their carers. Based on research outcomes, recommendations will be made on the government-funded dementia care services that should be commissioned.

Research capacity in this area should also be improved, attracting further funding to support the work.

Consultation took place with key stakeholders to identify priority areas for research and to agree a local list of topics on which evidence is currently unavailable. These topics included staff training, quality of care, coordination of care, information and communication, management of behaviours and the management of symptoms.

A call for research proposals was issued in June 2013 from teams which demonstrated effective collaboration across organisations and sectors and meaningful involvement of persons with dementia and their carers.

Following a peer review process and evaluation, three projects were funded for periods of up to three years:

- Dr Carole Parsons, Queens University – Pain assessment and management for patients with advanced dementia nearing the end of life;
- Professor Kevin Brazil, Queens University – Promoting informed decision making and effective communication through advance care planning for people living with dementia and their family carers;
- Professor Brian Taylor, University of Ulster – Risk communication in Dementia Care. A further round of awards in the area of dementia care will be made soon

Director's report: Nursing and Allied Health Professions

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 professions (AHPs);
- the Health and Social Care Safety Forum;

The Directorate also provides regional leadership for:

- personal and public involvement;
- 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-challenged 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 2013/14, we continued to work to a challenging agenda across Nursing, Midwifery and Allied Health Professions, with key achievements and developments across professional and clinical, quality and safety and local commissioning areas.

The directorate has been tasked with the implementation of a number of key strategies including *Living matters, dying matters*; the *Maternity strategy*, *AHP strategy* and the *Promoting good nutrition strategy*.

The PHA, in conjunction with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), has initiated a regional review of community maternity care to help progress the objectives of the maternity strategy. A scoping study of maternity needs within minority ethnic and migrant women in Northern Ireland is now nearing completion.

Work continues on the implementation of the *Living matters, dying matters* strategy including the implementation of the ELCOS (end of life care) model.

The *Promoting good nutrition strategy* continues to be implemented and monitored and the action plan for the AHP strategy has now been developed, with work beginning on the implementation.

As well as strategy implementation, there are a number of key projects and pieces of work delivered by the directorate. The Family Nurse Partnership, a nurse-led preventive programme offered to young mothers, has been established in three trusts with 246 mothers enrolled. Improvements are already being seen in breastfeeding rates, reduction in smoking during pregnancy and improvements in young mothers returning to education and employment.

The 10,000 voices survey is continuing and to date around 2,200 surveys have been received. Work on falls and pressure ulcers continue as well as the monitoring of the implementation of the patient and client experience standards. The PCE group has also developed a two-year work plan to allow time for embedding improvements.

The Electronic Caseload Analysis Tool (eCATS) has been implemented and rolled out, resulting in generation, retrieval and use of data to help provide an indication of regional caseload size, make up and context.
The review of AHP support for children with special educational needs in mainstream education and special schools is underway with a current focus on establishing a baseline of current levels and models of AHP service provision throughout Northern Ireland.

Work is also continuing in developing models for neurophysiotherapy and direct access physiotherapy.

This year also saw the inaugural Northern Ireland AHP Conference which showcased how AHPs are transforming patient care in Northern Ireland.

Throughout 2013/14 the PHA continued to provide regional leadership in Personal and Public Involvement through the HSC PPI Forum. There is also a focus on embedding PPI into the culture and practice of the organisation through the PPI Leads Group.

The work outlined above only gives an insight into the Directorate's activity in the last year and I would like to sincerely thank all the team who have worked tirelessly throughout the year with professionalism and compassion.

My thanks also go to those who have supported the work of the directorate across HSCNI, the community and voluntary sector and the patients and clients who guide our work.

Personal and Public Involvement

The PHA has responsibility for the operational aspects of successfully implementing policy on Personal and Public Involvement (PPI) in a consistent manner across HSC organisations.

The PHA provides leadership at a regional level through the facilitation of the Regional HSC PPI Forum and is also focused on embedding PPI into the culture and practice of the organisation through the PPI Leads Group.

In 2013/14 the PHA undertook a number of actions which have helped attain the strategic leadership and statutory PPI objectives:

- delivered PPI awareness raising training with a range of HSC staff and students;
- funded the Patient and Client Council PPI eLearning programme as part of a wider PPI learning system;
- developed a business case and to commission the design and development of a generic HSC-wide PPI training programme;
- development of a set of process-based standards and key performance indicators for PPI which have been endorsed by the DHSSPS;
- agreed a set of PPI outcome standards and KPI's for DHSSPS consideration;
- established a Performance Management subgroup of the HSC Regional PPI Forum to support the development of PPI performance management mechanisms;
- piloted PPI Performance Management mechanism in HSC Trusts;

- provided professional PPI advice, guidance and support to a wide range of initiatives both internally in the PHA and also across the HSC. (In the last 6 months over 30 requests for such support and guidance has come into the PHA PPI team.)
- design, development and operation of a small grants programme supporting over circa £50,000 of PPI initiatives across the HSC;
- establishment and development of strong links with clinical educators in the universities aimed at helping to embed PPI into the training of future clinical professionals;
- presented at an International Conference on a PPI initiative that the PHA led at the invitation of the Canadian PHA.

The Family Nurse Partnership

The Family Nurse Partnership (FNP) programme is an intensive preventative home visiting programme offered to vulnerable, first-time, young parents from early pregnancy until the child is two years old. The programme has tangible outcomes evidenced through 30 years of research in the US in relation to improving antenatal health, child health and development and improved, parental, economic self-sufficiency.

Three large research trials have been carried out and have shown significant and consistent benefits to disadvantaged first-time parents and their children. These include evidence that the programme achieves a wide range of outcomes including health; wellbeing; self-sufficiency; school-readiness; reducing antisocial behaviours; improving educational attainment; reducing child abuse and the number of young people entering the criminal justice system.

The FNP programme has been successfully introduced by the PHA in the Western, Belfast and Southern Health and Social Care Trust areas. During 2014/15 the programme will be rolled out in the remaining two trust areas.

Each site has the capacity to recruit up to 100 teenage mothers and there are currently 246 young mothers on the programme.

Key indicators are being used to assess the programme and when fully established, assessment of outcomes will focus upon improvements in antenatal health, child health and development and parental economic self-sufficiency.

The most significant outcomes are anticipated to be improvements in health, wellbeing, self-sufficiency, school readiness, reducing antisocial behaviours, improving educational attainment, reduction in child abuse and in the number of young people entering the criminal justice system.

Nursing homes

In 2012 the HSC Safety Forum initiated a quality and safety improvement collaborative programme for independent nursing homes designed to run over 18 months. Initially six medium/large homes contributed with a further five joining mid-programme. The initial focus for improvement work was on falls prevention.

With Safety Forum facilitation, nursing home staff identified areas where gains could be made to reduce the risk of residents falling. These included risk assessment, medications, footwear, visual problems and staff understanding of local factors that may influence falls.

Using the model for improvement and small-scale tests of change, the teams modified processes to ensure falls risk assessment occurred within 24 hours of admission and thereafter on a monthly basis, or after a fall or change in general health.

They developed a falls prevention toolkit which included a list of medications associated with falls, guidance on footwear for residents and their families and visual tools to improve communication among staff.

As a result of the work by the nursing home teams, the overall falls rate decreased by 25%. The toolkit is now available for download via the PHA website and is signposted by the *Regulation and Quality Improvement Authority* (*RQIA*).

Palliative care
The *Living matters: dying matters – A palliative and end-of-life care strategy for adults in Northern Ireland* continues to be implemented across the region for both cancer and non-cancer conditions. The aim is to support people to be cared for in their preferred place of care and improve the quality of life for those in the last year of life.

There have been a number of key achievements including:

- the completion of, and the subsequent positive evaluation of, a regional learning and development palliative care programme for nursing homes;
- the launch of the Guidelines and Audit Implementation Network (GAIN) RQIA guidelines for palliative and end-of-life care in nursing and residential care homes;
- the publication of *Your life and your choices: plan ahead* – in partnership with Macmillan Cancer Support
- the development of *What I need you to know – my health care passport* – in partnership with the *Royal College of General Practitioners*.

The Transforming Your Palliative and End of Life Care Programme is an initiative of Marie Curie and the HSCB, supported by the PHA.

Pat Cullen, Executive Director of Nursing, Midwifery and Allied Health Professions, is the project's Senior Responsible Officer. The programme will support the continued implementation of the recommendations in *Living matters: dying matters*.

It will also support a key principle of Transforming Your Care – that care should be provided at home or as close to home as possible, where it is safe and appropriate. Close working with colleagues in Integrated Care Partnerships will support this initiative.

One of the key aspects of the programme is its partnership approach; actively seeking to involve and be informed by those who require palliative care, their families and carers.

Review of Allied Health Professions support
The review of AHP support for children with statements of special educational needs in special schools and mainstream schools is underway. The review is focusing mainly on services for children from occupational therapy, physiotherapy, speech and language therapy, orthoptics, dietetics and podiatry.

However, there is also opportunity to hear views on other AHP professions working with children. These include music therapy, orthotics, art therapy, prosthetics and radiography.

It is recognised that it is important that AHP services meet the assessed needs of children with statements of special educational needs. The background to this review is that there were a number of queries regarding the level of AHP provision in some special schools.

It was agreed that there is a need to establish the current levels and models of AHP service provision throughout the region for children with such needs. Once a baseline has been established and issues have been identified then recommendations for further action can be agreed.
These recommendations will form the basis of a proposed regional model to best meet the needs of all children with these needs, irrespective of what school they attend.

The review is being carried out in three phases:

- Phase 1 is focusing on AHP support for children attending special schools. It is envisaged that phase 1 will end in March 2014.
- Phase 2 will focus on AHP support for children with statements of special educational needs in mainstream schools. (Envisaged timescale April 2014–March 2015)
- Phase 3 will focus on agreeing a proposed regional model of AHP provision for these children and an implementation plan. (Envisaged timescale April 2015–August 2016.)

Engagement relating to phase 1 is underway and continuing with all key stakeholders, including from within health, education, as well as with parents of children attending special schools, the Northern Ireland Commissioner for Children and Young People (NICCY), the Children's Law Centre, and Children in Northern Ireland (CiNI).

Engagement is currently being planned with children and the views of all stakeholders will be vital in establishing issues and agreeing recommendations for further action.

Nursing workforce
The PHA Nursing Team has led on a number of regional workstreams and service improvement initiative's regarding workforce planning.

The DHSSPS commissioned the Director of Nursing to develop a workforce toolkit to ensure appropriate staffing levels. *Delivering care* provides a framework for nursing and midwifery workforce planning to support person-centred care in Northern Ireland and aims to determine 'Normative staffing' levels – i.e. a range of nursing and midwifery staffing levels for a variety of care settings that support safe, effective, person-centred care.

This framework is also a key part of the PHA's response to duties detailed in the *Health and Social Care framework*, the DHSSPS' *Commissioning directions* and the joint HSCB-PHA *Commissioning plan*.
The first phase of the project was completed during the year and examines the range of nursing staff required to provide safe and effective care within surgical and medical care settings. Over the coming period, the work will expand to cover a range of major specialties across all programmes of care.

The PHA has also developed a job planning toolkit for clinical nurse specialists in Northern Ireland which provides a framework and guidance for the development and completion of job plans for a number of Clinical Nurse Specialist roles.

10,000 Voices project

The PHA flagship campaign ‘10,000 Voices’ is an innovative way to capture the experiences of those people involved in healthcare services, including patients, clients, carers and staff.

Unlike traditional surveys, this approach prompts members of the public to describe their experience by telling their story and then to answer a series of questions known as signifiers which relate to their experience. The person can choose to tell their whole story or the elements of their story that were positive or negative.

‘10,000 Voices’ began to collect patient stories in September 2013 and aims to

- improve the patient/client experience;
- influence the commissioning of services for 2015/16.

It is a powerful way for patients/clients to have their experience heard. The stories collected provide real-time information on how services are meeting the needs of patients, clients or carers.

Early analysis of the data collected has indicated a number of themes which have potential to influence the design of future services.

Patients and their families or carers have told us that they felt more confident about sharing their experience due to the anonymity of the survey and were less likely to make a complaint as taking part in the project felt therapeutic.

Sharing both the positive and negative stories with staff is one of the most important aspects of the project. It is important to celebrate positive behaviours and attitudes with HSC staff. Raising staff awareness of the impact a poor experience can have on patients, their families and carers will help focus staff on what is important to patients.

It is recognised that patient care and experience is greatly enhanced when it is provided by staff who are motivated and happy in the work they are doing. Alongside the patient experience surveys, ‘10,000 Voices’ plans to commence a regional staff survey tool in spring of 2014 that will capture stories from front-line HSC staff about their experiences of working in health care.

Director's report: Operations

The Operations Directorate provides expertise in Communications, Health Intelligence, Planning, Governance and Corporate Services and through working with colleagues elsewhere in the PHA and other bodies, we ensure that the PHA's work is underpinned by good communication, the use of sound information, effective business processes and management of resources.

Tailored communications continue to play a fundamental role in helping to better inform key audiences about important public health issues. The means by which people are choosing to communicate are, however, expanding significantly in a fast-moving technological era and it is against this backdrop that the Communications team consistently look to ensure that the right messages are getting to target audiences through the most suitable communication channels available.

In 2013/14 the PHA developed and implemented a range of public information campaigns on flu, obesity, smoking, mental health, stroke, bowel cancer screening and organ donation. Each of these campaigns is evidence-based and comprehensively researched and tested to maximise their impact. The success of the campaign programme is, however, under growing pressure as demands for new campaigns increase, yet, we are required to reduce our total campaign expenditure by 20% year on year in line with Northern Ireland Executive criteria.
Health intelligence staff aim 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. As the work of the PHA has become ever more extensive so, in turn, the demand for practical information and support has increased and we are conscious of the finite capacity we have to provide this.

In this context our focus has been on developing access to new sources of data for public health as well as capitalising on existing sources. We have continued 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. In collaboration with trust staff we have produced a regional profile of child health.

Particular emphasis this year has also been given to improving knowledge dissemination, collaboration with other organisations and system development.

During 2013/14, we continued to build on, and further enhance, our governance arrangements ensuring that the PHA business has a solid foundation based on good corporate, information and financial governance.

Key activities during the year included the continued development of the Performance Expenditure Monitoring System (PEMS), ensuring close alignment with financial systems, enhancing business case support and guidance, reviewing the PHA *Risk management policy and strategy* and updating the PHA *Business continuity plan* following the first joint PHA and HSCB business continuity desktop exercise.

Operations staff have risen to the many challenges faced and I want to take this opportunity to acknowledge and thank them for their dedication and commitment to delivering high quality work, often against very demanding timescales.

Communications
During the year, focus has been placed on prioritisation and format of message delivery to ensure maximum impact of communications activity in a way which reflects the work of the agency and its key areas of work. Of particular note were the integrated communication programmes put in place around new campaigns on smoking cessation, mental health and organ donation. This work extended the reach, and enhanced the depth, of messaging of campaign work by providing, for example, case studies and expert insight through print and broadcast media.

We have also been putting particular focus on our online engagement through social media channels. The number of Twitter followers rose from 720 on 1 April 2013 to 1,963 on 31 March 2014. Facebook 'likes' increased from 254 on 1 April 2013 to 838 on 31 March 2014.

However, the viral nature of social media has enabled PHA messaging to reach a much greater number of people than those who directly follow our accounts. For example, an 'infographic' developed for World Mental Health Day in October 2013 and published on Facebook along with advice reached over 5,000 people, which was more than ten times the number who were following the PHA's Facebook account at the time.

A well-documented example of where it is possible for irresponsible communications to contribute directly to harmful behaviours is around the reporting of suicides and self-harming. Through the *Protect life strategy*, the PHA has been commissioned by the DHSSPS to implement a new service designed to monitor and help improve the reporting of suicide and mental health issues. During the month of March, when the service began, a total of 439 clippings were read and analysed and a number of actions identified.

Preliminary work was undertaken this year to develop a new media engagement programme and this will involve working closely with editors and journalists to deliver training on appropriate reporting of these issues and to provide feedback on coverage.

Whilst meeting the demand for new forms of communication we have striven to ensure that we do not compromise either the quality or availability of more traditional formats including publications and resource materials which can carry more in-depth information. Over the course of the year the PHA has produced in excess of 150 publications across the breadth of our programmes and supported many more HSC-wide initiatives.

2013/14 Public Information Campaigns

Bowel cancer screening
The bowel cancer screening campaign ran from August 2013 through to February 2014. The aim of the campaign was to raise awareness of the bowel cancer screening programme and encourage those eligible to participate in the screening programme when invited. The campaign included a mix of TV, radio, press and ambient advertising in washrooms, bingo halls, bookmakers, post offices and buses.

Flu
The 2013/14 campaign ran during October and November. It aimed to raise awareness of the flu vaccine for over 65s, under 65s at-risk groups and pregnant women vaccinated in advance of the flu season. It included TV, radio, press and online advertising supported by the website www.fluawareni.info.

Alongside the seasonal flu campaign, online and specialist press advertising promoted the extension of flu vaccination to children (children aged 2–3years and primary six) from mid-September until the end of October. Posters were distributed to GP surgeries, pharmacies, pre-school nurseries, sure starts / early years and soft play centres throughout Northern Ireland.

Obesity

The ‘Choose to live better’ campaign developed to tackle overweight and ran during May–July 2013. The campaign aimed to help people identify whether they are inching towards bad health by measuring their waist size, and offering advice on small practical steps they can take to help reduce their waist to a healthy size. Early findings from the campaign evaluation revealed awareness was very high with 89% of respondents aware of at least one element of the campaign.

The website www.choosetolivebetter.com provides helpful tips and practical advice on how people can measure their waist and reduce their weight. From 3 January 2013 –28 February 2014 there were 46,166 visits to the site (37,965 unique visitors) resulting in 117,062 page views.

Organ donation

‘Organ donation: speak up and save a life’, a new campaign aiming to raise awareness of the issue of organ donation in Northern Ireland and to encourage people to talk about organ donation with family and close friends, ran for six weeks during February and March 2014. The campaign included TV, radio, outdoor and online advertising. A website was developed to support the campaign www.organdonationni.info

Leaflets and posters were also distributed to GP surgeries, pharmacies, libraries, health and social care trusts, Northern Ireland Blood Transfusion Service and donor services. Further phases of distribution will take place in 2014/15. Within two weeks of the campaign being launched NHSBT showed 1,836 new registrations on the Organ Donation Register.

Smoking

A new smoking campaign was launched in September 2013. ‘Make them proud’ targets smokers who are parents and focuses on the proposition that when parents smoke, children often suffer as a consequence. The campaign aims to raise awareness of the impact parental smoking has on children’s mental health particularly in terms of the emotional worry and encourages smokers to make a quit attempt now rather than put it off until later.

‘Stop for good’ targets smokers who are thinking about quitting smoking in the near future. It focuses on the proposition that if you stop for 28 days or more you’re 5 times more likely to join the thousands of others who have stopped for good. It also highlights the support and advice available to help smokers make a quit attempt, directing them to the want2stop website and the smokers’ helpline for further information.

Media for the smoking campaign included TV, radio, outdoor, online and press advertising, which ran from the 10 September 2013–31 March 2014.

Evidence suggests that more smokers avail of services to help them make a quit attempt during smoking campaigns and once the campaign finishes, figures then drop back.

Stroke (FAST)
The FAST campaign aims to raise awareness of the signs and symptoms of stroke using the FAST acronym (Face, Arm, Speech, Time to call 999). The campaign ran from September–October 2013 and included TV, radio and press advertisements.

Mental health
The mental health campaign 'boxer' was launched in December 2013 and builds on previous campaigns to raise awareness of mental health issues, promote mental health and encourage help-seeking in relation to mental health problems. The new campaign also focuses on recovery and promotes mindingyourhead.info for more information.

Campaign advertising ran from 16 December until 30 March 2014, including TV, radio and online advertising. There have been 57,744 views of the boxer TV ad (30 sec ad) online since the campaign launched.

Visits to the Mindingyourhead website increased significantly when the campaign launched in December 2013 with 35,788 visits to the website from December 2013 to the end of February 2014.

Health Intelligence
During the year, our Health intelligence function contributed to a range of reports, workshops and presentations on topics as diverse as equity, organ donation, obesity, smoking, mental health and elderly.

We have continued to support 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 2013/14 comprehensive health intelligence briefs were produced on births, potentially avoidable deaths, homelessness, minority ethnic health issues and Lesbian, Gay, Bi-sexual and Transgender (LGB&T) health. Specific evaluations of effectiveness and outcomes were completed on major health improvement programmes including the maximising access to services, grants and benefits in rural areas (MARA) programme, Farm families, Healthy Hearts in West Belfast and Lifeline, the suicide prevention helpline. New evaluations are underway on regional initiatives such as the weight management in pregnancy project.

Qualitative work was undertaken to support colleagues around ante-natal education and screening. We also worked to develop or enhance performance and outcome measures and the reporting of these for regional strategies such as on obesity, specific areas such as smoking or for the PHA's own performance framework.

Operational Services
During the year we continued to take forward a considerable body of work. This included supporting good governance within the PHA through the maintenance of policies, provision of advice, maintenance of the Assurance Framework and supporting the PHA board in completing the first Arms-Length Bodies Board Self-Assessment.

We consolidated the work taken forward over the previous years to strengthen our information governance as we prepared for the introduction of the new information management controls assurance standard.

We continued to work closely not only with staff across all PHA Directorates, but also with colleagues in BSO and HSCB.

Emphasis
As a result of feedback from several staff surveys and workshops, and from discussions involving senior managers and Human Resources, PHA senior management formed a new group to address some of the issues that had been raised by staff and to put in place a structured programme of staff development.

The main aims of this new Organisation and Workforce Development Group (OWDG) are to inform, manage, coordinate and share learning and development activities across the PHA and to ensure that all staff are equipped with the necessary skills to enable them to deliver fully on the business needs of the organisation.

During the year the OWDG worked to develop, and began to take forward, a comprehensive Organisation and Workforce Development Programme. This programme identifies four key building blocks for organisational development:

- engaging with staff;
- staff wellbeing;
- learning and development training;
- communicating internally.

To support the roll-out of the programme, a brand identity ‘Emphasis on people’ was created to tie together the many initiatives aimed at improving staff development and wellbeing.

An Internal Communications Working Group was also established to take forward the development of internal communications systems within the organisation and is reviewing existing internal communications systems and processes and developing an internal communications strategy.
A regular *Emphasis* newsletter is also being produced to ensure all staff are aware of programme developments, training opportunities and actions and timescales pertaining to each of the key building blocks.

The newsletter will be published regularly with the aim of providing news on the Emphasis programme and sharing examples of good practice across the organisation.

One of the first actions undertaken was the development of a range of training opportunities specifically to meet the needs of staff across all functions and roles in the PHA and included the following short courses: Developing your potential; Leaders as collaborators; Leaders as innovators; Leaders as role models; and The resilient leader. Further programmes are planned for 2014/15 to ensure all staff will have the opportunity to attend.

Accommodation
During 2013/14 PHA staff worked closely with DHSSPS Health Estates to develop a business case for new accommodation in Belfast. This will address the problems with current accommodation, including insufficient space and split site working. Plans are now well advanced to move to more suitable accommodation in 2014/15. This will bring many advantages in supporting our staff through improved working conditions and enabling greater efficiencies in how we operate.

Planning and Performance Management
Preparations have been made during 2013/14 for the forthcoming changes in procurement legislation, which will impact significantly on the PHA commissioning of services from non-HSC organisations. Working closely with colleagues in BSO Procurement and Logistics Services (PALS) and Directorate of Legal Services (DLS), as well as staff across the PHA, new processes and documentation have been developed.

We have put in place some time-limited additional capacity to take forward the development of our procurement plans and activities and will consider what models of support will be possible into he future.

A PHA Procurement Board, chaired by the Chief Executive, has been established to oversee the process, ensuring good governance. A key initial task of this group was to approve the PHA Procurement Plan. This is a new area of procurement for all HSC organisations, and the PHA is therefore working closely with the regional groups in agreeing standard processes.

We have been very conscious that the new procurement arrangements whilst welcomed by many may also be a challenge for some organisations. While the process is still in its early days, we have sought to communicate extensively with those who have an interest in or are potentially impacted by our procurement of care and support.

To this end we organised a series of awareness sessions open to all organisations and held in locations across Northern Ireland. Questions raised at the sessions along with the answers have been placed on the PHA website as a common resource. The website will continue to be updated with relevant information about the procurement process.

Training has been provided to PHA staff involved in the procurement process during the year. This has included awareness training in respect of the new procurement regulations, legal requirements and more specific training for those staff who are sitting on adjudication panels. Additionally, to support the development of business cases, a training programme, facilitated by the HSC Leadership Centre, was provided for staff across the PHA.

In line with DHSSPS requirements the *PHA Annual business plan 2014/15* was developed. The plan takes account of DHSSPS targets and requirements for 2014/15, including the *Commissioning directions*, along with other PHA priorities. Development of the plan was coordinated by the Operations Directorate, working with all Directorates, with engagement and involvement of PHA board members.

Management commentary

The PHA comprises three Directorates as shown in the organisational structure below:
Diagram 1: PHA organisational structure to tier three level

Chief Executive
Dr Eddie Rooney

Director of Public Health[1]
Dr Carolyn Harper

Assistant Directors

- Health Protection – **Dr Lorraine Doherty**
- Health and Social Wellbeing Improvement – **Mary Black**
- Service Development and Screening – **Dr Janet Little**
- HSC R&D – **Janice Bailie**

Director of Nursing, Midwifery and Allied Health Professions[2]
Pat Cullen

Assistant Directors

- Allied Health Professions and Public Involvement – **Michelle Tennyson**
- Nursing, Safety, Quality and Patient/Client Experience – **Oriel Brown**[3]

Director of Operations
Ed McClean

Assistant Directors

- Planning and Corporate Services – **Rosemary Taylor**
- Communication and Knowledge Management – **Stephen Wilson**

1. Also Medical Director for HSCB
2. Interim Director from May 2013. Mary Hinds seconded to NHSCT from May 2013.
3. Appointed Lead Officer in May 2013.

Equality

The PHA is fully committed to equal opportunities and has in place an Employment Equality of Opportunity Policy to promote and provide equality for all groupings Under Section 75 of the Northern Ireland Act 1998. More information is available on the PHA's website at www.publichealth.hscni.net

This year we focussed on the actions detailed in the *Disability action plan* which was developed last year. This has included working with our 10 regional HSC partner organisations to raise staff awareness about specific disabilities. As the first in a series of awareness days, we decided to focus on the issues faced by people with epilepsy by promoting 'Purple Day', the international epilepsy awareness day, in the workplace which took place on 26 March.

We also worked with the HSCB, BSO Human Resources and other regional partners to explore providing meaningful work placement opportunities for people with disabilities. As a result we intend to offer six-month placements in the PHA from 2015/16 onwards.

Two of our board members, Dr Jeremy Harbison and Julie Erskine, have this year been engaging with staff from across the organisation to discuss what the PHA can do to further make a difference for people with a disability both through its work and as an employer.

We have made important progress in relation to the provision of information in accessible formats. Our Communications staff actively participated in the establishment of a new regional contract for interpreting and translations.

Much effort has also been devoted to preparing for the adoption and implementation of our *Accessible formats policy*. This has involved developing specific support products for staff including flowcharts and step-by-step guidance to help with choosing, and the procurement of, accessible formats.

Drawing on the learning from seminars held by the Equality Commission during the year, we also commenced work with the Human Resources Directorate within the Business Services Organisation to explore the scope for the development of a policy on transgender. The objective is to provide support to current and potential employees who identify as transgender and to support other staff and management.

Sick absence data

Based on the HSC formula for calculating absence levels, the corporate cumulative absence level for the PHA for the period from 1 April 2013 – 31 March 2014 is 3.56%. The total number of working hours available in this period was 569,165.2 hours.

There were 20,270.6 hours lost due to sickness absence. This equates to 60.87 hours lost per employee, based on employee's working a 7.5 hour day, this equates to 8.12 days per employee.

This is 3.18 days lower than the national average of 11.3 days per employee for the Health Sector (*CIPD Absence Management Survey 2013*).

It is also 0.58 days lower than the average days lost per employee for an organisation of a similar size.

Information governance
During 2013/14 the PHA continued to fulfil obligations under legislation such as the *Freedom of Information Act* and the *Data Protection Act*. The PHA information governance and records management strategies continued to provide a clear context and direction for information governance within the PHA. The senior information risk owner (SIRO) and information asset owners (IAOs) continued to work to ensure that information assets and information risk were managed effectively.

Progress against the information governance action plan was reported to the information governance steering group and the Governance and Audit Committee. Actions during the year included embedding the records management policy and procedures, reviewing the information asset registers, providing guidance to staff on day-to-day information governance issues and consolidating work from previous years to ensure compliance with the new information management controls assurance standard.
The PHA continued to support the roll-out of the regional HSC information governance e-learning programme. This includes modules on data protection, freedom of information, IT security and records management.

No major personal data protection incidents occurred during 2013/14.

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 from 1 April 2013 to 31 March 2014 = 39.
In addition, the PHA received and responded to one Subject Access Request during this period.

Assembly questions
The PHA received and responded to 125 written Assembly Questions and 17 oral Assembly Questions during 2013/14.

Consultations
In the 2013/14 financial year, the PHA undertook one consultation:

- Consultation on volunteering in Health and Social Care

Sustainability
The PHA is committed to protecting the environment and has a commitment to sustainability, environmental, social and community issues. It aims to understand the impact on the environment of its activities and to manage its operations in ways that are environmentally sustainable and economically feasible.

To this end an *Environmental policy* was approved by the Governance and Audit Committee on 15 April 2013 which is designed to bring to the attention of all employees, suppliers and contractors, the PHA's position in regard to environmental issues and demonstrates a desire to continually improve its performance in environmental sustainability.

Furthermore, the Governance and Audit Committee also approved a *Waste management strategy* and policy which recognises the PHA's responsibility for waste, from generation to disposal, and which is committed to environmental protection as well as improved waste management processes.

This strategy and policy is designed to bring to the attention of all employees, suppliers and contractors, the PHA's position in regard to waste reduction (prevent/reuse/dispose) and demonstrates a desire to continually improve its performance in waste management.

Specific notable measures taken during the year include:

Cycle to work scheme
The PHA, with the aim of encouraging healthier lifestyles and helping to reduce environmental pollution, has made available a cycle to work scheme. This allows an employee to give up part of their salary for a bicycle and associated safety equipment at a reduced price resulting in savings for the employee and a reduced carbon footprint vis-à-vis other methods of transport.

Bus/rail Translink scheme
The PHA also offer a scheme to its employees allowing them to purchase an annual Translink travel card through the organisation and then may pay it off on a monthly basis from their salary. This scheme encourages staff to use public transport and reduce their carbon footprint.

HRPTS/e-procurement – moving towards a paper free workplace
Over the past 18 months the PHA has adopted new systems to handle our human resources, payroll, travel and procurement needs. These new systems reduce the reliance on paperwork being completed, duplicated and posted for common daily tasks. This has substantially reduced the amount of paper used and reduced the amount of paper wastage.

Multi-function devices
The PHA has installed multi-function devices (MFDs) for the production of printed material. These devices (generally one/two per floor or open plan office) have replaced single-printing equipment at each workstation. These devices permit easier scanning of documents and default to double-sided printing resulting in a reduced paper usage. Reduced energy consumption is also an environmental benefit of this new printing arrangement.

Waste paper recycling
The recycling of waste material continues to be undertaken within the PHA. Paper waste is the major waste material generated and different arrangements are in place for shredding and recycling depending on the nature of this waste (ie confidential or non-confidential).

Video and teleconferencing
The PHA has invested over recent years in video and teleconferencing facilities, and continues to promote the use of this, to reduce the amount of travel to meetings.

Property Asset Management
The PHA is committed to providing a high standard of accommodation for our staff to ensure that they can work in a safe environment that is conducive to delivering the objectives of the organisation and promoting staff wellbeing.

In the year under review the PHA developed its *Property management plan* which provided an assessment of the current state of PHA office accommodation, outlined steps taken and planned to ensure property standards and value for money in keeping with the future needs of the organisation as it goes forward.
As a regional organisation, the PHA has already consolidated, on grounds of efficiency and value for money, into four main locations – Belfast, Ballymena, Armagh and Londonderry.
The PHA believes that the most effective and efficient model for staff accommodation remains in Ballymena, Armagh and Londonderry, co-located with, or close to, staff from HSCB and BSO. This is premised on seeking to maximise efficiencies and sharing of assets across the three organisations.

Training
The PHA has a responsibility to provide training and awareness for staff on a range of topics. Mandatory health and safety, fire safety, information governance and risk management training was provided for all staff.

Additional specialist training was available in a number of areas including business case development, equality screening, Mood Matters, recruitment and selection and IT packages.

As part of the continuing support of the new Finance, Procurement and Logistics (FPL) and HR, Payroll, Travel and Subsistence (HRPTS) systems, under the Business Services Transformation Programme, various mandatory training programmes were provided for staff through e-learning modules and face-to-face sessions.

Pension Liabilities
Information may be found within notes to the accounts (1.20) in this combined Annual Report and Accounts document.

Complaints
The PHA received no formal complaints during 2013/14.

If you wish to make a formal complaint or request a copy of our complaints procedure, please write to:

Director of Nursing and Allied Health Professions, Public Health Agency,
12–22 Linenhall Street, Belfast, BT2 8BS.

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 can be found within note 15 of the Annual Accounts within this combined document.

Staff numbers
The average number of whole time equivalent persons employed by the PHA during the year can be found in note 3 of the Annual Accounts within this combined document.

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

Audit services
The PHA's statutory audit was performed by PricewaterhouseCoopers LLP on behalf of the
Northern Ireland Audit Office and the notional charge for the year ended 31 March 2014 was £21,300. This is reflected in Non-cash expenditure within note 4 of the Annual Accounts.

Statement on disclosure of audit information
All Directors can confirm that they are not aware of any relevant audit information of which the external auditors are unaware. The accounting officer has taken all necessary steps to ensure that all relevant audit information which he is aware of has been passed to the external auditors.

Preparation of accounts
The PHA has prepared a set of accounts for the year ended 31 March 2014 in accordance with the relevant legislative requirements and these can be found within this combined document. The Governance Statement is also published in full within this combined document.

The continuing work of the Public Health Agency
This annual report has so far focused on our work and targets achieved during the 2013/14 financial year. In planning our work for 2014/15 and beyond we must take account of the regulatory and strategic environment in which we operate.

In planning our work for 2014/15 the PHA must take account of the regulatory and strategic environment in which we operate. In particular we will take forward actions to reflect:

- Programme for Government 2012–2015
- DHSSPS policy priorities
- Partnership working
- Personal and public involvement

Through the Programme for Government (PfG) 2011–2015, an additional £10m was identified for public health initiatives over the lifetime of the programme. During 2014/15 the PHA will continue to invest in key public health areas such as specific programmes to tackle obesity.

The PHA will also continue to work with the HSCB and other Health and Social Care (HSC) bodies during 2014/15 to achieve other relevant PfG targets.

A key DHSSPS priority for 2014/15 is the implementation of the Public Health Strategic Framework for Northern Ireland which sets out an updated strategic direction for public health for the next ten years. The PHA will take an active role in this, working with the DHSSPS and other partners.

During 2014/15, the PHA will also continue to have joint responsibility with HSCB for the implementation of Quality 2020 and of its goals to deliver high quality services and for Northern Ireland to be recognised locally and internationally as a leader for excellence in health and social care.

We will also continue to work with the HSCB to implement Transforming Your Care.

The PHA has a statutory responsibility to work closely with partners in the community, the voluntary sector, health and social care and the statutory sector. We will continue to do this in 2014/15.

We will also continue to work closely with local government during a period of significant transformation, as their boundaries change and new councils enter a shadow year with additional powers and responsibilities.

The current PHA Corporate Strategy will come to an end in 2015; therefore the development of a new PHA Corporate Strategy will be a priority during 2014/15.

Further information on the PHA’s priorities and specific actions for 2014/15 can be found in our business plan for 2014/15.

Remuneration Report

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 W Ashe, Non-Executive Board member

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. A circular on the 2013/14 Senior Executive pay award was received from the DHSSPS on 14 May 2014, related payments have not been made to Executive Directors and are therefore not included in the tables which follow.

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

The PHA are required to disclose whether there were any staff or public sector appointees contracted through employment agencies or self-employed with a cost of over £58,200 in the financial year, which were not paid through the PHA Payroll. No such 'off-payroll' engagements were in place in 2013/14, or 2012/13.

Early Retirement and Other Compensation Schemes

There were no early retirements or payments of compensation for other departures relating to Senior Executives during 2013/14.

ANNUAL REPORT FOR THE PERIOD ENDED 31 MARCH 2014

Senior Management Remuneration (Table Audited)

The salary, pension entitlements, and the value of any taxable benefits in kind of the most senior members of the PHA were as follows:

	2013/14				**2012/13**			
Name	**Salary £000s**	**Benefits in Kind (to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £'000**	**Salary £000s**	**Benefits in Kind (to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £'000**
Non-Executive Members								
M McMahon	30-35	0	0	30-35	30-35	0	0	30-35
J Erskine	5-10	0	0	5-10	5-10	0	0	5-10
J Harbison	5-10	0	0	5-10	5-10	0	0	5-10
M Karp	5-10	0	0	5-10	5-10	0	0	5-10
T Mahaffy	5-10	0	0	5-10	5-10	0	0	5-10
P Porter	5-10	0	0	5-10	5-10	0	0	5-10
W Ashe	5-10	0	0	5-10	5-10	0	0	5-10
B Coulter (Appointed 2/9/13)	5-10	0	0	5-10	0	0	0	0
R Orr (Leaver 06/4/2013)	0	0	0	0	5-10	300	0	5-10
Executive Members								
E P Rooney	115-120	0	21,000	135-140	115-120	200	23,000	140-145
C Harper (1)	140-145	100	30,000	170-175	135-140	0	(227,000)	(85-90)
E McClean	75-80	100	13,000	90-95	75-80	300	21,000	100-105
P Cullen (Appointed Acting Dir of Nursing 01/06/13) (2)	65-70	100	-	65-70	-	-	-	-
M Hinds (Seconded to NHSCT 22/5/13) (3)	15-20	0	-	15-20	100-105	100	10,000	110-115

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, plus the real increase in any lump sum, less the contributions made by the individual. The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

None of the Executive or Non-Executive Directors of PHA received any bonus or performance related pay in 2012/13 or 2013/14.

(1) This post holder had a reduction in salary in 2012/13 which will affect the calculation of pension benefits in the prior year.

(2) This is a temporary acting up post, therefore the annual calculation of pension benefit would not be applicable.

(3) No pension benefit, real increase or CETV values shown as these are annual increases and the post holder was employed by NHSCT at 31/3/14.

Pensions of Senior Management (Table Audited)

	2013/14				
Name	**Real increase in pension and related lump sum at age 60 £000s**	**Total accrued pension at age 60 and related lump sum £000s**	**CETV at 31/03/13 £000s**	**CETV at 31/03/14 £000s**	**Real increase/ (decrease) in CETV £000s**
Executive Members					
E P Rooney	0-2.5 pension	5-10 pension	111	144	33
C Harper	0-2.5 pension 5-10 lump sum	35-40 pension 115-120 lump sum	512	717	205
E McClean	0-2.5 pension 2.5-5.0 lump sum	20-25 pension 60-65 lump sum	457	477	20
P Cullen (Appointed Acting Director of Nursing 1/06/13)	0-2.5 pension 5.0-10.0 lump sum	30-35 pension 95-100 lump sum	495	556	61
M Hinds (Seconded to NHSCT 22/5/13) (3)	-	-	-	-	-

Note 3 – see table above

Median Salary (Table Audited)

The relationship between remuneration of the most highly paid director and the median remuneration of the workforce is set out below. There has been no significant change to the ratio, since 2012/13.

	2014 £'000	**2013 £'000**
Highest Earner's Total Remuneration (band)	140-145	135-140
Median Salary	34,530	34,597
Median Total Remuneration Ratio	**4.1**	**4.0**

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

A 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 a member's accrued benefits in 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 a member leaves the scheme or 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 benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and 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 transferred from another pension scheme or arrangement) and uses column market valuation factors for the start and end of the period.

Signed

Chief Executive

Date

11 June 2014

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); Mrs M Karp; Mr T Mahaffy and Alderman P Porter. Mr B Coulter was a member of the GAC from December 2013.

The committee is supported by: Mr E McClean, Director of Operations, PHA; Mr O Harkin, Acting 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) attend as required.

Meetings

The GAC met on the following dates during 2013/14:

20 June 2013;
3 October 2013;
5 December 2013;
6 February 2014;
10 April 2014.

Attendance

Mrs J Erskine (Chair)	**5**
Mrs M Karp	**3**
Mr T Mahaffy	**3**
Alderman P Porter	**4**
Mr B Coulter (from December 2013)	**3**

Activities

During 2013/14 the GAC:

- considered the PHA Statutory Accounts, Governance Statement 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 updated PHA Assurance Framework 2013–2015 and recommended approval to the PHA Board;
- regularly considered and approved the PHA Corporate Risk Register;
- had oversight of the process for self-assessment of compliance with Controls Assurance Standards;
- received the annual report on the PHA Gifts and Hospitality Register;

- regularly reviewed the Information Governance Action Plan progress report;
- considered and approved the revised PHA FOI Internal Review Procedures;
- considered and approved the updated PHA Business Continuity Plan;
- approved the internal audit work plan for 2013/14 and considered the reports on each piece of work;
- 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;
- received reports on the use of Direct Award Contracts (DACs) within the PHA;
- considered the revised PHA Standing Orders, Standing Financial Instructions and recommended them to the PHA Board for approval;
- considered the revised PHA Scheme of Delegated Authority (SODA) and recommended them to the PHA Board for approval;
- received reports on the Business Services Transformation Project (BSTP) implementation;
- received reports on the Emergency Preparedness Plan;
- Received the Declaration of Assurance from the Safeguarding Board for Northern Ireland (SBNI);
- received reports on Safety and Quality, in respect of Learning from Serious Adverse Incidents and SBNI generic standards audit;
- self-assessed the GAC against the NAO Audit Committee Self-Assessment Checklist.

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 2013/14, 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

11.06.14

Date

PHA Board

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) and the United Nations Children's Fund (UNICEF).

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.

Alderman Billy Ashe

Billy Ashe, Mayor of Carrickfergus Borough Council, 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.

Brian Coulter

Brian has extensive experience in Healthcare Regulation as former Non-Executive Director of the General Dental Council and current Lay Member of the General Optical Council and of the Human Tissue Authority.

He is past Chair of the General Optical Council, the Regulation and Quality Improvement Authority, The Northern Ireland Federation of Housing Associations, Parkview Special School Governors and the Eastern Health and Social Services Council.

He had a 23 year career in Health and Social Services followed by 18 years as Chief Executive of The Fold Group. His last employment was as Prisoner Ombudsman for Northern Ireland.

Pat Cullen (appointed as Interim Director during May 2013)

Pat Cullen is the PHA's Interim Executive Director of Nursing, Midwifery and Allied Health Professions.

Pat has responsibility for providing professional advice to all aspects of commissioning within the Health and Social Care Board as well as having lead responsibility for Quality, Safety and Patient/Client Experience throughout Northern Ireland.

Julie Erskine

Julie Erskine is a member of the Northern Ireland Social Care Council, the Northern Ireland Local Government Officers' Superannuation Committee and Chair of the Audit Committee for the Northern Ireland Commissioner for Children and Young People.

She is also a member of the Audit Committee for the Commissioner for Older People for Northern Ireland, a board member of the Probation Board for Northern Ireland and Panel Member of the Northern Ireland Medical and Dental Training Agency.

She 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.

Jeremy Harbison

Dr Jeremy Harbison, CB, worked in the Northern Ireland Civil Service for over 25 years at senior level across a range of Departments, following ten years working in the health service as a Clinical Psychologist.
During his civil service career he had senior policy responsibility in a range of social areas including health, social care, community relations, urban regeneration and social exclusion.
As well as being a non-executive Director of the PHA he is Pro Chancellor in the University of Ulster and was Chair of the Northern Ireland Social Care Council from 2001 until 2010.

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.

Mary Hinds (seconded to NHSCT during May 2013)

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.

Miriam Karp

Miriam Karp is a Council Member of the Northern Ireland Social Care Council, a Fitness To Practise Panellist for the Northern Ireland Pharmaceutical Society (Statutory Committee), a Fitness To Practise Panellist for the General Medical Council and a member of the Exceptional Circumstances Body for School Transfer.

She is also a Lay Representative for the Northern Ireland Medical and Dental Training Agency and a consultant for Arthritis Care UK.

Within the Nursing and Midwifery Council Miriam is also Chair of the Interim Orders Panel and Chair of the Investigating Committee.

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.

Edmond McClean

Edmond McClean is the PHA's Director of Operations and heads the PHA's communications, governance, business planning and health intelligence functions.

His background includes lead Director supporting the initial development of Belfast and East Local Commissioning Groups from 2007 to 2009 and from 1997 to 2007 he was Director of Strategic Planning and Commissioning with the Northern Health and Social Services Board.

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 brings to his role on the PHA board his experience gained on Lisburn City Council over the past 13 years representing constituents on health issues.

Paul Cummings (seconded to NHSCT during May 2013 and Owen Harkin appointed as Acting Director)
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. He is also a board member of Sport Northern Ireland. 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.

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 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 www.publichealth.hscni.net/pha-Board

Further details may be found in note 23 to the accounts within this document.

PUBLIC HEALTH AGENCY

ANNUAL ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2014

ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

FOREWORD

These interim accounts for the period ended 31 March 2014 have been prepared in a form determined by the Department of Health, Social Services and Public Safety (DHSSPS) based on guidance from 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.

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department of Health, Social Services and Public Safety has directed the Public Health Agency to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Public Health Agency, of its income and expenditure, changes in taxpayers equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of Government Financial Reporting Manual (FReM) and in particular to:

- observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- make judgements and estimates on a reasonable basis.
- state whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements.
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Public Health Agency will continue in operation.
- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Public Health Agency.
- pursue and demonstrate value for money in the services the Public Health Agency provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Dr Eddie Rooney of the Public Health Agency (PHA) as the Accounting Officer for the Public Health Agency. The responsibilities of an Accounting Officer, including his responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the PHA's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

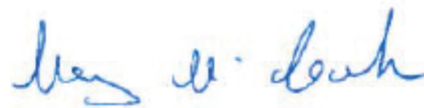
CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 67 to 104) which I am required to prepare on behalf of the Public Health Agency have been compiled from and are in accordance with the accounts and financial records maintained by the Health & Social Care Board on behalf of the Public Health Agency and with the accounting standards and policies for HSC bodies approved by the Department of Health, Social Services and Public Safety.

Paul Cummings Director of Finance

Date 11/6/14

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 67 to 104) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Mary McMahon Chairman

Date 11/06/14

E P Rooney Chief Executive

Date 11 June 2014

PUBLIC HEALTH AGENCY

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

I certify that I have audited the financial statements of the Public Health Agency for the year ended 31 March 2014 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise the Statement of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of the Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Financial Reporting Council's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Public Health Agency's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Public Health Agency; and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on Regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Public Health Agency's affairs as at 31 March 2014 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Department of Health, Social Services and Public Safety directions made under the Health and Social Care (Reform) Act (Northern Ireland) 2009; and
- the information given in Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

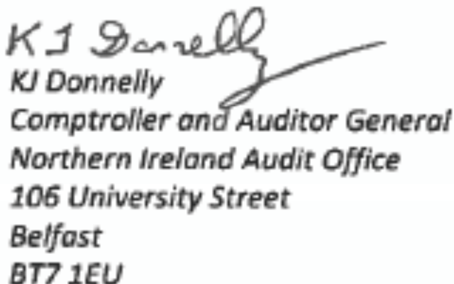
Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.



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

30 June 2014

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

GOVERNANCE STATEMENT

ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014
GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

The Board of the Public Health Agency (PHA) is accounting for internal control. As Accounting Officer and Chief Executive of the PHA Board, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health, Social Services and Public Safety.

As Chief Executive, I exercise my responsibility by ensuring that an adequate system for the identification, assessment and management of risk is in place. I have in place a range of organisational controls, commensurate with officers' current assessment of risk, designed to ensure the efficient and effective discharge of PHA business in accordance with the law and Departmental direction. Every effort is made to ensure that the objectives of the PHA are pursued in accordance with the recognised and accepted standards of public administration.

A range of processes and systems (including SLAs, representation on PHA Board and Governance and Audit Committee and regular formal meetings between senior officers) are in place to support the close working between the PHA and its partner organisations, primarily the Health and Social Care Board (HSCB) and the Business Services Organisation (BSO), as they provide essential services to the PHA (including finance) and in taking forward the health and wellbeing agenda.

Systems are also in place to support the inter-relationship between the PHA and the DHSSPS, through regular meetings and submitting regular reports.

2. Compliance with Corporate Governance Best Practice

The PHA applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The PHA does this by undertaking continuous assessment of its compliance with Corporate Governance best practice by internal and external audits and through the operation of the Governance and Audit Committee, with regular reports to the PHA Board.

The PHA Board has also completed a second self-assessment against the DHSSPS Arms Length Bodies (ALB) Board Self-Assessment Toolkit. Overall this shows that the PHA Board functions well, and identifies progress from the previous year. An action plan has been developed to take forward further improvements.

Arrangements are in place for an annual declaration of interests by all PHA Board Members; the register is publically available on the PHA website. Members are also required to declare any potential conflict of interests at Board or committee meetings, and withdraw from the meeting while the item is being discussed and voted on.

3. Governance Framework

The key organisational structures which support the delivery of good governance in the PHA are:

- PHA Board;
- Governance and Audit Committee; and
- Remuneration and Terms of Service Committee.

The PHA Board is comprised of a non executive chair, seven non executive members, the Chief Executive and three executive Directors. The PHA Board meets regularly, usually monthly with the exception of July. It sets the strategic direction for the PHA within the overall policies and priorities of the HSC, monitors performance against objectives, ensures effective financial stewardship, ensures that high standards of corporate governance are maintained, ensures systems in place to appoint, appraise and remunerate senior executives, ensures effective public engagement and ensures that robust and effective arrangements are in place for clinical and social care governance and risk management. During 2013/14 the PHA Board met on eleven occasions. All meetings were quorate.

The Governance and Audit Committee's (GAC) purpose is to give an assurance to the PHA Board and Accounting Officer on the adequacy and effectiveness of the PHA's system of internal control. The GAC has an integrated governance role encompassing financial governance, clinical and social care governance and organisational governance, all of which are underpinned by risk management systems. The GAC meets at least quarterly and currently comprises five non-executive directors supported by the PHA Director of Operations, HSCB Director of Finance, the Head of Internal Audit (BSO) and their respective staff. During 2013/14 the GAC met on five occasions. All meetings were quorate.

The Remuneration and Terms of Service Committee advises the PHA Board about appropriate remuneration and terms of service for the Chief Executive and other senior executives subject to the direction of the DHSSPS. The Committee also oversees the proper functioning of performance appraisal systems, the appropriate contractual arrangements for all staff and monitoring remuneration strategy that reflects national agreement and Department policy and equality legislation. The Committee meets at least once every 6 months. During 2013/14 the Committee met on two occasions. All meetings were quorate.

4. Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within the organisation.

The PHA has a five year Corporate Strategy for 2011 - 2015 setting out its purpose, vision, values and strategic goals. An Annual Business Plan is prepared taking account of DHSSPS guidance and priorities as well as PHA priorities for the year ahead. The plan is developed with input from the PHA Board and staff from all Directorates, taking account of engagement with wider stakeholders throughout the year. The PHA Annual Business Plan for 2013/14 was approved by the PHA Board on 21 March 2013 and by the Permanent Secretary, DHSSPS, on 23 May 2013. Regular performance monitoring reports are brought to the Board.

The PHAs Risk Management Strategy and Policy explicitly outlines the PHA risk management process which is a 5 stage approach – risk identification, risk assessment, risk appetite, addressing risk and recording and reviewing risk, as follows:

Stage 1 - Risk Identification
Risks are identified in a number of ways and at all levels within the organisation (corporately, by Directorate and by individual staff members). Risks can present as external factors which impact on the organisation but which the organisation may have limited control over, or operational which concern the service provided and the resources/processes available and utilised.

Organisation risk is related to the organisation's objectives (as detailed in the Corporate Strategy and Annual Business Plan). Each risk identified is correlated to at least one of the corporate objectives. Risks are also aligned with the relevant performance and assurance dimensions as identified in the DHSSPS Framework Document.

Stage 2 - Risk Assessment
After risks are identified they are assessed to establish:

- The **impact** that the risk would have on the business should it occur, and
- The **likelihood** of the risk materialising.

The PHA is committed to adhering to best practice in the identification and treatment of risks. The AS/NZS 4360:2004 "5x5" Risk Matrix is used along with a Risk Analysis Tools Impact Table which gives detail of the impact definitions to be used when assessing each identified risk.

Stage 3 - Risk Appetite
The organisation carefully considers the risk appetite – i.e. the extent of exposure to risk that is judged tolerable and justifiable. The PHA recognises that it is operating in an environment where safety, quality and viability are paramount and are of mutual benefit to service users, stakeholders and the organisation alike. Consequently, and subject to controls and assurances being in place, the PHA will generally accept manageable risks which are innovative and which predict clearly identifiable benefits, but not those where the risk of harm or adverse outcomes to service users, the PHA's business viability or reputation is significantly high and may outweigh any benefits to be gained. Risk appetite is built into the risk assessment process as outlined above.

Stage 4 - Addressing the Risk
Whilst there are four traditional responses to addressing risk (terminate, tolerate, transfer and treat), in practice within the PHA the vast majority of risks are managed via the "Treat" or "Tolerate" route – both of which are underpinned by the identification of an action plan to reduce and ultimately eliminate the risk.

Stage 5 - Recording and Reviewing Risk
Within the PHA the risk management process is recorded and evidenced through the maintenance of Risk Registers.

To ensure the robustness of the PHA's system of internal control, fully functioning risk registers at both directorate and corporate levels are reviewed and updated on a quarterly basis, ensuring that risks are managed effectively and efficiently to meet corporate objectives and to continuously improve the quality of services.

Processes are established within each Directorate enabling risks to be identified, controls and/or gaps in controls highlighted and where relevant action to be taken to mitigate the risk. Directors and senior officers also identify risks which require to be escalated to the corporate risk register. The Directorate and Corporate risk registers are reviewed and updated on a quarterly basis.

The Director of Operations is the PHA executive board member with responsibility for risk management. The Corporate risk register is reviewed quarterly by the Agency Management Team (AMT) and Governance and Audit Committee (GAC). The minutes of the GAC are brought to the following PHA Board meeting, and the chair of the GAC also provides a verbal update on governance issues including risk. The corporate risk register is brought to a PHA Board meeting at least annually.

During 2013/14 training and support was provided to staff who are actively involved in reviewing and co-ordinating the review of the Directorate and Corporate risk registers. A system has been established whereby the Senior Operations Manager meets with the planning and project managers supporting each Directorate and Division at the end of each quarter to ensure feedback and consistency in the review of the risk registers, and to share and learn from good practice.

All staff are required to complete the risk management e-learning programme, which was developed and launched by the PHA in 2012/13. In addition, staff have also been provided with other relevant training including fire, health, safety and security and fraud awareness.

All policies and procedures in respect of risk management and related areas are available to all staff through the PHA intranet (Connect) site.

5. Information Risk

The PHA has robust measures in place to manage and control information risks. The Director of Operations as Senior Information Risk Owner (SIRO) is the focus for the management of information risk at board level. The Director of Public Health as the Personal Data Guardian (PDG) has responsibility for ensuring that the PHA processes satisfy the highest practical standards for handling personal data. Assistant Directors as Information Asset Owners (IAO's) are responsible for managing and addressing risks associated with the information assets within their function and provide assurance to the SIRO on the management of those assets.

The PHA Information Governance Steering Group (IGSG) has the primary role of leading the development and implementation of the Information Governance framework across the organisation, including ensuring that action plans arising from internal and external audit reports and controls assurance standards assessments are progressed. The Group is chaired by the SIRO and membership includes all the IAOs, PDG, a non-executive board member and relevant governance staff. The IGSG meets quarterly, and provides a report to the GAC.

The PHA Information Governance Strategy sets out the framework to ensure that the PHA meets its obligations in respect of information governance, embedding this at the heart of the organisation and driving forward improvements in information governance within the PHA. The Strategy covers the 3 year period from April 2012 to March 2015 and is supported by annual Action Plans setting out how it will be implemented. Alongside this a range of policies and procedures are in place, including records management, IT security and data protection.

The PHA 'Connect' intranet site provides staff with easy access to the latest PHA policies, news and resources. Through the use of this site the PHA ensures that all staff have access to information governance policies and procedures.

Information asset registers have been developed, and are kept under review; information risks are incorporated in the Corporate and Directorate Risk Registers and control measures are identified and reviewed as required.

The PHA was involved in the development of a HSC wide information governance e-learning programme, incorporating freedom of information, data protection, records management and IT security during 2012/13. This was rolled out within the PHA during 2013/14; all staff will be required to complete all four modules. Uptake of training is monitored by the IGSG.

6. Assurance

The Governance and Audit Committee provides an assurance to the Board of the PHA on the adequacy and effectiveness of the system of internal controls in operation within the PHA. It assists the PHA Board in the discharge of its functions by providing an independent and objective review of:

- All control systems
- The information provided to the PHA Board
- Compliance with law, guidance and Code of Conduct and Code of Accountability; and
- Governance processes within the PHA Board.

Internal and external audit have a vital role in providing assurance on the effectiveness of the system of internal control. The GAC receives reviews and monitors reports from Internal and External Audit. Internal and External Audit representatives are also in attendance at all GAC meetings.

The Chair of the GAC reports to the PHA Board on a regular basis on the work of the Committee.

The PHA Board also receives regular assurances through the financial and performance reports brought to it.

The PHA Assurance Framework, which is reviewed twice yearly by the GAC and annually by the PHA Board, sets out a systematic and comprehensive reporting framework to the Board and it's committees.

The PHA continues to ensure that data quality assurance processes are in place across the range of data coming to the PHA Board. Where gaps are identified, the PHA proactively seeks to address these, for example by the development and regular review of the Programme Expenditure Monitoring System (PEMS) to ensure comprehensive and robust information.

Information presented to the PHA Board to support decision making, is firstly presented to and approved by AMT and the Chief Executive, as part of the quality assurance process. Relevant officers are also in attendance at Board meetings when appropriate, to ensure that members have the opportunity to challenge information presented.

Controls Assurance Standards

The PHA assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in 2013/14.

The Organisation achieved the following levels of compliance for 2013/14

Standard	DHSS&PS Expected Level of Compliance	PHA Level of Compliance	Audited by Internal Audit
Buildings, land, plant and non-medical equipment	75% - 99% (Substantive)	84%	
Decontamination of medical devices	75% - 99% (Substantive)	N/A	
Emergency Planning	75% - 99% (Substantive)	94%	
Environmental Cleanliness	75% - 99% (Substantive)	N/A	
Environment Management	75% - 99% (Substantive)	78%	✓
Financial Management *(Core Standard)*	75% - 99% (Substantive)	85%	✓
Fire safety	75% - 99% (Substantive)	93%	
Fleet and Transport Management	75% - 99% (Substantive)	N/A	
Food Hygiene	75% - 99% (Substantive)	N/A	
Governance *(Core Standard)*	75% - 99% (Substantive)	88%	✓
Health & Safety	75% - 99% (Substantive)	89%	
Human Resources	75% - 99% (Substantive)	89%	
Infection Control	75% - 99% (Substantive)	N/A	
Information Communication Technology	75% - 99% (Substantive)	83%	
Management of Purchasing	75% - 99% (Substantive)	85%	✓
Medical Devices and Equipment Management	75% - 99% (Substantive)	N/A	
Medicines Management	75% - 99% (Substantive)	N/A	
Information Management	75% - 99% (Substantive)	78%	
Research Governance	75% - 99% (Substantive)	88%	
Risk Management *(Core Standard)*	75% - 99% (Substantive)	86%	✓
Security Management	75% - 99% (Substantive)	88%	
Waste Management	75% - 99% (Substantive)	85%	

7. Sources of Independent Assurance

The PHA obtains Independent Assurance from the following sources:

- Internal Audit;
- External Auditors and Northern Ireland Audit Office

Internal Audit

The PHA has an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis.

In 2013/14 Internal Audit reviewed the following systems:

System reviewed	Assurance received
Financial Review	Satisfactory
Procurement and Contract Management	Satisfactory
Management of Voluntary and Community Organisations Contracts (including visits to voluntary organisations)	Satisfactory (management) Limited (procurement)
Directorate Audit – Finance and HR	Satisfactory
Risk Management	Satisfactory
Governance (Board Effectiveness)	Satisfactory

Internal audit also carried out the year end Controls Assurance verification and a mid-year and end of year follow up reports.

In her annual report, the Internal Auditor reported that the PHA system of internal control was adequate and effective. However, two priority one weaknesses in control were identified in the PHA management of voluntary and community organisations contracts and one in the financial review. Recommendations to address these control weaknesses have been or are being implemented.

In particular, the PHA continues to take robust actions to address the weaknesses identified in the audit of the Management of Voluntary and Community Organisations Contracts. This has included the establishment of a PHA procurement board and development and monitoring of a procurement plan. The PHA is also working with BSO PALS and Legal Directorate to progress PHA procurement of health improvement services as well as participating in the regional HSC social care procurement groups. Of the four priority one recommendations with an implementation date of 31 March 2014 or earlier, two recommendations have been fully implemented, one has been partially implemented, and one has yet to be implemented. The PHA is actively progressing implementation, and will continue to closely monitor this work.

The one priority one recommendation in the Financial Review 2013/14 (received 27 March 2014) relates to the Safeguarding Board for Northern Ireland (SBNI) procurement. Steps are currently being taken to address this, including ensuring that staff are aware of the correct policies and procedures.

The Internal Audit Follow Up report on previous Internal Audit Recommendations, issued 27 March 2014, found that of those recommendations with an implementation date of 31 March 2014 or earlier, 90% were fully implemented, a further 9% partially implemented and 1% not yet implemented. The one recommendation that has not yet been implemented relates to the procurement of voluntary and community services. In line with this recommendation a report on the procurement plan is currently being prepared for the PHA Board.

External Audit

In the Report to Those Charged with Governance (RTTCWG) for the year ended 31 March 2013, the NI Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regulatory opinion of the PHA's accounts, with four priority 1 issues being raised.

The four priority one recommendations related to:

- Reliance on third party organisations (BSO);
- Business Services Transformation Project (BSTP) – Human Resources, Payroll and Travel System (HRPTS);
- BSTP – Finance, Procurement and Logistics System (FPL);
- Voluntary Organisation expenditure

The first three recommendations were interlinked and related to the services provided by the Business Services Organisation (BSO) under a Service Level Agreement and significant post implementation issues. External Audit noted that 'the HSCB management on behalf of PHA had invested significant time investigating the information provided by BSO to identify errors', which were either corrected or identified to BSO for correction. The recommendations relating to the post implementation issues of the BSTP systems were subject to local and regional corrective action plans which are discussed in more detail in section 9 a.

The recommendation relating to governance arrangements surrounding Voluntary Organisation expenditure have been substantially progressed; the management of voluntary and community organisation contracts has been given a satisfactory level of assurance by the Head of Internal Audit during 2013/14.

All recommendations made were actively progressed, monitored by the HSCB Director of Finance on behalf of the PHA, and progress towards implementation reported to each meeting of the Governance and Audit Committee during 2013/14. The majority, including minor recommendations have been implemented, with residual BSTP issues and Reliance on Third Party Organisations requiring on-going monitoring.

8. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the PHA who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governance and Audit Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

9. Internal Governance Divergences

Update on prior year control issues which have now been resolved and are no longer considered to be control issues

New Office of the First Minister and Deputy First Minister (OFMDFM) Campaign advertising protocol

NI Executive policy on Campaign Advertising expenditure requires that all NDPB/ALB proposals for Public Information Campaigns seek approval of NI Executive and sponsor Department prior to programme development. However whilst the PHA is required to submit proposals 5 months in advance of the proposed programme financial year commencement, approvals have not been communicated to the PHA until within the following financial year. This effectively prevents campaigns running until such time as approvals are known and compromises expected expenditure profiles against which PHA performance is measured. During the past year, the PHA has worked to ensure that the practical implications of this are managed and mitigating actions taken where possible, in close consultation and agreement with our sponsoring Department, ensuring that agreed public information campaigns are progressed in a timely manner and budgets managed accordingly. The PHA will however continue to monitor the situation, and will place this issue on the PHA corporate risk register if necessary.

Update on prior year control issues which continue to be considered control issues

Business Services Transformation Project

During 2012/13 two new computer systems, were to be introduced by the BSO across all Health and Social Care (HSC) organisations as part of the Business Services Transformation Project (BSTP) programme. These were Finance, Procurement and Logistics (FPL) and Human Resources, Payroll and Travel (HRPTS) systems.

Post implementation, significant difficulties had been encountered over a range of areas, which resulted in the Internal Auditor providing limited assurance and the External Auditor providing priority 1 recommendations in relation to the associated financial processes. In 2012/13 detailed corrective action plans had been developed locally, in conjunction with BSO, and regionally by the BSTP team in order to resolve the issues identified. These action plans have now been sufficiently progressed to a ‘business as usual’ status, with residual issues being managed by the HSCB Finance Directorate, on behalf of PHA, and BSO.

However, the PHA is aware of significant issues being experienced elsewhere within HSC organisations relating to the BSTP, particularly with respect to payroll and supplier payments, these issues have been exacerbated by the implementation of shared services during 2013/14. The PHA is therefore concerned that these issues could have an adverse impact on the PHA, and therefore will continue to monitor progress and developments in this area.

Accommodation

The majority of the issues relating to Ormeau Baths have now been resolved, with PHA working well with the new agents for Ormeau Baths, ensuring that any issues are dealt with promptly. PHA and SBNI staff continue to be accommodated in Ormeau Baths, along with PCC, who moved in during November 2013.

ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014
GOVERNANCE STATEMENT

During 2013/14 PHA staff have continued to work with Health Estates to develop a business case for new accommodation to resolve the continuing problems, especially in respect of 4th floor 12-22 Linenhall street, and Alexander House with the number of staff significantly in excess of capacity, with consequent problems including noise, lack of meetings space and challenges regarding data confidentiality. These issues continue to have a negative impact on PHA staff, resources and how the PHA carries out its business.

The draft business case was approved by the DHSSPS in November 2013, enabling the PHA to commence negotiations with the landlord of the preferred option. PHA is continuing to work with Health Estates and BSO Directorate of Legal Services to bring these negotiations to a satisfactory conclusion and to finalise the implementation plans. The business case is currently being finalised with input from Health Estates taking account of the agreed rent and refined capital costs. It is anticipated that the lease will be agreed and works completed, to enable PHA staff to move to new accommodation summer 2014.

Management of Contracts with the Community and Voluntary Sector
The Internal Audit report on the PHA management of voluntary and community contracts in 2012/13 provided limited assurance, based on a number of priority one findings in respect of both the management of contracts and the need to 'market test in order to ensure value for money'. The PHA has taken robust action to address the findings, with the development of an Action plan and progress reports being brought to the Chief Executive and the Governance and Audit Committee. As a result of the work undertaken, the Internal Audit report on the PHA management of voluntary and community contracts in 2013/14 provided satisfactory assurance in respect of the management of contracts.

The 2013/14 internal audit report did however only provide limited assurance in respect of the procurement of voluntary and community organisation contracts. The report acknowledged that a procurement plan was in place, however at the time of the audit implementation of the plan had not commenced.

Since the audit was carried out, significant work has been undertaken to progress the plan, including working closely with BSO Procurement and Logistics Service (PALS) and Directorate of Legal Services (DLS) to develop appropriate social care procurement processes and documentation, additional staffing resource identified to support the procurement process and training in relevant aspects of social care procurement provided for staff across the PHA. Progress has been made in developing tender strategies and specifications, and initial awareness sessions in respect of the new processes have been provided for potential providers. This work is overseen by the PHA procurement board which meets on a regular basis.

It is recognised however that social care procurement is a new area for the wider HSC, and the PHA is working closely with colleagues in HSCB, BSO and the Trusts to develop and put in place regional processes to meet the forthcoming new procurement regulations.

Progress against the PHA procurement plan has however been slower than expected, given the challenges of developing and implementing new procurement processes. The PHA will however continue to work with colleagues to ensure that the services it commissions are procured in a satisfactory and timely manner.

Identification of new issues in the current year (including issues identified in the mid-year assurance statement) and anticipated future issues.)

Quality, Quantity and Financial Controls
This issue reflects the difficulties faced by the PHA in commissioning and supporting services provided to the population of Northern Ireland in an environment where demand for these services continues to increase whilst the budget available for commissioning them remains constrained.

The PHA has taken action and continues to develop plans and associated efficiencies for 2014/15 which will contribute towards maintaining the integrity of the services that it currently commissions along with ensuring that the additional priorities identified continue to be implemented and progressed.

10. Conclusion

The PHA has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI.

Further to considering the accountability framework within the Body and in conjunction with assurances given to me by the Head of Internal audit, I am content that the PHA has operated a sound system of internal governance during the period 2013/14.

Dr E Rooney

Chief Executive

Date

11 June 2014

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2014

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the period ended 31 March 2014

	NOTE	2014 £000s	2013 £000s
Expenditure			
Staff costs	3.1	(17,022)	(16,035)
Depreciation	4.0	(97)	(76)
Other Expenditures	4.0	(46,311)	(37,329)
		(63,430)	(53,440)
Income			
Income from activities	5.1	153	244
Other Income	5.2	821	469
Deferred income	5.3	0	0
		974	713
Net Expenditure		**(62,456)**	**(52,727)**
Revenue Resource Limit (RRL) Issued (to)			
Belfast HSC Trust		(11,375)	(11,141)
South Eastern HSC Trust		(3,247)	(3,135)
Southern HSC trust		(4,950)	(4,650)
Northern HSC Trust		(6,490)	(5,890)
Western HSC Trust		(5,793)	(5,699)
NI Ambulance Service HSC Trust		0	(12)
Total RRL issued		(31,855)	(30,527)
Total Commissioner resources utilised		(94,311)	(83,254)
RRL received from DHSSPS	25.1	94,469	83,543
Surplus against RRL		**158**	**289**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2014 £000s	2013 £000s
Items that will not be reclassified to net operating costs:			
Equipment	6.1/10/6.2/10	2	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2014		**(62,454)**	**(52,727)**

The notes on pages 72 - 104 form part of these accounts

PUBLIC HEALTH AGENCY

STATEMENT of FINANCIAL POSITION as at 31 March 2014

		2014		2013	
	NOTE	**£000s**	**£000s**	**£000s**	**£000s**
Non Current Assets					
Property, plant and equipment	6.1/6.2	460		377	
Intangible assets	7.1/7.2	60		1	
Financial assets	8.0	0		0	
Trade and other receivables	12.0	0		0	
Other current assets	12.0	0		0	
Total Non Current Assets			520		378
Current Assets					
Assets classified as held for sale	9.0	0		0	
Inventories	11.0	0		0	
Trade and other receivables	12.0	698		788	
Other current assets	12.0	388		35	
Financial assets	8.1	0		0	
Cash and cash equivalent	13.0	217		269	
Total Current Assets			1,303		1,092
Total Assets			**1,823**		**1,470**
Current Liabilities					
Trade and other payables	14.0	(9,476)		(10,188)	
Other liabilities	14.0	0		0	
Intangible current liabilities	14.0	0		0	
Provisions	16.0	(10)		(5)	
Total Current Liabilities			(9,486)		(10,193)
Non Current Assets plus/less Net Current Assets / Liabilities			**(7,663)**		**(8,723)**
Non Current Liabilities					
Provisions	16.0	0		0	
Other payables > 1 yr	14.0	0		0	
Financial liabilities	8.0	0		0	
Total Non Current Liabilities			0		0
Assets less Liabilities			**(7,663)**		**(8,723)**
Taxpayers' Equity					
Revaluation reserve		36		34	
SoCNE Reserve		(7,699)	0	(8,757)	0
			(7,663)		**(8,723)**

The notes on pages 72 to 104 form part of these accounts.

Mary McMahon
(Chairman)

Date 11/06/14

E P Rooney
(Chief Executive)

Date 11 June 2014

PUBLIC HEALTH AGENCY

STATEMENT of CASH FLOWS for the period ended 31 March 2014

	NOTE	2014 £000s	2013 £000s
Cash flows from operating activities			
Net expenditure after interest		(62,456)	(52,727)
Adjustments for non cash costs		128	106
(Increase)/decrease in trade and other receivables		(264)	574
Increase/(decrease) in trade payables		(712)	1,369
Less movements in payables relating to items not passing through the SOCNE			
Movements in payables relating to the purchase of porperty, plant and equipment		(110)	(22)
Use of provisions	16	0	(6)
Net cash outflow from operating activities		(63,414)	(50,706)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	6	(131)	(151)
Net cash outflow from investing activities		(131)	(151)
Cash flows from financing activities			
Grant in aid		63,493	50,815
Net financing		63,493	50,815
Net increase (decrease) in cash & cash equivalents in the period		(52)	(42)
Cash & cash equivalents at the beginning of the period	13	269	311
Cash & cash equivalents at the end of the period	13	**217**	**269**

The notes on pages 72 to 104 form part of these accounts.

STATEMENT of CHANGES in TAXPAYERS' EQUITY
for the year ended 31 March 2014

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Total £000s
Balance at 31 March 2012		(6,863)	34	(6,829)
Balance at 1 April 2012		(6,863)	34	(6,829)
Changes in Taxpayers Equity 2012/13				
Grant from DHSSPS		50,815	0	50,815
(Comprehensive expenditure for the year)		(52,727)	0	(52,727)
Non cash charges - auditors remuneration	4	18	0	18
Balance at 31 March 2013		**(8,757)**	**34**	**(8,723)**
Grant from DHSSPS		63,493	0	63,493
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(62,456)	2	(62,454)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	4	21	0	21
Balance at 31 March 2014		**(7,699)**	**36**	**(7,663)**

The notes on pages 72 -104 form part of these

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

STATEMENT OF ACCOUNTING POLICIES

1 Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel's Financial Reporting manual (FreM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009. The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Public Health Agency (PHA). Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the PHA for the purpose of giving a true and fair view has been selected. The PHA's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

1.2 Currency and Rounding

These accounts are presented in UK Pounds sterling. The figures in the accounts are shown to the nearest £1,000.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings and Assets under construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the PHA;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as “under “construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

The PHA does not hold any land and buildings. The premises occupied by the PHA are leased by the Department of Health, Social Services and Public Safety on behalf of the PHA.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over their estimated useful lives or terms of the lease. The estimated useful life of an asset is the period over which the PHA expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure (SoCNE). If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the SoCNE and an amount up to the value of the impairment in the revaluation reserve is transferred to the SoCNE Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the SoCNE to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it;
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the PHA's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the PHA; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Donated assets

The PHA had no donated assets in either 2013/14 or 2012/13.

1.9 Non-current assets held for sale

The PHA had no non-current assets held for sale in either 2013/14 or 2012/13.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. The PHA had no inventories in either 2013/14 or 2012/13.

1.11 Income

Operating Income relates directly to the operating activities of the PHA and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Grant in aid

Funds received from the Department of Health and Social Services and Public Safety are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.12 Investments

The PHA did not hold any investments in either 2013/14 or 2012/13.

1.13 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a Finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

The PHA did not hold any Finance Leases or act as a Lessor in either 2013/14 or 2012/13.

1.16 Private Finance Initiative (PFI) transactions

The PHA had no PFI transactions in either 2013/14 or 2012/13.

1.17 Financial instruments

Financial assets

Financial assets are recognised on the Statement of Financial Position (SoFP) when the PHA becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred. Financial assets are initially recognised at fair value.

Financial liabilities

Financial liabilities are recognised on the SoFP when the PHA becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Financial liabilities are initially recognised at fair value.

Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with the DHSSPS, and the manner in which it is funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non public sector body of similar size, therefore the PHA is not exposed to the degree of financial risk faced by business entities. The PHA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the PHA in undertaking activities. Therefore the PHA is exposed to little credit, liquidity or market risk.

Currency risk

The PHA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The PHA has no overseas operations. The PHA therefore has low exposure to currency rate fluctuations.

Interest rate Risk, Credit Risk and Liquidity

The PHA receives the majority of its income from the DHSSPS and has limited powers to borrow or invest and therefore has low exposure to credit or liquidity risks or interest rate fluctuations.

1.18 Provisions

In accordance with IAS 37, Provisions are recognised when the PHA has a present legal or constructive obligation as a result of a past event, it is probable that the PHA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using Department of Finance and Personnel's discount rate of -1.9% (1-5 years), -0.65% (>5-10 years) or 2.2%(>10 years) in real terms.

The PHA has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the affect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the PHA has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the PHA has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the PHA.

1.19 Contingencies

Under IAS 37**,** the PHA discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the PHA, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the PHA. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

The PHA had no contingences at 31 March 2014 or at 31 March 2013.

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been has been calculated based on the balance remaining in the computerised leave system for all staff as at 31 March 2014. Untaken flexi leave is estimated to be immaterial to the PHA and has not been included.

Retirement benefit costs

The PHA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the PHA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The PHA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

The costs of early retirements are met by the PHA and charged to the Statement of Comprehensive Net Expenditure at the time the PHA commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was completed in 2014 and will be used in the 2013/14 accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets.

1.22 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of Property, Plant and Equipment.

1.23 Third Party Assets

Assets belonging to third parties are not recognised in the accounts since the PHA has no beneficial interest in them. The PHA currently holds £nil assets relating to third parties.

1.24 Government Grants

The PHA had no Government Grants in either period ending 31 March 2014 and in the Financial Year 2012/13.

1.25 Losses and Special Payments

Losses and special payments are items that Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the PHA not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.26 Accounting Standards that have been issued but have not yet been adopted

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of January 2013, and EU adoption is due from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A review of the NI financial process is currently under discussion with the Executive, which will bring NI departments under the same adaptation. Should this go ahead, the impact on DHSSPS and its Arms length bodies is expected to focus around the disclosure requirements under IFRS 12.

The impact on the consolidation boundary of NDPB's and trading funds will be subject to review, in particular, where control could be determined to exist due to exposure to variable returns (IFRS 10), and where joint arrangements need reassessing

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

1.27 Changes in Accounting Policy/Prior Year Restatement

There were no changes in Accounting Policy during the year ending 31st March 2014.

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 2. ANALYSIS of NET EXPENDITURE by SEGMENT

The PHA has identified 3 segments: Commissioning, Family Health Services (FHS) and Administration. Net expenditure is reported by segment as detailed below:

	Note	2014 £'000s	2013 £'000s
Summary			
Net Expenditure			
Commissioning	2.1	73,091	64,044
FHS	2.2	2,075	1,225
Agency Administration	2.3	19,144	17,985
Total Commissioner Resources Utilised		**94,310**	**83,254**

2.1 Commissioning

	Note	2014 £'000s	2013 £'000s
Expenditure			
HSC Trust			
Belfast HSC Trust	SoCNE	11,375	11,141
South Eastern HSC Trust	SoCNE	3,247	3,135
Southern HSC Trust	SoCNE	4,950	4,650
Northern HSC Trust	SoCNE	6,490	5,890
Western HSC Trust	SoCNE	5,793	5,699
NIAS HSC Trust	SoCNE	0	12
Other Providers	4.1/4.2	41,389	33,761
		73,244	64,288
Income			
Income from activities	5.1	153	244
Commissioning Net Expenditure		**73,091**	**64,044**

2.2 FHS

	Note	2014 £'000s	2013 £'000s
Expenditure			
Family Health Services Expenditure	4.1	2,075	1,225
Income	5.1	0	0
FHS Net Expenditure		**2,075**	**1,225**

PUBLIC HEALTH AGENCY

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

2.3 Agency administration

	Note	2014	2013
Expenditure		**£'000s**	**£'000s**
Salaries & wages	3.1	17,022	16,035
Operating expenditure	4.2	2,816	2,313
Non Cash costs	4.3	26	29
Loss on disposal of property, plant & equipment	4.3	1	1
Depreciation & Amortisation	4.3	100	76
		19,965	18,454
Income			
Staff secondment recoveries	3.1	478	344
Operating income	5.2	343	125
		821	469
Administration Net Expenditure		**19,144**	**17,985**

NOTE 3. STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

	2014			2013
Staff costs comprise:	Permanently employed staff	Others	Total	Total
	£000s	£000s	£000s	£000s
Wages and salaries	13,122	930	14,052	13,298
Social security costs	1,222	87	1,309	1,178
Other pension costs	1,551	110	1,661	1,559
Sub-Total	15,895	1,127	17,022	16,035
Capitalised staff costs	0	0	0	0
Total staff costs reported in Statement of Comprehensive Expenditure	15,895	1,127	17,022	16,035
Less recoveries in respect of outward secondments			478	344
Total net costs			**16,544**	**15,691**

Staff Costs exclude £Nil charged to capital projects during the year (2013 £Nil)

The PHA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the PHA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The PHA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

3.2 Average number of persons employed

The average number of whole time equivalent persons employed during the year was as follows;

	2014			2013
	Permanently employed staff	Others	Total	Total
	No.	No.	No.	No.
Commissioning of Health and Social Care	301	30	331	315
Less average staff number in respect of outward secondments	7	0	7	6
Total net average number of persons employed	**294**	**30**	**324**	**309**

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 3.3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the PHA were as follows:

	2013/14				2012/13				2013/14				
Name	Salary £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefits (to nearest £1000)	Total £'000	Salary £000s	Benefits in Kind (Rounded to nearest £100)	Pension Benefits (to nearest £1000)	Total £'000	Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/13 £000s	CETV at 31/03/14 £000s	Real increase/ (decrease) in CETV £000s
Non-Executive Members													
M McMahon	30-35	0	0	30-35	30 - 35	0	0	30 - 35	0	0	0	0	0
J Erskine	5-10	0	0	5-10	5 - 10	0	0	5 - 10	0	0	0	0	0
J Harbison	5-10	0	0	5-10	5 - 10	0	0	5 - 10	0	0	0	0	0
M Karp	5-10	0	0	5-10	5 - 10	0	0	5 - 10	0	0	0	0	0
T Mahaffy	5-10	0	0	5-10	5 - 10	0	0	5 - 10	0	0	0	0	0
P Porter	5-10	0	0	5-10	5 - 10	0	0	5 - 10	0	0	0	0	0
W Ashe	5-10	0	0	5-10	5 - 10	0	0	5 - 10	0	0	0	0	0
B Coulter (Appointed 2/9/13)	5-10	0	0	5-10	0	0	0	0	0	0	0	0	0
R Orr (Leaver 6/4/2013)	0	0	0	0	5 - 10	300	0	5 - 10	0	0	0	0	0
Executive Members													
E P Rooney	115-120	0	21,000	135-140	115-120	200	23,000	140-145	0-2.5 pension	5-10 pension	111	144	33
C Harper (1)	140-145	100	30,000	170-175	135-140	0	(227,000)	(85-90)	0-2.5 pension 5-10 lump sum	35-40 pension 115-120 lump sum	512	717	205
E McClean	75-80	100	13,000	90-95	75 - 80	300	21,000	100-105	0-2.5 pension 2.5-5.0 lump sum	20-25 pension 60-65 lump sum	457	477	20
P Cullen (Appointed Acting Director of Nursing 1/06/13) (2)	65-70	100	-	65-70	-	-	-	-	0-2.5 pension 5.0-10.0 lump sum	30-35 pension 95-100 lump sum	495	556	61
M Hinds (Seconded to NHSCT 22/5/13) (3)	15-20	0	-	15-20	100-105	100	10,000	110-115	-	-	-	-	-

None of the Executive or Non-executive Directors of PHA received any bonus or performance related pay in 2012/13 or 2013/14. A circular on the 2013/14 Senior Executive pay award was received from the DHSSPS on 14 May 2014, related payments have not been made to Executive Directors and are therefore not included in the table above.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, plus the real increase in any lump sum, less the contributions made by the individual.

The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

(1) This post holder had a reduction in salary in 2012/13 which affects the calculation of pension benefits in the prior year.
(2) This is a temporary acting up post, therefore the annual calculation of pension benefit would not be applicable.
(3) No pension benefit, real increase or CETV shown as these are annual increases and the postholder was employed by NHSCT at 31/3/14

PUBLIC HEALTH AGENCY

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 3. STAFF NUMBERS AND RELATED COSTS

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

A 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 member's 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 a scheme and chooses to transfer the 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 the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines 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 in accrued pension due to inflation, contributions paid by the employee (Including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

3.4 Reporting of early retirement and other compensation scheme - exit packages

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2014	2013	2014	2013	2014	2013
Total number of exit packages by type	0	0	0	0	0	0
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	0	0	0	0

Redundancy and other departure costs will be paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 4. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

3.5 Staff Benefits

The PHA had no staff benefits in 2013/14 or 2012/13.

3.6 Retirements Due To Ill-Health

During 2013/14 there were no early retirements from the PHA agreed on the grounds of ill-health.

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 4. OPERATING EXPENSES

4.1 Commissioning

	2014 £000s	2013 £000s
General Medical Services/FHS	2,075	1,225
Other providers of healthcare and personal social services	35,001	28,927
Total Commissioning	**37,076**	**30,152**

4.2 Operating Expenses are as follows:

	2014 £000s	2013 £000s
Supplies and services - General	107	78
Establishment	1,813	1,428
Transport	11	10
Premises	756	685
Rentals under operating leases	129	112
Research & development expenditure	6,388	4,834
Total Operating Expenses	**9,204**	**7,147**

4.3 Non cash items

	2014 £000s	2013 £000s
Depreciation	97	76
Amortisation	3	0
Loss on disposal of property, plant & equipment (including land)	2	1
Provisions provided for in year	5	11
Auditors remuneration	21	18
Total non cash items	**128**	**106**
Total	**46,408**	**37,405**

During the year the PHA purchased no non-audit services from its external auditor (NIAO).

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 5. INCOME

5.1 Income from Activities

	2014 £000s	2013 £000s
Research & Development	153	244
Total	**153**	**244**

5.2 Other Operating Income

	2014 £000s	2013 £000s
Other income	343	125
Seconded staff	478	344
Total	**821**	**469**

5.3 Deferred income

	2014 £000s	2013 £000s
Total	**0**	**0**
TOTAL INCOME	**974**	**713**

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 6. PROPERTY, PLANT AND EQUIPMENT

NOTE 6.1 Property, plant & equipment - period ended 31 March 2014

	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation			
At 1 April 2013	470	104	574
Indexation	0	2	2
Additions	193	0	193
Donations / Government grant / Lottery funding	0	0	0
Reclassifications	0	0	0
Transfers	(13)	0	(13)
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Reversal of impairments (indexn)	0	0	0
(Disposals)	(16)	0	(16)
At 31 March 2014	**634**	**106**	**740**
Depreciation			
At 1 April 2013	167	30	197
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Reversal of impairments (indexn)	0	0	0
(Disposals)	(14)	0	(14)
Provided during the year	88	9	97
At 31 March 2014	**241**	**39**	**280**
Carrying Amount			
At 31 March 2014	**393**	**67**	**460**
At 31 March 2013	**303**	**74**	**377**
Asset financing			
Owned	393	67	460
Carrying Amount			
At 31 March 2014	**393**	**67**	**460**

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2013 £Nil)

The fair value of assets funded from donations, government grants and lottery was £Nil.

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 6.2 Property, plant & equipment - year ended 31 March 2013

	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation			
At 1 April 2012	741	320	1,061
Indexation	0	6	6
Additions	103	70	173
Reclassifications	(1)	0	(1)
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Reversal of impairments (indexation)	0	0	0
(Disposals)	(373)	(292)	(665)
At 31 March 2013	**470**	**104**	**574**
Depreciation			
At 1 April 2012	467	312	779
Indexation	0	6	6
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Reversal of impairments (indexation)	0	0	0
(Disposals)	(372)	(292)	(664)
Provided during the year	72	4	76
At 31 March 2013	**167**	**30**	**197**
Carrying Amount			
At 31 March 2013	**303**	**74**	**377**
At 1 April 2012	**274**	**8**	**282**
Asset financing			
Owned	303	74	377
Carrying Amount			
At 31 March 2013	**303**	**74**	**377**
Asset financing			
Owned	274	8	282
Carrying Amount			
At 1 April 2012	**274**	**8**	**282**

The fair value of assets funded from donations, government grants or lottery was £Nil.

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 7. INTANGIBLE ASSETS

NOTE 7.1 Intangible assets - year ended 31 March 2014

Cost or Valuation	Software Licenses £000s	Information Technology £000s	Total £000s
At 1 April 2013	1	0	1
Indexation	0	0	0
Additions	0	48	48
Donations / Government grant / Lottery funding	0	0	0
Reclassifications	0	0	0
Transfers	13	0	13
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	0	0	0
At 31 March 2014	**14**	**48**	**62**
Amortisation			
At 1 April 2013	0	0	0
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	0	0	0
Provided during the year	2	0	2
At 31 March 2014	**2**	**0**	**2**
Carrying Amount			
At 31 March 2014	**12**	**48**	**60**
At 31 March 2013	**1**	**0**	**1**
Asset Financing			
Owned	12	48	60
Carrying Amount			
At 31 March 2014	**12**	**48**	**60**

Any fall in value through negative indexation or revaluation is shown as an impairment
The fair value of assets funded from donations, government grants or lottery was £Nil.

PUBLIC HEALTH AGENCY

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 7.2 Intangible assets - year ended 31 March 2013

	Software Licenses	Information Technology	Total
Cost or Valuation	**£000s**	**£000s**	**£000s**
At 1 April 2012	20	17	37
Indexation	0	0	0
Additions	0	0	0
Reclassifications	0	0	0
Transfers	1	0	1
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	(20)	(17)	(37)
At 31 March 2013	**1**	**0**	**1**
Amortisation			
At 1 April 2012	20	17	37
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	(20)	(17)	(37)
Provided during the year	0	0	0
At 31 March 2013	**0**	**0**	**0**
Carrying Amount			
At 31 March 2013	**1**	**0**	**1**
At 1 April 2012	**0**	**0**	**0**
Asset Financing			
Owned	1	0	1
Carrying Amount			
At 31 March 2013	**1**	**0**	**1**
Asset Financing			
Owned	0	0	0
Carrying Amount			
At 1 April 2012	**0**	**0**	**0**

The fair value of assets funded from donations, government grants or lottery was £nil.

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 8. FINANCIAL INSTRUMENTS

8.1 Financial Instruments

Due to the relationships with HSC Commissioners, the manner in which they are funded, financial instruments play a more limited role within Agencies in creating risk than would apply to a non public sector body of a similar size, therefore Agencies are not exposed to the degree of financial risk faced by business entities. The PHA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the PHA in undertaking activities. Therefore the PHA is exposed to little credit, liquidity or market risk.

NOTE 9. ASSETS CLASSIFIED AS HELD FOR SALE

Non current assets held for sale comprise of non current assets that are held for resale rather than for continuing use within the business.

The PHA did not hold any assets classified as held for sale in 2013/14 or 2012/13.

NOTE 10. IMPAIRMENTS

The PHA had no impairments in 2013/14 or 2012/13.

NOTE 11. INVENTORIES

The PHA did not hold any inventories at 31 March 2014 or 31 March 2013.

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 12. TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2014	2013
Amounts falling due within one year	**£000s**	**£000s**
Trade receivables	234	117
Deposits and advances	0	0
VAT receivable	221	332
Other receivables	243	339
Trade and other receivables	698	788
Prepayments and accrued income	388	35
Other current assets	388	35
Intangible current assets	0	0
Amounts falling due after more than one year		
Trade and other Receivables	0	0
Prepayments and accrued income	0	0
Other current assets falling due after more than one year	0	0
TOTAL TRADE AND OTHER RECEIVABLES	698	788
TOTAL OTHER CURRENT ASSETS	388	35
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**1,086**	**823**

The balances are net of a provision for bad debts of £Nil (2013 £Nil)

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 12. TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.1 Trade receivables and other current assets: Intra-Government balances

	Amounts falling due within 1 year 2013/14 £000s	Amounts falling due within 1 year 2012/13 £000s	Amounts falling due after more than 1 year 2013/14 £000s	Amounts falling due after more than 1 year 2012/13 £000s
Balances with other central government bodies	345	522	0	0
Balances with local authorities	0	0	0	0
Balances with NHS /HSC Trusts	257	42	0	0
Balances with public corporations and trading funds	0	3	0	0
Intra-Government Balances	602	567	0	0
Balances with bodies external to government	484	256	0	0
Total Receivables and other current assets at 31 March	**1,086**	**823**	**0**	**0**

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 13. CASH AND CASH EQUIVALENTS

	2014	2013
	£000s	£000s
Balance at 1st April	269	311
Net change in cash and cash equivalents	(52)	(42)
Balance at 31st March	**217**	**269**

The following balances at 31 March were held at	**2014**	**2013**
	£000s	**£000s**
Commercial banks and cash in hand	217	269
Balance at 31st March	**217**	**269**

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 14. TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 Trade Payables and other current liabilities

	2014 £000s	2013 £000s
Amounts falling due within one year		
Other taxation and social security	367	341
Trade capital payables - property, plant and equipment	239	129
Trade revenue payables	4,545	3,763
Payroll payables	495	319
BSO payables	363	1,427
Other payables	1,019	1,147
Accruals and deferred income	2,449	3,062
Trade and other payables	9,476	10,188
Other current liabilities	0	0
Intangible current assets	0	0
Total payables falling due within one year	9,476	10,188
Amounts falling due after more than one year		
Total non current other payables	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**9,476**	**10,188**

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 14. TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.2 Trade payables and other current liabilities - Intra-government balances

Name	Amounts falling due within 1 year 2013/14 £000s	Amounts falling due within 1 year 2012/13 £000s	Amounts falling due after more than 1 year 2013/14 £000s	Amounts falling due after more than 1 year 2012/13 £000s
Balances with other central government bodies	3,179	1,867	0	0
Balances with local authorities	133	29	0	0
Balances with NHS /HSC Trusts	2,370	31	0	0
Balances with public corporations and trading funds	1	5	0	0
Intra-Government Balances	**5,683**	**1,932**	**0**	**0**
Balances with bodies external to government	3,793	8,256	0	0
Total Payables and other liabilities at 31 March	**9,476**	**10,188**	**0**	**0**

PUBLIC HEALTH AGENCY

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 15. PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that the PHA pays their non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The PHA's payment policy is consistent with the Better Payments Practice Code and Government Accounting rules and its measure of compliance is:

	2014 Number	2014 Value £000s	2013 Number	2013 Value £000s
Total bills paid	8,289	31,724	7,413	24,227
Total bills paid within 30 day target or under agreed payment terms	7,392	27,735	6,769	22,248
% of bills paid within 30 day target or under agreed payment terms	**89.18%**	**87.43%**	**91.31%**	**91.83%**
Total bills paid within 10 day target or under agreed payment terms	6,103	22,008	1,120	6,702
% of bills paid within 10 day target under agreed payment terms	**73.63%**	**69.37%**	**60.80%**	**66.83%**

2012/13 10 day figures were only reported from 01/11/12

From 16 March 2013 EU Directive 2011/7/EU on Combating Late Payment in Commercial Transactions was implemented through the Late Payment of Commercial Debts Regulations 2013. These regulations apply to all contracts made from 16 March 2013. They require all public bodies to pay suppliers for goods/services received within 30 days of receiving an undisputed invoice. The impact of this directive took effect 30 days from 16 March 2013 (which is payment to be received by 14 April 2013) and the performance against the EU directive is shown in the 2013-14 financial year accounts.

15.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of Compensation paid for payment(s) being late	40
Amount of Interest paid for payment(s) being late	0
Total	**40**

PUBLIC HEALTH AGENCY

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 16. PROVISIONS FOR LIABILITIES AND CHARGES - 2014

	Other £000s	2014 £000s
Balance at 1 April 2013	5	5
Provided in year	5	5
(Provisions not required written back)	0	0
(Provisions utilised in the year)	0	0
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2014	**10**	**10**

Provisions have been made for 1 type of potential liability - Employer's Liability the PHA has estimated an appropriate level of provision based on professional legal advice.

Comprehensive Net Expenditure Account charges	2014 £000s	2013 £000s
Arising during the year	5	11
Reversed unused	0	0
Cost of borrowing (unwinding of discount)	0	0
Total charge within Operating expenses	**5**	**11**

	Other £000s	2014 £000s
Not later than one year	10	10
Later than one year and not later than five years	0	0
Later than five years	0	0
At 31 March 2014	**10**	**10**

PUBLIC HEALTH AGENCY

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 16. PROVISIONS FOR LIABILITIES AND CHARGES - 2013

	Other £000s	2013 £000s
Balance at 1 April 2012	0	0
Transfer between provisions	0	0
Provided in year	11	11
(Provisions not required written back)	0	0
(Provisions utilised in the year)	(6)	(6)
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2013	**5**	**5**

Provisions have been made for 1 type of potential liability - Employer's Liability.The PHA has estimated an appropriate level of provision based on professional legal advice.

Analysis of expected timing of discounted flows

	Other £000s	2013 £000s
Not later than one year	5	5
Later than one year and not later than five years	0	0
Later than five years	0	0
At 31 March 2013	**5**	**5**

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 17. CAPITAL COMMITMENTS

The PHA did not have any capital commitments at 31 March 2014 or 31 March 2013.

NOTE 18. COMMITMENTS UNDER LEASES

18.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

	2014	2013
Buildings	**£000s**	**£000s**
Not later than 1 year	129	112
Later than 1 year and not later than 5 years	278	378
Later than 5 years	0	0
	407	**490**

18.2 Finance Leases

The PHA had no finance leases in 2013/14 or 2012/13.

18.3 Operating Leases

The PHA had no lessor obligations in either 2013/14 or 2012/13.

NOTE 19. COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

The PHA had no commitments under PFI or service concession arrangements in either 2013/14 or 2012/13.

NOTE 20. OTHER FINANCIAL COMMITMENTS

The PHA did not have any other financial commitments at either 31 March 2014 or 31 March 2013.

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 21. FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

Because of the relationships with HSC Commissioners, and the manner in which the PHA is funded, financial instruments play a more limited role within the PHA in creating risk than would apply to a non public sector body of a similar size, therefore the PHA is not exposed to the degree of financial risk faced by business entities. The PHA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the PHA in undertaking activities. Therefore the PHA is exposed to little credit, liquidity or market risk.

The PHA did not have any financial instruments at either 31 March 2014 or 31 March 2013.

NOTE 22. CONTINGENT LIABILITIES

The PHA had no contingent liabilities in 2013/14 or 2012/13 .

NOTE 23. RELATED PARTY TRANSACTIONS

The PHA is an arms 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 (PHA Non-Executive Director) is Pro-Chancellor of University of Ulster, which may be likely to do business with the HSC in future.

NOTE 24. THIRD PARTY ASSETS

The PHA held £nil cash at bank and in hand at 31 March 2014 relating to third parties.

NOTE 25. Financial Performance Targets

25.1 Revenue Resource Limit

The PHA is given a Revenue Resource Limit which it is not permitted to overspend

The Revenue Resource Limit (RRL) for PHA is calculated as follows:	**2014 Total £000s**	**2013 Total £000s**
DHSSPS (excludes non cash)	94,341	83,439
Non cash RRL (from DHSSPS)	128	104
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	**94,469**	**83,543**

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

25.2 Capital Resource Limit

The PHA is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2014	2013
	£000s	£000s
Gross capital expenditure	241	173
Net capital expenditure	241	173
Capital Resource Limit	245	182
(Underspend) against CRL	**(4)**	**(9)**

25.3 Financial Performance Targets

The PHA is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

	2013/14	2012/13
	£000s	£000s
Net Expenditure	(94,311)	(83,254)
RRL	94,469	83,543
Surplus / (Deficit) against RRL	158	289
Break Even cumulative position(opening)	722	433
Break Even cumulative position (closing)	880	722

Materiality Test:

	2013/14	2013
	%	%
Break Even in year position as % of RRL	0.17%	0.35%
Break Even cumulative position as % of RRL	0.93%	0.86%

The PHA has met its requirements to contain Net Resource Outturn to within + / - 0.25% of its agreed Revenue Resource Limit (RRL), as per DHSSPS Circular HSC (F) 21/2012.

PUBLIC HEALTH AGENCY

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2014

NOTE 26. LOSSES & SPECIAL PAYMENTS

Type of loss and special payment		2013/14		2012/13
		Number of Cases	£	£
Fruitless payments				
	Late Payment of Commercial Debt	1	40	40
	Other fruitless payments and constructive losses	0	0	0
		1	**40**	**40**
Special Payments				
	Compensation payments			
	- Employers Liability	0	0	2,500
		0	**0**	**2,500**
	TOTAL	**1**	**40**	**2,540**

26.1 Special Payments
There were no other special payments or gifts made during the year.

26.2 Other Payments
There were no other payments made during the year.

26.3 Losses and Special Payments over £250,000
There were no losses or special payments greater than £250k during the year.

NOTE 27. POST BALANCE SHEET EVENTS

There are no post balance sheet events having a material effect on the accounts.

NOTE 28. DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 2 July 2014.