

agenda

Title of Meeting	165 th Meeting of the Public Health Agency Board
Date	20 June 2024 at 1.30pm
Venue	Meeting Room, County Hall, Ballymena

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| 1
1.30 | Welcome and Apologies | Chair |
| 2
1.30 | Declaration of Interests | Chair |
| 3
1.30 | Minutes of Previous Meeting held on 16 May 2024 | Chair |
| 4
1.35 | Actions from Previous Meeting / Matters Arising | Chair |
| 5
1.40 | Reshape and Refresh Programme | Chair |
| 6
1.50 | Reports of New or Emerging Risks | Chief Executive |
| 7
1.55 | Raising Concerns | Chief Executive |
| 8
2.00 | Updates from Committees: <ul style="list-style-type: none"> • Governance and Audit Committee
[PHA/01/06/24] • Remuneration Committee • Planning, Performance and Resources Committee • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board | Committee Chairs |
| 9
2.20 | Operational Updates: <ul style="list-style-type: none"> • Chief Executive's and Executive Directors' Report | Chief Executive/
Executive Directors |
| 10
2.40 | PHA Annual Report and Accounts 2023/24
[PHA/02/06/24] (For approval) | Ms Scott |
| 11
3.00 | PHA Financial Plan 2024/25 [PHA/03/06/24] (For approval) | Ms Scott |

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| 12
3.20 | PHA Corporate Plan 2025/30 [PHA/04/06/24] (For discussion) | Ms Scott |
| 13
3.30 | Population Screening Programmes [PHA/05/06/24] (For discussion) | Dr McClean |
| 14
3.45 | Items for Noting: <ul style="list-style-type: none">• None listed | |
| 15
3.45 | Chair's Remarks | Chair |
| 16
3.50 | Any Other Business | Chair |
| 17 | Details of next meeting:
<i>Thursday 15 August 2024 at 1.30pm</i>
<i>Conference Room, Tower Hill, Armagh</i> | |

Title of Meeting	164 th Meeting of the Public Health Agency Board
Date	16 May 2024 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Colin Coffey	- Chair
Mr Aidan Dawson	- Chief Executive
Dr Joanne McClean	- Director of Public Health
Ms Heather Reid	- Interim Director of Nursing, Midwifery and Allied Health Professionals
Ms Leah Scott	- Director of Finance and Corporate Services
Mr Craig Blaney	- Non-Executive Director
Mr John Patrick Clayton	- Non-Executive Director
Ms Anne Henderson	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Dr Aideen Keaney	- Director of Quality Improvement
Mr Robert Graham	- Secretariat

Apologies

Mr Brendan Whittle	- Director of Community Care, SPPG
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54/24 Item 1 – Welcome and Apologies

- 54/24.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Brendan Whittle.
- 54/24.2 The Chair undertook to write to SPPG concerning the attendance of SPPG officers at future PHA Board meetings (**Action 1 – Chair**).

55/24 Item 2 – Declaration of Interests

- 55/24.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda.

55/24.2	Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.
55/24.3	The Chair advised that there will be a discussion later in the meeting regarding avian flu and felt it appropriate that he should declare an interest given his role as Chair of the Agri-food and Biosciences Institute (AFBI) and Mr Stewart also declared an interest given his role as Chair of the Livestock and Meat Commission.
56/24	Item 3 – Minutes of previous meeting held on 18 April 2024
56/24.1	The minutes of the Board meeting held on 18 April 2024 were APPROVED as an accurate record of that meeting.
56/24.2	The Chair advised that he had discussed the issue of recruitment of public health consultants with the Department and that the Chief Executive also raised this at the Ground Clearing meeting on Wednesday afternoon. Mr Clayton asked if formal correspondence was going to be sent to the Department, but the Chief Executive advised that this would not be required given the issue was discussed yesterday and will also be raised at the Accountability Review meeting in June. He added that Dr McClean had prepared a paper on staffing issues and it was agreed that this would be shared with members (Action 2 – Secretariat).
57/24	Item 4 – Actions from Previous Meeting / Matters Arising
57/24.1	An action log from the previous meeting was distributed in advance of the meeting.
57/24.2	The Chair advised that for action 1, the Procurement Plan was discussed at the Planning, Performance and Resources (PPR) Committee, and will continue to be an area of focus.
57/24.3	The Chief Executive advised that the issues around Serious Adverse Incidents (SAIs) and safety and quality were flagged with the Department at the Ground Clearing meeting as part of a discussion on the HSC Framework Document, and these were noted.
57/24.4	Professor Rooney said that she welcomed the fact that a paper outlining the timeline for the Corporate Strategy had been brought to the PPR Committee and suggested that there should be regular updates at the Board (Action 3 – Ms Scott).
58/24	Item 5 – Reshape and Refresh Programme
58/24.1	The Chair reported that he was content with progress on the Reshape and Refresh Programme following the last Programme Board meeting. He said that there are three key dates for the Agency Management Team (AMT) to meet. He advised that by the end of June, the outcomes

- of the assessment of the grading for the new Director posts should be known, and then by the end of September the Deputy Directors should all be in post, and by June 2025 the Programme will be completed with the new structures in place.
- 58/24.2 Mr Blaney noted that there was discussion about a staff celebration event and the Chair echoed this. The Chair said that there is a need to have a Corporate Plan in place by then. He added that at the next Board meeting, Ms Gráinne Cushley will be attending and he expected that there will be a presentation outlining how all of the recommendations from the EY report that were accepted and signed off have been progressed.
- 58/24.3 Mr Stewart said that he would like to also see a gap analysis which shows how the outputs of the Hussey Review have also been implemented as that review was the instigator for the Reshape and Refresh Programme. Professor Rooney advised that this was discussed at the Programme Board meeting, and consideration was also given to what recommendations may come out of Module 1 of the COVID Inquiry. Mr Clayton commented that it would be helpful to ensure that Trade Union involvement throughout this process as well as for the development of the Corporate Plan.
- 58/24.4 The Chief Executive advised that he has regular meetings with Ms Cushley and at the next staff engagement event on the first Tuesday of the month, he would like to do an update on the COVID Inquiry and how it links to the Hussey Review and the Reshape and Refresh Programme. He said that it is important that staff see how this links together. He added that there will be a series of engagements with staff at the end of June and he encouraged Non-Executives to attend **(Action 4 – Chief Executive)**.
- 59/24 Item 6 – Reports of New or Emerging Risks**
- 59/24.1 The Chief Executive advised that the biggest risk for PHA continues to be around the recruitment of public health consultants.
- 59/24.2 The Chief Executive invited Dr McClean to give members an update on H5N1.
- 59/24.3 Dr McClean explained that H5N1, “avian flu”, whilst primarily a disease in birds, would be a concern if it were to evolve and spread to humans and that it has a mortality rate. She advised that UKHSA (UK Health Security Agency) has set up groups, which PHA is contributing to, while PHA is also establishing contingency plans with SPPG and the Department. She stated that the overall risk of human transmission remains low, but there is a need to be prepared and to be clear on responsibilities.
- 59/24.4 Mr Stewart asked how PHA would handle media interest. The Chair

- pointed out that the biggest risk is for DAERA and the Chief Executive added that this would be a Government issue that health would not be leading on, but PHA has to be prepared from a public health perspective.
- 59/24.5 Mr Clayton noted that PHA will liaise with SPPG and the Department, but asked about capacity issues within health protection. In terms of the multi-agency response, he asked if there is clarity in terms of who is taking the lead. The Chief Executive replied that both of these issues were discussed at the Ground Clearing meeting yesterday. He reiterated that PHA will work on its responsibilities from a public health perspective, but it is the Department and DAERA who would lead. The Chair said that it is important that PHA can evidence its preparedness, and Dr McClean advised that there is already a pandemic preparedness group, but noted that PHA may have to pause other work.
- 59/24.6 Professor Rooney noted the reference PHA possibly pausing work and asked how PHA can raise concerns about what work it would have to pause. Dr McClean said that services would not be stopped, but PHA would have to look at its business continuity plan. Professor Rooney noted from the Performance Management Report that work in areas such as cancer and suicide prevention is stalled due to staffing shortages so sought assurance about other work. Dr McClean reiterated that this is where business continuity is important. The Chief Executive said that he hoped that PHA had learnt from COVID and that staff understand that they have 2 roles, and need to step up into a different role for business continuity arrangements. Professor Rooney said that she was querying if there was a way of bringing in other staff.
- 59/24.7 The Chair said that given his declared interest in this area with his role in AFBI, he asked that Ms Anne Henderson would become the nominated Board member for contact in the event of any management decisions needing to be communicated to the Board.
- 60/24 Item 7 – Raising Concerns**
- 60/24.1 The Chief Executive reported that there were no new concerns to be brought to the attention of the Board. He advised that RQIA is hosting a round table event on the theme of raising concerns and that he would be in attendance.
- 60/24.2 Mr Clayton noted that PHA has a policy on raising concerns and that previously Ms Deepa Mann-Kler was the nominated contact. The Chair asked if he could be sent a copy of the policy so as to determine a new contact **(Action 5 – Secretariat)**.

61/24 Item 8 – Updates from Board Committees

Governance and Audit Committee

- 61/24.1 The Chair advised that while PHA had received an overall satisfactory level of assurance from Internal Audit, he had made it clear to Mr Peter Toogood that the Board was not comfortable with the number of limited assurances that PHA had received and that he would like to see these areas dealt with. The Chief Executive added that, at the Ground Clearing meeting, Directors faced questions on those areas as well. He noted that work has progressed to address the recommendations around complaints and Ms Scott advised that she would be taking work forward in the areas of procurement and cyber security.

Remuneration Committee

- 61/24.2 The Chair advised that the Remuneration Committee has not met since the last Board meeting.

Planning, Performance and Resources Committee [PHA/01/05/24]

- 61/24.3 The Chair reported that the PPR Committee had considered the Performance Management Report which will be discussed later in the meeting.
- 61/24.4 The Chair said that it is important that the Executive Directors attend PPR meetings to answer queries on specific issues and that the timing of meetings links with operational meetings. He noted that the PHA budget is due to be discussed at the next meeting. He commented that some of the areas where PHA had received a limited assurance were areas where Non-Executives had previously expressed concerns.
- 61/24.5 Ms Henderson advised that there was a paper produced on the development of the Corporate Plan and that there is a need to commit the necessary resources. She added that there had been a discussion around the length of the Plan and that it should be a 5-year Plan. The Chair advised that he had discussed with Mr Toogood the need for PHA to be in control of its own destiny and this view had been respected.
- 61/24.6 The Chair asked that when the Financial Plan is developed, there should be a high-level outline of the cost of the Reshape and Refresh Programme. Ms Scott advised that this will be included, but noted that there will be a marginal impact in 2024/25. The Chair said that the importance of PHA having its own Director of Finance should not be underestimated. He added that it is important that the PPR Committee functions effectively. He noted that there need to be a discussion around the delegation of authority to the Committee to approve certain items **(Action 6 – Chair)**.

	<i>Screening Programme Board</i>
61/24.7	The Chair noted that the Screening Programme Board has not met since the last Board meeting.
	<i>Procurement Board</i>
61/24.8	The Chair noted that the Procurement Board has not met since the last Board meeting.
	<i>Information Governance Steering Group</i>
61/24.9	The Chair noted that the that the Information Governance Steering Group has not met since the last Board meeting.
	<i>Public Inquiries Programme Board</i>
61/24.10	Professor Rooney advised that she had not been able to attend the last meeting of the Public Inquiries Programme Board but that the main update is that Dr McClean had made her appearance at the Inquiry which is currently in Northern Ireland.
61/24.11	The Chair asked about the morale of staff. Dr McClean said that she was very conscious of the criticism being directed at PHA, for example around death data, but noted that these were not areas of PHA responsibility. She added that PHA was not responsible for testing. The Chief Executive said that he hoped that the Board members had found the updates helpful.
61/24.12	Professor Rooney commended Dr McClean for her work and noted that the Counsel had corrected a witness when an incorrect statement had been made about PHA's role. She asked whether Dr McClean will be submitting any additional information to the Inquiry and Dr McClean replied that she will be submitting some correspondence regarding care homes.
61/24.13	Members had a brief discussion regarding the Inquiry's view that there was a strained relationship during the pandemic between the PHA and the Department with Non-Executives suggesting that they were not being fully apprised of all the issues during the pandemic. The Chair felt that there was learning for the Board to be taken from the Inquiry. The Chief Executive advised that he felt that relationships had improved since the period the Inquiry was referring to.
61/24.14	Dr McClean reiterated that the two key issues from the Inquiry were around death data and the notion of 500 tracers.

62/24 Item 9 – Operational Updates

Chief Executive's and Executive Directors' Report

- 62/24.1 The Chief Executive said that he would like a representative from the Board to sit on the new Vaccination Programme Board. Ms Henderson noted that this area is one which is rated “red” in the Performance Management Report. The Chair agreed to create a matrix of the different groups that Non-Executives currently sit on **(Action 7 – Chair)**. He added that there should be a new Non-Executive Director in post by September/October. Mr Clayton suggested that the need to have a new Non-Executive should be raised at the Accountability Review meeting **(Action 8 – Chair)**.
- 62/24.2 The Chief Executive noted that there was a campaign for the MMR vaccine and that he had asked if there was any data to suggest if this had an impact on uptake. Dr McClean advised that not all of the data is available, but from the data on the Vaccine Information System, it was clear to see that the campaign had resulted in an improved uptake in the vaccine.
- 62/24.3 Ms Henderson noted that PHA has written to the Department regarding campaigns and suggested that members should see that. The Chief Executive advised that Mr Stephen Wilson is putting together a paper on campaigns and this will be raised at the Accountability Review meeting.
- 62/24.4 Mr Clayton asked about the section on workforce issues, and the Chief Executive explained that this relates to public health consultants.
- 62/24.5 Ms Henderson asked about the cervical screening review and if PHA is content with the progress made and the aim to have this completed by the summer. She also asked about the invasive cancer audit.
- 62/24.6 Dr McClean that PHA is overseeing the cervical screening audit along with the Department and that it is progressing well with over 77% uptake. She anticipated that this would increase to 80% by next week and would be completed by the summer. With regard to the invasive cancer audit, she explained that Trusts have fallen behind for a range of reasons and so they have been asked for plans for how they will catch up. She said she believed that the backlogs have now been cleared.
- 62/24.7 Dr McClean advised that the reconfiguration of laboratories remains a work in progress and that NHS England has been asked to carry out a review, but PHA is awaiting confirmation this can be undertaken as NHS England is currently undergoing a reorganisation.
- 62/24.8 Ms Henderson said that the Cervical Cytology Review reports are a useful governance tool and added that PHA's role in this area needs to be clearly documented as it appears PHA is carrying out a lot of the work.

- 62/24.9 Dr McClean explained that invasive cancer audits have been in place for many years but have become more formalised in recent years and that PHA's role is to identify where opportunities may have been missed. She said that the focus is on patient safety and encouraging Trusts to carry out audits. Ms Henderson asked if PHA liaises with the Department but Dr McClean explained that PHA would link with Trust Medical Directors. Dr McClean advised that there are audit guidelines which date back to 2014, but these are applied differently across Trusts. Ms Henderson asked if RQIA has a role in this area as the Department needs to be assured that PHA is carrying out its responsibilities. Dr McClean advised that PHA is in close contact with the Department. She said that there is a backlog in audit, and that there are staffing issues for both PHA and the Trusts, but once the backlog has cleared there will be a better process. She added that the overall responsibility for safety and quality lies with the Trusts.
- 62/24.10 Mr Clayton noted that PHA does not have the powers of a regulator so he asked what PHA can do with regard to quality assurance. He suggested that this could be teased out as part of the review by NHS England. The Chair asked what outcome PHA needs from this process and what assurance it needs. Dr McClean advised that PHA needs to have a peer evaluation carried out of its quality assurance processes and the current proposal is that this is carried out by NHS England.
- 62/24.11 Mr Stewart said that, driven by the current financial situation, and staffing vacancies, the Board needs to address what PHA's business is and to ensure that PHA is carrying out its statutory functions. He added that this is linked to the confusing situation where it is impossible to understand the different roles of PHA, SPPG and the Department. The Chief Executive agreed and said that this is why he has pushed with the Department to get PHA's Partnership Agreement finalised and the HSC Framework Document updated. He said that PHA has sent back extensive comments on the Framework Document and when the next iteration is shared with PHA, it will be shared with Board members.
- 62/24.12 Professor Rooney noted the update on prison health but said that cognisance needs to be taken about the lack of psychology expertise in PHA. Ms Reid agreed and noted that one third of prisoners are currently on remand and they would be the most vulnerable. She said that this is a big area of work and psychological support needs to be included.
- 62/24.13 The Chief Executive outlined the proposed pairings for the next phase of the Board "buddy" programme. It was proposed that Ms Scott would work with Professor Rooney; Dr McClean with Ms Henderson; Ms Reid with Mr Stewart and Mr Irvine; Dr Keaney with Mr Blaney; and Mr Clayton would work with Mr Stephen Wilson.
- 62/24.14 The Chair said that the aim of this initiative is for both parties to learn from each other. He suggested that this should run for a number of months and then be reviewed. He asked Non-Executives to engage as

much as possible.

Finance Report [PHA/02/05/24]

- 62/24.15 Ms Scott advised that the Finance Report closes out the current financial year. She reminded members that PHA began the year with a deficit of £650k as well as £5.3m of savings. She advised that PHA received some additional allocations and that through collaboration with the Department, PHA ended the year with a small deficit of £80k. She said that the Report sets out a more detailed analysis of the figures and that she was pleased with the outturn. She added that focus is now on the 2024/25 budget.
- 62/24.16 The Chair said that he had asked for a meeting to be able to better understand the budget, and that he and Ms Henderson had had a useful discussion with Ms Scott and Mr Lindsay Stead. He noted that there will be challenges, but he wanted to be clear in terms of what the assumptions are, and what the challenges are. He added that he had given Mr Toogood an assurance that PHA would have a balanced budget.
- 62/24.17 Mr Clayton noted that the budget is flat cash, but sought clarity on how that impacts on campaigns. Ms Scott explained that there is a directive from the Department that campaigns are paused. The Chief Executive added that this is Government-wide. Mr Stewart commented that he was surprised at this as he is aware of a wide campaign being undertaken around EU agricultural policy. The Chief Executive suggested that some Departments may have exceptions.
- 62/24.18 Ms Henderson asked if PHA is planning any other campaigns apart from vaccinations. The Chair said that he is content to make representation from PHA on this once PHA has clarity on its budget. Professor Rooney commented that a blanket ban on advertising makes no sense and gave the example of advance care planning, where there is a good rationale for a campaign. She noted that going forward the budget will support the new directorate structure and there may be some slippage. Ms Scott advised that she is starting to consider whether the budget sits with Directors, or with strategic teams. She added that it is important that the budget reflects the needs of decision makers. Mr Blaney commented that the detriment of not doing a campaign will not be seen now, but possibly in 5/10/20 years' time.
- 62/24.19 Mr Stewart advised that he and Mr Blaney had represented the PHA at the Balmoral Show yesterday and said that there should be engagement with the Minister. The Chair said that he has asked for a meeting with him. He added that PHA's new Sponsor lead, Mr Toogood, also understands the importance of public health. He said that Local Council Chief Executives are also happy to assist PHA to get its messages out.
- 62/24.20 Mr Clayton noted that there is no planned uplift for pay and price for

	2024/25, but that PHA is normally resourced to give uplifts if there is an increase in the national living wage, or the real living wage as that is Executive policy. He said that this will need factored into procurement exercises going forward. Ms Scott advised that any increases in pay are funded centrally and historically this would also have applied to contracts. Mr Clayton said that he was thinking about organisations that PHA already has contracts with and it may not be resourced to apply uplifts to them. Mr Irvine advised that he has come across this issue before and that the guidance states that organisations “should” pay the living wage rather than “must” pay, so it is not enforceable. Mr Clayton replied that this is a Department of Finance instruction. Ms Scott suggested that this could be discussed at the PPR Committee.
62/24.21	The Board noted the Finance Report.
63/24	Item 10 – Complaints Report [PHA/03/05/24]
63/24.1	The Chief Executive advised that, following an Internal Audit recommendation, PHA has completed an Annual Report on complaints, a report that should have been compiled previously. He noted that there is a small number of complaints and some learning has been included in the Report.
63/24.2	The Board APPROVED the Complaints Report.
64/24	Item 11 – Performance Management Report [PHA/04/05/24]
64/24.1	Ms Scott presented the final Report for 2023/24 and said that at the year-end, 7 actions were rated “red”, 7 were rated “amber” and 23 were rated “green”. She noted that the overriding caveat to most of those actions rated “amber” or “red” relates to resources. The Chair advised that members of the PPR Committee had considered this Report.
64/24.2	Ms Henderson said that there is a need for fewer actions, and fewer KPIs and that the information here will form part of the Annual Report. She noted that one of the actions rated “red” relates to a cancer prevention strategy and asked if PHA will get the resources that it needs. Dr McClean said that the recommendation is that PHA should continue to do what it is doing and bring a strategic focus to this work. She explained that there is a reorganisation going on within Health Improvement which will allow for a better focus on this work.
64/24.3	Mr Clayton asks how PHA keeps track of those actions that are rated “red” at the end of the year and how these are taken forward. He suggested that they may go into directorate business plans. Ms Henderson said that there should be an action plan for those actions rated “red”, along with a timeframe. The Chief Executive suggested that he take this away for further consideration (Action 9 – Chief Executive).

- 64/24.4 | The Chair noted that the report will be in a different format this year. He added that if PHA cannot do everything that it is being asked to do, then the Board will make a decision on what work will be taken forward, based on a recommendation by AMT. Professor Rooney agreed and added that this is where the Corporate Strategy is important and it also links to previous discussions about staff redeployment. The Chair said that the Board needs to be aware of the challenges.
- 64/24.5 | The Chair asked if there is a plan on how PHA moves forward in terms of measuring performance. The Chief Executive said that the Strategic Planning Teams (SPTs) will help PHA make more efficient use of its resources.
- 64/24.6 | Professor Rooney sought clarity on the date that the Procurement Board considered the PID for Protect Life 2 and it was noted that this should read "December 2023". Ms Henderson advised that the Procurement Board did not endorse the PID as that was not its role. She noted that she could not see how the gap in procurement was going to be closed within the next 6/9 months and said that this represents a risk to PHA. She added that PHA needs to determine what it is doing with respect to Protect Life 2 and put a dedicated team in place. Dr McClean advised that there is a team focused on this work, but Ms Henderson said that there are a number of Direct Award Contracts (DACs) in place, some of which go back a number of years, hence this area requires greater focus. Dr McClean reiterated that there is a team in place and advised that last week the tender for SHIP closed so that should resolve some of the DACs. She said that there is work in progress, but more staff time is needed. Ms Henderson said that PHA needs to determine what resources it needs.
- 64/24.7 | The Chair said that this issue needs to be dealt with and the Board needs to be satisfied that PHA has a plan. Ms Henderson suggested that this should be undertaken before the next Procurement Board meeting and that all the senior team should be there. The Chief Executive agreed that this is a priority for the Executive Team and it need to be driven by the Director of Finance. He said that there has previously been a cultural issue where DACs are accepted as the way to do business, but added that the culture around DACs and procurement needs to change. Ms Scott agreed that this is not an area that has been given focus, but it will be more given more profile.
- 64/24.8 | Ms Henderson noted that members had received an update on cancer screening programmes, but asked if the backlogs from the pandemic have been cleared. Dr McClean advised that she did not think that this was the case. Mr Clayton said that it would be helpful to know this **(Action 10 – Dr McClean)**.
- 64/24.9 | The Board noted the Performance Management Report.

65/24	Item 12 – ALB Self-Assessment [PHA/05/05/24]
65/24.1	The Chair advised that this self-assessment has been completed and sought members' approval.
65/24.2	Mr Clayton noted that there is reference to a Board Development Programme, but that he was not certain if this took place during 2022/23. He added that when completing the 2023/24, there should be a reference to the delay in completing this assessment. He also noted that further work needs to be done around involvement with external stakeholders. The Chair said that these are areas that can be looked at as part of the session in September. He added that there is a need to look at individual training.
65/24.3	The Chair said that he and Mr Graham would review the assessment for 2023/24 which will be brought to a future meeting (Action 11 – Chair/Secretariat). He added that going forward he would like to carry out a Board assessment as well as member assessment.
65/24.4	The Board APPROVED the ALB Self-Assessment for 2022/23.
66/24	Item 13 – Items for Noting
	<i>Overview of Budget Planning for 2024/25 [PHA/06/05/24]</i>
66/24.1	The Chair noted that this has been discussed earlier in the meeting.
	<i>Our People Plan [PHA/07/05/24]</i>
66/24.2	Mr Clayton noted that the People Plan is not a workforce plan, although it does cover areas such as retention and culture, but that it would be useful to have a workforce plan from the point of view of future proofing, and that it should cover areas such as equality and diversity.
66/24.3	Mr Stewart said that the Board has always had a concern in situations where PHA ends up with vacant posts, but there has not been the foresight to plan for these. He added that there needs to be succession planning. He commented that any organisation should be looking at the future and when it is known that staff are leaving, to have plans made well in advance. The Chair noted that in terms of the public health side, there is an awareness of the issues that need to be addressed.
66/24.4	The Chair said that as part of the Corporate Plan, there should be an operational element, but also a staffing element which outlines what PHA is doing for its staff in terms of supporting them and developing them.
66/24.5	Ms Scott advised that she is working on a workforce plan that will sit alongside the budget and within her own department, she is starting to look at how to transition to a different way of working, but added that this

	will be a challenging year.
66/24.6	Ms Reid noted that many posts are vacant because there was a recommendation not to fill them until the new structure emanating from the Reshape and Refresh Programme is known. The Chair said that this can be discussed as part of Ms Cushley's presentation next month.
67/24	Item 14 – Chair's Remarks
67/24.1	The Chair advised that he had met with Mr Toogood and that Mr Toogood is very supportive of what PHA is aiming to achieve. He said that he had met with PHA staff in Armagh and that he would be visiting the Gransha office again shortly. He encouraged other Board members to visit PHA offices.
67/24.2	Mr Blaney noted that as part of the Reshape and Refresh Programme, expressions are being sought for staff to volunteer. The Chief Executive confirmed this and advised that when an e-mail was issued seeking interest to be involved in organising a celebration event, there was a good response.
67/24.3	The Chief Executive gave an overview of some data relating to staffing. He reported that for 2023/24, PHA's overall headcount increased by 3.7% with temporary staff reducing by 24% and permanent staff increasing by 8.5%. He reported that turnover was 10.07% with 33 staff leaving, 18% being retirements and 76% being resignations. He advised that appraisal compliance was 95%.
67/24.4	The Chair advised that he is continuing his series of meetings with Local Council Chief Executives. He said that stakeholder engagement is vital for PHA. He added that Local Councils are keen to work with PHA to see how PHA can make a difference in local communities. He explained that once he completes a series of informal meetings, he and the Chief Executive will have more structured meetings. He added that he intends to meet with representatives from the community and voluntary sector.
67/24.5	Mr Irvine noted that what the Chair had outlined is essentially community planning and that from a strategic point of view, there should be a more co-ordinated approach through SOLACE (Society of Local Authority Chief Executives). He added that PHA should ask what Local Councils are doing in terms of community planning and that there should be a look at how a shared budget can work in terms of shared outcomes. The Chief Executive advised that he has met with the Chair of SOLACE to look at the roles of PHA and Local Councils and that a further meeting has been set up for August. He said that there is a need to ensure that between PHA staff and Council staff there is alignment in work rather than duplication. He added that PHA is undertaking a lot of work with Councils through the Health Improvement team and the Health Improvement leads will likely be on the new Area Integrated Programme Boards.

68/24 Item 15 – Any Other Business

- 68/24.1 Mr Stewart noted that members had received the paper on IT systems in screening which had been requested by the Governance and Audit Committee. He said that the paper did not provide him with the assurance he was seeking that PHA is on top of this situation as some of the systems could collapse and may not be able to be fixed. He asked that this paper is brought to the next meeting for fuller discussion.
- 68/24.2 The Chief Executive advised that a review has taken place and this issue will be part of the work of the new digital directorate. He said that this is an interim report which looks at the risks and how PHA will bridge the gap. Mr Stewart said that he would like to see some timelines included in the paper **(Action 12 – Dr McClean)**.

69/24 Item 16 – Details of Next Meeting

Thursday 20 June 2024 at 1.30pm

Meeting Room, County Hall, Ballymena

Signed by Chair:

Date:

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	15 April 2024 at 10am
Venue	Fifth Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Joseph Stewart	- Chair
Mr John Patrick Clayton	- Non-Executive Director
Mr Robert Irvine	- Non-Executive Director

In Attendance

Mr Aidan Dawson	- Chief Executive
Ms Leah Scott	- Director of Finance and Corporate Services
Mr Stephen Wilson	- Interim Director of Operations
Mr Stephen Bailie	- Head Accountant, PHA
Mr David Charles	- Internal Audit, BSO
Mrs Catherine McKeown	- Internal Audit, BSO
Mr Ryan Falls	- Cavanagh Kelly
Mr John Irwin	- NIAO
Mr Robert Graham	- Secretariat

Apologies

Mr Stephen Murray	- Interim Assistant Director of Planning and Business Services
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13/24 Item 1 – Welcome and Apologies

- 13/24.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr Stephen Murray.
- 13/24.2 Mr Stewart welcomed Ms Leah Scott to her first meeting as Director of Finance and Corporate Services.

14/24 Item 2 - Declaration of Interests

- 14/24.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.
- 14/24.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

15/24	Item 3 – Minutes of previous meeting held on 1 February 2024
15/24.1	The minutes of the previous meeting, held on 1 February 2024 were approved as an accurate record of that meeting, subject to a minor amendment in paragraph 7/24.2
15/24.2	Mrs McKeown clarified that in paragraph 7/24.25, Internal Audit would be deferring the audit on Personal and Public Involvement until 2024/25.
16/24	Item 4 – Matters Arising
16/24.1	Mr Stewart went through the action log and noted for action 1, that a paper on screening IT systems will now be brought to the PHA Board in May. For the other 2 actions relating to complaints, he advised that information was sent to members. He noted that proposed dates for training on the 3 Lines Assurance model have been shared with members.
17/24	Item 5 – Chair’s Business
17/24.1	The Chair advised that he had no business to update on.
18/24	Item 6 – Corporate Governance
	<i>Ms Heather Reid joined the meeting for this item</i>
	<i>Corporate Risk Register as at 31 March 2024 [GAC/11/04/24]</i>
18/24.1	Ms Scott advised that following the latest review of the Corporate Risk Register, no new risks have been added to the Register and no risks have had their rating changed. Mr Wilson added that a lot of work has been put into this review with the 3 Lines Assurance Model now fully incorporated. He added that there has been work undertaken to look at all gaps in assurance and provide RAG ratings in those areas.
18/24.2	Mr Stewart said that risk 60 relating to migration needs to be fully revised and this risk has been on the Register for more than 2 years, and that the Chief Executive needs to consider this further and bring this risk to a conclusion.
18/24.3	Looking at risk 71 on public inquiries, Mr Stewart said that this risk raises issues about how PHA supports former members of staff and asked whether the Chief Executive feels there is adequate support. The Chief Executive explained that Public Inquiries are very prescriptive when it comes to outlining how former members of staff can be supported. He added that former staff should have access to papers, but under GDPR legislation those papers cannot be removed from PHA offices. He explained that PHA has taken advice from its solicitor in the Directorate of Legal Services (DLS) who has outlined how PHA can provide support and have access to advice. He noted that PHA cannot

- be seen to influence former staff members' statements and that those individuals are entitled to express their own views. He advised that to date only two former members of staff have been asked to provide statements to the Muckamore Inquiry and while one has taken up PHA's offer of support, the other has indicated they do not wish to. Mr Stewart said that this update was reassuring as individuals can feel isolated once they leave an organisation.
- 18/24.4 Mr Clayton asked about risk 59 relating to screening. He noted that there was a discussion on this with Dr Joanne McClean at the previous meeting and suggested that an update on the audit of PHA's Quality Assurance processes should be included within the narrative of the risk. The Chief Executive reported that in terms of that audit, PHA has met with individuals who are in a position to carry out this work and have asked that they make formal submissions. Mr Clayton welcomed this update. The Chief Executive explained that there are two options, either the individuals carry out the work in a private capacity, or they do it in their capacity as employees of NHS England. He added that the latter would be preferable, but noted that in each case the same product would be delivered.
- 18/24.5 Mr Clayton noted that risk 64 around cyber security refers to an Information Governance Emergency Plan, but that this was a regional piece of work and required funding. Mr Wilson confirmed that this is a regional initiative and that ALBs have been pushing the Department to get funding for it.
- 18/24.6 Mr Irvine said that while he welcomed the format of the Register, he felt that if target dates have been changed, there should be a rationale included as to why they have moved.
- 18/24.7 The Chief Executive responded to the comments on the risk around migration and advised that a piece of work is being led by the Permanent Secretary and Mr Mike Ferrar which should conclude by the end of May. He advised that PHA continues to work with SPPG and that an evaluation of the Area Integrated Programme Board (AIPB) is being prepared. He added that it is likely that PHA will take more of a lead in the future AIPBs as their focus will move to early intervention and prevention. He said that PHA will also work with SPPG in terms of commissioning services from Trusts. He added that he does not see that migration poses a risk. Mr Stewart said that he felt that there is still some confusion. The Chief Executive agreed to review the risk and the focus is now around the lack of clarity in the area of commissioning **(Action 1 – Chief Executive)**.
- 18/24.8 Members **APPROVED** the Corporate Risk Register.

Nursing and AHP Directorate Risk Register as at 31 March 2024
[GAC/12/04/24]

- 18/24.9 Mr Stewart said that he wished to compliment the brevity of the Nursing and AHP Directorate Risk Register and noted that it was clear a lot of work has been done on it. He invited Ms Reid to give members an overview.
- 18/24.10 Ms Reid said that she has sought not to repeat any of the risks that appear in the Corporate Risk Register and that work has been carried out to update all of the risks.
- 18/24.11 Ms Reid advised that for the Family Nurse Partnership (FNP) the licence for the programme sits outside Northern Ireland but PHA is required to maintain a database and the current system has been out of date for some time. She said that PHA had been looking at a system that is used in Bulgaria but had previously been advised that it could use not use this system because of Encompass, but given it would be more expensive to try to fix the current system, permission has now been given to move forward on the Bulgarian system.
- 18/24.12 Ms Reid said that PHA now has contingency arrangements in place for vaccination programmes and has registered as a nursing agency with RQIA. With regard to the Reshape and Refresh programme, she said that it is important that elements of work within her directorate, including PPI, Patient and Client Experience (PCE), and Quality and Safety are not lost.
- 18/24.13 Ms Reid noted that within Safety and Quality, the HSC Framework is out of date and this Framework had outlined PHA's previous role within this area, but now there is a clarity which she hoped would be addressed in the new Framework. Mr Stewart agreed saying that what is currently outlined is a responsibility that PHA cannot execute and it is important that this is resolved. Ms Reid advised that clarity is being sought. She outlined how previously correspondence would have been issued from the Department indicating that PHA and HSCB were jointly responsible for areas of work, but now there is a separation.
- 18/24.14 Mr Clayton said that he was also going to raise queries regarding FNP and vaccinations. He sought clarity that the risk around FNP is that PHA cannot use the licensed materials. Ms Reid confirmed this and added that PHA would not then be able to expand on the programme. Mr Clayton noted that previously when PHA had to scale up for vaccination programme this had thrown up some HR issues. Ms Reid said that the list of bank staff is regularly kept under review and contains staff who can assist in the Duty Room. She advised that discussions are taking place with HR around issues such as supervision. She noted that recently there has been an increase in cases of pertussis so PHA needs to think about scale and spread and having arrangements in place.

18/24.15	Mr Stewart thanked Ms Reid for attending today's meeting.
18/24.16	Members noted the Nursing Directorate Risk Register. <i>Gifts and Hospitality Register [GAC/13/04/24]</i>
18/24.17	Mr Stewart noted that there were no declarations on the Gifts and Hospitality Register for 2023/24.
18/24.18	Members noted the Gifts and Hospitality Register. <i>Complaints Report [GAC/03/02/24]</i>
18/24.19	Mr Stewart asked if members had any comments on the Complaints Report. Mr Clayton said that in the information shared with members on previous complaints, it showed that it is often not clear where complaints should be directed to. In the complaint regarding cervical screening, he noted that while PHA issues correspondence regarding screening, it is the Trust laboratories which are responsible for issuing results. He also noted that one complaint had taken over 100 days to be resolved. He suggested that if a complaint is not going to be resolved within the required timescales, that PHA should write to the complainant explaining why this is the case.
18/24.20	Mr Wilson said that PHA will take the learning from complaints to improve outcomes. He added that while this report is looking at the metrics, an annual report is currently being prepared and it will be shared with all PHA staff. He advised that the complaint which had taken over 100 days to resolve was a complex one. He noted that PHA has a complaint which is with the Northern Ireland Ombudsman, but the Ombudsman's office has not processed it as yet.
18/24.21	The Chief Executive advised that PHA had 2 previous complaints which went to the Ombudsman and PHA had a face to face meeting to discuss these, which had been helpful. Mr Wilson said that for the current complaint, PHA has offered to meet with the Ombudsman, but they have not yet looked at the complaint.
18/24.22	Members noted the Complaints Report.
19/24	Item 7 – Internal Audit <i>Internal Audit Progress Report [GAC/15/04/24]</i>
19/24.1	Mrs McKeown advised that the Progress Report shows that Internal Audit has completed its programme of work for the year, and that at the next meeting she will bring her Head of Internal Audit Annual Report and a final report on Shared Services.
19/24.2	Members noted the Internal Audit Progress Report.

*Year End – Follow Up on Outstanding Internal Audit Recommendations
2023/24 [GAC/16/04/24]*

- 19/24.3 Mr Charles said that Internal Audit carries out a follow up on outstanding audit recommendations twice a year and that following the most recent review, of the 97 recommendations outstanding, 78 have been fully implemented, 18 partially implemented and 1 not implemented.
- 19/24.4 Mr Charles advised that two Priority 1 recommendations remain partially implemented. He said that the first one of these relates to the procurement of community and voluntary sector contracts, but he acknowledged that there is a lot of work ongoing in that area. He added that the second recommendation relates to Board effectiveness and the need for a strategic plan. Again, he acknowledged that there is work ongoing and a commitment in PHA's Business Plan for 2024/25 around this.
- 19/24.5 Mr Charles said that in respect of the newborn screening programme, a programme of quality assurance visits was to be established and while some work has been undertaken, issues have been highlighted around funding and management have asked that this recommendation be closed, but he feels that it should be kept open.
- 19/24.6 Mr Charles advised that Internal Audit will carry out a further review of the outstanding recommendations in August/September.
- 19/24.7 Mr Clayton noted that there had been discussion at the last Board meeting about the need for a Corporate Plan and he hoped that this recommendation would be closed before March 2025. With regard to the quality assurance issue, he suggested that it may be useful to have a paper on this to give members more detail on this issue.
- 19/24.8 Mr Stewart expressed concern around the implementation of the recommendation relating to recruitment as it is not acceptable to say that it is too difficult to implement. Mr Clayton echoed this saying that while the Committee was aware of issues relating to timescales from BSO, the audit highlighted areas where PHA needed to improve. The Chief Executive said that he would give this matter further consideration **(Action 2 – Chief Executive)**.
- 19/24.9 Mr Stewart noted that the issue around the quality assurance recommendation appears to be a funding one. The Chief Executive explained that a bid was made to the Department for funding and this bid was rejected. Mr Stewart said that he would welcome clarity on this and on the rationale as to why management feel that this recommendation should be closed. **(Action 3 – Chief Executive)**.
- 19/24.10 Mr Stewart acknowledged that work had been led by Mr Wilson and Mr Murray in relation to facilitating clinics to work through outstanding audit recommendations, but he noted that many of the responses in this

	report rely on recommendations being implemented at a date in the future and he did not feel confident that this would be the case. Mrs McKeown said that some of the wording in the report may have been that of Internal Audit. Mr Stewart acknowledged this, but said that the implementation dates will soon creep up. Mr Wilson noted that PHA has had to redeploy staff in certain areas which has had an impact.
19/24.11	Mr Wilson said that in relation to the recommendation on screening, there is an issue that the standard in Northern Ireland differs from that across the UK. Mr Charles said that the recommendation was that quality assurance visits should be established and it was noted as “partially implemented” to open a conversation. Mrs McKeown added that if the recommendation were to be closed, that would be a matter for the Committee.
19/24.12	Mr Irvine expressed concern about those recommendations which have been outstanding for some time, and said that they should be given more priority by the Chief Executive, and also the Board. He said that if an implementation date is missed, there should be a narrative explaining why it has been missed. He suggested that there should be a business improvement process put in to look at the recommendations so the Directors can agree an approach which can then be looked at as part of a Board workshop. Mr Clayton noted that a more recent audit of community and voluntary sector contracts may have overtaken the original audit and the recommendations should be grouped. Mr Stewart said that considerable effort has been made to progress issues relating to procurement and that he met with Mr Wilson, the PHA Chair and Ms Anne Henderson to discuss this, but the volume of contracts that need to be re-procured means that it will take time to clear the backlog. He added that he was content that matters are moving forward.
19/24.13	Members noted the update on outstanding audit recommendations. <i>External Quality Assessment Final Report 2023/24 [GAC/17/04/24]</i>
19/24.14	Mrs McKeown said that Internal Audit is required to have an audit undertaken every 5 years. She said that Mersey Internal Audit Agency (MIAA) had brought useful expertise. She thanked those members who had completed a stakeholder survey.
19/24.15	Members noted the External Quality Assessment Final Report.
20/24	Item 8 – Information Governance <i>Information Governance Action Plan 2023/24 Update [GAC/18/04/24]</i>
20/24.1	Ms Scott advised that the action plan for 2023/24 has been closed off and those actions not completed on time have been rated “red”. She said work is ongoing around new staff completing cyber security awareness training and getting outstanding Information Asset Registers

	up to date. Mr Stewart expressed concern that those actions rated “red” are some of the most important areas. Mr Clayton advised that the issue of training for new starts was discussed at the Information Governance Steering Group and that in the 2024/25 Plan there is reference to PHA exploring the concept of an “induction day”.
20/24.2	Members noted the update on the Information Governance Action Plan. <i>Information Governance Action Plan 2024/25 [GAC/19/04/24]</i>
20/24.3	Mr Clayton said that the 2024/25 Plan has been designed to address recommendations from the most recent Internal Audit. He said that work will continue in the area of GDPR and contracts.
20/24.4	Mr Irvine said that new employees should not start until they have completed their training. Mr Stewart commented that this is a mindset issue and noted that PHA is now holding more sensitive information than it has done previously. The Chief Executive agreed that the mindset needs to change, and said that there has been discussion around the concept of an induction day, but given the small numbers of new starts each month an approach has been agreed where new starts should do their training and then there will be quarterly induction meetings with Directors.
20/24.5	Ms Scott said that she welcomed that PHA has an Information Governance Steering Group. Mr Wilson agreed that there may have been issues in the past with getting new staff inducted appropriately, but there has been a change in culture over the last year.
20/24.6	Members noted the Information Governance Action Plan 2024/25.
21/24	Item 9 – Finance <i>Fraud Liaison Officer Report [GAC/20/04/24]</i>
21/24.1	Mr Stewart advised that there were no new fraud cases to report.
21/24.2	Members noted the Fraud Liaison Officer Report.
22/24	Item 10 – Draft PHA Annual Report 2023/24 [GAC/21/04/24]
22/24.1	Mr Stewart acknowledged that the compilation of the Annual Report takes a lot of time and requires a lot of effort. He noted that while the Report focuses on the good work that PHA has done, it does not outline what difference it has made. He suggested that next year’s report should outline what PHA’s statutory responsibilities are, the funding it has received and the difference that it has made.
22/24.2	Mr Clayton noted that the Report is a work in progress and he agreed on the comments that it should demonstrate how PHA has made an impact.

- He said that the moratorium on campaigns has likely had an effect. He suggested that in the section on the cervical screening review, there should be a reference to the review of quality assurance processes. He added that the section on health improvement should contain information on how PHA's work has helped to reduce health inequalities.
- 22/24.3 Mr Clayton said that there should be a reference in the report to the fact that there was a period during the year when PHA had Interim Chairs. Mr Stewart echoed this saying that there should be a comment about the delay in the appointment of a new Chair and suggested that this could be included in the Chair's foreword.
- 22/24.4 Mr Wilson thanked members for their comments on the draft Report.
- 22/24.5 Members **APPROVED** the draft Annual Report.
- 23/24 Item 11 – Draft PHA Governance Statement 2023/24 [GAC/22/04/24]**
- 23/24.1 Mr Stewart said that the Governance Statement contains those issues that are fully within the bailiwick of the organisation and he welcomed the references to quality assurance and screening. Mr Clayton suggested that some of this narrative should be included in the Annual Report.
- 23/24.2 Mr Clayton noted the reference to the ALB Self-Assessment and that this will be discussed at the Board meeting on Thursday. He sought clarity on the commentary on the Assurance Framework as he did not recall this coming to the Committee on two occasions. It was agreed that this section would be revisited (**Action 4 – Mr Wilson**).
- 23/24.3 Mr Irvine said that many public sector reports are the same in that there is such a detailed focus on activity, financial governance and accountability and they need to be more succinct and outcomes-based. He added that there needs to be more focus on issues that would be of interest to the general public, for example MMR. He said that PHA needs to reinvent itself and reflect on its use of social media
- 23/24.4 Subject to minor amendments, members **APPROVED** the draft Governance Statement.
- 24/24 Item 12 – Governance and Audit Committee Annual Report [GAC/23/04/24]**
- 24/24.1 Mr Stewart said that the Governance and Audit committee Annual Report had been updated to reflect work carried out this year in the areas of information governance and recruitment.
- 24/24.2 Mr Clayton said that the references to the Assurance Framework and the review of the Committee terms of reference may need to be reviewed again as they may not have happened during that year.

24/24.3	Members noted the Governance and Audit Committee Annual Report.
25/24	Item 13 – SBNI Declaration of Assurance [GAC/24/04/24]
25/24.1	Mr Stewart noted that the Committee had received the latest SBNI Declaration of Assurance. The Chief Executive said that there are matters that PHA is seeking clarification on from the Department and a draft letter has been prepared. He expressed concern around the responsibilities placed on him due to this hosting arrangement.
25/24.2	Members noted the SBNI Declaration of Assurance.
26/24	Item 14 – Any Other Business
26/24.1	There was no other business.
27/24	Item 15 – Details of Next Meeting
	<i>Monday 13 June 2024 at 10am</i>
	<i>Fifth Floor Meeting Room</i>
	<i>12/22 Linenhall Street, Belfast, BT2 8BS</i>
	Signed by Chair:
	Joseph Stewart
	Date: <u>13 June 2024</u>

Title of Meeting	PHA Board Meeting
Date	20 June 2024
Title of paper	PHA Annual Report and Accounts 2022/24
Reference	PHA/02/06/24
Prepared by	Stephen Wilson / Stephen Bailie / Leah Scott
Lead Director	Leah Scott
Recommendation	For Approval ☒ For Noting ☐

1 Purpose

The purpose of this paper is to seek approval from the PHA Board for the Chair and the Accounting Officer to sign the PHA's Annual Report and Accounts for 2023/24.

2 Background Information

The Public Health Agency is required to produce an Annual Report and Accounts (ARA). The draft ARA document for 2023/24 was submitted to the Northern Ireland Audit Office (NIAO) and DoH on 3 May 2024.

Following audit, the final draft ARA were brought to the Governance and Audit Committee for consideration and recommendation to the Board for approval on 13 June 2024.

Following approval by the PHA Board the ARA will be signed by the Chair and Chief Executive and the Letter of Representation will be signed by the Accounting Officer and submitted to NIAO. The final accounts will be certified and the audit certificate issued by 26 June 2024 prior to submission to the Department with final accounts being laid before the Assembly by 5 July 2024.

3 Actions Required

Following approval by the Board, in line with Section 2 above;

- The ARA should be signed by the Chair and Chief Executive; and
- The PHA Letter of Representation should be signed by the Accounting Officer.

The Director of Finance will then arrange submission to NIAO and DoH in line with the required timescales.

**PUBLIC HEALTH AGENCY
ANNUAL REPORT & ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2024**



PUBLIC HEALTH AGENCY

ANNUAL REPORT & ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

*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 xxxxxx*

Using this report

This report reflects progress by the Public Health Agency (PHA) in 2023/24 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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PUBLIC HEALTH AGENCY

ANNUAL REPORT & ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

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Normal business hours:

9.00am–5.00pm Monday–Friday

PUBLIC HEALTH AGENCY

ANNUAL REPORT & ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

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A Year in the Public Health Agency

April 2023	E-cigarettes/Vaping Survey In April 2023, the PHA launched an important study on the views and experiences of young people towards e-cigarettes/vaping. The aim was to use the findings from the survey to help inform key messaging and help to develop better services, interventions and key educational resources for children and young people, parents and schools with regards to e-cigarette use/vaping.	
	Transforming Medication Safety Northern Ireland (TMSNI). The aim of the TMSNI initiative is to improve medication safety in Northern Ireland. This challenge is being addressed through four main approaches: engagement with patients and the public; engagement and training of HSC staff; introducing new systems and practices; and reducing the burden of avoidable harm by high risk medication. Pictured right - Health Minister Robin Swann and Emmett Lynch, PHA Senior PPI Officer at an Engagement Event at the Mater Hospital, Belfast.	

May 2023	Walk to school In May, the PHA encouraged everyone to get more active by leaving the car at home and walking the school run during Walk to School Week. Statistics show that almost two thirds of primary school pupils are driven to or from school by car, while only around a quarter walk. For post-primary, 35% of pupils are driven by car and just 16% walk.	 A poster for 'Walk to School Week' featuring a parent and a child walking away from the camera. The child is wearing a blue backpack. The text 'Walk to School Week' is prominently displayed at the top. The HSC Public Health Agency logo is in the bottom left corner.
	Care Opinion at Balmoral Show The PHA Patient Client Experience team were delighted to attend Balmoral Show in May 2023 to engage with the farming community as part of the promotion of the opportunity for service users, families and carers to share their story about Health and Social Care services across Northern Ireland, using the online user feedback service Care Opinion.	 A photograph of the Care Opinion booth at the Balmoral Show. Three staff members in purple t-shirts are standing behind a table. The booth features a large screen displaying the Care Opinion logo and a banner that reads 'Health and Social Care in Northern Ireland VALUES YOUR FEEDBACK...'. There are also QR codes and contact information for Care Opinion.
June-August 2023	Timely Access to Safe Care (TASC) The TASC programme continued in 2023/24, building upon a successful initial year. TASC participants celebrated the completion of Year One of the programme in June 2023, alongside 24 HSC staff members who graduated from the Scottish Improvement Leaders (ScIL)	 A large group photograph of TASC participants and HSC staff members gathered for a graduation ceremony. They are standing in several rows in a large hall, many wearing blue graduation gowns and caps.

	programme, a QI course designed to develop future leaders in improvement. The ScIL graduates now become part of the HSCQI Alumni and it is anticipated that the graduates will mentor, lead and contribute to local and regional HSC improvement work.	
	CHITIN programme finishes HSC R&D's Cross-border Healthcare Intervention Trials In Ireland Network (CHITIN) programme completed in June 2023 after five years. CHITIN was a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs).	 A group of four people (three women and one man) standing in front of a banner for the CHITIN programme. The banner includes the text 'CHITIN', 'Cross border Healthcare Intervention Trials in Ireland Network', and 'research.hscni.net'.
	Healthcare in prisons conference In June 2023 the PHA, jointly with SPPG, held a conference 'Working Together for Healthcare in Criminal Justice'. The conference brought together agencies and individuals to share experiences, evidence and best practice on the health and wellbeing of people in custody and prison settings.	 A group of five people (three men and two women) standing outdoors in front of greenery. They are dressed in professional attire, including suits and a patterned dress.

Festival-goers warned of serious drug risks

Ahead of festival season, the PHA issued a stark reminder of the dangers of alcohol and drugs.

Advice was issued to remind people that any drug or medicine has the potential to cause harm with the risks escalating if these drugs are mixed.



COVID-19 vaccine

In July, the PHA announced the rollout of the COVID-19 vaccine for children aged 6 months to 4 years at higher risk. Children in a clinical risk group were offered two infant doses of the COVID-19 vaccination, eight weeks apart.



Pride – Mpox vaccination

In July and August, the PHA worked in collaboration with Belfast Pride and Derry Pride festivals to offer the mpox vaccine.

The PHA teamed up with vaccinators at the South Eastern, Belfast and Western Trusts to run mpox vaccine clinics at the Pride villages in both cities, in response to a rise in cases elsewhere in the UK and to help protect those at risk in Northern Ireland.



	Home accident prevention In August, the PHA launched four new animations highlighting the dangers around the garden and how we can prevent accidents with garden equipment, the dangers of falls and drowning risks. Each animation was translated into nine different languages.	 An illustration of a young child with brown hair and a blue shirt falling into a small, irregularly shaped garden pond. The pond is surrounded by green grass and various plants. In the background, there is a wooden fence and trees.
September 2023	Breastfeeding Welcome at QUB In September, Queen's University Belfast became the latest organisation to join the Breastfeeding Welcome Here scheme. This new membership represented a huge support network to breastfeeding mums who are working, studying or visiting the university.	 A photograph of four people standing outdoors in front of a large, historic university building. From left to right: a man holding a baby, a woman holding a baby, and two other women. They are all smiling and holding a white sign that says 'breastfeeding welcome here' in purple and pink text. A large tree is on the left.
	Walk and Talk The PHA launched a mental health and emotional wellbeing campaign – 'Walk and Talk' – which ran from the middle of September to the middle of October, in collaboration with the community and voluntary sector, to encouraging the public to look after their mental health by making a Walk and Talk part of their path to better mental wellbeing.	 A photograph of a large group of people, mostly women, posing for a group photo on a dirt path in a park-like setting. They are all smiling and waving at the camera. The background is filled with lush green trees and foliage.

October 2023	New organ donation resources New primary school organ donation education resources aimed at introducing organ donation education at an early age were launched in October. The resources will provide Key Stage 1 and 2 pupils with the information they need to find out more about the topic and to discuss it with family and friends.	
	Stress awareness During Stress Awareness Week we encouraged those dealing with stress to access free online stress control classes facilitated by the PHA. The sessions let participants know that they are not alone in their experience of stress, learn how stress can affect their health, how to develop resilience and a set of skills so they can manage their own stress and help prevent its impact in the future.	
November 2023	Creating a smokefree generation The PHA encouraged people in Northern Ireland to respond to the UK's government's consultation on banning young people from ever being able to buy tobacco products, and placing restrictions on the sale of vapes. There were nearly 28,000 responses across the UK, with Northern Ireland accounting for 4.5% of these, despite only being 2.8% of the UK population.	

	Take 5 In November the PHA held its first all-staff 'Take 5' event at Titanic Belfast. The event was to recognise and thank staff for their significant achievements, commitment and dedication over the last few years. The day was for staff to relax, take time to reconnect with colleagues and be re-energised for the future.	
December 2023	AAA screening The Abdominal Aortic Aneurysm (AAA) Screening Programme's eleventh annual service user event took place in Belfast and brought together a wide range of healthcare professionals and men who have, or had, an AAA detected through screening. In Northern Ireland, AAA screening is offered to men in the year they turn 65.	

Topping up protection

Ahead of Christmas, the PHA encouraged eligible people to take up the offer of the free COVID-19 and flu vaccines as soon as possible to top up their protection.

During the colder winter months when people stay indoors for longer, and often in larger groups, there is an increase in the number of people experiencing coughs, colds and flu-like illnesses.



Primary HPV cervical screening

In December, the Northern Ireland Cervical Screening programme introduced full primary HPV testing into the cervical screening pathway. The full integration of HPV testing brought Northern Ireland in line with similar programmes in the rest of the UK and Republic of Ireland.

Primary HPV cervical screening has been introduced in Northern Ireland

www.pha.site/CervicalScreening1

 **Cervical
Screening**

 **HSC** Public Health
Agency



January 2024	Cold weather advice During the cold weather spell in January, the PHA issued advice on keeping warm at home as cold weather can have a serious impact on our health. As well as advice to steps to take, support services that may be offered through local councils to help alleviate fuel and food poverty were also highlighted.	 A poster for cold weather advice. It features a close-up of a person's hands holding a white mug, with a grey knitted sock visible. The text 'Cold weather advice' is prominently displayed in white. Below it, the website 'www.pha.site/StayWarm24' is listed. The HSC Public Health Agency logo is in the bottom right corner.
	Cervical Cancer Prevention Week In January the PHA reminded women of the importance of attending for cervical screening when invited. This came after the Northern Ireland Cervical Screening Programme introduced full primary HPV screening into the cervical screening pathway in December, which will increase the ability to detect early cell changes that could lead to cancer.	 A poster for Cervical Cancer Prevention Week. It has a blue background. At the top left is the 'Cervical Screening' logo, and at the top right is the 'HSC Public Health Agency' logo. The dates '22 - 28 January 2024' are shown. The main title 'Cervical Cancer Prevention Week' is in large white letters. Below it, the text 'Attend for screening when invited, it could save your life.' is written in a smaller font. On the right side, there is an illustration of a woman with red hair, wearing a white top and green pants, holding her pregnant belly. A pink circle with a red uterus and cervix is overlaid on her belly.

February
2024

Tackling measles

A vaccination campaign aimed at curbing the growing threat of measles was rolled out. First and second doses of the Mumps, Measles and Rubella (MMR) vaccine were offered to anyone aged between 12 months and 25 years who missed getting the vaccines first time around. This came amid a significant increase in cases globally, with the PHA also raising awareness of signs and symptoms of measles to reduce the risk of spread in Northern Ireland.

The poster features the HSC Public Health Agency logo in the top right. The word 'Think' is in a small red box above the word 'MEASLES' in large, white, pixelated letters on a red background. Below this, it lists 'Measles symptoms include:' with six icons: a person with a thermometer (High fever), a person coughing (Runny nose), a person coughing (Cough), a person with a thermometer (Aching/feeling unwell), a person with a thermometer (Sore red eyes), and a person with a thermometer (Rash). A red banner at the bottom says 'For more information, see www.nidirect.gov.uk/mmr'. At the bottom left is the MMR logo (Measles Mumps Rubella) and at the bottom right is the text: 'For protection against measles, make sure you and your loved ones are up to date with MMR vaccinations.'

New video series launched by Public Health Dietitians

February saw the launch of the Public Health Dietitians Group (PHDG) video series giving expert guidance to expecting mums and those planning a pregnancy, on how to make healthier food choices, foods to avoid, vitamin supplements to consider and managing pregnancy symptoms.

The series also features guidance on how to eat well after having a baby and tips for breastfeeding.

The poster features a circular image of a healthy meal with salmon, broccoli, and vegetables. To the right is a silhouette of a pregnant woman. The text 'Eating Well during Pregnancy' is in large blue letters. At the bottom are logos for HSC Health and Social Care, Public Health Dietitians Group, and Public Health Agency.

March 2024	Walk and wheel The PHA supported the Sustrans Big Walk and Wheel by encouraging school pupils to get active on their school commute. Schools across the UK took part in the Big Walk and Wheel challenge, which helps support the work of the Active School Travel (AST) programme, funded by Public Health Agency (PHA) and Department for Infrastructure (DFI) to help more children get active on their journeys to and from school.	
	Mental health conference The Early Intervention and Prevention Conference was a major event aimed at discussing how tackling the underlying causes of poor mental health is key to achieving better outcomes for people living in Northern Ireland. Approximately one in five people in Northern Ireland have a potential mental health problem.	

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 Public Health Agency (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.

Our values

- we put individuals and communities at the heart of everything we do in improving their health and social wellbeing and reducing health inequalities;
- we act with openness and honesty and treat all with dignity, respect and compassion as we conduct our business;
- we work in partnership with individuals, communities and other public, private, community and voluntary organisations to improve the quality of life of those we serve;
- we listen to and involve individuals and communities;
- we value, develop and empower our staff and strive for excellence and innovation; and
- we are evidence-led and outcomes-focused.

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 report marks the 15th year of the Public Health Agency's work in protecting and improving the health of the people of Northern Ireland. It also marks the first since I took up post on 1 November 2023.

I want to acknowledge how impressed I have been since taking up my role in understanding the full range of responsibilities and initiatives that the PHA takes forward and the way it works in partnership with a significant range of stakeholders across our society.

Without the support of our partners the Agency would clearly not be able to achieve its goals. These partnerships will become even more important as we face current and future public health challenges including wider financial constraints. However, the Board remains committed to ensuring that the Agency will continue to meet the needs of the population of Northern Ireland.

However, the health and social care sector alone cannot tackle the root causes of poor health and wellbeing and inequalities in health. This will undoubtedly require even greater levels of stakeholder engagement and support. In this regard we look forward to a new Programme for Government and a refresh of 'Making Life Better' the extant cross departmental Public Health Strategy to help further evolve a much needed whole-system approach to improved public health.

At the PHA Board there have been a number of changes in membership over the year. Andrew Dougal OBE completed his time in office as PHA Chair in May and during the period that followed until my appointment, Professor Nichola Rooney and Mr Joseph Stewart OBE stood in as interim Chair(s). The Agency is indebted to their service during this time following a delay in the public appointment recruitment exercise.

Ms. Deepa Mann-Kler, completed two terms as a Non-Exec Board member in February 2024 and I want to record the Agency's thanks to her for the significant contribution she has made to the Board of the Agency including the work of the Governance and Audit Committee. We look forward to a replacement Non-Executive Board member being announced in the near future to ensure continuity in oversight, scrutiny and stewardship of the work of the PHA.

Ms. Heather Reid (Interim Director of Nursing and Allied Health Professionals) and Ms. Leah Scott (Director of Finance and Corporate Services) were appointed as Executive Directors to the Board. Leah's appointment in March 2024 signalled the establishment of a new Finance function within the PHA for the first time since the Agency's inception in 2009.

On behalf of the Board I want to formally acknowledge our appreciation of the financial management support provided previously by our colleagues within the SPPG (formerly

HSCB). In particular Mr. Paul Cummings and more recently Ms. Tracey McCaig have served as valued members of the PHA Board and we are indebted to them and their very able team for all the support provided.

This annual report provides an insight into a very small selection of achievements from the past year – ranging from notable developments in screening, through to important work to address social isolation and actively engaging with those who use our services through Personal and Public Involvement activity.

Over the next year we are committed to placing a greater emphasis on recording and reporting on the outcomes of our work in alignment with the new Programme for Government. Key to this will be the continued commitment and support of our staff as we move forward with our exciting transformation agenda. On the evidence of what I have learned and witnessed in my role to date I believe the Agency to be well positioned to continue to deliver for all the people of Northern Ireland.

Colin Coffey

Chair of the Board

Public Health Agency for Northern Ireland

Chief Executive's Foreword

Adapting to changing circumstances has been a constant theme throughout the life of the PHA. The drivers of such change have undoubtedly varied; economic recession, changing policy landscape, a new commissioning context, political instability and most notably for the PHA, a worldwide Pandemic to list a few. By contrast, a constant over this period has been a willingness as an Agency to respond effectively to such drivers and a capacity to take forward the learning arising.

In this regard, since emerging from the Covid-19 Pandemic the PHA has been clear about its own learning particularly in recognising a need to change and evolve as the lead Public Health body in Northern Ireland. Informed by a range of sources including notably a review carried out by Professor Ruth Hussey a previous Chief Medical Officer for Wales, a clear road map has been developed to transform the operating model of the PHA.

Consequently, in addition to undertaking the comprehensive range of public health activities described in part within this report, a key theme running throughout our work this year has been taking forward the transformation of the PHA under a 'Reshape and Refresh' organisational development programme.

I am pleased to report that significant progress has been made in re-designing a new operating model for the Agency in order to significantly improve the delivery of our statutory functions and I am confident that 2024/25 will see much progress in the transition across to the new operating arrangements.

A notable difference will be the creation of a new Data, Digital and Intelligence Directorate within our structure, thereby equipping the Agency with significantly enhanced public health analytical and intelligence capacity and capabilities - further underpinning our commitment to being evidence informed, data driven and outcome focused.

Major organisational change does however come with an inherent risk of increased staff anxiety and impacted morale. In turn, we have sought to ensure that staff have been fully engaged in and able to contribute effectively to a range of engagement platforms so that we can collectively focus our energy on making the right changes in the right way – I want to commend the positive and constructive approach that colleagues have continued to demonstrate as the Reshape and Refresh programme has developed.

A further indication of the professionalism of PHA staff colleagues has been the ability throughout this period of change for significant progress to be achieved against the key goals set out in the 2023/24 Annual Business Plan. By way of example, focused work has been taken forward in-year in tackling the downturn in childhood vaccination uptake rates; expanding the Early Intervention Family Support Service; finalising and taking forward implementation of a new Alcohol and Drug commissioning framework; developing a cardiovascular population health profile to inform future commissioning priorities; and activities to impact the threat of Anti-Microbial Resistance.

And looking forward to 2024/25 we will take the opportunity to develop a new Corporate Plan for the PHA. As our population continues to face significant public health challenges and in particular, an unfair and unacceptable range of health inequalities, we must ensure that the PHA is working to a clear set of priorities which when harnessed together with a new Operating model will provide a firm platform for influencing more positive health outcomes.

Finally, I would like to acknowledge the service of Andrew Dougal OBE, who completed his second term of office as Chair of the PHA Board in May 2023. Andrew has been a lifelong committed supporter of public health and brought an informed approach to his role as Chair. He successfully steered the Board through the challenging waters of the Pandemic, during which he worked with 3 different PHA Chief Executives. We thank Andrew for his counsel and support throughout his time with the PHA and wish him good health in his retirement.

Aidan Dawson HMFPH

Chief Executive

Public Health Agency for Northern Ireland

Performance Analysis

The PHA Annual Business Plan 2023/24 sets out the key actions for the year commencing 1 April 2023 and ending 31 March 2024 to meet ministerial priorities and deliver on outcomes set out in the extant PHA Corporate Plan.

In 2023/24 the Annual Business Plan is broken down into two parts. Part A is focused on a smaller number of high priority actions that sets out the key corporate issues that PHA needs to specifically make progress on over the coming 12-month period. Part B of the plan sets out the specific areas of work that PHA has taken forward during 2023/24 to progress a number of important Ministerial/DoH policy priorities as well as continue to progress the many strategic priorities that underpin the ongoing delivery of the PHA Corporate Plan.

The Annual Business Plan 2023/24 is broken down across five agreed key outcome themes:

1. All children and young people have the best start in life.
2. All older adults are enabled to live healthier and more fulfilling lives.
3. All individuals and communities are equipped and enabled to live long and healthy lives.
4. All health and wellbeing services should be safe and high quality.
5. Our organisation works effectively.

Progress is reported to the PHA Board through quarterly progress reports. Performance against these targets has been of a high standard. The figures in the following table set out the position achieved at 31 March 2024.

Green	On target	23
Amber	Slight delay	9
Red	Significant delay / will not be completed	5
TOTAL		37

The following pages highlight some of the key actions taken forward during 2023/24. They reflect work across all of the PHA Directorates and functional areas.

1: Health Protection

The PHA has a lead role in protecting the population from infection and environmental hazards through a range of core functions including surveillance and monitoring, operational support and advice, education, training and research. Below are some of the areas of work that have been taken forward during 2023/24.

Antimicrobial resistance

The PHA is the lead delivery organisation for 24 (30%) actions associated with the Northern Ireland [Changing the Culture 2019-2024: One Health](#) five year action plan to tackle antimicrobial resistance.

At the beginning of 2023/24, 23 (95%) of PHA-led actions were classified as amber or red. Processes were put in place to generate momentum around those actions that had not been progressed. Progress against these actions was significantly affected by the COVID-19 pandemic.

A multidisciplinary programme team of 18 staff from across all PHA directorates was formed, and led by a new antimicrobial resistance programme manager. The team focused on:

- creating a collaborative approach within the PHA team;
- updating Northern Ireland governance structures for antimicrobial resistance;
- leading input into the development of a new UK Antimicrobial Resistance National Action Plan 2024-29 (due for publication in April 2024);
- forming regional and national partnerships;
- using technology and automation to improve productivity.

By March 2024, 10 (42%) out of 24 PHA-led actions for the 2019-24 action plan were green. The PHA successfully established a new Human Health AMR Strategy Implementation Group (jointly Co-Chaired with the Strategic Planning and Performance Group [SPPG]), which will act as the main mechanism for actions to be delivered against the UK Antimicrobial Resistance National Action Plan 2024-29.

The PHA coordinated an annual campaign for World Antimicrobial Awareness Week (November 18-24) in collaboration with SPPG and Health and Social Care Trusts. The 'Keep Antibiotics Working' campaign was run in 500 community pharmacies for two months during October and November through the PHA 'Living Well' programme.

In September 2023, the PHA conducted the first survey of public awareness of antibiotic resistance and antibiotic use for respiratory tract infections using a nationally representative sample for Northern Ireland. The findings offer potential targets for future AMR public health campaigns. PHA also participated in a UK-wide public and health professionals survey being completed in March 2024.

Cervical cytology review

Following concerns about the performance of some cervical cytology screeners within its cytology laboratory, the Southern Health and Social Care Trust (SHSCT) commissioned an independent review through the Royal College of Pathologists (RCPath). Following receipt of the RCPath report, the SHSCT decided to undertake a precautionary review of people screened by the relevant screeners between 2008 and 2021. A project structure was established to provide both strategic and operational oversight of the review, which is jointly chaired by SHSCT and PHA.

Following a detailed process involving cross matching of data across a number of databases, a total of 17,543 participants were identified for inclusion in the review.

The review commenced in November 2023. The aim of the review was to reduce any potential risk to the people impacted by the review, either through:

- Slide review – this involves reviewing the original slide to ensure that the original cervical screening result, which was reported as negative, was correct; or
- Call forward - where a slide is unavailable or unsuitable for review, individuals are called forward to have an up to date smear. This provides an assessment of their current risk and allows further investigation and treatment if needed.

Where someone had a more recent smear through the Cervical Screening Programme, this was considered to negate the need for a slide review. As similar to the 'call forward' group, a new smear provides an assessment of their current risk of developing cervical cancer.

It is anticipated that all participants will have had a review of their slide or an updated smear undertaken by the end of the Summer 2024 after which a full report will be published.

Health Protection acute response review

The acute Health Protection (HP) response service provides specialist HP advice and support to all internal and external stakeholders throughout Northern Ireland. A review of the HP Acute Response service was established in September 2023. The aim of the review was to streamline the existing processes within the service to ensure it was working effectively and efficiently and appropriate oversight and governance arrangements were in place.

Phase 1 of the review concluded in January 2024 demonstrating progress against the project objectives and identifying areas for further development using quality improvement methodology. The work of the project has had a significant impact on the operations and structures of the team, resulting in improvements in the management of health protection risks.

From April 2023 to March 2024 the acute response activity in relations to notifications of Infectious Diseases (NOIDS), clinical enquiries and Incidents/outbreaks is broken down as below:

- There were approximately 6,000 suspected or confirmed NOIDS reported to the acute response team that required further public action to be taken in line with local and national guidelines.
- There have been approximately 5,000 enquiries received into the acute response team, each of these enquiries has been risk assessed and the appropriate specialist health protection/public health advice given. This includes advice relating to immunisation/vaccination, community Infection Prevention and Control, environmental hazards, emergency planning, healthcare associated infections and disease specific organisms.
- The team provided leadership, specialist health protection advice and support in approximately 900 outbreaks/incidents. Settings included independent nursing and residential facilities, hospital, childcare, workplace and other community settings.

Measles preparedness

In 2023/24 the team took a number of actions to ensure a state of preparedness to mitigate against the risk of imported measles cases leading to outbreaks and serious illness in Northern Ireland including:

- planning and delivery of the MMR catch-up campaign, which was rolled out in February 2024;
- PHA measles working group convened in November 2023 to focus on measles preparedness
- A regional HSC planning group was established in February 2024 chaired by the Director of Public Health. This group involves external partners and stakeholders from Trusts and SPPG.

Hepatitis C Elimination Action Plan

The Hepatitis C Elimination Action Plan outlines the strategy to eliminate Hepatitis C (HCV) as a public health threat in Northern Ireland by 2025. This aligns with the UK's commitment to achieve the World Health Organization's target of viral hepatitis elimination.

In April 2023, the first meeting of the Joint Hepatitis C Elimination Plan Implementation Group was convened and co-chaired by PHA and SPPG. This group has responsibility for implementation of the actions and associated interventions to deliver this ambitious goal. Actions are coordinated through a series of six workstreams, with an appointed chair who is accountable to the Implementation Group. The actions are assigned thematically to harm reduction, education and training, testing and diagnosis, treatment, surveillance and criminal justice.

Needle and syringe exchange is fundamental to harm reduction, offering a practical approach to preventing new acquisition re-infection of HCV. The service has been introduced across all low threshold services with plans to expand across regional inclusion health nursing teams and community addiction teams. The implementation of a digital surveillance system to monitor needle transactions across the region provides an invaluable dataset to evidence progress towards HCV elimination metrics.

Peer support runs as a common thread throughout all workstreams. The harm reduction workstream have a lead role in scoping the range of peer support services currently available and how they may be best utilised to enhance the outcomes across all workstreams.

The education and training workstream are developing materials to increase knowledge and reduce stigma initially among healthcare professional and those working with priority groups, with the intention of making these resources available through outline training platforms for these staff groups.

To tailor blood borne virus screening to regional need, the regional virology lab in collaboration with the PHA have conducted a survey to inform service development initiatives which would support accessibility to appropriate testing.

The implementation group successfully introduced the offer of HCV treatment following first PCR positive test result to accelerate access to treatment. The treatment workstream has offered training to addiction and prison services to support clinical assessment and initiation of HCV treatment. Outreach treatment is being expanded through addiction services across Northern Ireland.

The criminal justice workstream are focused on developing prison HCV treatment pathways to ensure those within the Northern Ireland Prison Service can access treatment while in custody and continue treatment on discharge into the community. The complexities of the criminal justice and healthcare interface requires multi-agency engagement and ongoing evaluation of communication pathways to develop and maintain a successful process.

There has been extensive engagement from all stakeholders across the six workstreams to deliver against this action plan and this work will continue into next year.

Health Protection surveillance

Ongoing review and development across all areas of health protection surveillance ensures robust and effective infectious disease epidemiology and surveillance using a data science-oriented approach.

Modernisation of data processing has improved efficiency and has led to health protection surveillance providing much more frequent, detailed and insightful intelligence to guide risk assessment and public health and policy decisions.

Greater use of the Northern Ireland Health Analytics Platform this year incorporated all respiratory testing from across all Northern Ireland laboratories with improved hospital surveillance. This allows for enhanced inpatient and occupancy data to be presented for the first time for Northern Ireland.

The adoption of the General Practitioner Intelligence Platform (GPIP), which brings together data from a range of GP clinical systems into a single data storage solution, affords greater standardisation, automation and control over the data analytics for primary care syndromic surveillance (representing ~95% of the population registered to GPs).

The health protection surveillance team supports integration of new data systems, including a new Lab Information System (LIMS) and the Epic/Encompass system, in addition to a transition from UK-wide to Northern Ireland LFD portal for COVID-19 surveillance.

The team have implemented new processes for rapid detection of threats to public health, within and outside Northern Ireland. This includes development of a dashboard for detection of statistical increases in pathogens monitored through routine surveillance in Northern Ireland and close working with colleagues in the other UK nations and the Republic of Ireland to share awareness of threats outside Northern Ireland.

This process was used most recently to identify a rise in measles cases in England, resulting in a review and modernisation of surveillance arrangements for monitoring measles-mumps-rubella (MMR) vaccine uptake and cases of measles in Northern Ireland. The new arrangements allow for timely production of accurate information to inform public health decision making in preparation for and in the event of, a widespread outbreak of measles in Northern Ireland. This work also included an assessment of the current risk posed by measles infection to the population of Northern Ireland which has been integral to ongoing preparation and planning.

Vaccination Programmes in Northern Ireland

Trends in vaccination uptake for programmes

Childhood vaccine uptake has been declining by a small but persistent rate since 2017. While the Northern Ireland uptake rates remain higher than the UK-average, for many programmes the uptake is lower than in Scotland and Wales.

Work is underway to understand declining uptake in Northern Ireland. Some reasons include the impact of the COVID-19 pandemic on public perception of vaccination programmes, potential barriers to accessing services providing vaccinations and human behaviours, including vaccine hesitancy.

The table below outlines preschool vaccine uptake measured at 12 months, 24 months and 5 years of age, across four quarters in 2023.

	Q3 Oct-Dec 22 (%)	Q3 Oct-Dec 23 (%)	% difference since Q3 22
12 months			
DTaP/IPV/Hib/HepB	92.5	92.0	-0.5
PCV	94.6	94.6	0.0
Rotavirus	88.8	89.4	+0.6
MenB	92.8	91.9	-0.9
24 months			
DTaP/IPV/Hib/HepB	94.4	93.7	-0.7
MMR1	89.5	89.5	0.0
PCV booster	90.2	89.7	-0.5
Hib/Men C	89.8	89.7	-0.1
Men B	89.0	88.7	-0.3
5 years			
DTaP/IPV/Hib/HepB	94.0	94.7	+0.7
DTaP/IPV/Hib/HepB (booster)	87.9	86.7	-1.2
MMR1	93.9	93.6	-0.3
MMR2	87.5	86.4	-1.1
Hib/Men C booster	93.3	93.0	-0.3

Delayed or missing data submissions to the Northern Ireland Child Health System, which is still paper-based, may also have an impact on reported uptake rates. As HSC develops digital health records, the aim is that children's vaccination records will be updated in a timelier manner and also become available to parents through their child's e-health record.

This decline is observed across all vaccination programmes including pregnancy and adult programmes. For example, completion of the full course of HPV vaccination (used to protect against HPV and HPV-related cancers) in Northern Ireland is 68.1% for boys and girls combined, compared with 91.3% uptake in 2013/14 (girls-only, three dose programme).

Vaccinations in pregnancy have also seen a decline in uptake. Vaccination against pertussis (also known as whooping cough) uptake in 2023/24 was 62.2% compared with 69.9% in 2017/18. This is also reflected in the seasonal influenza programme where uptake between 2022/23 and 2023/24 decreased by 4.9% (from 29.8% to 24.9%).

To mitigate risk and increase awareness to improve uptake, this year the immunisation and vaccination team have:

- supported bespoke clinics in areas of low uptake, and supported promotional work for minority groups;
- promoted vaccinations at the 2023 Balmoral show for the whole life course;
- developed [communication resources](#) for stakeholders;
- supported the Living Well campaign through 450 local pharmacies promoting childhood vaccination;
- rolled out the “red book campaign” during World Immunisation Week (April 24-30 2023) with a focus and promotion on preschool vaccinations;
- re-introduced incomplete vaccination status training for healthcare professionals;
- delivered training to GPs, practice managers, health visitors and public health staff nurses to raise their awareness on the Child Health System and promotion of vaccination.

Increase in measles and the MMR catch-up campaign

Measles is a very serious and highly contagious illness which can lead to long term disability or death in severe cases, yet it is preventable by measles, mumps and rubella (MMR) vaccination. There has been a decline in uptake of all childhood vaccines across Northern Ireland since 2017/18.

The World Health Organization (WHO) advises an uptake of 95% (for two doses) of the MMR vaccine is required to prevent measles outbreaks. Current uptake in Northern Ireland for the first dose (measured at 12 months) is 89.45% (October – December 2023).

Since October 2023, the number of cases of measles has been increasing across the UK. Since this date, there have been 730 laboratory confirmed cases of measles in England, with the majority (63%) occurring in children under 10. In Northern Ireland, there have been two laboratory confirmed measles cases during 2024.

In response to increased measles across the UK and Europe, the WHO advised countries to actively plan to catch up vaccinations for individuals who missed MMR vaccination in an effort to prevent large scale outbreaks. The PHA therefore implemented an MMR catch-up campaign during February and March 2024. This involved an active call to all individuals between the age of one and 25 who had an incomplete MMR vaccination status. Those under the age of five years old were followed up and vaccinated by GP practices, and those aged 6-25 years were issued a letter to attend a local HSC Trust clinic, as advised on NIDirect (www.nidirect.gov.uk/articles/northern-ireland-mmr-catch-campaign).

This was supported by a communications plan which involved radio and outdoor digital advertising, promotion through education and the community/voluntary sector and dissemination of information via webinars and print media.

HSC Trusts were asked to support the offer of vaccination in communities where uptake was known to be lower. Examples included bespoke clinics for specific ethnic-minority and religious communities, the follow up of looked-after children and specific targeted outreach

to schools with the lower uptake. The PHA also developed promotional resources in alternative formats (for example videos in alternative languages, and videos targeted towards those with lower levels of literacy).

The impact of the campaign will be fully evaluated in May 2024 once vaccination records have been completed.

Introduction of Shingrix for all

Following a recommendation from the Joint Committee of Vaccination and Immunisation (JCVI) that the Shingrix vaccine should be extended to a wider cohort of people, the 'Shingrix for all' programme was introduced in Northern Ireland on September 1 2023.

JCVI advised that the programme should be implemented in stages, starting with vaccination at ages 65 and 70 years. This method was used to facilitate catch up as quickly as possible while also being mindful of service capacity and vaccine availability. Experience across the UK has shown that a routine vaccination programme is more effective at reaching all the targeted age cohorts.

In Northern Ireland, GPs are responsible for administering Shingrix to those aged 65 and 70 on 1 September 2023. Those who are aged 50 or over on 1 September 2023 and are immunosuppressed are also eligible to come forward, as they would not have been eligible under the previous shingles programme.

A number of key milestones were reached in the rollout of the programme and were coordinated by the immunisation team. These included the migration of Shingrix into the Vaccine Management System (VMS) to allow recording and uptake monitoring, the development of professional training materials, the development of patient information resources and leaflets, and the oversight of the storage and distribution of Shingrix vaccine stock within the HSC provider network.

To date, a total of 26,980 Shingrix vaccines have been administered to eligible cohorts, 22,078 of which have been first doses. Within the age cohorts, 34.9% of those aged 65 and 35.8% aged 75 received a Shingrix vaccine during the current campaign. 6,043 dose 1 and 3,053 dose 2 vaccines have been administered to those who were immunosuppressed. For those aged 71-79, 2,619 dose 1 Shingrix vaccines were administered.

The next cohort will become eligible on 1 September 2024, whereby those aged 65 and 70 on this date will be called to receive vaccination against shingles. This method of calling individuals as they turn 65 and 70 will continue until everyone in this catch up cohort has been offered vaccination. The vaccine offer will then be extended to those turning 60, as well as those turning 65. Once catch up is completed, the shingles vaccination will become a routine offer to those turning 60.

2: Improving Health and Social Wellbeing and Addressing Health Inequalities

The PHA has taken forward a number of new areas of work during 2023/24 that have sought to improve health and wellbeing outcomes for individuals and communities, targeting those specific sections of our population experiencing the highest levels of inequality. Set out below are some examples.

Making Life Better

In February 2024 Making Life Better (MLB) held a webinar conference (the first since the pandemic) with well over 100 attendees. It was well received and there has been a marked increase in membership since then. Newsletters are going out to highlight and share good work from within the network itself.

Cancer prevention

In 2022 the Department of Health published [*A Cancer Strategy for Northern Ireland 2022-2032*](#). The strategy aims to reduce the number of people diagnosed with preventable cancers and to improve survival rates and the experience of people diagnosed with cancer.

The PHA is working to increase public awareness of cancer-related risk factors. This work includes:

- A Living Well Campaign focused on 'know your units', which highlights the UK CMOs' Low Risk Drinking Guidelines across 500 community pharmacies in Northern Ireland.
- An ongoing programme of communications activity to highlight the harm caused by smoking and the support available to help smokers quit.
- The Skin Cancer Prevention Group is co-chaired by the PHA and Cancer Focus Northern Ireland.

Cervical screening

The Northern Ireland Cervical Screening Programme introduced primary Human Papilloma Virus (HPV) testing from 11 December 2023. Previously all cervical smears underwent something called cytology testing, which meant that the sample was placed on a slide and the cells looked at under a microscope.

The introduction of primary HPV testing means that cervical samples are now tested for high-risk types of HPV in the first instance, with only those testing positive for HPV going on to have a cytology test. Doing the HPV test first is a more effective way of detecting early cell changes that could lead to cancer. The introduction of primary HPV, combined with the ongoing success of the HPV vaccination programme, is a significant step in terms

of supporting improved cancer prevention and moving towards eliminating cervical cancer in our population.

Cardiovascular disease prevention

For the cardiovascular disease prevention (CVD) project, initial objectives, scope, and stakeholder engagement were established, followed by a comprehensive review of existing models and data collection to inform model design. The project features the creation of an individual-based microsimulation model integrating Markov processes to simulate CVD progression and intervention outcomes across defined health states.

The next phase of the project advances the population health model by developing scenarios of CVD interventions and policy changes, analysing their impacts through simulations, and creating an intuitive software tool for scenario selection and outcome visualisation.

Falls

Falls are a significant and growing public health issue in an ageing population, accounting for 71% of all fatal accidents to those aged 65 and over and costing the NHS over £2bn a year and over four million bed days. A third of people over 65, and half of people over 80, fall at least once a year.

The PHA commission a wide range of services via HSC Trusts and community and voluntary groups and other statutory partners that impact directly on the prevention of falls.

Some initiatives include strength and balance classes, falls awareness presentations, a home accident prevention service, physical activity referral schemes, a whole system approach to obesity and a range of social isolation and loneliness services.

The PHA chairs a regional inpatient falls prevention group, which incorporates staff from all HSC Trusts and was formed to set direction on falls prevention for adult inpatient wards. They provide advice, support and share regional learning as well as lead on the development of regional tools / pathways when appropriate, regarding falls prevention.

In 2023 the Group developed a new regional *Falls Prevention in Hospital; Information for Patients and Visitors leaflet*. The purpose of this leaflet is to inform patients and their visitors of the steps they can take to reduce the incidence of falls.

The codesigned [Regional falls in care homes pathway](#) was published in August 2023 [Regional Falls in Care Homes Pathway and Bundle | Department of Health \(health-ni.gov.uk\)](#). This work was led by the PHA and the Frailty network.

This award-winning project (HSCQI Care Home winner 2022 and AHA Awards 2023) demonstrated outcomes across the quintuple aim and was referenced in the Departments Winter Pressures Action Plan.

Outcomes achieved include:

- 33% reduction in resident falls;
- 75% residents reported no fear of falling, 91% have less fear and 82% felt they knew how to move safely;
- 82% staff confidence in reducing risk of fall and managing a fall;
- NIAS call outs reduced by 37%;
- Medicine Falls Risk Score reduced for 65% residents after medicine review.

Mental Health Strategy Early Intervention and Prevention Action Plan

During 2023/24 the PHA has continued to implement the Mental Health Strategy Early Intervention and Prevention Action Plan.

The Steering Group, which consists of 26 partners, met on a quarterly basis to agree key actions. In addition to the Steering Group, four subgroups have also met quarterly to drive forward specific priorities in the following areas:

- a cross-sectoral approach to increasing public awareness on mental health and to reducing stigma;
- the inclusion of appropriate data and outcomes for prevention in all actions in the Mental Health Strategy, and to establish tools and data sources for outcome measurement;
- to develop a virtual community of practice that connects professionals to share knowledge and provide peer support, focusing on primary and secondary prevention. The Public Mental Health Learning Network was launched at a major conference in March 2024 which was attended by over 200 people.

In addition, the £1m allocated to support the delivery of the Action Plan in 2023/24 has enabled a programme of new work, including:

- additional families supported through the Early Intervention Support Service (EISS). Between October – December 2023, this funding supported 268 referrals with 152 successfully completing the intervention and achieving positive outcomes in relation to emotional wellbeing, family relationships, parenting skills and/or parental involvement in child's learning and employment;
- encouraging over 70 children and young people with the most complex special educational needs and disabilities, many of whom who are non-verbal, to them to express themselves and creating a space to hear their voices through the provision of 20 weekly individual and group sessions of music, art and play therapy;
- support for RISE teams to complete training to better support children and young people's emotional health and wellbeing needs, including Lego therapy, and sleep awareness;

- online courses for parents with over 2,000 people having registered for the following programmes:
 - Understanding your baby
 - Understanding your child from toddler to teenager
 - Understanding your teenager's brain
 - Understanding pregnancy and labour
- Facilitating a small grants programme in partnership with the Department for the Economy, to identify opportunities to support the mental health and wellbeing of students and trainees who are participating in education and training. Through this process two universities, four further education colleges and 11 training providers have been supported.

The work highlighted above has been in support of the action in the plan to create supportive environments where people engage in daily activities through a settings approach.

Smoking/vaping

Smoking is the single most entirely preventable cause of ill-health, disability, and death in the UK. It is responsible for around 2,200 deaths per year in Northern Ireland. No other consumer product kills up to two-thirds of its users.

In Northern Ireland, around 14% of the population are current smokers, smoking is recognised as a major driver of health inequalities, prevalence remains higher among socially disadvantaged groups.

While smoking levels are falling, vaping among adults and young people is rising. Although vaping is less harmful than smoking, we don't yet fully understand the long-term effects vaping has on our health. Evidence shows that e-cigarettes or vapes are not harm-free.

The UK government published a UK-wide consultation on 12 October 2023 entitled *Creating a smoke free generation and tackling youth vaping: your views* and received nearly 28,000 responses, including 1,221 from Northern Ireland. The local response was strong in support of proposals to increase the age at which cigarettes can be legally sold and to place restrictions on disposable and flavoured vapes, which are particularly attractive to young people.



With the rise in the popularity of vaping among children and young people the PHA tobacco team has worked with a number of key partners to produce up to date resources, to raise awareness and to support discussion with young people on vaping.

Substance Use Strategic Commissioning and Implementation Plan

In 2023/24 the PHA, in partnership with the SPPG, led the development of the Substance Use Strategic Commissioning and Implementation Plan (the Plan) to support the delivery of the vision as outlined in the Department of Health's substance use strategy [Making Life Better, Preventing Harm, Empowering Recovery](#).

The process of developing the Plan involved over 150 representatives from HSC Trusts, community and voluntary services, people with lived and living experience and their families, other agencies such as the PSNI and those with a focus on housing, education and justice.

The partnership approach is reflective of current commissioning arrangements for substance use/addiction services in which PHA commissions Tiers 1 and 2 prevention, early intervention and harm reduction services and SPPG Tiers 3 and 4 community treatment, hospital in-patient and residential rehabilitation services.

The PHA led a public consultation seeking views on the Plan which ran for 12 weeks between 1 September and 24 November 2023 on the Citizen Space platform. A total of 38 responses were received with the majority strongly in favour of the strategic priorities and proposed commissioning actions identified, with a significant majority of respondents either agreeing or strongly agreeing with the priorities identified and actions that have been prioritised.

The Plan has received endorsement from the Substance Use Strategy Programme Board and is currently moving through the final approval processes within the PHA/SPPG.

In anticipation of the Plan being finalised, the PHA have been progressing the pre-procurement work for phase 1 of a regional substance use procurement plan, which has been agreed via the PHA Procurement Board. This work is on track to have two service areas (Adult Step 2 and Workforce Development) commissioned and starting in April 2025.

Obesity prevention

In Northern Ireland one in four children are overweight or living with obesity and almost two in three adults (65%) are either overweight (38%) or living with obesity (27%).

The Public Health Agency (PHA) leads on the non-departmental actions of the *Fitter Future for All* 10-year Obesity Prevention Framework 2012-2022.

The PHA invests in a number of obesity prevention programmes and works with a range of partners to promote activities that will encourage healthy lifestyles that contribute to obesity prevention.

In 2023/24 the PHA have led the development and implementation of a whole-system approach to obesity, embedding it within community planning structures in line with evidence and Public Health England methodology. This methodology includes a flexible six phased approach. To date six Councils have signed up to participate, with others now interested in taking part.

The PHA supports a number of initiatives to help fight levels of overweight and obesity, including breastfeeding, nutrition and physical activity programmes, including:

- Food in Schools
- Early Years Obesity Prevention Programme
- Weigh to a Healthy Pregnancy
- Couch to 5k programmes
- Walking for Health programme
- Daily Mile supported in primary schools
- Active School Travel
- Active Travel in workplaces

The PHA also produces a variety of resources, including leaflets and posters which can be downloaded from the PHA website or sourced locally from the HSC Trust libraries.

Health inequalities

Strengthening Communities for Health is a PHA-led partnership to enhance community-centred and community development approaches to reducing health inequalities.

A capacity building training programme, ELEVATE, has continued to be delivered alongside a grass roots community mentoring and grants programme. Over 10 training sessions have been delivered this year to date and over 20 community-based projects have been taken forward.

This programme has continued to be successful in increasing capacity of community and voluntary organisations to effectively identify and act to tackle health inequalities. Steps have been taken this year to plan for the procurement of the programme and considerable engagement has taken place this year with the community, voluntary and statutory sectors to shape future capacity building work.

A pilot Community Development Practitioners' Forum was completed and evaluated in partnership with Project Echo. The Forum provided support for Community Development Practitioners' through training and sharing of good community development practice to reduce health inequalities. The Forum evaluated highly and as a result plans are in place

to continue and build upon the Forum in 2024/25.

An exercise to map investment being made in communities which supports capacity building to improve health and wellbeing and reduce health inequalities has also been completed.

This information will support future considerations on how we collectively and sustainably invest in communities to improve health outcomes and reduce health inequalities. It has led to the development of a digital decision support tool which will be used to maximise the impact of investment and better inform decision making processes.

3: Shaping Future Health

During 2023/24 the PHA has taken forward a number of specific programmes of work that are shaping how future services are commissioned and delivered to ensure they are achieving the best outcomes for individuals and the wider population.

Early Intervention and Prevention

The Mental Health Strategy recognises the need to move to a model of prevention and earlier intervention to support mental and emotional wellbeing. This is noted as one of five key priorities for the overall Strategy.

A key work area for 2024/25 is the delivery of a programme of learning opportunities under the Public Mental Health Learning Network, launched at the inaugural Early Intervention and Prevention Conference in March 2024. The Learning Network, facilitated by Project ECHO, will focus on primary and secondary prevention and will increase knowledge across sectors, share good practice and promote collaboration. It will be a virtual community of practice that connects individuals with a shared interest in public mental health.

Early Intervention Support Service (EISS)

The Early Intervention Support Service (EISS) contributes to the PHA Corporate Plan objective of 'giving every child the best start in life'.

It is an evidence-led, purposely designed programme aimed at creating a regional integrated pathway for early intervention focused family support and to improve outcomes for families with emerging vulnerabilities.

The EISS provides personalised, evidence-based, short-term support for families with children and young people aged 0 – 18 years who have additional needs or are facing challenges. Delivered by our community and voluntary sector partners, the EISS operates across specific geographic wards within each Health and Social Care Trust, in areas of highest deprivation.

Between April and December 2023, the EISS received 621 referrals with 339 families successfully completing the intervention and achieving positive outcomes in relation to emotional wellbeing, family relationships, parenting skills and parental involvement in child's learning and employment.

The EISS is currently in the early stages of a short-term pilot focusing on the potential role this early intervention family support model can play with regards to substance use. This pilot will support a further 128 families by the end of March 2025.

Health intelligence

The Health Intelligence Unit provides population health and health behaviours research and analytics within the PHA. The evidence it produces is essential to the PHA's decision-making and informs policy development.

Examples of studies undertaken by the Health Intelligence Unit in 2023/24 include:

- evaluation of the outcomes for service users of the PHA-commissioned Lifeline mental health support service. Benefits of counselling were reported by more than 70% of service users and there were no statistically significant differences between counselling sessions delivered face-to-face compared to remotely (by telephone or video);
- evaluation of a mass media public information campaign promoting Lifeline for those experiencing psychological distress. 82% had seen at least one aspect of the campaign and 90% took some action as a result of seeing the campaign;
- analysis of the support needs among family members affected by substance use in Northern Ireland, involving interviews with 32 family members and 59 staff in services currently providing support;
- assessment of smoking/vaping prevalence in young people in Northern Ireland and the drivers of these behaviours. This substantial mixed methodology study had three components: an online survey of young people aged 11-18, focus groups with young people, and interviews with teaching staff. The findings will inform intervention development and provide a baseline for future intervention evaluations.

The unit provided significant research and analytical input into:

- Department of Health Breastfeeding Strategy 2013-23 review, the UK-wide Delphi study on infant feeding and the World Breastfeeding Trends initiative (WBTi).
- Department of Health review of maternity and neonatal safety and the European perinatal information system.
- The PHA's response to the Smokefree Generation and Youth Vaping Consultation.
- Development of the Substance Use Strategy Commissioning Framework and Implementation Plan.
- Population health modelling work led by the PHA Chief Digital and Data Advisor.

HSC Research & Development Division

During 2023/24, HSC Research & Development (R&D) Division has embarked on a review of the current 10-year R&D Strategy – Research for Better Health & Social Care. The review document, which will contain a number of case studies, will be released to coincide

with workshops later in 2024, at which stakeholders will be invited to input to a new R&D Strategy for launch in 2025.

Equity, diversity and inclusivity has always been an important issue for research, but has become more of a focus since the COVID-19 pandemic. Building on some of the successful recruitment in Northern Ireland to the PANORAMIC clinical trial, HSC R&D Division has signed up to a partnership and manifesto with the Oxford Centre for Research Equity.

Key successes during 2023/24 include a new central R&D governance approvals team appointed to expedite rapid start-up of research studies across the HSC Trusts and completion of eleven cross-border Healthcare Intervention Trials (INTERREG VA Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN) Programme; €10.5m award).

These studies overcame significant delay and adversity and used innovative approaches to achieve full completion. The programme culminated in a celebration event in June 2023.

The annual NIHR contribution, in place since 2012, unlocked funding programmes up to an annual value of approximately £100m for studies led by Northern Ireland researchers. During 2023-24, discussions with NIHR resulted in an expansion of the funding programmes open to Northern Ireland, Scotland and Wales. There is no limit to the funding that can be secured for Northern Ireland, but there is a positive track record of return on investment.

Health and Social Care Quality Improvement (HSCQI)

During 2023/24, the HSCQI network continued to deliver on its workplan as mandated by the HSCQI Leadership Alliance and aligned to the HSCQI Strategy *Moving Forward, Shaping the Journey 2022-2024*.

HSCQI continued to grow the HSC Learning System. This included:

- **the continuation of the Timely Access to Safe Care (TASC) programme;**

The TASC scale and spread programme continued in 2023/24 building upon a successful initial year, with 21 QI projects from across the HSC system focusing on three workstreams: children's social care – unallocated cases, mental health – adult psychological therapies and outpatients/AHP services.

- **the commencement of the Delivering Value scale and spread programme;**

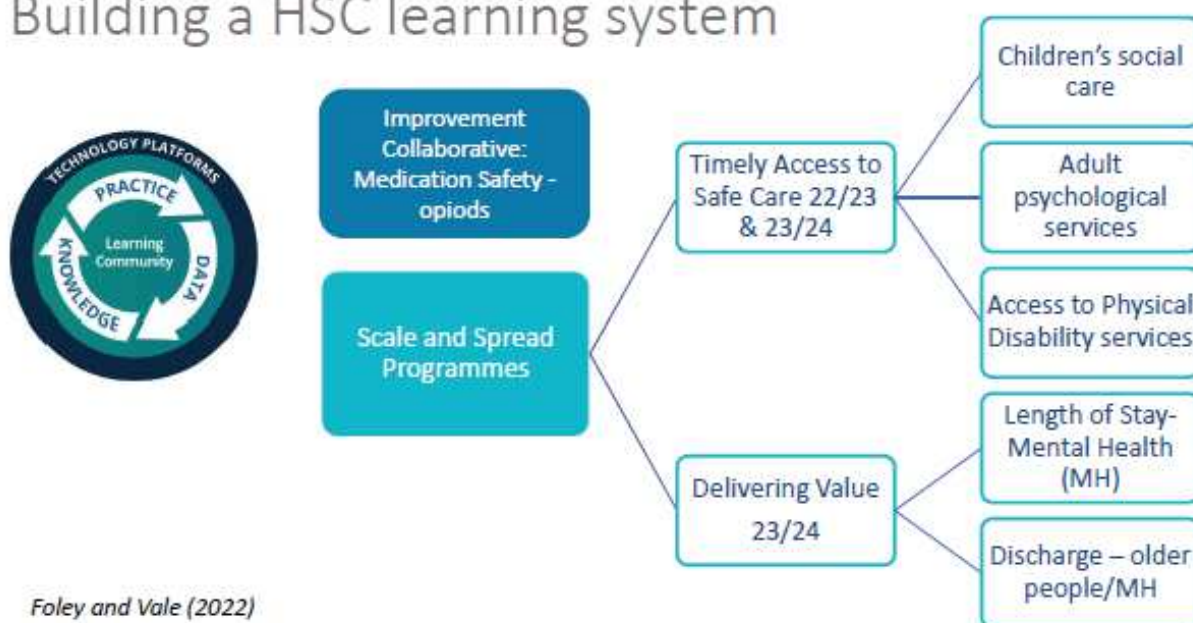
The Delivering Value scale and spread programme has focused on two priority areas: length of stay in mental health settings and improving discharge for older people. The programme, with teams from across HSC, aims to improve care

pathways and deliver value for patients, service users and carers associated with these two priorities.

- **the commencement of the Medication Safety Collaborative's Opioid Improvement Programme.**

During 2023/24 the HSCQI Medication Safety Collaborative Programme supported nine project teams from Primary and Secondary Care to focus improvements on opioid prescribing for the management of non-malignant pain.

Building a HSC learning system



During 2023/24 the HSCQI Hub hosted several learning sessions. These attracted over 370 participants exploring many different aspects of QI including a one-day workshop delivered by Professor Brian Dolan, examining his TODAY model for change, and Dr Marie Ward who delivered a virtual session on Human Factors.

In partnership with NHS Education for Scotland, HSCQI also completed the delivery of a third regional ScIL programme, celebrating their graduation in June 2023. A fourth regional ScIL programme commenced in March 2024, delivered largely by local faculty. The completion of these programmes brings HSCQI closer to establishing an independent Northern Ireland ScIL Faculty for the future.

Personal and Public Involvement

Ensuring the voice of the service user and carer is heard, understood and integrated into the culture and practice of the PHA and wider HSC system is essential if we are to ensure that what we are commissioning and delivering, is truly person-centred health and social

care services. There are two key ways in which this is achieved, one is through Patient and Client Experience (PCE) and the other is through the connected area of Personal and Public Involvement (PPI).

Patient Client Experience:

- Continued to lead on the implementation of the Online User Feedback Survey, Care Opinion, across the whole of the HSC. There are currently over 19,000 stories collated through the service and over 280 changes recorded on the website as informed by the individual stories.
- Development of processes to share collated analysis of stories in the form of briefing papers - this includes primary care, midwifery, district nursing.
- Following extension engagement across the key stakeholders for care homes and working alongside residents and families, a standardised care home survey is in final design phase. The vision is to develop a mechanism whereby residents can share their experiences in their own words and all key stakeholders can engage with stories for learning.
- Support the multidisciplinary teams in primary care to collect and learn from experience of service users, families and carers through 10,000 MORE Voices initiative – With over 800 stories collected within eight weeks analysis will seek to inform the evaluation of the programme of care and also identify actions in response to the stories shared. This is the first regional standardised survey with primary care.

Personal and Public Involvement:

- Providing professional Involvement leadership, advice and guidance to over 30 strategic, high profile or cross-organisational initiatives in the HSC;
- Raising awareness, understanding and building skills, knowledge and expertise in involvement, co-production and partnership working with HSC staff, service users and carers. This included a webinar series with more than 650 people participating. Other bespoke and targeted training programmes commissioned and or delivered via the PHA, including the Leaders in Partnership Programme, now in its 10th cohort, resulted in some 350 participants having availed of more intensive, bespoke and targeted training initiatives;
- Designing and introducing a centralised, robust and consistent involvement monitoring system, to enable the HSC to identify what was happening across the system and the impact/difference that involvement was having. Deliberations are underway to co-produce a consistent Involvement Monitoring Assurance process (Involvement Human Library) that will be operational in June 2024 across the six HSC Trusts. This process will be implemented under a pilot model initially with a review process built in to allow the assurance process to be further streamline in 2024/25.

- Leading HSC-wide work to support the active participation of service users and carers, including progressing the Shared Decision Making Programme of work. The PHA has also seen the development of a PHA Service User and Carer Reference Group and well as advancing the concept of remuneration for service users and carers through partnership working with Patient and Client Council and DoH.

The PHA continues to lead and support cultural and practical change within the HSC, to one where 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 is the norm.

4: Our Organisation Works Effectively

Reshape and Refresh Programme

The Reshape and Refresh Programme will reshape the PHA to ensure it is well placed to deliver its functions and to deal with ongoing and future public health needs of the population.

During 2023/24 the Programme oversaw the design and development of a Target Operating Model for the PHA, which will be implemented during 2024/25.

The design phase, which included engagement with staff and stakeholders, included a variety of activities to support progress:

- Introduction of a revised structure with four new Directorates - the new structure, when implemented will facilitate a balance of work responsibilities across the organisation.
- introduction of public health skills framework which will provide a platform to support skill development and consistency across the PHA;
- focus on evidence, driven by data and Intelligence through the commitment to establish a Population, Data and Intelligence Directorate and develop a strategy to support our work in this area;
- improving performance measurement through the introduction of strategic planning teams as a driver to reduce silos and improve cross organisational planning and delivery of outcomes;
- improving processes and functions of the PHA through the establishment of function-led teams to deliver our core public health functions;
- consolidated an internal communication and engagement plan through the introduction of weekly staff news, face-to-face engagement sessions and a virtual engagement platform;
- improving culture and engagement by working closely with the Organisational Development & Engagement Forum, a key driver for drive cultural activities and improve staff experience.

Human Resources

During 2023/24 the PHA continued to have Human Resources (HR) input through a Service Level Agreement with the Business Services Organisation. With a nominated senior HR Business Partner, there has been focus on a number of key areas.

Organisational development continued with a number of key developments to support staff including:

- Appraisal – with refreshed guidance, documentation and training, the target for 95% of all staff to have an appraisal completed in year was achieved.
- Internal Talent Mobility – a new process established in year has facilitated the movement of staff through the organisation as opportunities present themselves, creating internal learning opportunities as the PHA prepares for a period of significant organisational change.

Staffing/Recruitment controls have been further enhanced in year with three specific examples being:

- Temporary staffing - a complete review of all temporary posts was undertaken with a new process to actively manage these established. This has realised a 28% reduction in temporary staffing such since March 2023.
- Scrutiny process – with the impending organisational change process, scrutiny controls and process have been enhanced with decision principles agreed and implemented.
- Workforce Information - Monthly reports to the Agency Management Team and Directors has ensured a flow of information which has allowed senior leaders to have a regular overview of key staffing priorities.

Employee relations have continued to be managed on a range of fronts including:

- Absence management – active management and support for staff on sick leave has realised an overall reduction of 0.66% by end of February 2024 compared to the position in April 2023.
- Management of change – as preparations continued for the main organisational change, support has been provided for smaller, Directorate level change programmes, which allow the PHA to prepare for seamless transition.

Organisational Development Engagement Forum

The Organisational Development Engagement Forum (ODEF) was established in 2023/24. The ODEF links directly with the Reshape and Refresh programme and facilitates feedback for the three associated workstreams:

- culture;
- staff experience;
- workforce development.

Engaging with over 50 staff members, the ODEF main forum and workstreams have delivered or helped the development and implementation of:

- a stocktake of staff feedback – ‘you said we did’;
- local induction pack;
- exit survey;

- Work Well Live Well survey;
- talent mobility process;
- benefits brochure for all staff;
- assistance to study policy;
- Learn HSCNI.

The ODEF group have also contributed to the development of the following key approaches:

- Communication - a complete review of the communication channels across the organisation was undertaken. This resulted in the development of 'Staff News' which is issued weekly as a digital tool and key source of staff communication.
- Our People Plan – drafted in partnership with the ODEF Group, this sets out the organisation's key people goals, targets and a workplan to achieve such. Following a 6-week organisational consultation in December 2023, a final draft document has been prepared for presentation to the PHA leadership team in April 2024 to seek approval for launch.
- Skills Development Framework - during the first half of 2023/24 a proposal for development of a skills framework for PHA was put forward to support the creation of a learning culture, with clarity of skill requirements and career pathways for all. With a range of staff engagement sessions, a final draft document has been prepared for presentation to the PHA leadership team in April 2024 to seek approval for launch.

Information Governance

During 2023/24 the information governance team has continued to manage responses to Freedom of Information and Subject Access Requests. As and when new projects are undertaken involving the processing of personal information, the IG team is involved to provide advice in relation to Data Protection and the UK GDPR.

This year there has been a considerable increase in requests for IG advice in relation to PHA projects. During the year IG policies have been reviewed and updated and an IG Audit took place which provided a satisfactory assurance.

The PHA participates in regional Information Governance Groups and any relevant subgroups to consider HSC-wide IG matters. The PHA's Information Governance Steering Group, which provides IG updates to AMT and the Governance and Audit Committee, met four times.

Work continues in the areas of business continuity with a renewed focus on ensuring business continuity plans are updated to reflect learning from the pandemic and new hybrid working arrangements. Risk management processes have been revised to adopt the three lines model of assurance which ensure that controls identified to manage risks are actually operational and effective in managing risk.

Equality and Diversity

PHA continues to work to ensure that the Equality and Diversity agenda is promoted throughout the organization. During the year the PHA has also drawn up a new five-year Equality and Disability Action Plan (2023-28).

Public Inquiries

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

During 2023/24, the PHA has prepared witness testimony and disclosed a broad range of documentation and records at the request of the Infected Blood Inquiry, the Muckamore Abbey Hospital Inquiry and the Urology Services Inquiry.

The Chief Executive has also been called to provide oral evidence in respect of both the Muckamore Abbey Hospital Inquiry (April and May 23) and the Urology Services Inquiry (February 24).

During the year, significant work has taken place in respect of the UK Covid-19 Inquiry, which commenced in June 2022. Finalised witness statements and associated disclosure has successfully been submitted in respect of both Module 1 (Resilience and preparedness) and Module 2C (Core UK decision-making and political governance – Northern Ireland) of the inquiry.

The PHA's work on Module 1 of the inquiry also necessitated the Chief Executive providing oral evidence during July 23.

The PHA has also worked to meet the demands placed upon it by the other 'active' modules of the UK Covid-19 Inquiry, with draft witness statements having been prepared and submitted in respect of Module 3 (Health inequalities and the impact of Covid-19) and Module 4 (Vaccines and therapeutics).

Financial Performance Report

During 2023/24 the SPPG Director of Finance supported the PHA in the delivery of its core functions, including Financial Planning, Financial Governance, Financial Management and Financial Accounting services.

Financial Planning

At the outset of 2023/24, PHA prepared a formal Financial Plan and financial performance throughout the year was closely monitored to the opening financial plan assumptions.

Looking forward into 2024/25, the impact of a NI Budget settlement, inescapable cost pressures, inflationary and service pressures requires the whole HSC system to continue to work closely together to ensure that resources are prioritised and sound financial management continues.

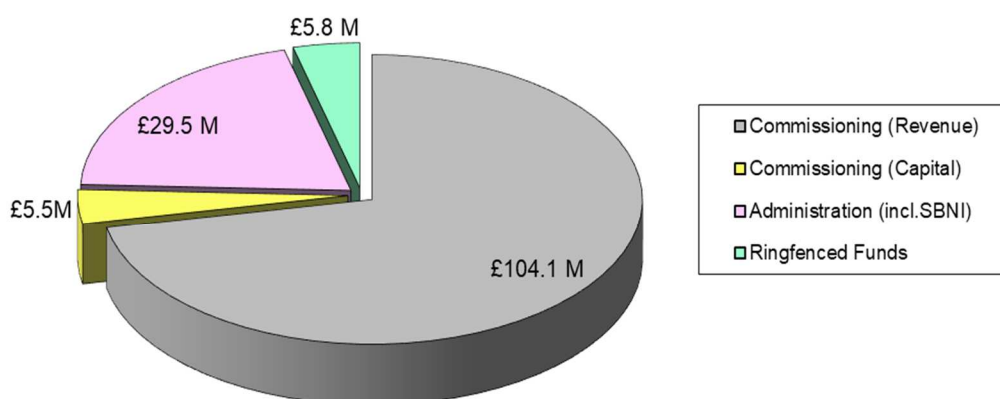
PHA Financial Management and Stability

The PHA received a revenue resource budget £139.4m in 2023/24, along with income from other sources of £2.3m and a further £5.6m capital funding was allocated to PHA in the year.

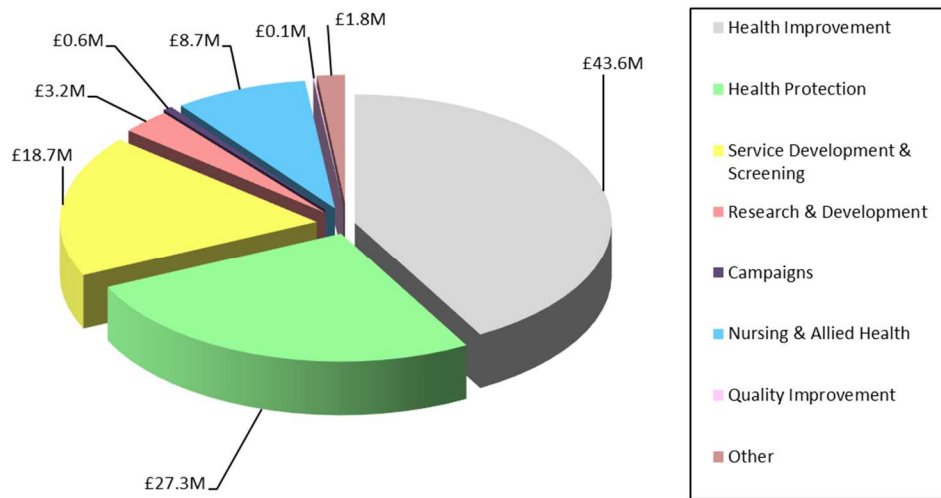
The financial statements presented in this Annual Report and Accounts highlight that PHA successfully delivered its breakeven duty with a revenue surplus of £81k being reported. This was achieved by significant and diligent efforts on the part of PHA budget holders, supported by the Finance Directorate (SPPG), in managing the wide range of slippage and pressures across both Programme and Management and Administration budgets set in the backdrop of organisational recovery from the impact of COVID-19 and system wide inflationary pressures.

The following charts illustrate how the PHA's revenue funds have been utilised during 2023/24.

a. Net Expenditure by Area 2023/24



b. Commissioning Expenditure by Budget Area 2023/24

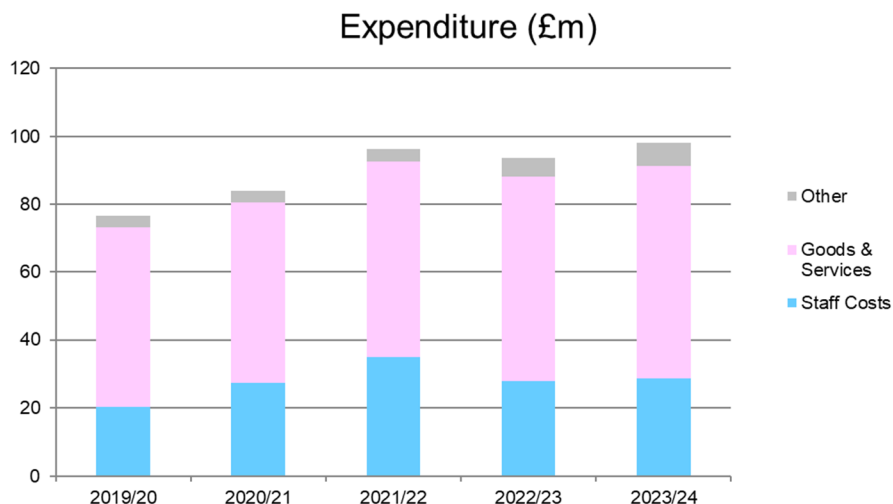


COVID-19 Allocations and Expenditure

During 2023/24, specific ring-fenced allocations earmarked for COVID-19 were allocated to the PHA from DoH. These allocations amounted to £4.7m (2022/23, £2.4m) which allowed the PHA to support the region in its response to the pandemic. This primarily related to vaccinations, including both the costs of the Autumn Booster campaign and revenue costs of the new Vaccine Management System.

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.



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 Number	2024 Value £000s	2023 Number	2023 Value £000s
Total bills paid	5,184	£77,770	5,967	£75,532
Total bills paid within 30 day target or under agreed payment terms	4,986	£67,436	5,786	£73,611
% of bills paid within 30 day target or under agreed payment terms	96.2%	86.7%	97.0%	97.5%
Total bills paid within 10 day target	4,263	£59,456	5,041	£57,623
% of bills paid within 10 day target	82.2%	76.5%	84.5%	76.3%

The PHA performed well above the 95% target on volume for payments within 30 days, at 96.2% (2022/23, 97.0%) although performance on value has dropped to 86.7% in the year due to delays in the payment of two large vaccine invoices (approx. £8m). PHA has performed well above the 70% target of payments within 10 days, at 84.5% (2022/23, 87.7%).

b) The Late Payment of Commercial Debts Regulations 2002

The PHA paid no late payment fees in 2023/24 (£nil for 2022/23).

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;
- 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

Work on the PHA's new Equality and Disability Action Plans for 2023-28 was completed during 2023/24 after a period of consultation (undertaken jointly with ten other health and social care organisations who we work with on equality and disability matters), which

ended on 3 July 2023. 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.

Facilitated by the BSO Equality Unit (who provide support to us 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 Strokes (in February 2024) and the other in relation to Schizophrenia (in March 2024). 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. 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.

In 2023/2024 the PHA in partnership with the Rural Community Network held awareness raising training of the Act to 101 members of staff.

Complaints

The PHA received eight complaints in 2023/24.

Although each complaint had its own discrete issues, the general themes related to communication with the PHA and the accessibility/eligibility of vaccinations. Learning lessons remains an important aspect of the complaints process and where improvements are identified they are implemented on an on-going basis.

In keeping with an internal audit recommendation received during 2023/24, a quarterly complaints report is now tabled for consideration within the PHA. This report exists as a mechanism to ensure that senior leaders within the PHA, at both Executive and Non-Executive level, receive regular and adequate information in respect of complaints made against the organisation.

Information Requests

Between 1 April 2023 and 31 March 2024, the following requests were made and responded to:

- 88 Freedom of Information Requests; and
- 6 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: TBA

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, the Chief Executive and three Executive Directors. One other PHA Director and two SPPG Directors are in attendance at Board meetings. The Department of Health appoints the Non-Executive Directors, with the approval of the Minister of Health. The Non- Executive Directors are:

- Mr Colin Coffey (Chair, appointed 1 November 2023);
- Councillor Craig Blaney;
- Mr John Patrick Clayton;
- Ms Anne Henderson OBE;
- Councillor Robert Irvine
- Ms Deepa Mann-Kler (left 29 February 2024);
- Professor Nichola Rooney;
- Mr Joseph Stewart, OBE.

The role of Chair was vacant for part of 2023/24, and during this period Professor Nichola Rooney and Mr Joe Stewart OBE acted into this role on a rotational basis. The Board and its committees held regular meetings during the year. During 2023/24 the Board held 12 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 three times during the year.

The Planning, Performance and Resources Committee was established during 2022/23. It has responsibility to keep 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 five 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 (PHA) meets frequently throughout the year and members of the public may attend these meetings. The dates, times and locations of these meetings are advertised in advance in the press and on our main corporate website at www.publichealth.hscni.net

Colin Coffey



Colin Coffey took up post as Chair of the Public Health Agency on 1 November 2023. His professional career was within the Agri-Food sector where he held many senior Board positions with UK Companies.

Colin is an experienced Chair and currently holds a portfolio of Non-Executive Chair and Director positions in both the public and private sectors. These include Chair at the AgriFood and BioSciences Institute, Non-Executive Director at InvestNI where he is Chair of its Business Funding Committee and a member of its Audit & Risk Committee. He is also Chair at Natural World Products, an organics company targeting sustainable climate-focused solutions that will address key structural problems within Northern Ireland to deliver positive outcomes for our environment.

Colin has extensive experience of increasing shareholder value and better governance using a mix of leadership skills, practical experience, risk management as well as acting as a mentor to the board members. He is particularly interested in the development of leadership skills that will lead to more effective and sustainable organisations.

Colin is a Chartered Director and Fellow of the Institute of Directors and is an experienced assessor for the IoD in their Chartered Director programme.

Andrew Dougal OBE



Andrew Dougal was Chair of the PHA from 1 June 2015 to 31 May 2023. He was previously Chief Executive of the Northern Ireland Chest Heart and Stroke from 1983 and prior to that worked for 10 years in education.

He is an alumnus of the Salzburg seminar on philanthropy and non-profit organisations. He participated in the Duke of Edinburgh work study conference and in the Northern Ireland leadership challenge programme. He was awarded a Paul Dudley White fellowship to the American Heart Association.

Over the past 35 years he has been a Non-Executive Director of organisations spanning the private, public and voluntary sectors. He is a former Trustee and Chair of the HR Committee of the UK Health Forum, a former Trustee and Treasurer of the World Heart Federation, and a former Chair of the Chartered Institute of Personnel and Development in Northern Ireland. He is also a member of the Ulster Orchestra Foundation Board.

Aidan Dawson



Aidan was appointed Chief Executive of the Public Health Agency on 1 July 2021. He comes with a career spanning over 30 years working in the Health Service and third sector.

In 2016 Aidan was appointed as the Director of Specialist Hospitals & Women's Health in Belfast Health and Social Care

Trust. He was responsible for a diverse range of services including Royal Belfast Hospital for Sick Children, Maternity Services, Gynecology Services, ENT, Trauma and Orthopaedics, Neuro Rehabilitation, Sexual and Reproductive health, Regional Disablement Services and the Dental Hospital.

In April 2019 he also assumed responsibility for Mental Health Services for adults and children across the Trust on an interim basis. In 2020 the Mental Health role expanded to include the Mental Health Capacity Act Compliance.

Prior to this role Aidan was the Co-Director in the Belfast Trust for Trauma, Orthopaedics, and Rehabilitation Services. His career has included roles working with The British Red Cross and Disability Action.

Dr Joanne McClean



Dr Joanne McClean took up post as Director of Public Health on 1 September 2022.

Joanne graduated from Queen's University in Medicine with Honours in 1999. After graduation Joanne worked in junior doctor hospital training posts before completing specialist training in public health medicine. Joanne has a Masters in Population Health and is a member of the Faculty of Public Health and of the Royal College of Physicians.

Joanne was appointed as a Consultant in Public Health in the Public Health Agency in January 2012. In her consultant post Joanne had a particular interest in health service public health and in child health. Between June 2021 and August 2022 Joanne was seconded to the Department of Health as Associate Deputy Chief Medical Officer to work on the COVID-19 response. Joanne was made an Honorary Professor of Public Health Practice by Queen's University in February 2023.

Dr Aideen Keaney



Aideen is the Director of the Northern Ireland Health and Social Care Quality Improvement and Innovation (HSCQI) Network.

HSCQI as an entity was launched by the Department of Health in April 2019 and is aligned with the NI HSC strategies Q2020 and Health and Well Being 2026: Delivering Together.

Aideen is a graduate of Queens University Belfast Medical School (QUB) and is a Fellow of the College of Anaesthetists at the Royal College of Surgeons Ireland (RCSI).

Aideen completed her Anaesthesia training on the Northern Ireland Anaesthesia Training Scheme, also completing Clinical Fellowships in Dublin, Glasgow, London and Melbourne. Aideen has worked for many years as Consultant in Paediatric Anaesthesia and Paediatric Intensive Care during which time she held a number Senior Medical Leadership roles.

Aideen is a Scottish Patient Safety Programme Fellow, a Health Foundation Generation Q Fellow and has a Masters in Leadership and Quality Improvement (with Distinction) from Ashridge Executive Education, Hult International Business School. Aideen also holds a Post Graduate Diploma in Healthcare Risk Management and Quality from University College Dublin (UCD).

Heather Reid



Heather Reid took up post as Interim Director of Nursing, Midwifery and Allied Health Professionals on May 1 2023.

Heather qualified as a nurse in September 1989 and worked as a staff nurse in a number of posts including a short period in a neuro-rehabilitation unit in Bavaria. Heather joined the Graduate Management training programme in 1994 during which she completed a Masters in Health Service Management.

Heather joined the Public Health Department in the Eastern Health and Social Services Board in 1996 as a project manager for evidence-based commissioning and during this time worked towards specialist practitioner registration with the UK Public Health Register. She was then seconded to the Department of Health in 2008-09 to support the establishment of the Public Health Agency.

Heather was appointed as a Public Health Consultant in the Public Health Agency in January 2012. She worked in health service public health on a range of areas and has a specific interest in maternal, child and perinatal mortality surveillance and improvement.

Leah Scott



Leah Scott joined the Public Health Agency in March 2024 as Director of Finance and Corporate Services. Leah has extensive senior leadership experience across Northern Ireland public sector and joins the agency after six years as Director of Finance and Corporate Services at CCEA. She was interim Chief Executive Officer during 2022, leading the organisation through a return to public examinations following the COVID-19 pandemic. Leah has an established track record leading through several transformational and change projects including Reform of Public Administration and the COVID-19 pandemic. Leah's previous roles include Head of Finance and ICT at Lisburn and Castlereagh City Council and Head of Finance at Stranmillis University College.

Leah is a Fellow of the Institute of Chartered Accountants in Ireland with more than 20 years post qualification experience and qualified with Grant Thornton. She is currently a member of the ICAI Ulster Society Public Sector Committee.

Stephen Wilson



Stephen Wilson was appointed as Interim Director of Operations in December 2020 having previously worked since 2009 as Assistant Director (Operations) with responsibility for leading Communications and Health Intelligence.

Stephen has extensive experience across a wide range of disciplines including strategic planning, operational management, communications, policy development and project management. His qualifications include a BSc (Hons), MSc (Management) and post-graduate diploma in Corporate Governance.

Following graduation Stephen worked in local government in Scotland leading on competitive tendering programmes before returning to Northern Ireland to work with the Sports Council for Northern Ireland and more recently the Health Promotion Agency where he worked as Senior Planning Manager and subsequently as Interim Director of Corporate Services until transferring in 2009 to the PHA under RPA.

Councillor Craig Blaney



Craig Blaney was appointed to the Board of the PHA in August 2022. He has a strong track record working with some of the most exciting and innovative brands in the UK. He specialises in brand creation and development and has worked with businesses across Northern Ireland, Ireland, the UK and Europe to bring their marketing strategies to life.

He sits as a member of Ards and North Down Borough Council and has held several positions of authority including Vice Chair of the Regeneration Committee, Member of the Corporate Committee and Member of the Council Audit Committee. He is the current Deputy Mayor of Ards and North Down.

Craig also sits on the CAFRE college advisory panel (CAG) representing the Agri- food Business Development sector.

John Patrick Clayton



John Patrick Clayton is Policy Officer of the trade union, Unison. He was appointed to the trade union member post on the PHA Board.

He is a qualified barrister who has practised both at the Northern Ireland Bar and at the Bar in the Republic of Ireland. He is a part-time Associate Lecturer in Law with the Open University.

John Patrick is a member of the Northern Ireland Committee of the Irish Congress of Trade Unions. In 2020 he joined the Executive of the voluntary organisation NIACRO, but stepped down from this role in November 2022.

Anne Henderson OBE



Anne Henderson commenced her career in the private sector, in the accountancy firms KPMG and BDO Stoy Hayward, and in the international media company Time Warner Inc. where she was based in London and Los Angeles. She has extensive public sector experience, including as vice- chair and acting Chair of the Northern Ireland Housing Executive, where she worked for 17 years.

Anne chaired the Parades Commission for Northern Ireland for 7 years, until 2020. She has held Board positions in the International Fund for Ireland and its associated venture capital companies, and is a former member of the audit committee of Queens' University Belfast.

Councillor Robert Irvine



Mr Robert Irvine lives in County Fermanagh and has been a partner in R.J. Irvine, a quantity surveying and project management consultancy firm, since 1982.

He has been an elected local District Councillor since 2001 and currently sits as a member of Fermanagh and Omagh District Council. In his role as a Councillor, he sits on various committees, notably the Planning Committee and the Local Development Plan

Steering Group of which he has been chair since 2015.

In the recent past he has been a member of the Western Local Commissioning Group, the Western Education & Library Board and several school and college Boards of Governors. He currently is a Board member of the Northern Ireland Fire and Rescue Service.

Deepa Mann-Kler



Deepa Mann-Kler was a Non-Executive Director from 1 March 2016 to 29 February 2024.

Deepa is Chief Executive of Neon; Visiting Professor in Immersive Futures at Ulster University in Northern Ireland; and an experienced public, private and charity sector Chair and Non- Executive Director, having served on 10 Boards across the UK over the past fifteen years.

As a TEDx speaker and thought leader she regularly keynotes on the intersection of digital transformation, technical innovation, inclusion, ethics, bias, data, AI and creativity.

Professor Nichola Rooney



Nichola is a consultant clinical psychologist and former Head of Psychological Services at the Belfast Health and Social Care Trust. She is senior professional adviser in psychology to the RQIA and associate consultant to the HSC Leadership Centre.

Nichola is a former member of the judicial appointments Commission for Northern Ireland and currently chairs the Board of the Children's Heartbeat Trust. The current chair of the BPS Division of Clinical Psychology NI, she holds the position of honorary professor at QUB School of Psychology.

Joseph Stewart OBE



Joseph has held a number of Board level positions in the public and private sectors in Northern Ireland having retired in 2016 as Director of Human Resources from PSNI, a post which he held from the inception of the service in 2001.

A graduate of Law from Queen's University, Belfast, Joseph was a Director of the Engineering Employers Federation until 1990 and a Director in Harland and Wolff between 1990 and 1995. He was Vice Chairman of the Police Authority from 1989 to 1994 and Chief

Executive from 1995 to 2001.

Joseph is Chair of the Governance and Audit Committee of the Agency and in February 2021 was appointed Non-Executive Director and Chair of the Audit Risk and Assurance Committee of the Livestock and Meat Commission Northern Ireland.

Joseph received an OBE in the Queen's Birthday Honours list in 1994.

Tracey McCaig



Tracey McCaig is the SPPG Director of Finance and was appointed Director of Finance for the PHA on 15 February 2021. Prior to this appointment Tracey held the post of Assistant Director of Finance in the Northern Health and Social Care Trust from May 2017. During her 32-year career in Health and Social Care finance, Tracey, who is a Chartered Management Accountant, has headed up a number of senior finance roles across the HSC, ranging from internal audit to head accountant roles in the Northern Ireland Ambulance Service, Health and Social Care Board and Public Health Agency.

Tracey has a proven track record in team leadership, quality improvement, financial governance and multi-disciplinary HSC team working to effect change and improvement in HSC services.

Brendan Whittle



Brendan Whittle's substantive appointment is as Director of Social Care and Children at the Department of Health's Strategic and Planning and Performance Group. However, since June 2022 Brendan has worked as Director of Hospital and Community Care following a temporary rearrangement of Director responsibilities.

Previously Brendan has held senior positions in the HSC, including as a Director at South Eastern HSC Trust between 2012 and 2019. He initially served as Director of Adult Services and Prison Healthcare and subsequently as Director of Children's Services & Executive Director of Social work.

Brendan qualified as a Social Worker in London, working in East London initially before moving to Northern Ireland in 1992. He has a wealth of experience in Health and Social Care across a range of areas including Children's Services, Hospital Social Work, Disability services, Older People and Mental Health services.

During this time Brendan has maintained his professional development achieving both the MSc in Advanced Social Work and the Northern Ireland Leadership and Strategic Award in Social Work.

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 2024 was £25,000.

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 Accounts Direction 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 PHA. 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 DoH, 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 (including the finance function) and in taking forward the health and wellbeing agenda. As part of PHA's Refresh and Reshape Organisational Transformation Programme PHA's financial services will be provided in-house from 19 April 2024.

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

AMT 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 has concluded that it is satisfied that over the course of the financial year that PHA is in a position to assure the Board through its evidenced comprehensive and reliable processes in place for governance, risk management and PHA control environment to place confidence in its senior leaders and stakeholders over the control of successful delivery of strategy, policy and objectives.

During 2023/24 the PHA Board also completed a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit relating to the 2022/23 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.

Work on the PHAs new Equality and Disability five-year Action Plans (2023-28) was completed during 2023/24 after a period of consultation (undertaken jointly with ten other health and social care organisations who PHA work with on equality and disability matters) which ended on 3 July 2023. This approved by the PHA Board at its October 2023 meeting. 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 2022 to March 2023. Prior to submission, this was approved by PHA Board at its August 2023 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.

During 2023/24, the PHA Board met on 12 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 2023/24 is summarised in the table below.

Name	Meetings	Meetings
	Attended	Contracted to attend
Mr Colin Coffey (Chair) (commenced November 2023)	5	5
Mr Andrew Dougal (Chair) (left May 2023)	2	2
Mr Aidan Dawson (Chief Executive)	11	12
Ms Leah Scott* (commenced March 2024)	1	1
Ms Heather Reid* (commenced May 2023)	9	11
Mr Stephen Wilson*	12	12
Dr Joanne McClean*	12	12
Dr Aideen Keaney**	6	12
Mr Craig Blaney***	10	12
Mr John Patrick Clayton***	10	12
Ms Anne Henderson***	12	12
Councillor Robert Irvine***	9	12
Ms Deepa Mann-Kler*** (left February 2024)	7	11
Professor Nichola Rooney***	12	12
Mr Joseph Stewart***	11	12
Ms Tracey McCaig**** (left February 2024)	9	11
Mr Brendan Whittle****	4	12

*Executive Director ** Director *** Non-Executive Director ****SPPG Director in attendance

The Governance and Audit Committee's (GAC) purpose is to give an assurance to the PHA Board and Accounting Officer on the adequacy and effectiveness of the PHA's system of internal control. The GAC meets at least quarterly and comprises of four Non-Executive Directors and was supported by the PHA's Interim Director of Operations and the SPPG's Director of Finance and Corporate Governance. Representatives from Internal and External Audit are also in attendance. During 2023/24 the GAC met on five occasions and all meetings were quorate.

The Remuneration and Terms of Service Committee advises the PHA Board about appropriate remuneration and terms of service for the Chief Executive and other senior executives subject to the direction of the 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 2023/24, the Committee met on three occasions and the meetings were quorate.

The Planning, Performance and Resources Committee, 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 2023/24, the Committee met on five 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 2017 – 2021, setting out the PHA purpose, vision, values and strategic outcomes, was approved by the PHA Board on 20 April 2017 and by the DoH on 26 May 2017. This was rolled forward into 2023/24, as advised by the Department of Health (DoH). The Annual Business Plan 2023/24, 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 on 16 March 2023. Both documents were developed with input from the PHA Board and staff from all Directorates and engagement with external stakeholders.

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 2022/23, in keeping with an Internal Audit recommendation, work commenced to re-shape the Corporate Risk Register to reflect the 3 Line Model of Assurance

(Assurance Mapping). The assurance mapping process, using a Board Assurance Framework, gives confidence to management and the Board that they really know what is happening. It provides an improved ability to understand and confirm that the PHA has assurance that the controls identified in the risk registers are actually operational and effective in managing risk identified. This 3-line model of assurance process was further refined and developed during 2023/24.

During 2023/24, the Interim Director of Operations was the PHA Executive Board member with responsibility for risk management. A permanent Director of Finance and Corporate Services was appointed and took up post on 19 March 2024 and assumed responsibility for risk management. 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 15 February 2024.

During 2023/24, guidance and support was provided to staff who are actively involved in reviewing and co-ordinating the review of the Directorate and Corporate Risk Registers. A system has been established whereby the Senior Operations Manager meets with the planning and project managers supporting each Directorate and Division at the end of each quarter to ensure feedback and consistency in the review of the Risk Registers, and to share and learn from good practice.

All staff are required to complete the 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.

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

5. Information Risk

The PHA has robust measures in place to manage and control information risks. The designated Senior Information Risk Owner (SIRO), during 23/24, for the management of information risk at Board level was the Interim Director of Operations. A permanent Director of Finance and Corporate Services as appointed on 19th March 2024 and assumed responsibility as Information Risk SIRO

The Director of Public Health as the Personal Data Guardian (PDG) has responsibility for ensuring that the PHA processes satisfy the highest practical standards for handling personal data. Assistant Directors, as Information Asset Owners (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

Interim 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 annually. During 2023/24 the IGSG met five 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. The Strategy was reviewed and approved in October 2023 in line with UK GDPR and DPA 2018. This is supported by annual Action Plans setting out how it will be implemented. Alongside this, a range of policies and procedures are in place, including Data Protection/Confidentiality Policy, Data Breach Incident Response Policy and a Data Protection Impact Assessment Policy and Guidance.

The PHA has documented and agreed procedures in place to ensure compliance with the requirements of UK GDPR and DPA 2018.

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

Information asset registers 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 IT Security/cyber security continues to be rolled out to all staff. Specialised training for SIRO, PDG and IAOs also took place during 2023/24. 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 our IT provider, to take necessary measures in relation to cyber security risks.

During 2023/24, 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, co-ordinates 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 2023/24 there were no new cases of suspected fraud.

During 2022/23, the PHA was made aware of a phishing scam against a legitimate third-party supplier which resulted in a sum of money (£104k) being transferred after the fraudulent bank account details were changed. Immediate steps were taken to prevent further payments being transacted. A full investigation was undertaken and an independent review was completed by Internal Audit. Swift measures were taken to increase internal controls to prevent a repeat of this error. The suspected fraud was reported to the PSNI and to the National Fraud and Cyber Crime Reporting Centre (NFRC) who took the decision not to investigate any further on the grounds of materiality. PHA liaised with their banking provider and recovered £56k of the funds during 2023/24.

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).

PCE enables the voices of service users, families and carers to share their experience of Health and Social Care Northern Ireland and embed the key messages for learning at all levels of the system. The Regional team within the PHA is lead on the Regional PCE programme which includes the Online User Feedback Service (Care Opinion) and deeper exploration of experience through 10,000 More Voices and bespoke mechanisms for Care Homes. Through robust analysis of the narrative, Regional PCE team presents learning at a strategic level by identifying positive practices within the system, to nurture, develop and highlight areas for improvement, where the experience has been challenging and learning is identified.

PPI is the active and meaningful involvement of service users, carers and the public in the commissioning, design, delivery and evaluation of HSC services. In the HSC, there is a

Statutory Duty to Involve and Consult and there are also PPI policy responsibilities, for which the PHA carries leadership and implementation oversight responsibilities.

The PHA actively considers PCE & PPI in all aspects of the commissioning process, ensuring that the input of service users and carers underpins the identification of commissioning 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.

In 2023/24 there was a focus on:

Patient Client Experience –

- Continuing to lead on the implementation of the Online User Feedback Survey, Care Opinion, across the whole of the HSCNI. There are currently over 19,000 stories collated through the service and over 280 changes recorded on the website as informed by the individual stories;
- Development of processes to share collated analysis of stories in the form of briefing papers – this includes this includes Primary Care, Midwifery, District Nursing;
- Following extension engagement across the key stakeholders for Care Homes and working alongside residents and families a standardised Care Home survey is in final design phase. The vision is to develop a mechanism whereby residents can share their experiences in their own words and all key stakeholders can engage with stories for learning;
- Support the Multidisciplinary Teams in Primary Care to collect and learn from experience of service users, families and carers through 10,000 MORE Voices initiative - With over 800 stories collected within 8 weeks analysis will seek to inform the evaluation of the programme of care and also identify actions in response to the stories shared. This is the first regional standardised survey with Primary Care.

Personal and Public Involvement –

- Providing professional Involvement leadership, advice and guidance to over 30 strategic, high profile or cross organisational initiatives in the HSC;
- Raising awareness, understanding and building skills, knowledge and expertise in Involvement, Co-Production and Partnership Working with HSC staff, service users and carers. This included a webinar series with more than 650 people participating. Other bespoke and targeted training programmes commissioned and

or delivered via the PHA, including the Leaders in Partnership Programme, now in its 10th cohort, resulted in some 350 participants having availed of more intensive, bespoke and targeted training initiatives;

- Designing and introducing a centralized, robust and consistent Involvement monitoring system, to enable the HSC to identify what was happening across the system and the impact / difference that Involvement was having; and deliberations are underway to co-produce a consistent involvement Monitoring Assurance process (Involvement Human Library) that will be operational in June 2024 across the 6 HSC Trusts. This process will be implemented under a pilot model initially with a review process built in to allow assurance process to be further streamlined in 2024/25.

Leading HSC-wide work, to support the active participation of service users and carers, including progressing the Shared Decision-Making Programme or work. The PHA has also seen the development of a PHA Service User and Carer Reference Group as well as advancing the concept of remuneration for service users and carers through partnership working with Patient and Client Council and DoH. 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:

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

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

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 2023/24 is provided in the table below.

System Reviewed	Level of Assurance Received
Financial Review	Satisfactory
Management of Voluntary and Community Organisation Contracts	Limited
Business Continuity Arrangements (specifically for cyber attack)	Limited
Management of Complaints and Claims	Limited
Information Governance	Satisfactory

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.

2023/24 Internal Audit Reports with a Limited Assurance

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

Management of Voluntary and Community Organisation Contracts

The PHA Management of Voluntary Organisation Contracts audit focused on how PHA Management ensure that procurement is appropriate; that service delivery is delivered and that financial control and governance arrangements are confirmed by the PHA. This audit specifically focused on mental health related services.

There were two significant findings in this audit which related to a significant number of contracts which were rolled forward from one year to the next without being subject to a recent procurement exercise. Limited strategic work to assess whether all of the current roll forward contracts represent the best use of resources available was also highlighted. A sample verification check on activity being reported by organisations back to source records had also been stood down during Covid-19 and not yet resumed.

There was one priority one recommendation in this report relating to the delivery of a procurement plan and it is anticipated that this will be completed within the revised implementation date of 31 March 2025.

Business Continuity Arrangements (specifically for cyber attack)

The PHA Business Continuity Arrangements (specifically for Cyber Attack) audit focused on the business continuity arrangements within the PHA, in the event of a cyber-attack. This audit did not consider technical recovery/business continuity of ICT Systems.

There were three significant findings in this audit which related to the PHA Corporate Business Continuity Plan not being adequately reviewed and directorate-level business continuity plans or business impact assessments not being completed. Also, the Corporate Business Continuity Plan did not clearly document plans with BSO ITS (provider of PHA's IT services) in the event of a cyber-attack as well as the loss of other IT functions. Further,

the Business Continuity Team, set up to consider updates to the PHA Business Continuity Plan/Emergency, had no Terms of Reference in place and had not met since 2019 due to PHA prioritisation of Covid-19 work.

There were no priority one recommendations in this report.

Management of Complaints and Claims

The PHA Complaints and Claims Management audit focused on the process for capturing, managing, investigating, reporting and oversight of complaints in relation to complaints management. The audit also covered compliance with DoH guidance: *Guidance in relation to the health and social care complaints procedure*.

There were four significant findings in this report which related to complaints documentation being held locally on a laptop rather than on the shared network drive. Also, there was no reporting on PHA complaints at either executive or non-executive level including on the status of claims and associated learning. An annual report on complaints or process to capture, identify, report and disseminate themes and learning arising from complaints was also not in place, in line with DoH Guidance issued 2019. Also, no staff members have received recent training in respect of complaints management.

There was one priority one in this report relating to the security of complaints records and this has been fully implemented.

Follow Up on Previous Recommendations

The Internal Audit Follow Up report on previous Internal Audit Recommendations, issued 3 April 2024, found that 78 (80%) of the outstanding 97 recommendations examined were fully implemented, a further 18 (19%) were partially implemented and 1 (1%) was not implemented. Work will continue during 2024/25 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 2024, I can provide **satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.

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 Director of Nursing PHA) within the SPPG and PHA by way of weekly Safety Brief Meetings.

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

SBNI – Unlawful expenditure

The Chair of the Safeguarding Board for Northern Ireland (SBNI) is accountable directly to the Department of Health through the relevant DoH Sponsor Branch arrangements. Due to the nature of the role of SBNI, formal Panels are in place in respect of Safeguarding and Case Management Reviews with appointed Panel Chairs.

On 17 April 2023 the PHA Chief Executive received communication from the DoH regarding an uplift which had been applied to SBNI Panel Chair's remuneration which had been deemed unlawful, as being unapproved by the Department of Finance before being applied. The communication indicated that this was the second instance of an unapproved uplift of the rate paid to a Panel Chair within a five-year period and also confirmed that the necessary approval for the uplift had been granted from 21 March 2023, which was later than the effective date of the uplift (earliest, November 2016).

Following a meeting of the SBNI Board on 19 April 2023, on 20 April 2023 the PHA Chief Executive received formal communication from the Chair of SBNI on this matter. This

communication included the annual assurance statement, approved by the SBNI Board, and highlighted an error within the arrears paid to SBNI Panel Chairs. This error led to unlawful expenditure of £33.5k.

The PHA Chief Executive wrote to the Chair of SBNI on 2 May 2023, regarding the circumstances which led to the unlawful expenditure and also advising that more regular formal oversight arrangements be established going forward into 2023/24 and beyond. The first accountability meeting was held in June 2023.

Actions were taken in 2022/23 to regularise the expenditure going forward and formal regular oversight arrangements have now been put in place between the PHA Chief Executive and the SBNI Chair and Senior Management.

COVID-19

The pandemic had an extensive impact on the health of the population, all health services and the way business was conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care services were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety remained at the forefront throughout the emergency response.

This emergency response continued to be a focus and a challenge in 2022/23 and at the same time the organisation had transitioned back to core business delivery and was preparing to play a key role in helping to shape a new Integrated Care planning system.

During 2022/23 the PHA also took leadership of the COVID-19 Autumn and Spring Booster Vaccination programmes and, as part of Winter 2022 preparedness planning, developed a plan to provide an overview of arrangements for responding to a surge in public health incidents including SARSCoV2.

As the PHA has now appropriate operational procedures in place to manage the additional duties referred to above we no longer consider this issue to be an internal control divergence.

Accommodation

HSC(F) 30-2022 which was issued in January 2023 set out a requirement to submit business cases relating to the renewal of leases and licences 12 months prior to the existing lease / licence expiry date. As the PHA licence for additional offices in County hall expires in September 2023, along with the HSCB/SPPG licence that relates in the main office accommodation in County Hall, non-compliance with that timeline was automatic.

Officers from the PHA and SPPG worked with the Department of Finance, as the landlord for County Hall, to complete separate business cases in regard to the distinct office requirements of both organisations. This separation of the business case process was required due to changed organisational structures and accounting arrangements. The

development of the new business cases also required the completion of new surveys to determine the size of the areas occupied by each organisation. The PHA business case for the renewal of a new single licence was submitted to the Department of Health for approval on 21 August 2023.

A business case for a new licence for the PHA offices in County Hall was approved by DoH in November 2023. This licence extends to September 2026. The lease for the Linum Chambers also ends at that time and the PHA will need to review its accommodation requirements ahead of submitting new business cases for those premises by August 2025 at the latest.

The change in organisational structures and accounting arrangements over the past few years means that new agreements will need to be finalised in regard to the Linenhall Street, Towerhill, Gransha Park and Hilltop office. There are no control issues anticipated with the completion of these agreements.

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 2023/24.

Budget Position and Authority: The Budget Act (Northern Ireland) 2024, which received Royal Assent on 14 March 2024, together with the Northern Ireland Spring Supplementary Estimates 2023-24 which were agreed by the Assembly on 9 April 2024, provide the statutory authority for the Executive's final 2023-24 expenditure plans. The Budget Act (Northern Ireland) 2024 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2024-25 financial year.

Management of Contracts with the Community and Voluntary Sector

Previous Internal Audit reports on the management of health and social wellbeing improvement contracts have provided satisfactory assurance on the system of internal controls over PHA's management of health and social wellbeing contracts reflecting the significant work that has been undertaken by the PHA. Service Level Agreements are in place, appropriate monitoring arrangements have been developed and payments are only released on approval of satisfactory performance monitoring returns.

During 2023/24, we have continued to work with providers to review contract activity and agree revised performance measures, taking into account any changes in how services are targeted and delivered. A more detailed review of the current PMR process will also

be undertaken to ensure that the measures of performance included in contracts are more focused on demonstrating the outcomes being achieved.

Work continues to fully address the partially implemented priority one weakness in control relating to the implementation of the PHA Social Care Procurement Plan. The PHA Procurement Plan continues to be regularly reviewed by the PHA Procurement Board and progress against agreed timescales for completing procurements closely monitored.

The PHA Procurement Plan contains all contracts that will be awarded under a formal tender process and need to be managed in line with the NI Public Contract Regulations 2015. A total of 64 contracts are currently included on the Plan with an annual value of £9.45m.

The following procurements have been successfully completed during 2023/24.

Contract Name	Number of Contracts	Date Completed	Annual Budget
Early Intervention Support Services for Families with Children aged 0-18	5	July 2023	£0.82m
Youth Engagement Service	8	Feb 2024	£1.08m
Regional Service User Network	1	March 2024	£0.10m
Shared Reading Groups in the NI Criminal Justice Setting	1	March 2024	£0.05m

Good progress has 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.

Under Protect Life 2, the Community Based Psychological Intervention and Support Services for People who Self-Harm was advertised in February 2024 and the outcome of the procurement will be known early in the new financial year, and planning is underway for Post-Vention Services for under 18's.

The PHA is continuing to build planning and procurement expertise in the organisation through supporting staff to attend the post graduate commissioning leadership programme that aims to build the knowledge and skills of senior staff across HSC in relation to planning, procurement and contract management processes. The PHA is also continuing to pilot multi-disciplinary strategic 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 SPPG (DOH), 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 2023/24 year the PHA has continued to consider the workforce requirements both in terms of recruitment and retention, supporting staff resilience.

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 sick or other leave. In addition, locums are being used to ensure there is cover for the health protection service. Recruitment is ongoing for permanent and locum consultants. A range of other measures are in place to mitigate the impact of the reduction in consultant staffing. These include the development of senior programme manager roles to deliver in a range of areas to ensure consultant expertise is applied where it is much needed. Arrangements have also 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.

On the recruitment side the scrutiny process has been further refined to ensure robust information is available at the point of decision making and all activity processed through to the recruitment centre is monitored for timely actions. Reporting on recruitment performance is a key component of monthly reporting to AMT.

Temporary contract usage has been a particular focus in year commencing with a full review of all temporary appointments and a full report and revised process being presented via Scrutiny in May 2023. This incorporated an exit strategy for each existing temporary appointment and introduced a new process to ensure all future temporary appointments were entered into with a clear exit strategy. All of this is to ensure the use of temporary contracts is minimised to only being used where absolutely required.

In addition to the monitoring of temporary arrangements, the previously used Expression of Interest process has been stood down with a new process 'Internal Talent Mobility' being trialled. The purpose of this new process is to improve the flow of talent around the organisation to support business need as well improving the opportunities for staff generally and ensuring a robust process for use and management of such.

In the area of retention, the Organisation Development Engagement Forum (ODEF) is now established with a clear workplan split into 3 key workstreams:

- Staff Experience (looking after our people) - a number of products have been launched including a new Induction pack to support staff at point of entry to the organisation as well as an exit survey so that the PHA might gather information on the reasons for leaving the organisation. A Health & Wellbeing survey was also promoted to all staff with the survey results expected to inform a programme of work in 2024/25.

- Workforce Development (Growing and Developing our People) – with a key focus on the roll out of the new Learning Management System, this workstream has also taken a lead in promoting and improving the uptake of mandatory training as well as appraisal. New policies have also been introduced including the Hybrid working model which is now due for evaluation to inform the future working arrangements across the PHA. A new skills framework is currently under consideration with development due to commence over the Autumn with a view to having a full framework and audit process ready for connecting to the 24/45 Appraisal round.
- Culture (our People as Leaders) – supporting all of the above is the culture workstream who are developing mechanisms which will support the organisations communication systems with staff to ensure clarity, engagement and effectiveness. This workstream is also now working on approaches to recognition and celebration of the work our staff do which aims to ensure a culture which feels inclusive, rewarding and progressive.

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;
- are knowledgeable, skilled and competent.

A People Plan is currently under development which aims to set out the PHA's goals for each of these areas.

During the year the PHA held a very successful All Staff 'Take 5' event on Tuesday 14 November. The day was structured to enable staff to 'Reflect' on developments over the past number of years, 'Recover' – to reconnect with colleagues, which for many was the first time that they had met in person, and 'Readiness' – addressing how best to prepare for future work commitments. It is envisaged that a similar annual event will become part of the corporate calendar and an important element of the People plan.

HSCQI

The establishment of the 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.

The budget allocation for 2021/22 included funding for some HSCQI posts, however it did not cover the totality of posts required. While the PHA welcomed the funding allocation, given the remaining ongoing gap in funding, it remains challenging for HSCQI to deliver on

the design intent. During 2022/23 and 2023/24 no additional DoH funding was allocated to HSCQI. Therefore the HSCQI Hub, based within the PHA, remains fragile.

There is therefore a risk that HSCQI will be unable to fulfil its core function, service corporate requirements or undertake additional requests from the HSC system to support work and training. This risk was further exacerbated due to the redeployment of existing core HSCQI staff on occasions to support the PHA pandemic response.

The PHA Chief Executive and Director HSCQI will continue to work with the Department and the HSCQI Leadership Alliance to agree the priorities for HSCQI (in light of constrained resources) and to discuss funding for HSCQI.

During 2022/23 HSCQI was mandated by the HSCQI Leadership Alliance to align existing regional Quality Improvement resource and effort to leading improvement in relation to the Ministerial priority of Improving Timely Access to Safe Care. During 2023/24 HSCQI were further mandated by the HSCQI Leadership Alliance to continue this work on improving timely access to safe care and to also establish an additional regional scale and spread programme focused on delivering value. During 2023/24 HSCQI were also mandated to establish a regional medication safety programme and to establish a regional Level 3 QI Training programme. While in year money for these programmes of work was identified in July 2023, the fact that no recurrent money has yet been identified means that all 4 programmes remain at high at risk of not delivering.

Previously, the PHA supported HSCQI programme work through an annual allocation of slippage. However, in order to realise the 2023/24 savings target required by the DoH, the PHA was no longer in a position to fund the HSCQI programme work. Without recurrent programme funding HSCQI will not be in a position to deliver future programmes of work. The HSCQI Director continues to discuss a way forward with the PHA Chief Executive, Director of Finance, the HSCQI Alliance and DoH colleagues.

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 have been put in place to oversee this arrangement, however the ambiguity remains an on-going risk.

Public Inquiries

The PHA has continued to discharge its responsibilities in respect of the following public inquiries: Infected Blood Inquiry, Muckamore Abbey Hospital Inquiry, 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.

During 2023/24, the PHA has prepared witness testimony and disclosed a broad range of historical documentation and records at the request of each inquiry. These undertakings have consumed significant time, resource and attention across the PHA and by AMT members in particular. The public inquiry demands placed on the PHA are expected to continue for some, especially in relation to the UK Covid-19 Inquiry whose public hearings are not scheduled to conclude until 2026.

In order to ensure good governance arrangements are in place, the PHA has moved to establish and resource formal programme management arrangements to support this significant area of work. A dedicated team now manages and facilitates the public inquiry response within the PHA. The team is directed by a new programme management board comprising of the CEO, Executive Directors and the Directorate of Legal Services. The management board also has Non-Executive Director representation.

As the PHA moves into 2024/25, the need to redirect staff time to work on inquiries will continue to put a pressure on this resource. Programme management board will continue to oversee the public inquiry response and look to identify and secure additional resource to meet the legal requirements placed upon it, to include the need to engage with former colleagues to input into inquiry proceedings where appropriate.

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

Pause on Campaign Programme

As a result of current pressures on the HSC budget the DoH moved to introduce a pause on campaign related mass advertising by its ALB's during 2023/24. 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 programmes which have proven to be very effective when delivered as part of a wider programme of measures including legislative change and other programme interventions. Awareness raising campaigns are recommended within a number of current NI health strategies eg. 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 the year the PHA Chair wrote on behalf of the PHA Board to the DoH to request a relaxation of the current pause and subsequently the Agency was enabled to take forward a limited tactical campaign programme to support a Spring catch up programme for the MMR vaccination. It is still to be determined to what end the PHA will be enabled to take forward campaigns utilising mass media channels during 2024/25 and therefore the Agency 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 30th Sept 2023 and contains 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 recommends that primary HPV screening is implemented as soon as possible.

Staff from the PHA have been working 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 has been highlighted in the report. The PHA will continue to work with SHSCT and other Trusts across NI to put arrangements in place to review results and to call women forward for an early or repeat smear if required. This has been and will continue to be a draw on senior staff from the Public Health Directorate. The work is being supported by a senior member of staff on loan from the SPPG.

The report highlights the importance of implementing primary HPV testing as soon as possible. After a period of intensive work, primary HPV screening was introduced across Northern Ireland on 11 December 2023. This has also been used to address backlogs in the cervical screening laboratories which were resulting in long delays to women receiving results.

The PHA commissions the provision of three Cancer Screening Programmes and oversees Quality Assurance for those programmes. Cervical screening is one of these programmes. 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 programmes to ensure that all eligible people have access to a consistent high-quality service wherever they live and in line with NI Department of Health's population screening policy. While the RCPATH report was commissioned by and focused on the Southern Trust laboratory, it is 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. Plans are being developed to ask screening experts from outside Northern Ireland to come and undertake a detailed peer evaluation of our oversight and QA processes with the cervical screening programme. The purpose of this is to identify any areas for improvement and to make recommendations in that regard.

12. Conclusion

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

Further to considering the accountability framework within the PHA and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the PHA has operated a sound system of internal governance during the period 2023/24.

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 Senior Executive pay award had not been received by 31 March 2024 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 2023/24. 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 contract unless otherwise stated in the following remuneration tables.

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 2023/24 or 2022/23.

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 2023/24 or 2022/23.

Non-Executive Members (Table Audited)

Name	2023/24				2022/23			
	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 (<i>Chair</i>) (Left 31 May 2023)	5-10 (35-40 FYE)	-	-	5-10	35-40	-	-	35-40
Mr Colin Coffey (<i>Chair</i>) (Started 1 November 2023)	15-20 (35-40 FYE)	-	-	15-20	-	-	-	-
Ms Deepa Mann-Kler (Left 29 February 2024)	5-10 (10-15 FYE)	-	-	5-10	10-15	-	-	10-15
Professor Nichola Rooney (Acted up to Chair for 3 months)	15-20	-	-	15-20	10-15	-	-	10-15
Mr John-Patrick Clayton	10-15	-	-	10-15	10-15	-	-	10-15
Mr Joseph Stewart (Acted up to Chair for 2 months)	10-15	-	-	10-15	10-15	-	-	10-15
Councillor Robert Irvine	10-15	100	-	10-15	5-10	-	-	5-10
Ms Anne Henderson	10-15	-	-	10-15	5-10	-	-	5-10
Mr Craig Blaney	10-15	-	-	10-15	5-10	-	-	5-10

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) 35-2023, with the most recent payments made being effective from 1 August 2023.

Executive Members (Table Audited)

Name	2023/24				2022/23 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 <i>Chief Executive</i>	130-135	-	30,000	160-165	125-130	-	44,000	170-175
Dr Aideen Keaney <i>Director of HSCQI</i>	100-105	200	31,000	135-140	95-100	-	45,000	140-145
Mr Stephen Wilson <i>Interim Director of Operations</i>	90-95	-	57,000	145-150	85-90	900	22,000	105-110
Ms Leah Scott <i>Director of Finance & Corporate Services</i> (Started 19 March 2024)	0-5 (90-95 FYE)	-	1,000	0-5	-	-	-	-
Dr Joanne McClean <i>Director of Public Health</i> (Started 1 September 2022)	135-140	1,200	48,000	185-190	75-80 (120-125 FYE)	600	70,000	145-150 (190-195 FYE)
Ms Heather Reid <i>Director of Nursing & Allied Health Professionals</i> (Started 1 May 2023)	95-100 (105-110 FYE)	-	78,000	175-180	-	-	-	-
Dr Stephen Bergin <i>Interim Director of Public Health</i> (From 30 November 2020 to 31 August 2022)	-	-	-	-	65-70 (190-195 FYE)	-	38,000	100-105
Mr Rodney Morton <i>Director of Nursing & Allied Health Professionals</i> (Left 30 September 2022)	-	-	-	-	50-55 (85-90 FYE)	900	-	50-55

FYE – Full Year Equivalent

Notes:

- No compensation for early retirement or loss of office was paid in the current year.

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	2023/24				
	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 31/03/23 £000	CETV at 31/03/24 £000	Real increase in CETV £000
Mr Aidan Dawson <i>Chief Executive</i>	2-2.5 pension Nil lump sum	50-55 pension 100-105 lump sum	939	1,170	154
Dr Aideen Keaney <i>Director of Quality Improvement</i>	2-2.5 pension Nil lump sum	55-60 pension 105-110 lump sum	1,017	1,243	171
Mr Stephen Wilson <i>Interim Director of Operations</i>	3-3.5 pension 4.5-5 lump sum	40-45 pension 80-85 lump sum	685	904	147
Dr Joanne McClean <i>Director of Public Health</i>	3-3.5 pension 2.5-3 lump sum	40-45 pension 65-70 lump sum	575	770	157
Ms Leah Scott <i>Director of Finance & Corporate Services</i>	0-2.5 pension Nil lump sum	0-5 pension Nil lump sum	-	1	1
Ms Heather Reid <i>Director of Nursing & Allied Health Professionals</i>	4-4.5 pension 7-7.5 lump sum	40-45 pension 85-90 lump sum	-	1,011	184

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 membership of the pension scheme, 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 within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2024. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 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. However, the real increase calculation uses common actuarial factors at the start and end of the period so that it disregards the effect of any changes in factors and focuses only on the increase that is funded by the employer.

Pension contributions deducted from individual employees are dependent on the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

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.

	2024	2023
Band of Highest Paid Director's Remuneration	£125-130k	£115-120k
Percentage Change of Highest Paid Director	6%	-38%
Median Total Remuneration	£43,806	£43,806
Ratio	2.91	2.68

The remuneration of the highest paid Director has increased as a result of a salary uplift in line with 2020/21, 2021/22 & 2022/23 DoH circulars HSC(SE) 1/2023, HSC(SE) 2/2023 and HSC(SE) 3/2023 applied during 2023/24. 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 2023/24 from 2022/23 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;

	2023/24	25th Percentile	75th Percentile
Mid-Point of Top Salary	£127,500	£33,706	£55,794
Ratio		3.78	2.29

	2022/23	25th Percentile	75th Percentile
Mid-Point of Top Salary	£117,500	£33,706	£56,164
Ratio		3.49	2.09

In 2023/24, no employees received remuneration in excess of the highest paid director. Remuneration ranged from £7,051 to £126,491 in 2023/24 (£6,979 to £194,884 in 2022/23). The lowest salary relates to Safeguarding Board lay members.

For both 2023/24 and 2022/23, 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;

	2023/24 (£)	2022/23 (£)	Increase/ (Decrease) (£)	Change (%)
Average Salary	46,815	47,911	(1,095)	(2.29%)

Staff Report

Staff Costs (Table Audited)

PHA staff costs comprise:

	2024			2023
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	20,413	1,663	22,076	21,354
Social security costs	2,174	113	2,287	2,441
Other pension costs	4,039	210	4,249	4,196
Total staff costs reported in Statement of Comprehensive Net Expenditure	26,626	1,986	28,612	27,991
Less recoveries in respect of outward secondments			(698)	(509)
Total net costs			27,914	27,482

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 scheme valuation data provided for the 2020 actuarial valuation will be used in the 2023/24 accounts. The 2020 valuation assumptions will be retained for demographics whilst financial assumptions are updated to reflect recent financial conditions.”

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 2023/24 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 changes are being implemented in two stages; stage 1 started on 1 November 2022 with further changes planned in 2023.

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 £13,246	5.1%
£13,247 to £16,831	5.7%
£16,832 to £22,878	6.1%
£22,879 to £23,948	6.8%
£23,949 to £28,223	7.7%
£28,224 to £29,179	8.8%
£29,180 to £43,805	9.8%
£43,806 to £49,245	10%
£49,246 to £56,163	11.6%
£56,164 to £72,030	12.5%
£72,031 and above	13.5%

Average Number of Persons Employed (Table Audited)

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

	2024			2023
	Permanently employed staff	Others	Total	Total
Commissioning of Health and Social Care	368	23	391	479
Less average staff number in respect of outward secondments	(9)	0	(9)	(7)
Total net average number of persons employed	359	23	382*	472

**The decrease in the 2024 staff numbers is primarily due to closure of the COVID-19 Contact Tracing Centre.*

Reporting of Early Retirement and other Compensation Schemes – Exit Packages

There were no exit packages agreed and accounted for in 2023/24 or 2022/23. No exit costs were paid in 2023/24 (2022/23: 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 2023/24 or 2022/23.

Retirements Due to Ill-Health

During 2023/24, there were no early retirements from the PHA on the grounds of ill-health (2022/23: nil).

Staff Composition

The staff composition broken down by male/female as at 31 March 2024 is illustrated in the table below;

	Male	Female	Total
Non-Executives	5	2	7
Chief Executive and Directors	2	4	6
Senior Management*	13	35	48
Other	68	259	327
Total	88	300	388

**Senior management is defined as staff in receipt of a basic whole-time equivalent salary of an Agenda for Change Band 8C (greater than c£67k) 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 2023 to 31 March 2024 is 4.35% (2022/23, 3.47%).

There were 30,754 hours lost due to sickness absence (2022/23: 25,644 hours), or the equivalent of 81.8 hours (2022/23: 72.6 hours) lost per employee. Based on a 7.5 hour working day, this is equal to 11 days per employee (2022/23: 10 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 %	2024	2023
Total Staff Turnover	10%	13.25%
Split between:		
Voluntary Turnover	9.70%	11.57%
Involuntary Turnover	0.30%	1.68%

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 2023/24 (2022/23: 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 3 such 'off-payroll' staff resource engagements as at 31 March 2024 (2022/23: 10).

The following tables provide further analysis;

Temporary Off-Payroll Worker Engagements

	2024	2023
Number of off-payroll workers engaged during the year ended 31 March	3	10
<i>of which:</i>		
Number determined as out-of-scope of IR35	3	0
Number determined as in-scope of IR35	0	10
Number of engagements reassessed for compliance or assurance purposes during the year	0	0

	2024	2023
Number of off-payroll engagements at 31 March	3	10
<i>of which:</i>		
Existed for less than one year at time of reporting	2	2
Existed for between one and two years at time of reporting	1	4
Existed for between two and three years at time of reporting	0	4

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 2023/24 there has been no evidence of irregular expenditure occurring. In 2022/23 there was one instance of deemed unlawful expenditure totalling £33.5k relating to SBNI, which is noted in section 11a of the Governance Statement.

Losses and Special Payments (Audited)

Losses Statement	2023/24	2022/23
Total number of losses	1	2
Total value of losses (£)	£1,442k	£105k*

**Note – One of the 2022/23 losses (£104k) was pursued and a total of £56k was recovered during 2023/24.*

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

	2023/24		2022/23
	Number	£'000	£'000
Fruitless Payments (PHA)			
Total number of losses	1	1,442	0

Special Payments

There were no other special payments or gifts made during the year (2022/23: 0).

Other Payments and Estimates

There were no other payments made during the year (2022/23: 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 2024, the PHA is not aware of any remote contingent liabilities, and there were none in 2022/23.

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: <date>

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 2024 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 2024 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 this 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 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 Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Accounting Officer is 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;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or 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 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 and 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;
 - 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
[Date]

PUBLIC HEALTH AGENCY

ANNUAL ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2024

FOREWORD

These accounts for the year ended 31 March 2024 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 2024

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.

		2024	2023
	NOTE	£000	£000
Income			
Revenue from contracts with customers	4.1	1,897	2,979
Other operating income (excluding interest)	4.2	445	509
Total Operating Income		2,342	3,488
Expenditure			
Staff costs	3	(28,612)	(27,991)
Purchase of goods and services	3	(62,620)	(60,340)
Depreciation, amortisation and impairment charges	3	(1,650)	(348)
Provision expense	3	(182)	(186)
Other operating expenditure	3	(5,165)	(4,928)
Total Operating Expenditure		(98,229)	(93,793)
Net Operating Expenditure		(95,887)	(90,305)
Finance income	4.2	0	0
Finance expense	3	(3)	(4)
Net Expenditure for the Year		(95,890)	(90,309)
Revenue Resource Limits (RRLs) and capital grants issued (to)			
Belfast Health & Social Care Trust		(16,618)	(22,396)
South Eastern Health & Social Care Trust		(6,149)	(6,545)
Southern Health & Social Care Trust		(9,002)	(9,252)
Northern Health & Social Care Trust		(10,617)	(11,269)
Western Health & Social Care Trust		(8,465)	(9,562)
NI Ambulance Service		(177)	(192)
NI Medical & Dental Training Agency		0	(359)
PCC		0	0
Total RRL issued		(51,028)	(59,575)
Total Commissioner Resources Utilised		(146,918)	(149,884)
Adjustment to net expenditure for non cash items	22.1	7,551	14,136
Total Commissioner resources funded from RRL		(139,367)	(135,748)
Revenue Resource Limit (RRL) received from DOH	22.1	139,447	135,984
Surplus / (Deficit) against RRL		80	236
OTHER COMPREHENSIVE EXPENDITURE		2024	2023
		£000	£000
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	1	0
Net gain/(loss) on revaluation of intangibles	6.1/6.2/8	0	0
Net gain/(loss) on revaluation of financial instruments	7/8	0	0
Items that may be reclassified to net operating costs			
Net gain/(loss) on revaluation of investments		0	0
TOTAL COMPREHENSIVE EXPENDITURE for the Year Ended 31 March		(95,889)	(90,309)

The notes on pages 110 to 141 form part of these accounts.

Statement of Financial Position for the Year Ended 31 March 2024

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	2024 £000	2023 £000
Non Current Assets			
Property, plant and equipment	5.1/5.2	585	944
Intangible assets	6.1/6.2	<u>3,965</u>	<u>251</u>
Total Non Current Assets		<u>4,550</u>	<u>1,195</u>
Current Assets			
Trade and other receivables	12	4,489	6,076
Other current assets	12	89	21
Cash and cash equivalents	11	<u>394</u>	<u>512</u>
Total Current Assets		<u>4,972</u>	<u>6,609</u>
Total Assets		<u>9,522</u>	<u>7,804</u>
Current Liabilities			
Trade and other payables	13	(15,645)	(13,770)
Other liabilities	13/16	(109)	(108)
Provisions	14	<u>(134)</u>	<u>(31)</u>
Total Current Liabilities		<u>(15,888)</u>	<u>(13,909)</u>
Total Assets less Current Liabilities		<u>(6,366)</u>	<u>(6,105)</u>
Non Current Liabilities			
Provisions	14	(233)	(155)
Other liabilities	13/16	<u>(165)</u>	<u>(274)</u>
Total Non Current Liabilities		<u>(398)</u>	<u>(429)</u>
Total Assets less Total Liabilities		<u>(6,764)</u>	<u>(6,534)</u>
Taxpayers' Equity and Other Reserves			
Revaluation reserve		5,322	247
SoCNE Reserve		<u>(12,086)</u>	<u>(6,781)</u>
Total Equity		<u>(6,764)</u>	<u>(6,534)</u>

The notes on pages 110 to 141 form part of these accounts.

The financial statements on pages 106 to 109 were approved by the Board on <date> and were signed on its behalf by:

Signed	(Chair)	Date
Signed	(Chief Executive)	Date

Statement of Cash Flows for the Year Ended 31 March 2024

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	2024 £000	2023 £000
Cash flows from operating activities			
Net operating expenditure	SoCNE	(95,890)	(90,309)
Adjustments for non cash transactions	3	1,966	667
(Increase)/decrease in trade and other receivables	12	1,519	(997)
Increase/(decrease) in trade and other payables	13	1,767	307
<i>Less movements in payables relating to items not passing through the Net Expenditure Adjustment (NEA)</i>			
Movements in payables relating to the purchase of intangibles	13	0	1
Movements in payables relating to finance leases	13	108	(382)
Use of provisions	14	0	0
Net cash inflow/(outflow) from operating activities		<u>(90,530)</u>	<u>(90,713)</u>
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	0	(91)
(Purchase of intangible assets)	6	(39)	(16)
Net cash outflow from investing activities		<u>(39)</u>	<u>(107)</u>
Cash flows from financing activities			
Grant in aid		90,559	90,584
Capital element of bringing lease onto Balance Sheet		(108)	(107)
Net financing		<u>90,451</u>	<u>90,477</u>
Net increase/(decrease) in cash & cash equivalents in the period		(118)	(343)
Cash & cash equivalents at the beginning of the period	11	512	855
Cash & cash equivalents at the end of the period	11	<u>394</u>	<u>512</u>

The notes on pages 110 to 141 form part of these accounts.

Statement of Changes in Taxpayers' Equity for the Year Ended 31 March 2024

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 2022		(7,081)	247	(6,834)
Changes in Taxpayers' Equity 2022/23				
Grant from DOH		90,584	0	90,584
Other reserves movements including transfers		0	0	0
(Comprehensive expenditure for the year)		(90,309)	0	(90,309)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	25	0	25
Balance at 31 March 2023		(6,781)	247	(6,534)
Changes in Taxpayers' Equity 2023/24				
Grant from DOH		90,559	0	90,559
Other reserves movements including transfers		0	0	0
(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)

The notes on pages 110 to 141 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 and inventories.

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, and Furniture & Fittings.

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 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 of Land and Buildings

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

Assets under Construction (AUC)

Assets in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

The PHA had no AUC in either 2023/24 or 2022/23.

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 (SoCNE). If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the SoCNE and an amount up to the value of the impairment in the revaluation reserve is

transferred to the SoCNE Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the SoCNE to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

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

The overall useful life of 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 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 2023/24 or 2022/23.

1.9 Inventories

The PHA had no inventories as at 31 March 2024 or 31 March 2023.

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 2023/24 or 2022/23.

1.12 Research and Development expenditure

Research and development 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 research and development (R&D) expenditure, additional disclosures are included in the notes to the accounts.

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 2023/24 or 2022/23.

1.16 Private Finance Initiative (PFI) transactions

The PHA had no PFI transactions during 2023/24 or 2022/23.

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, its 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 2024. (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 2023/24 accounts. The 2020 valuation assumptions will be retained for demographic whilst 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 2023/24 or 2022/23.

1.24 Government Grants

The PHA had no government grants in 2023/24 or 2022/23.

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).

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 2024.

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	2024 £000	2023 £000
Summary			
Commissioning	2.1	108,956	115,007
FHS	2.2	2,761	1,903
Agency Administration	2.3	34,315	32,100
Safeguarding Board NI	2.4	886	874
Total Commissioner Resources utilised		146,918	149,884

2.1 Commissioning

		2024 £000	2023 £000
Expenditure			
Belfast Health & Social Care Trust	SoCNE	16,618	22,396
South Eastern Health & Social Care Trust	SoCNE	6,149	6,545
Southern Health & Social Care Trust	SoCNE	9,002	9,252
Northern Health & Social Care Trust	SoCNE	10,617	11,269
Western Health & Social Care Trust	SoCNE	8,465	9,562
NIAS	SoCNE	177	192
NI Medical & Dental Training Agency	SoCNE	0	359
PCC	SoCNE	0	0
Other	3.1	59,825	58,411
		110,853	117,986
Income			
Revenue from contracts with customers	4.1	1,897	2,979
Commissioning Net Expenditure		108,956	115,007

2.2 FHS

FHS Net Expenditure	3.1	2,761	1,903
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2.3 Agency Administration

		2024 £000	2023 £000
Expenditure			
Salaries and wages	3.2	27,989	27,361
Operating expenditure	3.2	4,806	4,581
Non-cash costs	3.3	206	211
Depreciation	3.3	1,759	456
		34,760	32,609
Other Operating Income			
Staff secondment recoveries	4.2	445	509
Agency Administration Net Expenditure		34,315	32,100

2.4 Safeguarding Board NI

		2024 £000	2023 £000
Expenditure			
Salaries and wages	3.2	623	630
Operating expenditure	3.2	263	244
Programme expenditure	3.1	0	0
		886	874
Safeguarding Board NI Net Expenditure		886	874

NOTE 3 EXPENDITURE

3.1 Commissioning	2024	2023
	£000	£000
General Medical Services	2,761	1,903
Other providers of healthcare and personal social services	50,050	49,065
Research & development capital grants	9,775	9,346
Total Commissioning	62,586	60,314
3.2 Operating expenses are as follows:-		
Staff costs ¹ :		
Wages and salaries	22,076	21,354
Social security costs	2,287	2,441
Other pension costs	4,249	4,196
Supplies and services - general	34	26
Establishment	4,323	4,126
Transport	2	1
Premises	624	573
Bad debts	0	0
Rentals under operating leases	82	95
Interest charges under IFRS16	3	4
Total Operating Expenses	33,680	32,816
3.3 Non cash items		
Depreciation	251	238
Amortisation	1,399	110
Depreciation charges under IFRS16	109	108
(Profit)/Loss on disposal of property, plant and equipment	0	0
Increase / Decrease in provisions	181	186
Cost of borrowing of provisions (unwinding of discount on provisions)	1	0
Auditors remuneration	25	25
Total non cash items	1,966	667
Total	98,232	93,797

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

NOTE 4 - INCOME**4.1 Revenue from Contracts with Customers**

	2024	2023
	£000	£000
R&D	1,145	2,507
Other income from non-patient services	163	133
Burdett Income	18	29
Capital Grant Income (Waste Water)	571	310
Total	1,897	2,979

4.2 Other Operating Income

	2024	2023
	£000	£000
Seconded staff	445	509
Total	445	509

TOTAL INCOME	2,342	3,488
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NOTE 5.1 - Property, Plant & Equipment - Year Ended 31 March 2024

	Buildings (excluding dwellings) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation				
At 1 April 2023	713	1,215	55	1,983
Opening Balance IFRS 16 Adjustment	0	0	0	0
Restated Opening Balance	713	1,215	55	1,983
Indexation	7	0	1	8
Additions	0	0	0	0
Transfers	0	0	0	0
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
Transfers	0	0	0	0
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 31 March 2023	380	549	15	944

Asset financing

Owned	0	301	12	313
Finance leased	272	0	0	272
Carrying Amount	272	301	12	585
At 31 March 2024				

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 (2022/23: £108k).

The fair value of assets funded from donations, government grants or lottery funding during the year was £nil (2022/23: £nil).

NOTE 5.2 - Property, Plant & Equipment - Year Ended 31 March 2023

Cost or Valuation

At 1 April 2022

Opening Balance IFRS 16 Adjustment

Restated Opening Balance

Indexation

Additions

Transfers

Disposals

At 31 March 2023

Buildings (excluding dwellings) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
222	1,153	55	1,430
488	0	0	488
710	1,153	55	1,918
18	0	0	18
0	91	0	91
0	0	0	0
(15)	(29)	0	(44)
713	1,215	55	1,983

Depreciation

At 1 April 2022

Indexation

Transfers

Disposals

Provided during the year

At 31 March 2023

221	463	36	720
18	0	0	18
0	0	0	0
(15)	(29)	0	(44)
109	232	4	345
333	666	40	1,039

Carrying Amount

At 31 March 2023

At 1 April 2022

380	549	15	944
489	690	19	1,198

Asset financing

Owned

Finance leased

Carrying Amount

At 31 March 2023

0	549	15	564
380	0	0	380
380	549	15	944

Asset financing

Owned

Carrying Amount

At 1 April 2022

489	690	19	1,198
489	690	19	1,198

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

NOTE 6.1 - 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
Indexation	0	0	0
Additions	0	39	39
Transfers	0	6,501	6,501
Disposals	0	0	0
At 31 March 2024	343	6,847	7,190

Amortisation

At 1 April 2023	167	232	399
Indexation	0	0	0
Transfers	0	1,427	1,427
Disposals	0	0	0
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 31 March 2023	176	75	251

Asset financing

Owned	101	3,864	3,965
Carrying Amount			
At 31 March 2024	101	3,864	3,965

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 (2022/23 - £nil).

The £6.5m transfer relates to the Vaccine Management System which was transferred from Department of Health during 2023/24.

NOTE 6.2 - Intangible Assets - Year Ended 31 March 2023

	Software Licenses £000	Information Technology £000	Total £000
Cost or Valuation			
At 1 April 2022	343	292	635
Indexation	0	0	0
Additions	0	15	15
Disposals	0	0	0
At 31 March 2023	343	307	650

Amortisation

At 1 April 2022	93	197	290
Indexation	0	0	0
Disposals	0	0	0
Provided during the year	74	35	109
At 31 March 2023	167	232	399

Carrying Amount

At 31 March 2023	176	75	251
At 1 April 2022	250	95	345

Asset financing

Owned	176	75	251
Carrying Amount			
At 31 March 2023	176	75	251

Asset financing

Owned	250	95	345
Carrying Amount			
At 1 April 2022	250	95	345

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 body. The majority of financial instruments relate to contracts to buy non-financial items in line with the PHA's expected purchase and usage requirements and the PHA is therefore exposed to little credit, liquidity or market risk.

NOTE 8 - IMPAIRMENTS

The PHA had no impairments in 2023/24 or 2022/23.

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 2023/24 or 2022/23.

NOTE 10 - INVENTORIES

The PHA did not hold any inventories as at 31 March 2024 or 31 March 2023.

NOTE 11 - CASH AND CASH EQUIVALENTS

	2024	2023
	£000	£000
Balance at 1st April	512	855
Net change in cash and cash equivalents	(118)	(343)
Balance at 31st March	394	512

The following balances were held at 31 March:

	2024	2023
	£000	£000
Commercial banks and cash in hand	394	512
Balance at 31st March	394	512

11.1 Reconciliation of liabilities arising from financing activities

Non-Cash Changes

	2023	Cash flows	Net cash requirement	Acquisition	Change in valuation	Other changes	2024
	£000	£000	£000	£000	£000	£000	£000
Lease Liabilities	382	(111)	0	0	3	0	274
Total liabilities from financing activities	382	(111)	0	0	3	0	274

NOTE 12 - TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2024 £000	2023 £000
Amounts falling due within one year		
Trade receivables	1,171	765
Deposits and advances	0	0
VAT receivable	461	915
Other receivables - not relating to fixed assets	2,857	4,396
Trade and other receivables	4,489	6,076
Prepayments	89	21
Other current assets	89	21
TOTAL TRADE AND OTHER RECEIVABLES	4,489	6,076
TOTAL OTHER CURRENT ASSETS	89	21
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	4,578	6,097

The balances are net of a provision for bad debts of £nil (2022/23: £nil).

NOTE 13 - TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2024 £000	2023 £000
Amounts falling due within one year		
Other taxation and social security	0	690
Trade capital payables - intangibles	0	0
Trade revenue payables	7,033	9,298
Payroll payables	3,844	1,430
BSO payables	963	1,049
Other payables	2,970	1,200
Accruals	0	0
Deferred income	835	103
Trade and other payables	15,645	13,770
Current part of lease liabilities	109	108
Other current liabilities	109	108
Total payables falling due within one year	15,754	13,878
Amounts falling due after more than one year		
Finance leases	165	274
Total non current other payables	165	274
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	15,919	14,152

NOTE 14 - PROVISIONS FOR LIABILITIES AND CHARGES 2024

	Other	Total
	£000	£000
Balance at 1 April 2023	186	186
Provided in year	210	210
(Provisions not required written back)	(30)	(30)
(Provisions utilised in the year)	0	0
Cost of borrowing (unwinding of discount)	1	1
At 31 March 2024	367	367

Comprehensive Net Expenditure Account Charges

	2024	2023
	£000	£000
Arising during the year	210	186
Reversed unused	(30)	0
Cost of borrowing (unwinding of discount)	1	0
Total charge within Operating expenses	181	186

Analysis of Expected Timing of Discounted Flows

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

Provisions have been made for Employer's and Occupier's Liability. For the provision in respect of Employer's and Occupier's claims the PHA has estimated an appropriate level of provision based on professional legal advice.

Holiday Pay Liability

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can extend as far back as 1998. However, the PSNI appealed the CoA judgment to the Supreme Court. The hearing was held in December 2022 and the judgment was delivered on 4 October 2023. The 2023-24 Holiday Pay provision has been estimated by HR and

1. Outstanding legal advice now required following the Supreme Court judgment;
2. Lack of accessible data for years previous to 2011; and
3. Ongoing negotiations with Trade Union and their legal representatives.

NOTE 14 - PROVISIONS FOR LIABILITIES AND CHARGES 2023

	Other	2023
	£000	£000
Balance at 1 April 2022	0	0
Provided in year	186	186
(Provisions not required written back)	0	0
(Provisions utilised in the year)	0	0
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2023	186	186

Analysis of Expected Timing of Discounted Flows

	Other	2023
	£000	£000
Not later than one year	31	31
Later than one year and not later than five years	155	155
Later than five years	0	0
At 31 March 2023	186	186

NOTE 15 - CAPITAL AND OTHER COMMITMENTS

The PHA did not have any capital or other commitments as at 31 March 2024 or 31 March 2023.

NOTE 16 - LEASES**16.1 Quantitative Disclosures around Right of Use Assets**

	Land and Buildings £000	Other £000	Total £000
Cost or Valuation			
At 1 April 2023	489	0	489
Additions	0	0	0
As at 31 March 2024	489	0	489
Depreciation Expense			
At 1 April 2023	109	0	109
Charged in year	109	0	109
At 31 March 2024	218	0	218
Carrying Amount at 31 March 2024	271	0	271
Interest charged on IFRS 16 leases	3		3

16.2 Quantitative Disclosures around Lease Liabilities**Maturity Analysis**

	2024 £000	2023 £000
Buildings		
Not later than one year	111	111
Later than one year and not later than five years	166	277
Later than five years	0	0
	277	388
Less interest element	(3)	(6)
Present Value of Obligations	274	382
Total Present Value of Obligations	274	382
Current Portion	109	108
Non-Current Portion	165	274

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

	2024	2023
	£000	£000
Other lease payments not included in lease liabilities	73	95
Sub-leasing income	0	0
Expense related to short-term leases	0	0
Expense related to low-value asset leases	0	0
	73	95

16.4 Quantitative Disclosures around Cash Outflow for Leases

	2024	2023
	£000	£000
Total cash outflow for lease	184	206

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 2023/24 or 2022/23.

NOTE 18 - OTHER FINANCIAL COMMITMENTS

The PHA did not have any other financial commitments at either 31 March 2024 or 31 March 2023.

NOTE 19 - CONTINGENT LIABILITIES

The PHA has contingent liabilities of £5k.

Clinical negligence

	2024	2023
	£000	£000
Total estimate of contingent clinical negligence liabilities	5	0
Amount recoverable through non cash RRL	(5)	0
Net Contingent Liability	<u>0</u>	<u>0</u>

Employers' liability

	2024	2023
	£000	£000
Employers' liability	0	5
Amount recoverable through non cash RRL	0	(5)
Net Contingent Liability	<u>0</u>	<u>0</u>

In addition to the above contingent liabilities, provision for clinical negligence and employers' liabilities would be given in Note 14. 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 2023/24 or 2022/23.

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:

	2024	2023
	£000	Restated £000
Revenue Resource Limit (RRL)		
RRL Allocated from:		
DoH (excludes non Cash)	138,956	135,493
Other Government Departments - NIMDTA	491	491
Total RRL Received	139,447	135,984
Less RRL Issued To:		
RRL Issued	(51,028)	(59,576)
Total RRL issued	(51,028)	(59,576)
RRL to be Accounted For	88,419	76,408
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	95,890	90,309
Adjustments		
Capital Grants for R&D	(570)	(600)
Capital Grant for GP Scheme	0	0
Research and Development under ESA10	(5,016)	(12,869)
Depreciation	(251)	(238)
Depreciation - IFRS 16	(109)	(109)
Amortisation	(1,399)	(110)
Impairments	0	0
Notional Charges	(25)	(25)
Movements in Provisions	(181)	(186)
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	0	0
PPE Stock Adjustment	0	0
PFI and other service concession arrangements/IFRIC	0	0
Total Adjustments	(7,551)	(14,137)
Net Expenditure Funded from RRL	88,339	76,172
Surplus/(Deficit) against RRL	80	236
Break Even cumulative position (opening)	2,156	1,920
Break Even cumulative position (closing)	2,236	2,156
Materiality Test:		
	2024	2023
	%	%
Break Even in year position as % of RRL	0.06%	0.17%
Break Even cumulative position as % of RRL	1.60%	1.59%

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.

	2024 £000	2023 £000
Capital Resource Limit (CRL)		
CRL Allocated from:		
Department of Health - Investment Directorate	5,626	13,575
Department of Health - Strategic Planning & Performance Group	0	0
Public Health Agency	0	0
Northern Ireland Medical & Dental Training Agency	0	0
Other (please specify)	0	0
Total CRL received	5,626	13,575
Less CRL Issued To:		
Organisation (please specify)	0	0
Total CRL Issued	0	0
Net CRL position	5,626	13,575
Capital Resource Limit Expenditure		
Capital expenditure per additions in asset notes	39	706
Adjustments to remove items not funded via CRL		
Charitable trust fund capital expenditure	0	0
PFI and other service concession arrangements	0	0
Net Book Value of disposals	0	0
Adjustments to add items not capitalised in accounts (i.e. expensed through SoCNE) but funded via CRL		
Capital grants for R&D	571	0
Capital grants for GP scheme	0	0
Research and Development under ESA10	5,016	12,869
Other (please specify)	0	0
Net Capital Expenditure Funded from CRL	5,626	13,575
Surplus/(Deficit) against CRL £k	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 <DATE>

Title of Meeting	PHA Board Meeting
Date	20 June 2024
Title of paper	PHA Financial Plan 2024/25
Reference	PHA/03/06/24
Prepared by	Stephen Bailie
Lead Director	Leah Scott
Recommendation	For Approval ☒ For Noting ☐

1 Purpose

The purpose of this paper is to seek approval from the PHA Board for PHA Financial Plan for 2024/25.

2 Background Information

The attached Plan sets out the allocations made available to PHA and their deployment to providers of HSC services including Trusts. The impact of the Budget settlement for Northern Ireland in 2024/25 has far reaching consequences for Health in Northern Ireland. The delivery of services in 2024/25 will require significant savings across both Health and Social Care (HSC) and the wider Public Sector.

In that context, PHA management have developed a Financial Plan which is balanced and deliverable in the current year but which contains a number of assumptions and risks which are highlighted in section 6 of this document.

The PHA's opening allocation letter has not been finalised, however, in May 2024, the DoH provided a draft allocation to the PHA to support the planning activities of the organisation.

This Plan has been prepared on the basis of the draft allocation and has been informed by DoH clarification in a number of areas. There is therefore an element of risk in approving the Plan, which will be managed until final agreement is reached. Further funds are usually received throughout the year, which will update budgets and will be formally reported in regular monthly financial position to management and the Board.

The following sections of this Plan summarise:

- I. The total funding allocation from DoH, as set out in the 2024/25 draft opening allocation letter and projections based on other assumed allocations;
- II. Planned application of resources set against high level budget areas;
- III. Risks and uncertainties associated with the 2024/25 financial plan;
- IV. The opening capital position for the PHA for 2024/25.

The PHA Board is asked to consider the assumptions and risks set out and approve the Financial Plan in respect of the opening revenue budget position (Tables 1-5) and the opening capital budget position (Table 6) for 2024/25. Further updates will be provided in the monthly budget reports throughout the financial year.

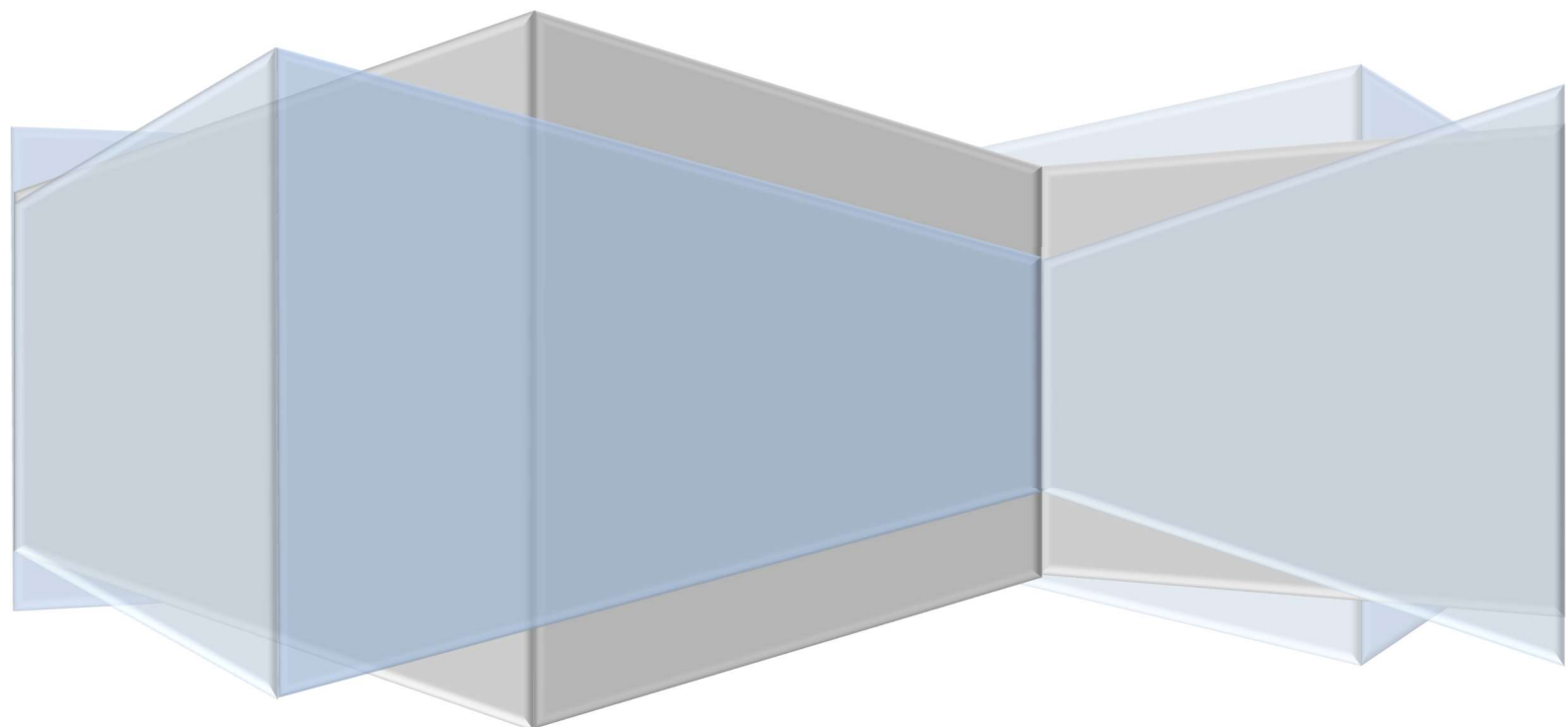
3 Actions Required

PHA Board are asked to consider the assumptions and risks set out and approve the Financial Plan in respect of the opening revenue budget position (Tables 1-5) and the opening capital budget position (Table 6) for 2024/25. Further updates will be provided in the monthly budget reports throughout the financial year.

Financial Plan 2024/25 - Draft for Board approval

Leah Scott

Director of Finance and Corporate Services



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1. Introduction & Summary

This document forms the basis of the 2024/25 Financial Plan for the Public Health Agency (PHA) and sets out the allocations made available to PHA and their deployment to providers of HSC services including Trusts. The impact of the Budget settlement for Northern Ireland in 2024/25 has far reaching consequences for Health in Northern Ireland. The delivery of services in 2024/25 will require significant savings across both Health and Social Care (HSC) and the wider Public Sector.

In that context, PHA management have developed a financial plan which is balanced and deliverable in the current year but which contains a number of assumptions and risks which are highlighted in section 6 of this document.

The PHA's opening allocation letter has not been finalised, however, in May 2024, the DoH provided a draft allocation to the PHA to support the planning activities of the organisation.

This Plan has been prepared on the basis of the draft allocation and has been informed by DoH clarification in a number of areas. There is therefore an element of risk in approving the plan, which will be managed until final agreement is reached. Further funds are usually received throughout the year, which will update budgets and will be formally reported in regular monthly financial position to management and the board.

The following sections of this plan summarise:

- i. The total funding allocation from DoH, as set out in the 2024/25 draft opening Allocation letter and projections based on other assumed allocations;
- ii. Planned application of resources set against high level budget areas;
- iii. Risks and uncertainties associated with the 2024/25 financial plan;
- iv. The opening capital position for the PHA for 2024/25.

Recommendation

PHA Board are asked to consider the assumptions and risks set out and approve the Financial Plan in respect of the opening revenue budget position (**Tables 1-5**) and the opening capital budget position (**Table 6**) for 2024/25. Further updates will be provided in the monthly budget reports throughout the financial year.

2. Summary of Opening PHA Allocation - Revenue

The main funding source of revenue funding for the PHA is provided by the Department of Health which has been set out in the draft allocation received in May 2024. This opening allocation is summarised in **Table 1a** below. A total of £130.7m has been provided recurrently for the activities of the PHA in 2024/25. The total funds available of £130.7m has been split between Commissioning (£99.2m), Administration (£30.6m) and Ringfenced (£0.9m) budgets.

In 2023/24 PHA received £138.9m funding which included £19.6m of non-recurrent and £4.0m of recurrent funding which was allocated throughout the year.

Table 1a – PHA Opening Funding Allocation 2024/25

	Commissioning £'000	Admin £'000	Ringfenced £'000	Total £'000
Opening Allocation at 1 April 2023	86,956	27,854	621	115,431
New Recurrent Allocations 2023-24:				
Pay Awards 2023-24	1,857	1,948	-	3,805
Other (incl. SBNI recurrent allocation)	200	(51)	-	149
Reclassifications in 2023-24	(127)	127	-	-
Total recurrent allocation at 31 March 2024	88,886	29,878	621	119,385
<i>New recurrent allocations 2024/25:</i>				
Vaccinations & VMS	5,707	50		5,757
Safe Staffing			282	282
R&D funding for NIHR	3,200			3,200
Price Inflation, NLW, pension uplift	1,399	343		1,742
Transfer from SPPG for Finance team		321		321
Reclassifications	(9)	9		-
Total allocation at 1 April 2024	99,182	30,602	903	130,688

A breakeven position is currently projected for the year, as shown in **Table 1b** on the next page, with in-year pressures in the Programme budget expected to be funded from underspends on the Administration budget and anticipated slippage in the Programme baseline.

The remainder of this plan sets out the detail accompanying the budget along with an analysis of Risks and Assumptions. Detailed analysis relating to pressures and funding is set out in **Section 5 – In year Pressures and Funding**.

As in previous years, the PHA will maintain tight financial control on all budgets throughout the year, and the Scrutiny Committee will continue to exercise a challenge function on all recruitment activity. This position will be kept under close review and regular monthly updates will be provided to both AMT and PHA Board throughout the year.

The summary of PHA 2024/25 revenue budgets and forecast expenditure is contained in **Table 1b** below:

Table 1b: Summary budgets and financial position 2024/25 (Revenue)

	Commissioning	Admin	Ringfenced	Total
	£'000	£'000	£'000	£'000
Anticipated funding allocation (Table 1a)	99,182	30,602	903	130,688
Re-alignment of 23-24 savings target balance	1,200	(1,200)		0
Total Funding	100,382	29,402	903	130,688
Forecast expenditure:				
Management & Admin		28,702		28,702
Health Improvement	44,713		272	44,985
Health Protection	24,819			24,819
Research & Development	3,252			3,252
Service Development & Screening	18,587			18,587
Nursing, Midwifery and AHPs	7,951		631	8,582
Communications & Knowledge Management	352			352
HSC Quality Improvement	43			43
Early Intervention (Mental Health)	310			310
Other budgets	55			55
Anticipated baseline slippage in 24-25	(100)			(100)
In-Year Pressures to be funded (Table 4)	1,100			1,100
Initial forecast expenditure	101,082	28,702	903	130,688
Forecast surplus / (deficit)	(700)	700	0	0

A savings target of £5.3m was retracted from PHA in 2023-24 and only £4.1m of this has been applied recurrently to budgets, leaving a balance of £1.2m which was achieved non-recurrently through slippage in the prior year but is still to be recurrently dealt with. This has been set against the Administration budget non-recurrently in 2024/25 and is expected to be achieved through naturally occurring slippage due to vacant posts.

Additional allocations from 2023/24 recurrent funding position have been provided for as follows:

- an element of funding for price increase due to inflation;
- support for increased costs relating to National Living Wage;

- Recurrent funding allocation for NIHR Research and development
The £3.2m allocation to R&D for the NIHR contract has been reinstated this year, having been recurrently retracted in 2023/24;
- Funding transfer for finance staff moving to PHA from SPPG;
- Recurrent funding for Delivering Care safe staffing;
- Funding of £1.5m for ongoing costs of the Vaccine Management System; and
- Additional Funding for adult and child vaccine programme for 2024/5
The new recurrent allocations to the Programme budget for 2024/25 primarily relate to funding for the vaccinations programme which has historically been allocated non-recurrently during the year. No additional funding for Shingles or Covid vaccinations has been allocated to date, and the Health Protection team is working with DoH colleagues to confirm if funding will be allocated during the year.

Other Issues

Programme funds for the Centre for Connected Health & Social Care were transferred in 2023/24, are now being managed by the Chief Digital Information Officer and are now held within the DoH baseline. Further discussion in relation to transferring staff budgets are ongoing with an approach to be resolved in 2024/5.

The Health and Social Care Quality Improvement Unit (HSCQI) is currently managed by PHA with staffing costs funded from baseline. Discussions are ongoing about the transfer of the unit to RQIA following recommendations from the Reshape and Refresh programme. Programme costs have previously been funded non-recurrently through the DoH however in 2024/5 PHA are required to fund programme costs of £150k to avoid any impact to services. This has been included in pressures identified in **Table 4**.

The Safeguarding Board NI (SBNI) is hosted by PHA who have responsibility for financial oversight, employment of staff and the provision of accommodation as set out by the Memorandum of Understanding. Funding of £0.8m for the Safeguarding Board has been allocated recurrently, and this has been included in the in-year budget for 2024/25.

3. Review of PHA Programme Budget – Revenue

Programme funding of **£100.4m** has been allocated across programme areas, as outlined in **Table 2**, below.

Table 2 – Analysis of Baseline Programme Budget 2024/25

	Trust £'000	Non-Trust £'000	Total £'000
Health Improvement	13,988	30,725	44,713
Health Protection	8,653	16,166	24,819
Research & Development	-	3,252	3,252
Service Development & Screening	15,370	3,217	18,587
Nursing & AHP	8,178	- 228	7,951
Communications & Knowledge Management	-	352	352
HSC Quality Improvement	25	18	43
Early Intervention (Mental Health)	-	310	310
Unallocated Price Inflation funding from prior years	-	355	355
Total Recurrent allocation	46,214	54,168	100,382

The majority of the existing baseline programme budget is allocated on a recurrent basis to providers (Trusts or external organisations, primarily in the Community and Voluntary sector) under long-term SLAs.

Further detail of the recurrent Programme allocation of £100.4m has been set out in the following Tables and also in **Appendix 1**.

3.1. Health Improvement

The opening budget for the Health Improvement area is set out in its Thematic areas in **Table 2a** below:

Table 2a - Health Improvement	£
Drugs & Alcohol	10,204,888
Early Years	2,117,293
Health Inequalities	7,191,540
Later Years	2,639,773
Mental Health & Suicide Prevention	11,478,742
Obesity	5,002,329
Sexual Health	2,207,290
Tobacco	3,871,086
Total - Health Improvement	£44,712,941

As in previous years, almost half of the total budget for Health Improvement is allocated to Drugs & Alcohol and various Mental Health / Suicide Prevention initiatives.

Other key priorities in this area include Smoking Cessation and Physical Activity programmes, along with schemes tackling issues associated with inequality.

3.2. Health Protection

The opening budget for the Health Protection area is set out in **Table 2b** below:

Table 2b - Health Protection	£
HCAI	200,134
Rotavirus	872,663
HPV	1,932,191
Men ACWY	546,421
Shingles	1,597,622
Men B	2,295,883
Hexavalent	171,594
Pertusis	382,520
Immunisation Other	256,510
Seasonal Flu	6,376,175
Child Flu	7,922,539
Vaccine Management System	1,500,000
Storage & Distribution	407,961
National Poisons Information Service	160,750
Support to Hep C Clinical Network	119,771
HIV Surveillance	76,727
Total - Health Protection	£24,819,461

Vaccines funding allocation by DoH

Vaccination programmes and in particular the flu vaccination budget of £14.3m make up the majority of this area of work. Since the impact of COVID experience, the application and management of vaccines are continuing to adapt and improve.

PHA confirmed there was the potential for significant savings to be realised in implementing more effective distribution and management systems for all vaccine usage. Historically the recurrent budget for several vaccines was held by DoH centrally, but the PHA Board recommended that if control of the overall budget was fully devolved, a more effective management system could be introduced and significant savings delivered.

Following ongoing work and dialogue between PHA officers and DoH officials, the draft opening allocation to PHA includes recurrent funding for a number of vaccination programmes including Flu, which has been transferred under the operational management of PHA, together with funding for a management resource to assume oversight of operational matters and have budgetary responsibility. This Plan assumes that the funding allocated is sufficient to cover the costs of the vaccination programme in 2024/25 and any additions will be separately funded through DoH.

Funding has also been allocated to support the Vaccine Management System (VMS) in 2024/25 and this will need to be closely managed during the year. PHA also advised DoH in January that savings could be achieved through improved management of vaccine programmes of approximately £1.5m. This has required the scale of vaccine purchased to be further reduced in line with projected demand and systems agreed to reduce levels of wastage. Funding has now been recurrently provided to PHA which crystallise those savings and provides funding to offset the 2024/25 costs of the VMS.

3.3. Research & Development

The opening budget for the Research & Development area is set out in Table 2c below:

Table 2c - R&D	£
Research & Development	3,251,661
Research & Development	£3,251,661

This budget includes £3.2m for the PHA's participation in the National Institute for Health and Care Research. The Research & Development team also manages approximately £13.4m of capital grant funding which is included in the capital section of this Financial Plan (section 8).

3.4. Service Development & Screening (SDS)

The opening budget for the Health Improvement area is set out in Table 2d below:

Table 2d - Service Development & Screening	£
Abdominal Aortic Aneurysm	638,929
Cervical Screening Programme	1,057,074
Bowel Cancer Screening Programme	5,331,130
Breast Screening Programme	7,647,471
Digital mammography	75,946
High Risk Screening	275,326
Diabetic Retinopathy Screening Prog	1,117,683
New Born Screening Programme	943,192
Cancer Registry	1,080,717
Cerebral Palsy	118,204
SDS - Other	301,200
Total - Service Development & Screening	18,586,872

Breast and Bowel Cancer screening programmes make up the largest part of this budget (£13.1m), with the balance consisting of various other screening and service development activity.

3.5. Nursing & Allied Healthcare Practitioners (AHP)

The opening budget for the Nursing & AHP area is set out in Table 2e below:

Table 2e - Nursing & AHP	£
Ward Sister Initiative	2,712,018
Family Nurse Partnership	1,920,150
Nursing & AHP (Other)	59,699
Public Health Nursing	275,172
Transformation Fund/ Delivering Care	484,556
Older People	35,000
Nursing Home In-reach	719,078
Holistic H&W Assessment for LAC	385,690
Dysphagia Project	719,900
Partnership Working Officers	266,005
Real Time User Feedback	373,290
Total - Nursing & AHP	£7,950,558

PHA funds a number of specific Nursing and AHP programmes in Trusts that are aimed at modernising or transforming services such as the Family Nurse Partnership and Dysphagia. As regional lead for PPI, PHA also funds programmes that promote patient and client involvement.

3.6. Communications & Knowledge Management

The opening budget for the Communications & KM area is set out in Table 2f below:

Table 2f - Campaigns	£
Organ Donation	58,886
Deemed Consent Organ Donation	293,519
Total - Campaigns	£352,405

On 30 March 2023 the Department advised PHA of a freeze on campaign advertising expenditure for 2023/24. This is still the case for 2024/25, and the only campaign that has been approved to progress in the current year is organ donation. There is continued uncertainty around the delivery of campaign programmes and the agency will continue to engage with DoH on the agreement.

3.7. Other Budgets

The opening budget allocation to other areas is shown in Table 2g below:

Table 2g - Other Budgets	£
Early Intervention (Mental Health)	310,000
HSC Quality Improvement	43,227
Unallocated Price Inflation funding from prior years	355,106
Total - Other Budgets	708,333

PHA has received an allocation of £0.3m for Early Intervention & Prevention in the area of Mental Health in 2024/25. This funding is recurrent and will be managed by the Finance and Corporate Services team to take forward implementation of the agreed multi-agency Action Plan.

A balance from unallocated prior years' price inflation allocations totalling £0.355m is held centrally and not allocated to date. A savings target of £5.3m was retracted from PHA in 2023-24 and only £4.1m of this has been applied recurrently to budgets, leaving a savings target of £1.2m. Further detail is given in Section 5.

4. Management & Administration Budgets – Revenue

The Administration budget for 2024/25 is analysed by Directorates as set out in **Table 3**, below.

Table 3: Administration Budget 2024/25

	Salaries & Wages £'000	Goods & Services £'000	Total £'000
Public Health	16,867	246	17,113
Nursing & AHP	5,134	197	5,331
Finance & Corporate Services	4,831	940	5,771
Quality Improvement	720	13	733
Centre for Connected Health	255	50	306
Chief Executive & Board	400	141	541
Safeguarding Board	553	256	809
Balance of 23-24 Savings Target	(1,200)	-	(1,200)
Total Admin budget	27,560	1,842	29,402

It is assumed that financial settlement of a pay award will be directed through the Department of Health. Therefore, these figures do not take account of any 2024/25 pay award which will be notified if approved and updated in the monthly financial reports.

An early assessment of the expected slippage on Admin budgets in 2024/25 shows a forecast underspend of approximately £1.9m, after including a range of pressures relating to the Reshape and Refresh programme, various Public Inquiries and Digital staffing resources. The anticipated underspend on Admin budgets is primarily due to vacancies in Nursing & AHP and Public Health, reflecting the continued challenges in recruiting specialist staff and filling posts in general in the current climate.

It is planned to absorb the remaining £1.2m of recurrent savings required from the 2023/24 allocation on a non-recurrent basis for 2024/25. The remaining £0.7m of Admin budget slippage will be available in year to address a range of unfunded pressures.

Realignment of budgets and allocation of savings targets will take place during 2024/5 as the Reshape and Refresh programme is implemented and the new Directorates become operational.

It is expected that the Scrutiny Committee will continue to exercise oversight of and financial rigour over recruitment activity, as was the case in 2023/24.

5. In-Year Pressures, Funding Available & Management of savings targets

A number of in-year pressures and priorities have been identified by budget managers within the PHA, and these are listed in **Table 4** below together with the planned funding sources for each.

Table 4 – In-Year Pressures and Priorities

	Recurrent Pressure £'000	In-Year Pressure 2024-25 £'000	DoH Funding £'000	Internal Funding £'000	2024-25 Unfunded Pressure £'000
To be funded by DoH:					
Vaccine Management System	1,000	1,500	1,500	-	-
HPV Testing	2,159	825	825	-	-
Acute Response Service - first responders	253	160	160	-	-
STEC testing service	129	129	129	-	-
Contact Tracing - MS Dynamics licences	29	29	29	-	-
Safe Staffing	301	301	282	-	19
To be absorbed within existing baseline budget:					
NRT pressure	350	350	-	350	-
Postage costs linked to Screening	200	200	-	200	-
Pressures covered within M&A forecast:					
Data Analytics	654	654	-	654	-
New Digital Directorate	350	40	-	40	-
Support for Reshape & Refresh	150	150	-	150	-
MMR/Pertussis vaccine delivery & campaign	-	138	-	138	-
Senior HR business partner	85	85	-	85	-
Band 7 Screening post	50	50	-	50	-
Other Pressures:					
Diabetic Screening	200	200	-	-	200
NI Cancer Registry	85	85	-	-	85
National Bereavement Care Pathway	108	108	-	-	108
Nursing Leadership Programme (BSO SLA)	18	18	-	-	18
Learn HSCNI (BSO)	3	3	-	-	3
ODEF proposal	12	12	-	-	12
HSCQI programme funding to transfer to RQIA	140	140	-	-	140
IFRS 16 additional cost	182	182	-	-	182
Child Health dashboard	80	40	-	-	40
Exit cost	84	84	-	-	84
DLS support for Public Enquiries	180	180	-	-	180
Other minor pressures	29	29	-	-	29
Total Pressure	6,831	5,692	2,925	1,667	1,100

The list of pressures above is expected to be funded in a number of different ways:

- (i) Funding is expected from DoH for a number of major projects, including the Vaccine Management System revenue costs, the roll out of pHPV testing and the introduction on an expanded E-Coli testing (STEC) programme. Funding has been assumed from DoH on the basis of a business case bid for the Acute

Response Service. It is expected that providing this service on a stable basis going forward would align with potential recommendations from the Covid Public Inquiry. A funding bid will also be made to DoH for expanded E-Coli testing (STEC).

- (ii) Budget holders have indicated that they will be able to absorb a number of pressures within their existing baseline budgets. Items falling into this category include the NRT pressure and the additional postage costs associated with screening programmes (e.g. Bowel Cancer Screening).
- (iii) A number of the pressures relate to staffing costs associated with the Reshape & Refresh programme and the digital platform costs to be absorbed ultimately as part of the proposed new Data and Digital Directorate. These costs are planned to be absorbed within the existing Administration budget, which has seen significant slippage in recent years.

The items to be funded by DoH fall into one of the categories below:

- Funding explicitly listed on the draft allocation;
- PHA have received a firm commitment from Departmental colleagues that these pressures will be covered in 2024/25; or
- Assumed that funding will be secured on the basis of business case submissions in due course. (In the event that funding is not allocated for the STEC or Acute Response projects, for example, budget holders will be required to consider options for funding these from within existing baseline budgets.)

After accounting for funding opportunities, a balance of £1.100m is required to produce a balanced budget. It is anticipated that this balance will be funded through a combination of in-year slippage on the Admin budget and slippage within the baseline programme budget, as shown in **Table 5** below:

Table 5: Funding Sources	In-Year Funds available £'000
Slippage on Admin budget	1,900
Balance of Savings applied non-recurrently to M&A	(1,200)
Efficiency saving on prior year inflation funding	300
General baseline slippage	100
Total In-Year Funding available	1,100

Management of savings targets - Balance of 2023/24 Savings Targets to be identified recurrently

In the response to DoH dated 12 January regarding potential savings requirements for 2024/25, PHA advised that to fully achieve the £5.3m savings from 2023/24 plans

had been developed plans to reduce its M&A budget by £1.2m on a recurrent basis. A savings target of £5.3m was applied to the PHA budget in 2023/24, and £4.1m of this was found recurrently last year.

PHA Board recognised that this represented a significant reduction of 4.2%, but that it took cognisance of the difficulties experienced in recruiting key professional staff. However, it further recognised that such a reduction in the overall budget may clearly reduce the PHA's ability in the medium to long term to create a stronger multi-skilled public health workforce in line with the direction set out in the Reshape and Refresh programme.

It is initially planned that this £1.2m will be funded non-recurrently from Administration budgets in 2024/25, with a decision on the level of recurrent saving to be considered later in the year when the impact of the new Directorate structure resulting from the R&R Programme has been financially modelled and the requirement for any new posts has been fully assessed.

This funding is sufficient to fully absorb the in-year pressures, and is reflected in the breakeven position forecast for 24-25 in the summary in **Table 1b** on page 3.

6. Assumptions, risks and uncertainties

This opening financial plan has a number of assumptions, risks and uncertainties built in and the management of these elements are set out below.

i. EY Reshape & Refresh review

The PHA is currently undergoing a significant review of its structures and processes, and the full impact of this on staffing structures will not be fully known until later in the year.

Through this process there will be an opportunity to consider where new posts may be required (e.g. to resource Strategic Planning Teams) in the longer term and where modernisation will enable new operational structures. It will also allow for further consideration of the level of recurrent Admin / Programme budget that will be available to balance off the 2023/24 savings target.

It is recognised that PHA Board will want to be assured that the 2024/25 Financial Plan for PHA will deliver a break even and balanced budget. However, it is also recognised that the PHA Board will seek assurance that the new organisational structures resulting from the R&R programme are implemented with costed budgets at the earliest opportunity.

It is proposed to implement a costed budget based on the outcomes of the R&R process effective from April 2025 i.e. the 2025/26 Budget and to use this budget to commission the modelling of the budget outlook over the 3-year period up to 2027/28.

The key milestones and associated actions needed to implement this are described in **Appendix 3** and align with the ongoing work of the R&R Implementation Team.

There are risks associated with implementing the outcomes of this review in a savings context, and careful management will be required at all stages of the process. Risks will be regularly discussed and reviewed as part of the overall management of the Programme through the Implementation Team and Programme Board.

ii. Administration Slippage

In recent years there has been significant slippage on the Administration budget, and this is expected to continue in 2024/25. The budget will be closely monitored during the year to ensure that slippage is materialising as forecast, and AMT and Board will be alerted at an early stage if it appears the assumptions in this Plan need reviewed.

Rather than wait until the Mid-Year review of the financial plan is completed in the Autumn, management have already commenced a process to develop appropriate

investment / expenditure proposals in the event that material slippage, over and above that already envisaged and planned for should arise in year. Key proposals will include for example addressing the backlog of potential digital projects that support the work of both Health Protection and Health Improvement.

No pay award funding has been received for 2024/25 to date, and it is assumed that all pay uplifts will be fully funded in the year. If 2024/25 pay costs are not to be funded centrally, PHA will need to review its ability to award pay increases and any decision to award unfunded pay awards would be made within a regional context. Each 1% of pay award is expected to cost PHA approximately £0.3m.

iii. CHITIN income

PHA receives income from EU partner organisations for the CHITIN R&D project. The project includes both capital and revenue elements, and finished during 2023/24 although a significant level of funding is still to be received. Claims were made on a quarterly basis, but there is a significant delay between claims being submitted and payment being received resulting in a large debtor. However, £2.6m was received in the 2023/24 year and the value of the debtor has reduced from £4.3m to £1.7m. The risk to PHA is low as there is an equal and opposite creditor listed for monies due to other organisations and claims are not normally disputed by EU Partner organisations. R&D staff are working closely with colleagues in partner organisations and full payment is still expected on these debts.

iv. Demand led services

There are a number of demand-led budgetary areas that are more difficult to predict the funding requirements and therefore manage the budgets. These include Nicotine Replacement Therapy (NRT) and various vaccination budgets. These will be kept under close review throughout the year; however, a significant amount of funding has been removed from the opening budget to address the savings requirement.

7. Opening Capital position 2023/24

The PHA has received an indicative allocation letter from the DoH on 15 April 2024, providing an opening capital position as detailed in **Table 6**, below.

Table 6: PHA opening Capital position (2024/25)

	£m
R&D - Trusts	7.5
R&D - Other Bodies	4.0
Capital Receipts	0.0
<i>Total R&D allocation</i>	<i>11.5</i>
CHITIN - Trusts	0.0
CHITIN - Other bodies	0.0
CHITIN - Capital Receipts	0.0
<i>Total CHITIN project</i>	<i>0.0</i>
Congenital Heart Disease (CHD) Network	0.7
NICOLA	0.8
i-REACH Project	0.4
Total CRL allocation	13.4

The majority of the PHA's indicative Capital Resource Limit (CRL) of £13.4m relates to the regional allocation for HSC Research & Development (R&D). This is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

PHA has received three smaller capital allocations in respect of the Congenital Heart Disease (CHD) Network (£0.7m), the NICOLA project (£0.8m), both of which are managed through the PHA R&D team, and for the iREACH project (£0.4m). These projects are a continuation of funding received by the PHA in 2023/24.

CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The project was funded from the EU's INTERREG VA programme of €8.84m, but no funding is shown in **Table 7** as the project ceased during 2023/24. As noted in point (iii) on page 15 above, there are delays being experienced in the reimbursement of claims from EU partner organisations, but full payment is still expected on these debts.

The PHA has not currently bid for, or been allocated, any 'General Capital' for use on schemes of a more minor nature.

The monthly Finance Report to the Agency Management Team (AMT) and the PHA Board in 2024/25 will provide information on the financial position for capital schemes. It is currently projected that capital schemes will breakeven, but will be subject to careful monitoring throughout the year.

Appendix 1: PHA Programme Budget 2024/25 (detail)

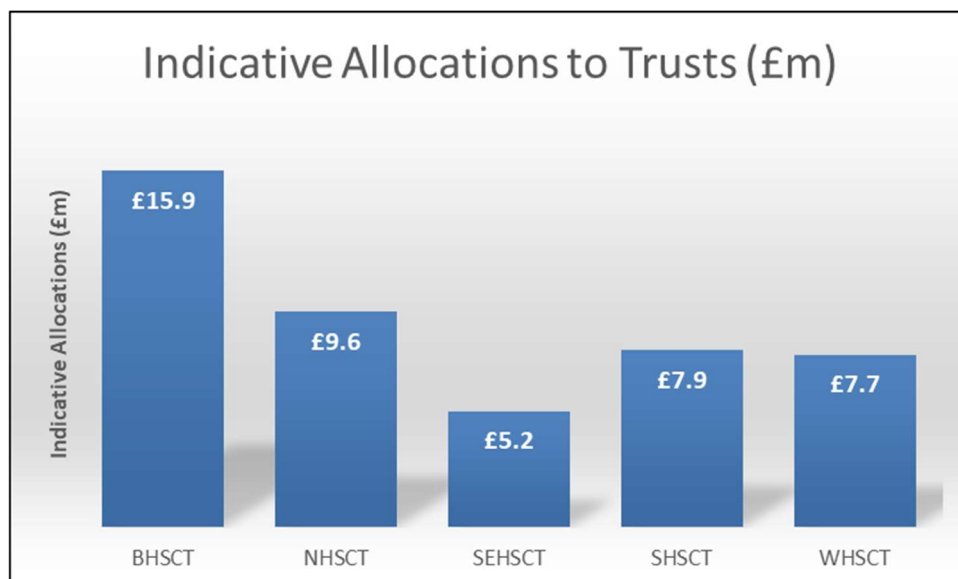
Health Improvement		£
Drugs & Alcohol	Drugs and Alcohol (Local and Regional)	9,018,992
Drugs & Alcohol	One Stop Shop	1,185,895
Drugs & Alcohol		£10,204,888
Early Years	Breastfeeding (Local and Regional)	320,246
Early Years	Child Development Early Years	71,027
Early Years	Early Years	1,726,020
Early Years		£2,117,293
Health Inequalities	Community development Implementation	374,124
Health Inequalities	Fareshare	46,408
Health Inequalities	Farm Families	60,000
Health Inequalities	Healthy Living Centres	1,624,750
Health Inequalities	Inequality	456,741
Health Inequalities	Investing for Health	2,833,981
Health Inequalities	Making Life Better	100,000
Health Inequalities	Migrant HSWI	187,449
Health Inequalities	NINIS	35,000
Health Inequalities	Poverty	421,117
Health Inequalities	Prisoners Health	52,266
Health Inequalities	Shankill & Beechall HWIC	263,821
Health Inequalities	Sustainable Communities	307,160
Health Inequalities	Travellers (local and regional)	256,047
Health Inequalities	Workplace Health (Local and regional)	172,676
Health Inequalities		£7,191,540
Later Years	Accident Prevention (Local and Regional)	660,413
Later Years	Local Government	726,244
Later Years	Older People (Local and Regional)	1,253,117
Later Years		£2,639,773
Mental Health/Suicide Prev	LGBT	15,000
Mental Health/Suicide Prev	Lifeline	3,440,419
Mental Health/Suicide Prev	MATT	-
Mental Health/Suicide Prev	Mental Health Promotion (Local and regional)	1,474,052
Mental Health/Suicide Prev	Suicide Prevention (Local and Regional)	6,549,271
Mental Health/Suicide Prev		£11,478,742
Obesity	Active Travel	210,437
Obesity	Education	144,322
Obesity	Food and Nutrition	455,717
Obesity	Obesity / Fit Futures (Local and Regional)	3,167,832
Obesity	Physical Activiyy	1,024,021
Obesity		£5,002,329
Sexual Health	Teen Pregnancy / Sexual Health	1,875,249
Sexual Health	Sexual Health (Regional)	332,041
Sexual Health		£2,207,290
Tobacco	Regional Melanoma	74,312
Tobacco	Regional Smoking - GP	34,302
Tobacco	Regional Smoking - Pharmacy	231,617
Tobacco	Regional Smoking - Resources	1,824,953
Tobacco	Smoking Cessation	1,705,903
Tobacco		£3,871,086
Total - Health Improvement		£44,712,941

Service Development & Screening		
Abdominal Aortic Aneurysm		638,929
Cervical Screening Programme		1,057,074
Bowel Cancer Screening Programme		5,331,130
Breast Screening Programme		7,647,471
Digital mammography		75,946
High Risk Screening		275,326
Diabetic Retinopathy Screening Prog		1,117,683
New Born Screening Programme		943,192
Cancer Registry		1,080,717
Cerebral Palsy		118,204
SDS - Other		301,200
Total - Service Development & Screening		18,586,872
Health Protection		
HCAI		200,134
Rotavirus		872,663
HPV		1,932,191
Men ACWY		546,421
Shingles		1,597,622
Men B		2,295,883
Hexavalent		171,594
Pertusis		382,520
Immunisation Other		256,510
Seasonal Flu		6,376,175
Child Flu		7,922,539
Vaccine Management System		1,500,000
Storage & Distribution		407,961
National Poisons Information Service		160,750
Support to Hep C Clinical Network		119,771
HIV Surveillance		76,727
Total - Health Protection		£24,819,461
Nursing & AHP		
Ward Sister Initiative		2,712,018
Family Nurse Partnership		1,920,150
Nursing & AHP (Other)		59,699
Public Health Nursing		275,172
Transformation Fund/ Delivering Care		484,556
Older People		35,000
Nursing Home In-reach		719,078
Holistic H&W Assessment for LAC		385,690
Dysphagia Project		719,900
Partnership Working Officers		266,005
Real Time User Feedback		373,290
Total - Nursing & AHP		£7,950,558
Campaigns		
Organ Donation		58,886
Deemed Consent Organ Donation		293,519
Total - Campaigns		£352,405
R&D		
Research & Development		3,251,661
Research & Development		£3,251,661
Operations - Early Intervention & Prevention (Mental Health)		£310,000
HSC Quality Improvement		£43,227
Efficiency saving on Price Inflation funding from prior years		£355,106
TOTAL PROGRAMME BUDGET		£100,382,231

Appendix 2: PHA recurrent Programme allocation 2024/25 (Revenue)

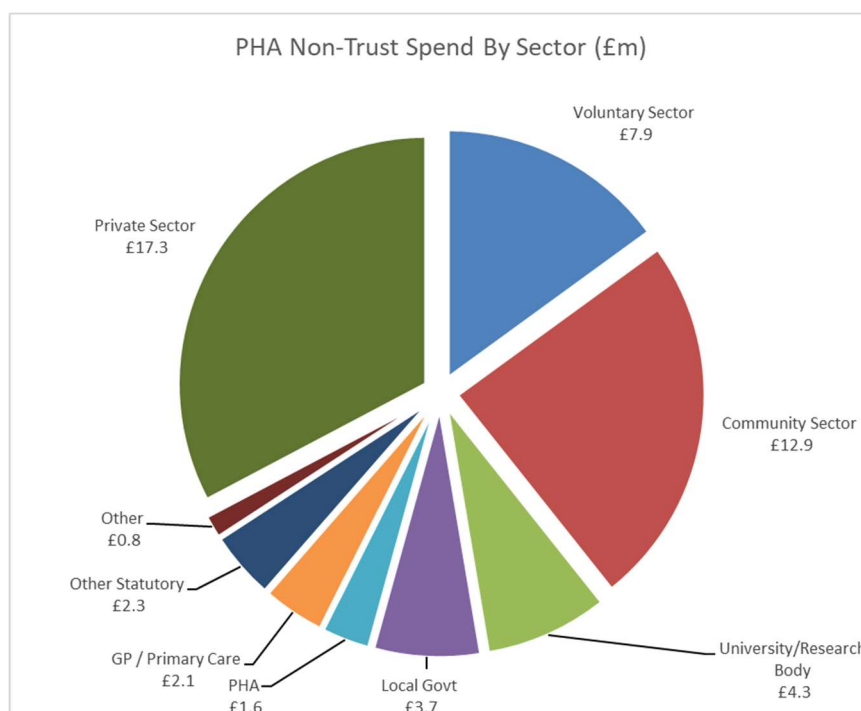
i. Indicative Allocations to Trusts

The opening recurrent allocations to Trusts for 2024/25 (£46.2m) are set out in the chart below and have rolled forward based on allocations made recurrently in prior years:



ii. Non-Trust Budgets

A summary of the recurrent allocations held against Non-Trust budgets is set out in the chart below:



Appendix 3: Actions and timelines for the implementation of 2025/26 Budget reflecting the new Reshape and Refresh Organisational structures

Key R&R Implementation Milestones	Lead	Target Dates
Evaluation of Tier 3 Job Descriptions completes with outcomes known for AD level posts	HR / R&RIT	June 2024
Pools process commences for staff impacted by Tier 3 evaluation.	HR / R&RIT	July - Sept 2024
Tier 4 Job Descriptions developed	HR / R&RIT	Nov 2024-Jan 2025
Tier 4 Job Descriptions evaluation completes	HR / R&RIT	Feb - April 2025
Key R&R Budgetary Milestones	Lead	Target Dates
Tiers 1-3 budget to be costed	Finance	Sep 2024
Best estimate of Tier 4 posts / grades to developed, informed by outcome of Tier 3 pools process	HR / R&RIT	Oct 2024
Best estimate above to be costed as Tier 4 budget .	Finance	Nov 2024
Directors to refine the anticipated directorate positions of staff in Tier 5 and below. This should be on Directorate basis which reflects new operational working.	AMT	Aug - Oct 2024
First draft of Budget 2025/26 to be finalised	Finance	Nov - Dec 2024
Paper to AMT with Budget proposals assessed against available funding	Finance	Jan 2025
Budget 2025/26 paper to PHA Board for approval (includes Tier 4 estimate or outcomes of Tier 4 evaluation if available)	Finance	Feb 2025
2025/26 Budget to be implemented. (Further revisions as required during Q1)	Finance	Apr 2025
Early modelling of budgets covering 2026/27 to 2027/28 commences	Finance	Apr - June 2025

Title of Meeting	PHA Board Meeting
Date	20 June 2024
Title of paper	PHA Corporate Plan 2025-30
Reference	PHA/04/06/24
Prepared by	Stephen Murray / Julie Mawhinney
Lead Director	Leah Scott
Recommendation	For Approval ☐ For Noting ☒

1 Purpose

The purpose of this paper is to update the PHA Board on the development of the PHA Corporate Plan 2025/30.

2 Background Information

The Public Health Agency (PHA) needs to develop a new Corporate Plan for the period 2025-2030. This paper sets out the project plan and accountability for its development.

The following tables sets out the anticipated steps and timelines required in developing the PHA Corporate Plan.

Milestone	Timescale
Establish Project Structures	May – June 2024
Development of Stakeholder Engagement Plan	May 2024 and ongoing
Review of available information and strategic documents	June - August 2024
Stakeholder engagement	August - October
Draft strategic priorities and measures identified	August - October
Board workshops on proposed priorities / draft document	September – November 2024
Draft document for approval by Board	November 2024
Consultation	December - February 2025

A project Oversight Group will be established consisting of

- Project Sponsor (Chief Executive and chair)
- Project Owner (Director Finance and Corporate Services)
- Directors
- Non-Executive member(s) of the PHA board
- Head of Chief Executive's Office
- Project Manager

Meetings should occur every 6-8 weeks to oversee progress. This could be part of an AMT meeting or held on the morning of a board meeting

Development of the Corporate Plan within the time period will require additional temporary resource A Band 7 Project Support Manager resource is requested for a 12-month period to support this work.

3 Next Steps

Work has already been progressed to develop the stakeholder engagement plan and recruit the band 7 project manager post. Project structures are also being established. Dates for meetings will be finalised, following consideration of the paper by PHA Board.

PHA Corporate Plan 2025-30

Project Initiation Document

1.0 Introduction

The Public Health Agency (PHA) needs to develop a new Corporate Plan for the period 2025-2030. This paper sets out the project plan and accountability for its development.

2.0 Strategic Context

Since its inception in 2009, the PHA has worked to deliver on its core priorities of:

- improving and protecting the health and wellbeing of the population,
- improving quality and safety in service delivery; and,
- tackling inequalities in health.

Over the years the PHA has had to adapt, react and deliver in a context of positive change but also uncertainty. There have been many developments and advances in respect of interventions and programmes to improve and protect health and wellbeing, and reduce health inequalities. There have also been many challenges faced, through periods of significant economic uncertainty and recession, a changing policy landscape, HSC reform, political instability, epidemics and pandemics, not least the COVID-19 pandemic and its devastating and far-reaching impact.

These changes, experiences and challenges have highlighted the many strengths of PHA and the significant opportunities to learn and improve, as well as the need to respond to ever changing landscapes and recent HSC reform.

Reflecting on this, PHA has entered a period of change through the Refresh and Reshape Programme to reshape the agency for the future, ensure that it is effective within the changing landscape and has the capacity and resources to deal with any future pandemic challenges as well as the ongoing and wider public health needs of the population.

The previous Corporate plan (2017-2021) was written to provide direction through ongoing change and challenge, albeit some of it unknown, and due to the COVID-19 pandemic has been extended with permission from sponsor branch and Department of Health. However, in the context of ongoing change, the significant impact of COVID-19, the return of the NI Assembly and development of a new Programme for Government and the Refresh and Reshape Programme, it is timely to develop the PHA Corporate Plan for the coming 3 years.

3.0 Project Definition

Scope

This project will work to develop the PHA Corporate Plan for the period 2025-30. This PID sets out the key actions and deliverables, timescales and management structure required to develop the PHA Corporate Plan.

Aim

The development of a PHA Corporate Plan for the 5 year period 2025-2030, that will set out the organisations strategic priorities and outcomes to be achieved over this period.

Objectives

- To review the current corporate objectives for 2017-21 and take stock of the achievements and challenges over this period;
- To identify and consider the PHA priorities for the next 5 years across all our functions, taking account of the above engagement, regional strategies and internal reviews as well as the new PfG requirements;
- To set out clear corporate objectives for the next 5 years that can be translated into meaningful strategic and annual plans and provide context for staff objectives and organisational development;
- To reflect the ongoing restructure of PHA and work underway through Reshape and Refresh;
- To reflect full and extensive engagement with a wide range of stakeholders and 'critical friends';
- To involve staff in the development of the priorities and strategy, ensuring their ownership;
- To consider our longer term relationships and partnerships with other HSC and non HSC organisations in light of the above;
- To assess and analyse how we utilise our resources (human, financial, IT and physical assets), our culture and working arrangements to deliver these objectives;
- To consider how we plan, deliver, monitor and evaluate our work to enable the Corporate Plan to be taken forward and achievement monitored, ensuring that effective, appropriate and accountable systems are in place for planning, procuring, approvals and reporting (including KPIs).

4.0 Project Deliverables and Milestones

The following tables sets out the anticipated steps and timelines required in developing the PHA Corporate Plan.

Milestone	Timescale
Establish Project Structures	May – June 2024
Development of Stakeholder Engagement Plan	May 2024 and ongoing

Review of available information and strategic documents	June - August 2024
Stakeholder engagement	August - October
Draft strategic priorities and measures identified	August - October
Board workshops on proposed priorities / draft document	September – November 2024
Draft document for approval by Board	November 2024
Consultation	December - February 2025
Final draft approved by Board	March 2025

5.0 Methodology and Approach

The corporate plan will be developed over the coming year (May 2024-April 2025) to allow time to consider and include the strategic documents and reviews produced since 2020; ongoing HSC reform and implementation of ICSNI; stakeholder engagement and consultation; and strategic direction set out through the government led strategies including Making Life Better and Programme for Government (PfG). The corporate plan will also be developed alongside the implementation of the Refresh and Reshape Programme.

The strategic papers to be considered are listed below:

- Programme for Government (Draft 2016-2021; 2024 1year PfG)
- Making Life Better, Public Health Framework 2014-2024 and extended documents
- Relevant DoH strategies.
- The Hussey Review
- Programme to Reshape and Refresh the Public Health Agency Phase 1 report
- Draft Strategic Framework and Draft Interim Corporate Strategy 2023-25 (Board workshops February and March 2023)
- Draft Organisational Strategy (Board meeting April 2023)

It is important to note that DoH has previously required that HSC Arm's Length Bodies (ALB) Corporate Strategies align with the period of the Executive and its Programme for Government (PfG). With this in mind, a new PHA Corporate Plan 2025-30 may need to be reviewed after assembly elections in 2027 to take into account the new PfG, associated with the Assembly term.

Stakeholder Engagement

Stakeholder engagement is an essential element of Corporate Plan development. As well as a robust engagement strategy, the development of the PHA Corporate Plan 2025-2030 will also review and reflect previous engagement and involvement relating to PHA strategic direction and priorities.

The development of a PHA stakeholder engagement plan will also take place alongside the development of the PHA Corporate Plan and both documents should be interdependent.

Interdependencies

It is anticipated that this work will both inform and reflect a number of other products and work, including:

- Organisational Development Strategy (draft)
- IT Strategy
- Asset Management Plan
- Finance/budget management
- Procurement (including social procurement)
- Reshape and Refresh
- Stakeholder Engagement Plan

6.0 Project Infrastructure and Governance

The following roles and structures are proposed to progress the development of the PHA Corporate Plan 2025-2030:

Project Role	PHA Officer
Project Manager	Senior Operations Manager
Project Owner	Director of Finance and Corporate Services
Project Sponsors	Chief Executive and Board member (TBC)

It is proposed that a Project Oversight Group should be established comprising of:

- Project Sponsor (chair)
- Project Owner
- Directors
- Non-Executive member(s) of the PHA board
- Head of Chief Executive's Office
- Project Manager

The Oversight Group will provide direction and leadership, monitor progress and provide advice. The Oversight Group may seek assistance and take advice from other external experts as required (in line with PHA Standing Orders).

Meetings should occur every other 6-8 weeks to oversee progress. This could be part of an AMT meeting or held on the morning of a board meeting.

A risk register will be developed with the Oversight Group to ensure management of any identified risks.

Reporting

The Project Manager will report to the Oversight Group through the Project Owner on a regular basis in line with meeting frequency.

The Project Owner is responsible to the Project Sponsors and will report to PHA board on progress on a monthly basis.

[Project Resources](#)

Development of the Corporate Plan within the time period will require additional temporary resource to facilitate the process and in particular the workload associated with facilitating the stakeholder engagement and consultation.

A Band 7 Project Support Manager resource is requested for a 12 month period to support this work.