HSC Public Health Agency

Public Health Agency

Annual report and acounts for the year ended 31 March 2025

PUBLIC HEALTH AGENCY

ANNUAL REPORT & ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2025

Laid before the Northern Ireland Assembly under Schedule 2, para 17(5) of the Reform Act for the Regional Agency, by the Department of Health on 4 July 2025

Using this report

This report reflects progress by the Public Health Agency (PHA) in 2024/25 in delivering our corporate priorities and highlights examples of work undertaken during this period. 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 upon request. A Portable Document Format (PDF) file of this document is also available to download from www.publichealth.hscni.net

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A year across the Public Health Agency

April 2024	**Bowel Cancer Awareness Month** In April, the PHA highlighted the two key actions people can take to help combat bowel cancer – act when you notice symptoms, and take part in screening if eligible. Bowel cancer is one of the most common cancers for both men and women, so the Agency wanted to remind everyone that being alert to the symptoms of and attending for screening when invited could save your life.	
May 2024	**Farm families hits 25,000 milestone** In May, the Farm Families Health Checks Programme, which offers on-the-spot health checks to rural communities through a mobile unit attending marts and community-based events, celebrated the 25,000th client to avail of the service. The PHA partners with the Department of Agriculture, Environment and Rural Affairs (DAERA) to develop and co-fund this programme, and it has been successfully delivered by the Northern Trust since March 2012 to help improve the health and social wellbeing of farmers and farm families across Northern Ireland.	

	Measles awareness In May, the PHA emphasised the importance of getting both doses of the MMR (measles, mumps and rubella) vaccine following a number of linked cases of measles being identified in Northern Ireland, and a significant rise in cases in England and across Europe.	
June 2024	**Improving lives of people with swallowing difficulties** In June, the PHA and Hospitality Ulster launched a new factsheet to help the food and drink industry understand and improve the lives of people with swallowing difficulties.	
July 2024	**HPV and mpox vaccination** In July, healthcare professionals from the PHA and vaccinators from the South Eastern Trust were at Custom House Square in Belfast offering people who were eligible for the HPV and mpox vaccinations at the Belfast Pride Festival.	
	World Breastfeeding Week During World Breastfeeding Week the PHA shared stories from mums on their breastfeeding journey to help encourage other mothers to seek support if they need it.	

August 2024	For Cycle to Work Day in August the PHA encouraged everyone to leave the car at home and hop on their bike to work. By switching up your daily commute and choosing to cycle you can reap many benefits for your physical and mental health, and it is also better for the environment.	
September 2024	**Organ donation at 30** During Organ Donation Week in September, the PHA celebrated 30 years of the Organ Donor Register, which was set up in 1994 to promote organ donation and allow people to record their decision to donate. Since its creation, thousands of lives have been saved thanks to people agreeing to donate their organs after death.	
October 2024	**National Bereavement Care Pathway (NBCP)** In partnership with Sands, the PHA announced the appointment of the NBCP Project Manager for Northern Ireland, who will manage the development, delivery and review of the NBCP and embed its standards across Health and Social Care Trusts in Northern Ireland to help improve standards of bereavement care.	

	Awards success In October, the PHA won the Best Use of Social Media in Healthcare Award, and runner-up for Best Social Media Campaign in Public Sector/ Charity/ Education/Not For Profit, at the 2024 Northern Ireland Social Media Awards.	
	Live Better In October, Health Minister Mike Nesbitt announced the first locations for Live Better, a new initiative on addressing health inequalities. The initial phase of the programme will involve neighbourhoods in Belfast and Derry/Londonderry, and aims to reduce the unfair differences in health outcomes that are experienced by some of our most vulnerable individuals and communities.	
November 2024	**Stay well** In November, a new Living Well campaign rolled out which saw community pharmacies across Northern Ireland offering advice and support on a wide range of winter illnesses and actions people could take to help protect their health over the winter months.	
December 2024	**'Dying for Change' conference** The PHA brought together policymakers, academics and professionals from across health and social care to focus on what needs to be urgently improved in the care of people with a learning disability.	

	Safer sleeping Ahead of the Christmas holidays, the PHA reminded parents and carers of young babies of the importance of following safer sleep advice to reduce the risk of sudden infant death. At that time of year, with festivities and celebrations, normal routines and sleeping arrangements for young babies may be changed, so the advice was for babies to sleep is in their own cot or Moses basket, in the same room as an adult.	
January 2025	**Cervical Cancer Prevention Week** During Cervical Cancer Prevention Week in January, the PHA reminded women of the importance of going for cervical screening.	
February 2025	**Talking really helps** In February, the PHA highlighted the importance of having conversations about our true feelings in a campaign that showed people that 'Talking really helps'. The campaign aimed to encourage anyone with feelings of anxiety or distress, or who is in crisis, to start the conversation about their thoughts and feelings.	

March 2025	**Abdominal Aortic Aneurysm (AAA) screening** In March, the AAA Screening Programme's twelfth annual service user event in Belfast brought together a wide range of healthcare professionals and men who have, or had, an AAA detected through screening. The aim of the event was to encourage service users to share their experiences of the screening programme and for the programme to consider future developments.	

Performance Report

Overview

The purpose of the Performance Overview is to provide a brief summary of the role, purpose, activities and values of the PHA.

The Public Health Agency – our role, purpose and activities

The PHA is the statutory body responsible for improving and protecting the health of our population and an integral part of the Health and Social Care (HSC) system, working closely with the Strategic Planning and Performance Group (SPPG) of the Department of Health (DoH), local Health Trusts (HSC Trusts), the Business Services Organisation (BSO) and the Patient Client Council (PCC).

Central to our main responsibilities is working in close partnership with individuals, groups and organisations from all sectors – community, voluntary and statutory.

The PHA was set up with the explicit agenda to:

- protect public health;
- improve the health and social wellbeing of people in Northern Ireland;
- work to reduce health inequalities between people in Northern Ireland; and
- work with the SPPG, providing professional input to the commissioning of health and social care services.

The PHA is a multi-disciplinary, multi-professional body with a strong regional and local presence.

Our purpose

- to protect and improve the health and social wellbeing of our population and reduce health inequalities through strong partnerships with individuals, communities and other key public, private and voluntary organisations.

Our vision

- all people and communities are enabled and supported in achieving their full health and wellbeing potential, and inequalities in health are reduced.

HSC values

In addition, we subscribe to the values and associated behaviours that all staff working within Health and Social Care (HSC) are expected to display at all times.

HSC Value	What does this mean?	What does this look like in practice? - Behaviours
Working Together 	We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.	• I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
Compassion 	We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.	• I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
Excellence 	We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.	• I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
Openness & Honesty 	We are open and honest with each other and act with integrity and candour.	• I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice

Chair's Foreword

This is the second annual report under my tenure as Chair of the PHA and I want to begin by acknowledging the passing of my predecessor, Andrew Dougal who died following a short illness in June 2024. Andrew's death came as a shock to so many including his former colleagues in the PHA.

Andrew was Chair of the PHA until May 2023 having served for eight years in the role. Not only did be bring his vast experience and knowledge of a broad range of health issues to the job, but he was also a source of great encouragement and support for the agency and its staff, including during the pandemic. We all benefitted in so many ways from having known and worked with Andrew and pass our best wishes onto Andrew's wife Fiona, and Jack his son.

Under Andrew's leadership as Chair, the agency embarked upon its 'Reshape and Refresh' organisational transformation programme and I can report that the process has moved on significantly during the year with the establishment of a new operating model and leadership structure. I am confident that over the course of the years ahead we will see the benefits of this work in ensuring that the PHA as a fit for purpose organisation is able to shape, influence and deliver through partnership, better outcomes for public health in Northern Ireland – a fitting tribute to Andrew's lifelong passion.

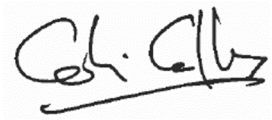
Critical to the success of our endeavour is the need for clear focus and efficient application of limited resources. In this context I am pleased to note the work and contribution of both our staff and stakeholders in taking forward the challenge of developing a new Corporate plan during the year which is to be published shortly.

Given the breadth and complexity of challenges facing public health, particularly our enduring health inequalities which, in many cases are the most pronounced across the home nations, it is vitally important that we focus in on our priorities. With the support of a 'refreshed' organisation and a new draft corporate plan we are better placed to deliver on our statutory responsibilities. Our outcomes will rely in no small measure on the contribution from partner bodies across both the public and private sector and the agency is committed to developing closer ties going forward through a renewed focus on our stakeholder engagement.

As Chair I have been impressed by the focus of our Minister on making public health a top priority during his term of office. At Board level we have had the opportunity to have regular meetings with the Minister, Permanent Secretary and Chief Medical Officer Professor Sir Michael McBride during the year and we were delighted to partner with the Minister in establishing his new Live Better pilots, designed to create new ways by which the health family can better work together to support local communities. This initiative was a clear indication of the Minister's commitment to addressing health inequalities and we look forward to the learning from this pilot programme.

During the year Professor Nichola Rooney took up a new post with the Department of Health as Chief Psychological Professions Officer obliging her to stand down as a PHA Non-Executive Director. Nichola has served on the Board for 7 years and has brought a significant wealth of expertise and undoubted passion for public health to the role over that period. She will be sadly missed by her many colleagues and friends at Board and staff level alike and we thank her for her support and critical advice over the years. We look forward to replacement Non-Executive Board members being announced in the near future to ensure continuity in oversight, scrutiny and stewardship of the work of the PHA.

In concluding I want to thank my fellow Board members including our Chief Executive and Senior Management Team, and all of our staff colleagues for their energetic commitment to delivering the priorities of the Agency's Annual Business plan.



Colin Coffey

Chair of the Board

Public Health Agency for Northern Ireland

Chief Executive's Report

I am pleased to present the Public Health Agency's Annual Report and Accounts for 2024/25. The Agency has had a positive year overall with encouraging signs of progress along with some challenges to overcome in the future.

During 2024/25, the Health Sector in Northern Ireland has faced some tough financial circumstances. PHA continues to work with the Department of Health to ensure that investment in Public Health is continued at current levels and I am pleased that the PHA achieved its financial targets during 2024/25. However, in order to improve health and wellbeing for our population and mitigate the future demands on healthcare services, sustainable funding will be required.

The Agency has strengthened relationships across all our external stakeholders to understand how we can work to address the health needs of our population and reduce health inequalities. During 2024/25 we developed a Draft Corporate Plan for 2025-2030 to deliver services for Health Protection, Health Improvement and support Healthcare Public Health across the Health and Social Care sector. We undertook a public consultation which received over 100 responses from people all over Northern Ireland. I am pleased with the progress made and looking forward to implementing the Plan during 2024/25 and beyond.

During the year our work programmes have ensured that the health of the population has been protected through surveillance activity and a range of vaccination services. We introduced the Respiratory Syncytial Virus (RSV) vaccination and extended the flu vaccination to 50 to 65 year-olds during February 2025. However, there is still work to do as the uptake of vaccines continues to decline.

Our screening programmes continue to save lives and we have overseen improvements to Cervical Screening programmes. I am proud of the success we have had, leading a number of Health improvement programmes across a range of themes in partnership with Trusts and Community and Voluntary partners.

I am mindful of how precious people's health is, particularly as we participate in the Infected Blood Inquiry, COVID-19 Inquiry, Muckamore Hospital Inquiry and Urology Inquiry along with the review taking place into Cervical Screening. I am determined that this work will make improvements to ensure that people in Northern Ireland have confidence in the Healthcare services.

Our people are our biggest asset and I wish to pay tribute to the staff of PHA as they continue to work towards new ways of working. The implementation of the Reshape and Refresh programme has continued to develop throughout the year with the appointment of a number of senior positions who will lead the organisation to a new model of delivery.

The Agency now has its own Finance team to support the achievement of its objectives and a new Chief Executives office has been established to ensure that strategic matters are taken forward effectively. The People Plan has been designed to ensure that all our staff are equipped to play their part in the success of the organisation. I am already seeing the benefits of these changes in the design and delivery of the Agency's work.

The work of the PHA Board and in particular of Non-Executive Board members is essential. I wish to acknowledge the significant contribution made by all members, and in particular Professor Nichola Rooney, who left to take up post as Chief Psychological Professions Officer in the Department of Health. I also wish to thank the HSC Quality Improvement team and Dr Aideen Keaney for their contribution to the PHA as they continue this important work in new organisations.

I am pleased to share the successes in the Annual Report and Accounts, however I acknowledge we have much work to do. We will need the support of the entire population and I am looking forward to working together to ensure that we will see a "Healthier Northern Ireland".

Aidan Dawson HMFPH

Chief Executive

Public Health Agency for Northern Ireland

Performance analysis

The PHA Annual Business Plan 2024–2025 sets out the key actions for the year commencing 1 April 2024 and ending 31 March 2025 to meet ministerial priorities and deliver on outcomes set out in the extant PHA Corporate Plan.

The Annual Business Plan is broken down under the following key priority areas that align with the extant PHA Corporate Plan and are reflected under the current Organisational Refresh and Reshape programme:

- Protecting Health
- Starting Well
- Living Well
- Ageing Well
- HSC Research & Development
- Our Organisation and People

The Annual Business plan is monitored on a quarterly basis and update reports across all KPIs are provided to the PHA Board. The figures in the following table set out the position achieved at 31 March 2025.

	Action completed	14
	Slight delay in completing Action	12
	Action significantly delayed/unable to be completed.	7
	TOTAL	**33**

The following pages highlight some of the key actions taken forward during 2024/25 and the progress achieved.

1. Protecting health

Pandemic preparedness

2024/25 has been a busy year for PHA's core responsibilities for pandemic preparedness. The Agency has been contributing extensively to the review of the COVID-19 pandemic through the UK Public Inquiry and we have been acting on the lessons learned and helping to shape and agree plans for dealing with future pandemics.

Together with partners in SPPG and BSO, draft plans have been completed for all services. These will be further developed in alignment with national planning and capability for the following:

- surveillance, modelling forecasting;
- acute health protection response;
- contact tracing;
- diagnostics and testing;
- infection prevention and control including personal protective equipment;
- digital requirements;
- prison healthcare;
- health improvement;
- population screening programmes;
- communications; and
- vaccine storage and distribution/deployment.

In addition, we continue to work in partnership with health protection partners in the Republic of Ireland and the PHA is represented on a number of preparedness planning groups.

Following an all-island avian influenza exercise during 2023/24, a planning workshop to review draft pandemic preparedness plans was held in August 2024, and in March 2025 the PHA participated as observers in the HSE Exercise Pandora, the purpose of which was to assess the Republic of Ireland's preparedness for the next pandemic. Planning has commenced for participation in a similar UK national exercise commencing in September 2025.

Reporting on preparedness is completed on a quarterly basis to the HSC Pandemic Resilience Oversight Group which is jointly chaired by the Northern Ireland Department of Health and the SPPG.

Vaccination programmes

Getting vaccinated is the single most important thing we can do to protect our health. Vaccination starts before birth with pregnant women being offered vaccines to protect them and their unborn babies and continues after the baby is born though their pre-school

years, teenage years and then as an older adult. While there have been some successes through the introduction of new programmes in response to life-threatening infections, it has been concerning to note a recent decline of vaccine uptake across all of the public vaccination programmes in Northern Ireland.

Against this backdrop, and the ongoing cases of measles in Northern Ireland, the PHA was tasked with taking forward an MMR catch-up campaign, delivered through GP practices and HSC Trust facilities ending in June 2024.

A Respiratory Syncytial Virus (RSV) vaccination programme was implemented in September 2024. The programme saw eligible older adults (aged 75 to 79) and those who are pregnant being offered immunisation against a virus which can cause significant morbidity, mortality and additional pressure on the HSC system. In the first seven months of the programme, 36,426 older adults received an RSV vaccine (achieving an uptake of 47.2%) and 3,647 vaccinations were administered as part of the pregnancy programme.

The pertussis (whooping cough) vaccine is routinely offered to those who are pregnant from 16 weeks of gestation to provide protection to babies in the first few weeks of their life. Following increased cases of pertussis (whooping cough) at the beginning of 2024, the PHA sought to improve uptake in pregnant women from a baseline of 54.4% during 2023/24. In addition to the routine offer via GP practices, HSC Trust vaccination teams attended antenatal clinics to offer patients the chance to get vaccinated. In total since July, 4,087 pertussis vaccinations were given in pregnancy across the HSC network.

The core Autumn vaccination campaign to offer protection against influenza (flu) and COVID-19 commenced in October 2024. In general, uptake for the COVID-19 programme has decreased in comparison to previous campaigns (achieving an uptake of 55.5% in the 65+ age group, 73.5% in care home residents and 22.7% in the clinical at-risk group age 18-64). Flu vaccine uptake is higher than COVID-19 vaccine uptake in all comparable groups, but has seen a general decline in comparison to the previous year. While the programme is not yet complete, uptake for the 65+ age group, care home residents and primary school age children is lower than in 2023/24. However, uptake in post primary school and for the clinical at risk has seen an increase compared to 2023/24.

Maintaining high levels of vaccine uptake is proving to be a significant challenge across the UK and Ireland and will therefore increasingly be a top priority for the PHA. A programme of work is currently underway to promote vaccination, particularly in the most vulnerable and hard to reach groups, and to reverse the decline of vaccine uptake across public vaccination programmes. Behavioural science and mass media-led social marketing are just two tools that we anticipate will need to be optimised to support better outcomes going forward.

Population screening programmes

A range of development and quality improvement projects have been progressed in

population screening programmes during 2024/25, albeit a considerable focus has been required to support the cervical screening programme in particular. Within cervical screening, the PHA supported the completion of the cervical cytology review in the Southern HSCT and the associated reports were published in December 2024.

NHS England has also commenced a peer review of quality assurance processes. The outcome of this is expected in early 2025/26 and will inform how we can strengthen those processes going forward, with learning applied across all our screening programmes. As part of the next phase of the implementation of primary HPV testing, the PHA led a management of change project to reconfigure services to provide one cervical screening laboratory in Northern Ireland. As a result, all laboratory services moved to the Belfast HSCT from 1 November 2024.

The breast screening programme completed a procurement exercise to replace and add to the mammography equipment used by the service, including the purchase of new mobile trailers. A new static screening unit also opened at the Ards Hospital in May 2024. The breast screening programme in England published updated protocols in early 2023 for the surveillance of women at higher risk of developing breast cancer. The new protocols were implemented in Northern Ireland during 2024/25.

The PHA has led the development of a newborn bloodspot screening programme competency pack for newly qualified staff, as well as a competency refresher pack for qualified staff. A pilot of the competency assessment pack is underway with a cohort of QUB Midwifery students.

A health equity audit within the infectious diseases in pregnancy screening programme previously identified concerns about delays in some women attending for timely specialist review after testing positive for hepatitis B. To improve the information available and aid understanding of how important this review is, the PHA has been collaborating with HSC Trusts to develop a video for women with hepatitis B in pregnancy.

These activities demonstrate a culture of continuous improvement in the population screening programmes, ensuring that they continue to deliver against the aims of detecting disease earlier and improving health outcomes for the population.

Antimicrobial resistance

In response to the second UK National Action Plan (NAP) on Antimicrobial Resistance (AMR) launched in May 2024, the joint PHA/SPPG AMR-Strategic Implementation Group (AMR-SIG) has successfully developed the Northern Ireland AMR Implementation Plan for human health. The human health plan will be merged with the equivalent animal and environmental response and submitted to the Strategic Antimicrobial Resistance and Healthcare-associated Infection group for final approval and ratification.

During 2024/25, as a result of the extensive activity across each of the workstreams, the

AMR-SIG has successfully:

- launched the Northern Ireland IPC manual, a nationally recognised resource hosting peer reviewed evidence and guidance on the principles of IPC;
- developed a comprehensive communication strategy incorporating many of the public health awareness days such as World Hand Hygiene Day and Penicillin Allergy Day;
- developed an algorithm to support early detection of substantial increases in selected healthcare associated infections (HCAI) indicators which, once implemented, will facilitate rapid action against outbreaks; and
- contributed to the development of a nationally aligned AWaRe antibiotic classification which supports antibiotic prescribing using a list recommended as access, watch and reserve - this classification has been implemented into regional prescribing practice in primary and secondary care.

While we are at the very early stages of the roll out of the AMR Implementation plan, we are encouraged by the response of our partners and the work that has been successfully undertaken in both developing the plan and the early activities outlined above which will undoubtedly be important in helping to achieve successful outcomes going forward.

The roll-out of Encompass has provided a great deal of data on antimicrobial consumption in HSC Trusts and the PHA is working closely with stakeholders to validate this data. The PHA is also supporting HSC Trusts to reduce HCAI and achieve the commitments outlined in the UK National Action Plan.

Three HSC Trusts have met the annual target for Clostridioides difficile infection and four have met the annual target for Methicillin-resistant Staphylococcus aureus (MRSA) infection. If this performance is maintained, the HSC Trusts are on track to successfully deliver a reduction in HCAI over the five years of the UK National Action Plan.

Health protection surveillance

The last year has seen a number of significant developments in the area of surveillance, which have delivered a step-change in the Agency's ability to detect and monitor incidences of infectious disease. During 2024, a new Health Protection Situational Awareness report was developed collaboratively by the health protection surveillance (HPS) and acute response teams.

The HPS also introduced a detection algorithm to detect unseasonal increases in infectious diseases. It was developed with an interactive application that allows staff to simultaneously process and monitor infectious diseases through a user-friendly interface.

The health protection acute response service also established weekly activity reporting to allow for accurate and timely monitoring of service capacity and demand. Bespoke reports describe in-hours and out-of-hours activity and inform workforce needs and use of agreed

escalation to routine response, standard response or enhanced response.

Collectively these developments facilitate early preparedness and support the work of the Director of Public Heath, Department of Health and regional healthcare providers, while simultaneously providing wider visibility of the PHA’s surveillance and preparedness work.

2. Starting well

Supporting children and families from the earliest stages of life is critical to improving long-term health and wellbeing across the population. The PHA's Starting Well initiatives in 2024/25 focused on addressing key early-life challenges through evidence-based, collaborative approaches.

Together these initiatives demonstrate the PHA's commitment to giving every child the best start in life – laying the foundations for healthier families, stronger communities, and more resilient population across Northern Ireland.

Social complexity in pregnancy

Between July and December 2024, the Agency carried out a review of unmet need and risk factors associated with social complexity in pregnancy in Northern Ireland.

This work is essential to set priorities, identify effective approaches to support families and develop an action plan to address social complexity in pregnancy. This will integrate with relevant work already underway by the PHA, such as Family Nurse Partnership and Early Intervention and Support Teams.

Regional Perinatal Mental Health Care Pathway and Conference

The first Regional Perinatal Mental Health Conference was hosted by the PHA on March 5 2025, during which the *Regional Perinatal Mental Health Care Pathway* was formally launched.

At the heart of this care pathway is the PHA's commitment to improve the care, experience and outcomes for those women with antenatal or postnatal mental health needs, as well as their children and families.

Safer sleeping resources and regional guidance

The PHA has updated the regional guidance on *Promoting Safer Sleeping for Infants* in consultation with key stakeholders, including service users. The guidance fully reflects the current body of evidence in relation to the key safer sleeping messages, and now includes clearer advice in relation to safer bedsharing in line with recently published NHS guidelines.

Continuity of Midwifery Carer

The PHA leads on 'Continuity of Midwifery Carer' (CoMC) implementation. CoMC provides a woman with care from the same midwife/small team of midwives through pregnancy, birth and the early parenting period. The PHA has worked in close partnership with the HSC Trusts to oversee, and support the implementation of this model of care.

Review of routine enquiry into domestic abuse

In response to *the Domestic Abuse Strategy (2024-2031)* Action 4 Pillar 2 – Prevention, the PHA have completed a review of the existing routine enquiry domestic abuse screening processes by midwives, family nurses and health visitors across Northern Ireland. The review consisted of a mixed methodological approach incorporating four research design elements:

- literature review;
- clinical audit;
- service evaluation; and
- survivor focus groups.

A number of recommendations will be implemented under the key themes of policy, training, practice and information.

Early Intervention Support Service

The Early Intervention Support Service (EISS) delivers and coordinates person-centred, evidence-based intervention for **800+ families per year with children 0-18 years**. During 2024/25, the EISS participated in a pilot aimed at identifying opportunities the service could play in providing support regarding substance use. The evaluation is due early 2025.

Infant mental health

The PHA Infant Mental Health Framework Implementation Plan has enabled considerable workforce skills and knowledge development, enhanced parent infant support across sectors and the creation of parent-infant resources. A refreshed Infant Mental Health Action Plan is scheduled for launch in late 2025.

In October 2024, National Children's Bureau hosted an Infant Mental Health virtual conference on behalf of the PHA around the theme of 'Speak up for babies: giving our most vulnerable the best start'. Over 450 people from across sectors joined the event to celebrate and share learnings to improve outcomes on infant mental health in Northern Ireland.

Evidence-based parenting programmes

The PHA commissioned child development interventions coordinators within each HSC Trust to increase access to and improve quality of support for evidence-based parenting programmes from pre-birth to 18 years.

Special educational needs and disability

The PHA is commencing needs assessment across the **39 special schools** to understand the therapeutic and nursing needs of the children and young people. The AHP team is

working to capture the voices of children and young people with complex disabilities who are non-verbal and 'seldom heard' through applying Lundy's model of child participation by using of music, art and play therapies.

Service user and carer involvement

The Starting Well Public Health Planning Team (PHPT) engaged with service users and carers through focused group work to inform the Starting well action plan. The PHPT engaged with over **100 service users and carers across eight organisations** discussing what matters to them with regards to Starting well.

Mental health early intervention and prevention

During 2024/25 the PHA has continued to take forward the implementation of the *Mental Health Strategy Early Intervention and Prevention Action Plan*. The steering group, which consists of 30 partners, met on a quarterly basis to oversee implementation of the work plan, and a number of sub-groups and working groups have been meeting and delivering a range of outputs.

Healthy settings: universities, colleges and training providers

The PHA administered a small grants programme to support one off initiatives in these settings. Seventeen projects were supported, two within universities, four within further education colleges and eleven within training provider organisations. Projects included enhanced training for staff, wellness days, one to one counselling services, awareness raising workshops, meaningful activities, connecting with nature trips and resilience programmes and toolkits.

Communications and public awareness

A digital discovery exercise was carried out in April and May to explore the role of digital tools to support mental health promotion, early intervention and prevention in Northern Ireland. More than 110 stakeholders were engaged in the process through one-to-one interviews, focus groups and workshops.

The PHA and HSC Trusts launched a mental health and emotional wellbeing campaign which ran in September and October urging people to prioritise workplace mental health and to take 10 minutes each day for self-care using the 'Take 5 steps to wellbeing'.

Public mental health learning network

A virtual learning network for anyone with an interest in public mental health has been established on the Project ECHO (Extension of Community Healthcare Outcomes) platform. Network members connect on a monthly basis via Zoom and have discussed issues such as; inequalities in public mental health, mental health interventions in schools and developing community-based interventions.

3. Living Well

Live Better

Live Better has been designed to help address health inequalities by bringing targeted health support to communities which need it most. Live Better is delivered by the PHA and, following a process to identify the areas in which to initially pilot the approach, the programme launched in October in the Fountain, Bogside, Brandywell and Creggan areas in Derry/Londonderry and the Lower Shankill, Lower Falls and Grosvenor Road areas in Belfast.

Priority health issues have been identified for these areas by the local stakeholders. The primary goal is to deliver tailored health interventions and engage the local population to address health inequalities and help improve health and wellbeing.

Suicide prevention

During the year the PHA took several actions to increase public awareness and access to information around suicide including:

- The Minding your head website was redesigned and launched in December 2024.
- A mass media campaign ***Talking really helps*** was delivered from 3 February to 30 March 2025. Provisional performance indicators show a 20% increase in call volume to the Lifeline service, an increase in total talk time and a 25% increase in referrals.

Service provision, development and improvement

- **Lifeline** is Northern Ireland's crisis response helpline for people experiencing distress or despair. Each year there are approximately 40,000 active calls to Lifeline.
- The new Self Harm Intervention Project (SHIP) service was commissioned across Northern Ireland in November 2024. Each year approximately 3,600 people who self-harm are referred to the SHIP service and around 13,000 sessions of therapy are delivered, as well as additional support provided to their carers.
- The annual short-term funding programme for mental health emotional wellbeing and suicide prevention has invested £1.5 million in approximately 500 local projects, benefiting around 25,000 people across Northern Ireland.

2024/25 has seen the conclusion of the review of the *Protect Life 2 Suicide Prevention Strategy Action Plan*. The PHA has worked with the Department of Health on collating the consultation feedback and developing a reviewed action plan for the next three years.

Substance use

2024/25 has been a significant period of progress for the PHA health improvement substance use team. Approximately £10.2 million has been invested in substance use

early intervention and prevention services and treatment support services.

The team, in partnership with the Department of Health and SPPG, published the *Substance Use Commissioning and Implementation Plan* in November 2024 and since have continued to deliver against the actions of the implementation plan.

The first Needle and Syringe Exchange Conference in Northern Ireland was hosted in October 2024. The conference was attended by over 120 representatives including statutory, community and voluntary sector, community pharmacists and public health consultants.

An independent review of the role and function of Drug and Alcohol Co-Ordination Teams across Northern Ireland commenced in 2023 and has recently been completed and published.

Finally, the team was recognised by an award at the Northern Ireland Trauma Conference held in January 2025.

Obesity, physical activity and nutrition

The obesity prevention team leads the implementation of the non-departmental actions aligned to the 'A Fitter Future for All' framework to prevent and address overweight and obesity. Examples include commissioning of the following;

1. An early years obesity prevention programme – HENRY
2. Weigh to a Healthy Pregnancy programme
3. A Food in Schools (FIS) Coordinator to implementation the FIS policy
4. The Public Health Dietitians Group (PHDG) to deliver evidence-based nutrition education programmes
5. Active Travel (AT) programmes

The Active School Travel programme showed that the number of children travelling actively to school increased from 36% at the baseline to 40% at the end of the school year. At the same time, the number of pupils being driven to school fell from 53% to 48%.

One part of the commissioning of PHDG is the development of evidence-based nutrition videos hosted on the PHDG YouTube channel - overall there are nearly 1000 subscribers with 25.8k views and 240.6k impressions which has been a 200% increase from the previous year.

Towards a smoke-free generation

In Northern Ireland, around 13% of the population are current smokers. Smoking is recognised as a major driver of health inequalities and prevalence remains significantly higher among socially disadvantaged groups.

The development of legislation on tobacco, tobacco related products and e-cigarette sales, supply and use, in line with the UK Tobacco and Vapes Bill, is a landmark step which will provide the PHA with an enhanced opportunity to reduce preventable deaths and health inequalities across Northern Ireland.

The Tobacco and Vapes Bill will create a smoke-free generation by making it an offence for anyone born on or after 1 January 2009 to be sold tobacco products and ban the sale of non-nicotine vapes and other nicotine products to under 18s.

4. Ageing well

Ageing Well is a critical part of the PHA's corporate plan for Northern Ireland. As populations age, prioritising older adults' health ensures dignity, equity and sustainability in public health practice.

Home accident prevention

Preventable home accidents remain one of Northern Ireland's most serious public health challenges. In response, coordinated actions have been taken to reduce risk, promote safety, and support healthy ageing.

In November 2024, the Home Accident Prevention Strategic Implementation Group (HAPSIG) reissued 34,000 updated safety leaflets for children under five and adults over 65, distributed through councils and community networks.

Safer mobility

Across 2024/25 the Ageing Well Public Health Planning Team (PHPT) have worked to improve safer mobility/falls prevention services across Northern Ireland. There is significant variation across the five trusts and different services offered in different postcodes. In November the PHA hosted a workshop to show these findings to the relevant stakeholder and we now have agreement from the HSC Trusts, Northern Ireland Ambulance Service and community and voluntary representatives that a regional model is the best way forward.

Service user and carer involvement

The Ageing Well PHPT engaged with service users and carers through focused group work to inform the Ageing well action plan. As an outcome the Ageing Well planning team have key guidance statements to shape their work to ensure it aligns with the views of service users and carers.

Age-friendly Northern Ireland

The PHA has invested in a five-year business plan from 2021–2026 to develop an age-friendly Northern Ireland by commissioning each of our 11 councils to push forward an age-friendly agenda through our age friendly officers (AFOs).

In Armagh, Banbridge and Craigavon Council, a group of local adults were mentored over six weeks by Year 13 A-Level pupils from St Patrick's Grammar in Armagh on a range of IT skills from email to social media as well as important settings on their devices.

5. HSC Research & Development Division

During 2024/25, HSC R&D Division completed a review of the current 10-year R&D Strategy – Research for Better Health and Social Care. The review included an autumn workshop attended by over 100 R&D stakeholders.

Our focus on equity, diversity and inclusivity has continued throughout 2024/25, with the launch of our partnership and manifesto with the Oxford Centre for Research Equity at Stormont in June. Throughout the year, a vibrant group of researchers has been meeting regularly to take forward a proposal for a mobile recruitment unit, with the aim of broadening participation in research to include people who have not previously been involved.

Part of the Belfast Region City Deal, the Institute of Research Excellence for Advanced Clinical Healthcare (iREACH Health) is a £64m integrated clinical research innovation centre led by QUB in partnership with Belfast Trust, jointly funded by HM Treasury, the NI Executive (via HSC R&D Division, PHA) and QUB.

Through the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) Investment Programme, the Association of the British Pharmaceutical Industry has signed an agreement with the four UK administrations to invest over £300m into clinical trials across the UK for the next five years, of which Northern Ireland will receive £12.3m.

Both of these new initiatives will build on the longstanding investments made by HSC R&D Division.

6. Our Organisation and People

Reshape and Refresh Programme

The PHA continues to implement a major transformation programme entitled Reshape and Refresh. This will ensure the PHA is well placed to deliver its functions and to deal with ongoing and future public health needs of the population. Last year there were notable achievements across a range of areas including:

- A review of the PHA organisational structures was undertaken with the establishment of a new Assistant Director structure in December/January 2025 and progress is underway to support the design of tier 4 roles within the new organisational structure.
- Establishment of a new Directorate – Population, Data and Intelligence. Work has been progressing to develop this Directorate alongside its Director role.
- A number of functions were identified as being better aligned with other parts of the HSC and in November 2024 HSC Quality Improvement (HSCQI) successfully transferred from PHA to RQIA.
- Work to develop a range of public health planning teams across the PHA was progressed last year.
- In June 2024 the PHA launched their first People Plan which provided a platform of improvements relating to staff development and engagement.

Corporate Plan 2025-30

During 2024/25 the PHA has worked to develop its next corporate plan, setting the strategic direction for the next five years, 2025-2030.

A significant programme of consultation and engagement with external stakeholders, DoH sponsor branch, staff and PHA board members was in place throughout the development process. A 13-week consultation (28 November 2024 – 28 February 2025) invited internal and external stakeholders to engage through surveys, email and workshops to discuss their thoughts and inputs to the direction set out in the draft plan.

A total of **102 responses** were received from internal and external stakeholders during the consultation period via online survey and email. The draft Plan was then reviewed and amended in line with all comments and views shared by stakeholders during the consultation period before its submission to PHA board for final approval in March 2025.

The corporate plan is structured around four strategic areas and is supported by a more detailed implementation plan that sets out the key actions to be progressed in delivering the priorities. A fifth area, focusing on our organisation and how we work, has been added to reflect the importance of both what we do as an organisation and how we do it.

The strategic areas of the plan are themed as follows:

- Protecting health
- Starting well
- Living well
- Ageing well
- Our organisation

Reporting against this corporate plan will take place through annual business plans and corporate monitoring.

Business Continuity

This year the PHA undertook a major review of the Business Continuity arrangements that are in place. Business Impact Assessments were completed by each Directorate and reviewed by the Agency Management Team. From this Directorate Business Continuity Plans were developed. A Business Continuity Plan Project Team has been established to coordinate and take forward this work and to plan for the continual review and testing of Business Continuity Plans within the PHA.

Procurement

During 2024/25, PHA has progressed a number of tenders:

- The Self Harm Intervention Programme Tender process was concluded and five new contracts were awarded and commenced on 1 November, with an annual value of £1.0m.
- Phase 1 of the Alcohol and drug re-tender programme has been progressed with tenders for Adult Step 2 services and workforce development issued to the market in January 2025. The applications are currently being assessed with the intention that new contracts are awarded in July 2025. Pre-planning work for phase 2 of the re-tender programme has been progressed and it is anticipated new contracts will be in place by October 2025.
- A new tender was awarded for the Reader groups in prison to the Verbal Arts Centre and the contract commenced in January 2025.
- Tenders for the workplace Health service and the community development ELEVATE programme were issued to the Market in January 2025 with applications due to be returned by the end of March 2025.
- A business case for a new regional Bereavement support service for children has also been approved and the tender documentation is now being developed, with the intention of issuing this to the market in 2025/26.

Health Intelligence

The Health Intelligence unit provides research and information within the PHA. The team also provide ongoing support to commissioning processes. Examples of work undertaken by the Health Intelligence unit in 2024/25 include:

- Children's Health in Northern Ireland 2022/23 Report
- Director of Public Health Core Tables 2022 and 2023
- Development of the Lifeline 72-hour follow-up pilot evaluation framework and implementation
- Development of evaluation framework for the NIAS Hear and Treat pilot
- Evaluation of the alcohol/drug enhancement of the EISS
- Evaluation of the Ministerial Live Better Initiative

Annual reports and other data outputs

- Breastfeeding in Northern Ireland, Health Intelligence Briefing 2024
- Family Nurse Partnership (FNP) International Annual Report 2024 and five HSCT Annual Review Reports 2024
- Area profiles for each council area working to a whole systems approach to obesity
- Northern Ireland data for the WBTi UK report

Evidence and desktop reviews

- Evidence review of best practice in delivering Weigh to Healthy Pregnancy programmes
- Review of smoking and vaping campaigns: effectiveness, stop smoking service uptake and successful quit rates
- UK four nations tobacco evidence stock take
- Seeking safety as a trauma-based intervention for substance use

The team has carried out work during the year to support PHA activities on various strategy working groups including mental health, substance use, tobacco, sexual health, breastfeeding and suicide prevention. Members are also represented in academic and international research groups including FNP, Lifeline and Euro-Peristat.

Partnership and engagement

The PHA's Reshape and Refresh programme set out an objective of merging the Patient and Client Experience (PCE) and Personal and Public Involvement (PPI) teams into a new structure, the Partnership and Engagement Division.

Regional Patient Client Experience Programme

The Regional Patient Client Experience (PCE) Programme led on Care Opinion through a revised regional implementation and impact framework and the development of Regional Training Framework which included establishment of E-learning modules built through Learn HSCNI.

Through the 10,000 More Voices initiative, the PHA has codesigned a project to assess the experience of service users, families and carers in shared decision making (linked to

NICE Guidance NG197).

As part of 10,000 More Voices initiative the PHA supports the voice of residents in care homes through phase 1 of the project “My experience of living in a Care Home”.

Personal and Public Involvement

PHA Personal and Public Involvement provides professional involvement leadership, advice and guidance to high profile, strategic, or cross-organisation initiatives in the HSC.

Support and encouragement for the integration of involvement into the core work of the PHA has been a key objective.

Communications

The communications team worked closely with colleagues internally, in HSC Trusts and in the Department of Health as well as with other key stakeholders on issues of regional significance. This took the form of campaigns, including the Living Well campaign programme in community pharmacies, printed information for the public and professionals, online information including social media, news releases, briefing journalists and facilitating interviews. We also provided advice and support to colleagues across directorates on sensitive and high-profile issues including vaccination, screening, mental health, and drugs and alcohol.

A number of websites were redeveloped in year which included reviewing the corporate website to make the information more accessible and bring it in line with web content accessibility guidelines.

It was pleasing to note the quality of the PHA’s communications outputs were recognised at the Northern Ireland Social Media awards with a first place in the Healthcare section.

Organ donation

A programme of work to raise awareness and understanding of organ and tissue donation and transplantation was rolled out across 2024/25, and continued to make audiences aware of the change in law. The programme consisted of outreach and engagement activities across Northern Ireland, as well as a range of initiatives for both mass and targeted audiences. A strong partnership approach continued, working closely with HSC Trusts, local councils, community and voluntary sector, education, and private sector. Key initiatives included Organ Donation Week and the new Living Donation Week, and a pilot of post-primary resources.

Public inquiries

The PHA continues to actively support a number of longstanding public inquiries established to investigate issues of serious public concern.

During 2024/25, the main focus of the PHA's public inquiry response has been in relation to the UK COVID-19 Inquiry.

The COVID-19 Inquiry response has also necessitated the provision of oral evidence and both the PHA's Director of Public Health and Chief Executive have made personal attendances at the Inquiry.

The PHA has also worked to meet the demands placed upon it by the other 'active' modules of the COVID-19 Inquiry, with draft witness statements having been prepared and submitted in respect of both Module 6 (Care Sector) and Module 7 (Test, Trace and Isolate).

Human resources

During 2024/25 the PHA has continued to have Human Resources (HR) input through a Service Level Agreement with BSO, including a nominated senior HR Business Partner.

The People Plan which was launched in year has ensured a structured approach to development of culture, staff experience and workforce matters. Working with the Organisational Development Engagement Forum (ODEF), this has seen key areas of development being led by the HR Team:

- Development of 'Our People Portal' for all HR policies, procedures and resources to support managers and staff.
- Hybrid Working Scheme regularised.
- Release of the working effectively resource pack, a wide range of practical tools aimed at supporting teams to rebuild collaboration in the modern world.
- Through ongoing collaboration, the HR team have led on the development and release of a monthly Team Briefing highlighting key actions required of managers.
- A range of existing policies were updated in year in line with regional agreements.

Organisational Development Engagement Forum

The PHA Organisational Development Engagement Forum (ODEF) is the delivery model for the PHA People Plan. Upwards of 50 staff have engaged in various elements of delivery covering a range of key outputs including:

- Staff engagement and communications – continued development of a range of communications channels to ensure regularity of corporate messaging and information from weekly staff news to monthly virtual events led by a member of the Agency Management Team, to quarterly in person engagement events to 'Chat with the Chief'.
- Staff recognition event looking at the past, the present and the future which allowed all staff some time to collaborate and network ensuring time out to reflect and hear from a range of speakers to promote team cohesiveness.

- Health and wellbeing baseline survey completed with the development of an action plan both locally and corporately.
- Learn HSC was introduced with the PHA being the highest performing in terms of staff engagement and usage across the HSC. This tool has facilitated the promotion of a wide range of available training including mandatory training and promotion of continuous professional development tools.

In the area of retention, the ODEF is now established with a clear workplan split into 3 key workstreams:

Staff Experience (Looking after our people) – Following on from the Health & Wellbeing (HWB) survey in the first half of 2024, we now have 12 staff members who have been trained as HWB Champions and are actively engaged in promoting a range of HWB plans both corporately and locally. A full HWB Calendar has been developed with key topics being promoted each month. We are currently developing a full-time job role within the Reshape Refresh programme which will support the co-ordination of this work, as well as the culture champions activity.

Staff Development opportunities have been a key feature area for progress with appraisals now embedded with at least 95% of staff having an appraisal over each of the past two years.

Workforce Development (Growing and Developing our People) – within this group there is a continuous focus on supporting learning and development of staff. This has been underpinned during 2024/25 with the development of a bespoke Skills Development Framework which has been shared over the past year by way of initial familiarisation and feedback. This will now be formally aligned to the Appraisal scheme during the 2025/26 year. In addition, the Corporate Induction programme has been further developed with a range of tools now available to support managers and staff in the early weeks alongside an in-person Corporate Welcome programme which takes place every quarter. An e-learning programme is currently being finalised to support with an introduction to 'What is Public Health'.

Culture (our People as Leaders) – supporting all of the above is the culture workstream who have supported the development of mechanisms to support the organisation's communication systems with staff to ensure clarity, engagement and effectiveness. This includes improved internal communication such as weekly staff news, revised connect platform and regular site visits led by the chief executive. Work relating to recognition and celebration was a key focus of the 2024 Staff event where staff were asked to submit posters for recognition of their teams work as well as on the day providing their input as to what they would like to see going forward. The posters for celebrating the work of individual teams is a feature of the First Tuesday during 2025. In addition, an action plan for 2025/26 based on the feedback has now been developed.

Activity across these three workstreams is progressed through the engagement of a wide

range of staff from across the PHA under the leadership of 2 sponsors per workstream with 3 underpinning targets being to ensure staff:

- are inspired with a shared sense of purpose, to improve and protect Public Health;
- feel valued, supported and engaged in all they do; and
- are knowledgeable, skilled and competent.

The PHA People Plan continues to be monitored with developments reported live in the People Plan Progress hub available on the PHA People Portal. All targets are expected to be delivered on time with a fresh People Plan to be developed during 2025/26 for the next four-year period.

Financial Performance Report

Financial Planning

The PHA newly constituted Finance team, led by the Director of Finance & Corporate Services, is responsible for the delivery of finance functions, including Financial Planning, Financial Governance, Financial Management and Financial Accounting Services.

The team worked with senior leaders in the organisation and Department officials to develop a balanced Financial Plan for 2024/25, which was approved by the Board in June 2024. Financial performance was closely monitored to the opening financial plan assumptions throughout the year.

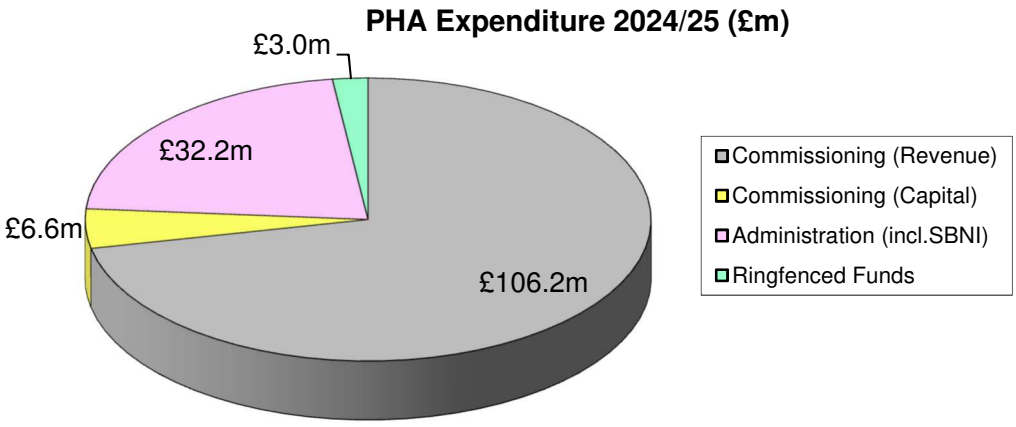
The financial context in the Health and Social Care sector remains challenging. PHA management team will continue to work closely with partners to ensure that sound financial management continues. PHA will also work with Department of Health officials to prioritise resources to deliver on statutory responsibilities and ministerial priorities.

PHA Financial Management and Stability

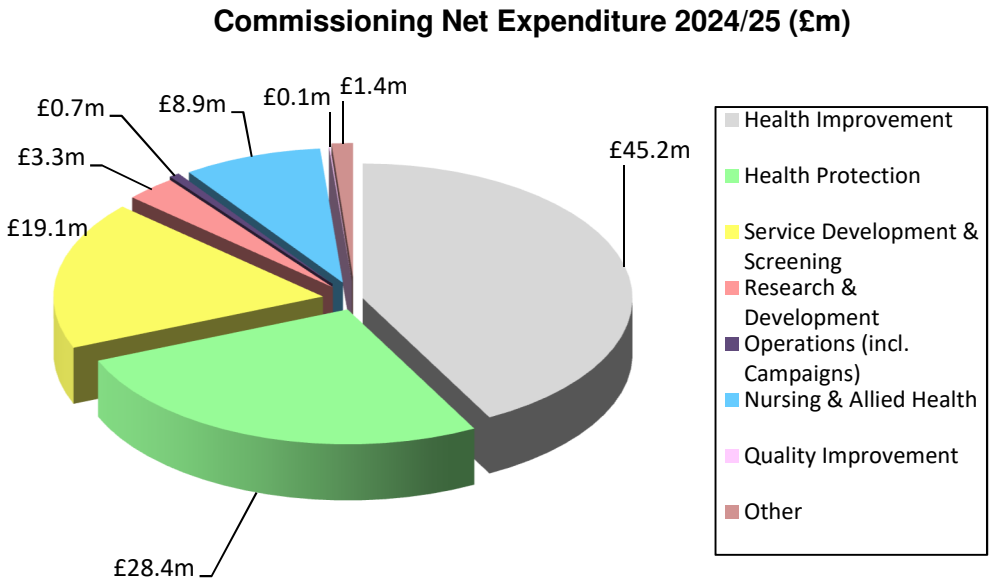
The PHA received a revenue resource budget of £141.5m in 2024/25, along with income from other sources of £1.3m, and a further £6.9m capital funding was allocated to PHA in the year. The financial statements presented in this Annual Report and Accounts highlight that PHA successfully delivered its breakeven duty with a revenue surplus of £77k being reported. This was achieved by significant and diligent efforts on the part of PHA budget holders, supported by the Finance Directorate, in managing the wide range of slippage and pressures across various budgets set against the backdrop of system-wide inflationary pressures and a wide range of operational challenges across the HSC.

The following charts illustrate how the PHA's revenue funds have been utilised during 2024/25.

a. Net Expenditure by Area 2024/25



b. Commissioning Expenditure by Budget Area 2024/25

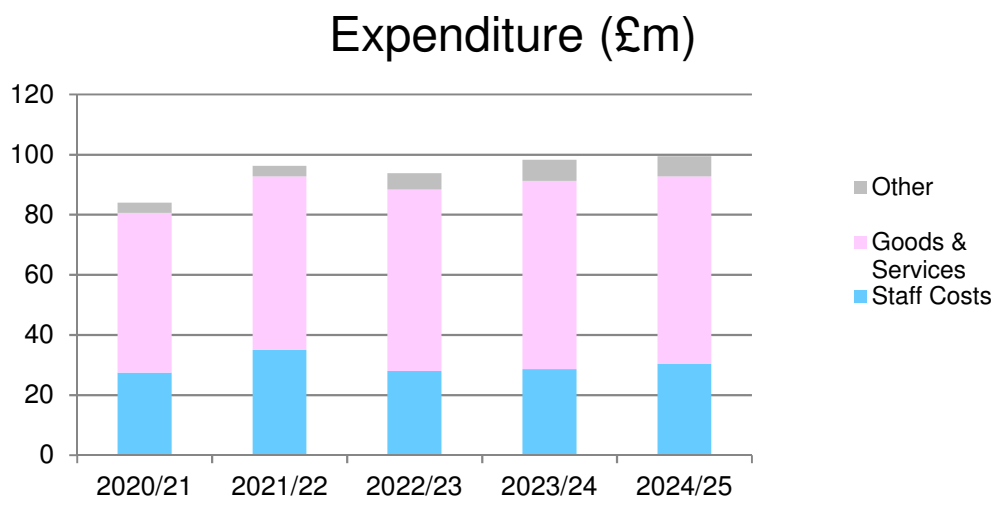


COVID-19 Allocations and Expenditure

During 2024/25, specific ring-fenced allocations earmarked for COVID-19 were allocated to the PHA from DoH. These allocations amounted to £2.3m (2023/24, £4.7m) which allowed the PHA to continue to support the region in its response to the pandemic, primarily through Covid-19 and Flu vaccination programmes.

Long Term Expenditure Trends

The following chart highlights how the main categories of expenditure within the Statement of Comprehensive Net Expenditure (SoCNE) have moved over the last five years. This relates to the revenue expenditure of the PHA excluding allocations to Trusts.



Prompt Payment Performance

a) Public Sector Payment Policy - Measure of Compliance

The Department requires that PHA pay their non-HSC trade payables in accordance with applicable terms and appropriate Government Accounting guidance. The PHA's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is detailed in the table below.

	2024-25 Number	2024-25 Value £000s	2023-24 Number	2023-24 Value £000s
Total bills paid	5,786	£85,373	5,184	£77,770
Total bills paid within 30 day target or under agreed payment terms	5,537	£82,969	4,986	£67,436
% of bills paid within 30 day target or under agreed payment terms	**95.7%**	**97.2%**	**96.2%**	**86.7%**
Total bills paid within 10 day target	4,697	£62,803	4,263	£59,456
% of bills paid within 10 day target	**81.2%**	**73.6%**	**82.2%**	**76.5%**

The PHA performed above the 95% target on volume for payments within 30 days, at 95.7% (2023/24, 96.2%) and has performed well above the 70% target of payments within 10 days, at 81.2% (2023/24, 82.2%).

b) The Late Payment of Commercial Debts Regulations 2002

The PHA paid no late payment fees in 2024/25 (£nil for 2023/24).

Sustainability – Environmental, Social and Community Issues

The Northern Ireland Executive Sustainable Development Strategy Everyone's Involved was published in May 2010, setting out a vision for a peaceful, fair, prosperous and sustainable society. The strategy is based on the following principles:

- Living within environmental limits;
- Ensuring a strong, healthy and just society;
- Achieving a sustainable economy;
- Promoting good governance;
- Using sound science responsibly; and
- Promoting opportunity and innovation.

The PHA is committed to the principles of sustainable development and endeavours to integrate these principles into our daily activities. We seek to increase awareness of sustainable development within the PHA generally and to ensure that wherever possible our overall business activities support the achievement of sustainable development objectives. To meet these objectives we will encourage energy and resource efficiency in all our offices, through:

- working with landlords to maximise energy efficiency where possible;
- reminding staff to turn off lights, computers and other electrical equipment when not in use;
- where possible reducing the amount of printing; and
- as and when appropriate, disseminate sustainable development best practice guidelines to staff.

To use our natural resources responsibly, through:

- using recycled materials where possible; and
- promoting recycling of appropriate waste.

To reduce our carbon footprint through how we work, in particular through:

- promoting hybrid working which will reduce travel time to and from work;
- promoting the use of tele-conferencing and video-conferencing to reduce travel;
- supporting the use of travel smart schemes to promote the use of public transport; and
- supporting the cycle to work scheme.

Equality and diversity

Equality and diversity work on the PHA's equality and disability action plans for 2023-28 continued during 2024/25. The equality action plan looks at actions we want to take to

tackle inequalities across all equality categories. The purpose of our disability action plan is to look at things we want to do to promote positive attitudes towards disabled people and encourage their participation in our work areas. We reported progress on year 1 of the equality and disability action plans via the Annual Progress Report 2023/24 to the Equality Commission for Northern Ireland.

Facilitated by the BSO Equality Unit (who provide support to PHA on equality matters), we hold two Disability Awareness Days every year. Staff are invited to suggest topics of interest to them for the Disability Awareness Days and it is encouraging to see staff attendance and participation at these events. Two days were delivered during the year, one in relation to Arthritis and the other in relation to Neurodiversity. The days included a live online session with an expert in the field (a health or social care professional or an individual with lived experience of the condition). Sessions are recorded and then made available on the Tapestry website[1]. This has ensured that staff can access the session at a time convenient to them.

Rural Needs Act (Northern Ireland) 2016

The purpose of the Act is to ensure that public authorities have 'due regard' to the social and economic needs of people in rural areas and to provide a mechanism for ensuring greater transparency in relation to how public authorities consider rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.

The Act seeks to help deliver fairer and more equitable treatment for people in rural areas which will deliver better outcomes and make rural communities more sustainable.

The completion of the Rural Needs Impact Assessments has focused minds on the importance of the needs of rural dwellers, so that these are considered from an early stage in any project. In particular, ensuring consultation with rural dwellers when planning services and consideration given to alternative service delivery methods where appropriate to meet their needs.

Complaints and compliments

The PHA received three complaints in 2024/25. Although the number of complaints was low, learning lessons remains a vital aspect of the complaints process and where improvements are identified they are implemented across the PHA on an on-going basis.

The PHA were pleased to receive twelve formal compliments in 2024/25. The general theme from the compliments related to the high quality of the content and user value of a number of PHA publications and wider presentations made across the region.

[1] The Tapestry Disability Staff Network is open to anyone that works in the regional HSC organisations who has an interest in disability; either due to having a disability, caring for someone with a disability or through the nature of their job role

Complaints and compliments are reported quarterly to PHA senior leaders, at both Executive and Non-Executive level. The PHA also publish an annual Complaints and Compliments Report on the PHA public facing website.

Information Requests

Between 1 April 2024 and 31 March 2025, the following requests were made and responded to:

- 59 Freedom of Information Requests;
- 3 Environmental Information Regulations Requests; and
- 7 Subject Access Requests.

On behalf of the PHA, I approve the Performance Report encompassing the following sections:

- Performance Overview.
- Performance Analysis.

Aidan Dawson
Chief Executive
Date: 19 June 2025

ACCOUNTABILITY REPORT

Non-Executive Directors' Report

The primary role of the PHA Board is to establish strategic direction within the policy and resources set by the DoH, monitor performance, ensure effective financial stewardship and ensure high standards of corporate governance are maintained in the conduct of the business of the organisation.

The Board is comprised of a Chair, seven non-executive Directors (one of which was vacant during 2024/25), the Chief Executive and three Executive Directors. The Head of the Chief Executive's Office attends Board meetings. The Department of Health appoints the Non-Executive Directors, with the approval of the Minister of Health. The Chairs and Non- Executive Directors are:

- Mr Colin Coffey (Chair);
- Mr Craig Blaney;
- Mr John Patrick Clayton;
- Ms Anne Henderson OBE;
- Mr Robert Irvine;
- Professor Nichola Rooney (left 28 February 2025); and
- Mr Joseph Stewart, OBE.

The Board and its committees held regular meetings during the year. During 2024/25 the Board held 9 meetings and also held a number of workshops.

The Governance and Audit Committee assists the PHA Board by providing assurance, based on independent and objective review, that effective internal control arrangements are in place within the PHA. The Committee met on five occasions during the year. It is chaired by Mr Joseph Stewart OBE, who provides regular reports to the full Board. The Committee also completes the National Audit Office Audit Committee self-assessment checklist on an annual basis to assess its effectiveness.

The Remuneration Committee is responsible for advising the Board about appropriate remuneration and terms of service for the Chief Executive and other Senior Executives subject to the direction of the Department of Health. The Committee is chaired by Mr Colin Coffey, and met one time during the year.

The Planning, Performance and Resources Committee is responsible for keeping under review the financial position and performance against key non-financial targets of the Board and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that Corporate/Business Planning arrangements are working effectively. The Committee is chaired by Mr Colin Coffey and met four times during the year.

Corporate Governance Report

The Corporate Governance Report provides information on the composition and organisation of the PHA's governance structures, which support the achievement of the PHA's objectives. It comprises the Director's Report, the Statement of Accounting Officer Responsibilities and the Governance Statement of the organisation.

Director's Report

PHA Board

The Board of the Public Health Agency 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 at www.publichealth.hscni.net

Board Member	Position
Colin Coffey	Chair
Aidan Dawson	Chief Executive
Dr Joanne McClean	Director of Public Health
Heather Reid	Interim Director of Nursing, Midwifery and Allied Health Professionals
Leah Scott	Director of Finance & Corporate Services
Dr Aideen Keaney *(left 30 September 2024)*	Director of the Health and Social Care Quality Improvement and Innovation (HSCQI) Network
Prof Nichola Rooney *(left 28 February 2025)*	Non-Executive Director
John-Patrick Clayton	Non-Executive Director
Joseph Stewart	Non-Executive Director
Robert Irvine	Non-Executive Director
Anne Henderson	Non-Executive Director
Craig Blaney	Non-Executive Director

Further background information on all Board members is available on the PHA website at: https://www.publichealth.hscni.net/pha-board

Related party transactions

The PHA is an arm's length body of the Department of Health and as such the Department is a related party with which the PHA has had various material transactions during the year. In addition, the PHA has material transactions with HSC Trusts. During the year, none of the Board members, members of the key management staff or other related parties have undertaken any material transactions with the PHA.

Register of 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 on the PHA website at:
https://www.publichealth.hscni.net/about-us/freedom-information/lists-and-registers

Audit Services

The PHA's statutory audit was performed by CavanaghKelly on behalf of the Northern Ireland Audit Office (NIAO) and the notional charge for the year ended 31 March 2025 was £29,000.

Statement on Disclosure of Information

All Directors at the time this report is approved can confirm:

- so far as each Director is aware, there is no relevant audit information of which the External Auditor is unaware;
- he/she has taken all the steps that he/she ought to have taken as a Director in order to make him/herself aware of any relevant audit information and to establish that the External Auditor is aware of that information; and
- the Annual Report and Accounts as a whole are fair, balanced and understandable and he/she takes personal responsibility for the Annual Report and Accounts, and the judgements required for determining that it is fair, balanced and understandable.

Statement of Accounting Officer Responsibilities

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department of Health has directed the Public Health Agency (PHA) 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 PHA and 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 HSC Manual of Accounts issued by the DoH 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 a going concern basis, unless it is inappropriate to presume that the PHA will continue in operation; and.
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Aidan Dawson as the Accounting Officer for the Public Health Agency. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety 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 formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that PHA's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Governance Statement

1. Introduction/Scope of Responsibility

The Board of the Public Health Agency (PHA) is accountable for internal control. As Accounting Officer and Chief Executive of the PHA, 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 (DoH).

As Accounting Officer, 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 Service Level Agreements (SLAs), representation on PHA Board, Governance and Audit Committee, Planning Performance and Resources 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 Strategic Planning and Performance Group (SPPG) and the Business Services Organisation (BSO), as they provide essential services to the PHA and in taking forward the health and wellbeing agenda.

Systems are also in place to support the inter-relationship between the PHA and the DoH, through regular meetings and by submitting regular reports. At present the DoH and PHA are currently working through the Refresh and Reshape Organisational Transformation Programme which is designed to enable the PHA to respond effectively to future public health priorities, informed by learning from the COVID-19 pandemic response. It is anticipated that the Implementation phases of the Programme will conclude during 2025/26.

2. Compliance with Corporate Governance Best Practice

The Board of the PHA applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of 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 also contributes to the strategic leadership of the organisation, ensuring that PHA Agency Management Team are satisfactorily leading on the effectiveness, accountability, sustainability and progressing the vision for PHA. The Board provides strategic support

and challenge on and assesses appropriateness of delivery against the corporate plan and annual business plan which provide the vision for PHA and its key contribution to the wider HSC agenda. This includes risk identification, measurement and monitoring mechanisms and reviewing adequacy of policies to ensure ongoing legal, regularity and code of conduct compliance and ongoing adherence to section 75 equality and good relations requirements in the development of policies and delivery of services. The PHA Board is satisfied that the governance and risk management processes and overall control environment will enable successful delivery of its strategy, policy and objectives.

During 2024/25 the PHA Board completed a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit relating to the 2023/24 financial year. 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 and staff; the register is publicly 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.

The first year of the PHA Equality and Disability five-year Action Plans (2023-28) has been completed. The Equality Action Plan looks at actions we want to take to tackle inequalities across all equality categories. The purpose of our Disability Action Plan is to look at things we want to do to promote positive attitudes towards disabled people and encourage their participation in our work areas. In adherence with the equality and good relations statutory duty, the PHA completed an annual return report to the Equality Commission for the period covering April 2023 to March 2024. Prior to submission, this was approved by PHA Board at its August 2024 meeting.

3. Governance Framework

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

- PHA Board;
- Governance and Audit Committee;
- Remuneration and Terms of Service Committee; and
- Planning, Performance and Resources Committee

The PHA Board is comprised of a Non-Executive Chair, seven Non-Executive members, the Chief Executive and three Executive Directors. One non-executive post was vacant for the whole of 2024/25.

During 2024/25, the PHA Board met on nine occasions. The Board 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 are 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. All Board meetings were quorate.

PHA Board Meeting Attendance Register 2024/25 is summarised in the table below.

Name	Meetings Attended	Meetings Contracted to attend
Mr Colin Coffey (Chair)	9	9
Mr Aidan Dawson (Chief Executive)	9	9
Dr Joanne McClean*	9	9
Ms Heather Reid*	7	9
Ms Leah Scott*	9	9
Dr Aideen Keaney** (left August 2024)	3	4
Mr Craig Blaney***	9	9
Mr John Patrick Clayton***	8	9
Ms Anne Henderson***	9	9
Mr Robert Irvine***	8	9
Professor Nichola Rooney*** (left February 2025)	8	8
Mr Joseph Stewart***	9	9

Executive Director* ***Director* ** Non-Executive Director*

The Governance and Audit Committee (GAC) (chaired by Mr Joseph Stewart) gives an assurance to the PHA Board and Accounting Officer on the adequacy and effectiveness of the PHA's system of internal control. The GAC meets at least quarterly and comprises of four Non-Executive Directors. Representatives from Internal and External Audit are also in attendance. During 2024/25 the GAC met on five occasions and all meetings were quorate.

The Remuneration and Terms of Service Committee (chaired by Mr Colin Coffey) 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 DoH. The Committee also oversees the proper functioning of performance appraisal systems, the appropriate contractual arrangements for all staff as well as monitoring a remuneration strategy that reflects national agreement and Departmental Policy and equality legislation. The Committee comprises the PHA Chair and three Non-Executive Directors; it normally meets at least once every 6 months. During 2024/25, the Committee met on one occasion and the meetings were quorate.

The Planning, Performance and Resources Committee, also chaired by Mr Colin Coffey, has responsibility to keep under review the financial position and performance against key non-financial targets of the Board, to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that Corporate/Business Planning arrangements are working effectively. The Committee comprises the PHA Chair and three Non-Executive Directors; it normally meets at least once every three months. During 2024/25, the Committee met on four occasions and the meetings were quorate.

4. Framework for 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 Corporate Plan was rolled forward into 2024/25, as advised by the Department of Health (DoH). The Annual Business Plan 2024/25, which sets out the actions to be taken forward in the PHA Corporate Plan, taking account of DoH guidance and priorities, was approved by the PHA Board. Both documents were developed with input from the PHA Board and staff from all Directorates and engagement with external stakeholders. During 2024/25, PHA has developed a new Corporate Plan for the period 2025-30 which was approved by PHA Board in March 2025.

The PHA's 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.

During 2024/25, in keeping with an Internal Audit recommendation, work to re-shape the Corporate Risk Register to reflect the 3 Line Model of Assurance (Assurance Mapping) was completed. The assurance mapping process, using a Board Assurance Framework, improves the evidence provided to the Board in respect of the controls identified in the risk registers and their effectiveness in managing the risk identified.

During 2024/25, the Director of Finance and Corporate Services held responsibility for risk management at Board level. The Corporate Risk Registers are reviewed quarterly by the Agency Management Team (AMT) and Governance and Audit Committee (GAC). Directorate Risk Registers are also reviewed by AMT and the GAC on a rotational basis. 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, most recently on 27 February 2025.

During 2024/25, guidance and support was provided to staff who are actively involved in reviewing and coordinating the review of the Directorate and Corporate Risk Registers.

All staff are required to complete the PHA risk management e-learning programme. In

addition, staff have also been provided with other relevant training including fire, health and safety, security and fraud awareness.

5. Information Risk

The PHA has robust measures in place to manage and control information risks. The designated Senior Information Risk Owner (SIRO), who is responsible, for the management of information risk at Board level is the Director of Finance and Corporate Services.

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/Deputy Directors and other identified senior staff, as Information Asset Owners (IAOs), 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 Assistant Director of Planning and Business Services as the Data Protection Officer (DPO) has responsibility for monitoring and advising on data protection.

The PHA's 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 IG action plans arising from Internal and External Audit reports and the Information Management Checklist are progressed. The Group is chaired by the SIRO and membership includes all the IAOs, PDG, a Non-Executive Board member or their representatives and relevant governance staff. The IGSG is scheduled to meet three times per year and provides a report to the GAC on a regular basis in addition to providing the IGSG Action Plan to GAC annually**.** During 2024/25 the IGSG met three times.

The PHA's Information Governance Strategy (incorporating the Information Governance Framework) 2023-2026 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.

Alongside this, a range of policies and procedures are in place to ensure compliance with legislation, including Data Protection/Confidentiality Policy, Data Breach Incident Response Policy and a Data Protection Impact Assessment Policy and Guidance.

Information asset registers are in place, and are kept under review. Information risks are assessed and control measures are identified and reviewed as required. Where appropriate, information risks are incorporated in the Corporate or Directorate Risk Registers.

The HSC information governance e-learning programme, incorporating Freedom of Information, Data Protection, Records Management and Cyber Security continues to be rolled out to all staff. Specialised training for SIRO, PDG and IAOs also took place during

2024/25. Uptake of training is monitored by the IGSG. The PHA is represented on the regional HSC Cyber Security Programme Board, and works with BSO ITS, as its IT provider, to take necessary measures in relation to cyber security risks.

During 2024/25, no personal data incidents were reported to the Information Commissioner's Office.

6. Fraud

The PHA takes a zero-tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud and Anti-Bribery Policy and Response Plan, to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer promotes fraud awareness, coordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are supported in fraud awareness in respect of the Anti-Fraud and Anti-Bribery Policy and Response Plan, which are kept under review and updated as appropriate.

A fraud report is brought to the GAC on a regular basis. During 2024/25 there were no new cases of suspected fraud.

7. Public Stakeholder Involvement

Ensuring the voice of the service user and carer is heard, understood and integrated into the culture and practice of the PHA and indeed the wider HSC, is essential, if we are to ensure that what we are commissioning and delivering, is the truly person-centred health and social care service we are committed to. There are two key ways in which this is achieved, one is through Patient & Client Experience (PCE) and the other is through the connected area of Personal & Public Involvement (PPI).

Through the PHA's Reshape and Refresh programme, these two approaches, will be amalgamated into a new Partnership and Engagement team. This team will work collaboratively, to advance patient experience and service user and care involvement. The PHA actively considers Experience & Involvement in all aspects of the commissioning process, ensuring that the input of service users and carers underpins the identification of priorities; in the development of service models and service planning and in the evaluation and monitoring of service changes or improvements.

The PHA is also cognisant of the ever-evolving policy field in this wider area; including the 'Co-Production Guide for N. Ireland – Connecting and Realising Value through People' (DoH, 2018), which encourages a sustained move towards a coproduction-based approach across the health and social care system, whereby service users and carers are regarded as full partners in health and social care. The Change & Withdrawal of Services Circular (DoH 2023) is a more recent development, which re-affirms HSC commitment to the active involvement of service users and carers in planning and decisions that affect

care. It also references the role of the PHA in regards to the provision of PPI advice to the HSC in line with our leadership role.

In 2024/25 there was a focus by the Regional PPI team on:

- **Leadership, Advice and Guidance** – The provision of advice and guidance on involvement to high profile or cross organisational initiatives in the HSC remains a priority for the PPI team.
- **Training** - Raising awareness, understanding and building skills, knowledge and expertise in Involvement, Co-Production and Partnership Working with HSC staff, service users and carers.
- **Monitoring** - Embedding and streamlining the online, centralised Involvement monitoring system has continued and progressed. It enables the HSC to identify what is happening and the impact / difference that Involvement is making. It does this by utilising quantitative data collected through the HSC wide returns and this is complemented by the roll out of the Human Library model, which captures qualitative information / insight into lived experience of Involvement.
- **Health Literacy –** Staff undertook Health Literacy training and then used that knowledge to design an interactive Health Literacy Training and Support Tool, which is being piloted with the Live Better Demonstration Projects.
- **Service User and Carer Reference Group**. The PHA have developed a new Service User and Carer Reference Group with the aim of further embedding opportunities for service users and carers to inform, influence and shape PHA work and thinking. Some 25 service users and carers were recruited through an open public call, are now members of the Reference Group, supporting strategic involvement work within the PHA and the wider HSC system.

In 2024/25 there was a focus by the Regional PCE team on:

- **Embedding feedback into culture** - Building an informed workforce which supports generation of stories; This included the publication of a Regional Training framework for Regional Patient Client Experience initiatives and development of an E-learning programme. This supports a high standard consistent approach across the region and with a greater reach into the workforce
- **Developing accessible structures** to reach the population of NI – In all initiatives PHA have created mechanisms which key populations of whom feel 'seldom asked'. In 2024/25 the team focused upon reaching out to people with a Learning Disability and non-English speaking communities exploring how to promote Care Opinion and 10,000 MORE Voices.
- **Integrating into a learning system** – The Regional PCE team, in partnership with trust services undertook workshops exploring the model Learning from Excellence, exploring stories which highlighted best practice through the Online User Feedback service, Care Opinion. 10,000 MORE Voices also hosted 18 workshops with services exploring their data through appreciative inquiry and application of learning to practice.

In 2024/25 the Regional PPI & PCE teams have jointly focused on:

- **Strategy Development** - Developing a Partnership and Engagement Strategy that will set out the direction and key areas of work for the next five years for Experience & Involvement work for the PHA internally and in regards to its HSC leadership responsibilities in this area. The PHA 's Corporate Plan for 2025 to 2030 has influenced this work and cognisance is also being taken of the recently launched DoH led Strategic approach to Public Engagement, anticipated to conclude in the first half of 2025/26.
- **Shared Decision Making –** The PPI the PCE teams have supported the regional aspects of the implementation of NICE Guidance NG197, in line with the ask from the DoH Circular HSC (SQSD) (NICE NG197) 19/22. There has been a focus upon developing regional guidelines for person centred clinical letters (recommendation 1.2.20) and on addressing Training and associated Resources / materials related to Shared Decision Making. This work seeks to improve patient experience and embed partnership working at the frontline.

The PHA continues to lead and support cultural and practical change within the HSC, so that the voice of the service user and carer is heard, and the active involvement of and partnership working with people with lived and living experience can become the norm.

8. 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, 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 PHA Assurance Framework sets out a systematic and comprehensive reporting framework to the Board and its committees and is normally reviewed annually.

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, the Agency Management Team (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.

The PHA has in place an effective whistleblowing policy based on the HSC Whistleblowing Framework and Model Policy, developed in collaboration with the DoH and HSC organisations in response to the recommendations arising from the RQIA Review of the Operation of HSC Whistleblowing arrangements 2016.

9. Sources of Independent Assurance

The PHA obtains Independent Assurance from the following sources:

- The Regulation and Quality Improvement Authority (RQIA); and
- Internal Audit.

In addition, the PHA receives an opinion on regularity from the External Auditor in the 'Report to those charged with Governance'.

RQIA

Prior to the migration of HSCB to SPPG, the HSCB/PHA had in place a Regional Safety and Quality Alerts Procedure which oversaw the identification, co-ordination, dissemination and assurance on implementation of regional learning issued by the HSCB/PHA/DoH/ RQIA and other independent/regulatory bodies. Safety and Quality Alerts (SQA) were previously issued with joint actions for HSCB/PHA and it was the responsibility of the HSCB/PHA together to ensure adequate responses on assurances to the actions specified within relevant SQAs were implemented accordingly. Recently any S&Q correspondence has been issued with specific actions for each organisation (SPPG and PHA separately). Work is progressing around developing a governance process regarding alerts. Once finalised this will allow PHA to provide specific assurances back to DoH regarding any safety and quality processes. In the interim to maintain governance, any issues regarding processes are overseen by relevant directors (Director of Performance and Planning SPPG and Interim Director of Nursing & Allied Health Professionals, PHA) within the SPPG and PHA by way of weekly Safety Brief Meetings.

Internal Audit

The PHA utilises an Internal Audit function which operates to defined standards and whose work is informed by an analysis of the risk to which the body is exposed and annual audit plans are based on this analysis. Internal Audit work in 2024/25 is provided in the table below.

System Reviewed	Level of Assurance Received*
Financial Review	**Satisfactory** - Financial Reporting to the PHA Board; Non-Pay Expenditure; Budgetary Control & Saving Plan Management and Management of Additional Payments to Staff **Limited** – Staff in Post reports
Management of Vaccination Programme	**Limited**
Board Effectiveness	**Satisfactory**
Trust Commissioned Services	**Limited**
Personal and Public Involvement	**Limited**

Internal Audit's definition of levels of assurance:

Satisfactory*: Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.*

Limited*: There are significant weakness within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.*

Unacceptable: *The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.*

2024/25 Internal Audit Reports with a Limited Assurance

The PHA received a limited level of assurance in relation to three audit reports and also a partially limited assurance in respect of a fourth audit. A summary of the significant findings identified in these reports are provided below.

Financial Review (partially limited in relation to Staff in Post)

Internal Audit provided a satisfactory assurance in relation to Financial Reporting to the PHA Board, Non-Pay Expenditure, Budgetary Control & Saving Plan Management and Management of Additional Payments to Staff however, the review of Staff in Post returns received limited assurance. Internal audit noted that Staff in Post reports are largely reviewed on a regular basis and the Organisational Management structure is updated on HRPTS to reflect the accurate alignment to managers and cost centres. However, it was noted that some business areas had not completed any staff in post checks on a number of occasions during the year, resulting in a number of overpayments. Management has committed to improved monitoring and introduced a system of sign-off by senior officers to

ensure staff in post is reconciled on a monthly basis to reflect an accurate staff in post position.

Management of Vaccination Programme

Internal Audit provided a limited assurance in relation to the Management of Vaccination Programmes. A limited assurance was provided on the basis that there was no overarching formal memorandum of understanding/agreement between stakeholders defining each organisation's roles and responsibilities, assurances and accountability arrangements in respect of vaccines. Internal audit also noted additional checks required for invoices related to the distribution of vaccines prior to approval and a requirement for validation checks to be conducted with vaccine administrators to ensure the stock levels recorded by PHA were accurate. It was noted that the level of influenza vaccine wastage for 2023/24 was high (circa 25%). While the vaccine order was reduced in 2024/25, a fall in vaccine uptake during the year resulted in a similar percentage of the vaccine remaining unused.

Internal audit highlighted that whilst they were providing a limited assurance, that vaccination programmes had been established and arrangements were in place for monitoring and reporting of uptake. In relation to current vaccine programmes in place, internal audit found that PHA was fulfilling its roles in relation to the Management of Vaccination Programmes as per JCVI and DoH guidance. Internal audit noted that the Vaccine Management System is used to monitor the uptake of vaccines and to set future quotas to minimise wastage. Advice is issued by PHA to relevant stakeholders to minimise risk of wastage. Contract management is place with VMS suppliers and annual audits are conducted to ensure the contracted distributer is handling vaccines in an appropriate manner. A number of recommendations have been agreed and will be taken forward as per the timelines in the internal audit report.

Trust Commissioned Services

Internal Audit provided a limited assurance in relation to PHA Management of Trust commissioned services. There were 3 significant findings in this audit: (1) limited assurance was provided on the basis that 1 of 15 trust commissioned services had received no assurance that the service had been delivered for the purpose intended; (2) the commissioning and performance management of Trust Commissioned services (roll-forward arrangement, project evaluation monitoring returns, escalation processes) were inadequate; and (3) two business cases were approved after the start date, with one not being signed as approved. Internal audit recommended further review of commissioned services rolled forward, the need for clear, measurable targets to be set for funding, and strengthening of performance management and accountability arrangements with HSC Trusts. (See section 11 below for further detail on Trust Commissioned Services.)

Personal and Public Involvement

While providing a limited assurance in relation to the Management of Personal and Public Involvement, Internal Audit noted that PHA has led on involvement development, including standards, monitoring arrangements, training and provision for leadership advice and guidance for HSC and a platform for the identification and sharing of best practice and collaboration through the PPI Forum. The PHA also facilitated and co-ordinated relevant training across Trusts; have developed the Engage Website platform to share relevant documents and demonstrated good practice in respect of PPI and created an Involvement Human Library to obtain more qualitative information in respect of involvement across HSC. There have also been presentations to PPI Forum on involvement projects that have helped make a positive contribution to HSC.

Internal audit provided limited assurance on the basis that the PPI Forum was not operating as effectively as it should, with attendance levels often low in recent years and no formal strategy/action plan in place. Further, the PHA systems in place to monitor Trust implementation of PPI requires improvement through the development of SMARTER targets and prioritisation of recommendations. PHA has identified a Directorate Risk in respect of PPI. This audit report will be used to redraft and update the PPI associated risk on the risk register and management will implement Internal Audit recommendations.

Follow Up on Previous Recommendations

The Internal Audit Follow Up report on previous Internal Audit Recommendations, issued 3 April 2025, found that 83 (86%) of the outstanding 97 recommendations examined were fully implemented, a further 14 (14%) were partially implemented. Work will continue during 2025/26 to address those recommendations that have not yet been fully implemented.

Overall Opinion

In her Annual Report, the Head of Internal Audit provided the following opinion on the PHA's system of internal control: *Overall for the year ended 31 March 2025, I can provide* ***Limited*** *assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.*

10. 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.

11. Internal Governance Divergences

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

HSCQI

The establishment of the HSC Quality Improvement (HSCQI) function in April 2019 was a key action from 'Health and Wellbeing 2026: Delivering Together'. The DoH established HSCQI within the PHA, providing temporary funding through transformation monies for the Director of HSCQI and a number of additional posts. The Safety Forum, already within the PHA, also became part of the new HSCQI Directorate.

During the PHA Refresh and Reform organisation change programme it was agreed that HSCQI was not aligned with PHA strategy and corporate objectives. Therefore, a recommendation was made that HSCQI should move from hosted arrangement within PHA to an integrated arrangement within an alternative organisation. On 1 November 2024 HSCQI moved from PHA to RQIA, and PHA no longer has any responsibility for HSCQI.

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

Financial Performance

The budget for Health and Social Care in Northern Ireland continues to be challenging. The PHA approved a financial plan in June 2023 on its financial position and direct resources. Financial performance has been monitored against this plan during the financial year and PHA achieved a breakeven financial position in 2024/25.

Budget Position and Authority: The Budget Act (Northern Ireland) 2025, which received Royal Assent on 6 March 2025, together with the Northern Ireland Spring Supplementary Estimates 2024-25 which were agreed by the Assembly on 17 February 2025, provide the statutory authority for the Executive's final 2024-25 expenditure plans. The Budget Act (Northern Ireland) 2025 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2025-26 financial year.

Management of Contracts with the Community and Voluntary Sector

In 2023/24 internal audit made a number of recommendations aimed at strengthening the PHA control arrangements relating to procurement when contracting with Community and Voluntary Sector. The PHA has continued to progress these recommendations, working

with providers to review contract activity, agree revised performance measures and considering changes in how services are targeted and delivered. A more detailed review of the current Progress Monitoring Returns (PMR) process is currently being undertaken to ensure that the measures of performance included in contracts are more focused on demonstrating the outcomes being achieved.

The 2023/24 report included a priority one finding relating to the implementation of the PHA Social Care Procurement Plan, which has been partially implemented.

Whilst PHA places a high priority on the delivery of the Procurement Plan, it remains challenging to progress this large programme of work. During 2024/25 the PHA Procurement Board completed a detailed review of all existing contracts and has identified a clear process for how each contract will be reviewed and the funding award process likely to be used to secure a new service. As a result of this review and the introduction of the Public Procurement Policy, it is now anticipated that a significant number of the existing contracts will be more appropriately managed as grant awards. A revised plan has now been developed that sets out the process that will be used to commission new services and the timelines for doing this. This plan now provides a clear pathway for addressing the priority one audit recommendation.

During 2024/25 PHA successfully completed tender awards for the Shared Reading Group service in prisons and the Self Harm Intervention Programme (SHIP).

Good progress has also been made in implementing phase 1 of the Regional Drug and Alcohol service re-tender, which is focused on Adult Step 2 Services and Workforce Development. Tenders were issued to the market in January 2025 and applications are currently being assessed with the intention that new contracts will be in place by 1 July 2025.

Pre-planning work with the Bereavement Support services for Under 18s has also been progressed; the Business case has been approved and work is on-going to develop the tender documentation. Market engagement has been undertaken in April 2025. Tenders for a Workplace Health service and the community capacity building ELEVATE programme were issued to the market in January 2025. Applications were received in March 2025 and the evaluation process is on-going.

There is a recognition that there is limited resources and skills across the organisation to manage the additional scale of work now involved in the pre-planning and completion of tender processes. The PHA is supporting a further 5 staff to complete the post graduate commissioning leadership programme in 2024/25, that aims to build the knowledge and skills of senior staff across HSC in relation to planning, procurement and contract management processes. An assessment of additional resources required to support the delivery of the procurement plan is also being undertaken and will be considered when implementing the new Operational Model for the PHA. The PHA is also continuing to develop new multi-disciplinary planning teams that will oversee the development of

strategic plans for key business areas. These planning teams will help to ensure future procurements are progressed more efficiently, in line with required processes.

The PHA will continue to work closely with colleagues in BSO (Directorate of Legal Services and Procurement and Logistics service), HSC Trusts and the DoH, to ensure that procurement processes continue to meet regional policy and guidance.

PHA Staffing Issues / Staff Resilience

During the 2024/25 year the PHA has continued to consider the workforce requirements both in terms of recruitment and retention in order to fully address the recommendations to enhance the key functions of the PHA as outlined in the 'Rapid, focused external review of the Public Health Agency's resource requirements conducted by Dr R Hussey in December 2020.

Recruitment – Consultant Workforce

PHA continues to face challenges in respect to consultant staffing. Consultant capacity is currently constrained due to a mixture of vacant posts and staff not being available for work due to leave. As a result, locums are being utilised to provide cover for the health protection service both in hours and out of hours.
The permanent recruitment process for both Health Protection Consultants and Generic Public Health consultants has commenced and we are working with communications and recruitment colleagues to develop a recruitment pack to promote the role of the PHA and Northern Ireland as an attractive place to work to reach potential national and international applicants. A range of other measures are in place to mitigate the impact of the reduction in consultant staffing as follows:

- Support from consultants in Public Health whose main area of work has not been health protection are now inputting to strategic areas of health protection work. For example, service development consultants are providing consultant input to areas; blood borne virus, immunisations and avian influenza.
- We are developing a new model for the delivery of 'on call' which will ensure a more robust service model and decrease the requirement of locum cover.
- The development of six senior program manager roles to deliver in a range of areas to ensure consultant expertise is applied where it is most needed.
- Appointment of an Assistant Director for Health Protection and Surveillance to provide senior operational leadership and ensure operational matters are not impacting clinical resource.
- Arrangements have been put in place with the UK Health Security Agency to provide advice and support on health protections matters in and out of hours should that be required.
- In addition, links have been formed with UKHSA teams which have allowed PHA staff to avail of training which previously was not available to our staff.

Hosting of SBNI

The PHA is the corporate host of the SBNI, via arrangements which are governed by a Memorandum of Understanding (MoU). As such, SBNI expenditure is recorded within the accounts of the PHA and whilst the PHA Chief Executive has no day to day responsibility for the operations or expenditure of SBNI, he is the de facto Accounting Officer for SBNI. The SBNI has its own Board and the Chair of the SBNI provides an annual assurance statement to the PHA Chief Executive to attest to the effectiveness of internal control within SBNI. Additional controls are being put in place to oversee this arrangement, principally through a draft revised MOU, however, the ambiguity is unlikely to be fully mitigated and may remain.

Public Inquiries

During 2024/25, the PHA has continued to discharge its responsibilities in respect of the following public statutory inquiries: the Infected Blood Inquiry, the Muckamore Abbey Hospital Inquiry, the Urology Services Inquiry and the UK Covid-19 Inquiry. Each of these inquiries has been established to investigate an issue of serious public concern and necessitates that the PHA responds promptly and thoroughly to every request made of it.

While the live response to a number of inquiries has concluded in-year, the demands placed upon the PHA, particularly in relation to the UK Covid-19 Inquiry, continue to consume significant time, resource and attention of senior staff. Moving into 2025/26, the PHA will also need to devote resourcing to consider the implications of any recommendations from the envisaged outworking's of the Urology Services Inquiry, the Muckamore Abbey Hospital Inquiry and Modules 2C, 3 and potentially 4 of the UK Covid-19 Inquiry.

In order to ensure good governance arrangements are in place, the PHA's collective public inquiry response remains under the direction of a Public Inquiries Programme Management Board comprising of the Chief Executive, Executive Directors and the BSO Directorate of Legal Services. The management board also has Non-Executive Director representation.

Pause on Campaign Programme

As a result of pressures on the HSC budget the DoH introduced a pause on campaign related mass advertising by its ALB's during 2023/24, which continued into 2024/25. Public health campaigns play a significant role and are deployed regularly by Governments and Public Health Authorities worldwide in raising awareness and influencing attitudes and behaviours around a range of key public health issues. As one of its key functions, the PHA has significant experience and expertise in developing successful population wide campaign programs which have proven to be very effective when delivered as part of a wider program of measures including legislative change and other program interventions. Awareness raising campaigns are recommended within a number of current NI health

strategies e.g. Tobacco control, Mental Health and suicide prevention, Fitter Futures and Organ Donation and the PHA is responsible for taking this work forward.

Whilst other communication channels can be deployed the evidence base demonstrates that they are less effective in reaching population wide audiences. The PHA therefore recognises that the pause in its campaign programme is likely to have a detrimental impact on its ability to meet strategic commitments and annual business plan targets.

During 2023/24 PHA submitted a business rationale paper to DoH highlighting the evidence base underpinning the deployment of mass media led campaigns. Notwithstanding, DoH confirmed that the pause on campaign advertising would continue in 2024/25 and is likely to be further extended into 2025/26, therefore the PHA considers it to remain open as a control divergence.

Cervical Screening

Following concerns about the performance of a small number of screening staff in the SHSCT laboratory the Trust asked the Royal College of Pathologists (RCPath) to: undertake a review of laboratory data; assess whether there were any issues with laboratory performance; undertake a risk assessment; and advise of actions that should be taken forward.

The RCPath report was published by SHSCT on 30 September 2023 and contained a number of critical findings relating to performance in the SHSCT laboratory and arrangements to identify and address underperformance within the laboratory over a protracted period of time from 2008 - 2021. The report also recommended that primary HPV screening be implemented as soon as possible.

Staff from the PHA worked intensively with the SHSCT to implement a Review exercise in order to identify women whose last screening samples were processed in the SHSCT by one of the screeners whose performance had been highlighted in the report. The review completed in autumn 2024 and the outcomes report was published in December 2024, alongside a companion report describing cervical cancer cases in the SHSCT during the affected time period. The review found that the vast majority of previous smear results were unchanged and were reconfirmed as normal. An external expert opinion on the findings of the review was commissioned with the report received in March 2025. This report endorsed the robustness of the review process and noted that the rate of abnormalities found at review indicated a relatively high sensitivity of the original result. This area of work has continued to be a draw on senior staff from the Public Health Directorate and was supported by a senior member of staff on loan from the SPPG (DoH).

Primary HPV screening was introduced across Northern Ireland on 11 December 2023. As the next phase of this significant service change, the PHA led a reconfiguration of laboratory services during 2024/25. All cervical screening laboratory services were transitioned to one site within Belfast Trust from 1 November 2024. There is ongoing work

with the BHSCT to manage laboratory turnaround times as a result of this service change and to stabilise the service for the future.

The PHA commissions the provision of three Cancer Screening Programs and oversees Quality Assurance for those programs. Cervical screening is one of these programs. There is a Quality Assurance Structure in place, led by the PHA, the core purpose of which is to maintain national standards and promote continuous improvement in the cancer screening programs to ensure that all eligible people have access to a consistently high quality of service wherever they live and in line with NI Department of Health's population screening policy.

While the RCPath Consulting report was commissioned by and focused on the Southern Trust laboratory, it was considered prudent to review the Quality Assurance function carried out by PHA and how the issues relating to underperformance were present in one of the laboratories carrying out cytology for the screening programme over a 13-year period. Screening experts from NHS England have commenced a detailed peer evaluation of our oversight and QA processes within the cervical screening programme laboratory service. The purpose of this is to identify any areas for improvement and to make recommendations in that regard. This is expected to report in early 2025/26.

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

Management of Vaccine Programme

During 2024/25 the PHA received limited assurance in relation to the management of vaccines where weaknesses in stock management issues, governance arrangements and contract spend oversight were identified.

The PHA immunisation team manages circa 30 public vaccine programmes across NI. One of the main systems used for administration and tracking of the vaccines is the Vaccine Management System (VMS) which transferred to the PHA from the DoH during 2023. During the course of the audit, gaps were identified in the process used for the management and validation of stock levels. The main contributing factor identified was insufficient information being provided by the contracted supplier and the vaccine administrators e.g. GP Surgery. As the VMS system informs the setting of delivery quotas for the following year this is contributing to the level of vaccine which remain unused at the end of the season. The situation is also complicated by the current contractual arrangements in place. Management are implementing a number of Internal Audit recommendations including the introduction of a process to review stock management arrangements and effective reporting to inform planned activity during the year.

Trust commissioned services

During 2024/25 the PHA received limited assurance in relation to the audit of Trust commissioned services where weaknesses in relation to performance management

arrangements with HSC and the lack of a legacy business case register were identified.

The report highlighted the need to standardise and strengthen the approach to performance management with HSC Trusts and the need to develop a framework of accountability to ensure robust monitoring. The establishment of a formal review process by PHA to ensure services, currently commissioned, are sufficiently aligned to population needs was also identified. The report contains a priority one recommendation which relates to a funding stream from PHA to HSC Trust which no longer falls within the PHA remit. Work has commenced on realigning these funds and addressing each of the recommendations made.

12. Conclusion

The PHA maintains 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 (MPMNI). However, in light of the overall limited assurance from the Head of Internal Audit on the system of operation of internal controls in the Agency during 2024-25, I acknowledge that the system of Internal Control, Risk Management & Governance requires strengthening in a number of areas.

The internal audit review of control systems has resulted in a number of limited assurance opinions in the PHA for the last two consecutive years across some core areas. The findings of these reports have been raised with management and will be extensively examined by the Governance and Audit Committee during 2025/26 to address the weaknesses/gaps in control processes which have been identified.

Remuneration and Staff Report

Section 421 of the Companies Act 2006 requires the preparation of a Remuneration Report containing certain information about the Directors' remuneration in accordance with the requirements of Part 4 and Schedule 8 of Statutory Instrument 2008 No. 410.

Remuneration Policy

A committee 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 Public Health Agency (PHA).

While the salary structure and the terms and conditions of service for Senior Executives is determined by the Department of Health (DoH), the Remuneration and Terms of Service Committee has a key role in assessing the performance of Senior Executives and, where permitted by DoH, agreeing the discretionary level of performance related pay.

The 2020/21, 2021/22 and 2022/23 Senior Executive's pay awards were set out in DoH Circulars HSC(SE) 1/2023, HSC(SE) 2/2023 and HSC(SE) 3/2023 were paid during 2023/24 in line with the Remuneration Committee's agreement on the classification of Executive Directors' performance, categorised against the standards of 'fully acceptable', 'incomplete' or 'unsatisfactory' as set out within the circulars.

The DoH Circular for the 2023/24 and 2024/25 Senior Executive pay award had not been received by 31 March 2025 and related payments have not been made to Executive Directors.

The salary, pension entitlement and the value of any taxable benefits in kind paid to both Executive and Non-Executive Directors is set out within this report. None of the Executive or Non-Executive Directors of the PHA received any other bonus or performance related pay in 2024/25. It should be noted that Non-Executive Directors do not receive pensionable remuneration and therefore there will be no entries in respect of pensions for Non-Executive members.

Non-Executive Directors are appointed by the DoH under the Public Appointments process and the duration of such contracts is normally for a term of four years. Details of newly appointed Non-Executive Directors or those leaving post have been detailed in the Non-Executive Directors Remuneration tables below. Executive Directors are employed on a permanent contact unless otherwise stated in the following remuneration tables.

Senior Executive Pay Structure Reform

With effect from 1 April 2023, the Department of Health has introduced in 2025 a Senior Executive Pay Structure Reform which impacts all Senior Executives in post at 1 April 2023. An incremental scale has been introduced, initially an 8-point scale, annually reducing by 1 point to achieve a 5-point scale by year 4 (1 April 2026). All incremental

progression is subject to satisfactory performance, as considered by the relevant Remuneration Committee applying the standards as set out in the revised Performance Management Framework. The Department will introduce a new performance framework, setting expectations of organisational and personal objectives which must be met to merit a satisfactory rating. There shall be no further individual performance related pay elements or bonuses. The estimated impact of these changes are reflected within the Senior Employees Remuneration Table on pages 65-66 of this report. It should be noted that these figures are accrued and unpaid at 31 March 2025.

Early Retirement and Other Compensation Schemes

There were no early retirements or payments of compensation for other departures relating to current or past Senior Executives during 2024/25 or 2023/24.

Membership of the Remuneration and Terms of Service Committee:

Mr Colin Coffey – Chair
Professor Nichola Rooney – Non-Executive Director
Ms Anne Henderson – Non-Executive Director
Mr Craig Blaney – Non-Executive Director

The Committee is supported by the Director of Human Resources (BSO).

Non-Executive and Senior Employee's Remuneration and Pension Entitlement

The salary, pension entitlements, and the value of any taxable benefits in kind of the most senior members of the PHA are shown in the following table. It should be noted that there were no bonuses paid to any Director during 2024/25 or 2023/24.

Non-Executive Members (Table Audited)

Name	2024/25				2023/24			
	Salary £000s	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1,000)	Total £000s	Salary £000s	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1,000)	Total £000s
Mr Andrew Dougal (*Chair*) *(Left 31 May 2023)*	-	-	-	0	5-10 (35-40 FYE)	-	-	5-10
Mr Colin Coffey *(Chair)* *(Started 1 November 2023)*	40-45	-	-	40-45	15-20 (35-40 FYE)	-	-	15-20
Ms Deepa Mann-Kler *(Left 29 February 2024)*	-	-	-	-	5-10 (10-15 FYE)	-	-	5-10
Professor Nichola Rooney *(Left 28 February 2025)*	10-15 (10-15 FYE)	-	-	10-15	15-20	-	-	15-20
Mr John-Patrick Clayton	10-15	-	-	10-15	10-15	-	-	10-15
Mr Joseph Stewart	10-15	-	-	10-15	10-15	-	-	10-15
Mr Robert Irvine	10-15	-	-	10-15	10-15	100	-	10-15
Ms Anne Henderson	10-15	-	-	10-15	10-15	-	-	10-15
Mr Craig Blaney	10-15	-	-	10-15	10-15	-	-	10-15

FYE – Full Year Equivalent

Notes:

- *No Non-Executive Members may have received benefits in kind below £50 which would have been rounded down to nil as specified in the second column of the table above.*
- *Payments to Non-Executive Members are based on DoH Circular HSC(F) 23-2024, with the most recent payments made being effective from 26 November 2024.*

Executive Members (Table Audited)

Name	2024/25				2023/24 Restated			
	Salary £000s	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1,000)	Total £000s	Salary £000s	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1,000)	Total £000s
Mr Aidan Dawson *Chief Executive*	160-165	-	31,000	190-195	145-150	-	30,000	175-180
Dr Aideen Keaney *Director of HSCQI (Ended 30 Sept 2024)*	60-65 (120-125 FYE)	-	58,000	115-120	100-105	200	31,000	135-140
Mr Stephen Wilson *Interim Director of Operations (Ended 31 March 2024)*	-	-	-	-	100-105	-	57,000	155-160
Ms Leah Scott *Director of Finance & Corporate Services (Started 19 March 2024)*	100-105	-	22,000	120-125	0-5 (90-95 FYE)	-	1,000	0-5
Dr Joanne McClean *Director of Public Health*	160-165	-	90,000	255-260	135-140	1,200	48,000	185-190
Ms Heather Reid *Director of Nursing & Allied Health Professionals (Started 1 May 2023)*	120-125	-	32,000	150-155	100-105 (105-110 FYE)	-	78,000	175-180

FYE – Full Year Equivalent

Notes:

- *No compensation for early retirement or loss of office was paid in the current year.*
- *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 and any increase or decrease due to a transfer of pension rights.*
- *Prior year figures have been restated to adjust for the impact of the backdated Senior Executive pay award.*

Salary

Salary includes gross salary and any other allowance to the extent that it is subject to UK taxation. This report is based on accrued payments made by the PHA and thus recorded in these accounts.

Benefits in Kind

The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument.

Pensions of Senior Management (Table Audited)

Name	2024/25				
	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	CETV at 31/03/24 £000	CETV at 31/03/25 £000	Real increase in CETV £000
Mr Aidan Dawson *Chief Executive*	2-2.5 pension Nil lump sum	50-55 pension 135-140 lump sum	1,170	1,270	57
Dr Aideen Keaney *Director of Quality Improvement*	2.5-3.0 pension 8.5-9.0 lump sum	50-55 pension 155-160 lump sum	1,243	1,305	91
Dr Joanne McClean *Director of Public Health*	5-5.5 pension 7-7.5 lump sum	45-50 pension 110-115 lump sum	770	955	104
Ms Leah Scott *Director of Finance & Corporate Services*	1.5-2 pension Nil lump sum	0-5 pension Nil lump sum	1	24	23
Ms Heather Reid *Director of Nursing & Allied Health Professionals*	2-2.5 pension 0.5-1 lump sum	50-55 pension 90-95 lump sum	1,011	1,124	55

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 transfer of pension rights, but include actuarial uplift factors and therefore can be positive or negative.

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 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 a member leaves the scheme and chooses to transfer their benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total service, not just their service in a senior capacity to which disclosure applies.

The CETV figures, and from 2003/04 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC 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 in accordance with The Occupational Pension Schemes (Transfer Values) Regulations 1996 (as amended).

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2024/25 CETV figures.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include 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 common market valuation factors for the start and end of the period (which therefore disregards the effect of any changes in factors).

Fair Pay Disclosures Tables (Audited)

The relationship between the remuneration of the highest-paid director and the lower quartile, median and upper quartile remuneration of the workforce is set out below.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

	2025	2024 Restated
Band of Highest Paid Director's Remuneration	£160-165k	£145-150k
Percentage Change of Highest Paid Director	10%	24%
Median Total Remuneration	£48,526	£43,806
Ratio	3.35	3.37

Note: prior year figures have been restated to adjust for the impact of the backdated Senior Executive pay award.

The remuneration of the highest paid Director has increased as a result of the Department of Health introducing a Senior Executive Pay Structure Reform in 2025 which impacts all Senior Executives in post at 1 April 2023. The estimated impact of these changes has been accrued at 31 March 2025. This has also resulted in an increase to the pay ratios in respect of the median remuneration, 25th and 75th percentiles.

The movement in ratio calculations for 2024/25 from 2023/24 is consistent with the pay, reward and progression policies for the PHA taken as a whole.

Further detail on pay ratio information is contained in the tables below;

	2024/25	25th Percentile	75th Percentile
Mid-Point of Top Salary	162,500	37,338	60,504
Ratio		4.35	2.69

	2023/24 Restated	25th Percentile	75th Percentile
Mid-Point of Top Salary	£147,500	£33,706	£55,794
Ratio		4.38	2.64

In 2024/25, no employees received remuneration in excess of the highest paid director. Remuneration ranged from £7,404 to £161,967 in 2024/25 (£7,051 to £145,044 in 2023/24). The lowest salary relates to Safeguarding Board lay members.

For both 2024/25 and 2023/24, the 25th percentile, median and 75th percentile remuneration values consisted solely of salary payments.

Further detail on average salary is contained in the table below;

	2024/25 (£)	2023/24 (£)	Increase/ (Decrease) (£)	Change (%)
Average Salary	52,256	46,815	5,440	11.62%

Staff Report

Staff Costs (Table Audited)

PHA staff costs comprise:

	2025			2024
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	20,901	1,966	22,867	22,076
Social security costs	2,543	168	2,711	2,287
Other pension costs	4,537	300	4,837	4,249
Total staff costs reported in Statement of Comprehensive Net Expenditure	**27,981**	**2,434**	**30,415**	**28,612**
Less recoveries in respect of outward secondments			(582)	(698)
Total net costs			**29,833**	**27,914**

The PHA participates in the HSC Pension 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 DoH. The PHA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years.

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2020 scheme valuation was completed by GAD in October 2023. The outcome of this valuation was used to set the level of contributions for employers from 1 April 2024 to 31 March 2027.

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'Protection' arrangements. On 1 April 2015 a new HSC Pension Scheme was introduced.

This new scheme covers all former members of the 1995/2008 Scheme not eligible to continue in that Scheme as well as new HSC employees on or after 1 April 2015. The 2015 Scheme is a Career Average Revalued Earnings (CARE) scheme.

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy, known as the 'McCloud Remedy' puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Stage 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Stage 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'.

In complying with FReM, for 2024/25 pensions are being calculated using the rolled back opening balance, the rolled back closing balance, calculation of CETV by BSO HSC Pension Service on the rolled back basis and no restatement of prior year figures, where disclosed. All benefits accrued from 1 April 2022 onwards are calculated under the 2015 CARE Scheme. BSO HSC Pension Service will contact retirees with personalised information to assist in making their retrospective choice regarding the remedy period.

Following a public consultation, the DoH introduced changes to the amount members pay towards their HSC pension. The changes include the pensionable pay ranges used to decide how much members contribute to their pension and the percentage of members' pay to be a member of the scheme. The latter change means the amount payable will be based on a member's actual annual rate of pay, rather than their whole-time equivalent. For part-time staff, their contribution rate will now be based on how they are paid, instead of how much they would earn if they worked full-time.

The table below sets out the member contribution rates that apply in both the HSC Pension Scheme and the HSC Pension Scheme 2015 from 1 November 2022.

Pensionable salary range	Contribution rates (before tax relief & based on actual annual pensionable pay)
Up to £13,259	5.2%
£13,260 to £26,831	6.5%
£26,832 to £32,691	8.3%
£32,692 to £49,078	9.8%
£49,079 to £62,924	10.7%
£62,925 and above	12.5%

Average Number of Persons Employed (Table Audited)

The average number of whole time equivalent (WTE) persons employed during the year was as follows:

	2025			2024
	Permanently employed staff	Others	Total	Total
Commissioning of Health and Social Care	382	27	**409**	**391**
Less average staff number in respect of outward secondments	(6)	0	**(6)**	**(9)**
Total net average number of persons employed	**376**	**27**	**403**	**382**

Reporting of Early Retirement and other Compensation Schemes – Exit Packages
There were no exit packages agreed and accounted for in 2024/25 or 2023/24. No exit costs were paid in 2024/25 (2023/24: nil).

Redundancy and other departure costs have been 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 (Northern Ireland) Order 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 3. Where early retirements have been agreed, the additional costs are met by the PHA and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Staff Benefits

The PHA had no staff benefits in 2024/25 or 2023/24.

Retirements Due to Ill-Health

During 2024/25, there were no early retirements from the PHA on the grounds of ill-health (2023/24: nil).

Staff Composition

The staff composition broken down by male/female as at 31 March 2025 is illustrated in the table below;

	Male	Female	Total
Non-Executives	5	1	6
Chief Executive and Directors	1	3	4
Senior Management*	19	43	62
Other	69	275	344
Total	**94**	**322**	**416**

**Senior management is defined as staff in receipt of a basic whole-time equivalent salary of an Agenda for Change Band 8C or above and staff on Medical and Dental grades*

Sickness Absence Data

The corporate cumulative annual absence level for the PHA for the period from 1 April 2024 to 31 March 2025 is 4.02% (2023/24, 4.35%).

There were 30,076 hours lost due to sickness absence (2023/24: 30,754 hours), or the equivalent of 74.25 hours (2023/24: 81.8 hours) lost per employee. Based on a 7.5 hour working day, this is equal to 9.9 days per employee (2023/24: 11 days).

Staff Turnover Percentage

For a given period, the total turnover figure is calculated as the number of leavers within that period divided by the average employee headcount over the period. Voluntary turnover includes leavers classified under the categories of resignation, retirement or ill-health retirement. Involuntary turnover includes leavers classified under the categories of dismissal, end of fixed term contract or ill-health termination.

Staff Turnover %	2025	2024
Total Staff Turnover	9.13%	10%
Split between:		
Voluntary Turnover	6.17%	9.70%
Involuntary Turnover	2.96%	0.30%

Staff Policies / Employment and Occupation

During the year the PHA ensured internal policies gave full and fair consideration to applications for employment made by disabled persons having regard to their particular aptitudes and abilities. In this regard the PHA is fully committed to promoting equality of opportunity and good relations for all groupings under Section 75 of the Northern Ireland Act 1998.

The PHA has a range of policies in place that serve to advance this aim, including, on the employment side, the Equality of Opportunity Policy. More information is available on the PHA's website at www.publichealth.hscni.net.

Where an employee has become disabled during the course of their employment with the PHA, the organisation works closely with Human Resources (BSO HR Shared Services) who are guided by advice from Occupational Health.

Subsequently, reasonable adjustments can be made to accommodate the employee such as reduced hours, work adjustments including possible redeployment, in line with relevant disability legislation. This legislation is incorporated into selection and recruitment training and induction training and is highlighted in relevant policies where necessary.

The PHA is fully committed to the ongoing training and development of all members of staff and through the performance appraisal system all staff are afforded this opportunity irrespective of ability/disability as well as having the same opportunities to progress through the organisation.

The PHA also participates in the Disability Placement Scheme which provides a six-month placement for those with a disability wishing to return to the workplace. During their placement they receive support and guidance – for example, guidance on the completion of application forms when applying for future posts.

Expenditure on Consultancy

The PHA had no expenditure on External Consultancy during 2024/25 (2023/24: nil).

Off-Payroll Engagements

The PHA is required to disclose whether there were any staff or public sector appointees contracted through employment agencies or self-employed who earn more than £245 per day and lasted longer than 6 months during the financial year, which were not paid through the PHA Payroll. The PHA had 2 such 'off-payroll' staff resource engagements as at 31 March 2025 (2023/24: 3).

The following tables provide further analysis:

Temporary Off-Payroll Worker Engagements	**2025**	**2024**
Number of off-payroll workers engaged during the year ended 31 March	2	3
of which:		
Number determined as out-of-scope of IR35	2	3
Number determined as in-scope of IR35	0	0
Number of engagements reassessed for compliance or assurance purposes during the year	0	0

	2025	**2024**
Number of off-payroll engagements at 31 March	2	3
of which:		
Existed for less than one year at time of reporting	0	2
Existed for between one and two years at time of reporting	1	1
Existed for between two and three years at time of reporting	1	0

These engagements were via a contracted Recruitment Agency and comply with IR35 requirements. No penalty was imposed by HMRC resulting from non-compliance with off-payroll worker legislation.

Assembly Accountability and Audit Report

Funding Report

Regularity of Expenditure (Audited)

The PHA has robust internal controls in place to support the regularity of expenditure. These are supported by procurement experts (BSO PaLS), annually reviewed Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority and the dissemination of new guidance where appropriate. Expenditure and the governing controls are independently reviewed by Internal and External Audit.

During 2024/25 there has been no evidence of irregular expenditure occurring.

Losses and Special Payments (Audited)

Losses Statement	2024/25	2023/24
Total number of losses	1	1
Total value of losses (£)	£1,413k	£1,442k

Individual losses over £300k are shown in the table below:

	2024/25		2023/24
	Number	£'000	£'000
Fruitless Payments (PHA)			
Total number of losses	1	1,413	1,442

Special Payments

There was one special payment made during the year totaling £85k (2023/24: 0).

Other Payments and Estimates

There were no other payments made during the year (2023/24: 0).

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37 shown in Note 19 of the financial statements, the PHA also considers liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of contingent liability. As at 31 March 2025, the PHA is not aware of any remote contingent liabilities, and there were none in 2023/24.

On behalf of the PHA, I approve the Accountability Report encompassing the following sections:

- Governance Statement.
- Remuneration and Staff Report.
- Assembly Accountability and Audit Report.

_____

Aidan Dawson
Chief Executive
Date: 19 June 2025

The Certificate and Report of the Comptroller and Auditor General to the Northern Ireland Assembly

Opinion on financial statements

I certify that I have audited the financial statements of the Public Health Agency for the year ended 31 March 2025 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: The Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of Public Health Agency's affairs as at 31 March 2025 and of the Public Health Agency's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

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.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Public Health Agency in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that Public Health Agency's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Public Health Agency's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Board and the Accounting Officer with respect to going concern are described in the relevant sections of this certificate.

Other Information

The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate and report. The Board and the Accounting Officer are responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Social Care (Reform) Act (Northern Ireland) 2009; and
- the information given in the Performance Report and Accountability 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

In the light of the knowledge and understanding of the Public Health Agency and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. 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 parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; 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 the Department of Finance's guidance.

Responsibilities of the Board and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Board and the Accounting Officer are responsible for:

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud of error;
- ensuring the annual report, which includes the Remuneration and Staff Report, is prepared in accordance with the applicable financial reporting framework; and
- assessing the Public Health Agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Public Health Agency will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

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.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error

and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Public Health Agency through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included governing legislation and any other relevant laws and regulations identified;
- making enquires of management and those charged with governance on Public Health Agency's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Public Health Agency's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;

- assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
- investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, 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.

Report

I have no observations to make on these financial statements.

Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU
26 June 2025

PUBLIC HEALTH AGENCY

ANNUAL ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2025

FOREWORD

These accounts for the year ended 31 March 2025 have been prepared in a form determined by the Department of Health (DoH) based on guidance in the Government Financial Reporting Manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Statement of Comprehensive Net Expenditure for the Year Ended 31 March 2025

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	NOTE	2025 £000	2024 £000
Income			
Revenue from contracts with customers	4.1	728	1,897
Other operating income (excluding interest)	4.2	582	445
Total Operating Income		1,310	2,342
Expenditure			
Staff costs	3	(30,415)	(28,612)
Purchase of goods and services	3	(62,251)	(62,620)
Depreciation, amortisation and impairment charges	3	(1,639)	(1,650)
Provision expense	3	(698)	(182)
Other operating expenditure	3	(4,448)	(5,165)
Total Operating Expenditure		(99,451)	(98,229)
Net Operating Expenditure		**(98,141)**	**(95,887)**
Finance expense	3	(2)	(3)
Net Expenditure for the Year		(98,143)	(95,890)
Revenue Resource Limits (RRLs) and capital grants issued (to)			
Belfast Health & Social Care Trust		(17,372)	(16,618)
South Eastern Health & Social Care Trust		(6,363)	(6,149)
Southern Health & Social Care Trust		(9,123)	(9,002)
Northern Health & Social Care Trust		(10,476)	(10,617)
Western Health & Social Care Trust		(8,902)	(8,465)
NI Ambulance Service		(122)	(177)
Total RRL issued		(52,358)	(51,028)
Total Commissioner Resources Utilised		(150,501)	(146,918)
Adjustment to net expenditure for non cash items	22.1	9,125	7,551
Total Commissioner resources funded from RRL		(141,376)	(139,367)
Revenue Resource Limit (RRL) received from DOH	22.1	141,453	139,447
Surplus / (Deficit) against RRL		**77**	**80**

		2025 £000	2024 £000
OTHER COMPREHENSIVE EXPENDITURE			
Items that will not be reclassified to net operating costs			
Net gain/(loss) on revaluation of property, plant and equipment	5.1/5.2/8	0	1
TOTAL COMPREHENSIVE EXPENDITURE for the Year Ended 31 March		**(98,143)**	**(95,889)**

The notes on pages 88 to 119 form part of these accounts.

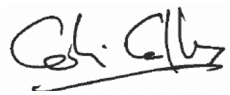
Statement of Financial Position for the Year Ended 31 March 2025

This statement presents the financial position of the Public Health Agency. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

	NOTE	2025 £000	£000	2024 £000	£000
Non Current Assets					
Property, plant and equipment	5.1/5.2	252		585	
Intangible assets	6.1/6.2	2,821		3,965	
Total Non Current Assets			3,073		4,550
Current Assets					
Inventories	10	1,088		0	
Trade and other receivables	12	636		4,489	
Other current assets	12	274		89	
Cash and cash equivalents	11	417		394	
Total Current Assets			2,415		4,972
Total Assets			**5,488**		**9,522**
Current Liabilities					
Trade and other payables	13	(8,817)		(15,645)	
Other liabilities	13/16	(110)		(109)	
Provisions	14	(156)		(134)	
Total Current Liabilities			(9,083)		(15,888)
Total Assets less Current Liabilities			**(3,595)**		**(6,366)**
Non Current Liabilities					
Provisions	14	(909)		(233)	
Other liabilities	13/16	(55)		(165)	
Total Non Current Liabilities			(964)		(398)
Total Assets less Total Liabilities			**(4,559)**		**(6,764)**
Taxpayers' Equity and Other Reserves					
Revaluation reserve		5,321		5,322	
SoCNE Reserve		(9,880)		(12,086)	
Total Equity			**(4,559)**		**(6,764)**

The notes on pages 88 to 119 form part of these accounts.

The financial statements on pages 84 to 87 were approved by the Board on 19 June 2025 and were signed on its behalf by:

Signed  (Chair) 19 June 2025

Signed  (Chief Executive) 19 June 2025

Statement of Cash Flows for the Year Ended 31 March 2025

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Public Health Agency during the reporting period. The statement shows how the Public Health Agency generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the Public Health Agency**.** Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Public Health Agency's future public service delivery.

	NOTE	2025 £000	2024 £000
Cash flows from operating activities			
Net operating expenditure	SoCNE	(98,143)	(95,890)
Adjustments for non cash transactions	3	2,475	1,966
(Increase)/decrease in trade and other receivables	12	3,668	1,519
(Increase)/decrease in inventories	10	(1,088)	0
Increase/(decrease) in trade and other payables	13	(6,938)	1,767
Less movements in payables relating to items not passing through the Net Expenditure Adjustment (NEA)			
Movements in payables relating to finance leases	13	109	108
Net cash inflow/(outflow) from operating activities		(99,917)	(90,530)
Cash flows from investing activities			
(Purchase of intangible assets)	6	(270)	(39)
Net cash outflow from investing activities		(270)	(39)
Cash flows from financing activities			
Grant in aid		100,320	90,559
Capital element of bringing lease onto Balance Sheet		(110)	(108)
Net financing		100,210	90,451
Net increase/(decrease) in cash & cash equivalents in the period		23	(118)
Cash & cash equivalents at the beginning of the period	11	394	512
Cash & cash equivalents at the end of the period	11	**417**	**394**

The notes on pages 88 to 119 form part of these accounts.

PUBLIC HEALTH AGENCY

Statement of Changes in Taxpayers' Equity for the Year Ended 31 March 2025

This statement shows the movement in the year on the different reserves held by the Public Health Agency, analysed into the SoCNE Reserve (i.e. that reserve that reflects a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of the Public Health Agency to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £000	Revaluation Reserve £000	Total £000
Balance at 31 March 2023		**(6,781)**	**247**	**(6,534)**
Changes in Taxpayers' Equity 2023/24				
Grant from DOH		90,559	0	90,559
(Comprehensive expenditure for the year)		(95,889)	1	(95,888)
Transfer of asset ownership		0	5,074	5,074
Non cash charges - auditors remuneration	3	25	0	25
Balance at 31 March 2024		**(12,086)**	**5,322**	**(6,764)**
Changes in Taxpayers' Equity 2024/25				
Grant from DOH		100,320	0	100,320
(Comprehensive expenditure for the year)		(98,143)	(1)	(98,144)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	29	0	29
Balance at 31 March 2025		**(9,880)**	**5,321**	**(4,559)**

The notes on pages 88 to 119 form part of these accounts.

NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

1 Authority

These financial statements have been prepared in a form determined by the Department of Health (DoH) based on guidance from the Department of Finance'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 contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Public Health Agency (PHA) for the purpose of giving a true and fair view has been selected. The particular policies adopted by the PHA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

In addition, due to the manner in which the PHA is funded, the Statement of Financial Position will show a negative position. In line with the FReM, sponsored entities such as the PHA which show total net liabilities, should prepare financial statements on a going concern basis. The cash required to discharge these net liabilities will be requested from the DoH when they fall due, and is shown in the Statement of Changes in Taxpayers' Equity.

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, intangible assets, inventories and certain financial assets and liabilities.

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, which may give rise to rounding differences.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Buildings, 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 building or 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

All Property, Plant and Equipment are carried at fair value.

The PHA does not hold any land, and the buildings occupied by the PHA are held under lease arrangements.

Assets under Construction (AUC)

Assets 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. They are carried at cost, less any impairment loss. Assets under construction are revalued and depreciation commences when that are brought into use.

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 similarly, amortisation is applied to 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 the lower of their estimated useful lives and the 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.

The following asset lives have been used.

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

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. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the

impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure 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 Statement of Comprehensive Net Expenditure 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 the PHA's 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 include 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. 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; and
- 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 may 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 Non-current assets held for sale

The PHA had no non-current assets held for sale in either 2024/25 or 2023/24.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value and are included exclusive of VAT. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the five essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

Income relates directly to the activities of the PHA and is recognised on an accruals basis when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Where the criteria to determine whether a contract is in existence are not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

Income is stated net of VAT.

Grant in aid

Funding received from other entities, including the Department is accounted for as grant in aid and is reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.11 Investments

The PHA did not hold any investments in either 2024/25 or 2023/24.

1.12 Research and Development expenditure

Research and development (R&D) expenditure is expensed in the year it is incurred in accordance with IAS 38.

Following the introduction of the 2010 European System of Accounts (ESA10) and the change in the budgeting treatment (a change from the revenue budget to the capital budget) of R&D expenditure, additional disclosures are included in the notes to the accounts. This treatment was implemented from 2016-17.

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

Under IFRS 16 Leased Assets which the PHA has use/control over and which it does not necessarily legally own are to be recognised as a 'Right-Of-Use' (ROU) asset. There are only two exceptions:

- short term assets – with a life of up to one year; and
- low value assets – with a value equal to or below the Department's threshold limit which is currently £5,000.

Short term leases

Short term leases are defined as having a lease term of 12 months or less. Any lease with a purchase option cannot qualify as a short-term lease. The lessee must not exercise an option to extend the lease beyond 12 months. No liability should be recognised in respect of short-term leases, and neither should the underlying asset be capitalised.

Lease agreements which contain a purchase option cannot qualify as short-term.

Examples of short-term leases are software leases, specialised equipment, hire cars and some property leases.

Low value assets

An asset is considered "low value" if its value, when new, is less than the capitalisation threshold. The application of the exemption is independent of considerations of materiality. The low value assessment is performed on the underlying asset, which is the value of that underlying asset when new.

Examples of low value assets are, tablet and personal computers, small items of office furniture and telephones.

Separating lease and service components

Some contracts may contain both a lease element and a service element. DoH bodies can, at their own discretion, choose to combine lease and non-lease components of contracts, and account for the entire contract as a lease. If a contract contains both lease and service components IFRS 16 provides guidance on how to separate those components. If a lessee separates lease and service components, it should capitalise amounts related to the lease components and expense elements relating to the service elements. However, IFRS 16 also provides an option for lessees to combine lease and service components and account for them as a single lease. This option should help DoH bodies where it is time consuming or difficult to separate these components.

The PHA as lessee

The ROU asset lease liability will initially be measured at the present value of the unavoidable future lease payments. The future lease payments should include any amounts for:

- indexation;
- amounts payable for residual value;
- purchase price options;
- payment of penalties for terminating the lease;
- any initial direct costs; and
- costs relating to restoration of the asset at the end of the lease.

The lease liability is discounted using the rate implicit in the lease.

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the PHA's surplus/deficit.

The difference between the carrying amount and the lease liability on transition is recognised as an adjustment to taxpayer's equity. After transition the difference is recognised as income in accordance with IAS 20.

Subsequent measurement

After the commencement date (the date that the lessor makes the underlying asset available for use by the lessee) a lessee shall measure the liability by;

- increasing the carrying amount to reflect interest;
- reducing the carrying amount to reflect lease payments made; and
- re-measuring the carrying amount to reflect any reassessments or lease modifications, or to reflect revised in substance fixed lease payments.

There is a need to reassess the lease liability in the future if there is:

- a change in lease term;
- a change in assessment of purchase option;
- a change in amounts expected to be payable under a residual value guarantee; or
- a change in future payments resulting from change in index or rate.

Subsequent measurement of the ROU asset is measured in same way as other property, plant and equipment. Asset valuations should be measured at either 'fair value' or 'current value in existing use'.

Depreciation

Assets under a finance lease or ROU lease are depreciated over the shorter of the lease term and its useful life, unless there is a reasonable certainty the lessee will obtain ownership of the asset by the end of the lease term in which case it should be depreciated over its useful life.

The depreciation policy is that for other depreciable assets that are owned by the entity.

Leased assets under construction must also be depreciated.

The PHA as lessor

The PHA did not have any lessor agreements in either 2024/25 or 2023/24.

1.16 Private Finance Initiative (PFI) transactions

The PHA had no PFI transactions during 2024/25 or 2023/24.

1.17 Financial instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

The PHA has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

Financial assets

Financial assets are recognised on the Statement of Financial Position 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 de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the PHA's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position 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 DoH, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies 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.

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

The PHA has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

Credit and liquidity risk

Since the PHA receives the majority of its funding from the DoH, it has low exposure to credit risk and is not exposed to significant liquidity risks.

1.18 Provisions

In accordance with IAS 37, provisions are recognised when there is 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, it's carrying amount is the present value of those cash flows using the relevant discount rates provided by HM Treasury.

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 the amount of the receivable can be measured reliably.

1.19 Contingent liabilities/assets

In addition to contingent liabilities disclosed in accordance with IAS 37, the PHA discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities which are required to be disclosed under IAS 37 are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

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.

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 calculated based on the balance remaining in the computerised leave system for all staff as at 31 March 2025. (Untaken flexi leave is estimated to be immaterial to the PHA and has not been included).

Retirement benefit costs

Past and present employees are covered by the provisions of the HSC Pension 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 DoH. 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 Pension Scheme can be found in the HSC Pension Scheme Statement in the Departmental Resource Account for the DoH.

The costs of early retirements, except those for ill-health 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 with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years.

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation will be used in the 2024/25 accounts. The 2020

valuation assumptions will be retained for demographic assumptions apart from the assumption for future longevity improvements. GAD have recommended that the future longevity improvement assumptions are updated in line with the 2022-based population projections for the United Kingdom published by the Office for National Statistics (ONS) on 28 January 2025. Financial assumptions are updated to reflect recent financial conditions.

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 (VAT)

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 fixed assets.

1.23 Third party assets

The PHA had no third-party assets in 2024/25 or 2023/24.

1.24 Government Grants

The PHA had no government grants in 2024/25 or 2023/24.

1.25 Losses and Special Payments

Losses and special payments are items that the 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 its 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 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

IFRS 17 Insurance Contracts:

IFRS 17 replaces the previous standard on insurance contracts, IFRS 4. The standard will be adapted for the central government context and updates made to the 2024-25 FReM, with an implementation date of 1 April 2025 (with limited options for early adoption).

Application guidance has been published and is available at: https://www.gov.uk/government/publications/government-financial-reporting-manualapplication-guidance

Management currently assess that there will be no impact on application to the PHA's financial statements.

1.27 Changes in accounting policies

There were no changes in accounting policies during the year ended 31 March 2025.

NOTE 2 - ANALYSIS OF NET EXPENDITURE BY SEGMENT

The PHA has identified four segments: Commissioning, Family Health Services (FHS), Agency Administration, and Safeguarding Board NI - an independent body hosted by the PHA. Net expenditure is reported by segment as detailed below:

	NOTE	2025	2024
Summary		**£000**	**£000**
Commissioning	2.1	110,739	108,956
FHS	2.2	3,084	2,761
Agency Administration	2.3	35,759	34,315
Safeguarding Board NI	2.4	914	886
Total Commissioner Resources utilised		**150,496**	**146,918**

2.1 Commissioning

		2025	2024
Expenditure		**£000**	**£000**
Belfast Health & Social Care Trust	SoCNE	17,372	16,618
South Eastern Health & Social Care Trust	SoCNE	6,363	6,149
Southern Health & Social Care Trust	SoCNE	9,123	9,002
Northern Health & Social Care Trust	SoCNE	10,476	10,617
Western Health & Social Care Trust	SoCNE	8,902	8,465
NIAS	SoCNE	122	177
Other	3.1	59,109	59,825
		111,467	110,853
Income			
Revenue from contracts with customers	4.1	728	1,897
Commissioning Net Expenditure		**110,739**	**108,956**

2.2 Family Health Service (FHS)

FHS Net Expenditure	3.1	**3,084**	**2,761**

2.3 Agency Administration

		2025	2024
Expenditure		**£000**	**£000**
Salaries and wages	3.2	29,803	27,989
Operating expenditure	3.2	4,068	4,806
Non-cash costs	3.3	722	206
Depreciation	3.3	1,748	1,759
		36,341	34,760
Other Operating Income			
Staff secondment recoveries	4.2	582	445
Agency Administration Net Expenditure		**35,759**	**34,315**

2.4 Safeguarding Board NI

		2025	2024
Expenditure		**£000**	**£000**
Salaries and wages	3.2	612	623
Operating expenditure	3.2	302	263
Safeguarding Board NI Net Expenditure		**914**	**886**

NOTE 3 EXPENDITURE

3.1 Commissioning	2025 £000	2024 £000
General Medical Services	3,084	2,761
Other providers of healthcare and personal social services	49,334	50,050
Research & development capital grants	9,775	9,775
Total Commissioning	**62,193**	**62,586**

3.2 Operating expenses are as follows:-

Staff costs[1]:		
Wages and salaries	22,867	22,076
Social security costs	2,711	2,287
Other pension costs	4,837	4,249
Supplies and services - general	58	34
Establishment	3,616	4,323
Transport	5	2
Premises	628	624
Rentals under operating leases	61	82
Interest charges under IFRS16	2	3
Total Operating Expenses	**34,785**	**33,680**

3.3 Non cash items

Depreciation	225	251
Amortisation	1,414	1,399
Depreciation charges under IFRS16	109	109
Increase / Decrease in provisions	693	181
Cost of borrowing of provisions (unwinding of discount on provisions)	5	1
Auditors remuneration	29	25
Total non cash items	**2,475**	**1,966**
Total	**99,453**	**98,232**

[1] Further detailed analysis of staff costs is located in the Staff Report within the Accountability Report.

During the year the PHA paid its share of regional audit services (£1,382) from its external auditor (NIAO) for the National Fraud Initiative (NFI) and this amount is included in operating costs above.

NOTE 4 - INCOME

4.1 Revenue from Contracts with Customers

	2025 £000	2024 £000
R&D	290	1,145
Other income from non-patient services	104	163
Burdett Income	0	18
Capital Grant Income	334	571
Total	**728**	**1,897**

4.2 Other Operating Income

	2025 £000	2024 £000
Seconded staff	582	445
Total	**582**	**445**

Total Income	**1,310**	**2,342**

NOTE 5.1 - Property, Plant & Equipment - Year Ended 31 March 2025

	Buildings (excluding £000	Information Technology £000	Furniture and Fittings £000	Total £000
Cost or Valuation				
At 1 April 2024	720	1,141	56	1,917
Indexation	6	0	1	7
Transfers	0	(7)	0	(7)
Disposals	0	(5)	0	(5)
At 31 March 2025	**726**	**1,129**	**57**	**1,912**
Depreciation				
At 1 April 2024	448	840	44	1,332
Indexation	5	0	1	6
Transfers	0	(7)	0	(7)
Disposals	0	(5)	0	(5)
Provided during the year	109	222	3	334
At 31 March 2025	**562**	**1,050**	**48**	**1,660**
Carrying Amount				
At 31 March 2025	**164**	**79**	**9**	**252**
At 31 March 2024	**272**	**301**	**12**	**585**
Asset financing				
Owned	0	79	9	88
Finance leased	164	0	0	164
Carrying Amount				
At 31 March 2025	**164**	**79**	**9**	**252**

Any fall in value through negative indexation or revaluation is shown as an impairment.

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 £109k (2023/24: £109k).

The fair value of assets funded from donations, government grants or lottery funding during the year was £nil (2023/24: £nil).

PHA uses Producer Price Indices published by the Office for National Statistics (ONS) in order to apply indexation to the value of non-property assets at year-end. In line with previous years, the December indices have been applied in 2024-25. Ordinarily, an assessment is carried out after the year-end, following the publication of the March indices by ONS, to ascertain that the impact of the movement in the indices between December and March is immaterial. However, in March 2025, ONS issued a statement indicating that they had identified a problem with the chain-linking methods used to calculate these indices, affecting the years from 2008 onwards, and that they would consequently be pausing publication of Producer Price Index data while the issue is rectified. At the time these accounts are being prepared, it has not been possible to ascertain the potential impact of this issue. However, given the value of the non-property assets potentially affected, PHA does not expect an adjustment to indexation to have a material impact on the 2024-25 accounts. It is anticipated that ONS will recommence publication of the Producer Price Indices at some point during the 2025-26 financial year and the indexation of non-property assets will be brought up to date in the 2025-26 accounts.

NOTE 5.2 - Property, Plant & Equipment - Year Ended 31 March 2024

	Buildings (excluding £000	Information Technology £000	Furniture and Fittings £000	Total £000
Cost or Valuation				
At 1 April 2023	713	1,215	55	1,983
Indexation	7	0	1	8
Disposals	0	(74)	0	(74)
At 31 March 2024	**720**	**1,141**	**56**	**1,917**
Depreciation				
At 1 April 2023	333	666	40	1,039
Indexation	6	0	1	7
Disposals	0	(74)	0	(74)
Provided during the year	109	248	3	360
At 31 March 2024	**448**	**840**	**44**	**1,332**
Carrying Amount				
At 31 March 2024	**272**	**301**	**12**	**585**
At 1 April 2023	**380**	**549**	**15**	**944**
Asset financing				
Owned	0	301	12	313
Finance leased	272	0	0	272
Carrying Amount				
At 31 March 2024	**272**	**301**	**12**	**585**
Asset financing				
Owned	0	549	15	564
Finance leased	380	0	0	380
Carrying Amount				
At 1 April 2023	**380**	**549**	**15**	**944**

NOTE 6.1 - Intangible Assets - Year Ended 31 March 2025

	Software Licenses £000	Information Technology £000	Payments on Account & £000	Total £000
Cost or Valuation				
At 1 April 2024	343	6,847	0	7,190
Additions	0	74	196	270
At 31 March 2025	**343**	**6,921**	**196**	**7,460**
Amortisation				
At 1 April 2024	242	2,983	0	3,225
Provided during the year	75	1,339	0	1,414
At 31 March 2025	**317**	**4,322**	**0**	**4,639**
Carrying Amount				
At 31 March 2025	**26**	**2,599**	**196**	**2,821**
At 31 March 2024	**101**	**3,864**	**0**	**3,965**
Asset financing				
Owned	26	2,599	196	2,821
Carrying Amount				
At 31 March 2025	**26**	**2,599**	**196**	**2,821**

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 funding during the year was £nil (2023/24 - £nil).

NOTE 6.2 - Intangible Assets - Year Ended 31 March 2024

	Software Licenses £000	Information Technology £000	Total £000
Cost or Valuation			
At 1 April 2023	343	307	650
Additions	0	39	39
Transfers	0	6,501	6,501
At 31 March 2024	**343**	**6,847**	**7,190**
Amortisation			
At 1 April 2023	167	232	399
Transfers	0	1,427	1,427
Provided during the year	75	1,324	1,399
At 31 March 2024	**242**	**2,983**	**3,225**
Carrying Amount			
At 31 March 2024	**101**	**3,864**	**3,965**
At 1 April 2023	**176**	**75**	**251**
Asset financing			
Owned	101	3,864	3,965
Carrying Amount			
At 31 March 2024	**101**	**3,864**	**3,965**
Asset financing			
Owned	176	75	251
Carrying Amount			
At 1 April 2023	**176**	**75**	**251**

NOTE 7 - FINANCIAL INSTRUMENTS

As the cash requirements of PHA are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector

NOTE 8 - IMPAIRMENTS

The PHA had no impairments in 2024/25 or 2023/24.

NOTE 9 - ASSETS CLASSIFIED AS HELD FOR SALE

Non current assets held for sale comprise 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 2024/25 or 2023/24.

NOTE 10 - INVENTORIES

	2025 £000	2024 £000
Vaccination Supplies	1,088	0
Balance at 31st March	**1,088**	**0**

NOTE 11 - CASH AND CASH EQUIVALENTS

	2025 £000	2024 £000
Balance at 1st April	394	512
Net change in cash and cash equivalents	23	(118)
Balance at 31st March	**417**	**394**

The following balances were held at 31 March:

	2025 £000	2024 £000
Commercial banks and cash in hand	417	394
Balance at 31st March	**417**	**394**

11.1 Reconciliation of liabilities arising from financing activities

		Non-Cash Changes				
	2024	Cash flows	Net cash requirement	Acquisition	Change in valuation	2025
	£000	£000	£000	£000	£000	£000
Lease Liabilities	274	(112)	0	0	2	165
Total liabilities from financing activities	**274**	**(112)**	**0**	**0**	**2**	**165**

NOTE 12 - TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2025 £000	2024 £000
Amounts falling due within one year		
Trade receivables	187	1,171
VAT receivable	414	461
Other receivables - not relating to fixed assets	35	2,857
Trade and other receivables	**636**	**4,489**
Prepayments	274	89
Other current assets	**274**	**89**
TOTAL TRADE AND OTHER RECEIVABLES	**636**	**4,489**
TOTAL OTHER CURRENT ASSETS	**274**	**89**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**910**	**4,578**

The balances are net of a provision for bad debts of £nil (2023/24: £nil).

NOTE 13 - TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2025 £000	2024 £000
Amounts falling due within one year		
Trade revenue payables	3,115	7,033
Payroll payables	1,652	3,844
VER payables	0	0
BSO payables	946	963
Other payables	3,105	2,970
Deferred income	0	835
Trade and other payables	**8,817**	**15,645**
Current part of lease liabilities	110	109
Other current liabilities	**110**	**109**
Total payables falling due within one year	**8,927**	**15,754**
Amounts falling due after more than one year		
Finance leases	55	165
Total non current other payables	**55**	**165**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**8,982**	**15,919**

NOTE 14 - PROVISIONS FOR LIABILITIES AND CHARGES 2025

	Holiday Pay	Other	Total
	£000	£000	£000
Balance at 1 April 2024	233	134	367
Provided in year	671	22	693
Cost of borrowing (unwinding of discount)	5	0	5
At 31 March 2025	**909**	**156**	**1,065**

Comprehensive Net Expenditure Account Charges

	2025	2024
	£000	£000
Arising during the year	693	210
Reversed unused	0	(30)
Cost of borrowing (unwinding of discount)	5	1
Total charge within Operating expenses	**698**	**181**

Analysis of Expected Timing of Discounted Flows

	Holiday Pay	Other	Total
	£000	£000	£000
Not later than one year	0	156	156
Later than one year and not later than five years	909	0	909
Later than five years	0	0	0
At 31 March 2025	**909**	**156**	**1,065**

Provisions have been made for a Senior Executive Pay Award and the Holiday Pay legal case.

Holiday Pay Provision

On 4 October 2023, the Supreme Court handed down the decision in the case of the Chief Constable of the PSNI v Agnew and others. The judgement confirmed that the claimants are able to bring their claims under the 'unlawful deductions' provisions of the Employment Rights (Northern Ireland) Order 1996. The judgement accepted the principle, established by a number of cases in both the European and domestic courts that the claimants were entitled to be paid their normal pay during periods of annual leave, and that "normal pay" is not limited to basic pay but could include elements such as overtime, commission and allowances. The outcome of this case has widespread implications for all public sector bodies in Northern Ireland in respect of both the pay elements that must be included in holiday pay calculations and the period of retrospection which means that some employees may be able to bring claims to be rectified as far back as 1998.

With effect from 1 April 2025, HSC employers have implemented an interim arrangement to ensure employees are paid appropriately for periods of annual leave. This interim arrangement has been agreed with trade unions pending the introduction of the new HR and payroll system in 2026/27. A provision in respect of the retrospective payment is still required for the period 1998/99 to 2024/25. The PHA's provision at 31 March 2025 reflects this retrospective timeframe. In calculating the provision, the PHA has used payroll data available, for all eligible staff, within the current HRPTS system back to 2015, with averaging applied for the prior years and changes in staff numbers. Revised Working Time Directive (14.5%) and Employer costs rates have been factored in, and 8% compound interest applied. A settlement year of 2026/27 has been used and as such the overall value of the provision has been discounted to determine the net present value.

A number of key areas of uncertainty which may impact on the value of the provision remain including:

- The reliability of the data used;
- The terms of settlement is subject to the determination in cases lodged by employees to the Industrial Tribunal;
- The resolution of grievances lodged by employees and any settlement negotiations with trade unions;
- The uptake rate for current or past employees;
- The extent of attrition in the workforce;
- Delays in the time it will take to administer the payments, once agreed; and
- The extent to which interest will apply.

No sensitivity analysis has been undertaken to assess how much the value of the provision would change if the assumptions used were to differ. The reason for this is the possible permutations for any sensitivity analysis are numerous and the value of the provision is already subject to the key areas of uncertainty identified above.

NOTE 14 - PROVISIONS FOR LIABILITIES AND CHARGES 2024

	Holiday Pay £000	Other £000	2024 £000
Balance at 1 April 2023	155	31	186
Provided in year	76	134	210
(Provisions not required written back)	0	(30)	(30)
Cost of borrowing (unwinding of discount)	2	(1)	1
At 31 March 2024	**233**	**134**	**367**

Analysis of Expected Timing of Discounted Flows

	Holiday Pay £000	Other £000	2024 £000
Not later than one year	0	134	134
Later than one year and not later than five years	233	0	233
Later than five years	0	0	0
At 31 March 2024	**233**	**134**	**367**

NOTE 15 - CAPITAL AND OTHER COMMITMENTS

The PHA did not have any capital or other commitments as at 31 March 2025 or 31 March 2024.

NOTE 16 - LEASES

16.1 Quantitative Disclosures around Right of Use Assets

	Land and Buildings	Other	Total
Cost or Valuation	**£000**	**£000**	**£000**
At 1 April 2024	489	0	489
Additions	0	0	0
As at 31 March 2025	**489**	**0**	**489**
Depreciation Expense			
At 1 April 2024	218	0	218
Charged in year	109	0	109
At 31 March 2025	**327**	**0**	**327**
Carrying Amount at 31 March 2025	**162**	**0**	**162**
Interest charged on IFRS 16 leases	**2**		**2**

16.2 Quantitative Disclosures around Lease Liabilities

Maturity Analysis

	2025	2024
	£000	**£000**
Buildings		
Not later than one year	111	111
Later than one year and not later than five years	55	166
Later than five years	0	0
	166	**277**
Less interest element	(1)	(3)
Present Value of Obligations	**165**	**274**
Total Present Value of Obligations	**165**	**274**
Current Portion	110	109
Non-Current Portion	55	165

16.3 Quantitative Disclosures around Elements in the Statement of Comprehensive Net Expenditure

	2025 £000	2024 £000
Other lease payments not included in lease liabilities	61	73
Sub-leasing income	0	0
Expense related to short-term leases	0	0
Expense related to low-value asset leases	0	0
	61	**73**

16.4 Quantitative Disclosures around Cash Outflow for Leases

	2025 £000	2024 £000
Total cash outflow for lease	172	184

NOTE 17 - COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENTS

17.1 Off balance sheet PFI contracts and other service concession arrangements

The PHA had no commitments under PFI or service concession arrangements in either 2024/25 or 2023/24.

NOTE 18 - OTHER FINANCIAL COMMITMENTS

The PHA did not have any other financial commitments at either 31 March 2025 or 31 March 2024.

NOTE 19 - CONTINGENT LIABILITIES

The PHA has contingent liabilities of £5k.

Clinical negligence

	2025 £000	2024 £000
Total estimate of contingent clinical negligence liabilities	5	5
Amount recoverable through non cash RRL	(5)	(5)
Net Contingent Liability	**0**	**0**

Other litigation claims could arise in the future due to incidents which have already occurred. The expenditure which may arise from such claims cannot be determined as yet.

NOTE 20 - RELATED PARTY TRANSACTIONS

The PHA is an arms length body of the Department of Health and as such the Department is a related party with which the PHA has had various material transactions during the year. In addition, the PHA has material transactions with HSC Trusts.

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

NOTE 21 - THIRD PARTY ASSETS

The PHA had no third party assets in 2024/25 or 2023/24.

NOTE 22 - FINANCIAL PERFORMANCE TARGETS

22.1 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:

	2025	2024
	£000	£000
Revenue Resource Limit (RRL)		
RRL Allocated from:		
DoH (excludes non Cash)	140,962	138,956
Other Government Departments - NIMDTA	491	491
Total RRL Received	141,453	139,447
Less RRL Issued To:		
RRL Issued	(52,358)	(51,028)
Total RRL issued	(52,358)	(51,028)
RRL to be Accounted For	**89,095**	**88,419**
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	98,143	95,890
Adjustments to remove items not funded via RRL		
Capital Grants for R&D	(334)	(570)
Capital Grant for GP Scheme	0	0
Research and Development under ESA10	(6,314)	(5,016)
IT purchase not capitalised	(2)	0
Depreciation	(226)	(251)
Depreciation - IFRS 16	(109)	(109)
Amortisation	(1,414)	(1,399)
Impairments	0	0
Notional Charges	(29)	(25)
Movements in Provisions	(698)	(181)
Total Adjustments	(9,125)	(7,551)
Net Expenditure Funded from RRL	**89,018**	**88,339**
Surplus/(Deficit) against RRL	77	80
Break Even cumulative position (opening)	2,236	2,156
Break Even cumulative position (closing)	**2,313**	**2,236**

Materiality Test:

	2025	2024
	%	%
Break Even in year position as % of RRL	0.05%	0.06%
Break Even cumulative position as % of RRL	1.64%	1.60%

The PHA has met its requirements to contain Net Resource Outturn to within +/- 0.25% of its agreed Revenue Resource Limit (RRL), as per DoH circular HSC(F) 37/2023.

Following the implementation of Review of Financial Process, the format of Note 22.1 has changed as the Department of Health has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed. The PHA has remained within the budget control limit it was issued. From 2022/23 onwards, the materiality threshold limit excludes non-cash RRL.

22.2 Capital Resource Limit

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

	2025 £000	2024 £000
Capital Resource Limit (CRL)		
CRL Allocated from:		
Department of Health - Investment Directorate	6,920	5,626
Total CRL received	6,920	5,626
Less CRL Issued To:		
Organisation (please specify)	0	0
Total CRL Issued	0	0
Net CRL position	**6,920**	**5,626**
Capital Resource Limit Expenditure		
Capital expenditure per additions in asset notes	270	39
Adjustments to remove items not funded via CRL	0	0
Adjustments to add items not capitalised in accounts (i.e. expensed through SoCNE) but funded via CRL		
Capital grants for R&D	334	571
Research and Development under ESA10	6,314	5,016
IT purchase not capitalised	2	0
Net Capital Expenditure Funded from CRL	**6,920**	**5,626**
Surplus/(Deficit) against CRL	**0**	**0**

NOTE 23 - EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period having a material effect on the accounts.

DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 26 June 2025.