PUBLIC HEALTH AGENCY
ANNUAL REPORT & ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2019

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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 1 July 2019

Using this report

This report reflects progress by the Public Health Agency (PHA) in 2018/19 in delivering its corporate priorities and highlights examples of work undertaken to meet the targets as detailed in the PHA's *Annual Business Plan 2018/2019*. 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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This publication is also available for download from our website at:
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ISBN: 978-1-874602-82-8

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PUBLIC HEALTH AGENCY

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OVERVIEW

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 Health and Social Care Board (HSCB), local Health 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 and work to reduce health inequalities between people in Northern Ireland; and
- work with the HSCB, 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.

During 2018/19, the PHA continued to work and be guided by our purpose, vision and values, as set out in our Corporate Plan 2017 – 2021.

Our purpose

- 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;
- we are evidence-led and outcomes-focused.

CHAIR'S FOREWORD

This report marks the 10th annual report of the PHA in working to protect and improve the health and wellbeing of the people of Northern Ireland and tackle health inequalities.

In marking this important milestone, I would like to take the opportunity in this annual report to acknowledge the PHA's journey over the past ten years, and in doing so, be mindful of the challenges we face in the next ten years.

The organisation's continued focus has been to influence and implement a wide range of evidence based programmes and actions to address the major causes of poor health and the barriers to wellbeing and improved life expectancy.

By way of example, new screening and vaccination programmes have been initiated in the past ten years and further enhancements made in the reporting year to screening for aortic aneurysm and bowel cancer. As a result of these many individuals have benefitted from the detection of diseases at an early stage and consequently have received effective treatment with many premature deaths avoided.

In the past decade the PHA has worked with the DoH to energetically highlight the dreadful impact of smoking, the single greatest preventable cause of death. Very substantial progress has been made on this front with adult prevalence rates reducing from 24% in 2011 to 18% in 2018, a decline of 25%.

Significantly, it is pleasing to report that life expectancy in all socio-economic groups has improved over this period of time. However, the current rate of increase in expected life years has more recently slowed to a quarter of what it was 10 years ago, a pattern also evident in many other western societies. The challenge remains to realise substantial reductions in the life expectancy gaps between the most deprived and the most affluent areas and the achievement of this is rooted in tackling the social determinants of poor health and wellbeing. This continues to be the lynchpin of our work with other bodies across government, councils and communities.

The evidence clearly points to the quality of an individual's health and wellbeing being determined at an early age. It is therefore our firm resolve that every child and young person should have the best start in life. Considerable resources over the years have been invested in programmes like Family Nurse Practitioners and the Early Intervention Transformation Programme (EITP) to support families, carers and communities. These programmes will continue to have very positive outcomes on the life course of many individuals born during the past decade.

The NI Public Health Strategy *Making Life Better* (MLB) is now in the sixth year of its 10-year period. While the PHA has a pivotal role to play, we cannot do this alone. MLB is rightly a cross-government and cross-sectoral strategy and we welcome the critical role played by local government through community planning to enhance the quality of life of individuals. In other countries, considerable success has been achieved in public health through the commitment of civic leaders to enhance the quality of life of their citizens.

The PHA has played a lead role in developing patient and public involvement (PPI) in all aspects of the health and social care system. I want to pay tribute in particular to the many members of the public who have volunteered to advance this highly innovative yet essential component of services. Their enduring commitment and dedication have ensured that people become involved in the co-design and co-production of health and care services which perform such an important role in the lives of individuals and of communities.

During the year, I welcomed the very necessary media campaign on antimicrobial resistance. It is important that this message is heard clearly and on a sustained basis so that behaviours are influenced in relation to the prescribing of and demand for antibiotics. Otherwise, in the years ahead, many individuals will not be able to benefit from antibiotics because of excessive and often unnecessary use of these drugs.

In Northern Ireland, such antibiotics are dispensed at a rate more than 40% higher than that in England. We commend those health professionals who have committed to be antimicrobial stewards in order to reduce greatly the excessive use. The World Health Organisation estimates that unless this critical health issue is addressed, 10 million worldwide deaths will occur by 2050.

I look forward to bringing a further and sustained focus on this, and other important areas of public health, as a cornerstone of the PHA's work. It is an important tool in the work that we do to shape public attitudes and behaviours.

I would like to commend staff within the Agency for not only their work within the past year, but over the past 10 years. As we move forward it is important to note and reflect on the PHA's capacity to deliver against a widening agenda as well as its ability to attract the best staff to ensure capability is magnified. Across the HSC, there are workforce planning pressures and the PHA has not been immune to these difficulties. Despite the challenges, our staff continue to dedicate themselves to achieving the best outcomes on behalf of our population.

I want to pay tribute to the dedication and commitment of the members of the Agency Management Team. They work in extremely challenging times.

During the past year the Agency welcomed three new non-executive directors to the PHA Board, Mr Joseph Stewart, Professor Nichola Rooney and Mr John Patrick Clayton.

The PHA Board has given detailed consideration to the NI Audit report on Board Effectiveness (2016) during the past year. This has stimulated discussion as well as a number of development and strategy days where executive and non-executive directors have come together to focus on challenges ahead, how skills and expertise can be optimised and to secure positive outcomes for the population.

On this tenth year it is good to note the accomplishments already delivered by PHA and renew our energy and focus for the next ten years to ensure continued effectiveness in planning and the delivery of better health outcomes.

CHIEF EXECUTIVE'S REPORT

At the time of writing political uncertainty over the UK's scheduled departure from the European Union (EU) is at its height while the continued suspension of the Northern Ireland Executive continues to prove a challenging backdrop for our work, as the statutory body responsible for protecting and improving the health and wellbeing of the people of Northern Ireland.

Despite this we have made significant progress and in this annual report we evidence the diversity of work that has been carried out and progressed by the PHA in the year of review. We also hope to draw attention to our work around innovation and our ability to scale up the delivery and impact of new programmes within the resources available to us. This report highlights a selection of achievements with a particular emphasis on fulfilment of PHA targets and goals, statutory requirements and advancing DoH objectives.

The theme of transformation has continued to guide much of our work this year. Work to transform and reconfigure services as envisaged under *Health and Wellbeing 2026: Delivering Together* has continued during the year and the PHA has participated in implementing a number of transformation projects funded under the Health and Social Care Transformation Fund, also known as 'confidence and supply' monies.

For example, we have been able to progress a number of important pilot programmes including Frailty and the Diabetes Prevention Programme among many others.

These programmes will provide a springboard for future learning and innovation, and allow us to support and implement measures that will deliver better health outcomes for many. Further detail on some of the programmes supported can be found in the performance analysis section of this annual report.

Throughout the year we have continued to facilitate and ensure the enhanced cross-sectoral, multi-agency collaboration that is at the core of Making Life Better. A workshop in June 2018 brought together a wide range of stakeholders from different sectors to consider and agree new regional arrangements for Making Life Better that build on recent developments – including the draft Programme for Government and implementation of Community Planning – and renew momentum to improve our health and wellbeing. The practical outworking of these discussions will, in part, be realised in June 2019 with the launch of the Making Life Better (MLB) Network, the inaugural annual conference and subsequent seminar series.

Partnership working is ingrained in the PHA's working philosophy. We are very mindful, that we alone, cannot progress major improvements in health and wellbeing or address health inequalities and this strong partnership approach is evidenced throughout this annual report.

With continued budget constraints and savings requirements, not least in respect of staffing, the Agency is mindful of the capacity we have to meet the growing demand for the time and expertise of our staff and consider carefully how this contribution can be provided in the future in the most effective way possible. Whilst often time

intensive and requiring careful nurturing, working in partnership in this way allows us to magnify capacity and capability. It also enables us to increase scale of action. As a regional organisation with a local delivery focus we are able to influence at a strategic level while work hand in hand with communities locally that are experiencing specific problems and in so doing help change attitudes and behaviours right at the heart of community life.

Quality, learning and improvement within Health and Social Care depend upon our ability to critically appraise and review practices in particular when things are found to not have been up to standard.

Over the past year PHA has worked very closely with the Health and Social Care Board in leading operational oversight of the review of the Neurology Patient Recall Exercise which affected the Belfast HSC Trust during the reporting period. The largest ever patient recall in Northern Ireland, patient care was our first priority with over 2,500 adults and children being recalled for case review.

As I write this, a quality initiative to enhance service improvement across the Health and Social Care (HSC) system is about to be formally launched called HSC QI. This initiative will integrate quality improvement into the work of HSC organisations and foster greater collaboration across professional, organisational and geographical boundaries. A key element is the focus on sharing good practice so all stakeholders can learn from each other and spread improvements and innovation.

In line with our continued focus on quality, a new Director of Quality Dr Aideen Keaney has been appointed and I would like to welcome her to the PHA. Her appointment will enable us to push this important work forward with greater speed.

As an agency, our work continues to be guided where possible by an ‘evidence based, evidence driven approach’. One example is the Cross-border Healthcare Intervention Trials in Ireland network (CHITIN) details of which can be found later in this report.

The PHA is constantly looking to improve and develop all areas of the organisation and to do this we look towards best practice both at home and abroad. We see a great benefit working with diverse societies in different parts of the world and firmly believe learning comes from collaboration. We also regularly showcase our own high level of work to colleagues around the world. One such example this year was our continued work with the University of Malaysia as part of a joint international research programme between local organisations and the University. Following a delegation visit from the University of Malaya in 2017, the PHA’s Be Cancer Aware Campaign has now been adopted and implemented in Malaysia. I have no doubt this will serve to increase awareness and save many lives.

The expertise of the PHA has received further recognition in the work taken forward with the HSCB on the StayWell campaign which was named Digital Campaign of the Year at the Northern Ireland Public Sector Communication Forum Excellence Awards. This encouraged people to get the free seasonal flu vaccine, remind people to stay warm, order repeat prescriptions before Christmas, and visit their pharmacist if they start to feel unwell.

During the reporting period, the Lifeline crisis response service has been embedded into the Belfast Health and Social Care Trust who will host this regional service on behalf of the HSC. I would like to acknowledge the hard work and dedication of staff involved across many HSC organisations to ensure continuity and development of this critical service.

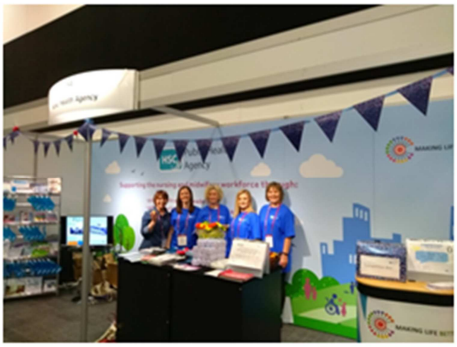
Any progressive organisational change depends significantly on the quality of its staff. The PHA engages many training and development programmes to ensure staff can develop and enhance skills in line with the PHA's organisational goals. A number of PHA staff participated in regional training programmes including Aspire, Proteus and Collective Leadership Programmes to develop skills, competencies and leadership capabilities of staff at all levels.

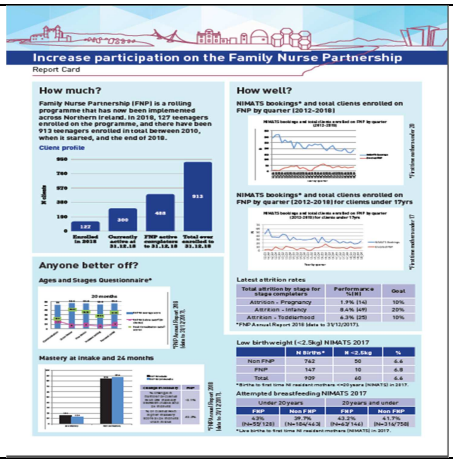
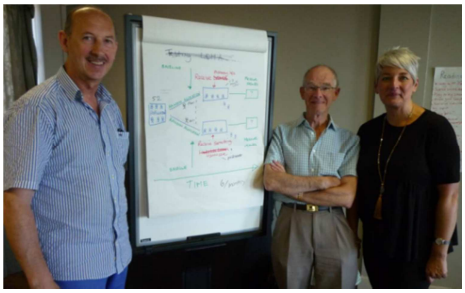
On a sadder note, 2018 marked the premature passing of Chris Totten, Head of Social Wellbeing Improvement (South Eastern). His contribution to Health and Social Services was immense and our thoughts and condolences remain with his family.

As we mark our tenth year, it would be remiss of me not to pay tribute to Dr Carolyn Harper who this year retired from PHA after a long commitment to health and social care in Northern Ireland. As both Director of Public Health for the PHA and Medical Director for the Health and Social Care Board (HSCB) during their first ten years, Carolyn has made an enormous contribution in helping direct and shape the work of the PHA as well as the HSCB.

As I reflect on this important milestone year, I am mindful of the work that has been accomplished since the PHA's inception to advance the health and social wellbeing of the Northern Ireland public. In doing this I acknowledge that there is still much more to be achieved on all public health fronts but we welcome the challenges ahead with knowledge, vitality and strength.

A YEAR ACROSS THE PUBLIC HEALTH AGENCY

April 2018	**AAA Screening** Our Abdominal Aortic Aneurysm (AAA) Screening Programme's annual service user event took place on 26 April in Belfast Central Mission's Grosvenor Hall. Over 70 participants, more than 50 of whom were service users, attended the event which shared learning and celebrated successes to date. AAA screening detects any dangerous swelling (aneurysm) of the aorta – the main blood vessel that runs from the heart, down through the abdomen to the rest of the body.	
	Breastfeeding Welcome Here Northern Ireland's 96 public libraries committed to joining The Public Health Agency's (PHA) Breastfeeding Welcome Here scheme. The move brought the total number of businesses, council facilities and popular tourist attractions signed up to the scheme to over 600. Breastfeeding Welcome Here allows businesses and organisations to play an active role in supporting breastfeeding mums by pledging to make them welcome on their premises and forms one of PHA's over-arching objectives to give all children and young people the best start in life.	
May 2018	**PHA Nursing team @ RCN Congress** The first ever Royal College of Nursing Congress was held in the Waterfront Hall in Belfast from 12 – 16 May. Nearly 3,500 delegates attended the Congress from across the UK to learn, develop and share nursing practice and to influence nursing and health care policy. Our Nursing team showcased PHA led projects across a wide variety of work areas from its exhibition stand.	
	Cancer Screening @ Balmoral Show The PHA organised a stand at the Balmoral Show to engage with the public on the importance of getting screened for a variety of conditions if called upon by a health professional. Five screening programmes were showcased as part of its stand including Diabetic Eye Screening, AAA, Breast, Bowel and Cervical Screening.	

June 2018	**Outcomes based accountability** Throughout the year we have been working to develop and embed an outcomes based accountability (OBA) approach across the organisation through our business planning processes and our approach to both programme planning and monitoring. Moving to OBA style report cards we are able to demonstrate how our work helps meet our commitments in the Northern Ireland Civil Service (NICS) Outcomes Delivery Plan 2018/19 and our commitments within Community Planning.	
	Personal and Public Involvement in R+D Embedding a Personal and Public Involvement (PPI) culture and practice into the development and delivery of services is a top priority across the HSC in Northern Ireland. Supporting this, the PHA's research and development division has a group of representatives called Public Involvement Enhancing Research, PIER (NI). PIER (NI) assists with the implementation of PPI in decision making processes and raises awareness of the benefits of PPI in research among HSC researchers and the wider public.	
July 2018	**Community Development** A new report called 'Expansion of Community Development Approaches' – was launched by the HSC Transformation Community Development Work Stream. The PHA was actively involved in developing the report, which outlines how community development has the potential to achieve improved health outcomes and reduce health inequalities. It forms part of the Health and Social Care Transformation Programme.	
	NHS@70 Celebrations To coincide with the National Health Service's 70th birthday, we joined in the celebrations highlighting the improvement in the health of the population in Northern Ireland over the past seven decades. A very special birthday event was held for Board members and staff to mark this important milestone.	

August 2018	**NHS Standout Stars** As part of the NHS's 70th birthday celebrations, Mary Hinds, the PHA's Director of Nursing, was named one of the National Health Service's 'standout stars'. The campaign, run by the NHS, searched for, celebrated and awarded staff who had made an exceptional contribution to patient care, services and local communities over the last 70 years. The award was voted by patients, staff and the public.	
	Stop smoking services There are over 600 specialist stop smoking services across Northern Ireland which help thousands of smokers quit every year. This year the PHA rolled out a new identity for the service and a promotional campaign featuring some of the successful quitters. Kerri, who featured in the campaign, is pictured with baby Carter. Kerri quit smoking over a year ago using the service and talks about the help and support she received.	
September 2018	**Stay Well This Winter** September saw the PHA and HSCB launch the Stay Well This Winter campaign. A number of resources were produced as part of a wider campaign which persuaded all eligible people to get the free seasonal flu vaccine, remind people to stay warm and order repeat prescriptions before Christmas, and visit their pharmacist if they start to feel unwell. A key element of the campaign was to encourage parents of pre and primary school children to get their kids vaccinated against flu.	
	CHITIN project launched The Cross-Border Healthcare Intervention Trials in Ireland Network Project (CHITIN) was launched in Fermanagh in September and is delivered by the PHA and the Health Research Board (HRB) in the Republic of Ireland. This cross-border partnership consists of a network of 11 Health Intervention Trials to help improve the health and wellbeing of people living in NI and the border regions of ROI.	

October 2018	**ARTiculate** The Young People and Wellbeing Arts Programme is a partnership programme delivered by the Arts Council of Northern Ireland and the Public Health Agency which aims to improve the health and wellbeing of young people at risk across Northern Ireland. Arts help give young people a voice, to ARTiculate their story and in the process to achieve greater personal wellbeing.	
	Be Cancer Aware Working in partnership with Menarys we set up shop to urge women to be aware that lumps aren't the only sign of breast cancer to look out for. The activity marked the start of Breast Cancer Awareness Month. As part of the campaign Menarys hosted a unique set of mannequins within a number of their stores' lingerie departments. The lifelike mannequins depicted some lesser-known signs of breast cancer to raise awareness and encourage women to keep an eye out for them.	
November 2018	**Director of Public Health Annual Report** An early intervention conference was held by the PHA with the theme of 'Early intervention for life'. The conference was used to launch the Director of Public Health report which outlines how early intervention is crucial to prevent disease, prolong life and promote health.	
	Health Protection at Our Ports The PHA Health Protection division hosted a one day conference to share learning and promote discussion for Port Health and Environmental Health Officers. Central was a table top exercise which tested the NI Port Health Plan and the Regional Infectious Diseases and Outbreak Management Plan. Public Health Medicine Edinburgh, PHA Health Protection, Surveillance teams, Port Health Officers, Emergency Planning College, Media and Communications all made presentations.	

December 2018	**Early Intervention Transformation Programme** The 3+ Review is a joint Health-Education initiative, which is being implemented as part of the Early Intervention Transformation Programme (EITP). The 3+ Review links with the pre-school curricular guidance, providing parents and practitioners with valuable information that can be used to support a child's development. The information also enables early identification of needs, and where necessary appropriate referral to support services. This guidance has been developed to maximise the potential of health and education working collaboratively to improve outcomes for children and to support the planning and delivery of the 3+ Review by the named health visitor in partnership with pre-school education settings and parents/carers.	
	'Take 5' Steps to Wellbeing We held a celebratory event in Palace Stables, Armagh, showcasing projects which were successful in the 'Take 5 Steps to Wellbeing' Small Grants programme. The programme provided the community and voluntary sector with the opportunity to support health improvement initiatives at a local level with a focus on Connecting; Learning; Being Active; Take Notice; Giving. The 'Take 5' initiative was developed by Belfast Strategic Partnership's Emotional Health and Wellbeing Group and based on the Five Ways to Wellbeing, developed by the New Economics Foundation (NEF).	
January 2019	**Fuel Poverty** A new initiative called Handi-Heat was launched in January to explore the viability of agriculture waste as a solution to addressing fuel poverty in rural areas €2m has been awarded to fund a three year research programme that will tackle fuel poverty, identify renewable energy solutions and improve energy efficiency in rural homes across Northern Europe. The research will also help articulate a better understanding of the link between fuel poverty and health inequalities.	
	Public consultation on Diabetic Eye Screening Diabetic eye disease is one of the leading causes of blindness in people of working age in the UK. The Northern Ireland Diabetic Eye Screening Programme (NIDESP) detects diabetic eye disease at an early stage and prevents sight loss in those with diabetes aged 12 years and over in Northern Ireland. As part of a modernisation project the PHA launched a public consultation on Diabetic Eye Screening which will be used to shape services in the future.	

February 2019	**Helplines Network NI** The NI Helplines Awareness Day highlights the extensive range of helplines that provide support, advice and information to the public across the region. The PHA hosted an event in Belfast City Hall to showcase the work of the Helplines Network NI and 29 helpline members and to raise public awareness of their work. Last year Helplines Network NI responded to over half a million calls, texts and emails supporting people with information, advice, counselling, a listening ear and befriending.	
	HSC Dysphagia workshop We hosted a two day event for members of the Regional Dysphagia Group including a facilitated workshop on 'Supporting Tailored Implementation' led by Professor Tim Rapley & Dr Sebastian Potthoff from Northumbria University in Newcastle The event provided a platform for members of each of the four Dysphagia workstreams to update the delegates on the depth and scope of interdisciplinary regional dysphagia work and celebrate the milestones achieved at the midway point of the project.	
March 2019	**Health Protection HCAI/AMR symposium** Our Health Protection division hosted a one day symposium to share learning and facilitate discussion of topics around healthcare-associated infection, antimicrobial resistance and antimicrobial stewardship. Attracting key speakers from the World Health Organisation, Public Health England, Health Protection Scotland and HSC in the Republic of Ireland, around 140 delegates were in attendance representing all five HSC trusts, PHA, HSCB, RQIA, DoH, Queen's University Belfast, Ulster University, Department of Agriculture, Rural and Environmental Affairs and the Department of Finance. The expert-led sessions highlighted and debated the key challenges for HCAI and antimicrobial resistance, whilst also providing evidence based practical solutions to address these challenges.	
	Communicating on Drugs and Alcohol Following the release of the Northern Ireland Research and Statistics Agency's drug related death statistics, the PHA in conjunction with PSNI, HSCB, and the Coroner took the opportunity to communicate widely to highlight drug use in Northern Ireland and the associated effects - crime, prescription misuse, death statistics as well as the adverse effect on health of drug misuse, opioid overdose reversal drug Naloxone. Our messages also highlighted services available for those affected by drug misuse.	

PERFORMANCE ANALYSIS

The PHA's *Annual Business Plan 2018–2019* sets out the key actions for Year two of the Agency's *Corporate Plan 2017–2021*, in the context of continuing constraints and uncertainties, especially in respect of organisational structures and budgets.

Staff across the PHA, as well as Board members, were engaged with, and contributed to, the content of the plan. A key strand running through the *Annual Business Plan 2018–2019* was alignment with the *Draft Programme for Government 2016–2021*, *Making Life Better 2012–2023, Health and Wellbeing 2026: Delivering Together* and the evolving community planning arrangements.

The *Annual Business Plan 2018–2019* contained 75 targets to take forward the five key outcomes:

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 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 twice yearly progress reports. Performance against these targets has been of a high standard.

Figures for the end of year performance are:

Green (on target)	62
Amber (slight delay)	12
Red (significant delay / will not be completed)	1
TOTAL	75

The following pages highlight some of the key actions taken forward during 2018/19 under each of the 5 strategic outcome areas. They reflect work across all of the PHA Directorates and functional areas.

OUTCOME 1 - ALL CHILDREN AND YOUNG PEOPLE HAVE THE BEST START IN LIFE

The PHA is committed to improving the health and wellbeing of all children and young people. What happens to young people in their earliest years is key to their outcomes in adult life. Our focus is on:

- Taking forward work to strengthen universal services, building a sustainable workforce and embedding early intervention approaches;
- Introducing and developing antenatal and new-born population screening programmes in line with recommendations of national and local screening committees;
- Continuing to promote and secure the best outcomes for children and young people through the implementation of a range of early years' evidence-based informed programmes as well as by our contribution to international research on effective practice;
- Implementing a range of interventions and programmes that support parents and carers to provide a safe and nurturing home environment and that addresses issues that adversely impact on children and young people; and
- Protecting the health of children and young people through vaccination and immunisation programmes as well as work with nurseries, pre-schools and schools to prevent the spread of infection in those settings.

BREASTFEEDING OR MAKING SURE OUR CHILDREN GET THE BEST START IN LIFE

The Department of Health's strategy *Breastfeeding – A Great Start* was launched in 2013 and sets out the strategic direction to protect, promote, support and normalise breastfeeding in Northern Ireland until 2023.

In the year under review the PHA has continued to work to deliver the key strategic outcomes, ensuring supportive environments exist for breastfeeding, and that government departments and statutory bodies recognise the value of breastfeeding.

Northern Ireland continues to have the lowest rates of breastfeeding in the UK despite the long term health benefits for both mother and baby. To combat this, a number of initiatives have taken place during 2018/19.

A successful social media campaign called #NotSorryMums has been delivered as part of the overall strategy. This urges mums to be proud of breastfeeding, reinforcing the message that mothers never have to apologise for feeding their baby in public.

Evaluation of the campaign showed positive improvements in attitude and knowledge of the public in relation to breastfeeding, with strong engagement on social media (Facebook 1.4 million reach/52,000 post engagements).

The campaign has been so successful in encouraging mothers to breastfeed newborns that we have attracted interest from across the UK with, for example, the Scottish government currently considering adapting the campaign for use there.

Work continued on the PHA's Breastfeeding Welcome Here scheme which encourages businesses to pledge support for breastfeeding. An interactive map has been developed highlighting breastfeeding-friendly locations. As a result, business membership has increased from 500 in 2017 to 797 in 2018.

This work has been further supported through successful discussions with Permanent Secretaries of government departments to encourage them to sign up to the scheme. UNICEF-accredited breastfeeding and relationship-building training has been provided for 92 health professionals including midwives, neonatal nurses, health visitors and Sure Start staff. In addition, all new student midwives and health visiting students completed this training.

Through the generosity of mother donors, the Western HSC Trust's Human Milk Bank project, which opened in 2000, continues to provide special help for our most vulnerable babies. The bank issues approximately 1,500 litres of milk to units and homes around Ireland and helps approximately 900 babies annually. This service has been bolstered this year with new equipment and the establishment of an electronic tracking system for use in neonatal units.

The Northern HSC Trust maternity services and health visiting service, supported by the PHA, was presented with the first joint UNICEF UK Baby Friendly Initiative gold standard award. The first joint hospital and community award in the UK, it confirms the high standards in place to improve information and support to expectant mothers. There is evidence that these actions are having a positive impact on breastfeeding rates. Recent data showed increases in rates of breastfeeding attempted from 56.8% in 2015 to 61.1% in 2018 (2018 data is provisional - Northern Ireland Maternity System) and breastfeeding on hospital discharge from 45.1% in 2015 to 47.1% in 2017 (2017 data is provisional - Northern Ireland Child Health System).

Currently, 100% of births in Northern Ireland take place in maternity units that are UNICEF Baby Friendly accredited, and all health visiting services have achieved a full UNICEF award or Stage 2 accreditation.

EARLY INTERVENTION TRANSFORMATION PROGRAMME

The Early Intervention Transformation Programme (EITP) is a Northern Ireland Executive/Atlantic Philanthropies Delivering Social Change Signature Programme. It is jointly funded by the Delivering Social Change Fund, Department of Health, Department Education, Department of Justice, Department for Communities, Department for Economy and Atlantic Philanthropies and aims to improve outcomes for children and young people through early intervention approaches.

The PHA leads the process to deliver change to the maternity and health visiting services and is accountable for implementing the programme.

Getting Ready for Baby is a new way of delivering care and supporting first time parents through pregnancy, labour and birth and preparing for the early days of

baby's life. It links antenatal appointments and provides parenting group support. First time mothers join an antenatal parenting group that meets during pregnancy at 16, 25, 28, 31, 34 and 36 weeks, and receive antenatal care at this visit.

The programme is based on the Solihull approach of containment and reciprocity and the target for 2018/19 was 30% of first time mothers. Across the five HSC Trusts, 3,137 of mothers have been on the programme, equating to 33% of first time mothers. As of December 2018, over 400 midwives and maternity support workers have completed their Solihull foundation training.

Getting Ready for Baby has helped to improve the confidence of first time parents and to develop social networks. When asked, approximately 97% of parents stated they were confident about feeding their baby, 88% stated they could soothe their baby when distressed, 96% stated they could make decisions about the care of their baby, and 49% of parents who participated in the programme stayed in contact.

Getting Ready for Toddler uses an evidence-informed approach to carry out an integrated health and education review for children in their pre-school year. The 3+ Review has a particular focus on social, emotional and behavioural development. As part of the programme, health visiting services work with pre-school leaders and nursery teachers, and each DE funded pre-school is allocated a named health visitor.

The review is offered to 60% of children across four Trust areas and to 100% across the Northern HSC Trust, equating to a total of 16,314 children in 2018/19.

It has helped parents gain a better understanding of their child's social and emotional needs, obtain support when they need it, and improved partnership working across health and education.

87% of parents agreed the pre-school was a good location for the review, 85% of parents agreed they felt listened to, 81% of parents agreed the 3+ Review is important, 74% of pre-school leaders agreed it improved partnership working with the named health visitor, 65% of pre-school leaders agreed it was necessary, and 85% of pre-school leaders felt parents and children benefitted.

NEONATAL CARE

Over 1,800 babies are born prematurely in Northern Ireland each year. These vulnerable babies require early support for survival, long-term development and improved health-outcomes. According to British Association of Perinatal Medicine (BAPM) service standards and the National Institute for Health and Care Excellence (NICE) quality standards Allied Health Professions (AHP) consisting of dietitians, occupational therapists, physiotherapists and speech and language therapists play a critical role in long term health and wellbeing outcomes. As such, they should be integral to neonatal care.

During 2018/19, a new model was embedded which delivers dietetic, occupational therapy, physiotherapy and speech and language therapy support to premature babies and their families in each of the neonatal units in Northern Ireland.

Operational across all five Trust areas, the programme will ensure enhanced multi-disciplinary working and improved outcomes for children and families.

As part of the initiative, the skills mix available to ensure effective multi-disciplinary working and delivery of cost-effective, high-quality and safe care for neonates and their families has been expanded and enhanced. This ensures the 'right person is in the right place delivering the right care' and has established Northern Ireland as national leaders in neonatal care.

The initiative supports the Workforce Development transformation agenda by: strengthening and expanding the workforce to meet babies and families' needs; integrating care across all professional boundaries for the benefit of the user; promoting multidisciplinary innovation and modernisation; and developing integrated standards and procedures across neonatal and developmental care.

By taking a multi-disciplinary approach, the delivery of high-quality safe care for premature babies with a particular focus on improved nutrition, respiratory and neurodevelopment, outcomes have been improved. The inclusion of AHP support in neonatal units means that assessments and interventions can address the needs of the baby and their families at the earliest time which helps reduce the effects of prematurity and positively impacts the long-term needs of children.

The initiative has been recognised in a recent Bliss report and received widespread commendation: "Since the commencement of AHPs we have truly experienced the meaning of a multi-disciplinary team" – according to a ward sister in the *Bliss and TinyLife: Northern Ireland baby report,* 2018.

It also received the DoH 'Transforming the Workforce' award for 'Aiding Holistic Partnerships' in November 2018, achieving overall winner of the Advancing Healthcare Awards across all categories.

VACCINATIONS

Measles is a highly infectious virus that can lead to serious complications and death. The Measles, Mumps and Rubella (MMR) vaccine is a safe and effective way to help protect against the virus. Yet, low levels of vaccine coverage in countries across Europe have resulted in several large outbreaks of measles.

In 2017, a small measles outbreak occurred in Belfast originating from an imported index case from outside EU/EEA. Post outbreak investigation led to the finding that the carrier had not received an MMR vaccine.

A series of focus groups was commissioned by the PHA immunisation team to better understand barriers to vaccination. One of the key findings was around communication. Individuals, particularly in Black and minority ethnic groups, were keen to know more about vaccination but promotional vaccination material was sometimes felt to be difficult to interpret by this hard to reach group, due to language and literacy issues. A range of communication materials were developed and disseminated, including an animated video highlighting the importance of MMR vaccine specifically aimed to help parents and guardians from Black and minority ethnic communities.

OUTCOME 2 - ALL OLDER ADULTS ARE ENABLED TO LIVE HEALTHIER AND MORE FULFILLING LIVES

The health and wellbeing of our older people, and giving them the best opportunity to lead active, independent, engaged and socially connected lives, is a key objective of the PHA. A range of multi-agency programmes is being delivered in support of this outcome.

Through a combination of campaign and project work we continue to promote inclusive inter-generational physical and mental health messages as well as initiatives that provide support for older people to live longer, healthier and more fulfilling lives.

We are also actively protecting the health of older adults through immunisation, screening and support programmes and initiatives. These include research, e-health and technology-based approaches that promote independence and self-management.

FRAILTY

Frailty has been defined as 'one of the most challenging consequences of a population ageing' (Clegg et al, 2013). In Northern Ireland over a quarter of people over the age of 85 and 9% of people aged over 75 are considered to be frail.

Frailty is a condition in which multiple body systems gradually lose their in-built reserves. There is evidence that frailty is identifiable and modifiable at all stages and preventable.

A Northern Ireland frailty symposium, organised by the PHA, was held in March 2018 and attended by representatives of service users as well as from across HSC, voluntary and community organisations, and the wider statutory sector.

The symposium explored the appetite for a co-ordinated approach to the identification and management of frailty and sought the views of stakeholders on the need for a shared regional vision.

Age NI also presented the findings of a survey of older people's views on frailty, commissioned by the PHA. The report - *Rethinking Frailty, What Really Matters to Older People* - outlined older people's perceptions of frailty, what would constitute a good life, and what would help if they were at risk of frailty.

A key output of the symposium was agreement that Northern Ireland needed a vision for the prevention and management of frailty, and work has progressed during 2018/19 in line with this.

Funding was secured to establish five frailty prototypes across all five Trust areas. These are underway and each is testing screening and assessment methods across a range of settings and exploring interventions along various stages of the frailty pathway. A detailed evaluation of each study will take place, with a focus on how outcomes have been improved.

The PHA has also built relationships, both nationally and internationally, with other organisations and interests addressing the issue of frailty, including participating in AdvantAge, a joint action project with representation from 22 EU member states to look at managing frailty.

A successful application was made to establish a Project Extension for Community Healthcare Outcomes (ECHO) for frailty which uses technology to support learning and development of a wide range of people working within this area.

The PHA has also been successful in securing transformation funding for the appointment of a Frailty Network Coordinator who will support the creation of a frailty network. The funding will also allow us to deliver a comprehensive review of evidence and best practice around the main components of frailty including continence, falls, mild cognitive impairment, mental wellbeing (including social isolation and loneliness), and polypharmacy.

A scoping study has begun - working collaboratively with Integrated Care Partnerships - to identify all services across Northern Ireland which are linked to frailty to help with care pathway development.

The programme of activity has been agreed in collaboration with an oversight group, an expert panel with strong service user involvement through Age NI's consultative forum.

The outworkings of this programme will be used to shape the design, commissioning and delivery of frailty care going forward. Working collaboratively across the patient pathway will allow us to enhance the quality of services and patient experience. The Northern Ireland Frailty Network was launched on 28 March 2019 to bring together a broad range of interested individuals and organisations.

ARTS

During 2018/19, the PHA in partnership with the Arts Council Northern Ireland and Arts Care rolled out two programmes specifically aimed at promoting the health and wellbeing of older adults.

The Arts and Older People's Programme was delivered by the Arts Council Northern Ireland and the Baring Foundation. Through the programme, a range of small to medium size grants was awarded to 19 arts-based projects encompassing art, dance, sculpture, literature, music and performance.

The projects were delivered to older people in conjunction with local councils and the community and voluntary sector, and were designed around the strategic themes of isolation and loneliness, older men, carers and areas of need.

The Here and Now festival, run in conjunction with Arts Care, delivered 235 workshops with 3,000 participants across all five HSC Trust areas and provided access to a variety of art forms such as dance, music, drama, art, film making and photography.

Delivery of the festival took place in a wide number of settings from residential and day care settings to community venues, and approximately 7,000 older people from different backgrounds had the opportunity to engage with the arts.

Both programmes were evaluated by a variety of means and a number of positive outcomes identified. Participants described decreased feelings of exclusion, isolation, and loneliness, and felt more connected to their local community and to the wider society.

Social interaction was increased considerably, especially among those who stated they felt isolated and lonely (in both urban and rural settings) before engaging with the programmes. Relationships were also reported as enhanced between older people and their families as well as support staff if living in care homes as everyone came together to participate in the activities.

Participants also reported a reduction in their anxiety levels, and improvements in their feeling of wellbeing amongst those with dementia or poor mental health. Older people said they felt valued. Other benefits included increases in physical activity through participation in dance, dexterity, communication and learning skills that were transferable and of value to their everyday living.

DEMENTIA

During 2018/19 the PHA has continued to work with the HSCB to deliver phase two of the Dementia eHealth and Data Analytics Pathfinder Programme for Northern Ireland. Dementia was chosen for the programme as it is considered to have a high impact on patients' medical, social and economic needs, as well as on their family, carers, healthcare professionals, and the wider health and social care system generally.

The programme improves the care and wellbeing of people living with dementia by providing support through technology-enabled solutions. These enable us to plan and improve capacity and research, as well as commission care that is effective and economical through more efficient planning.

A new patient portal, My Care Record, has been developed within the Northern Ireland Electronic Care Record (ECR) which benefits patients and clients by holding information to help them better manage health and wellbeing and providing support to those caring for people.

Through My Care Record, patients can view upcoming medical appointments, medication records, lab results, referral and discharge letters and other clinical documentation, images and videos. Access is also provided to a health library tailored to medical and health interests.

The portal also allows information to be stored including names and contact numbers for patient's friends and family members, and social care staff can quickly view patient's medical history. New plans are being explored for My Care Record to be able to detail patient goals and monitor progress against them.

The PHA is also working on creating a new library of apps which will allow patients and carers to take greater ownership of their care by increasing their awareness of their care pathway and condition.

The development of a new patient care pathway is being supported through Project ECHO which uses tele-conferencing technology to improve access to specialised care through supporting and training primary health care professionals (HCPs) remotely (at 'spokes') from a centralised 'hub' of experts.

This pathway will help primary care professionals to diagnose and support people with dementia and has the potential to reduce waiting times for diagnosis and follow up appointments and treatments.

Work is also underway to develop Key Information Summaries for dementia patients, enabling identification on the ECR at emergency departments or at GP out of hours services. All these steps allow those caring for people with dementia to be more informed, and enable a faster response time.

Other work has also been progressed during the year in support of the planning and provision of dementia services. A GP Intelligence Platform (GPIP) has been developed to capture data from GP systems and link this with hospital and community information systems to maximise patient health and wellbeing and provide better services. GPIP will help the planning and provision of dementia services in a variety of ways.

'Dashboards' (information for action) are being developed to streamline information. This will allow practice-based pharmacists to access GP information and identify patients in need of medication reviews and give visibility to medicine history which helps when prescribing.

Due to the current number of individuals in Northern Ireland who have a diagnosis of dementia, it is essential to understand more about dementia. Further research including the use of existing data, could help inform public policy and resource planning and also track the impact of policy changes over time. For example, Queen's University Belfast has been commissioned to undertake a programme of research in support of the planning and provision of dementia services. A number of additional individual research projects are exploring issues critical to patient outcomes and service planning, development and design.

In addition, through the commissioning of dementia data analytics and research we are able to bring new insights and knowledge into key aspects of the illness including prevalence figures, diagnosis data, experience, patient journey along the dementia care pathway and mortality rates.

OUTCOME 3 - ALL INDIVIDUALS AND COMMUNITIES ARE EQUIPPED AND ENABLED TO LIVE LONG HEALTHY LIVES

At the heart of the PHA's work is our commitment to protecting the population in Northern Ireland from serious health threats and helping people live longer, healthier and more fulfilling lives. We do this in a variety of ways, including:

- ensuring that people are better informed about health matters by providing easily understood, accessible, up-to-date information and materials;
- introducing and developing adult population screening programmes in line with recommendations of national and local screening committees and engaging with primary carers, pharmacies and relevant voluntary and community groups to promote these screening programmes in local communities;
- in conjunction with partners, continuing to develop and implement a range of coordinated actions across communities and settings to improve mental health and wellbeing and reduce the level of suicide;
- working with a range of stakeholders, to promote healthy behaviours including guidance on healthy weight and physical activity, improvement of sexual health, reduction of harm from alcohol and drug misuse, reduction in home accidents and the prevention of skin cancer;
- continuing to protect the health of individuals and communities through timely responses to outbreaks and emergency planning, implementing immunisation programmes and promoting key health protection messages; and
- supporting research on innovative approaches to prevention and care and continue to work with local government on the implementation of community planning.

WORKING WITH LOCAL GOVERNMENT

The PHA has continued to participate in all eleven Community Planning Partnerships through both strategic partnership boards and thematic action planning groups, working with statutory partners to bring added value and maximise value for money through collaboration.

The aim for the PHA is to ensure that the aims of *Making Life Better* is reflected fully in community planning and in its delivery. During 2018/19 we have focussed on working with partners on specific actions, identifying projects focussed on health and wellbeing, and implementation and delivery.

The PHA has also worked to strengthen health and social care collaboration through the HSC Community Planning Forum, and a small working group is considering how to apply OBA (Output Based Accountability) score style reporting within community planning in a more joined-up way as a HSC family.

While the impact on relevant populations outlined in the agreed actions will not be evident in 2018/2019, this year has seen the identification and commencement of a number of actions, as well as the beginning of relevant data collection.

One example is the 'Take 5' approach to wellbeing which encourages people to connect, be active, take notice, keep learning, and give. This is being implemented across council areas to a range of populations and communities. The 'Daily Mile' is being rolled out in schools across councils, and work towards WHO (World Health Organization) Age Friendly accreditation is also underway across a number of councils.

Each of the agreed actions is being measured through performance management processes within each community planning partnership and primarily through OBA score cards.

PRISON HEALTHCARE

During the reporting period the PHA and HSCB have led on the strategic planning and commissioning of prison healthcare for Northern Ireland and coordinated the implementation of the draft strategy *Improving Health within Criminal Justice* and associated action plan. This strategy prioritises the transformation of health care services for people in police custody.

During 2018/19 a regional task group was established, co-chaired by the PHA and PSNI, with representatives from all HSC Trusts. An important step was the creation of a regional custody suite pathfinder for transforming healthcare provision in custody suites in Musgrave PSNI station.

The service is delivered by Belfast Health and Social Care Trust (BHSCT) with funds from the confidence and supply transformation programme. A specification is currently being developed to commission a HSC Trust to provide a nurse-led custody health care service across a further nine PSNI custody suites.

The Regional Planning and Commissioning Team for Prison Health Care and Associated Services is jointly chaired by PHA/HSCB. Both organisations oversee, plan and monitor the healthcare provided by the South Eastern HSC Trust (SEHSCT) to four prisons on three sites - Maghaberry, Magilligan and Hydebank Wood secure college which incorporates the women's prison, Ash House.

A number of reports have been published on 'vulnerable prisoners' in Northern Ireland prisons. These include a *Joint Review of Vulnerable People in Custody* led by PSNI, a *Review of Services Provided to Vulnerable Prisoners* led by SEHSCT and a *Rapid Review Report* led by Dr Damien Bennett, PHA Consultant in Public Health.

The PHA has also funded the SEHSCT to provide a variety of training programmes including Safe Talk, Outcomes STAR, Trauma Reflective Practice, and Royal College of General Practitioners (RCGP) Management of Substance Misuse training. Five SEHSCT prison-based staff were funded to attend the RCGP 6th Health and Justice Summit in Liverpool in February 2019.

In January 2019 a social prescribing pathfinder project was established on the Hydebank Wood Secure College site to test participation and enhancements in health improvement initiatives for the women's prison, Ash House. The initiative has

proved very successful with additional funding requested to roll out this pathfinder to all prisons.

An informatics work stream and working group has been established to improve the quality of data relating to Health and Justice Indicators of Performance and to improve the data for Health Needs Assessments (HNAs). Protocols have been developed by the PHA screening team with the aim of improving prevention and screening services within prisons for breast cancer cervical cancer and bowel cancer.

Our aspiration is to ensure that people detained in prison should be afforded provision of, or access to, appropriate services or treatment, which are at least consistent in range and quality with those available in the wider community in order to achieve equitable health outcomes.

A Holistic Needs Assessment (HNA) is being undertaken as a systematic method to review health issues within the prison population. It is envisaged the HNA will lead to agreed priorities and further resource allocation that will improve health and reduce inequalities. This will help identify the impact of current initiatives and make recommendations for potential changes.

On an international level, the PHA has representation on the Five Nations Health and Justice Collaboration which serves to improve outcomes for those spending time in prescribed places of detention including prisons, police custody and courts, through improved collaborative working between these nations. The forum looks at strategic policy development, developing evidence bases and shared topical issues relating to detention environments. It brings together representatives from the Republic of Ireland, Northern Ireland, Scotland, England and Wales.

CROSS-BORDER HEALTHCARE INTERVENTION TRIALS IN IRELAND NETWORK

The Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN) project is supported by the EU INTERREG VA Programme and managed by the Special EU Programmes Body.

In Ireland, citizens cannot equitably access health and social care services in a setting most appropriate to their needs and opportunity for involvement in health and social care intervention research is confined largely to cities, close to major hospitals, universities and centres of research a situation complicated by differing arrangements on each side of the border.

This CHITIN project will contribute to efforts to reduce inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services.

Funding of €8.84m including a 15% contribution from the Department of Health (NI) and the Health Service Executive (RoI) has been awarded from the EU INTERREG VA Programme to this unique cross-border partnership between the PHA Research and Development (R&D) Division (the lead partner) and the Health Research Board

(RoI), to fund interdisciplinary teams working in partnership to deliver health and social care intervention trials.

Following a process of independent peer review and evaluation, €6,931,327 of the EU funding was awarded by PHA R&D to Queen's University Belfast (QUB), Ulster University, Belfast HSC Trust, the National University of Ireland Galway, and the Royal College of Surgeons Ireland to support delivery of 11 cross-border health and social care intervention trials in the priority areas of population health, primary care and older people's services, mental health, acute services, disability services and children's services.

The trials include interventions for medicines management, healthy neurocognitive ageing, mental health of at-risk young people, adolescent inactivity, and obesity in pregnancy.

PHA is supporting the interdisciplinary trial delivery teams to work in partnership, and form a network wherein Personal and Public Involvement (PPI) mentoring, training and skills development is being supported. This includes incorporating monitoring and evaluation and industry liaison to map meaningful outputs, impacts and sustainability that will have a positive contribution to health and social care, whilst taking into account the different demographic and geographic contexts of the two jurisdictions.

One QUB led trial has opened recruitment with a focus on appropriate polypharmacy for older patients with multi-morbidity (which has recruited 10 GPs to date). All CHITIN trials will have commenced activity by May 2019.

The CHITIN trials are recruiting in excess of 3,500 participants in Northern Ireland and the Republic of Ireland border counties and the knowledge and understanding generated will impact positively on service users and the HSC professionals delivering the services.

FUEL POVERTY

Research carried out by the Marmot Review Team (2011) as well as other reports confirms that living in cold domestic conditions is a risk to health. The inability to adequately heat a home both causes and contributes to worsening health and wellbeing.

Impacts on both physical and mental health and wellbeing have been well documented and are greater for particular groups.

A household is said to be in fuel poverty if it needs to spend more than 10% of its income on energy costs. In the UK, over 2.5m people are estimated to be living in fuel poverty. The Department of Communities estimates the rate of fuel poverty in Northern Ireland is 42%. A report by the National Energy Agency suggests that fuel poverty accounts for over 3,000 deaths per annum.

There are three factors which impact on fuel poverty - income, the cost of energy and domestic energy efficiency of the home. Northern Ireland has lower income

levels than the rest of the UK and higher energy costs, and efficiency is affected by all these factors as well as occupancy tenure and location.

Residents in rural areas are at higher risk of experiencing fuel poverty given their tendency to be more isolated, with limited alternative fuel supplies and older properties.

In order to explore how these factors could be addressed in a more creative approach, the Arc Healthy Living Centre in Irvinestown, Co Fermanagh is working with partners such as NI Housing Executive, Department of Communities and the PHA to develop a pilot initiative to explore how renewal energy could provide a more affordable solution.

The partnership commissioned a technical assessment around potential sustainable energy sources and the potential use of agriculture waste as a form of energy was selected.

This was modelled on an energy production plant, the Kalundborg using a patented "Inbicon" biomass technology in Denmark. The input source for the Kalundborg plant is a by-product of agriculture, straw. Some 1.5-2 billion tonnes of it are left over from farming in Europe and unlike first generation biomass, such as soy or rapeseed, straw does not require extra land to grow. The Institute for European Environmental Policy has established that there is enough straw available to account for 40% of the EU's ethanol demand by 2020, with enough for its usual usage as fodder and compost.

In order to explore the viability of agriculture waste as a solution to addressing fuel poverty in rural areas, the NI Housing Executive took the lead in bidding for a transnational pilot project under the Northern Periphery and Arctic Programme (NPA) and the European Regional Development Fund. The aims of the initiative were to:

- document current home energy policy and practice across Northern Europe;
- develop viable business models with innovative solutions to tackle energy problems in rural areas;
- identify opportunities for rural communities to access renewable energy sources and reduce their reliance on fossil fuels.

The bid is a collaboration between Ireland, Iceland, Shetland Islands and Finland. The partnership has been awarded €2m to fund research in an initiative known as 'Handi Heat', This will run over three years and will look at developing a series of resources for government policy makers on sustainable energy solutions for rural communities. It is hoped the research will help articulate a better understanding of the link between fuel poverty and health inequalities, and will enable the development of practical solutions to assist people help themselves.

The project will focus on upgrading and providing four social housing sector homes in Fermanagh with a renewable energy supply so we can find out how these measures could benefit rural tenants.

MENTAL HEALTH

Despite the absence of a revised *Suicide Prevention Strategy*, the PHA continues to work with partners to address suicide prevention and promote positive mental and emotional wellbeing. The PHA commissions a range of services through a £8.7 million budget with services provided through community, voluntary and statutory providers. Included are a wide range of projects and programmes offered in a range of settings for all age groups.

A key resource is the free phone crisis response helpline service LIFELINE 0808 808 8000, which supports people in distress and despair. Two other examples of our work in this area are featured below.

The Self-Harm Intervention Programme (SHIP) was established in late 2015, since then, the service has continued to grow and is well embedded throughout all HSC Trust areas. The service is accessible across Northern Ireland for people aged 11 years and over who self-harm. Referrals are made to SHIP by HSC Trust mental health services through a formal pathway. SHIP also provides support to carers and family members who may be struggling to cope when a loved one is self-harming by providing a short period of education and helping them to better understand this issue and ensure they know how to obtain help in a crisis.

Both awareness among health professionals and referrals have grown steadily and in 2018/2019, the service received over 3,000 referrals of people who self-harm from the HSC Trusts.

The SHIP programme is designed to help individuals develop the skills to cope with difficulties in their lives and prevent further acts of self-harm and offers short term counselling in relation to self-harm. SHIP can also direct individuals to services to support them with other problems they may be experiencing.

The SHIP service is funded by the PHA and is delivered by local community and voluntary sector organisations across Northern Ireland.

The multi-agency street triage team (MATT) was launched in July 2018 in the Southern Eastern area. MATT includes a mental health practitioner and paramedics working alongside police officers as part of a new pilot project. The aim of the project is to provide on-the-spot help to vulnerable adults with mental health difficulties while at the same time reducing their reliance on hospital, ambulance and PSNI resources.

Members of the multi-agency triage team assess and respond to calls made either to the police or ambulance control room using the 999 or 101 numbers. The team may then decide to attend an incident where there appears to be a related mental health issue.

MATT has been operational in the Ards, North Down and Lisburn areas since the start of July and operates on Friday and Saturday evenings. It has been supported by the PHA though the Department of Health's transformation fund and funding options for 2019/20 are under active consideration to roll the pilot out across other HSC Trust areas.

DIABETIC EYE SCREENING

The Northern Ireland Diabetic Eye Screening Programme (NIDESP) detects diabetic eye disease at an early stage with the aim of preventing sight loss in those living with diabetes aged 12 years and over. Over the past year work has been undertaken to modernise the programme to take advantage of innovations and to ensure the Programme stays at the forefront of medical advancements.

A new surveillance pathway has been introduced which will allow better management of patient care between routine annual screening appointments and any hospital referrals to eye specialists. This has been developed in line with national guidance.

Throughout this pathway, patients have been closely monitored, undertaking more frequent imaging using specialist equipment. The surveillance pathway provides a better treatment plan for a cross section of people: those with pre-proliferative retinopathy; those who have been successfully treated for sight-threatening retinopathy; those with diabetic maculopathy; and pregnant women who have type 1 or type 2 diabetes.

Three different clinic types have been used to monitor participant:

- digital photography surveillance (DS) which entails more frequent reviews;
- slit lamp biomicroscopy (SLB) which uses specialist treatment to get a clear image of the back of the eye in cases where there may be pre-existing conditions;
- optical coherence tomography (OCT) which uses light waves to view the structure of the eye and get an alternative view to help in the diagnosis of different conditions.

The PHA has worked closely with Belfast HSC Trust (BHSCT), which manages and delivers the NIDESP for the region, to develop an investment proposal template. This outlines the potential numbers of participants to be seen in surveillance over the next five years and the staff and resource requirements to successfully provide the service. Two new patient information leaflets have also been produced *Digital photography surveillance* and *Slit lamp eye examination*.

The BHSCT successfully piloted surveillance clinics at several sites, while training staff to provide these additional examinations. Meanwhile, recruitment and selection processes are ongoing to ensure that essential staff are available to provide the service and support wider roll out.

By September 2018 1,903 patients were seen through the digital surveillance pathway, with 3,179 undergoing Slit Lamp Biomicroscopy examinations.

OUTCOME 4 - ALL HEALTH AND WELLBEING SERVICES SHOULD BE SAFE AND HIGH QUALITY

Access to provision of safe, high quality services to the right people at the right time is a key factor in determining the best health outcomes.

A PHA core responsibility is to provide leadership and direction to the Health and Social Care (HSC) system embedding Personal and Public Involvement (PPI) culture and practice into the development and delivery of services.

The agency also provides leadership and support to the HSC in the development and implementation of patient and client experience programmes.

We work to improve patient safety and experience by bringing leadership to reducing healthcare-associated infections including MRSA and *C difficile*, improving antimicrobial stewardship and tackling antimicrobial resistance across the health and social care economy.

Through the provision of professional advice and working closely with HSC organisations we ensure that the HSC workforce has the skills, opportunities and supervision arrangements to work with patients and clients to improve the safety, reliability and quality of care.

We drive forward, share and embed regional learning from relevant reviews and recommendations and support research on new diagnostic tools and treatments in collaboration with HSC, academia and industry.

ANTIBIOTICS

Resistance to antibiotics is recognised by the World Health Organisation as one of the greatest threats to human health and to human medicine worldwide. Globally, a failure to address the problem of antibiotic resistance could result in 10 million deaths by 2050, and cost the global economy £66 trillion.

As well as impacting human health, increasing resistance has a significant impact for the individual user of health and social care services. It may become impossible to treat life threatening infectious diseases such as pneumonia and meningitis, it may become difficult to treat cancer safely as antibiotics are crucial in helping chemotherapy patients avoid and fight infection, and surgical procedures like organ transplants and caesarean sections may become high risk procedures as there is less ability to effectively prevent or treat acute infections with antibiotics.

Reducing the unnecessary use of antibiotics is a public health priority. As such the PHA has played a pivotal role in changing public opinion. We have equipped primary and post-primary teachers to educate pupils about infectious disease through the e-Bug programme. E-Bug is a free Public Health England (PHE) developed and National Institute for Health and Care Excellence (NICE) endorsed educational resource for classrooms that helps teachers educate pupils on microbes, their spread, treatment and prevention of infection.

Resources on antimicrobial resistance are a key component of this educational tool. Over 100 primary and post-primary teachers in Northern Ireland attended an e-Bug training workshop in November 2018 to equip them with the skills to teach pupils about the topic. In partnership with Stranmillis University College, training has been delivered to approximately 90 primary school teachers on e-Bug to equip and inspire the next generation of teachers to educate pupils on what they can do to prevent the spread of antimicrobial resistance.

In early 2019, PHA delivered a media campaign called 'Keep Antibiotics Working' to alert the public to the risks of antibiotic resistance, reduce patients' expectations for antibiotics and support healthcare professionals in their efforts to reduce prescribing. Key messages included:

- taking antibiotics when you don't need them puts you and your family at risk;
- taking antibiotics encourages harmful bacteria that live inside you to become resistant, which means that antibiotics may not work when you really need them;
- always take your doctor's/nurse's advice on antibiotics.

The PHA was recognised at the 2018 UK Antibiotic Guardian awards receiving 'highly commended' in two categories: 'public engagement' and 'children and family' for its "Become an antibiotic guardian" event and its work on implementing e-Bug, respectively. The awards recognise organisations and individuals which work to tackle antimicrobial resistance at a local, regional or national levels.

The next stage of PHA's media campaign will be to evaluate our effectiveness to reach target audiences with the key messages. Pre-campaign omnibus surveys have been completed to assess knowledge and data collection for post-campaign omnibus surveys has already started.

QUALITY AND SAFETY

During 2018/19 a significant body of work was undertaken in the area of safety and quality. Some examples are summarised below.

'Quality 2020' (Q2020) is a 10 year strategy to protect and improve the quality of health and social care in Northern Ireland. The vision is to be recognised internationally, but especially by the people of Northern Ireland, as the leader for excellence in health and social care. To achieve this, the PHA is responsible for the implementation of the strategy working closely with HSCB, HSC Trusts and other arm's length bodies to lead the regional implementation. A range of task groups have been established, coordinated by the PHA and chaired by a range of DoH, HSC Trust and PHA staff, and this includes:

- The Developing Professional Leadership task group focused on standardising level 2 and 3 training programmes aligned to the Q2020 attributes framework.
- Supporting staff involved in Serious Adverse Incident (SAIs) and other incidents task group focusing on staff resilience; testing a number of approaches to providing support for staff. This includes testing a 'buddy'

model of support within the BHSCT, which allows for peer support for staff, and the organisation of a number of Schwartz rounds which provide a structured forum where staff can come together to discuss emotional and social aspects of working in healthcare.

- Developing a model for the development of 'Always Events'. Always Events are defined as aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system. A number of Always Events were tested across a range of specialities including mealtime matters, family presence and noise at night.
- Improving patient safety through multi-disciplinary simulation and human factors training group, focusing on the development and testing of human factors skills, and the enhancement of staff skills to cope with demanding clinical situations.
- Reducing the reoccurrence of three main categories of 'Never Events' Group. According to NHS Improvement Never Events are *"serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers*". Work is focusing on understanding key systematic protective barriers/enablers in relation to surgical 'Never Events' and through engagement with clinicians and key stakeholders understanding of current methods to identify and share learning .

To coincide with the launch of the PHA / HSCB Annual Quality Report, the Q2020 Team launched a regional video showcasing the work that had been done to date. The video which can be viewed at https://vimeo.com/299885829 has been shared on social media and viewed widely.

During 2018/19 the HSC Safety Forum implemented a range of actions supporting HSC Trusts and other key stakeholders to improve the safety and quality of services delivered. One example is the work to improve the response to sepsis in hospitals and developing spread plan to community settings.

A regional sepsis group was established and 26 pilot wards across all 5 HSC Trusts are currently working with the PHA to improve sepsis care. These include Emergency Departments, acute Medical Units, acute Surgical Units, High Dependency Units and Intensive Care Units in addition to Northern Ireland Service colleagues and some staff community services.

A regionally agreed definition for sepsis has now been established: "*Sepsis is organ malfunction due to infection which may be life threatening*", with agreement on how sepsis care will be measured.

A sepsis leaflet has also been developed for the public and is being tested in our pilot wards.

An evaluation of the quality improvement plan to reduce harm from falls was undertaken. This evaluation demonstrated an improvement in the timeliness, learning and reporting of falls incidents in moderate to major/catastrophic harm.

Overall, a number of key improvements were noted in relation to the new process and positive feedback was received from the Trusts. The responses identified a number of areas for improvement and these have been highlighted. Falls prevention will continue to be a regional priority and further focus is required to embed this process across all Trust areas including commissioned services (residential and nursing homes).

There has also been a significant reduction in reported SAIs/SEAs over the past two years and falls are now reported as incidents in a timely way, by appropriate staff. The reduction in regional fall rates resulting in moderate to major/catastrophic harm per 1000 bed days is testament to the hard work and commitment of all Trusts towards falls prevention.

NURSING WORKFORCE

Northern Ireland is facing a significant shortage in nursing staff across the five Health and Social Care Trusts. This is presenting real challenges for nurse recruitment and retention, especially in the care of older people.

In 2017 the PHA secured a significant grant for 'Project RETAIN' from the prestigious Burdett Trust for Nursing. This funding was used to support a regional initiative to be delivered in partnership with local Health and Social Care Trusts, the Department of Health, Age NI and nurse education providers with the aim of improving nurse retention and recruitment in care of older people's settings in Northern Ireland.

Project RETAIN aims to support nurse recruitment and retention in care of older people by embedding a culture of open and transparent communication across all bands and disciplines of staff. At its core is a drive to achieve a truly person-centred service where older people, carers, the public and staff are engaged in a partnership approach to achieving nurse retention in Northern Ireland.

Over the past year, nursing staff from 10 selected wards across the five HSCT areas had the opportunity to attend and take part in a variety of programmes and training, targeted around the specific needs of the older person and their families.

A bespoke programme was delivered regionally on the wards offering a wide range of activities, programmes, facilitated coaching, leadership coaching and reflective sessions designed to support nurses in their place of work and instil motivational outcomes and personal and professional empowerment.

Peer facilitators from Age NI engaged with nursing staff on the wards, as well as with students undertaking pre-registration nursing training, to deliver a series of action learning sets focused on issues which matter to older people.

In addition a number of training programmes for staff have been specifically tailored to meet needs of ward staff after baseline data was collected. These include:

- induction and preceptorship programmes tailored to specific needs/requirements within older people's settings;

- delivery of action learning sets by AGE NI peer facilitators with nominated staff from all 10 wards;
- use of specialist nurses to provide clinical updates to staff at ward levels;
- non clinical training, including resilience and assertiveness, developing motivation and dynamic leadership and coaching for improvement.

Project RETAIN is making a significant difference to the recruitment and retention of nursing staff across all 10 participating wards. Already the positive impact is being felt. There have been significant reductions, up to 66% in nurse vacancies, in participating wards, staff morale has improved and there has been improved outcomes for patients and their families.

The outcomes of the project have also influenced regional workforce initiatives including an increase of senior posts in medical and surgical wards, including the 10 wards that participated. This project ethos and approach will now be replicated in other areas within HSC Trusts and the independent sector across Northern Ireland.

OUTCOME 5 - OUR ORGANISATION WORKS EFFECTIVELY

Organisational effectiveness is critical to the PHA's objective of protecting public health, improving public health and social wellbeing, and reducing inequalities. To maintain this, the PHA is committed to:

- ensuring appropriate resilience measures are in place across the organisation to enable us to rapidly and appropriately respond to any major incident while maintaining and protecting key services;
- supporting our staff and their wellbeing, especially at times of reform and restructuring;
- recognising that our staff and their collective and individual expertise are our greatest asset so training is provided to ensure skills are developed, opportunities are realised and staffing levels remain in place to deliver our functions;
- using the research, evidence and health intelligence available to inform our decision making and further developing appropriate and robust data where required;
- ensuring high quality and appropriate governance arrangements and processes are in place to support the delivery of PHA function; and
- working in partnership and communicating effectively with our stakeholders' target audiences.

OUTCOMES BASED APPROACHES

Throughout 2018/19, we have been working to develop and embed an outcomes based accountability (OBA) approach across our organisation through our business planning processes and our approach to both programme planning and monitoring.

As well as working to embed this approach corporately, we have begun to report on a number of areas of work through OBA style report cards, beginning in 2018/19 with a focus on developing report cards for our commitments in the Northern Ireland Civil Service (NICS) Outcomes Delivery Plan 2018/19 and then beginning to move towards developing report cards for our commitments within Community Planning.

The NICS Outcomes Delivery Plan 2018/19 (ODP) is the annual document published by the NICS in the absence of an agreed Programme for Government (PfG). The ODP is a one year implementation plan for the direction of travel set out in the draft Programme for Government 2016-2021 and aligns very closely with the actions outlined under PfG Outcome 4 We Enjoy Long Healthy Active Lives and with the public health framework, Making Life Better.

Business planning and corporate monitoring processes now reflect a more outcomes based approach and place a focus on the impact the PHA is having through its actions. The next steps are to build on the learning from 2018/19 to further develop and embed impact measurement and an outcomes focus across the Agency during 2019/20.

The actions reported on for the ODP 2018/19 were:

- Family Nurse Partnership
- Self Harm Intervention Programme
- Smoke Free Sites
- Healthier Places
- Low Birth Weight Babies
- Stroke

It is recognised that further work is required on a number of these report cards, particularly in respect of data development across a number of these areas.

PERSONAL AND PUBLIC INVOLVEMENT

Personal and Public Involvement (PPI) is the active and meaningful involvement of service users, carers and the public in the planning, commissioning, delivery and evaluation of Health and Social Care (HSC) services, in ways that are relevant to them.

The PHA has a lead responsibility for taking forward the implementation of PPI across the HSC alongside a responsibility to ensure it is embedded in the work of the PHA.

A PPI Leads Group has been established to provide leadership for PPI and Co-Production within the organisation.

During 2018/19, a lead and deputy lead have been identified in each directorate of the PHA. These roles will provide leadership and support to drive forward understanding, integration and highlight best practice of involvement into our culture. PPI training and development, establishment of PPI action plans, and the monitoring of PPI within the PHA has been a key focus of the group.

During the reporting period the PPI Leads Group has supported the identification of training needs across the PHA, resulting in a range of initiatives being progressed. These include the delivery of the Engage and Involve modules, including the introduction to PPI and Practical PPI talk taught modules and e-learning.

Regionally, one of the areas that has progressed significantly in 2018/19 is the provision of training and development opportunities for staff across the HSC alongside Service Users, carers and the Community and Voluntary Sector.

The PHA has also commissioned and formally introduced the ‘Leading in Partnership’ leadership development programme. This unique programme develops the necessary leadership skills to enable continuous and effective involvement of service users and carers across all levels of the HSC whilst supporting the principles of Co-Production, Collective Leadership and Partnership Working.

This is alongside a bespoke ‘Developing Skills’ programme focusing on best practice in consultation and practical methods used to consult.

The PHA continues to be responsible for the Engage website which is the central hub for involvement for the HSC. The Engage and Involve training alongside other information for involvement can be found online

RESEARCH

PHA R&D continues to fund the Northern Ireland Public Health Research Network (NIPHRN) which was established in 2012 to increase the quantity and quality of public health research projects in Northern Ireland, improve policy and practice, and contribute to better public health outcomes. Originally hosted by the UK Clinical Research Collaboration (UKCRC) Centre of Excellence for Public Health at Queen's University Belfast, the Network recently moved to the School of Health Sciences at Ulster University, where the Director, Mark Tully, has taken up a position as Professor of Public Health.

Successful research requires strong collaborative multi-disciplinary teams. The network has over 400 members from across academia, the public sector and the voluntary, community and social enterprise sector. Through this network, the NIPHRN seeks to enhance the ability of public health researchers to respond collaboratively to focused calls for research, through the formation of Research Development Groups. The creation of these multi-disciplinary task and finish groups supports researchers to develop and submit practice and policy relevant bids for research funding, primarily targeting national sources of funding.

The network regularly disseminates information on courses, seminars and opportunities for future research funding applications in PHA priority areas. During the past year events have been organised for network members to discuss areas for development such as workplace wellbeing, mental health and ageing and physical activity.

The NIPHRN has brought together a number of research development groups in areas such as workplace wellbeing, mental health, physical activity, arts and health and ageing. These have led to the submission of research funding applications to the Economic and Social Research Council, Wellcome, The National Institute for Health Research and other funders. In the last year, three Research Development Groups have been formed and the NIPHRN has been involved in the submission of six research proposals in the areas of knowledge translation, workplace wellbeing and mental health in young people. Successful grants of £160K have been awarded from national funders during this period.

ENABLING MORE PEOPLE TO ACCESS OUR INFORMATION

To make our corporate website accessible to all sections of the community including minority groups we have added Browsealoud which is a speech reading and translation support tool to the PHA website.

Browsealoud is an innovative piece of software that enables website content, including stories, information and even PDFs, to be read aloud thus removing barriers to those who find it difficult to understand written material.

Browsaloud can also translate PHA's webpages into around 40 of the most common languages making it accessible for those who have English as a second language. Visitors just need to click on the orange Browsaloud icon on any PHA webpage to use this feature.

FINANCIAL PERFORMANCE

The HSCB Director of Finance supports the PHA in the delivery of its core functions, including Financial Planning, Financial Governance, Financial Management and Financial Accounting services.

Financial Planning

The PHA prepared a Financial Plan for 2018/19, taking into account the significant budgetary constraints and varied and mounting pressures on services. This Plan was formally approved by the PHA Board in June 2018.

Looking forward into 2019/20, the current financial context significantly limits the additional resources available for health and social care. There continues to be a risk that this will impact on the quality and safety of services, and the PHA along with the wider sector continues to take steps to mitigate this risk. In addition, a lack of political stability is continuing to create considerable uncertainty, adding more pressure to the HSC sector.

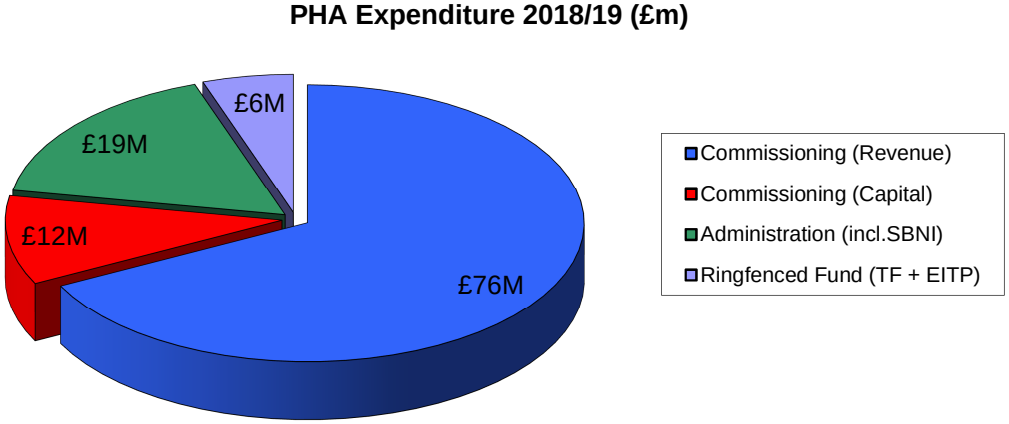
PHA Financial Management and Stability

The PHA received a revenue budget £113m revenue from the DoH in 2018/19, along with income from other sources of £1m, and has a statutory duty to breakeven within 0.25% of these resources. A further £12m capital funding was allocated to PHA in the year, and this was fully spent.

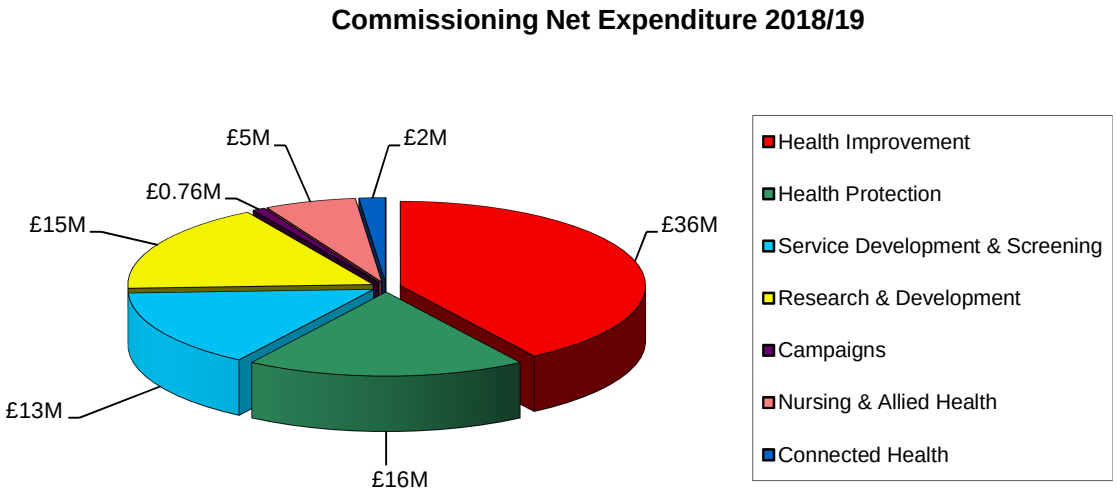
The financial statements presented in this Annual Report and Accounts report a small surplus of £181k, which is within the required breakeven threshold. This was achieved by significant and diligent effort on the part of PHA Budget holders, supported by the Finance Directorate (HSCB), managing the wide range of pressures and demands across both Programme and Management and Administration budgets.

The following charts highlight how the PHA's revenue funds have been utilised during 2018/19.

a. PHA Net Expenditure by Area 2018/19



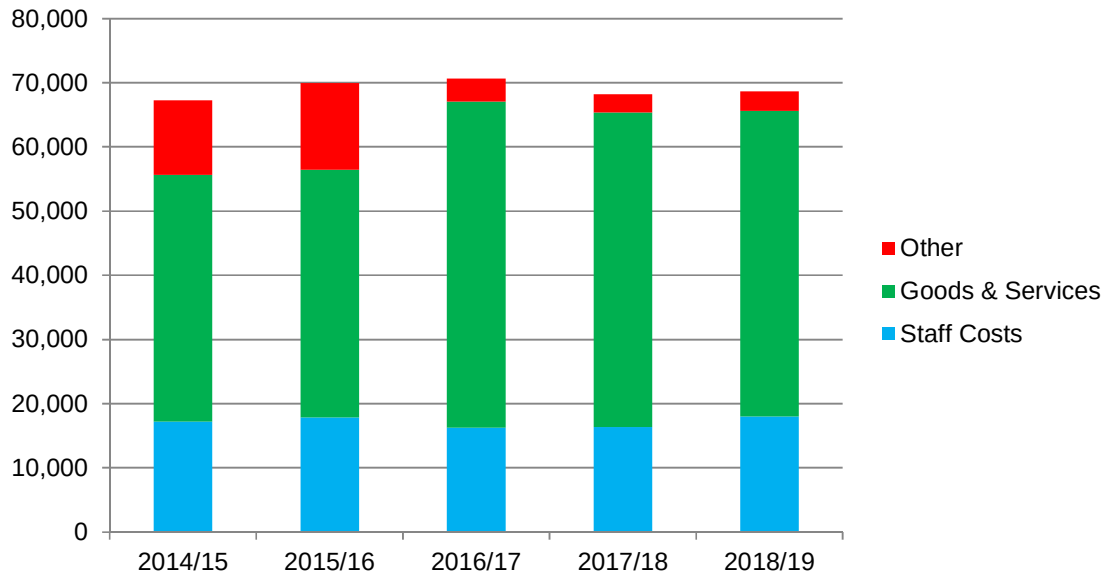
b. Programme Expenditure by Budget Area 2018/19



During the 2018/19 financial year, the PHA continued with the difficult task of managing to successfully deliver its many and complex functions with a decreasing budget. Delivery of these savings has created a significant and ongoing challenge for the PHA to ensure that core functions continue to be delivered to the standard that its stakeholders would expect.

Long Term Expenditure Trends

The following bar chart highlights how the main categories of expenditure within the Statement of Comprehensive Net Expenditure (SoCNE) have moved over the last 5 years. This relates to the revenue expenditure of the PHA.



SUSTAINABILITY – ENVIRONMENTAL, SOCIAL AND COMMUNITY ISSUES

The PHA is committed to protecting the environment and to sustainability, environmental, social and community issues.

It aims to understand the impact on the environment of its activities and to manage its operations in ways that are environmentally sustainable and economically feasible.

The PHA *Environmental Policy* and *Waste Management Strategy* are designed to bring to the attention of all employees, suppliers and contractors, the PHA's position in regard to environmental issues and waste reduction (prevent/reuse/dispose) and demonstrate a desire to continually improve its performance in environmental sustainability and waste management.

The PHA is committed to the principles of sustainable development. Our 'Sustainable Development Strategy' sets out the PHA's approach to sustainable development and how we seek to integrate this into our daily activities.

The PHA continues to support and implement a range of sustainability initiatives such as the Cycle to Work Scheme; Bus/Rail Translink Scheme (which encourages employees to use public transport and reduce their carbon footprint); the use of online-based systems for human resources, procurement, and invoice processing, moving away from paper-based systems; centralised printing devices for the production of printed material (which replaced printing equipment at each workstation); waste recycling and video and teleconferencing facilities to reduce travelling.

EQUALITY AND DISABILITY ACTION

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. More information is available on the PHA's website at www.publichealth.hscni.net

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*.

The Gender Identity and Expression policy has been adopted and approved by all HSC organisations including PHA. A Task & Finish Group, which was set up with HR colleagues in the HC Trusts, has developed draft protocols for two groups: Line managers and HR Systems staff and are also developing protocols for recruitment staff and for the individuals themselves.

A first draft of an awareness and training plan has been developed and is currently being rolled out.

During 2018/19, Tapestry, the disability staff network focused its resources on developing and maintaining a stand-alone website for the network which was launched in September.

Tapestry also linked up with key partners from the voluntary sector to learn more about existing employment support programmes. Presentations and meetings were held with Access to Work to find out more about the support and help available.

Together with regional partners across Health and Social Care (HSC) the PHA also engaged with Carers NI to learn more about good practice in supporting staff who provide care for family members. An article has been developed for staff who are carers highlighting the different policies that operate to support them.

For the fourth year in a row, the PHA has offered to host a person under the Disability Work Placement Scheme. The Scheme is facilitated by the Equality Unit and the Health and Social Care Board jointly for the 11 regional HSC organisations.

One person started in December 2018 and is currently in their third month of the scheme and doing very well. Likewise, the person on placement in 2017/18 has since gained full-time paid employment.

RURAL NEEDS ACT

The Rural Needs Act (Northern Ireland) 2016 came into operation for Government Departments and District Councils on 1 June 2017 and for public authorities including the Public Health Agency (PHA) on 1 June 2018. As a result of this the PHA developed a Rural Needs Policy and rolled out appropriate training to all staff.

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 PHA has carried out a number of Rural Needs Impact Assessments for the period 1 June 2018 to 31 March 2019, as part of designing public services. Details are included in the table below.

Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016	***The rural policy area(s) which the activity relates to***	***Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service***
Designing a Youth Engagement Service (YES) in Derry/Londonderry	Health & Social Care	Young people in rural areas were found to have difficulty in accessing transport that would enable them to avail of the Youth Engagement Services. This issue was addressed by the provision of outreach services within schools and community venues. Outreach work will also take place within the city however its focus will be on hard to reach young people.
Designing a Crisis De-escalation Service (to be piloted in the Belfast Health & Social Care Trust area)	N/A	The PHA has not identified the social and economic needs of people in rural areas as the service is being developed and piloted in the Belfast Health & Social Care Trust locality – which is classified as urban. The pilot will run until the end of March 2020 and if it proves successful may be rolled out to other areas within NI. If this if the case a further and more comprehensive rural needs assessment will be undertaken at that stage.
Designing a Regional Service User Support Service – for people who are in or have been through drug and alcohol treatment Services.	Cross Cutting	The service being commissioned will proactively engage with service users in rural areas to identify issues. Consideration will be given to the following areas; accessibility of groups established, training, meetings, along with any other issues which are identified. The specification has been revised to include the following objectives: • Proactive engagement with service users who live in rural areas. • Identify any needs in relation to the project which are specific to rural service users, and work to address

		these. • Ensure rural service users are consulted on locations for regional meetings and training, with reasonable adjustments made to accommodate them. • Ensure all service users are supported to access training, meetings and other relevant events by refunding travel expenses, organizing car shares and providing transport where appropriate and reasonable.
Revising the service delivery model of the Northern Ireland Diabetic Eye Screening Programme (NIDESP)	Health and Social Care	The Key points currently being considered, in light of the responses received during the pre-consultation are: • Transport • Age • Health • Dependent Status • Availability of Services Whilst it is not possible to analyse the availability of potential fixed sites in rural areas, the majority of HSC health and wellbeing centres and community hospitals will be in larger settlement areas and are unlikely to be in rural areas and small settlements. A more detailed analysis of impact cannot be carried out until possible fixed sites/high street optometrist locations are scoped. It is recognised that accessibility of sites will need to be considered to ensure that travel to sites is minimised and that public transport links are optimised. However given that a model for service delivery has not yet been chosen, it is difficult to state the exact impact. (Please see RNIA for further details).

COMPLAINTS

Seven complaints were received by the PHA in 2018/19. Complaints ranged from concerns about access to services as well as communication issues. One complainant during the reporting period referred their case to the NI Ombudsman which has indicated they will not be investigating the case.

Critically appraising complaints is important and strict procedures are followed. If needed staff then take action to ensure any lessons learned are embedded in practice to prevent recurrences.

INFORMATION REQUESTS

During 1 April 2018 to 31 March 2019 the following requests were made and responded to:

- Freedom of Information 47
- Environment Information Regulation 5
- Subject Access Requests 4
- Open Data Requests 0

No personal data incidents occurred during 2018/19 (2017/18: none).

Valerie Watts

Chief Executive (Interim)

Date 11 June 2019

ACCOUNTABILITY REPORT

DIRECTORS' 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

Andrew Dougal OBE

Andrew Dougal took up the position as Chair of the PHA on 1 June 2015. He was previously Chief Executive of 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 30 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.

Valerie Watts

Valerie Watts was appointed Chief Executive of the Health and Social Care Board in July 2014 and also agreed to take up the additional role of Interim Chief Executive of the PHA on the retirement of Dr Eddie Rooney in October 2016. Mrs Watts has over 30 years management experience in the public sector across Health and Social Care and local government in both Scotland and Northern Ireland – latterly in the position as Chief Executive of Aberdeen City Council (2011-2014) and formerly as Town Clerk and Chief Executive of Derry City Council (2009-2011).

Edmond McClean

Edmond McClean was appointed Deputy Chief Executive of the PHA at the end of October 2016 and has continued as the PHA's Director of Operations heading the PHA's communications, governance, business planning and health intelligence functions. He is an alumnus of both the Salzburg Seminar and USIA International Visitor Programmes on gender and participation.

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

Councillor Billy Ashe

Billy Ashe is a Councillor for Mid and East Antrim Borough Council, of which he is a former mayor.

He was previously mayor of Carrickfergus and co-ordinator of a Carrickfergus-based community project.

Les Drew

Les is a self-employed business consultant providing strategic advice regarding business improvement and change management.

Les was previously employed by Northern Ireland Electricity Networks (NIEN) as Head of Procurement. He has held a number of other senior management posts during his 39-year career including, Group Financial Controller; Governance and Risk Manager; Regulation Officer; and Information Technology Contract Manager.

He was a Non-Executive Director of the former South and East Belfast HSS Trust where he was Chair of the Audit Committee. He also served as a member of the Belfast HSC Trust for 8 years since its establishment on 1 April 2007.

Dr Carolyn Harper

Carolyn was PHA's Director of Public Health and Medical Director. She retired in January 2019.

Previously Deputy Chief Medical Officer in the Department of Health, she trained in general practice before moving into public health and also worked as Director of Quality Improvement for the Quality Improvement Organisation in California.

Mary Hinds

Mary is the PHA's Director of Nursing and Allied Health Professions. She has worked in a number of Director roles including Director of Nursing, Mater Hospital, Belfast.

Thomas Mahaffy

Thomas finished his term as a PHA Board member on 7 April 2018. He is also a Board member of the Northern Ireland Anti-Poverty Network, the Northern Ireland Human Rights Consortium, the Participation and Practice of Rights Project and convenes the Rights in Community Care Group.

He is employed by the trade union UNISON as Head of Organising and Development with responsibilities including union employer partnerships, equality, human rights and tackling health inequalities.

Dr Adrian Mairs

Adrian is Acting Director of Public Health for PHA. He was previously Assistant Director of Public Health (Screening and Professional Standards). Trained in general practice and public health, Adrian worked in the DoH as a Senior Medical Officer and Consultant in Public Health in the legacy Northern Health and Social Services Board before joining the PHA in 2009.

Deepa Mann-Kler

Deepa is a Non-Executive Director with the Registers of Scotland and Visiting Professor in Immersive Futures with Ulster University. She served as a Non-Executive Director of the South Eastern Health and Social Care Trust for nine years; was an Independent Assessor with the Commissioner for Public Appointments and was Chair of the Crescent Arts Centre.

Deepa's areas of expertise include corporate governance, strategic planning, risk management, workforce planning, communications, stakeholder engagement, research skills, ethics, equality, diversity and inclusion. She is an artist and CEO of Neon, a company creating software applications for health and wellbeing.

Alderman Paul Porter

Paul has served as a Councillor from 2001 and was elected to the new Lisburn and Castlereagh City Council.

Over the past 15 years he has worked closely with community and voluntary organisations delivering major projects ranging from early intervention, youth programmes and special needs provision. During this time he has helped secure major capital investment for several community centres in the wider Lisburn area.

Paul Cummings

Paul is Director of Finance and Deputy Chief Executive of the Health and Social Care Board. Previously a Director of Finance in the South Eastern, Mater and Ulster Community and Hospitals Trust, Paul has over 30 years' experience in Health and Social Care. He was the national chair of the Healthcare Financial Management Association during 2002/03 and continues to be an active member.

Paul or a deputy has attendance and speaking rights at all PHA Board meetings.

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 Northern Ireland branch of the British Psychological Society, 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 Queens University Belfast, Joseph was in post before the formation of the new police service.

Prior to that he was Director of Human Resources at Harland and Wolff and was Director of the engineering employers' Federation in Northern Ireland. Joseph also served as a member of the Police Authority for Northern Ireland.

Marie Roulston OBE

Marie is the Director of Social Care and Children at the HSCB. Marie has over 30 years' experience in working with children and families. Marie has worked across the range of children's services and moved into a managerial role as Area Manager in 2002 in the Northern Trust.

Marie was appointed as Assistant Director in the Women and Children's Directorate, in May 2007. She had responsibility for Looked after Children Trustwide, encompassing children in residential care, children in foster care, the Northern Trust Adoption service, recruitment of foster carers and 16+ services.

She took up post as Director of Children's Services/Executive Director Social Work within the Northern Trust in September 2012 and had responsibility for Women, Children & Families from 2015 and in August 2018 took up post as Director of Social Care & Children at HSCB.

Marie was awarded an OBE in the New Year's Honours List (2019) with respect to services to health care and young people.

John-Patrick Clayton

John-Patrick 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.

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 has 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 from Edmond McClean, PHA Deputy Chief Executive / Director of Operations, and on the PHA website at www.publichealth.hscni.net/lists-and-registers

Audit Services

The PHA's statutory audit was performed by ASM Chartered Accountants on behalf of the Northern Ireland Audit Office (NIAO) and the notional charge for the year ended 31 March 2019 was £22,000.

Statement on Disclosure of Audit Information

All Directors can confirm that they are not aware of any relevant audit information of which the external auditors are unaware. The Accounting Officer has taken all necessary steps to ensure that all relevant audit information which she is aware of has been passed to the external auditors.

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the DoH 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 HSC Manual of Accounts. 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, of its income and expenditure, changes in taxpayers' equity and cash flows for the financial year.

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

- Observe the HSC Manual of Accounts issued by the DoH including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements.
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the PHA will continue in operation.
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the PHA.
- Pursue and demonstrate value for money in the services the PHA provides and in its use of public assets and the resources it controls.
- To confirm that the annual report and accounts as a whole are fair, balanced and understandable and to 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 DoH, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland, has designated Mrs Valerie Watts as the Interim Accounting Officer for the PHA. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the PHA's assets, are set out in the Accountable Officer Memorandum, issued by DoH.

GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

The Board of the Public Health Agency (PHA) is accountable for internal control. As Accounting Officer and Interim 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 SLAs, representation on PHA Board, Governance and Audit Committee and regular formal meetings between senior officers) are in place to support the close working between the PHA and its partner organisations, primarily the Health and Social Care Board (HSCB) and the Business Services Organisation (BSO), as they provide essential services to the PHA (including the finance function) and in taking forward the health and wellbeing agenda.

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

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

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

3. Governance Framework

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

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

The PHA Board is comprised of a Non-Executive Chair, seven Non-Executive members, the Chief Executive and three Executive Directors. Three new Non-Executive members joined the PHA Board in April 2018.

During 2018/19, the PHA Board met on ten occasions. The PHA Board meets regularly, usually monthly, with the exception of July and in 2018/19 there was no meeting in January 2019. 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 2018/19

Name	Meetings Attended	Meetings Contracted to Attend
A Dougal	9	10
V Watts	9	10
E McClean	8	10
A Mairs	9	10
M Hinds	8	10
B Ashe	10	10
J P Clayton	9	10
L Drew	9	10
D Mann-Kler	9	10
P Porter	7	10
N Rooney	9	10
J Stewart	10	10

The Governance and Audit Committee's (GAC) purpose is to give an assurance to the PHA Board and Accounting Officer on the adequacy and effectiveness of the PHA's system of internal control. The GAC has an integrated governance role encompassing financial governance, clinical and social care governance and organisational governance, all of which are underpinned by risk management systems. The GAC meets at least quarterly and currently comprises four Non-Executive Directors supported by the PHA's Director of Operations and the HSCB's Director of Finance. Representatives from Internal and External Audit are also in attendance. During 2018/19 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 2018/19, the Committee met on one occasion and the meeting was quorate.

4. Business Planning and Risk Management

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

The PHA *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. The Annual Business Plan 2018/19, which sets out the corporate action plan for year two of the PHA Corporate Plan, taking account of DoH guidance and priorities, was approved by the PHA Board on 15 March 2018 and the DoH on 17 April 2018. 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, as follows:

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

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

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

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

The PHA is committed to adhering to best practice in the identification and treatment of risks and works to the principles, framework and processes for Risk Management as contained in ISO 31000: 2018 and also adheres to the HSC Regional Risk Matrix (April 2013; updated June 2016 and August 2018).

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

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

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

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

Processes are established within each Directorate enabling risks to be identified, controls and/or gaps in controls highlighted and, where relevant, action to be taken to mitigate the risk. Directors and senior officers also identify risks which require to be escalated to the Corporate Risk Register.

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

During 2018/19, 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, safety and security and fraud awareness.

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

Fraud

The Public Health Agency (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 Policy and Fraud 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 (FLO) 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 provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years.

5. Information Risk

The PHA has robust measures in place to manage and control information risks. The designated Senior Information Risk Owner (SIRO) for the management of information risk at Board level is the Director of Operations. 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 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 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 and relevant governance staff. The IGSG meets quarterly, and provides a report to the GAC.

The PHA's Information Governance Strategy (incorporating the Information Governance Framework) 2018-2022 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 2018 in line with 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. The Data Protection/Confidentiality Policy and also the Data Breach

Incident Response Policy were reviewed and updated in 2018 to ensure compliance with GDPR and DPA 2018. A new Data Protection Impact Assessment Policy and Guidance was also developed and launched this year.

The PHA has documented and agreed procedures in place to ensure compliance with the requirements of 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. This has also been enhanced by the introduction of a MetaCompliance system ('iKnow') which can be used to send a 'pop-up' reminder to staff when they log in to their personal computers.

Information asset registers have been developed, 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 continues to be rolled out to all staff. The SIRO and IAO's attend specialised training. Uptake of training is monitored by the IGSG.

6. Assurance

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

- all control systems;
- the information provided to the PHA Board;
- compliance with law, guidance and Code of Conduct and Code of Accountability; and
- governance processes within the PHA Board.

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

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

The PHA Board also receives regular assurances through the financial and performance reports brought to it by the HSCB Director of Finance and PHA Director of Operations.

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

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

Information presented to the PHA Board to support decision making, is firstly presented to and approved by the Agency Management Team (AMT) and the Interim 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.

7. Sources of Independent Assurance

The PHA obtains Independent Assurance from the following sources:

- Internal Audit
- 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.

In 2018/19 Internal Audit reviewed the following systems: –

System reviewed	Assurance received
Financial Review	Satisfactory
PHA's Compliance with Permanent Secretary's Instructions Regarding Travel	Satisfactory
Management of Contracts with the Voluntary/ Community Sector	Satisfactory - Management of Contracts with the Voluntary/ Community Sector Limited - Procurement of Contracts with the Voluntary/ Community Sector
Personal and Public Involvement (PPI)	Satisfactory
Risk Management	Satisfactory
Management of Vaccination Programme	Satisfactory

In their annual report, the Internal Auditor reported that the PHA system of internal control was adequate and effective.

One priority one weakness in control was identified in the PHA Management of Contracts with the Voluntary/Community Sector audit, relating to the implementation of the PHA Social Care Procurement Plan. This has now been partially implemented.

The Internal Audit Follow Up report on previous Internal Audit Recommendations, issued on 3 April 2019, found that of the 61 recommendations with an implementation date of 31 March 2019 or earlier, 69% were fully implemented, and 31% were partially implemented. Work will continue during 2019/20 to address the remaining 19 partially implemented recommendations.

Internal Audit also carried out a review of the assurance processes post controls assurance standards 2018/19. The report confirmed that the processes adopted by the PHA for 2018/19 are adequate to provide appropriate assurances internally in PHA in the areas previously covered by the old Control Assurance Standards.

RQIA

The HSCB/PHA has a system in place via the Safety and Quality Alerts Team (SQAT) to provide the appropriate assurance mechanism that all HSCB/PHA actions contained within RQIA reports are implemented.
This system of assurance takes the form of a 6 monthly report which details the progress on implementation of RQIA recommendations. The most recent report, for the period ending 30 June 2018 was considered by the Agency Management Team on 13 September 2018.

External Audit

For the year ended 31 March 2018, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements and the regularity opinion of the PHA's accounts. A Report to Those Charged with Governance on additional matters did not identify any priority 1 or 2 issues.

8. Review of Effectiveness of the System of Internal Governance

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

9. Internal Governance Divergences

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

Campaigns Budget

Since its establishment in 2009 the PHA has led on the development and commissioning of many campaigns aimed at informing the public about key health and wellbeing issues and providing the information and 'nudge' to take action to improve their health and wellbeing, for example mental health, obesity and tobacco control campaigns. Over the past 2 years the PHA has reported on campaign budget reductions that have significantly impacted on the agency's ability to raise population wide awareness on key health and wellbeing issues.

Despite a non-recurrent campaign budget reduction of £1m implemented in the reporting year, financial resources were secured to support the roll out of a new AMR (Antimicrobial resistance) campaign. Re-runs of the FAST campaign (stroke awareness), Helping Others (Mental Health) campaign and the Lifeline (suicide prevention) campaign were also delivered. A new campaign programme has been submitted to DoH for 2019/20 and development work is underway to deliver a more comprehensive programme subject to DoH approval.

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

Business Services Transformation Project/Shared Services (Payroll)

The audit assignment finalised in March 2017 on Payroll Shared Services resulted in an unacceptable level of assurance being received from the Internal Auditor. While the issues raised in this audit report had less impact on the PHA than some other HSC organisations, it was of some concern that progress on issues identified previously had not been made. As a result of this Payroll audit, an action plan was developed by BSO to attempt to address the control and system stability issues identified.

Internal Audit provided limited assurance for the 2017/18 audits of Payroll Shared Services and have continued to provide this level of assurance up to the present. Limited assurance has been provided on the basis that the majority of previously agreed outstanding recommendations have not been fully implemented. A number of key functions have not yet stabilised and significant control issues remain.

Quality, Quantity and Financial Controls

While acknowledging the difficulties in commissioning and supporting services provided to the population of Northern Ireland in an environment where demand for these services continues to increase and the budget available for commissioning them remains constrained, the actions taken by the PHA during 2018/19 enabled it to maintain the integrity of existing services commissioned and to ensure that additional priorities were implemented and progressed, within budget.

In the continuing absence of an Executive and a sitting Assembly, the Northern Ireland Budget Act 2018 was progressed through Westminster, receiving Royal Assent on 20 July 2018, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2019 which received Royal Assent on 15 March 2019. The authorisations, appropriations and limits in these Acts provide the authority for the 2018/19 financial year and a vote on account for the early months of the 2019/20 financial year as if they were Acts of the Northern Ireland Assembly.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2019/20 financial plan is ongoing between the PHA and Department of Health (DoH). However, as with other financial years the PHA remains committed to achieving financial break-even, and will continue to take appropriate actions and manage its budget to ensure the most effective service provision possible within budget constraints.

Management of Contracts with the Community and Voluntary Sector

The 2018/19 Internal Audit report on the management of health and social wellbeing improvement contracts provides 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, payments are only released on approval of previous progress returns and a procurement plan is in place, with action being taken against it during the year. The PHA continues to work with colleagues across the HSC, including BSO Directorate of Legal Services (DLS) and Procurement and Logistics Services (PALS) to refine and improve contract management processes.

However, while Internal Audit acknowledged the improving position, a priority one finding remains in respect of the procurement of services. Although the PHA is continuing to implement the procurement plan, progress is slow due to a number of factors, including staff capacity and waiting for the new DoH Protect Life Strategy to enable mental health tenders to be progressed. That said, progress has been made during 2018/19, with contracts awarded for a Youth Engagement Service in the Derry/Londonderry area and a Crisis De-escalation Service in partnership with the BHSCT. The PHA is also continuing to take forward preparatory work linked to suicide prevention and 'use of place' contracts, as well as a number of smaller contract areas

During 2018/19 the PHA Board approved the establishment of a Task and Finish Group to review the PHA procurement plan and processes and make recommendations aimed at ensuring that the procurement plan better reflects PHA strategic priorities and to ensure that pre-procurement planning is initiated and completed in a timely manner, to enable procurement to proceed within an appropriate timescale. The Group has made a number of recommendations which will be implemented during 2019/20.

The PHA also continues to work closely with BSO Directorate of Legal Services (DLS) and PaLS to develop appropriate social care procurement processes and documentation. This work is overseen by the PHA Procurement Board.

The PHA will continue to work closely with colleagues in HSCB, BSO, the HSC Trusts and the DoH, to develop and put in place appropriate and proportionate regional processes that meet the new procurement regulations.

Reduction in the PHA Management and Administration Budget

Over the past 4 years there has been a year on year reduction in the management and administration budget allocated to the PHA, totalling £5m over this period.

While the PHA has taken measures to ensure that core and essential work is maintained, pressures are increasingly evident, especially as the PHA responds to new and changing demands and needs.

The opening budget allocation for 2019/20 has now been received and includes a further reduction of 3% (£516K) in the management and administration budget. This is likely to have a negative impact on the work of the PHA. However DoH has provided flexibility to put forward savings proposals across both administrative and programme budget lines and the PHA will continue to work closely with the DoH.

EU Exit

The Public Health Agency has continued to actively scope and, working with DoH and HSC colleagues, to make appropriate reasonable plans for the potential impact of a 'no deal' outcome from the UK-EU negotiations on the services it provides, in line with the information provided by the Department. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

Neurology Call Back

Due to concerns being raised in relation to the practice of a consultant neurologist at the Belfast Trust including work he undertook on behalf of other Trusts and in relation to his private practice, the HSCB and PHA have, at the direction of the DoH, established a regional Coordination Group (which includes representatives from each of the five Trusts and relevant independent sector providers) to co-ordinate the work necessary to complete a call-back review of those patients who remained under active review of the consultant (phase 1) followed by a call-back of a defined cohort of patients who had been discharged by the consultant (phase 2). The PHA has been working closely with the HSCB, Trusts and independent providers to ensure that a consistent approach is taken both during the patient review and to the reporting of outcomes to enable patients to be assessed and receive appropriate treatment and care where it is required.

Phase 1 of the call-back exercise was completed at the end of July 2018. Following their initial review, those patients who required further investigation were mostly reviewed before the end of October 2018, along with a small number of patients who still required an initial review (at their own request or because they DNA'd prior to July).

Phase 2 has now also been completed and the PHA and HSCB are working with the BHSCT and the relevant private providers to develop outcomes reports on the two phases of the review. This is being done in collaboration with the Royal College of

Physicians of London. These reports will inform regional decisions about the need for any further patient reviews.

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

PHA Staffing Issues

Currently the PHA has a significant number of vacancies and posts filled on a temporary basis across all Directorates and at all levels of the organisation. This is impacting on the work of the PHA through constrained capacity in a number of key areas and functions to cover key duties, important developments or new initiatives may not be progressed as quickly or comprehensively as would be desired, reduced organisational resilience at times of pressure or emergency, increased pressure and personal strain on existing staff with the potential for increased sickness absenteeism or further loss of staff and a loss of core knowledge and experience.

The PHA is looking at possible solutions that may ease the situation. While some steps can be taken in the short term, a number will require long term actions. It is therefore likely that this situation will impact on the work of the PHA, and may make it difficult to continue with all demands, with decisions needing to be made to prioritise key and essential areas of work. The PHA is currently working with DoH to address these matters.

10. Conclusion

The PHA has a rigorous system of accountability which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (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 2018/19.

REMUNERATION AND STAFF REPORT

Remuneration Report

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.

DoH Circulars on the 2016/17, 2017/18 and 2018/19 Senior Executive pay awards had not been received by 31 March 2019. Any related payments, therefore have not been made to Executive Directors.

The 2015/16 Senior Executive's pay award was set out in DoH circular HSC(SE) 1/2016 and was paid in line with the Remuneration Committee's agreement on the classification of Executive Directors' performance, categorised against the standards of 'fully acceptable' or 'incomplete' as set out within the circular.

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 2018/19. 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 4 years. Details of newly appointed Non-Executive Directors or those leaving post have been detailed in the Senior Management Remuneration tables below.

Executive Directors are employed on a permanent contact 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 2018/19.

Membership of the Remuneration and Terms of Service Committee:

Mr Andrew Dougal - Chair
Councillor William Ashe – Non-Executive Director
Alderman Paul Porter – Non-Executive Director
Professor Nichola Rooney – Non-Executive Director (from 2nd October 2018)

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

Senior Employee's Remuneration

The salary, pension entitlements, and the value of any taxable benefits in kind of the most senior members of the PHA were as follows, it should be noted that there were no bonuses paid to any Director during 2018/19 or 2017/18.

Non Executive Members (Table Audited)

	2018/19				2017/18			
Name	**Salary £000s**	**Benefits in Kind (to nearest £100)**	**Pension Benefits (to nearest £1,000)**	**Total £000s**	**Salary £000s**	**Benefits in Kind (to nearest £100)**	**Pension Benefits (to nearest £1,000)**	**Total £000s**
Mr Andrew Dougal (*Chair*)	30-35	100	-	30-35	30-35	-	-	30-35
Mr Thomas Mahaffy (Leaver 7th Apr 2018)	0-5	-	-	0-5	5-10	-	-	5-10
Alderman Paul Porter	10-15	-	-	10-15	5-10	-	-	5-10
Councillor William Ashe	5-10	-	-	5-10	5-10	-	-	5-10
Mr Leslie Drew	5-10	100	-	5-10	5-10	-	-	5-10
Ms Deepa Mann-Kler	5-10	100	-	5-10	5-10	100	-	5-10
Mr Brian Coulter (Leaver 31st Mar 2018)	0-5	-	-	0-5	5-10	-	-	5-10
Professor Nichola Rooney (Starter 10th Apr 2018)	5-10	-	-	5-10	-	-	-	-
Mr John-Patrick Clayton (Starter 10th Apr 2018)	5-10	-	-	5-10	-	-	-	-
Mr Joseph Stewart (Starter 18th Apr 2018)	5-10	-	-	5-10	-	-	-	-

Notes

Some non-executive members may have received benefits in kind below £50 – this will be rounded down to nil as specified in the 2nd column of the table above.

Circular HSC(F) 01-2019 entitled The Payment of Remuneration of Chairs and Non-Executive Members Determination (Northern Ireland) 2019 was issued in January 2019 which resulted in back dated remuneration to non-executive members.

Executive Members (Table Audited)

	2018/19				2017/18			
Name	**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**
Dr Carolyn Harper *Director of Public Health* (Retired 21st Feb 2019)	110-115	-	-	110-115	150-155	200	55,000	205-210
Dr Adrian Mairs *Acting Director of Public Health*	155-160	-	154,000	310-315	25-30 (115-120 FYE)	100	-	25-30
Mr Edmond McClean *Director of Operations / Interim Deputy Chief Executive*	85-90	200	-	85-90	85-90	400	42,000	130-135
Mrs Mary Hinds *Director of Nursing & Allied Health Professionals*	100-105	-	4,000	105-110	100-105	-	11,000	110-115

Notes

Mrs Valerie Watts was appointed as Interim Chief Executive from 17/10/16 and has dual responsibility for the Public Health Agency and the Health and Social Care Board (HSCB). All remuneration has been reported under the post holder's substantive post in the HSCB.

FYE – Full Year Equivalent

Pensions of Senior Management (Table Audited)

	2018/19				
Name	**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 31/03/18 £000**	**CETV at 31/03/19 £000**	**Real increase in CETV £000**
Dr Adrian Mairs *Acting Director of Public Health*	7.5-10 pension 22.5-25 lump sum	55-60 pension 175-180 lump sum	1,149	1,466	186
Mrs Mary Hinds *Director of Nursing & Allied Health Professionals*	0-2.5 pension 0-2.5 lump sum	20-25 pension 65-70 lump sum	485	559	19

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 decrease due to transfer of pension rights.

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

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when a member leaves the scheme and chooses to transfer their benefits accrued in their former scheme.

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

The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the 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.

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

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 (Table Audited)

The relationship between remuneration of the most highly paid director and the median remuneration of the workforce is set out below. There has been no significant change to the ratio when compared to 2017/18.

	2019	2018
Band of Highest Paid Director's Remuneration (band in £000s)	155-160	150-155
Median Total Remuneration (£)	36,280	35,224
Ratio	4.39	4.32

No employee received remuneration in excess of the highest paid director, and remuneration ranged from £6,559 to £159,405 in 2018/19. The lowest salary relates to Safeguarding Board lay members.

Staff Report

Staff Costs (Table Audited)

PHA staff costs comprise:

	2019			2018
	Permanently employed staff	Others	Total	Total
	£000s	£000s	£000s	£000s
Wages and salaries	13,395	877	14,272	13,002
Social security costs	1,453	95	1,548	1,422
Other pension costs	2,042	134	2,176	1,900
Total staff costs reported in Statement of Comprehensive Net Expenditure	**16,890**	**1,106**	**17,996**	**16,324**
Less recoveries in respect of outward secondments			(379)	(203)
Total net costs			**17,617**	**16,121**

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

Average Number of Persons Employed (Table Audited)

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

	2019			2018
	Permanently employed staff	Others	Total	Total
Commissioning of Health and Social Care	305	19	**324**	**296**
Less average staff number in respect of outward secondments	(5)	-	**(5)**	**(3)**
Total net average number of persons employed	**300**	**19**	**319**	**293**

Reporting of Early Retirement and other Compensation Schemes – Exit Packages (Table Audited)

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2019	2018	2019	2018	2019	2018
<£10,000	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-
Total number of exit packages by type	**0**	**0**	**0**	**0**	**0**	**0**
Total resource cost £000s	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**

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 Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 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 2018/19 or 2017/18.

Retirements due to ill-health

During 2018/19, there were 2 early retirements from the PHA agreed on the grounds of ill-health.

Staff Composition

The staff composition broken down by male/female and whole time equivalent (WTE) as at 31 March 2019 was as follows:

Gender	Headcount	Whole Time Equivalent
Female	258	239.9
Male	67	65.9
Grand Total	**325**	**305.8**

Staff Gender Breakdown within PHA 2018/19 Senior Management (excl. Board Members)*		
Gender	**Headcount**	**Whole Time Equivalent**
Female	22	20.3
Male	17	16.1
Grand Total	**39**	**36.4**

**Senior management is defined as staff in receipt of a basic WTE salary of greater than £67k inclusive of medical staff.*

Sickness Absence Data

The corporate cumulative annual absence level for the PHA for the period from 1 April 2018 – 31 March 2019 is 5.13% (2017/18 3.03%).

There were 30,254 hours lost due to sickness absence or the equivalent of 93 hours lost per employee. Based on a 7.5 hour working day, this is equal to 12.41 days per employee.

Staff Policies Applied During the Financial Year

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.

More information on the PHA's work regarding equality is available in this report under the section entitled 'Equality' as well as on the PHA's website www.publichealth.hscni.net.

Within the incoming year (2019/20), the PHA will be launching the new Conflict, Bullying & Harassment at work Policy. As part of the launch of the new Regional Policy resources will be developed and training provided throughout the organisation.

Expenditure on Consultancy

The PHA had no expenditure on External Consultancy during 2018/19 (2017/18 - 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 with a total cost of over £58,200 during the financial year, which were not paid through the PHA Payroll. There were no such 'off-payroll' engagements in 2018/19 or 2017/18.

ASSEMBLY ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Regularity of Expenditure

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, and during 2018/19 there has been no evidence of irregular expenditure occurring.

Losses and Special Payments (Table Audited)

Type of loss and special payment		2018/19		2017/18
		Number of Cases	£	£
Cash losses				
	Cash Losses - Theft, fraud etc.	-	-	425
	Cash Losses - Overpayments of salaries, wages and allowances	1	91	-
Fruitless Payments				
	Late Payment of Commercial Debt	-	-	40
	Other fruitless payments and constructive losses	3	435	-
Special Payments				
	Compensation payments:			
	Employers Liability	1	135,000	-
TOTAL		**5**	**135,526**	**465**

Special Payments

There were no other special payments or gifts made during the year (2017/18 – none).

Other Payments and Estimates

There were no other payments made during the year (2017/18- none).

Losses and Special Payments over £250,000

There were no losses or special payments greater than £250k during the year.

Remote Contingent Liabilities

In addition to contingent liabilities reported within the meaning of IAS37 shown in Note 21 of the Annual Accounts, 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 2019, the PHA is not aware of any remote contingent liabilities, and there were none in 2017/18.

Valerie Watts

Chief Executive (Interim)

Date 11 June 2019

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 2019 under the Health & 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. These financial statements have been prepared under the accounting policies set out within them. 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 2019 and of the Public Health Agency's net expenditure for the year then ended; and

- have been properly prepared in accordance with the Health & 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 of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities 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 Public Health Agency in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, 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.

Other Information

The Board and the Accounting Officer are responsible for the other information included in the annual report. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in the report as having been audited, and my audit

certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.
In connection with my audit of the financial statements, 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, 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:

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

- the information given in the Performance Report & Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Responsibilities of the Board and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Board and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify & report on the financial statements in accordance with the Health & Social Care (Reform) Act (Northern Ireland) 2009.

My objectives are to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. 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.

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.

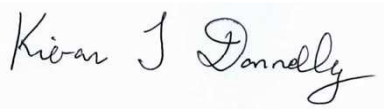
Matters on which I report by exception

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

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

Report

I have no observations to make on these financial statements.



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

26 June 2019

PUBLIC HEALTH AGENCY

ANNUAL ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2019

FOREWORD

These accounts for the year ended 31 March 2019 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 the Health and Social Care (Reform) Act (Northern Ireland) 2009.

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the period ended 31 March 2019

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.

		2019	2018
Income	**NOTE**	**£000**	**£000**
Revenue from contracts with customers	4.1	1,005	993
Other operating income (excluding interest)	4.2	379	203
Total operating income		1,384	1,196
Expenditure			
Staff costs	3	(17,996)	(16,324)
Purchase of goods and services	3	(47,626)	(49,038)
Depreciation, amortisation and impairment charges	3	(209)	(210)
Provision expense	3	189	10
Other expenditures	3	(3,016)	(2,677)
Total operating expenditure		(68,658)	(68,239)
Net Expenditure		**(67,274)**	**(67,043)**
Finance income	4.2	0	0
Finance expense	3	0	0
Net expenditure for the year		(67,274)	(67,043)
Revenue Resource Limits (RRLs) issued (to)			
Belfast Health & Social Care Trust		(17,049)	(14,251)
South Eastern Health & Social Care Trust		(4,928)	(4,612)
Southern Health & Social Care Trust		(6,963)	(6,435)
Northern Health & Social Care Trust		(8,995)	(8,579)
Western Health & Social Care Trust		(7,691)	(7,015)
NIAS Health & Social Care Trust		(85)	0
NI Medical & Dental Training Agency		(226)	(148)
PCC		(40)	0
Total RRL issued		(45,977)	(41,040)
Total Commissioner resources utilised		(113,251)	(108,083)
Revenue Resource Limit (RRL) received from DoH	24.1	113,432	108,223
Surplus / (Deficit) against RRL		**181**	**140**

OTHER COMPREHENSIVE EXPENDITURE		2019	2018
		£000	**£000**
Items that will not/may be reclassified to net operating costs			
Net gain/(loss) on revaluation of property, plant and equipment	5.1/8/5.2/8	3	11
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	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		**(67,271)**	**(67,032)**

The notes on pages 86 to 114 form part of these accounts.

STATEMENT of FINANCIAL POSITION as at year ended 31 March 2019

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	2019 £000	£000	2018 £000	£000
Non Current Assets					
Property, plant and equipment	5.1/5.2	355		410	
Intangible assets	6.1/6.2	161		186	
Total Non Current Assets			516		596
Current Assets					
Trade and other receivables	12	1,293		574	
Other current assets	12	69		30	
Cash and cash equivalents	11	571		469	
Total Current Assets			1,933		1,073
Total Assets			**2,449**		**1,669**
Current Liabilities					
Trade and other payables	13	(7,497)		(6,981)	
Provisions	15	0		0	
Total Current Liabilities			(7,497)		(6,981)
Total assets less current liabilities			**(5,048)**		**(5,312)**
Non Current Liabilities					
Provisions	15	0		(364)	
Other payables > 1 yr	13	0		0	
Total Non Current Liabilities			0		(364)
Total assets less total liabilities			**(5,048)**		**(5,676)**
Taxpayers' Equity and other reserves					
Revaluation reserve		50		47	
SoCNE reserve		(5,098)		(5,723)	
Total equity			**(5,048)**		**(5,676)**

The financial statements on pages 82 to 114 were approved by the Board on 11 June 2019 and were signed on its behalf by:

Signed  (Chairman) Date 11/06/19

Signed  (Chief Executive - Interim) Date 11/6/19

STATEMENT of CASH FLOWS for the year ended 31 March 2019

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	2019 £000	2018 £000
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure	SoCNE	(67,274)	(67,043)
Adjustments for non cash costs	3	42	274
(Increase)/decrease in trade and other receivables	12	(761)	(97)
Increase/(decrease) in trade payables	13	517	(6)
Less movements in payables relating to items not passing through the NEA			
Movements in payables relating to the purchase of property, plant and equipment	13	3	88
Movements in payables relating to the purchase of intangibles	13	44	(12)
Use of provisions	15	(175)	(1)
Net cash outflow from operating activities		(67,604)	(66,797)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(87)	(159)
(Purchase of intangible assets)	6	(84)	(51)
Net cash outflow from investing activities		(171)	(210)
Cash flows from financing activities			
Grant in aid		67,877	67,057
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements			
Net financing		67,877	67,057
Net increase (decrease) in cash & cash equivalents in the period		102	50
Cash & cash equivalents at the beginning of the period	11	469	419
Cash & cash equivalents at the end of the period	11	**571**	**469**

The notes on pages 86 to 114 form part of these accounts.

Public Health Agency

STATEMENT of CHANGES in TAXPAYERS' EQUITY for year ended 31 March 2019

This statement shows the movement in the year on the different reserves held by HSCB, 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 HSCB 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 2017		**(5,753)**	**36**	**(5,717)**
Changes in Taxpayers' Equity 2017/18				
Grant from DoH		67,057	0	67,057
Other reserves movements including transfers		0	0	0
(Comprehensive expenditure for the year)		(67,043)	11	(67,032)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	16	0	16
Balance at 31 March 2018		**(5,723)**	**47**	**(5,676)**
Changes in Taxpayers' Equity 2018/19				
Grant from DoH		67,877	0	67,877
Other reserves movements including transfers		0	0	0
(Comprehensive expenditure for the year)		(67,274)	3	(67,271)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	22	0	22
Balance at 31 March 2019		**(5,098)**	**50**	**(5,048)**

The notes on pages 86 to 114 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 Department 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, Plant & Machinery, 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)

Properties 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 2018/19 or 2017/18.

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
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 includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under

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

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; 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 2018/19 or 2017/18.

1.9 Inventories

The PHA had no inventories as at 31 March 2019 or 31 March 2018.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary 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 5 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 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 (SoCNE) and is recognised when the right to receive payment is established.

In this year of initial application, the introduction of IFRS 15 has not impacted on the timing of satisfying performance obligations of contracts in existence therefore the transaction price determined has not changed as a result of its introduction. The current impact of its introduction has resulted in reclassification of income based on consideration of whether there is a written, oral or implied contract in existence. Note 4 - Income provides initial application disclosures in line with HM Treasury application guidance on transition to IFRS 15.

Grant in aid

Funding received from other entities, including the DoH 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 2018/19 or 2017/18.

1.12 Research and Development expenditure

Following the introduction of the 2010 European System of Accounts (ESA10) from 2016/17, there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure. As a result, 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

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

The PHA as lessee

The PHA held no finance leases during 2018/19 or 2017/18.

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

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

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

The PHA as lessor

The PHA did not have any lessor agreements in either 2018/19 or 2017/18.

1.16 Private Finance Initiative (PFI) transactions

The PHA had no PFI transactions during 2018/19 or 2017/18.

1.17 Financial instruments

- Financial assets

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

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider 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.

- Financial liabilities

The PHA had no financial liabilities in 2018/19 or 2017/18.

- 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 the PHA has a present legal or constructive obligation as a result of a past event, it is probable that the PHA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting year, 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 as at 31 March 2019, using the discount rates issued by the Department of Finance (DoF) below.

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	0.76%
	Medium term (5 – 10 years)	1.14%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	2.00%
	Year 2	2.00%
	Into perpetuity	2.10%

Note that PES issued a combined nominal and inflation rate table to incorporate the two elements – please refer to this table as necessary, as included within issuing e-mail of circular HSC(F) 39-2018.

The discount rate to be applied for employee early departure obligations is +0.29% with effect from 31 March 2019.

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

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

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

A restructuring provision is recognised when the PHA develops a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the PHA.

1.19 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.

The PHA had no contingent liabilities or assets as at 31 March 2019 or 31 March 2018.

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 2019. 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 Department of Health.

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 at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension Scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2018/19 HSC Pension Scheme accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.22 Value Added Tax (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 2018/19 or 2017/18.

1.24 Government Grants

The PHA had no government grants in 2018/19 or 2017/18.

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

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

IFRS 16 *Leases* replaces IAS 17 *Leases* and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2020.

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

1.27 Changes in accounting policies/Prior year restatement

There were no changes in accounting policies during the year ended 31 March 2019. Due to changes in the template, there have been amendments to the layout and display of some figures.

NOTE 2 - ANALYSIS of NET EXPENDITURE by SEGMENT

The PHA has identified 4 segments: Commissioning, Family Health Services (FHS), Administration, and Safeguarding Board NI - an independent body hosted by the PHA. Net expenditure is reported by segment as detailed below:

Summary	NOTE	2019 £000	2018 £000
Commissioning	2.1	90,101	86,246
FHS	2.2	2,441	2,770
Agency Administration	2.3	19,624	18,400
Safeguarding Board NI	2.4	1,085	668
Total Commissioner Resources utilised		**113,251**	**108,084**

2.1 Commissioning

Expenditure	NOTE	2019 £000	2018 £000
Belfast Health & Social Care Trust	SoCNE	17,049	14,251
South Eastern Health & Social Care Trust	SoCNE	4,928	4,612
Southern Health & Social Care Trust	SoCNE	6,963	6,435
Northern Health & Social Care Trust	SoCNE	8,995	8,579
Western Health & Social Care Trust	SoCNE	7,691	7,015
NIAS Health & Social Care Trust	SoCNE	85	0
NI Medical & Dental Training Agency	SoCNE	226	148
PCC	SoCNE	40	0
Other	3.1/3.2	45,129	46,198
		91,106	87,239
Income			
Revenue from contracts with customers	4.1	1,005	993
Commissioning Net Expenditure		**90,101**	**86,246**

NOTE 2 - ANALYSIS of NET EXPENDITURE by SEGMENT

2.2 FHS

FHS Net Expenditure	3.1	**2,441**	**2,770**

2.3 Agency Administration

		2019	2018
Expenditure	**NOTE**	**£000**	**£000**
Salaries and wages	3.2	17,435	15,925
Operating expenditure	3.2	2,526	2,404
Non-cash costs	3.3	(167)	274
Depreciation	3.3	209	0
		20,003	18,603
Other Operating Income			
Staff secondment recoveries	4.2	379	203
Administration Net Expenditure		**19,624**	**18,400**

2.4 Safeguarding Board NI

Expenditure			
Salaries and wages	3.2	561	399
Operating expenditure	3.2	518	269
Programme Expenditure	3.1	6	0
		1,085	668
Safeguarding Board NI Net Expenditure		**1,085**	**668**

NOTE 3 EXPENDITURE

3.1 Commissioning:	2019 £000	2018 £000
General Medical Services	2,441	2,770
Other providers of healthcare and personal social services	37,183	37,373
Research & development capital grants	7,952	8,825
Total Commissioning	**47,576**	**48,968**

3.2 Operating expenses are as follows:		
Staff costs[1]:		
Wages and salaries	14,272	13,002
Social security costs	1,548	1,422
Other pension costs	2,176	1,900
Supplies and services - general	50	70
Establishment	2,274	2,074
Transport	11	7
Premises	604	366
Rentals under operating leases	105	156
Total Operating Expenses	**21,040**	**18,997**

3.3 Non cash items:		
Depreciation	143	155
Amortisation	66	55
Loss on disposal of property, plant & equipment (including land)	0	58
Increase / Decrease in provisions (provision provided for in year less any release)	(179)	0
Cost of borrowing of provisions (unwinding of discount on provisions)	(10)	(10)
Auditors remuneration	22	16
Total non cash items	**42**	**274**
Total	**68,658**	**68,239**

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

During the year the PHA paid its share of regional audit services (£1,156) from its external auditor (NIAO) for the National Fraud Initiative (NFI) and this amount is included in operating costs above.

NOTE 4 - INCOME

4.1 Revenue from Contracts with Customers	2019 £000	2018 £000
R&D	255	418
Other income from non-patient services	380	347
Burdett Income	63	28
Social Investment Fund	307	198
Accommodation	0	2
Total	**1,005**	**993**

4.2 Other Operating Income	2019 £000	2018 £000
Seconded staff	379	203
Total	**379**	**203**

TOTAL INCOME	**1,384**	**1,196**

This is the initial year of application of IFRS 15 - Revenue from Contracts with Customers. Under IAS 18 - Revenue, should IFRS 15 not have been adopted, £255k would have been disclosed as "Income from activities" and £1,129k as "Other operating income", totalling £1,384k income for 2018/19. Refer to accounting policy note 1.10 for further information.

NOTE 5.1 - Property, plant & equipment - year ended 31 March 2019

	Buildings (excluding dwellings) £000	Plant and Machinery (Equipment) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation					
At 1 April 2018	201	0	575	31	807
Indexation	5	0	0	0	5
Additions	0	0	85	0	85
Transfers	0	0	0	0	0
Disposals	0	0	(21)	0	(21)
At 31 March 2019	**206**	**0**	**639**	**31**	**876**
Depreciation					
At 1 April 2018	52	0	338	7	397
Indexation	2	0	0	0	2
Disposals	0	0	(21)	0	(21)
Provided during the year	38	0	99	6	143
At 31 March 2019	**92**	**0**	**416**	**13**	**521**
Carrying Amount					
At 31 March 2019	**114**	**0**	**223**	**18**	**355**
At 31 March 2018	**149**	**0**	**237**	**24**	**410**
Asset financing					
Owned	114	0	223	18	355
Carrying Amount					
At 31 March 2019	**114**	**0**	**223**	**18**	**355**

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 £nil (2018 - £nil).

The fair value of assets funded from donations, government grants or lottery funding during the year was £nil (2018 - £nil).

NOTE 5.2 - Property, plant & equipment - year ended 31 March 2018

	Buildings (excluding dwellings) £000	Plant and Machinery (Equipment) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation					
At 1 April 2017	182	10	691	102	985
Indexation	13	0	0	0	13
Additions	6	0	65	0	71
Transfers	0	0	0	0	0
Disposals	0	(10)	(181)	(71)	(262)
At 31 March 2018	**201**	**0**	**575**	**31**	**807**
Depreciation					
At 1 April 2017	3	1	413	29	446
Indexation	2	0	0	0	2
Disposals	0	(1)	(174)	(29)	(204)
Provided during the year	49	0	99	7	155
At 31 March 2018	**52**	**0**	**338**	**7**	**397**
Carrying Amount					
At 31 March 2018	**149**	**0**	**237**	**24**	**410**
At 1 April 2017	**179**	**9**	**278**	**73**	**540**
Asset financing					
Owned	149	0	237	24	410
Carrying Amount					
At 31 March 2018	**149**	**0**	**237**	**24**	**410**
Asset financing					
Owned	179	9	278	73	540
Carrying Amount					
At 1 April 2017	**179**	**9**	**278**	**73**	**540**

NOTE 6.1 - Intangible assets - year ended 31 March 2019

	Software Licenses £000	Information Technology £000	Total £000
Cost or Valuation			
At 1 April 2018	62	275	337
Indexation	0	0	0
Additions	29	12	41
Disposals	0	0	0
At 31 March 2019	**91**	**287**	**378**
Amortisation			
At 1 April 2018	53	98	151
Indexation	0	0	0
Disposals	0	0	0
Provided during the year	10	56	66
At 31 March 2019	**63**	**154**	**217**
Carrying Amount			
At 31 March 2019	**28**	**133**	**161**
At 31 March 2018	**9**	**177**	**186**
Asset financing			
Owned	28	133	161
Carrying Amount			
At 31 March 2019	**28**	**133**	**161**

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 (2018 - £nil).

NOTE 6.2 - Intangible assets - year ended 31 March 2018

	Software Licenses £000	Information Technology £000	Total £000
Cost or Valuation			
At 1 April 2017	62	212	274
Additions	0	63	63
At 31 March 2018	**62**	**275**	**337**
Amortisation			
At 1 April 2017	41	55	96
Provided during the year	12	43	55
At 31 March 2018	**53**	**98**	**151**
Carrying Amount			
At 31 March 2018	**9**	**177**	**186**
At 31 March 2017	**21**	**157**	**178**
Asset financing			
Owned	9	177	186
Carrying Amount			
At 31 March 2018	**9**	**177**	**186**
Asset financing			
Owned	21	157	178
Carrying Amount			
At 31 March 2017	**21**	**157**	**178**

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 2018/19 or 2017/18.

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 2018/19 or 2017/18.

NOTE 10 - INVENTORIES

The PHA did not hold any inventories as at 31 March 2019 or 31 March 2018.

NOTE 11 - CASH AND CASH EQUIVALENTS

	2019 £000	2018 £000
Balance at 1st April	469	419
Net change in cash and cash equivalents	102	50
Balance at 31st March	**571**	**469**

The following balances at 31 March were held at	**2019 £000**	**2018 £000**
Commercial banks and cash in hand	571	469
Balance at 31st March	**571**	**469**

NOTE 12 - TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2019 £000	2018 £000
Amounts falling due within one year		
Trade receivables	141	243
Deposits and advances	290	0
VAT receivable	808	257
Other receivables - not relating to fixed assets	54	74
Trade and other receivables	**1,293**	**574**
Prepayments and accrued income	69	30
Other current assets	**69**	**30**
Amounts falling due after more than one year		
Trade and other receivables	**0**	**0**
TOTAL TRADE AND OTHER RECEIVABLES	**1,293**	**574**
TOTAL OTHER CURRENT ASSETS	**69**	**30**
TOTAL INTANGIBLE CURRENT ASSETS	**0**	**0**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**1,362**	**604**

The balances are net of a provision for bad debts of £nil (2018 £nil).

NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2019 £000	2018 £000
Amounts falling due within one year		
Other taxation and social security	365	0
Trade capital payables - intangibles	14	58
Trade revenue payables	3,045	2,760
Payroll payables	816	692
BSO payables	849	2,325
Other payables	2,156	901
Accruals - relating to property, plant and equipment	0	3
Deferred Income	252	242
Trade and other payables	**7,497**	**6,981**
Total payables falling due within one year	**7,497**	**6,981**
Amounts falling due after more than one year		
Total non current other payables	**0**	**0**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**7,497**	**6,981**

NOTE 14 - PROMPT PAYMENT POLICY

14.1 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:

	2019 Number	2019 Value £000s	2018 Number	2018 Value £000s
Total bills paid	5,782	53,272	5,828	57,184
Total bills paid within 30 day target or under agreed payment terms	5,491	52,456	5,381	56,636
% of bills paid within 30 day target or under agreed payment terms	**95.0%**	**98.5%**	**92.3%**	**99.0%**
Total bills paid within 10 day target	4,736	46,809	4,492	51,753
% of bills paid within 10 day target	**81.9%**	**87.9%**	**77.1%**	**90.5%**

14.2 The Late Payment of Commercial Debts Regulations 2002

The PHA did not pay any compensation or interest for payments made late in 2018/19 (2017/18 - £40).

NOTE 15 - PROVISIONS FOR LIABILITIES AND CHARGES 2019

	Other	2019
	£000	£000
Balance at 1 April 2018	364	364
Provided in year	0	0
(Provisions not required written back)	(179)	(179)
(Provisions utilised in the year)	(175)	(175)
Cost of borrowing (unwinding of discount)	(10)	(10)
At 31 March 2019	**0**	**0**

Comprehensive Net Expenditure Account charges	2019	2018
	£000	£000
Arising during the year	0	0
Reversed unused	(179)	0
Cost of borrowing (unwinding of discount)	(10)	(10)
Total charge within Operating expenses	**(189)**	**(10)**

Analysis of expected timing of discounted flows

	Other	2019
	£000	£000
Not later than one year	0	0
Later than one year and not later than five years	0	0
Later than five years	0	0
At 31 March 2019	**0**	**0**

Provision had been made for 1 case of potential liability under the category of Employer's and Occupier's Liability, and this case was settled in year.

NOTE 15 - PROVISIONS FOR LIABILITIES AND CHARGES 2018

	Other £000	2018 £000
Balance at 1 April 2017	375	375
Provided in year	0	0
(Provisions not required written back)	0	0
(Provisions utilised in the year)	(1)	(1)
Cost of borrowing (unwinding of discount)	(10)	(10)
At 31 March 2018	**364**	**364**

Analysis of expected timing of discounted flows

	Other £000	2018 £000
Not later than one year	0	0
Later than one year and not later than five years	364	364
Later than five years	0	0
At 31 March 2018	**364**	**364**

NOTE 16 - CAPITAL COMMITMENTS

The PHA did not have any capital commitments as at 31 March 2019 or 31 March 2018.

NOTE 17 - COMMITMENTS UNDER LEASES

17.1 Finance Leases

The PHA had no finance leases in 2018/19 or 2017/18.

17.2 Operating Leases

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

Obligations under operating leases comprise	2019 £000	2018 £000
Buildings		
Not later than 1 year	105	106
Later than 1 year and not later than 5 years	172	278
Later than 5 years	0	0
	277	**384**

17.3 Commitments under Lessor Agreements

The PHA had no lessor obligations in either 2018/19 or 2017/18.

NOTE 18 - COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT

The PHA had no commitments under PFI or service concession arrangements in either 2018/19 or 2017/18.

NOTE 19 - OTHER FINANCIAL COMMITMENTS

The PHA did not have any other financial commitments at either 31 March 2019 or 31 March 2018.

NOTE 20 - FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

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

The PHA did not have any financial instruments at either 31 March 2019 or 31 March 2018.

NOTE 21 - CONTINGENT LIABILITIES

The PHA did not have any unquantifiable contingent liabilities as at 31 March 2019 or 31 March 2018.

NOTE 22 - 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 has undertaken any material transactions with the PHA.

NOTE 23 - THIRD PARTY ASSETS

The PHA had no third party assets in 2018/19 or 2017/18.

NOTE 24 - FINANCIAL PERFORMANCE TARGETS

24.1 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:

	2019 Total £000	2018 Total £000
DOH (excludes non cash)	101,216	95,571
Other Government Departments	486	486
Non cash RRL (from DOH)	42	274
Total agreed RRL	101,744	96,331
Adjustment for Research and Development under ESA10	11,688	11,892
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**113,432**	**108,223**

24.2 Capital Resource Limit

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

	2019 Total £000	2018 Total £000
Gross capital expenditure	125	134
Net capital expenditure	125	134
Capital Resource Limit	11,814	12,028
Adjustment for Research and Development under ESA10	(11,688)	(11,892)
Overspend/(Underspend) against CRL	**(1)**	**(2)**

24.3 Financial Performance Targets

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

	2018/19 £000	2017/18 £000
Net Expenditure	(113,251)	(108,083)
RRL	113,432	108,223
Surplus / (Deficit) against RRL	181	140
Break Even cumulative position(opening)	1,415	1,275
Break Even cumulative position (closing)	**1,596**	**1,415**

Materiality Test:	2018/19 %	2017/18 %
Break Even in year position as % of RRL	0.16%	0.13%
Break Even cumulative position as % of RRL	1.41%	1.30%

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) 21/2012.

NOTE 25 - EVENTS AFTER THE REPORTING PERIOD

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

DATE OF AUTHORISATION FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 26 June 2019.