PUBLIC HEALTH AGENCY
ANNUAL REPORT & ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020

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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 16th July 2020

Using this report

This report reflects progress by the Public Health Agency (PHA) in 2019/20 in delivering its corporate priorities and highlights examples of work undertaken to meet the targets as detailed in the PHA's *Annual Business Plan 2019/2020*. It shows how this work has contributed to meeting our wider objectives and fulfilling our statutory functions.

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

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

Other formats

Copies of this report may be produced in alternative formats upon request. A Portable Document Format (PDF) file of this document is also available to download from www.publichealth.hscni.net

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PUBLIC HEALTH AGENCY

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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 (HSC Trusts), the Business Services Organisation (BSO) and the Patient Client Council (PCC).

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

The PHA was set up with the explicit agenda to:

- protect public health;
- improve the health and social wellbeing of people in Northern Ireland 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 2019/20 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 11th 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.

The organisation's continued focus has been to influence and implement a wide range of evidence based programmes and actions to address the major cause of poor health and barriers to wellbeing and improved life expectancy. The introduction of new screening programmes, advancement of research and continued expansion of existing, impactful initiatives such as Family Nurse Partnership (FNP), all highlight the importance contribution of PHA this year to improving and protecting health and wellbeing.

Anti-Microbial Resistance (AMR)

Anti-Microbial Resistance (AMR) has continued to be a highly important aspect of our work during the past year. There are many important areas of focus but for some years now I have been concerned to ensure that all in the health service and in the community are aware of the risks associated with inappropriate use of antibiotics.
Already AMR is estimated to cause 700,000 deaths each year throughout the world. A United Nations report has warned that due to the combined effects of AMR on human health as well as food systems, AMR could force up to 24,000,000 people into extreme poverty by 2030. It is predicted that unless effective action is taken, deaths as a result of AMR could reach 10 million by the year 2050. It is important that this message continues to be heard clearly and on a sustained basis so that we can change behaviour and have a positive impact on the use of antibiotics, enabling us to make use of their benefits for as long as possible. We must be unrelenting in our action to avert this global health crisis. Our most recent unpublished AMR annual report confirms that our total antibiotic usage (primary and secondary care combined) is 57% higher than use in England in the year 2018 (from their 2019 ESPAUR report).

Workforce planning

Workforce planning also continues to be felt in healthcare systems across the world and not least across the HSC. A recent lecture at the Royal College of Nursing highlighted this further with a specific focus on nursing. It will be important going forward that consideration is given to the investment in and number of training places offered in Northern Ireland. PHA has not been immune to these pressures. However, staff continue to dedicate themselves to the delivery of an ever increasing agenda of programmes and initiatives to improve the health and wellbeing of the people of Northern Ireland.

COVID-19

The Coronavirus (COVID-19) pandemic has also had a significant impact on health systems across the world and I wish to pay unreserved tribute to all the staff of the Public Health Agency for the exceptional manner in which they have responded to the COVID–19 pandemic. The enormity of the challenge is such that it places severe pressures on all health and social care staff and our staff and senior team have worked tirelessly from the start of the crisis. It is gratifying to observe how well PHA staff have adapted to working remotely. As we look forward and continue to work to mitigate the impact of the virus, we must ensure that we identify those voices which

must be heard and those communities whose outcomes are critical to decision making and deliberations. This is of great importance as we begin to plan how we address the health and wellbeing needs of our communities post COVID-19.

The PHA has worked closely with the Department of Health in seeking to protect the population through measures to contain and reduce the spread and impact of COVID-19. The PHA is also mindful of the potential longer term impact of COVID-19 on older people, those who are disadvantaged or are otherwise vulnerable. Addressing health and social wellbeing inequalities is central to the work of PHA and we will focus on understanding the longer term societal impact of COVID-19 and wider civic society and will link with the DoH and communities to understand, highlight and address this aspect of the impact of COVID-19.

Agency management team

PHA has seen a number of changes within its senior team this year and I want to record a special tribute to our outgoing members of staff, Mrs Valerie Watts and Mrs Mary Hinds. Mrs Valerie Watts, at the request of the Department of Health (DoH) in October 2016, undertook not only her role as Chief Executive of the Health and Social Care Board but also that of Chief Executive of the Public Health Agency for 3 ½ years. She has now returned to her duties on a full-time basis with the Health and Social Care Board. Mrs Mary Hinds was Director of Nursing, Midwifery and Allied Health Professions since the inception of the PHA until September 2019. She was always willing to undertake new projects & new responsibilities in order to advance innovation both in healthcare and in prevention.

I would also take this opportunity to record the appointment of a new interim Chief Executive to PHA and extend a warm welcome to Mrs Olive McLeod, who took up post on 30 March 2020.

Governance

We have continued this year on our long journey started in January 2017 to enhance the effectiveness of the Board of the Public Health Agency. During the year we had several additional workshops which, among other things, allowed the non-executive directors more time to explore in depth, a diverse range of PHA functions with relevant staff as well as to consider the role and approach of the board as we look to the future.

As we reflect on this year and look forward, we are reminded of the important role PHA has in protecting and improving the health and wellbeing of our communities and how we must renew our efforts to ensure a strong and continued focus in the year ahead on delivering improved health outcomes for all.

CHIEF EXECUTIVE'S REPORT

The PHA's work to protect and improve the health and wellbeing of the people of Northern Ireland has been carried out against a changing backdrop with restoration of the Northern Ireland Executive in January 2020, preparation for EU Exit, industrial action in the HSC and, of course, the ongoing reform of health and social care. The year ended with the emergence of the Coronavirus (COVID-19) initially in China and declared a pandemic by the World Health Organisation (WHO) in early 2020, and is continuing to have an unparalleled impact on people and wider society in Northern Ireland to an extent unseen in decades. It is safe to say that 2019/20 has been a testing time for our HSC.

While the preparation of this annual report has been impacted by COVID-19, as our resources across the organisation have necessarily been focussed on a sustained public health response to COVID-19, we have still sought in this document to highlight some of the key achievements of the PHA during 2019/20 as it has continued to make progress towards the outcomes identified in the Corporate Plan 2017-2021. This annual report will outline the diversity of our work, the achievement of our targets and goals, statutory requirements and advancing DoH objectives.

The theme of transformation has continued to guide much of our work. We continue to transform and reconfigure services as envisaged under Health and Wellbeing 2026: Delivering Together and have seen great progress in a number of important programmes across a range of areas such as Dementia, Frailty and Diabetes.

This year has also brought organisational change to PHA with the launch of Health and Social Care Quality Improvement (HSCQI) and a number of changes to our senior team. We said farewell to Valerie Watts, interim Chief Executive and to Mary Hinds, Director of Nursing/AHP and also welcomed two new directors: Rodney Morton, Director of Nursing/AHP and Hugo Van Woerden, Director of Public Health. We also want to thank Dr Adrian Mairs who acted as Director of Public Health in an interim capacity from March 2018 to February 2020 and to Mrs Briege Quinn who acted in an interim capacity as Director of Nursing, Midwifery and AHPs from October 2019 to January 2020.

Partnership working is ingrained in the PHA's philosophy and actions. We are very mindful that major improvements in health and wellbeing or tackling inequalities in health cannot be achieved without true collaboration. This strong partnership approach to improving health and wellbeing and reducing inequalities is evidenced throughout this annual report.

One such example of our focus on partnership is through Making Life Better (MLB), the Public Health Framework for Northern Ireland. The framework has cross-sectoral and multi-agency collaboration at its core and we have continued to facilitate and ensure this partnership approach is evidenced in all our work and championed through MLB and through our involvement in and support of community planning.

The emergence of the Coronavirus (COVID-19) pandemic that has had such significant impact across the world has also impacted significantly across our Health and Social Care system and within that, the PHA. Given the need to refocus our

priorities, as well as have regard to lockdown and social distancing measures, the PHA invoked its Business Continuity Plan and has quickly adapted its management arrangements to suit, as well as increasing the frequency of PHA board meetings to two per month. A summary of PHA work relating to COVID-19 during 2019/20 is included in the following performance report. However the journey in dealing with COVID-19 is far from concluded and our experience and learning from this, as well as the impact on our other work, will be detailed in next year's Annual Report.

Working during this exceptional time has required commitment, dedication, and teamwork. I wish to thank all PHA staff who are working around the clock with DoH and other agencies to provide important services, guidance and advice for both the public and those working in healthcare. This valuable work highlights the importance of the organisation's key role in protecting the public as we continue to work to prevent spread of the virus and mitigate the impact it has on our health and wellbeing as individuals and across society.

As we look forward to 2020/21, we are mindful of the work that has been accomplished but also of the important work ahead in refocusing on long established priorities and challenges in respect of people's health and well-being as well as managing any further phases of the COVID-19 pandemic. While there is still much to be done, PHA will face the year ahead with knowledge, vitality and strength.

Olive Macleod

Chief Executive (Interim)

PERFORMANCE ANALYSIS

The PHA's *Annual Business Plan 2019–2020* sets out the key actions for Year three 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 2019–2020* 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 2019–2020* contained 77 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.

Given the impact of COVID-19, business continuity and refocusing of staff to respond to COVID-19, it has not been possible to report on the end of year performance against the Annual Business Plan actions. The figures below however give the position at 30 September 2019, i.e. for 6 months.

Figures for the 6 month performance are:

Green (on target)	71
Amber (slight delay)	6
Red (significant delay / will not be completed)	0
TOTAL	77

The following pages highlight some of the key actions taken forward during 2019/20 under each of the five strategic outcome areas. They reflect work across all of the PHA Directorates and functional areas. It should be noted however, that as the PHA had to refocus its activities during the last quarter of 2019/20 to respond to the COVID-19 pandemic, a lot of work commenced earlier in the year has had to be paused, and there has been less opportunity to report on other work. Therefore the performance report is shorter than normal, and can only show a few examples of PHA work.

RESPONSE TO COVID-19

On 31 December 2019, the World Health Organisation (WHO) was informed of a case of pneumonia in Wuhan, China which was identified as a novel coronavirus on 7 January 2020. On 30 January 2020, WHO declared a public health emergency of international concern as this had become a high consequence infectious disease and was officially termed as SARS-CoV2, or more commonly COVID-19. On 11 February 2020, the outbreak was declared a pandemic. The first confirmed case of COVID-19 in Northern Ireland was on the 26th February 2020.

As a result, from early January 2020 the work of the PHA, and indeed the wider HSC, has focused on preparing for and responding to COVID-19. The UK Government set out a four stage response to COVID-19:

- Containment / Delay / Mitigation / Research

Central to the PHA response has been surveillance, building up information both about spread of COVID-19 in Northern Ireland and linking with colleagues in other areas. As part of the containment phase, a programme of contact tracing commenced, led by the Health Protection Division and operated by staff redeployed from across the organisation. The initial contact tracing programme ended when we moved into the 'delay' phase in mid-March, with planning continuing to re-establish a more robust contact tracing programme once the initial surge had passed.

During this period a range of significant work was undertaken to provide health protection guidance and advice for professionals and the public, through a range of mediums including the PHA website and public information campaigns. PHA staff also worked closely with HSCB and HSC Trust colleagues to prepare for a possible surge, including preparation to ensure HSC readiness and critical care escalation plans. Working with key partners, including the DoH, Public Health England, HSC Trusts, NI Pathology Network and universities, PHA also developed a Northern Ireland approach to COVID-19 testing and to oversee and coordinate its implementation with a key focus on rapidly expanding testing capacity, to meet potential demand in the population. Work was also undertaken with Local Government and with our voluntary and community partners.

In order to provide the necessary governance and oversight to this work, the PHA HSCB BSO Joint Emergency Plan was invoked, with the establishment of a HSC 'Incident Management' (IM) infrastructure and leadership. Under this process PHA and HSCB jointly chaired daily 'Silver' meetings receiving reports from HSC Trusts ('bronze') and reporting to the DoH ('gold'), ensuring effective communication and decision making.

Cognisant of the potential impact of both the pandemic and the action taken to delay the outbreak on the health and wellbeing of individuals and communities, PHA also began to plan for the anticipated post-surge and recovery phases. This included consideration and review of existing resources and contracts to ensure stability and continuity as well as appropriate response to need.

Responding to COVID-19 has had significant impact on the delivery of PHA's daily work and routine service delivery, and it is clear that this will continue for some time. The Annual Report for 2020/21 will include a fuller account of the PHA response to COVID-19.

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

Every child deserves the best beginning in life. Improving the health and wellbeing of our children can help to reduce poorer physical, emotional and mental health as they get older. The PHA is committed to improving the health and wellbeing of all our children.

During the course of the PHA Corporate Plan 2017–2021 the PHA will work to:

- improve the health and wellbeing of all children and young people by strengthening universal services, building a sustainable workforce and embedding early intervention approaches;
- introduce and develop antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees;
- promote and secure the best outcomes for children and young people through implementation of a range of early years evidence based/informed programmes, and by our contribution to international research on effective practice;
- implement a range of interventions and programmes that support parents and carers to provide a safe and nurturing home environment, and address issues that adversely impact on children and young people; and
- protect the health of children and young people through vaccination and immunisation programmes and working with nurseries, preschools and schools to prevent spread of infection in those settings.

The following examples highlight some of this year's work towards the achievement of this outcome.

Newborn blood spot screening programme

In the first week after birth, all babies in Northern Ireland are offered screening for a number of rare conditions which can cause serious disability or death. This screening test is often referred to as the 'heel prick' test. During the year, the PHA led a project to expand the programme to cover four additional inherited metabolic disorders. This included the development of:

- the laboratory service, including procurement and installation of a new tandem mass spectrometer (the machine that analyses the blood spots);
- information systems;
- essential policy documents (including screening, diagnostic and clinical referral protocols);
- professional and clinical training; and
- parental information.

The expanded programme commenced at the start of March 2020. Most babies screened will not have any of these conditions; but for the small numbers who do the benefits of screening are substantial. The newborn blood spot screening programme makes a major contribution to the prevention of disability and death in our community, through early diagnosis and effective interventions.

Learning Without Walls initiative

The Learning Without Walls initiative is a series of programmes designed to get children learning outside in the natural environment with their schools, youth groups and families. It also aims to inspire, train, accredit and support teachers to take their teaching outside into the natural environment. Research indicates that spending time outside reduces stress levels, increases resilience and general physical condition, provides essential vitamin intakes, for example, vitamin D from the sun and other health benefits.

The programme has been developed and delivered by the Northern Ireland Forest School Association (NIFSA). Learning Without Walls involves partnerships with PHA, The Dufferin Foundation, Education Authority, Mid-Ulster District Council, Mid and East Antrim Borough Council, Antrim and Newtownabbey Borough Council, Lisburn and Castlereagh City Council, Ards and North Down Borough Council, Garvagh People's Project, National Trust and the NI Local Government Agency.

The series of programmes include:

- Forest School Awards – this is the official Outreach Programme for the Learning Without Walls initiative. The Forest School Awards encourage, inspire, train and support local schools and organisations to become accredited Forest Schools through supporting teachers and their classes to undertake a 6-week programme in their local school or park, somewhere they can walk to Nature Ranger Programmes – based on the successful Clandeboye Nature Rangers. Children from local primary schools have the opportunity to participate in local after-schools Nature Ranger cross-community programmes. Pupils are picked up after school and spend every afternoon outside in local woodlands and parks.
- Forest School Families – NIFSA also wants to encourage families to take regular walks to the local park or greenspace. Families can register for free and they receive a monthly newsletter describing some simple and fun activities they can undertake in the Park. If a family complete and submit 6 activity sessions, they receive a Forest School Family certificate.

During 2019/20 the outcomes from the programme have included:

- 15 newly qualified Forest Schools, bringing the total number to 54 in Northern Ireland
- 45 new Forest School Families registered bringing the total number to 194
- 23,032 additional children have been engaged in learning outside, bringing the total number of children who regularly engage in outdoor learning to 53,000
- Over 1,000 children have their lessons taught outside every month

The aim is to be able to provide support, training and accreditation to every school, nursery or youth group that wishes to become involved in Learning Without Walls.

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

During the year, the CHITIN programme has been involved in a range of health intervention trials but in particular, the project funded the Walking In Schools (WISH) health intervention trial. The WISH trial is a peer-led, school based walking intervention for adolescent girls, and has received funding of €669k.

The transition from primary to second-level education represents a time when levels of physical inactivity increases, especially in adolescent girls. This trial will assess the effectiveness of a low-cost school-based, peer-led walking intervention in increasing physical activity in adolescent girls. This trial began in April 2019 and was represented at the CHITIN Making Life Better Seminar in February 2020.

If the intervention increases physical activity, there is potential for adoption by schools across the island of Ireland resulting in sustainable, long-term, positive impacts on child and adolescent population health.

Family Nurse Partnership

This year marked the 10 year anniversary of the Family Nurse Partnership (FNP) Programme in Northern Ireland. The FNP programme aims to help develop positive mental health and wellbeing in childhood by helping young mothers in the vital first few years of their children's life. Just over 300 clients enrolled in the calendar year 2019 (1st January to 31st December 2019).

The programme provides parental support from early pregnancy until the child is two years old through intensive and structured home visiting, delivered by specially trained 'family nurses'. Family Nurses adopt a very positive approach with the young family and build on the unique strengths of the parents. In doing so the programme hopes to bring about huge benefits such as readiness for school, improved educational achievement and a reduction in anti-social behaviours.

The programme aims to target vulnerable young girls and their families. The programme has achieved a high level of fidelity, dosage and client retention and is showing a positive impact on health behaviours including good breastfeeding rates, reduction in smoking, an increase in maternal mastery, low attendance rates at emergency departments and A&E, and high vaccine uptake rates. There is also evidence that many young mothers involved in the programme have now re-entered education and are gaining employment. Since 2010, over 1,200 mothers and babies have enrolled on the programme and many have created a brighter future for themselves and their families.

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

Providing and promoting support for older people to live healthier and fulfilling lives is a key objective of the PHA.
During the course of the PHA Corporate Plan 2017–2021 the PHA will work to:

- develop and implement multi-agency healthy ageing programmes to engage and improve the health and wellbeing of older people
- promote appropriate intervention programmes within all settings to prevent, detect and manage mental ill health and its consequences
- promote inclusive, inter-generational physical and mental health messages and initiatives that enable longer, healthier and more fulfilling lives
- protect the health of older adults through immunisations and screening
- support programmes and initiatives, including research, e-health and technology-based approaches that promote independence and self-management.

The following examples highlight some of this year's work towards the achievement of this outcome.

Frailty

Our ageing population, whilst one our greatest successes, is also one of our greatest challenges going forward in terms of demand for services. The appropriate identification and management of frailty provides an opportunity to impact positively on the health and wellbeing of older people.

Transformation funding has enabled the opportunity to test a co-ordinated approach to the identification and management of frailty across Northern Ireland. This co-ordinated approach will be crucial going forward in delivering improved outcomes and efficiencies in the delivery of services to our ageing population.

During 2019/20 a number of objectives have been delivered including:

- Frailty Network established – over 600 members across over 80 organisations (across all sectors), including service users.
- co-production approach, with Age NI as key partner – Oversight Group, Expert Advisory Panel and Service User Community.
- development of a Frailty Roadmap for Northern Ireland.
- connections made across Europe through Joint Action Advantage Programme (EU); Cross border links to the Republic of Ireland who are establishing an Irish Frailty Network.
- project ECHO established for frailty.

PLACE-EE partnership

The PHA is a partner in PLACE-EE, a transnational partnership of public health agencies, local authorities, academics and ICT experts dedicated to improving the quality of life for older people. Funded by the Northern Periphery and Arctic Programme of the European Union, the project aims to develop and implement local sustainable solutions to reduce social isolation, encourage intergenerational skills exchange and encourage internet use for the benefit of older people and their communities.

Working across Northern Ireland, Republic of Ireland, Iceland and Sweden, the project worked to:

- Create community coalitions in 4 demonstrator areas
- Facilitate skills and knowledge exchange between older and younger citizens through intergenerational workshops and arts based activities
- Engage schools and students
- Develop proof of concepts (PoCs) for digital solutions/services designed to enable older citizens – especially those in rural areas – to stay engaged and connected.
- Develop a cultural archive of cultural artefacts relating to life in each community over the years– traditions, song, music, employment, history and household life – and material documenting how the two generations worked together. The archive will be launched in 2020.

The Cross-border Healthcare Intervention Trials in Ireland Network

During the year, the CHITIN project has enabled funding of three health intervention trials that are designed to enable older adults to live healthier and more fulfilling lives:

- The Anticipatory Care Planning trial (which started in September 2018 and is ongoing) - works with GPs to assist older adults identified as at risk for functional decline by developing a personalised support plan based on mutual understanding.
- The PolyPrime trial (which started in September 2018 and is ongoing) - a 3-phase theory based study to improve prescribing of appropriate polypharmacy (using multiple medicines) in older people living at home.
- The BRAIN-Diabetes: Border Region Area Lifestyle Intervention study for Health neurocognitive ageing in Diabetes (which started in January 2019 and is ongoing) - will study the feasibility and effects of a practical lifestyle intervention programme, developed in conjunction with people with diabetes living in the border regions.

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

Core to the work of the PHA is a commitment to protecting the health of everyone in Northern Ireland. This work includes protecting people from serious threats to health and helping everyone to live longer, healthier and more fulfilling lives.

During the course of the PHA Corporate Plan 2017-2021 the PHA will work to:

- ensure people are better informed about health matters through easily accessible up-to-date information and materials
- introduce and develop adult population screening programmes in line with the recommendations of the national and local screening committees and engage with primary care, pharmacies and relevant voluntary and community groups to promote specific screening programmes in local communities
- develop and implement with partners a range of coordinated actions across communities and a range of settings to improve mental health and wellbeing and reduce the level of suicide
- develop and implement a wide range of multi-agency actions across all settings to promote healthy behaviours including promotion of healthy weight and physical activity; improve sexual health; reduce harm from alcohol and drug misuse; reduce home accidents; and prevent skin cancer
- protect the health of individuals and communities through timely responses to outbreaks and emergency planning, implementing immunisation programmes and promoting key health protection messages
- support research on innovative approaches to prevention and care

The following examples highlight some of this year's work towards the achievement of this outcome.

Making Life Better network

The Making Life Better (MLB) network was officially launched in June 2019. Membership of this primarily virtual network is open to those working in organisations who wish to improve health and wellbeing and reduce inequalities in health. Membership continues to grow with over 450 people registered as members in March 2020. The MLB network aims to:

- re-energise action to deliver on MLB and to share information and learning with the view of discussing how best to move forward through strengthened partnerships and collaborative approaches
- bring partners together to work towards a vision of improved health and wellbeing through sharing learning and good practice, networking, and building and strengthening relationships across organisations and sectors
- recognise the good work that has been done to date on the delivery of MLB and to galvanise collective efforts for greater collaboration and better outcomes into the future

The inaugural Making Life Better Regional Conference was held on 4 June 2019 in Craigavon Civic Centre with a wide range of stakeholders in attendance from across

all sectors. The programme included a mix of key note speakers and parallel sessions focussing on the themes of the Making Life Better Framework. The conference was opened by Chief Medical Officer Dr Michael McBride and the key note addresses were presented by Professor Neil Gibson, EY, and David Finch, The Health Foundation.

As well as an annual conference, members of the network also have the opportunity to present and learn from ongoing projects and initiatives across Northern Ireland through the MLB Seminar Series. Six seminars took place from September 2019 - March 2020 in locations across Northern Ireland covering a range of topics including palliative care, life expectancy, Cross-Border Healthcare Intervention Trials in Ireland (CHITIN) and giving every child the best start. Further information on the conference, seminars and the newsletters can be accessed at
https://www.publichealth.hscni.net/about-us/making-life-better

The HSC MLB Partnership, chaired by the Interim PHA Chief Executive and comprised of chief executives and directors representing PHA, HSCB and HSC Trusts, has also continued to meet regularly throughout 2019/20. The partnership works to ensure MLB implementation across health and social care as well as its alignment with ongoing areas of work including Delivering Together.

Throughout 2019/20, a key focus has been on population health approaches and population health planning in Northern Ireland and in October 2019, the Partnership agreed a set of population health planning in HSC. A working group has also been established and tasked with developing a practical framework based on these agreed principles.

Small grants programme

During the year, the PHA continued to support a range of health and wellbeing initiatives through the small grants programme. Two types of awards are available under this scheme:

- Award one grant of up to £1,000 that non-constituted and constituted non-profit taking Community/Voluntary Sector groups can apply for.
- Award two grants of between £1,001 and to a maximum of £5,000 for constituted, non-profit taking Community/Voluntary sector groups.

Awarded funding in 2019/20 supported a wide range of activities across Northern Ireland, including raising awareness of mental health, and physical activity and creative arts programmes. Evaluation of the programme has identified key impacts from the programme: information sharing and awareness raising and helping to reduce stigma in relation to mental health.

Key aims of the programme are to:

- encourage communities to be pro-active in promoting positive mental health and emotional wellbeing, and tackle the contributing factors for self harm and suicide through working with the 5 ways to wellbeing
- build sustainable resilient communities through positive collaboration of organisations/groups

- promote innovative interventions/programmes that promote positive mental health and emotional wellbeing, and tackle the contributing factors of self-harm and suicide
- address the determinants of poor health and reduce health inequalities by increasing the delivery of resources, programmes to communities in Northern Ireland
- encourage resilience and capacity in vulnerable high risk groups

Access and inclusion programme

The PHA has continued to take part in 11 local government community planning partnerships to take forward agreed actions to improve health and wellbeing.
As part of this work, two Access Inclusion Officers were funded by the PHA to pilot and develop excellent practice in access and inclusion for people with disabilities in the Western area. This model works to break down all barriers to participation in civic life and ensure all directorates within council work collaboratively to achieve this.

Through the work of the officers, a regional funding model has been devised and implemented by the Department for Communities, Department of Agriculture, Environment and Rural Affairs (DAERA) and the PHA. This model tackles the environmental and physical barriers to participation for people with disabilities within arts, cultural, leisure and play facilities.

Diabetic eye screening programme

This year, PHA reported the recommendations from its public consultation on how the diabetic eye screening programme should be delivered in the future. The report made two key recommendations:

- Recommendation 1: Model of Service Delivery
  It is recommended that screening is delivered at fixed sites throughout Northern Ireland. These should be HSC sites or larger GP sites. In practice, sites are likely to be determined by availability and feasibility of implementation, recognising that access to timely screening is a key requirement for the Northern Ireland Diabetic Eye Screening Programme (NIDESP).
- Recommendation 2: Future planning considerations
  Accessibility, car parking and public transport links are consistently high ranking criteria for respondents with co-location of services and extended hours of opening appearing relatively less important. These key factors should be considered when determining screening sites.

Once fully implemented, this new model will allow the programme to offer individuals an improved quality service with timely access to screening appointments and choice of location.

Prison Healthcare

Work continued on the strategic planning and commissioning of prison healthcare for Northern Ireland and the PHA was involved in the development of an action plan that

followed the launch of the 'Improving Health within Criminal Justice' strategy in June 2019. Transformation of the custody healthcare programme, through a nurse-led model, is one of those actions within the plan and is currently at the pathfinder stage. The nurse-led pathfinder within police custody has been evaluated and the next steps are focussed on co-developing a joint business case with the Police Service of Northern Ireland (PSNI) in relation to a proposed regional roll-out of the model.

Communicating with the public

One of the key aims of the PHA's communication activities is to help empower people to make positive choices in relation to their health. During the year the PHA, in partnership with a range of stakeholders, carried out a number of campaigns.
The Community Pharmacy Living Well Campaign programme is one of these campaigns was launched in June by the PHA, the Health and Social Care Board (HSCB) and Community Pharmacy NI (CPNI).

Over 500 community pharmacies were contracted to deliver campaigns on a range of health issues including care in the sun, stay well and mental health. With an average of 120,000 people visiting a community pharmacy each day, Living Well provided an opportunity to engage with the public on key public health issues.
Other key campaigns during the year included smoking, obesity, antimicrobial resistance and organ donation.

A range of communication channels were used to promote all the communication campaigns. These included: mass media advertising, web content, public relations, social media, videos and infographics.

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

A key factor in determining the best health outcomes is for the right people to have access to safe, high quality services at the right time. A core responsibility of the PHA is to provide leadership and direction for the development and delivery of services.

During the course of the PHA Corporate Plan 2017–2021 the PHA will work to:

- provide leadership and direction to the HSC embedding Personal and Public Involvement (PPI) culture and practice into the development and delivery of services; moving towards the goal of co-designing and co-producing these with service users and carers
- provide leadership and support to the HSC in the development and implementation of a comprehensive patient and client experience programme
- 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
- provide professional advice to HSC organisations and work with these organisations to ensure 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
- drive forward, share and embed regional learning from relevant reviews and recommendations
- support research on new diagnostic tools and treatments in collaboration with HSC, academia and industry.

The following examples highlight some of this year's work towards the achievement of this outcome.

Nursing workforce

PHA continued to lead and deliver implementation of frameworks and recommendations for the nursing workforce throughout 2019/20 including the Delivering Care Framework and the GP Nursing Framework. This year also welcomed the first graduating cohort of Advanced Nurse Practitioners (ANPs).

The Delivering Care policy framework, led by PHA, aims to support the provision of high quality care which is safe and effective in hospital and community settings through the development of a series of phases. These phases are used to determine staff ranges for the Nursing and Midwifery workforce in a range of major specialities. During the year, the PHA completed the phases of the project focussed on mental health and GP nursing specialities, initiated in 2018/19.
An agreed methodology was also progressed for identified areas of clinical practice: learning disability, children's and the independent sector.

Work also continued on the implementation of the recommendations of the GP Nursing Framework and included:

- completion of a nursing workforce capacity review within GP nursing
- establishment of a regional Primary Care Steering group which facilitates the identification, development and rollout of regional co-designed training programmes.

Quality Improvement Initiatives

Work continued throughout 2019/20 on a cohesive approach to quality improvement and to support initiatives that will benefit service users, families and carers and health and social care staff. Four projects were chosen by the Health and Social Care Quality Improvement (HSCQI) network for further exploration and learning and the possible application of the projects in other HSC settings.
Support from the Institute for Healthcare Improvement (IHI) also enhanced the progress reporting, using methods that aim to increase understanding and highlight the support needed to further develop these areas of work.

The projects were:

- improving sepsis care in secondary care settings, including the Northern Ireland Ambulance Service (NIAS)
- improving antibiotic stewardship in care homes using a decision aid
- improving safeguarding practices for children in the primary and community care setting
- working towards zero suicide.

The Improvement Hub for HSCQI (Health & Social Care Quality Improvement) has also continued to collaborate widely with partners across the UK, the Republic of Ireland and wider afield - the United States to offer opportunities for health and social care staff to both share and learn from each other on quality and safety in care.

Quality and safety

The PHA, working closely with HSCB, the DoH, HSC Trusts and a range of organisations continued to oversee the implementation of the Q2020 Strategy - a 10 year strategy to protect and improve the quality of health and social care in Northern Ireland.

During 2019/20, PHA led work to:

- Continue the development of ‘always events’ in a range of settings including the management of pain, promoting family presence and a holistic approach to mealtimes (‘always events’ are aspects of the patient and family experiences that should always occur when patients interact with healthcare professionals and the health care delivery system).
- Support the development of a range of interactive videos focusing on human factors and the delivery of a two day masterclass on human factors (human factors are those things that can affect a person’s performance).
- Host three regional events, with the task group, which focused on sharing learning and promoting good practice in relation to reducing surgical ‘never events’, an area that will be explored further during 2020 (‘never events’ have

been defined as serious incidents that are entirely preventable because guidance or safety recommendations provide strong systemic protective barriers).

Capacity and capability planning for quality improvement training has also been a core focus aligned to the Q2020 Strategy. During the year 'key principles for the delivery of QI learning and development programmes', a regional tool that will help health and social care when designing and delivering training programmes aligned to the Q2020 Attributes Framework, was launched.

A number of task groups continued throughout the year to support the testing of a regional model for supporting staff involved in serious adverse incidents (SAIs) and other incidents and to share the learning across HSC.

OUTCOME 5 - OUR ORGANISATION WORKS EFFECTIVELY

The PHA working effectively, both internally and externally, is critical to its 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 a rapid and appropriate response to a major incident while maintaining and protecting key services
- supporting our staff and their wellbeing at all times, especially during a period of reform and restructuring
- using the research, evidence and health intelligence available to inform our decision-making and further develop appropriate and robust data where required
- ensuring we have the skills, opportunities and staffing levels to deliver our functions
- ensuring high quality and appropriate governance arrangements and processes to support the delivery of PHA functions
- working in partnership and communicate effectively with our stakeholders and target audiences

The following examples highlight some of this year's work towards the achievement of this outcome.

Outcomes based approaches

Work to further develop an outcomes-based approach (OBA) across the PHA and in line with Programme for Government reporting continued throughout the year.
The learning from the development of the six report cards for the Northern Ireland Civil Service Outcomes Delivery Plan (based on the draft PfG 2016-20) in 2018/19 and those agreed for 2019/20 is being used to further develop and embed an impact focussed approach. The actions reported on for ODP in 2018/19 and 2019/20 were:

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

The PHA is also working with other health and social care organisations to help ensure a shared approach to incorporating OBA into community planning reports relating to health themes.

Contract assurance and verification processes

The PHA also introduced a new contract performance verification process and centralised system in 2019/20 to improve the annual assurance systems.

Working with colleagues in finance, a more robust system is now in place for assessing the provider's annual accounts and identifying any issues that may need clarification. Overall, the new system has helped to reduce potential risks for the PHA and is a more efficient use of limited staff resources. This new approach has also helped to reduce duplication for providers and PHA staff by ensuring information is only asked for once and is held on a central database, accessible to those staff involved in contract monitoring.

Under this new process, 10 organisations will be chosen each year to undergo a verification visit and PHA staff will seek additional information from providers to confirm the performance being reported in the performance monitoring returns is being delivered in line with the terms and conditions of the contract.

Based on the evidence provided, each visited provider will receive an individual report on the outcome of the visit identifying, where necessary, areas where improvements need to be made. It is also intended to share the learning from the process annually with all providers to help improve their performance.

This new process was due to commence in the final quarter of 2019/20 and verification visits were planned for February and March 2020. However, due to the impact of COVID-19, only two visits were able to be fully completed before the process had to be paused.

For the 2 visits carried out in 2019/20, recommendations were issued to both providers on how they could improve their internal processes. These recommendations have been accepted and will be implemented by the Provider.

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 2019/20, 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 2019.

Looking forward into 2020/21, 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.

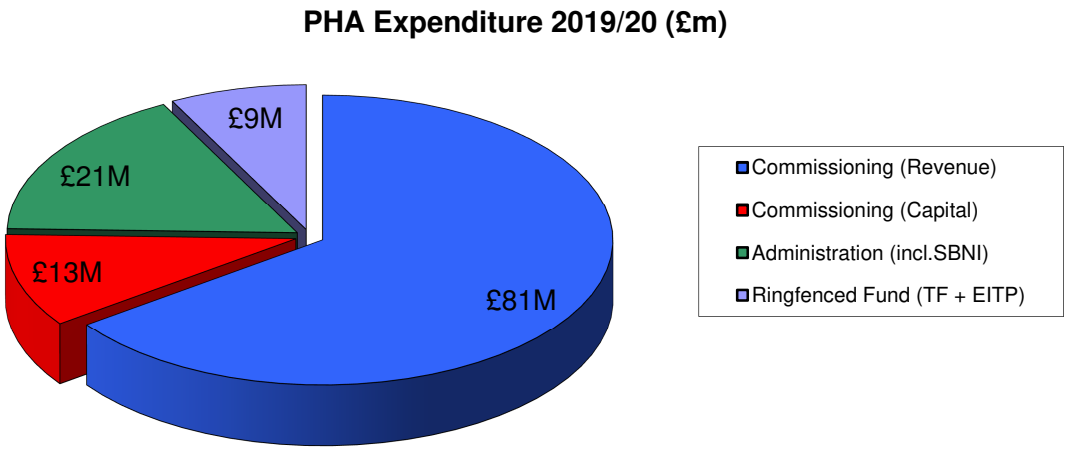
PHA Financial Management and Stability

The PHA received a revenue budget £123m revenue from the DoH in 2019/20, along with income from other sources of £3m, and has a statutory duty to breakeven within 0.25% of these resources. A further £13m capital funding was allocated to PHA in the year, and this was fully spent.

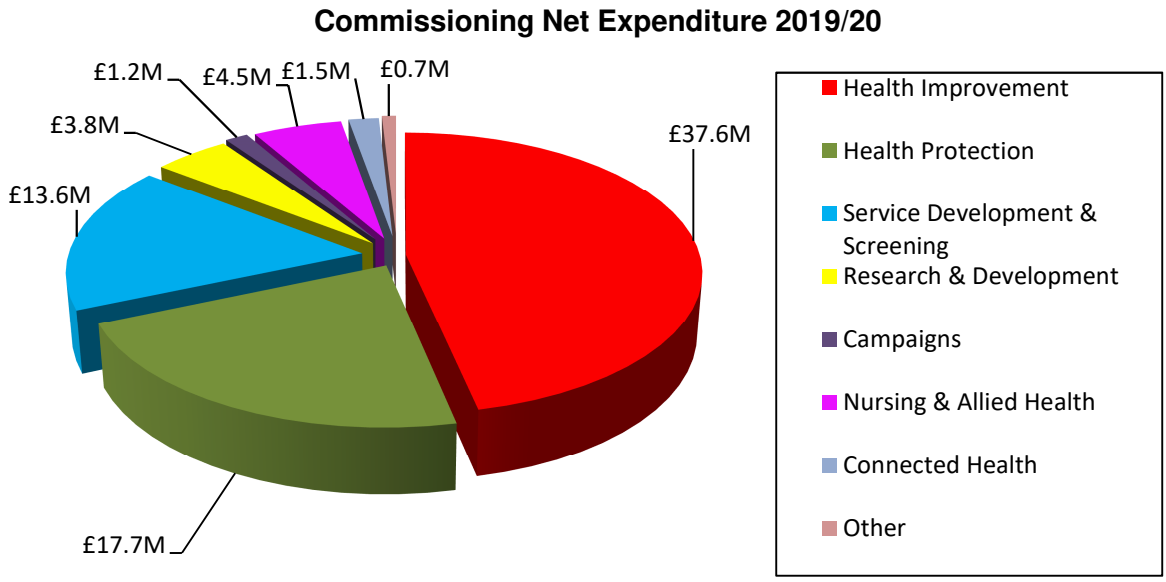
The financial statements presented in this Annual Report and Accounts report a small surplus of £119k, which is within the required breakeven threshold. This was achieved by significant and diligent effort on the part of PHA Budget holders, supported by the Finance Directorate (HSCB), managing the wide 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 2019/20.

a. PHA Net Expenditure by Area 2019/20



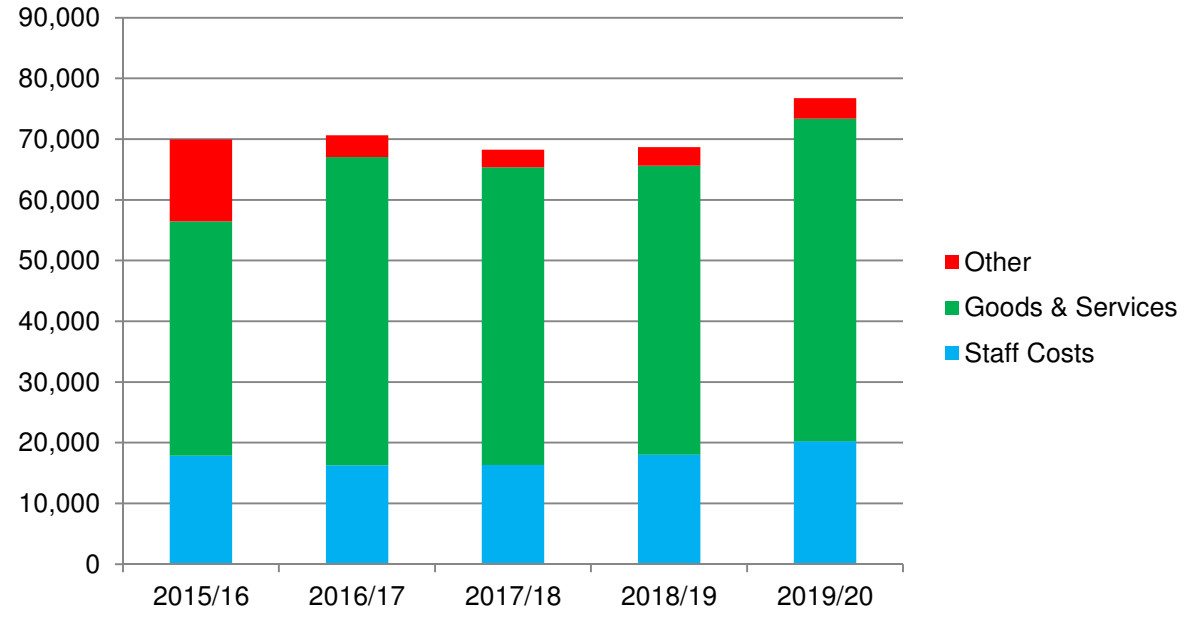
b. Programme Expenditure by Budget Area 2019/20



During the 2019/20 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.



Prompt Payment Performance

a) Public Sector Payment Policy - Measure of Compliance

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

	2020 Number	2020 Value £000s	2019 Number	2019 Value £000s
Total bills paid	7,044	61,517	5,782	53,272
Total bills paid within 30 day target or under agreed payment terms	6,657	60,351	5,491	52,456
% of bills paid within 30 day target or under agreed payment terms	**94.5%**	**98.1%**	**95.0%**	**98.5%**
Total bills paid within 10 day target	5,691	57,590	4,736	46,809
% of bills paid within 10 day target	**80.8%**	**93.6%**	**81.9%**	**87.9%**

b) The Late Payment of Commercial Debts Regulations 2002

The PHA paid late payment fees of £400 in 2019/20 (nil for 2018/19). This is also included in the losses table as a fruitless payment within the Assembly Accountability and Audit report.

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 DIVERSITY

For some time now, past participants of the Disability Work Placement Scheme, run by the BSO Equality Unit on behalf of the 11 regional HSC organisations, have stated that they face significant barriers when trying to avail of the services of recruitment agencies.

During 2019/20, the BSO Equality Unit worked on the PHA's behalf with procurement colleagues to explore how it can ensure that agencies better promote equality in the services procured from them. In a first step, procurement colleagues included a number of aspects relating to equality practices in an audit with a sample of agencies.

In a second step, procurement colleagues requested equality monitoring data from the agencies for people placed with us under the contract. Both will help inform future service specifications for our tenders and contracts.

By the end of March, the Equality Unit had also produced a first draft of a survey targeting staff in the PHA and our partner organisations who are carers. The PHA wants to know more about their views and experiences of being supported in balancing care and work. In late March, it was decided not to proceed with piloting the survey in its original form. Its scope and design will be reviewed in light of the new working conditions under COVID-19.

During this year, the Equality and Disability Action Plans for 2020-22 were updated. This involved staff across each Directorate to review and identify actions relating to the

PHA's functions. This includes, for example, work to explore uptake rates for HPV vaccination programmes throughout Northern Ireland for both post-primary boys and girls. The PHA wants to make sure that high uptake of HPV vaccines in girls is maintained and that high uptake of the new programme for boys is also achieved in line with that achieved for girls.

The PHA has also developed measures that relate to the PHA as an employer. For example, the PHA wants to raise awareness amongst its staff of the needs of colleagues who balance work and caring. It is also the intention to more actively promote the support and policies that the organisation has in place for PHA staff who are carers. The PHA will deliver on these together with its regional HSC partner organisations.

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.

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

The PHA has carried out a number of Rural Needs Impact Assessments for the period 1 April 2019 to 31 March 2020, 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***
Expansion of the Northern Ireland Newborn Blood Spot Screening Programme (NBSP)	N/A	Every baby in NI will have access to community midwifery and health visiting services following discharge from hospital. Midwives will visit babies in their own homes regardless of where they live/their postcode to carry out newborn blood spot screening. Babies who remain in hospital on day 5 of life will have screening carried out by hospital midwives or nurses. Babies in a rural area receive the same care with regards to blood spot screening as those in towns and cities.
Regional procurement of Smart4Hearing - a service to aid delivery of the Newborn Hearing Screening Programme in Northern Ireland	N/A	The procurement of the S4H service will have no impact on the newborn hearing screening service that is currently provided to all babies, within each geographical Trust area. Newborn hearing screening generally takes place in a hospital setting, pre-discharge (for approximately 70% of babies). If baby is returning to attend a clinic for an outpatient / follow-up appointment, the person with parental responsibility will be asked where is the most suitable location for newborn hearing screening to take place as there is flexibility within the programme for a baby to be screened within another Trust locality. With this in mind, the programme already seeks to promote equality of opportunity in terms of uptake, irrespective of location in Northern Ireland.
Implementation of Regional Age Friendly Programme	Education or Training in Rural Areas, Health & Social Care Services in Rural Areas, Poverty in Rural Areas,	The Tackling Rural Poverty and Social Isolation Framework recognises that those living in rural areas often experience poverty and social isolation differently to urban dwellers due to issues relating to geographical isolation & lower population density. It Provides a broad frame work within which public sector organisations and the rural sector can work collaboratively to lever additional resources and develop/pilot new ways to help alleviate the effects of poverty and social isolation in rural areas, particularly among vulnerable

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***
	Deprivation in Rural Areas, Rural Crime or Community Safety, Rural Development.	groups. The PHA recognises health as a basic human right for older people and a key predictor of satisfaction and quality of life as people age both in rural and urban areas. It determines an individual's ability to remain independent and to continue to contribute in a meaningful way to society. Given the fact that older people become increasingly reliant on health and social care services as they age there is an opportunity to reduce the impact of sickness on care services by maintaining a healthier population into old age. Following the process of development and engagement in shaping this programme, consulting in rural and other areas, key themes have emerged which have led to our conclusions and recommended actions. The co-ordinators will work collaboratively with a range of stakeholders and establish Age Friendly Strategic Alliance from relevant organisations e.g. Council, Health, Housing, C&V Sector organisations supporting older people. The Age Friendly programme will provide a mechanism for a variety of organisations (Council, HSC, Transport, Housing, C&V sector, older peoples' networks etc.) to work together to promote and improve the health and wellbeing of older people, whilst also valuing the positive contribution they can make.
Retender of the Workplace Health and Well-being Service	Rural Business, Jobs or Employment in Rural Areas, Education or Training in Rural Areas.	This is a Regional project and the services will be equally available to employees from urban and rural areas. The PHA Workplace Health service is Regional and offered to all small and medium businesses across urban and rural enterprises. In the retender providers will be asked to specifically target businesses in rural areas and those with larger numbers of employees living in rural areas.

COMPLAINTS

Four complaints were received by the PHA in 2019/20. Complaints ranged from issues regarding service response and access.

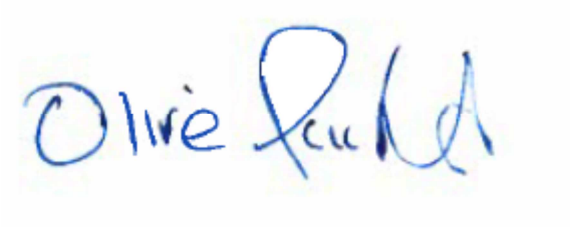
Critically appraising complaints is important and strict procedures are followed. If needed staff take action to ensure any lessons learned are embedded in practice to prevent recurrences. Learning is also shared to enable others to embed this learning into their area of work.

INFORMATION REQUESTS

During 1 April 2019 to 31 March 2020 the following requests were made and responded to:

Freedom of Information	44
Environmental Information Regulations	0
Subject Access Requests	4
Open Data Requests	0

No personal data incidents occurred during 2019/20 (2018/19: none).



Olive Macleod OBE

Chief Executive (Interim)

Date 7th July 2020

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

Olive Macleod OBE

Olive joined PHA as Interim Chief Executive in March 2020.

Olive qualified as a registered general nurse in St Vincent's Hospital, Dublin and a registered midwife in the Lanarkshire School of Midwifery, Scotland. She spent 14 years in Canada at the Mount Sinai Hospital Toronto and Kingston General Hospital as an obstetric nurse, nurse leader and clinical educator.

In 1997 she joined the Mater Hospital, Belfast, as a staff midwife and worked in a number of roles including Assistant Director of Nursing in the hospital. From 2007, Olive was the Co-Director of Nursing in the Belfast Health and Social Care Trust, with responsibility for governance, performance and standards, before moving to the Northern Health and Social Care Trust as Director of Nursing and User Experience and then the Regulation and Quality Improvement Authority as Chief Executive before her appointment as interim Chief Executive of the PHA on 30 March 2020. Olive was awarded an OBE in 2018, in recognition of her services to nursing.

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.

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.

Mary Hinds

Mary was the PHA's Director of Nursing and Allied Health Professions until her retirement in September 2019. Prior to working in the Public Health Agency, she worked in a number of Director roles, including Director of Nursing, Mater Hospital, Belfast.

Briege Quinn

Briege acted as Director of Nursing and Allied Health Professions following the retirement of Mary Hinds in September 2019 and held this role until January 2020.

Briege's clinical background spans acute and community mental health, acute in-patient and Addiction services and as a Lecturer in the School of Nursing at Ulster University.

Briege has published on aspects of service users experience of health and social care treatment as well as motivating behaviour change in the Learning Disability and Addiction fields.

Rodney Morton

Rodney Morton took up post as Director of Nursing and Allied Health Professions in January 2020. Previously Rodney held the position of Deputy Chief Nursing Officer with the Department of Health. Rodney was responsible for co-leading the development of a 10-15 year road map for Nursing and Midwifery in Northern Ireland, along with providing professional advice on mental health, learning disability and older people nursing services. In addition, Rodney held policy responsibility for Personal, Public, Involvement, and led the development of a new Co-Production Framework for the Northern Ireland Health and Social Care Sector.

Rodney has over 34 years' experience in a range of practice, managerial and leadership roles in CAMHS, Autism, Adult Mental Health, Addictions, Psychological Therapies, Older People, Public Mental Health and Primary Care Services. Rodney also led the development of the Regional 'You in Mind' Mental Health Care Pathways Programme, Regional Mental Health and Psychological Therapies Training Programme for Northern Ireland. Rodney is also an improvement science enthusiast and has been promoting and building quality Improvement capability across the Nursing and AHP Services.

Dr Aideen Keaney

Aideen is Director of Northern Ireland Health and Social Care Quality Improvement (HSCQI) Network. Aideen is a graduate of Queens University Belfast Medical School and is also a Fellow of the College of Anaesthetists (RCSI) Dublin.

Aideen completed her Anaesthesia training on the Northern Ireland Anaesthesia Training Scheme and during and after this time she completed a number of clinical Fellowships in Dublin, Glasgow, London and Melbourne. Aideen has been working as a Consultant in Paediatric Anaesthesia and Paediatric Intensive Care Medicine for the last 14 years.

During this time she developed an interest in Patient Safety and Quality Improvement (QI) and completed the Scottish Patient Safety Programme Fellowship. She has held a number of Medical Leadership roles including Clinical Governance Lead, Clinical Lead for Patient Safety and Quality Improvement and Clinical Director. She is also a Health Foundation Generation Q Fellow and has completed a Masters in Leadership for Quality Improvement. HSCQI as an entity was launched by the Department of Health in April 2019. Dr Keaney took up the post of Director of HSCQI in September 2019. Together with the HSCQI Improvement Hub Team and a with a Faculty of QI Leads from across the system and supported by the HSCQI Leadership Alliance, Dr Keaney is leading on building a regional QI infrastructure for Northern Ireland.

Since taking up this post Dr Keaney has been leading on the further development of HSCQI and on the scale up of a number of regionally agreed QI prototypes.

Dr Adrian Mairs

Adrian was Acting Director of Public Health for PHA until February 2020. 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.

Professor Hugo van Woerden

Hugo is the Director of Public Health and took up post with PHA in March 2020. He is a senior public health doctor, with over seven years as an executive board member on various public sector and charity boards, a decade in senior NHS management roles, and a breadth of experience from over 30 years as an NHS doctor in England, Wales and Scotland.

He is passionate about population health, working in partnership with communities, and linking in with the academic community to find new ways to improve health and well-being.

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 and Head of Procurement.

He was a Non-Executive Director of the former South and East Belfast Health & Social Services 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.

Deepa Mann-Kler

Deepa Mann-Kler is an exceptionally experienced public, private and charity sector Chair and Non-Executive Director, having served on 10 Boards across the UK over the past thirteen years. As Chief Executive of Neon and Visiting Professor for Immersive Futures with Ulster University, she specialises in use of immersive technologies for health. As a TEDx speaker and thought leader she regularly keynotes on the intersection of digital transformation, technical innovation, inclusion, ethics, bias, data and AI.

Deepa is author of the first report on race discrimination with policy recommendations for the public sector in Northern Ireland "Out Of The Shadows." As an artist Deepa has a strong focus on public art light installations, notably Light Up Leicester 2020, Lumiere Durham 2019, London 2016 & 2013 in Derry/Londonderry UK City of Culture.

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.

Alderman Billy Ashe MBE

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 coordinator of a Carrickfergus-based community project.

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 19 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.

Professor Nichola Rooney

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

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

Joseph Stewart OBE

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

A graduate of Law from Queen's University, Belfast, Joseph was a Director of the Engineering Employers Federation until 1990 and a Director in Harland and Wolff between 1990 and 1995. He was Vice Chairman of the Police Authority from 1989 to 1994 and Chief Executive from 1995 to 2001.

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

Paul Cummings

Paul is Deputy Chief Executive and Director of Finance, HSCB. 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.

Marie Roulston OBE

Marie is Director of Social Care and Children, 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.

Related party transactions

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

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

Register of Directors' interests

Details of company directorships or other significant interests held by Directors, where those Directors are likely to do business, or are possibly seeking to do business with the PHA where this may conflict with their managerial responsibilities, are held on a central register.

A copy is available 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 2020 was £22,000.

Statement on Disclosure of Information

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

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

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department of Health has directed the Public Health Agency (PHA) to prepare for each financial year a statement of accounts in the form and on the basis set out in the 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.

The Permanent Secretary of the DoH, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland, has designated Olive Macleod 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 formal letter of appointment of the Accounting Officer issued by the DoH, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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 Service Level Agreements (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.

During 2019/20, the PHA Board met on eleven occasions. The PHA Board meets regularly, usually monthly, with the exception of July and in 2019/20 there was no meeting in May 2019, but there was an additional special meeting in June 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 2019/20

Name	Meetings Attended	Meetings Contracted to Attend
Mr Andrew Dougal	9	11
Mrs Valerie Watts	7	11
Mr Edmond McClean	11	11
Dr Adrian Mairs	4	9
Professor Hugo van Woerden	1	1
Mrs Mary Hinds	3	5
Mrs Briege Quinn	3	3
Mr Rodney Morton	2	3
Alderman Billy Ashe	8	11
Mr John Patrick Clayton	7	11
Mr Leslie Drew	11	11
Ms Deepa Mann-Kler	9	11
Alderman Paul Porter	10	11
Professor Nichola Rooney	8	11
Mr Joseph Stewart	10	11

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 2019/20 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 2019/20, the Committee met on one occasion and the meeting was quorate.

4. Framework for Business Planning and Risk Management

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

The PHA *Corporate Plan 2017 – 2021*, setting out the PHA purpose, vision, values and strategic outcomes, was approved by the PHA Board on 20 April 2017 and by the DoH on 26 May 2017. The Annual Business Plan 2019/20, 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 21 March 2019 and the DoH on 18 April 2019. 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.

Within the organisation risk identification is related to the organisation's objectives (as detailed in the PHA 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

Each risk is assessed to identify:

- 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 escalation 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 2019/20, guidance and support was provided to staff who are actively involved in reviewing and co-ordinating the review of the Directorate and Corporate Risk Registers. A system has been established whereby the Senior Operations Manager meets with the planning and project managers supporting each Directorate and Division at the end of each quarter to ensure feedback and consistency in the review of the Risk Registers, and to share and learn from good practice.

All staff are required to complete the PHA risk management e-learning programme. In addition, staff have also been provided with other relevant training including fire, health and safety, security and fraud awareness.

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

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 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, including Data Protection/Confidentiality Policy, Data Breach Incident Response Policy and a Data Protection Impact Assessment Policy and Guidance.

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

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

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

The HSC information governance e-learning programme, incorporating Freedom of Information, Data Protection, Records Management and IT Security continues to be rolled out to all staff. Specialised training is also organized for the SIRO and IAO's. Uptake of training is monitored by the IGSG.

The PHA is represented on the regional HSC Cyber Security Programme Board, and works with BSO ITS, as our IT provider, to take necessary measures in relation to cyber security risks.

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, 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 2019/20 Internal Audit reviewed the following systems:

System reviewed	Assurance received
Risk Management & Assurance Framework	Satisfactory
Management of the Lifeline Contract	Satisfactory
Family Nurse Partnership	Limited
Financial Review	Satisfactory
ICT User Behaviour	Satisfactory
Information Governance	Satisfactory

In their annual report, the Internal Auditor reported that there is a satisfactory system of internal control, i.e. the PHA system of internal control was adequate and effective.

One priority one weakness in control remains from the PHA Management of Contracts with the Voluntary/Community Sector audit, relating to the implementation of the PHA Social Care Procurement Plan. The recommendation has been partially implemented, and work continues to fully address this.

The Internal Audit Follow Up report on previous Internal Audit Recommendations, issued on 7 April 2020, found that of the 74 recommendations with an implementation date of 31 March 2020 or earlier, 72% were fully implemented, 27% were partially implemented, and 1% (one recommendation) had not yet been implemented. Work will continue during 2020/21 to address those recommendations that have not yet been fully implemented.

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 2019 was considered by the joint HSCB/PHA Senior Management Team on 21 January 2020.

External Audit

For the year ended 31 March 2019, 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, 2 or 3 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

There are no resolved prior year control issues to report in this section.

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 subsequently provided limited assurance in the 2017/18 audits of Payroll Shared Services and have continued to provide this level of assurance until the latest report finalised in April 2020. For the first time since the establishment of PSSC, Internal Audit can provide satisfactory assurance in respect of elementary PSC processes. Internal Audit continue to provide limited assurance in respect of timesheets, management of overpayments and reconciliations on Real Time Information (RTI) between the payroll system and HMRC.

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 2019/20 enabled it to maintain the integrity of existing services commissioned and to ensure that additional priorities were implemented and progressed, within budget.

The Assembly passed the Budget Act (Northern Ireland) 2020 in March 2020 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2019/20 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2020 also authorised a Vote on Account to authorise departments' access to cash and use of resources for the early months of the 2020/21 financial year. While it would be normal for this to be followed by the 2020/21 Main Estimates and the associated Budget (No. 2) Bill before the summer recess, the COVID-19 emergency and the unprecedented level of allocations which the Executive has agreed in response, has necessitated that the Budget (No. 2) Bill is instead authorising a further Vote on Account to ensure departments and their Arms' Length Bodies have access to the cash and resources through to the end of October 2020, when the Main Estimates will be brought to the Assembly and the public expenditure position is more stable.

Management of Contracts with the Community and Voluntary Sector

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

However, while Internal Audit acknowledged the improving position, a priority one finding remains in respect of the procurement of services. Work is however continuing to progress the procurement plan. A new tender for workplace health was completed in December 2019. Five contracts were awarded with an annual value of £0.2m. A single tender (0.17m) to deliver an Early Years Obesity Prevention training programme to help tackle obesity in children aged 0-5 years was also completed and awarded in March 2020. The PHA is also continuing to take forward preparatory work for the re-tender of its Drug and Alcohol services and suicide prevention support services linked to the delivery of the Protect Life 2 strategy. Planning for the re-tender of Relationship and Sexual Education services and the Self Harm Intervention Programme (SHIP) is also being progressed.

The report of a Task and Finish Group established to review how the PHA could improve its planning and procurement processes continues to be implemented. Actions progressed include: a baseline review of the Procurement Plan timelines and development of a Thematic Planning timetable; awareness training for PHA staff in planning and Procurement processes was undertaken in January and February 2020; and, the appointment of 2 new senior planning posts who will provide additional specialist capacity to support planning for procurement was progressed, with one post filled in March 2020.

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

PHA's ability to continue to progress work in this area has been impacted by the need to prioritise staffing resources to respond to the Covid-19 pandemic. The on-going social distancing restrictions also make it difficult to undertake appropriate engagement with stakeholders that is necessary to inform the planning and procurement process. While it is likely that COVID 19 will continue to delay procurement during 2020/21, PHA will work with relevant partners and stakeholders to take necessary and appropriate actions.

EU Exit

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between the EU and the UK will be determined by negotiations taking place during the transition period ending 31 December 2020. As uncertainty still exists regarding the implementation of the Northern Ireland Protocol, this is

under review in conjunction with key stakeholders. The Public Health Agency will continue to work collaboratively with colleagues during 2020/21 across the Department, HSC and wider to ensure we are appropriately prepared for the end of the transition period and the new dispensation.

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 relating to the call back and review of patients who may be affected including providing consistent situation reports to the DoH on activity and progress.

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 also been completed and the PHA and HSCB continue to work with the DoH, BHSCT and relevant private providers on this issue.

PHA Staffing Issues (incorporating the previous Reduction in the PHA Management and Administration Budget divergence)

The PHA has worked closely with DoH colleagues over the past year to take actions to address the number of vacancies and posts filled on a temporary basis across all Directorates and at all levels of the organisation. It has been noted that budget reductions over the past number of years and on-going budget constraints have curtailed the ability to further develop and grow the workforce to meet new and increasing demands. This has impacted on the work of the PHA through constrained capacity in a number of key areas and functions.

Significant progress was made during 2019/20 to address these issues, most notably with the appointment of a number of new permanent and locum health protection and service development consultants. However it was recognized that some longer term actions are required.

With the emergence of COVID-19 in early 2020 additional pressure has been placed on PHA staff, particularly the health protection team. It is recognized that further work is required as a matter of urgency to increase the workforce with suitably qualified staff, given that the nature of the COVID 19 pandemic will require significant additional work for the foreseeable future. PHA will continue to work with DoH colleagues to progress this.

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

COVID-19

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (COVID-19) a global pandemic on 11 March 2020. Following which the Department and its ALBs immediately enacted emergency response plans across the NI Health sector. There is UK-wide coordinated approach guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers informed by the emergent evidence nationally and internationally. Evidence-based UK-wide policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated advice. The pandemic has had extensive impact on the health of the population, all health services and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care services were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety has remained at the forefront throughout health's emergency response. This has required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity including the need to ensure availability of appropriate Personal Protective Equipment. Financial measures have been put in place by the NI Executive to enable NI to tackle the response to COVID-19 and Health has obtained essential financial support from this package of measures to assist in the ongoing fight against COVID-19.

Contingency arrangements have been in operation including the establishment of an Emergency Operations Centre within the Department to support HSC colleagues' frontline response to the pandemic. Given the wide ranging impact and the need to react immediately to changing healthcare needs, this has had an effect on the ability to conduct routine health business with a need to curtail non-urgent healthcare activity in order to re-direct resources to deal with the pandemic. There have been substantial resourcing impacts across the Department and ALBs to scale up the response to ensure adequate staff resourcing to meet increasing demands which included calling on volunteers, retired medical staff and medical students to rally together to strive to enable an optimum response to the pandemic.

Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission. The actions of the health sector throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence; the ability of the health service to cope; and the wider impacts on our health, society and the economy. Across healthcare, leading on the testing of COVID-19 in NI has and continues to be a key priority with testing centres being set up across the country including mobile testing. The Department's Expert Advisory Group has overseen the strategic approach to testing in NI. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so NI is fully engaged with the strategy for testing at a national level. NI testing capacity has also been increased through Health's facilitation of the UK Coronavirus National

Testing Programme. Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of COVID-19 on 18 May 2020. Volunteers have been recruited and redeployed across the health sector and the team is being scaled up to strive to ensure that every conceivable effort is made to continue to limit transmission as lockdown measures across the region are eased. The Department has prepared a COVID-19 Test, Trace and Protect Strategy which sets out the public health approach to minimising COVID-19 transmission in the community in Northern Ireland. The Chief Medical Officer has established a Strategic Oversight Board for the NI COVID-19 strategy which will bring all of the key elements together – namely testing, contact tracing, information and advice, and support - working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in NI. The early outcome is more favourable than the modelling of the reasonable worst case scenario and the Department and HSC are no longer in emergency response mode, some areas have been able to be stood down in recent times although there is a need to continue to remain vigilant and in a state of operational readiness to react should a resurgence occur.

Alongside the ongoing and changing needs of response to COVID-19 there is an urgent need to seek to rebuild wider healthcare services and confidence in the community. Officials have over recent weeks carried out an urgent project to assess the impact of COVID-19 on HSC services delivery. On 9 June 2020 a new Strategic Framework was launched aimed at rebuilding health and social care services. The key aim will be to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing COVID-19 conditions. A new Management Board for Rebuilding HSC Services has also been created. This will broadly consist of senior Department of Health officials, Trust Chief Executives and other HSC leaders. COVID-19 has had a profound impact on the delivery of health and social care services and across the HSC plans are incrementally being enacted to begin recovery whilst planning for a potential second wave. The Department is continuing to work closely across the HSC to support and define the requirements and opportunities to meet continuing and rapidly changing pressures in these unprecedented and challenging times.

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 2019/20.

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, 2018/19 and 2019/20 Senior Executive pay awards had not been received by 31 March 2020. 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 2019/20. 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 2019/20.

Membership of the Remuneration and Terms of Service Committee:

Mr Andrew Dougal - Chair
Alderman William Ashe – Non-Executive Director
Alderman Paul Porter – Non-Executive Director
Professor Nichola Rooney – Non-Executive Director

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 2019/20 or 2018/19.

Non Executive Members (Table Audited)

	2019/20				2018/19			
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*)	35-40	-	-	35-40	30-35	100	-	30-35
Mr Thomas Mahaffy (Leaver 7th Apr 2018)	-	-	-	-	0-5	-	-	0-5
Alderman Paul Porter	5-10	-	-	5-10	10-15	-	-	10-15
Alderman William Ashe	10-15	-	-	10-15	5-10	-	-	5-10
Mr Leslie Drew (Leaver 31st Mar 2020)	5-10	100	-	5-10	5-10	100	-	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
Professor Nichola Rooney	5-10	-	-	5-10	5-10	-	-	5-10
Mr John-Patrick Clayton	5-10	-	-	5-10	5-10	-	-	5-10
Mr Joseph Stewart	5-10	-	-	5-10	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) 17-2019 entitled The Payment of Remuneration of Chairs and Non-Executive Members Determination (Northern Ireland) 2019 No. 2 was issued in May 2019 which resulted in back dated remuneration to non-executive members.

Executive Members (Table Audited)

Name	2019/20				2018/19			
	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
Dr Adrian Mairs *Acting Director of Public Health* (Leaver 29th Feb 2020)	135-140 (145-150 FYE)	-	-	135-140	155-160	-	154,000	310-315
Professor Hugo van Woerden *Director of Public Health* (Starter 1st Mar 2020)	10-15 (160-165 FYE)	-	-	10-15	-	-	-	-
Dr Aideen Keaney *Director of Quality Improvement* (Starter 2nd Sep 2019)	35-40 (65-70 FYE)	-	-	35-40	-	-	-	-
Mr Edmond McClean *Director of Operations / Interim Deputy Chief Executive*	85-90	-	-	85-90	85-90	200	-	85-90
Mr Rodney Morton *Director of Nursing & Allied Health Professionals* (Starter 2nd Jan 2020)	20-25 (80-85 FYE)	-	8,000	25-30	-	-	-	-
Mrs Briege Quinn *Interim Director of Nursing & Allied Health Professionals* (Starter 30th Sep 2019)	40-45 (80-85 FYE)	3,000	154,000	195-200	-	-	-	-
Mrs Mary Hinds *Director of Nursing & Allied Health Professionals* (Retired 27th Sep 2019)	50-55 (100-105 FYE)	-	-	50-55	100-105	-	4,000	105-110

Notes

Mrs Valerie Watts was appointed as Interim Chief Executive between October 2016 and March 2020, and had 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)

	2019/20				
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 31/03/19 £000**	**CETV at 31/03/20 £000**	**Real increase in CETV £000**
Mr Rodney Morton *Director of Nursing & Allied Health Professionals*	0-2.5 pension 0-2.5 lump sum	35-40 pension 105-110 lump sum	697	740	10
Mrs Briege Quinn *Interim Director of Nursing & Allied Health Professionals*	5-7.5 pension 20-22.5 lump sum	40-45 pension 120-125 lump sum	752	948	160

The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to transfer of pension rights, but include actuarial uplift factors and therefore can be positive or negative.

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

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

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

The CETV figures 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 does not include the increase of accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

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 2018/19.

	2020	2019
Band of Highest Paid Director's Remuneration (band in £000s)	160-165	155-160
Median Total Remuneration (£)	38,365	36,280
Ratio	4.20	4.39

No employee received remuneration in excess of the highest paid director, and remuneration ranged from £6,559 to £162,653 in 2019/20. The lowest salary relates to Safeguarding Board lay members.

Staff Report

Staff Costs (Table Audited)

PHA staff costs comprise:

	2020			2019
	Permanently employed staff	Others	Total	Total
	£000s	£000s	£000s	£000s
Wages and salaries	14,041	1,254	15,295	14,272
Social security costs	1,537	137	1,674	1,548
Other pension costs	2,989	267	3,256	2,176
Total staff costs reported in Statement of Comprehensive Net Expenditure	**18,567**	**1,658**	**20,225**	**17,996**
Less recoveries in respect of outward secondments			(330)	(379)
Total net costs			**19,895**	**17,617**

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required 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 the 2019/20 accounts.

Average Number of Persons Employed (Table Audited)

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

	2020			2019
	Permanently employed staff	**Others**	**Total**	**Total**
Commissioning of Health and Social Care	316	30	**346**	**324**
Less average staff number in respect of outward secondments	(5)	-	**(5)**	**(5)**
Total net average number of persons employed	**311**	**30**	**341**	**319**

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**	
	2020	**2019**	**2020**	**2019**	**2020**	**2019**
<£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**

The table above shows the total cost of exit packages agreed and accounted for in 2019/20 and 2018/19. £0 exit costs were paid in 2019/20, the year of departure (2018/19 £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 (Northern Ireland) Order 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as

operating expenses at Note 3. Where early retirements have been agreed, the additional costs are met by the PHA and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Staff Benefits

The PHA had no staff benefits in 2019/20 or 2018/19.

Retirements due to ill-health

During 2019/20, there were no 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 2020 was as follows:

Gender	Headcount	Whole Time Equivalent
Female	262	243.2
Male	63	60.2
Grand Total	**325**	**303.4**

Staff Gender Breakdown within PHA 2019/20 Senior Management (excl. Board Members)*		
Gender	**Headcount**	**Whole Time Equivalent**
Female	18	17.7
Male	14	14.0
Grand Total	**32**	**31.7**

**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 2019 – 31 March 2020 is 4.24% (2018/19 5.13%).

There were 25,431 hours lost due to sickness absence or the equivalent of 78 hours lost per employee. Based on a 7.5 hour working day, this is equal to 10.4 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.

Expenditure on Consultancy

The PHA had no expenditure on External Consultancy during 2019/20 (2018/19 - 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 2019/20 or 2018/19.

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 2019/20 there has been no evidence of irregular expenditure occurring.

Losses and Special Payments (Table Audited)

Type of loss and special payment		2019/20		2018/19
		Number of Cases	£	£
Cash losses				
	Cash Losses - Theft, fraud etc.	-	-	-
	Cash Losses - Overpayments of salaries, wages and allowances	2	1,753	91
Administrative Write-offs				
	Bad debts	1	476	-
Fruitless Payments				
	Late Payment of Commercial Debt	1	400	-
	Other fruitless payments and constructive losses	-	-	435
Special Payments				
	Compensation payments:			
	Employers Liability	-	-	135,000
TOTAL		**4**	**2,629**	**135,526**

Special Payments

There were no other special payments or gifts made during the year (2018/19 – none).

Other Payments and Estimates

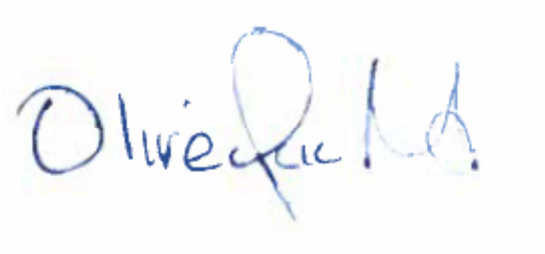
There were no other payments made during the year (2018/19- none).

Losses and Special Payments over £250,000

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

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37 shown in Note 20 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 2020, the PHA is not aware of any remote contingent liabilities, and there were none in 2018/19.



Olive Macleod OBE

Chief Executive (Interim)

Date 7th July 2020

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 2020 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. 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 2020 and of the Public Health Agency's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis 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.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs(UK) require me to report to you where:

- the Public Health Agency's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Public Health Agency have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Public Health Agency's ability to continue to adopt the going concern basis.

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 and Social Care (Reform) Act (Northern Ireland) 2009; and

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

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 and report on the financial statements in accordance with the Health and 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.

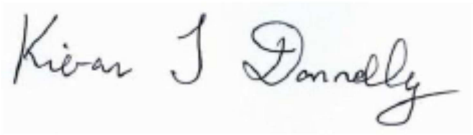
Matters on which I report by exception

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

10 July 2020

PUBLIC HEALTH AGENCY

ANNUAL ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020

FOREWORD

These accounts for the year ended 31 March 2020 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 Year Ended 31 March 2020

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.

		2020	2019
Income	**NOTE**	**£000**	**£000**
Revenue from contracts with customers	4.1	3,096	1,005
Other operating income (excluding interest)	4.2	330	379
Total operating income		3,426	1,384
Expenditure			
Staff costs	3	(20,225)	(17,996)
Purchase of goods and services	3	(53,161)	(47,626)
Depreciation, amortisation and impairment charges	3	(187)	(209)
Provision expense	3	(10)	189
Other expenditures	3	(3,153)	(3,016)
Total operating expenditure		(76,736)	(68,658)
Net Expenditure		**(73,310)**	**(67,274)**
Finance income	4.2	0	0
Finance expense	3	(0)	0
Net expenditure for the year		(73,310)	(67,274)
Revenue Resource Limits (RRLs) issued (to)			
Belfast Health & Social Care Trust		(18,942)	(17,049)
South Eastern Health & Social Care Trust		(5,113)	(4,928)
Southern Health & Social Care Trust		(7,473)	(6,963)
Northern Health & Social Care Trust		(9,966)	(8,995)
Western Health & Social Care Trust		(8,201)	(7,691)
NIAS Health & Social Care Trust		(93)	(85)
NI Medical & Dental Training Agency		(138)	(226)
PCC		0	(40)
Total RRL issued		(49,926)	(45,977)
Total Commissioner resources utilised		(123,236)	(113,251)
Revenue Resource Limit (RRL) received from DoH	23.1	123,355	113,432
Surplus / (Deficit) against RRL		**119**	**181**

OTHER COMPREHENSIVE EXPENDITURE		**2020**	**2019**
		£000	**£000**
Items that will not be reclassified to net operating costs			
Net gain/(loss) on revaluation of property, plant and equipment	5.1/8/5.2/8	4	3
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		**(73,306)**	**(67,271)**

The notes on pages 72 to 99 form part of these accounts.

Statement of Financial Position for the Year Ended 31 March 2020

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	2020 £000	£000	2019 £000	£000
Non Current Assets					
Property, plant and equipment	5.1/5.2	315		355	
Intangible assets	6.1/6.2	110		161	
Total Non Current Assets			425		516
Current Assets					
Trade and other receivables	12	2,611		1,293	
Other current assets	12	21		69	
Cash and cash equivalents	11	887		571	
Total Current Assets			3,519		1,933
Total Assets			**3,944**		**2,449**
Current Liabilities					
Trade and other payables	13	(10,882)		(7,497)	
Total Current Liabilities			(10,882)		(7,497)
Total assets less current liabilities			**(6,938)**		**(5,048)**
Non Current Liabilities					
Provisions	14	0		0	
Other payables > 1 yr	13	0		0	
Total Non Current Liabilities			0		0
Total assets less total liabilities			**(6,938)**		**(5,048)**
Taxpayers' Equity and other reserves					
Revaluation reserve		54		50	
SoCNE reserve		(6,992)		(5,098)	
Total equity			**(6,938)**		**(5,048)**

The financial statements on pages 68 to 99 were approved by the Board on 7th July 2020 and were signed on its behalf by:

Signed  (Chairman) Date 7th July 2020

Signed  (Chief Executive - Interim) Date 7th July 2020

The notes on pages 72 to 99 form part of these accounts.

Statement of Cash Flows for the Year Ended 31 March 2020

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	2020 £000	2019 £000
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure	SoCNE	(73,310)	(67,274)
Adjustments for non cash costs	3	219	42
(Increase)/decrease in trade and other receivables	12	(1,271)	(761)
Increase/(decrease) in trade payables	13	3,385	517
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	(10)	3
Movements in payables relating to the purchase of intangibles	13	9	44
Use of provisions	14	(10)	(175)
Net cash outflow from operating activities		(70,988)	(67,604)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(70)	(87)
(Purchase of intangible assets)	6	(20)	(84)
Net cash outflow from investing activities		(90)	(171)
Cash flows from financing activities			
Grant in aid		71,394	67,877
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements			
Net financing		71,394	67,877
Net increase (decrease) in cash & cash equivalents in the period		316	102
Cash & cash equivalents at the beginning of the period	11	571	469
	11	**887**	**571**

The notes on pages 72 to 99 form part of these accounts.

Statement of Changes in Taxpayers' Equity for the Year Ended 31 March 2020

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

	NOTE	SoCNE Reserve £000	Revaluation Reserve £000	Total £000
Balance at 31 March 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)**
Changes in Taxpayers' Equity 2019/20				
Grant from DoH		71,394	0	71,394
Other reserves movements including transfers		0	0	0
(Comprehensive expenditure for the year)		(73,310)	4	(73,306)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	22	0	22
Balance at 31 March 2020		**(6,992)**	**54**	**(6,938)**

The notes on pages 72 to 99 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 2019/20 or 2018/19.

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 2019/20 or 2018/19.

1.9 Inventories

The PHA had no inventories as at 31 March 2020 or 31 March 2019.

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.

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 2019/20 or 2018/19.

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.

<u>The PHA as lessee</u>

The PHA held no finance leases during 2019/20 or 2018/19.

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 2019/20 or 2018/19.

1.16 Private Finance Initiative (PFI) transactions

The PHA had no PFI transactions during 2019/20 or 2018/19.

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 2019/20 or 2018/19.

- 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 2020, using the discount rates issued by the Department of Finance (DoF) below.

Rate	Time period	Real rate
Nominal	Short term (0 – 5 years)	0.51%
	Medium term (5 – 10 years)	0.55%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	1.9%
	Year 2	2.0%
	Into perpetuity	2.0%

Note that the Public Expenditure System (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) 37-2019.

The discount rate to be applied for employee early departure obligations is -0.5% with effect from 31 March 2020.

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 2020 or 31 March 2019.

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 2020. 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 2019/20 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 2019/20 or 2018/19.

1.24 Government Grants

The PHA had no government grants in 2019/20 or 2018/19.

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 latest advice from HM Treasury and the Financial Reporting Advisory Board, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2021.

Management consideration of the impact on introduction of IFRS 16 on initial application remains under consideration and will be fully determined in 2020/21.

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 2020. 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	2020 £000	2019 £000
Commissioning	2.1	97,243	90,101
FHS	2.2	2,352	2,441
Agency Administration	2.3	22,027	19,624
Safeguarding Board NI	2.4	1,614	1,085
Total Commissioner Resources utilised		**123,236**	**113,251**

2.1 Commissioning

Expenditure	NOTE	2020 £000	2019 £000
Belfast Health & Social Care Trust	SoCNE	18,942	17,049
South Eastern Health & Social Care Trust	SoCNE	5,113	4,928
Southern Health & Social Care Trust	SoCNE	7,473	6,963
Northern Health & Social Care Trust	SoCNE	9,966	8,995
Western Health & Social Care Trust	SoCNE	8,201	7,691
NIAS Health & Social Care Trust	SoCNE	93	85
NI Medical & Dental Training Agency	SoCNE	138	226
PCC	SoCNE	0	40
Other	3.1	50,413	45,129
		100,339	91,106
Income			
Revenue from contracts with customers	4.1	3,096	1,005
Commissioning Net Expenditure		**97,243**	**90,101**

2.2 FHS

FHS Net Expenditure	3.1	**2,352**	**2,441**

NOTE 2 - ANALYSIS OF NET EXPENDITURE BY SEGMENT

2.3 Agency Administration

		2020	2019
Expenditure	**NOTE**	**£000**	**£000**
Salaries and wages		19,411	17,435
Operating expenditure	3.2	2,727	2,526
Non-cash costs	3.3	33	(167)
Depreciation	3.3	186	209
		22,357	20,003
Other Operating Income			
Staff secondment recoveries	4.2	330	379
Administration Net Expenditure		**22,027**	**19,624**

2.4 Safeguarding Board NI

Expenditure			
Salaries and wages	3.2	814	561
Operating expenditure	3.2	502	518
Programme Expenditure	3.1	298	6
		1,614	1,085
Safeguarding Board NI Net Expenditure		**1,614**	**1,085**

NOTE 3 EXPENDITURE

3.1 Commissioning:	2020 £000	2019 £000
General Medical Services	2,352	2,441
Other providers of healthcare and personal social services	39,827	37,183
Research & development capital grants	10,884	7,952
Total Commissioning	**53,063**	**47,576**

3.2 Operating expenses are as follows:		
Staff costs[1]:		
Wages and salaries	15,295	14,272
Social security costs	1,674	1,548
Other pension costs	3,256	2,176
Supplies and services - general	98	50
Establishment	2,350	2,274
Transport	13	11
Premises	666	604
Rentals under operating leases	102	105
Total Operating Expenses	**23,454**	**21,040**

3.3 Non cash items:		
Depreciation	124	143
Amortisation	62	66
Loss on disposal of property, plant & equipment (including land)	1	0
Increase / Decrease in provisions (provision provided for in year less any release)	10	(179)
Cost of borrowing of provisions (unwinding of discount on provisions)	0	(10)
Auditors remuneration	22	22
Total non cash items	**219**	**42**
Total	**76,736**	**68,658**

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

NOTE 4 - INCOME

4.1 Revenue from Contracts with Customers	2020	2019
	£000	£000
R&D	2,833	255
Other income from non-patient services	68	380
Burdett Income	0	63
Social Investment Fund	195	307
Total	**3,096**	**1,005**

4.2 Other Operating Income	2020	2019
	£000	£000
Seconded staff	330	379
Total	**330**	**379**

TOTAL INCOME	**3,426**	**1,384**

NOTE 5.1 - Property, Plant & Equipment - Year Ended 31 March 2020

	Buildings (excluding dwellings) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation				
At 1 April 2019	206	639	31	876
Indexation	9	0	0	9
Additions	0	74	7	81
Transfers	0	0	0	0
Disposals	0	(63)	0	(63)
At 31 March 2020	**215**	**650**	**38**	**903**
Depreciation				
At 1 April 2019	92	416	13	521
Indexation	5	0	0	5
Disposals	0	(62)	0	(62)
Provided during the year	39	79	6	124
At 31 March 2020	**136**	**433**	**19**	**588**
Carrying Amount				
At 31 March 2020	**79**	**217**	**19**	**315**
At 31 March 2019	**114**	**223**	**18**	**355**
Asset financing				
Owned	79	217	19	315
Carrying Amount				
At 31 March 2020	**79**	**217**	**19**	**315**

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 (2019 - £nil).

The fair value of assets funded from donations, government grants or lottery funding during the year was £nil (2019 - £nil).

NOTE 5.2 - Property, Plant & Equipment - Year Ended 31 March 2019

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

NOTE 6.1 - Intangible Assets - Year Ended 31 March 2020

	Software Licenses £000	Information Technology £000	Total £000
Cost or Valuation			
At 1 April 2019	91	287	378
Indexation	0	0	0
Additions	0	11	11
Disposals	0	0	0
At 31 March 2020	**91**	**298**	**389**
Amortisation			
At 1 April 2019	63	154	217
Indexation	0	0	0
Disposals	0	0	0
Provided during the year	9	53	62
At 31 March 2020	**72**	**207**	**279**
Carrying Amount			
At 31 March 2020	**19**	**91**	**110**
At 31 March 2019	**28**	**133**	**161**
Asset financing			
Owned	19	91	110
Carrying Amount			
At 31 March 2020	**19**	**91**	**110**

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 (2019 - £nil).

NOTE 6.2 - 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
Additions	29	12	41
At 31 March 2019	**91**	**287**	**378**
Amortisation			
At 1 April 2018	53	98	151
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**
Asset financing			
Owned	9	177	186
Carrying Amount			
At 31 March 2018	**9**	**177**	**186**

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 2019/20 or 2018/19.

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 2019/20 or 2018/19.

NOTE 10 - INVENTORIES

The PHA did not hold any inventories as at 31 March 2020 or 31 March 2019.

NOTE 11 - CASH AND CASH EQUIVALENTS

	2020 £000	2019 £000
Balance at 1st April	571	469
Net change in cash and cash equivalents	316	102
Balance at 31st March	**887**	**571**

The following balances at 31 March were held at	2020 £000	2019 £000
Commercial banks and cash in hand	887	571
Balance at 31st March	**887**	**571**

NOTE 12 - TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2020 £000	2019 £000
Amounts falling due within one year		
Trade receivables	133	141
Deposits and advances	282	290
VAT receivable	361	808
Other receivables - not relating to fixed assets	1,835	54
Trade and other receivables	**2,611**	**1,293**
Prepayments and accrued income	21	69
Other current assets	**21**	**69**
TOTAL TRADE AND OTHER RECEIVABLES	**2,611**	**1,293**
TOTAL OTHER CURRENT ASSETS	**21**	**69**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**2,632**	**1,362**

The balances are net of a provision for bad debts of £nil (2019 £nil).

NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2020 £000	2019 £000
Amounts falling due within one year		
Other taxation and social security	545	365
Trade capital payables - property, plant and equipment	10	0
Trade capital payables - intangibles	5	14
Trade revenue payables	5,211	3,045
Payroll payables	1,179	816
BSO payables	2,069	849
Other payables	1,269	2,156
Accruals	0	0
Deferred Income	594	252
Trade and other payables	**10,882**	**7,497**
Total payables falling due within one year	**10,882**	**7,497**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**10,882**	**7,497**

NOTE 14 - PROVISIONS FOR LIABILITIES AND CHARGES 2020

	Other £000	2020 £000
Balance at 1 April 2019	0	0
Provided in year	10	10
(Provisions not required written back)	0	0
(Provisions utilised in the year)	(10)	(10)
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2020	**0**	**0**

Comprehensive Net Expenditure Account charges	**2020 £000**	**2019 £000**
Arising during the year	10	0
Reversed unused	0	(179)
Cost of borrowing (unwinding of discount)	0	(10)
Total charge within Operating expenses	**10**	**(189)**

Analysis of expected timing of discounted flows

	Other £000	2020 £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 2020	**0**	**0**

NOTE 14 - PROVISIONS FOR LIABILITIES AND CHARGES 2019

	Other £000	2019 £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**

Analysis of expected timing of discounted flows

	Other £000	2019 £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**

NOTE 15 - CAPITAL COMMITMENTS

The PHA did not have any capital commitments as at 31 March 2020 or 31 March 2019.

NOTE 16 - COMMITMENTS UNDER LEASES

16.1 Finance Leases

The PHA had no finance leases in 2019/20 or 2018/19.

16.2 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	2020 £000	2019 £000
Land		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	0	**0**
Buildings		
Not later than 1 year	106	105
Later than 1 year and not later than 5 years	67	172
Later than 5 years	0	0
	173	**277**
Other		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	0	**0**

16.3 Commitments under Lessor Agreements

The PHA had no lessor obligations in either 2019/20 or 2018/19.

NOTE 17 - COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT

The PHA had no commitments under PFI or service concession arrangements in either 2019/20 or 2018/19.

NOTE 18 - OTHER FINANCIAL COMMITMENTS

The PHA did not have any other financial commitments at either 31 March 2020 or 31 March 2019.

NOTE 19 - 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 2020 or 31 March 2019.

NOTE 20 - CONTINGENT LIABILITIES

Employers' liability

	2020 £000	2019 £000
Employers' liability	2	0
Amount recoverable through non cash RRL	(2)	0
Total	0	0

In addition to the above contingent liability, provision for employers' liabilites is given in Note 14. Other litigation claims could arise in the future due to incidents which have already occurred. The expenditure which may arise from such claims cannot be determined as yet.

NOTE 21 - RELATED PARTY TRANSACTIONS

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

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

NOTE 22 - THIRD PARTY ASSETS

The PHA had no third party assets in 2019/20 or 2018/19.

NOTE 23 - FINANCIAL PERFORMANCE TARGETS

23.1 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:

	2020 Total £000	2019 Total £000
DOH (excludes non cash)	109,793	101,216
Other Government Departments	486	486
Non cash RRL (from DOH)	219	42
Total agreed RRL	110,498	101,744
Adjustment for Research and Development under ESA10	12,857	11,688
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**123,355**	**113,432**

23.2 Capital Resource Limit

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

	2020 Total £000	2019 Total £000
Gross capital expenditure	92	125
Net capital expenditure	92	125
Capital Resource Limit	12,942	11,814
Adjustment for Research and Development under ESA10	(12,852)	(11,688)
Overspend/(Underspend) against CRL	**2**	**(1)**

23.3 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.

	2020 £000	2019 £000
Net Expenditure	(123,236)	(113,251)
RRL	123,355	113,432
Surplus / (Deficit) against RRL	119	181
Break Even cumulative position(opening)	1,596	1,415
Break Even cumulative position (closing)	**1,715**	**1,596**

Materiality Test:	2019/20 %	2018/19 %
Break Even in year position as % of RRL	0.10%	0.16%
Break Even cumulative position as % of RRL	1.39%	1.41%

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 24 - EVENTS AFTER THE REPORTING PERIOD

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

DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 10th July 2020.