PUBLIC HEALTH AGENCY

ANNUAL REPORT & ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2015

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Board

The board of the Public Health Agency (PHA) meets frequently throughout the year and members of the public may attend these meetings. The dates, times and locations of these meetings are advertised in advance in the press and on our main corporate website at www.publichealth.hscni.net

Using this report

This report reflects progress by the PHA in 2014/15 in delivering its corporate priorities and highlights examples of work undertaken to meet the targets as detailed in the PHA's annual business plan. It shows how this work has contributed to meeting our wider objectives and fulfilling our statutory functions.

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

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

Other formats

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

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CHAIR'S STATEMENT

I would firstly like to thank and acknowledge the work and dedication of my predecessors, Mary McMahon, who was Chair of the Agency since its inception in 2009, and Julie Erskine, who was Acting Chair from December 2014 until the end of May 2015.

Mary not only undertook extensive work covering all aspects of the PHA's remit, building important relationships and meeting many of the groups and organisations the PHA supports, but also made a considerable contribution to shaping the PHA's vision and goals.

Mary brought leadership to all aspects of the PHA board's work and her unstinting commitment ensured the PHA's goal to improve the health and wellbeing of our local population was always her top priority. We wish her well in her new endeavours.

A member of the PHA board since April 2009 and Chair of the Governance and Audit Committee to June 2014, Julie ensured the seamless continuity of service of the board after Mary's departure.

As interim Chair, Julie brought a focus to ensuring that work on developing our future corporate priorities included extensive engagement with a wide range of people and partners. This will prove a sound foundation for completing this work in the year ahead.

During the last year a significant milestone was reached within public health in Northern Ireland with the launch of the new ten-year strategy *Making Life Better*. This important strategy will further help to focus our efforts to bring real and tangible improvements to health and wellbeing in Northern Ireland.

The year under review has seen progress, as well as some challenges, across our work to protect health; improve health and wellbeing; improve quality and safety of health and social care services; as well as to increase early detection of illness.

Central to all of this is the principle of partnership working with individuals, communities and an array of key public, private and voluntary organisations and interests. We thank them all, irrespective of size and remit. As an Agency we are committed to continuing to work collaboratively to achieve all our common goals.

This is particularly relevant as we enter a new era for public services, not least with the 11 new councils coming into being on 01 April 2015 and taking on new powers such as community planning. We look forward to forging closer relations with the new councils over the coming years and to addressing the challenges that we share.

Ensuring that our population has the right information and wherewithal to maximise its health, wellbeing and full potential remains a critical facet of our work. To underpin this, we continued to use available evidence and evaluation to identify new and effective interventions to address the causes of poor health and wellbeing – particularly in the areas of obesity, smoking, alcohol misuse and mental health.

Our immunisation and screening programmes continued to develop in the course of the year and the PHA also successfully activated emergency preparedness procedures in response to suspected cases of Ebola. Much effort has been expended within the PHA and with our wider stakeholders to plan and prepare for such outbreaks and threats.

Important work to bring about positive change and improved quality in the delivery of services within health and social care was also undertaken through a range of initiatives including '10,000 Voices' which actively encouraged service users and patients' to recount their experiences. These narratives will translate into tangible improvements in how we provide services in the near future.

The remainder of this Annual Report highlights in more detail the breadth of work undertaken by the PHA over the last year.

As we look forward to the year ahead we are mindful of the challenges the Northern Ireland Executive must address in terms of public finances as well as the need in these difficult circumstances to maintain focus on improving our population's health.

Early in the coming year, we will sadly lose the expertise and insight of two Non-Executive Board members who have served with PHA since its inception, Dr Jeremy Harbison and Miriam Karp. On behalf of the PHA board and all staff I would like to thank them both for their invaluable contribution and commitment over the past six years.

And to our current board and our dedicated and professional staff, without whom our work would not take place, I would like to assure them of my commitment, support and encouragement in continuing to tackle the root causes of poor health and wellbeing and to giving every member of our society the best opportunity to live a healthy life.

Andrew Dougal
Chair

10/06/15

Date

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CHIEF EXECUTIVE'S STATEMENT

The last year has been an extremely busy and eventful period for public health in Northern Ireland.

Under the Programme for Government we welcomed additional financial resources – acknowledging the importance of our work in improving health and wellbeing and in supporting the Executive's priority of tackling deprivation and poverty.

Important support and focus in helping all sections understand their important contribution to public health came during the year in the form of the launch of the much-anticipated 10-year public health strategic framework – *Making Life Better*.

As designated lead agency for the implementation of this new whole-system framework for public health we convened a new Regional Project Board, welcoming representation from all relevant statutory agencies, local government, and the community, voluntary and private sectors.

The health and social care sector alone cannot tackle the root causes of poor health and wellbeing and inequalities in health. This important collaboration and partnership approach recognises that many factors can affect an individual's health and our collective aim and renewed focus is to ensure the creation of the right conditions for individuals and communities to take control of their own lives and ultimately achieve better health and wellbeing and reduce health inequalities.

We also welcome increased collaboration opportunities from April 2015 when the 11 new Councils came into being and assumed the lead for the community planning process. We look forward to working in partnership with them all to help influence how and where services are provided and to working together towards our common goals.

During the year we welcomed the introduction of key services such as the new digital screening units for the diabetic retinopathy screening programme and the launch of a new service to identify people at risk from Familial Hypercholesterolaemia (FH), a symptomless genetic disorder that increases a person's chance of early heart disease and premature death, developed and funded through a partnership between Health and Social Care and Northern Ireland Chest Heart and Stroke.

We also launched seven new mobile breast screening units, which mark the start of a new era for breast screening in Northern Ireland and increase the potential of bringing the service closer to more communities and making it more accessible to women.

Important inter-Departmental work continued on many fronts, notably the 'Maximising Access in Rural Areas'(MARA) project, funded by the Department of Agriculture and Rural Development and led by the PHA, which made significant impact during the year, exceeding its original targets.

During the year we supported a huge array of community and voluntary sector initiatives and programmes ranging from 'Community Relations Week' and the 'Networks Involving Communities' annual event to the North Down 'Investment in Health Award' and Ballymena's new 'One Stop Shop' for young people aged 11–25 years. This grass-roots level work is so important and we are extremely proud of all the individuals and groups involved as well as our own staff who are making such a difference.

In March, the PHA launched a set of Personal and Public Involvement (PPI) Standards and key performance indicators which put in place a set of standards for engagement between people

working within Health and Social Care (HSC) and service users, carers and members of the public. We will continue to embed PPI during 2015/16 by promoting the standards to create a truly person-centred approach.

During 2014/15, the PHA published the first Annual Quality Report with the HSCB to highlight the work completed in improving the quality of health and social care services in Northern Ireland. The report was published upon the recommendation of Quality 2020, a strategic framework and plan of action that aims to protect and improve quality in Health and Social Care and whose strategy defines the three core elements of quality as safety, effectiveness, and patient and client focus. We are committed to continuing to implement Quality 2020 which will result in further improvements in the care patients receive and the environment staff work in.

eHealth plays a significant role in supporting changes to services detailed in all the major, current strategies and initiatives including *Quality 2020*, *Making Life Better* and *Transforming Your Care*. The PHA's Centre for Connected Health and Social Care plays a leading role in eHealth development, working closely with the HSCB, DHSSPS and others and contributing to the development of the *eHealth and care strategy for Northern Ireland* which has just completed its public consultation.

We look forward to the roll out of the strategy and seeing how technology will further change how the HSC works, facilitating better communication and information flows and delivering services to improve care and wellbeing.

Our important health protection work continued and the year wasn't without its need for implementation of emergency planning with the successful management of two suspected cases of Ebola and all the leadership that goes with such a scenario. I commend all those involved in every aspect of this work, all of which was successfully actioned at very short notice.

The PHA's HSC Research and Development (R&D) Division continued to support research during the year that provides high quality evidence to improve care for patients, clients and the general population. It also continued to create opportunities for researchers to compete for research funding on a wider UK or international basis.

Our mass-media public information campaign activity continued to target the population during the year through use of TV, radio and outdoor advertising and, increasingly, through social media and targeted online advertising. During the year we undertook high profile multi-channel campaigns on obesity, bowel cancer screening, smoking, mental health, organ donation, flu and the more recent cancer awareness campaign.

Special mention should go to the HSCB/PHA Medicines Management Dietitian (MMD) Initiative for winning the Leckey award at the inaugural Advancing Healthcare Awards NI and to the Lesbian, Gay, Bisexual and Transgender (LGB&T) Health and Social Care Staff Forum which won the Social Partnership Forum award for partnership working with trades unions at the UK-wide Healthcare People Management Association awards. Health protection colleagues were also commended for their work in the Hep B and C Network at the Quality in Care awards.

As Chair of the Northern Ireland Committee for Organ Donation and Transplantation I must commend the excellent work that has been done over the year within the health services and by all of the other organisations involved in promoting organ donation and transplantation. As a result,

we have seen an increase in support for organ donation, an increase in awareness of the organ donor register and the number of people expressing a wish to become an organ donor.

As we begin a new financial year we are turning our thoughts to our new corporate strategy for 2016–2020 and beginning the process of developing our priorities for the next five years and considering what we can do to bring about improvement in the health and wellbeing of the population. We are undertaking internal and external engagement with our key stakeholders and welcome any comments that will help shape the agenda for the PHA in the coming years.

We are also entering a very challenging period but we look forward to the year ahead and, with such a dedicated and professional staff and board, we are prepared to meet the challenges head on and with confidence. I would like to thank and acknowledge each and every one of our staff and board for their professionalism, dedication and commitment.

Dr Eddie Rooney
Chief Executive

Date

DIRECTOR'S REPORT: PUBLIC HEALTH

During 2014/15, the Public Health Directorate continued to address the main public health challenges in Northern Ireland. The work of the Public Health Directorate covers four key areas:

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

The Northern Ireland Executive's new overarching strategic framework for public health, *Making Life Better* was launched in June 2014. In line with this strategy, the Public Health Directorate continued to work to protect and improve the health and social wellbeing of the people of Northern Ireland through numerous health programmes and initiatives.

Some of the key areas of work undertaken during 2014/15 included the development of the HSC web portal in partnership with the HSCB and the Patient Client Council.

This project will create a technical platform through nidirect to provide comprehensive information about health and social care services and disease management to professionals and the public in Northern Ireland.

This information will help people to manage their own health and wellbeing more effectively and will also signpost them to appropriate services.

In *Transforming Your Care*, information and communications technology platforms are highlighted as key enablers for efficient and effective health and social care services. The PHA, in collaboration with the Health and Social Care Board and the five HSC Trusts, established a project board in February 2014 to take forward the Northern Ireland Electronic Prescribing and Medicines Administration (NIEPMA) project.

The goal of the project is to introduce an e-prescribing system into secondary care and the associated changes in clinical practice. During 2014/15 the project board established the structures and requirements of the project and is currently going through the approvals stage for the outline business case.

The project is expected to be in a position to commence the procurement of a solution for Northern Ireland by June 2015, with the aim of having a contracted supplier in place to implement a 'phase 1' pilot during 2016.

Another strategic development for HSC is the Northern Ireland Electronic Care Record which is enabling the delivery of faster, safer and better care across Trusts and primary care. Since going live in July 2013, NIECR has been accessed 3.15 million times in the provision of health care to over 500,000 unique patients. NIECR continues to go from strength to strength and in 2014/15 won two prestigious national awards, the e-Health Insider award for 'Best use of IT to support integrated healthcare services' and the Health Service Journal award for 'Enhancing Care by Sharing Data and Information'. The project team has continued to enrich the system through integration of more health and social care systems.

Appraisal for medical practitioners is a requirement for each doctor and annual enhanced appraisal is required for the General Medical Council's revalidation of doctors.

The third Public Health Annual Scientific Conference was held in June 2014 and the theme was on 'Diversity'. The conference provided an opportunity to highlight a wide range of programmes and initiatives targeting Lesbian, Gay, Bisexual and Transgender (LGB&T), Black Minority Ethnic (BME) and Travellers as well as key data relating to the health inequalities experienced by these groups.

We continue to work in partnership with a wide range of stakeholders to help address key issues relating to the *LGB&T Regional thematic action plan* including support for the PRIDE festival, LGB&T Arts Festival, Outburst, the HSC LGB&T Staff Forum and the on-going promotion of the 'Creating Inclusive Work Places' initiative.

In April 2014, the eligible age range for the Bowel Cancer Screening Programme was increased to 74 years. Uptake of the programme continues to increase with 54% of those invited between April and October 2014 taking up the invitation within 12 weeks. As individuals are given up to 6 months to complete their screening test kit, uptake rates for those invited up to end March 2015 will not be available until October 2015. This compares to 52.7% in 2013/14 and 48.9% in 2012/13.

Public Health programmes encourage the Northern Ireland population to make healthy lifestyle choices, thereby reducing the risk of overweight and obesity-related diseases and creating an environment that promotes a physically-active lifestyle. During the past year we furthered this goal through various initiatives including the Active Schools Travel Programme in partnership with SUSTRANS and the Department for Regional Development (DRD).

The programme is in place across Northern Ireland with 126 schools involved in encouraging pupils to walk, cycle or scoot to school. This three-year programme, funded by the DRD and the PHA, has the two-fold aim of tackling both childhood obesity and reducing congestion on roads.

Northern Ireland has continued to achieve very good uptake rates for established immunisation programmes, achieving results well above the UK average. All childhood vaccine uptakes remain at high levels. At two years of age, the uptake of the primary vaccines remains steady at around 98.7% (UK: 96.6%). MMR uptake has now been above 96% at 2 years old for 6 successive quarters. In Northern Ireland the latest figure is 96.4% (UK: 93.0%)at March 2015.

A new flu vaccine programme for all 2–16 year old children is being introduced in a phased way with Northern Ireland again achieving well above the UK average. Uptake for pre-school children was 53.8% (England 40%) and for primary school children was 79.6% up to 31 March 2015.

The PHA has consistently invested in HSC Research and Development to ensure long-term improvements in the health and wellbeing of the Northern Ireland population. During the past year, we have progressed research in dementia care with four projects awarded funding in the second call for proposals to the dementia care research programme.

The programme is a joint initiative being funded by the PHA's HSC R&D Division and Atlantic Philanthropies. The projects will run until 2017 and will be looking at Reminiscence Therapy; Medicines Management; the Evaluation of a Healthcare Passport; and, Technology Enriched Supported Housing. In total, seven projects have now been funded under the programme.

Smoking continues to present significant challenges to public health especially among our young people. 'Dead Cool' is a smoking prevention intervention and research was commissioned in partnership with Cancer Focus NI and the HSC R&D Division. The aim is to evaluate this school-based intervention for effectiveness within this age group.

The Public Health Directorate's Health and Social Wellbeing Improvement Division also carried out various initiatives during 2014/15 to support people to stop smoking. In collaboration with Belfast Tobacco Action Group and HSC Trusts, a stakeholders' event was held to establish a Looked After Children Implementation Group to support stop smoking among this population, a very high percentage of who smoke.

The following sections illustrate further examples of Public Health Directorate activity and how we achieved our goals during 2014/15.

Health Protection

Ebola Preparedness

Ebola virus disease (EVD) is a very serious illness, with a high mortality rate, that originated in Africa. The current outbreak in West Africa (Guinea, Sierra Leone, and Liberia) is one of the most challenging global public health threats in recent times.

The incubation period (the time between catching an infection and developing symptoms) is 2 to 21 days and the likelihood of contracting EVD is extremely low, unless the person has come into contact with body fluids (e.g. blood, vomit, diarrhoea, semen) of a symptomatic person. The greatest impact of Ebola is, of course, on the people of countries affected and those providing care for them. Action has been taken to halt the course of the outbreak in the affected countries and the international effort, including some input from Northern Ireland as part of the UK response, is beginning to produce positive results.

While the direct risk to Northern Ireland remains low, our health services must be prepared for the possibility of a person who has arrived from an affected country becoming ill when in Northern Ireland. During 2014 the challenge for Health Protection was to lead and ensure preparedness across all health services.

The PHA has been working with the HSC Trusts, Public Health England and others to strengthen and test our preparedness to respond to a case of EVD by sharing plans for response and undertaking surveillance of healthcare and other workers returning from the affected areas.

In October 2014 we led a comprehensive exercise to prepare for the possible importation of suspected cases of EVD to Northern Ireland. Exercise Gueckedou (named after the area in Guinea where the first case in the current outbreak was diagnosed) was a half-day multi-agency table top exercise aimed at testing local and regional preparedness for a suspected Ebola case in Northern Ireland.

This exercise was jointly organised by the Department of Health, Social Services and Public Safety (DHSSPS) and the Health Protection Service, PHA, to provide organisations with an opportunity to discuss their local plans and the regional coordination arrangements.

Although the overall risk to the population of Northern Ireland remains low, planning, training and exercising will ensure that a case of EVD presenting in Northern Ireland will be rapidly identified, isolated and treated.

Health and Social Wellbeing Improvement

Working together to reduce health inequalities

It is widely recognised that disadvantaged communities experience the greatest health inequalities. Lesbian, Gay, Bisexual and Transgender (LGB&T) communities are also at increased risk of health inequalities due to the stigma, bullying, harassment, and discrimination often experienced, as well as the common difficulty of being open with friends and family. LGB&T people are also at increased risk of mental health concerns (including suicide), substance misuse, as well as sexually transmitted infection.

The Rainbow Project (2011) demonstrated that nearly one in four people working in the public sector conceal their sexual orientation and 40% of respondents have heard negative comments about LGB&T people from a colleague or colleagues in the workplace.

In response to the report, the PHA has worked in partnership with the Trade Unions to establish an LGB&T forum for staff working across all health and social care (HSC) settings. The forum seeks to provide a safe and welcoming space for lesbian, gay, bisexual and transgender people working within HSC, create an inclusive environment, and improve wellbeing.

The work of the forum has been recognised recently by winning a prestigious Healthcare People Management Association (HPMA) award for partnership working with Trade Unions and has also been nominated for the 'Excellence in Diversity' Awards.

Dedicated posters, information flyers and lanyards have been produced resulting in increased visibility of the work of the forum in HSC sites. A comprehensive e-learning tool, Creating Inclusive Workplaces, has been promoted among staff (www.lgbtelearning.hscni.net) and a dedicated website (www.lgbtstaff.hscni.net) offers advice, information and support for LGB&T staff. These developments are important in their own right but also as exemplars for other employers.

The PHA has also been instrumental in the development of professional guidelines which influence service provision in HSC settings. This work has included a partnership with the Regulation and Quality Improvement Authority (RQIA) for the *See me, hear me, know me* guidelines which aim to support the needs of older lesbian, gay, bisexual and transgender people in nursing, residential and day care settings. Work has also commenced in collaboration with the Royal College of General Practitioners (RCGP) to develop guidelines to support LGB&T in General Practice.

The PHA is seeking to become the first HSC organisation to achieve the 'Diversity Champion' status and Charter Mark. Working in partnership with BSO and The Rainbow Project, the Agency will review the organisation's policies to benchmark against best practice. A training workshop for key staff took place in August 2014 and an online survey for staff is in developmental stages.

The PHA commissions a range of programmes to meet the specific needs of the LGB&T community and also continues to be an active member of the Trans+ Forum which specifically supports the Transgender community in Northern Ireland.

Service Development and Screening

Introduction of Digital Mammography to Breast Screening

Breast screening in Northern Ireland is routinely offered to women between the ages of 50 and 70 years. This population is projected to rise by 16% by 2021. Over the next three years 230,000 women are due to be invited for screening across Northern Ireland. The service also has a high uptake with 77% of invited women attending in 2013/14.

Women over 70 are encouraged to self-refer for screening, which will lead to a further increase in demand on the service.

During 2014 the PHA, in association with the Trusts, replaced all of the analogue mammography units in the Breast Screening Programme (BSP) with new digital equipment. Digital mammograms are easier to read and can be stored electronically (unlike the older x-ray films which require physical storage space), so these images will be stored on the Northern Ireland Picture Archive and Communications System (PACS) and be easily available.

An objective of the programme is to ensure that the needs of all participating women are met, as far as possible, in terms of location and the screening environment. This was achieved by commissioning seven new mobile screening units to replace the five existing units, and by providing mobile units at new screening locations in some rural areas. In addition, the new mobiles have disability access and are all fitted with a hearing loop system.

The fixed sites at Altnagelvin Area Hospital and at Linenhall Street in Belfast were also refurbished and new digital mammography equipment installed.

HSC Research and Development

HSC R&D Division continues to support the HSC research community in the acquisition of funds from the National Institute for Health Research (NIHR) Evaluation, Trials and Studies (NETS) research programmes. Northern Ireland-based researchers are increasingly benefitting from DHSSPS investment in the NETS programmes by successfully leading studies across all programmes.

During 2014/15, funding commitments were secured for a further three Northern Ireland-led studies worth approximately £3.34 million; income which is supplemented through involvement in other studies as co-investigators. Research led by Northern Ireland researchers and worth a total of £2.17 million has been funded through the Public Health Research Programme.

The Division has led on initiatives aimed at familiarising our researchers with relevant processes and guidance, and at improving the preliminary work and supportive science underpinning applications.

During 2014/15, the Department of Health (DH) piloted a tool to assist researchers in their application of the AcoRD (Attributing the costs of health and social care Research and Development) guidance. To support this, HSC R&D Division delivered an AcoRD workshop in October 2014, which was attended by over 50 representatives from Northern Ireland research infrastructure and finance organisations from both HSC Trusts and academia. Further training and information initiatives will follow the release of the DH pilot report.

HSC R&D Division has also been working with NETS Coordinating Centre (NETSCC) colleagues to develop and deliver application workshops. These aim to encourage greater engagement with, and understanding of, the NETS research programmes, and to work towards the development of consistently high quality applications led from Northern Ireland.

In February 2015, HSC R&D Division and NETSCC jointly delivered two 'How to secure NIHR funding' workshops which were attended by over 100 health and social care researchers, 21 of whom presented their research ideas for feedback and appraisal.

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DIRECTOR'S REPORT: NURSING AND ALLIED HEALTH PROFESSIONS

The PHA Nursing and Allied Health Professions Directorate is responsible for professional, service and public health issues relating to all areas of nursing, midwifery, health visiting and Allied Health Professions and is also responsible for the Health and Social Care Safety Forum. The Directorate also provides regional leadership for personal and public involvement and issues related to quality, safety and patient/client experience.

The Directorate has played a key role in the development and implementation of a number of strategies and initiatives over the last year with key achievements and developments evident across professional and clinical, quality and safety and local commissioning areas.

The Directorate has continued to implement a number of key projects such as the Family Nurse Partnership; Delivering Social Change Dementia Project; 10,000 Voices; implementing recovery through organisation change (ImROC); and the Neurological Conditions Awareness Programme.

Following the recent successful implementation of the Family Nurse Partnership programme in the Western, Southern and Belfast HSC Trusts, it is now being extended to the Northern and South Eastern HSC Trusts from March 2015.

The Northern Ireland Dementia Strategy continues to be implemented across the region jointly with HSCB and sets out a holistic model for supporting people with dementia. During 2014/15 funding became available through the Delivering Social Change Dementia Project to progress work across three specific work streams.

Evidence has shown that the 'experience' that patients, carers and their families have when they use the health services is as important to them as clinical effectiveness and safety. Therefore, through the 10,000 Voices initiative and monitoring the implementation of the DHSSP's patient and client experience standards the PHA is focused on:

- listening to patients;
- learning from patients; and
- involving patients in improving services.

Work is also on-going to reduce the incidence of falls and pressure ulcers to improve patient care.

On 4 March 2015 the PHA launched the first Neurological Conditions Awareness Programme. This programme was developed in partnership with our Neurological Conditions Service User and Carer Reference Group.

The Public Health Nursing Children and Young People's Team (NCYPT) has embraced the opportunity to lead 'Work Stream One' of the Early Intervention Transformation Programme (EITP). The EITP initiative complements the important work carried out by the team in relation to the *Maternity strategy* and the *Healthy child healthy futures* strategy. A revised maternity pathway and a software package specifically designed to address the workforce issues faced by the health visiting service are being led by the team.

The ImROC mental health initiative has completed its third year and is changing the nature of day-to-day interactions and the quality of experience of people using mental health services and

those close to them through the development of recovery colleges in the community and the establishment of peer support workers in mental health teams.

Nursing and Connected Health staff contributed to the development of a five-year HSC eHealth and Care Strategy. The strategy was developed in consultation with relevant stakeholders including patients; clients and their carers; members of the public; health and social care staff; as well as industry and academia.

Work continues on the Regional Medicines Management Dietitian initiative. As part of the Pharmaceutical Clinical Effectiveness Programme a team consisting of five Dietitians and three prescribing support technicians have worked with 90 GP practices and the utilisation of dietitian skills including dietetic assessment has improved safety and quality for patients and demonstrated an efficiency of over £1m.

In line with the commissioning plan for 2014/15, Acute Oncology Services are being developed within all Trusts in Northern Ireland. Agreement in 2014/15 was secured that seven clinical nurse specialists be recruited across five Trusts. The HSCB/PHA are working in partnership with Macmillan Cancer Support to introduce this regional Acute Oncology Nursing Service.

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

In 2014/15 the PHA undertook a number of actions helping to deliver on its strategic leadership role and statutory Personal and Public Involvement (PPI) objectives including:

- Development of a set of Standards and key performance indicators for PPI which were launched by the Minister in March 2015;
- Design, development and initiation of formal PPI monitoring arrangements with HSC Trusts;
- Design, development and piloting of a generic HSC-wide PPI training programme; and
- Provision of professional PPI advice, guidance and support to a wide range of initiatives both internally in the PHA and also across the HSC.

The following sections illustrate how the Directorate of Nursing and Allied Health Professionals has progressed a selection of key projects.

eHealth

eHealth technology is a key enabler to supporting the vital changes in how health and social care is delivered to meet the challenges of the future.

It can help provide services remotely and also improve communications between care professionals and with patients, clients and their carers. eHealth technologies, including eAssistive Technologies (eAT), are increasingly available to support or improve daily living for those with physical sensory or cognitive impairment.

As part of the *eHealth and care strategy* consultation process a round table discussion with a group of young people with physical and learning disabilities was undertaken at Barnardos, Armagh. The group were aged between 12 and 18 years.

The young people saw a positive impact on the use of eHealth, they were used to using technology in their daily lives and wondered why health and social care was so "behind the times" suggesting that talking to their GP or social worker online and using FaceTime was the "way to go".

The concept of patient portals where they could find reliable health care information and electronic care records to enable the flow of information around the health and social care system were also seen as positive developments as they hate to have to tell their story over and over again as they move through the health and social care system.

When we talked about future technologies, the group came up with some great hi-tech suggestions – voice-activated gadgets to record their needs and send them to professionals; apps with GPS to help them live independently; and, implantable chips that could have all their information on them which could be scanned like a supermarket barcode.

Northern Ireland Dementia Strategy

The Northern Ireland Dementia Strategy continues to be implemented across the region jointly with HSCB and sets out a holistic model for supporting people with dementia. In this model the individual with dementia is a valued member of society.

During 2014 the Delivering Social Change/Atlantic Philanthropies Joint Programme on dementia proposed actions that can make a significant contribution to fulfilling the aims of the *Dementia strategy*. Three work streams are being taken forward:

1. Awareness Raising, Information and Support – which aims to increase awareness of dementia amongst three groups of people: the general public; those working in services which interact with the public; and those working in health and social care. The PHA is tasked with drawing up a plan to:

    - address the stigma of dementia;
    - raise public awareness about what can be done to reduce the risk of or delay of dementia; and
    - raise public awareness of the signs and symptoms of dementia and about the benefits of seeking help early.

2. Training and Development – which aims to coordinate a training and development plan across primary, community and secondary care, in statutory and non-statutory sectors, to improve knowledge and skills in providing care to people with dementia. This plan will include the needs of those providing informal care to people with dementia. The HSC Safety Forum has also identified the need to support health and social care staff working on the management of delirium and dementia through the use of evidence-based improvement methodology.

3. Provision of respite and short breaks – which aims to expand the range, frequency, quality and flexibility of respite/short breaks and to reduce reliance on the traditional institutional care model.

Links have been established with key stakeholders including people living with dementia to ensure a collaborative approach to the development of services.

Family Nurse Partnership

Family Nurse Partnership (FNP) is an internationally-recognised evidence-based primary-prevention and early-help programme for first-time young mothers and their babies.

FNP focuses on preventing risky behaviours, delivered through a trusting, respectful, therapeutic relationship, using licensed methods, tools and materials. There are clear cost benefits.

FNP offers structured, regular home visiting by a highly trained Family Nurse from early in pregnancy until the child's second birthday. There are now three FNP teams and 268 mothers on the programme, with 78 mothers completing the programme by March 2015. From April 2015 two new teams will start visiting in South Eastern and Northern Trusts.

Claire is a young mother who has completed the FNP programme and we are extremely grateful to be able to share her story.

Claire, an 18 year old who had been a looked-after child, was recruited to FNP while living in temporary accommodation, isolated from family and her baby's abusive father. She was not in education or training and had extremely low confidence and little trust in professionals.

Claire's family nurse provided a consistent safe space for Claire to build trust and explore her difficulties. Claire's Family Nurse used motivational interviewing to support behaviour change and Partners in Parents Education (PIPE) to promote basic parenting skills. Claire learnt about trust, love, baby cues, play and attachment in an interactive way and applied these in her everyday care of her baby.

Claire found appropriate housing and created a warm, loving home and met a small number of supportive friends. Claire also found a part-time job and started college.

During the two and half years Claire has been visited by her family nurse, her confidence and self-efficacy have grown, both in her ability as a mother and as a person. She graduated from the FNP programme with a career goal to becoming a nurse, and as a mature, confident young woman.

<u>Allied Health Professions and Personal and Public Involvement</u>

The joint HSCB/PHA Regional Medicines Management Dietitian Initiative

The Regional Medicines Management Dietitian Initiative is part of the Regional Pharmaceutical Clinical Effectiveness (PCE) Programme to improve quality, safety and efficacy of medicines use in Northern Ireland.

As part of the PCE programme a team consisting of five dietitians and three prescribing support technicians was established in September 2013 to work within GP practices across Northern Ireland to review patients on Oral Nutritional Supplements (ONS) and to ensure appropriate use of supplements.

At 1 January 2015, 90 GP practices out of a total of 350 have availed of the initiative. The utilisation of dietitian skills including dietetic assessment has improved safety and quality for patients and demonstrated an annual efficiency of £1,179,805.

The initiative has also received positive feedback from GPs and service users. It has demonstrated innovative working with practices through the creation of an electronic database for patient assessment, clinical record keeping and outcome measure generation.

The initiative was recently recognised at the Northern Ireland Advancing Healthcare Awards where it won the award for 'Maximising resources using evidence-based practice – maximising resources for success'.

Following dietetic assessment, prescriptions for ONS were discontinued in 57.2% of cases with cost-effective amendments made to a further 21.2% of cases.

In addition to this, over 70 nursing homes with patients registered in these GP practices have also availed of training for nursing staff and catering staff.

Two workshops were facilitated by Northern Ireland Centre for Pharmacy Learning and Development in June 2014 with 100% of evaluation questionnaires completed described the quality of the course/content as good/very good.

Practice-Based Learning (PBL) training has been delivered to GPs and staff in Southern and South Eastern Local Commissioning Group areas with dates pending for Northern area.

DIRECTOR'S REPORT: OPERATIONS

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

Communications

Critical to the PHA's work is ensuring that it effectively communicates at all times, from proactively providing advice on the many issues affecting well-being and health, developing sustained public information campaigns designed to address major issues such as bowel cancer, obesity and suicide to ensuring critical advice is disseminated to the public and care professionals at times of infectious disease outbreak.

To do this, the PHA's communications function covers a wide range of activities and professional services including developing and designing support materials, websites, public information campaigns, public relations and social media.

The past year has been extremely busy on all communications' fronts and has been underpinned with a particular focus on exploiting the potential from key and emerging communications channels to allow wider and more effective delivery of our messages.

Social media

During 2014/15, particular emphasis was placed on the use and development of social media channels to enhance the agency's online engagement activity and reach.

For example, 'rich media' such as infographics, video and photographs were used to complement posts on social media channels to a greater degree to enhance the likelihood of drawing attention to agency messaging.

A noteworthy first during the year was the use by PHA of Twitter to hold an interactive question and answer session, in this case on Ebola, where members of the public could ask about the illness and receive a response directly from Dr Lorraine Doherty, Assistant Director for Health Protection.

As a result of wider efforts to develop the use of social media, the two main channels used by the agency – Twitter and Facebook – both enjoyed a significant increase in follower numbers and saw significant levels of 'shares', including from high profile individuals and organisations.

The number of Twitter followers rose from 1,963 on 1 April 2014 to 3,446 on 31 March 2015.

Facebook followers increased from 838 on 1 April 2014 to 4,735 on 31 March 2015.

Public relations

The PHA undertook a sustained and effective programme of public relations activity around key programmes and issues during the course of the year, which resulted in high levels of coverage and dissemination.

For example, one of the key areas of work during the year was communications preparedness for Ebola. PHA communications staff created a regional protocol for the handling of potential and confirmed Ebola cases, and has liaised with Whitehall on both 'scares' and confirmed cases. In addition, at the outset, briefings with key journalists took place to explain the context, risk and preparedness for Ebola in Northern Ireland, which helped contribute to responsible reporting when potential cases arose.

A key activity was the continuation of public relations work in support of PHA campaigns, including organ donation, obesity and mental health and, in addition, considerable success was achieved in highlighting the launch of the 'Be Cancer Aware' campaign, with a broad range of coverage across key media outlets.

The PHA also worked closely with the DHSSPS, HSC partner organisations, other departments and statutory bodies, and third sector organisations, to extend the reach of public health messaging, both through complementing others' public relations activity, such as with support quotes, and collaborative work.

New campaign development

During the year, multi-media campaigns ran on two new high-profile campaigns – cancer and mental health, supplementing other extensive campaign activity on obesity; bowel cancer screening; organ donation; and smoking cessation. Developmental work on a sexual health campaign for 2015 was also initiated.

Website development and design

With the rapid increase in the local population accessing online information through their smartphones, tablets and computers, the PHA has continued to ensure that a strategic approach is taken to ensuring all important health-related information is accessible by new digital devices and with suitable high quality formats.

Making sure our sites are developed with mobile devices in mind has been our first criteria for developing any new site over the last 12 months. We have also been retrospectively modifying a selection of older sites so as they too meet this criteria.

Specific work during the year has included website development, design, branding, management and support of a wide range of stand-alone websites including the new *Be Cancer Aware* website and of the soon-to-be-launched sexual health website.

On-going technical support, content development, website management and testing of all PHA websites – currently numbering 18 – continued and included important work on *Choose to Live Better*; *Minding Your Head;* the Hepatitis B&C website and a new R&D website.

Support materials

Development of a range of printed and online resources continued throughout 2014/15 in support of the promotion and advancement of public health objectives. These included a wide variety of materials such as booklets, newsletters, leaflets, training resources, factsheets and reports.

Examples of specific projects include materials for trainers to roll out the established *Cook It!* nutrition programme for people with learning disabilities, a personal health journal for children in care, and materials in support of a new Health+ pharmacy scheme.

With an increasingly diverse and cosmopolitan local population, we have ensured our materials are compliant with relevant equality requirements and easily accessed and read by our target audiences. Development and management of content for our range of health topic websites has progressed, with a new site in support of the cancer awareness public information campaign launched in February. These sites are an increasingly important source of information and signposting for our programmes of work.

Internal communication

Acknowledging the importance of good communication, particularly since PHA staff are based over several offices throughout Northern Ireland, we conducted an audit of our internal communications to help us understand what we are doing well and where we need to improve.

Two thirds of PHA staff completed the online audit which generated almost 700 comments. All results were analysed and have resulted in a range of practical actions to help make improvements to our staff communications. This will ensure we continue to provide high quality information that is relevant, timely, accessible and as helpful as possible to staff in their daily work.

During the year staff were kept informed of key organisation developments via regular emails from the Chief Executive's Office and the Director of Operations as well as through home page features on the PHA intranet site 'Connect' and additions to relevant staff sections of the site.

The Agency's Management Team met several times during the year with union and staff-side representatives to discuss issues of interest including employee relations, communications and pending reviews being led by DHSSPS.

Work began during the year on developing the PHA's strategic direction for the next five years and, to ensure effective engagement with key stakeholders in further developing our priorities and how we work to achieve these, staff were invited to attend and actively contribute to a workshop on strategic direction in December. This staff workshop encouraged different thinking about future PHA priorities and drew on the ideas and aspirations of staff to help inform the production of the next Corporate Strategy for 2016–2020.

Emphasis

The OWD programme continued to focus on the following four key building blocks for organisational development:

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

Focussing on these priorities, the Organisation and Workforce Development Group (OWDG) continued to make headway to inform, manage, coordinate and share learning and development

activities across the PHA through the Emphasis programme and to ensure that all staff are equipped with the necessary skills to enable them to deliver fully on the business needs of the organisation.

Health Intelligence

During the year, the health intelligence function continued to contribute to a range of reports, workshops and presentations on topics as diverse as equality, organ donation, obesity, smoking, mental health and the elderly and supported the PHA's expanded programme of public information campaigns. Much of what we do in these areas is in a supportive role and rarely published under our own name.

Comprehensive briefs were produced on births, cancer, unintentional injuries, breast feeding, minority ethnic groups, suicide and Lesbian, Gay, Bi-sexual and Transgender (LGB&T) health.

Specific evaluations of effectiveness and outcomes were completed on major health improvement programmes including the maximising access to services, grants and benefits in rural areas (MARA) programme, Farm families, Food in Schools and Lifeline, the suicide prevention helpline. New evaluations are underway on regional initiatives such as the weight management in pregnancy project and One Stop Shops.

Family nurse partnership projects in the HSC Trusts have been expanded with a resultant increase in the demand for more comprehensive information and reporting systems. Health Intelligence have taken the lead in developing this system and providing the required data analysis services.

This includes providing information for annual reports and reviews.

A range of specific projects have also been completed including an audit of inpatient diabetes experience and work on the risk factors for hospital admission in the first year of life.

The supporting tables around public health and specific tables on diversity for the DPH annual report and the 'Children's Health in Northern Ireland' report drawing data from Northern Ireland Chest Heart and Stroke (NICHS) and Northern Ireland Maternity Information System (NIMATS) to provide a regional and Trust level statistical profile of births in NI were again produced and disseminated.

Qualitative work was undertaken to support ante-natal education and bowel, breast and cervical screening related work.

We also worked to develop or enhance performance and outcome measures and the reporting of these for regional strategies such as on obesity, breastfeeding and smoking or for the PHA's own performance framework.

Following the publication of the Making Life Better Strategy, we are working with Northern Ireland Statistics and Research Agency (NISRA), DHSSPS, colleagues in Health and Social Wellbeing Improvement (HSWBI) and the HSCB to reconfigure the Northern Ireland Neighbourhood Information Service (NINIS) web portal to make information available as widely as possible at as many geographical levels as practical across the breadth of the determinants of health e.g. from poverty and social isolation to individual behaviour. This is designed to support the wider public health agenda and the development of community planning with the new councils and is intended for release early in 2015/16.

Operational Services

During 2014/15 we continued to build on, and enhance, our core governance arrangements, ensuring a sound and appropriate foundation for all PHA business. This included reviewing and updating policies, maintaining and updating the PHA assurance framework and approving a new Information Governance Strategy for the period 2015–2019 and associated annual action plan.

During the year staff within the Operations Directorate, working with the Business Continuity Project Team, revised and amended its Policy on Business Continuity Management and Business Continuity Plan to align it to the new International Standard on Business Continuity Management Systems (ISO 22301).

The new ISO standard places a stronger focus on documenting leadership commitment to Business Continuity Planning and greater emphasis is placed on ensuring that all staff are aware of the Business Continuity Plan and that they understand their role at a time of disruption.

The PHA is committed to providing a safe and healthy working environment which recognises that the wellbeing of its staff is an important component of this. During the past year various health and safety-related policies have been revised and updated including the Fire Safety Policy, Fire Alarm and Evacuation Procedures, the Health and Safety Policy and the Security Policy.

Additionally, we continued to undertake Display Screen Equipment (DSE) Assessments or Workstation Assessments during the year ensuring that an employee's workstation is adequately equipped and adjusted to suit the user's needs.

In our Annual Report for 2013/14 we indicated that plans were advancing to acquire new more suitable accommodation in Belfast. Unfortunately the proposed new accommodation was withdrawn from the market at the last minute. As a result, while we have continued to work with DHSSPS to resolve our accommodation issues. The PHA continues to face significant pressures in respect of insufficient space and split-site working.

Planning and Performance

During 2014/15, the PHA made significant progress in taking forward the implementation of its Procurement Plan for the provision of health and wellbeing services.

In the same period, a total of 12 tenders were progressed across a number of areas including drug and alcohol services, sexual health, screening and mental health. These tenders have resulted in approximately 35 contract awards being made across all geographical areas, with an annual value of £5.25m.

Key support tools included revising the PHA website with regular updates to keep all potential providers up to date on progress with tenders and to allow all documentation to be accessed electronically.

We also developed a suite of tender documents that reflected PHA requirements including the inclusion of wider social considerations, social clauses as recommended by CPD and the ability to award contracts based on agreed 'Lots'. We have additionally put in place internal control systems and processes for effectively managing the development and evaluation of tender documentation.

'PHA beyond 2015'

Work commenced in 2014/15 to review the current, and develop a new, PHA Corporate Strategy. A project board, including Non-Executive and Executive Directors, was established to provide oversight and direction, with the work being taken forward and coordinated by the Operations Directorate with input from all Directorates.

Engagement is fundamental to the development of the new strategy. A wide range of PHA staff participated in a workshop in December 2014 to explore possible priorities for the new strategy. Two external, large stakeholder workshops were held in March 2015 to obtain wider views.

Social media has also been used to obtain input from a wider public audience. The new Corporate Strategy will be finalised in 2015/16, building on the information gathered from this engagement.

THE CENTRE FOR CONNECTED HEALTH AND SOCIAL CARE

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

CCHSC continued to contribute to improving health and wellbeing through a number of partnership activities including:

- work with the HSCB to produce an *eHealth and care strategy for* Health and Social Care, ensuring that the strategic aims of the PHA are fully reflected;
- the Telemonitoring NI service, which provides both Telehealth and Telecare services across Northern Ireland, continued to develop with client numbers continuing to grow throughout the year;
- continuing to contribute to the work of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) through involvement in a number of action groups to improve the health of older people in Northern Ireland and across Europe;
- coordination of the EU-funded project called Beyond Silos which aims to improve the integration of service delivery by building on the Northern Ireland Electronic Care Record and implementing an interactive Shared Care Plan;
- working with local Health and Social Care Trusts to spread learning from EU-funded projects such as Implementing Transnational Telemedicine Solutions;
- working in conjunction with Trusts, HSCB, PHA, universities and industry to pursue EU funding opportunities such as Horizon 2020, EU 3rd Health Programme, Interreg V and other EU funding streams;
- delivering action plans from the Connected Health Memorandum of Understanding with the City of Oulu, Finland in line with DHSSPS objectives on developing Connected Health links with Europe.

Technology making life easier for stroke patients

A new service piloted during 2014/15, making use of videoconferencing for speech and language therapy is making life easier for people who have had a stroke and live in the Newry and Mourne area.
The service, led by the Centre for Connected Health and Social Care, is funded through the EU Northern Periphery Programme and is part of a number of projects under Implementing Transnational Telemedicine Solutions (ITTS) which aims to use technology to improve accessibility of services in marginal areas of Europe.

Following a stroke patient's discharge from hospital, the team of specialist nurses, social workers, occupational therapists and speech and language therapists work with them for 12 weeks in their own homes to help them regain their independence.

The solution involves installing videoconferencing equipment at the Trust's base clinics linked to units in client's own homes. The system's high-spec zoom allows the therapists to clearly

demonstrate exercises and examine the progress of their clients. Whilst still maintaining face-to-face contact, videoconferencing allows them to offer additional sessions to more clients and more intensive therapy.

The Southern Trust is the first to pilot the programme which offers video link sessions between the specialist stroke speech and language therapists at Daisy Hill Hospital and Kilkeel Health Centre and the patient in their own home.

This service has received positive feedback from patients who have responded that the service is easy-to-use and helps with recovery.

From a speech and language therapist's perspective the service has resulted in:

- provision of more intensive speech and language therapy to patients;
- improved clinical outcomes;
- shorter clinical sessions where appropriate;
- reduced significantly travel time and costs;
- increased clinical capacity; and
- increased response times to new referrals due to increased capacity.

Feedback from patients has been very positive. *Damian McElholm, a 56 year old from Warrenpoint has been using the system to have speech therapy three times a week. He said: "It's easy to use and I can have more sessions to help with my recovery."*

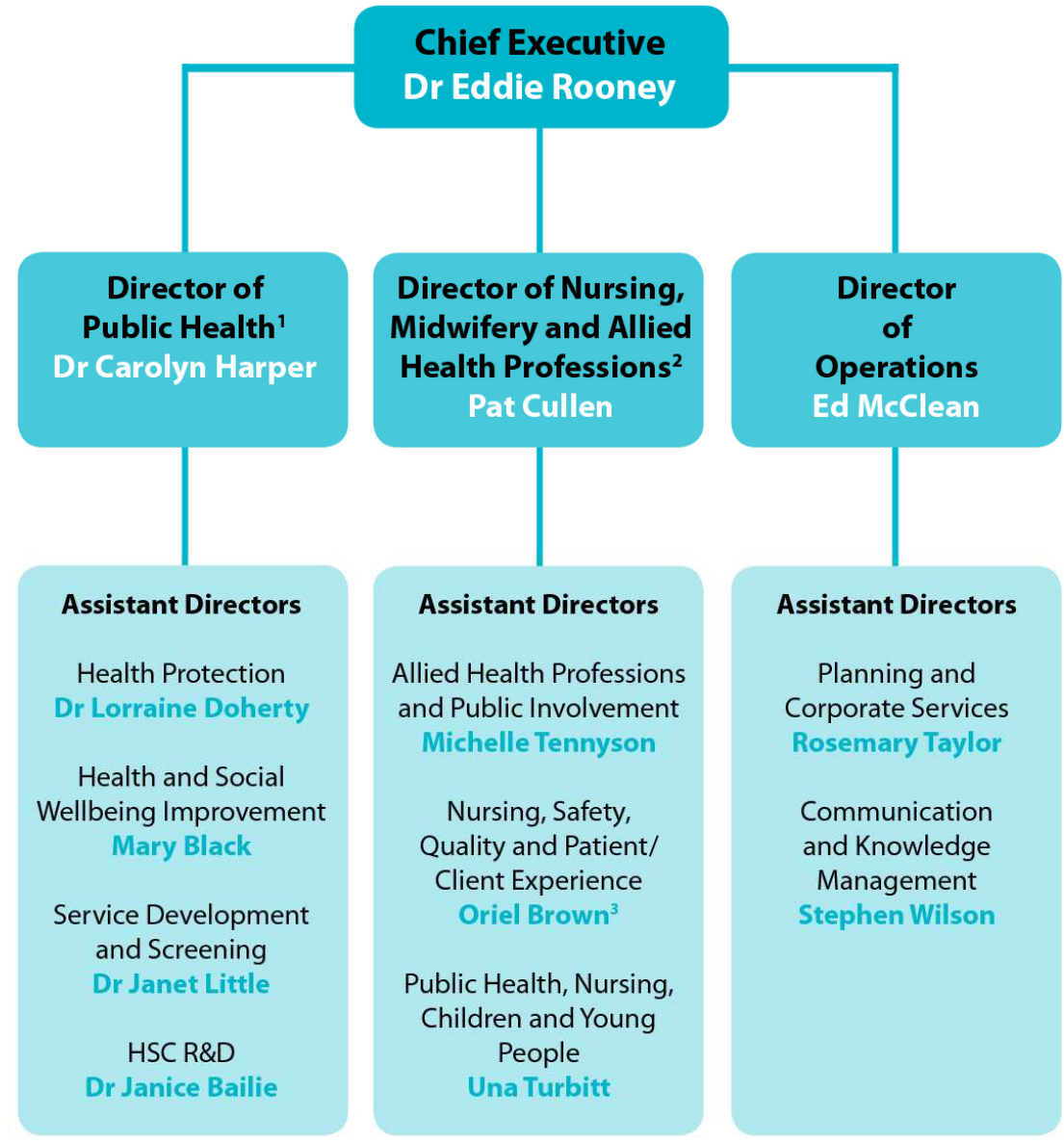
Angela McVeigh, Director of Older People and Primary Care for Southern Health and Social Care Trust said: *"Stroke can have a devastating impact on people's lives, affecting their ability to move, eat, speak or carry out simple tasks. The videoconferencing link has been a great success so we will be exploring how this might be used by other health professionals delivering services within the community."*

This project clearly demonstrates the potential to improve health and wellbeing through the CCHSC's collaboration with European partners and networks to bring new ideas, knowledge and innovation to the wider HSC.

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2015

MANAGEMENT COMMENTARY

The PHA comprises three Directorates as shown in the organisational structure below:



1. Also Medical Director for HSCB.
2. Interim Director from May 2013 to April 2015. Mary Hinds was seconded to NHSCT and DHSSPS from May 2013 to April 2015.
3. Appointed Lead Officer in May 2013.

Equality

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

Disability Action Plan

As part of the Disability Discrimination Order 2006, the PHA developed a Disability Action Plan to demonstrate how the organisation promotes positive attitudes towards disabled people and involves disabled people in the work that we do.

Specific work during the year to deliver on our commitments under the plan is included below.

Disabled employees

If a member of staff has become disabled during the period when they are employed by the PHA, the organisation then works closely with Human Resources (HR) who are guided by advice from Occupational Health. Subsequently, reasonable adjustments can be made to accommodate the employee, 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.

Disability Awareness Days

Under the action plan, the PHA has committed to raising awareness amongst staff of specific disabilities. The main way of achieving this is by profiling awareness days. We featured two days during 2014/15, World Sight Day in October 2014 and Depression Awareness Day in January 2015. The aim was to raise staff awareness around particular disabilities, the barriers they pose, the experience of living with these disabilities, what staff can do to support colleagues and where staff can access further support and information.

During the summer a staff engagement exercise was undertaken to ask staff for ideas and suggestions on how best to feature World Sight Day. As a result PHA linked with a range of public and voluntary sector organisations who work with people with sight loss as well as drawing on the expertise of PHA staff from the Developing Eyecare Partnerships team.

On Depression Awareness Day, Cruse and the Samaritans provided staff with information at several office locations and staff had the opportunity to engage in activities and to hear and speak to representatives from both voluntary sector organisations as well as with service users.

For both events, we also included dedicated features in the new 'Disability Insight' publication series that was circulated to staff. Display stands with further information materials were also located at several offices during the days.

Work Placements

As part of a pilot scheme, led by our partners in the HSC Board and the Business Services Organisation in collaboration with Supported Employment Solutions, we offered a 24-week work

placement for a person with a disability. Unfortunately, the facilitating organisation was unable to match a candidate to our placement. We remain fully committed to the scheme and intend to offer placements again in 2015/16, based on the learning to be taken from the pilot.

Accessible Formats Policy

We introduced an accessible formats policy and provided staff with access to a toolkit to support them in delivering on the commitments made in the policy. This includes making sure that information provided to staff is delivered in accessible formats for those staff who have a disability.

Staff Disability Forum

We worked with other HSC partner organisations to explore options for setting up a HSC-wide forum for staff with a disability. As some HSC organisations already have fora in place, we have decided to team up with the other 10 regional HSC organisations with a view to setting up a joint forum in 2015/16.

Equality Conference

In partnership with the other 10 regional HSC organisations, we hosted an equality, diversity and human rights conference in February 2015.

Focusing on the business benefits of equality, human rights-based approaches and diversity, the event was designed to share good practice and learning between staff working in health and social care organisations. This included a session on the experience of recruiting a person with a learning disability.

Staff Engagement

Work has also been ongoing through staff engagement across the organisation to discuss what the PHA can do to further make a difference for people with a disability both through its work and as an employer.

Sickness Absence Data

The corporate cumulative annual absence level for the PHA for the period from 1 April 2014 – 31 March 2015 is 2.55%. (2013-2014 3.56%)

There were 15,221.69 hours lost due to sickness absence, or, the equivalent of 46 hours lost per employee. Based on a 7.5 hour working day, this is equal to 6.13 days per employee.

This is 3.57 days lower than the national average of 9.7 days per employee for the Health Sector (*CIPD Absence Management Report 2014*).

Information Governance

During 2014/15 the PHA continued to fulfil obligations under legislation such as the *Freedom of Information Act* and the *Data Protection Act*. The PHA has further developed its *Information governance strategy* to incorporate the Information Governance Framework.

It sets out the Framework to ensure that PHA meets its obligations in respect of Information Governance; it will also be the vehicle for improving Information Governance in the PHA.

The Information Governance Strategy supersedes the 2012–2015 version and covers the four year period from 2015–2019 and will be supported by the annual Information Management Action Plan setting out how it will be implemented.

The Senior Information Risk Owner (SIRO) and Information Asset Owners (IAOs) continued to work to ensure that information assets and information risk were managed effectively.

Progress against the Information Management Action plan was reported to the Information Governance Steering group and the Governance and Audit Committee.

The PHA continued to roll-out the regional HSC information governance e-learning programme. This includes modules on Records Management, Data Protection and ICT Security.

No major personal data protection incidents occurred during 2014/15.

Freedom of Information Requests

During the year the PHA received and responded to a number of Freedom of Information (FOI) requests as follows:

FOI requests received from 1 April 2014 to 31 March 2015 = 37.
In addition, the PHA received and responded to one Subject Access Request during this period.

Assembly Questions

The PHA received and responded to 123 written Assembly Questions and 14 oral Assembly Questions during 2014/15.

Consultations

In the 2014/15 financial year, the PHA undertook one consultation: Consultation on Infant Mental Health Framework and Plan 2015–2018.

Sustainability

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

The PHA has had an *Environmental policy* and *Waste management strategy and policy* in place for several years now. These 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.

During the year, the PHA developed a *Sustainable development strategy*. This strategy sets out the PHA's approach to sustainable development. It has been shaped around the priority areas contained

within the Office of the First Minister and deputy First Minister's (OFMDFM's) *Sustainable Development Strategy*. The PHA is committed to the principles of sustainable development and will endeavour to integrate these into its daily activities.

It will seek to increase awareness of sustainable development within the PHA generally and to ensure that wherever possible its overall business activities support the achievement of sustainable development objectives.

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 adoption of new online-based systems (HRPTS/ e-procurement) moving away from paper-based systems; centralised printing devices for the production of printed material (replacing printing equipment at each workstation); waste paper recycling and video and teleconferencing facilities.

Property Asset Management

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

In the year under review, the PHA reviewed and updated its *Property Management Plan* which provided an assessment of the current state of PHA office accommodation and outlined steps, taken and planned, to ensure property standards and value for money is in keeping with the future needs of the organisation as it goes forward.

Training

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

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

Pension Liabilities

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

Complaints

The PHA received one formal complaint during the year in addition to one complaint received regarding services commissioned by the PHA.

If you wish to make a formal complaint or request a copy of our complaints procedure, please write to: Director of Nursing and Allied Health Professions, Public Health Agency, 12–22 Linenhall Street, Belfast, BT2 8BS.

Public Sector Payment Policy – Measure of Compliance

The Department requires that the PHA pays their non-HSC trade creditors in accordance with the CBI Prompt Payment Policy and Government Accounting Rules.

The PHA's payment policy is consistent with the CBI prompt payment codes and Government Accounting Rules and its measure of compliance can be found within note 15 of the Annual Accounts within this combined document.

Staff Numbers

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

Charitable Donations

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

Audit Services

The PHA's statutory audit was performed by ASM Chartered Accountants on behalf of the Northern Ireland Audit Office and the notional charge for the year ended 31 March 2015 was £16,400. An additional amount of £1,232 was paid to the Audit Office in respect of work carried out on the National Fraud Initiative.

Statement on Disclosure of Audit Information

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

Preparation of Accounts

The PHA has prepared a set of accounts for the year ended 31 March 2015 in accordance with the relevant legislative requirements and these can be found within this combined document. The Governance Statement is also published in full within this combined document.

The Continuing Work of the Public Health Agency

This Annual Report has so far focused on our work and targets achieved during the 2014/15 financial year. In planning our work for 2015/16 and beyond we must take account of the regulatory and strategic environment in which we operate.

A key priority for 2015/16 is the implementation of the 'Making Life Better – A Whole System Strategic Framework for Public Health 2013–2023', which sets out an updated strategic direction for public health for the next ten years. The PHA has a lead role and will seek to take forward its recommendations both through specific actions as well as by working closely with DHSSPS and other partners through existing and recently-established structures.

The PHA established and chairs the Regional Project Board for Public Health which comprises Chief Executive Officers of relevant statutory agencies including representation from health and social care, local government, the community and voluntary sector and the private sector and reports to the All Departments Officials Group (ADOG).

The Project Board will also be informed by and will support local partnerships with an initial focus on strengthening collaboration and coordination to deliver on the following strategic priorities across sectors at regional and local levels:

- caring connected communities;
- active travel/space and place; and
- neighbourhood renewal.

We will also be continuing important work already well under way to develop and finalise our Corporate Strategy for 2016–2020.

Within the local government arena, we will continue to work closely with, and build upon our relationships with, local councils as they make their transition into the larger super-councils. We look forward to contributing to important work that councils will assume the lead for, such as community planning, and to helping achieve our common goals.

During 2015/16 we will also continue building upon the many partnerships already in place as well as developing important Personal and Public Involvement work.

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2015

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 PHA.

Whilst the salary structure and the terms and conditions of service for Senior Executives is determined by the Department of Health Social Services and Public Safety (DHSSPS), the Remuneration and Terms of Service Committee has a key role in assessing the performance of Senior Executives and, where permitted by DHSSPS, agreeing the discretionary level of performance related pay. A circular on the 2014/15 Senior Executive pay award has not been received from the DHSSPS, therefore related payments have not been made to Executive Directors.

The salary, pension entitlement and the value of any taxable benefits in kinds paid to both Executive and Non-Executive Directors is set out overleaf. None of the Executive or Non-Executive Directors of the PHA received any bonus or performance related pay in 2014/15. 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.

The PHA is required to disclose whether there were any staff or public sector appointees contracted through employment agencies or self-employed with a cost of over £58,200 during the financial year, which were not paid through the PHA Payroll. In 2014/15 there were no such 'off-payroll' engagements.

Early Retirement and Other Compensation Schemes

There were no early retirements or payments of compensation for other departures relating to Senior Executives during 2014/15.

Membership of the Remuneration and Terms of Service Committee:

Ms M McMahon - Chair of the Board (until 30 November 2014)
Ms J Erskine - Acting Chair of the Board (from 1 December 2014)
Dr J Harbison - Non-Executive Director
Cllr W Ashe - Non-Executive Director

Senior Management Remuneration (Table Audited)

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

	2014/15				2013/14			
Name	**Salary £000s**	**Benefits in Kind (to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £'000**	**Salary £000s**	**Benefits in Kind (to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £'000**
Non-Executive Members								
M McMahon (left 30/11/14)	20-25	200	-	20-25	30-35	0	-	30-35
J Erskine (Interim Chair from 01/12/14)	15-20	100	-	15-20	5-10	0	-	5-10
J Harbison	5-10	0	-	5-10	5-10	0	-	5-10
M Karp	5-10	0	-	5-10	5-10	0	-	5-10
T Mahaffy	5-10	0	-	5-10	5-10	0	-	5-10
P Porter	5-10	0	-	5-10	5-10	0	-	5-10
W Ashe	5-10	0	-	5-10	5-10	0	-	5-10
B Coulter	5-10	0	-	5-10	5-10	0	-	5-10
Executive Members								
E P Rooney	115-120	700	22,000	140-145	115-120	0	21,000	135-140
C Harper	145-150	0	33,000	175-180	140-145	100	30,000	170-175
E McClean	80-85	300	29,000	110-115	75-80	100	13,000	90-95
P Cullen (Appointed Acting Director of Nursing 01/06/13) (1)	85-90	0	-	85-90	65-70	100	-	65-70

(1) This is a temporary acting up post which started in June 2013 therefore the annual calculation of pension benefit is not applicable.

Median Salary (Table Audited)

The relationship between remuneration of the most highly paid director and the median remuneration of the workforce is set out below. There has been no significant change to the ratio, since 2013/14.

	2015	2014
Highest Earner's Total Remuneration (band in £'000)	145-150	140-145
Median Salary (£)	34,530	34,530
Median Total Remuneration Ratio	**4.3**	**4.1**

Pensions of Senior Management (Table Audited)

	2014/15				
Name	**Real increase in pension and related lump sum at age 60 £000s**	**Total accrued pension at age 60 and related lump sum £000s**	**CETV at 31/03/13 £000s**	**CETV at 31/03/14 £000s**	**Real increase/ (decrease) in CETV £000s**
Executive Members					
E P Rooney	0-2.5 pension	10-15 pension	144	178	30
C Harper (2)	0-2.5 pension 5-10 lump sum	35-40 pension 110-115 lump sum	622	684	42
E McClean	0-2.5 pension 5-10 lump sum	10-15 pension 70-75 lump sum	477	533	40
P Cullen (Appointed Acting Director of Nursing 01/06/13)	5-10 pension 15-20 lump sum	35-40 pension 110-115 lump sum	556	668	93

(2) The CETV has been recalculated by Pensions Branch for 31/03/14 from 717 to 622 due to a non-superannuable allowance being included.

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

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

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

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

The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS Pension Scheme. They also include any additional pension benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Dr Eddie Rooney
Chief Executive

Date

10 June 2015

PUBLIC HEALTH AGENCY

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2015

REPORT FROM THE GOVERNANCE AND AUDIT COMMITTEE

The Governance and Audit Committee (GAC) assists the PHA Board by providing assurance, based on independent and objective review that effective internal control arrangements (including risk management) are in place within the PHA. The GAC takes an integrated view of governance, encompassing corporate, finance and safety and quality dimensions.

The GAC comprises four non-executive members of the PHA. During 2014/15 there were a number of changes to membership. Mrs Julie Erskine completed her term as Chair of the Committee after the June 2014 meeting, with Mr Brian Coulter commencing as GAC Chair after the June 2014 meeting. Mrs Miriam Karp was a member of the GAC until her term as a PHA Non-Executive member was completed at end of March 2015. Mr Thomas Mahaffy and Alderman Paul Porter were members of the GAC throughout 2014/15.

The GAC is supported by: Mr Edmond McClean, Director of Operations, PHA; Mr Paul Cummings, Director of Finance, HSCB and Mrs Catherine McKeown, Head of Internal Audit, BSO; and their respective staff.

Representatives of the Northern Ireland Audit Office and their contracted auditors attend as required.

Meetings

The GAC met on the following dates during 2014/15:

- 11 June 2014;
- 8 October 2014;
- 10 December 2014;
- 19 February 2015; and
- 15 April 2015.

Attendance

Mrs Julie Erskine (Chair up to end June 2014)	**1**
Mr Brian Coulter (Chair from July 2014)	**5**
Mrs Miriam Karp (up to March 2015)	**4**
Mr Thomas Mahaffy	**5**
Alderman Paul Porter	**4**

Activities

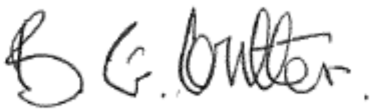
Key elements of the work of the GAC are listed below. The GAC:

- considered the PHA Statutory Accounts, Governance Statement and draft Annual Report and recommended their approval to the PHA Board;
- reviewed the External Auditor's Report to Those Charged with Governance and management's response, and received regular progress reports on, the implementation of recommendations;

- considered the PHA Mid-Year Assurance Statement and recommended approval to the PHA Board;
- considered the updated PHA Assurance Framework 2013–2015 and recommended approval to the PHA Board;
- regularly considered and approved the PHA Corporate Risk Register;
- had oversight of the process for self-assessment of compliance with Controls Assurance Standards;
- received the annual report on the PHA Gifts and Hospitality Register;
- approved the PHA Information Governance Strategy 2015–2019;
- regularly reviewed the Information Governance Action Plan progress report;
- considered and approved the updated PHA Business Continuity Plan;
- approved the internal audit work plan for 2014/15 and considered the reports on each piece of work;
- reviewed regular Fraud Liaison Officer reports;
- provided assurance to the PHA Board that the annual accounts would be prepared in accordance with the relevant statutory regulations;
- received reports on the use of Direct Award Contracts (DACs) within the PHA;
- considered the revised PHA Standing Orders and Standing Financial Instructions and recommended them to the PHA Board for approval;
- received the PHA Emergency Preparedness and Response Annual Report;
- received the Declaration of Assurance from the Safeguarding Board for Northern Ireland (SBNI); and
- received the Policy on Appraisal for Medical Practitioners.

The chair of the GAC brings regular verbal and written reports to the PHA Board; he also has regular meetings with the Chief Executive and the PHA Chair. The GAC Chair also attends the DHSSPS regional forum for Audit Committee Chairs.

The GAC looks forward to continuing its work in 2015/16, building on relationships with Executive Directors, PHA officers and Internal and External auditors to ensure robust governance across the PHA.



B Coulter
Chair
Governance and Audit Committee

10th June 2015

Date

PHA BOARD

Andrew Dougal

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. Over the last 25 years, he has been a Non-Executive Director of organisations spanning the private, public and voluntary sectors.

He is currently a Trustee and Chair of the HR Committee of the UK Health Forum. He is 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.

Mary McMahon

Mary was the PHA's Chair from April 2009–December 2014 and is a self-employed social policy researcher.

She was previously coordinator with the Belfast Traveller Support Group and is a member of Amnesty International (Mid-Down branch) and the United Nations Children's Fund (UNICEF).

Julie Erskine

Julie Erskine was acting Chair from the start of December 2014 until the end of May 2015. Julie is a member of the Northern Ireland Social Care Council, the Northern Ireland Local Government Officers' Superannuation Committee and Chair of the Audit Committee for the Northern Ireland Commissioner for Children and Young People.

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

She worked in the healthcare service industry for over 25 years and held the position of Operations Director and Support Services Director within a Belfast-based private healthcare company.

Dr Eddie Rooney

Dr Eddie Rooney is Chief Executive of the PHA. Prior to joining the PHA, Dr Rooney served as Equality Director at the Office for the First Minister and Deputy First Minister and as Deputy Secretary at the Department of Education from 2004–2008.

Councillor Billy Ashe

Cllr. Billy Ashe has 18 years' experience as a local Government elected member. A former Mayor of Carrickfergus Borough Council, he currently serves as Councillor of Mid and East Antrim District Council.

He has been actively involved in a number of community projects, including those for people suffering from learning difficulties. He currently serves on the Northern Zone Social Investment Fund.

Brian Coulter

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

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

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

Pat Cullen (Interim Director from May 2013–March 2015)

Pat Cullen was the PHA's Interim Executive Director of Nursing, Midwifery and Allied Health Professions from May 2013–March 2015.

During this time Pat had responsibility for providing professional advice to all aspects of commissioning within the Health and Social Care Board and had lead responsibility for Quality, Safety and Patient/Client Experience throughout Northern Ireland.

Dr Jeremy Harbison

Dr Jeremy Harbison, CB, worked in the Northern Ireland Civil Service for over 25 years at senior level across a range of Departments, following ten years working in the health service as a Clinical Psychologist.

During his civil service career he had senior policy responsibility in a range of social areas including health, social care, community relations, urban regeneration and social exclusion.

As well as being a Non-Executive Director of the PHA he is Pro Chancellor in the University of Ulster and was Chair of the Northern Ireland Social Care Council from 2001 until 2010.

Dr Carolyn Harper

Dr Harper is the PHA's Director of Public Health and Medical Director. She was previously Deputy Chief Medical Officer in the DHSSPS.

She trained in general practice before moving into public health and also worked as Director of Quality Improvement for the Quality Improvement Organisation in California.

Miriam Karp

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

She is also a Lay Representative for the Northern Ireland Medical and Dental Training Agency. Within the Nursing and Midwifery Council Miriam is also Chair of the Interim Orders Panel and Chair of the Investigating Committee.

Thomas Mahaffy

Thomas Mahaffy is employed by UNISON as Policy Officer with responsibility for partnerships, equality, human rights and social policy issues within Northern Ireland. He is a board member of the Northern Ireland Anti-Poverty Network and Human Rights Consortium.

Edmond McClean

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

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

Alderman Paul Porter

Alderman Paul Porter was Mayor of Lisburn City Council from 2010 to 2011 and is an elected representative and member of Lisburn City Council. He is currently employed as personal assistant/office manager for Jonathan Craig MLA, undertaking constituency case work, managing budgets and staff.

He was formerly employed as a nursing auxiliary (Thompson House Hospital/ Lagan Valley Hospital and Seymour Nursing Home) from 1994 to 2000. He brings to his role on the PHA board his experience gained on Lisburn City Council over the past 15 years representing constituents on health issues.

Paul Cummings

Paul Cummings is Director of Finance, HSCB. He has previously been a Director of Finance in the South Eastern, Mater and Ulster Community and Hospitals Trusts with over 25 years' experience in Health and Social Care and was the national chair of the Healthcare Financial Management Association in 2002/03, continuing to be an active member.

From May 2013–May 2014 Paul was seconded to the position of Accountable Office in the Northern Health and Social Care Trust. He is also a board member of Sport Northern Ireland. Paul, or a deputy, will attend all Agency board meetings and have attendance and speaking rights.

Fionnuala McAndrew

Fionnuala McAndrew is Director of Social Care and Children, HSCB. Fionnuala, or a deputy, will attend all PHA board meetings and have attendance and speaking rights.

Related party transactions

The PHA is an arm's length body of the Department of Health, Social Services and Public Safety and as such the Department is a related party with which the PHA has had various material transactions during the year.

Dr Jeremy Harbison, Non-Executive Director, is Pro-Chancellor of the University of Ulster which is an organisation likely to do business with the HSC in the future.

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

Directors' interests

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

A copy is available from Edmond McClean, PHA Director of Operations, and on the PHA website at www.publichealth.hscni.net/pha-Board

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

Charitable Donations

The Public Health Agency did not make any charitable donations during the financial year.

Dr Eddie Rooney
Chief Executive

Date

PUBLIC HEALTH AGENCY

ANNUAL ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2015

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

FOREWORD

These accounts for the period ended 31 March 2015 have been prepared in a form determined by the Department of Health, Social Services and Public Safety (DHSSPS) based on guidance from the Department of Finance and Personnel's Financial Reporting Manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

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

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

- observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.

- make judgements and estimates on a reasonable basis.

- state whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements.

- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Public Health Agency will continue in operation.

- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Public Health Agency.

- pursue and demonstrate value for money in the services the Public Health Agency provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Principal Accounting Officer for Health and Personal Social Services Resources in Northern Ireland has designated Dr Eddie Rooney of the Public Health Agency as the Accounting Officer for the Public Health Agency. 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 Public Health Agency's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

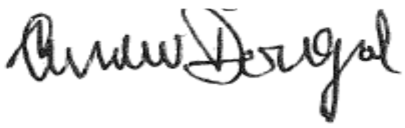
I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 67 to 103) which I am required to prepare on behalf of the Public Health Agency have been compiled from and are in accordance with the accounts and financial records maintained by the Health & Social Care Board on behalf of the Public Health Agency and with the accounting standards and policies for HSC bodies approved by the Department of Health, Social Services and Public Safety.

Paul Cummings Director of Finance

Date 10/6/15

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 67 to 103) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

Andrew Dougal Chairman



Date 10/06/15

E P Rooney Chief Executive

Date 10/6/15

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

PUBLIC HEALTH AGENCY

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

I certify that I have audited the financial statements of the Public Health Agency for the year ended 31 March 2015 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise the Statements of Comprehensive Net Expenditure, Financial Position, Changes in Taxpayers' Equity, Cash Flows, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

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

Scope of the audit of the financial statements

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

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

Opinion on regularity

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

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Public Health Agency's affairs as at 31 March 2015 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

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

Matters on which I report by exception

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

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

Report

I have no observations to make on these financial statements.

KJ Donnelly

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

29 *June 2015*

PUBLIC HEALTH AGENCY
ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015
GOVERNANCE STATEMENT

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015
GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

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

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

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

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

2. Compliance with Corporate Governance Best Practice

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

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

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

3. Governance Framework

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

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

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015
GOVERNANCE STATEMENT

The PHA Board is comprised of a Non-Executive Chair, seven Non-Executive members, the Chief Executive and three Executive Directors. The PHA Chair's term of office ended 30 November 2014.An Acting Chair was in place while the Public Appointments Unit recruited a new Chair. The new chair took up post on 1 June 2015. As a result there have only been 6 Non-Executive members between December 2014 and March 2015. The PHA Board meets regularly, usually monthly with the exception of July. 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 in place to appoint, appraise and remunerate senior executives, ensures effective public engagement and ensures that robust and effective arrangements are in place for clinical and social care governance and risk management. During 2014/15 the PHA Board met on eleven occasions (plus one Special Board meeting to consider the Annual Report and Accounts). All meetings were quorate.

The Governance and Audit Committee's (GAC) purpose is to give an assurance to the PHA Board and Accounting Officer on the adequacy and effectiveness of the PHA's system of internal control. The GAC has an integrated governance role encompassing financial governance, clinical and social care governance and organisational governance, all of which are underpinned by risk management systems. The GAC meets at least quarterly and currently comprises four Non-Executive Directors supported by the PHA Director of Operations, HSCB Director of Finance and representatives from Internal and External Audit. During 2014/15 the GAC met on five occasions. All meetings were quorate.

The Remuneration and Terms of Service Committee advises the PHA Board about appropriate remuneration and terms of service for the Chief Executive and other senior executives subject to the direction of the DHSSPS. The Committee also oversees the proper functioning of performance appraisal systems, the appropriate contractual arrangements for all staff as well as monitoring a remuneration strategy that reflects national agreement and Departmental Policy and equality legislation. The Committee meets at least once every 6 months. During 2014/15 the Committee met on two occasions. All meetings were quorate.

4. Business Planning and Risk Management

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

The PHA has a five year Corporate Strategy for 2011–2015 setting out its purpose, vision, values and strategic goals. An Annual Business Plan is prepared taking account of DHSSPS guidance and priorities as well as PHA priorities for the year ahead. The plan is developed with input from the PHA Board and staff from all Directorates, taking account of engagement with wider stakeholders throughout the year. The PHA Annual Business Plan for 2014/15 was approved by the PHA Board on 23 January 2014 and by the DHSSPS on 26 March 2014. Regular performance monitoring reports are brought to the Board.

The PHAs Risk Management Strategy and Policy was revised and approved by the Governance and Audit Committee on 10 April 2014. This document explicitly outlines the PHA risk management process which is a 5 stage approach – risk identification, risk assessment, risk appetite, addressing risk and recording and reviewing risk, as follows:

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

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

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

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

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

Stage 3 - Risk Appetite
The 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 ultimately eliminate the risk.

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

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

Processes are established within each Directorate enabling risks to be identified, controls and/or gaps in controls highlighted and, where relevant, action to be taken to mitigate the risk. Directors

and senior officers also identify risks which require to be escalated to the Corporate Risk Register. The Directorate and Corporate Risk Registers are reviewed and updated on a quarterly basis.

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

During 2014/15 guidance and support was provided to staff who are actively involved in reviewing and co-ordinating the review of the Directorate and Corporate Risk Registers. A system has been established whereby the Senior Operations Manager meets with the planning and project managers supporting each Directorate and Division at the end of each quarter to ensure feedback and consistency in the review of the Risk Registers, and to share and learn from good practice.

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

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

5. Information Risk

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

The PHA'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 controls assurance standards assessments are progressed. The Group is chaired by the SIRO and membership includes all the IAOs, PDG, a Non-Executive Board member and relevant governance staff. The IGSG meets quarterly, and provides a report to the GAC.

The PHA's Information Governance Strategy (incorporating the Information Governance Framework) 2015-2019 sets out the framework to ensure that the PHA meets its obligations in respect of information governance, embedding this at the heart of the organisation and driving forward improvements in information governance within the PHA. The Strategy covers the four year period from 2015 to 2019 and is supported by annual Action Plans setting out how it will be implemented. Alongside this a range of policies and procedures are in place, including Records Management, IT Security and Data Protection.

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

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

The PHA was involved in the development of a HSC wide information governance e-learning programme, incorporating Freedom of Information, Data Protection, Records Management and IT Security during 2012/13. This programme was rolled out to all staff within the PHA during 2013/14 and 2014/15. Uptake of training is monitored by the IGSG.

6. Assurance

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

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

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

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

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

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

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

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

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015
GOVERNANCE STATEMENT

Controls Assurance Standards

The PHA assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in 2015/16.

The PHA achieved the following levels of compliance for 2014/15.

Standard	DHSS&PS Expected Level of Compliance	PHA Level of Compliance	Verified by Internal Audit
Buildings, land, plant and non-medical equipment	75% - 99% (Substantive)	83%	✓
Decontamination of medical devices	75% - 99% (Substantive)	N/A	-
Emergency Planning	75% - 99% (Substantive)	95%	-
Environmental Cleanliness	75% - 99% (Substantive)	N/A	-
Environment Management	75% - 99% (Substantive)	83%	-
Financial Management *(Core Standard)*	75% - 99% (Substantive)	87%	✓
Fire safety	75% - 99% (Substantive)	93%	-
Fleet and Transport Management	75% - 99% (Substantive)	N/A	-
Food Hygiene	75% - 99% (Substantive)	N/A	-
Governance *(Core Standard)*	75% - 99% (Substantive)	89%	✓
Health & Safety	75% - 99% (Substantive)	90%	-
Human Resources	75% - 99% (Substantive)	92%	-
Infection Control	75% - 99% (Substantive)	N/A	-
Information Communication Technology	75% - 99% (Substantive)	85%	-
Management of Purchasing and Supply	75% - 99% (Substantive)	88%	-
Medical Devices and Equipment Management	75% - 99% (Substantive)	N/A	-
Medicines Management	75% - 99% (Substantive)	N/A	-
Information Management	75% - 99% (Substantive)	80%	-
Research Governance	75% - 99% (Substantive)	84%	✓
Risk Management *(Core Standard)*	75% - 99% (Substantive)	87%	✓
Security Management	75% - 99% (Substantive)	88%	-
Waste Management	75% - 99% (Substantive)	86%	-

7. Sources of Independent Assurance

The PHA obtains Independent Assurance from the following sources:

- Internal Audit; and
- External Audit – the Northern Ireland Audit Office.

Internal Audit

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

In 2014/15 Internal Audit reviewed the following systems:

System reviewed	Assurance received
Financial Review	Satisfactory
Procurement and Contract Management	Satisfactory
Management of Health and Social Wellbeing Contracts	Satisfactory (management) Limited (procurement)
Risk Management	Satisfactory
Research and Development	Satisfactory
Performance Management	Satisfactory
Information Governance	Satisfactory

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

In her annual report, the Internal Auditor reported that there is a satisfactory system of internal control designed to meet PHA's objectives. However, two priority one weaknesses in control were identified in the PHA Management of Health and Social Wellbeing Contracts Audit and one in the Procurement and Contract Management Audit. Recommendations to address these control weaknesses have been or are being implemented by management.

In particular the PHA continues to take robust actions to address the weaknesses identified in the audit of the Management of the Health and Social Wellbeing Contracts. This has included the regular meeting of the PHA Procurement Board (chaired by the Chief Executive), which monitors progress against the procurement plan. The PHA continues to work with BSO Procurement and Logistics Service (PALS) and Legal Directorate to progress PHA procurement of health improvement services as well as participating in the regional HSC Social Care Procurement Groups. Of the two priority one recommendations one has been fully and the other partially implemented at 31 March 2015.

The one priority one finding in the Procurement and Contract Management Audit related to a Single Tender Action; of the two priority one recommendations with an implementation date of 31 March 2015 or earlier one has been fully implemented, and the other partially implemented.

The Internal Audit Follow Up report on previous Internal Audit Recommendations, issued on 2 April 2015, found that of those recommendations with an implementation date of 31 March 2015 or earlier, 84% were fully implemented, a further 15% partially implemented and 1% not yet implemented. The one recommendation (priority two) that has not yet been implemented relates to the setting and monitoring of SMART objectives for R&D projects. Implementation has been delayed due to staff vacancies, with progress now anticipated by July 2015.

External Audit

In the Report to Those Charged with Governance (RTTCWG) for the year ended 31 March 2014, the Comptroller and Auditor General to the NI Assembly gave an unqualified audit opinion on the financial statements and the regularity opinion of the PHA's accounts, with four priority 1 issues being raised.

In summary the four priority 1 recommendations related to:

- Reliance on third party organisations (BSO)
- Payroll Information provided by BSO
- Shared Service Centre (BSO)
- Supplier amendments to Standing Data (BSO)

In summary, all of these recommendations referred to Shared Services provided to the PHA under the Service Level Agreement (SLA) held with the Business Services Organisation (BSO). External Audit noted that 'These errors have resulted in additional work for HSCB staff on behalf of PHA and for the auditors. While these errors were rectified prior to the draft accounts being prepared, it increases staff workload rather than improving the efficiency of the process.'

The PHA, via the Director of Finance of the HSCB, had been pressing the BSO to set up an appropriate Customer engagement framework to ensure that progress on all issues highlighted in the Report to Those Charged with Governance is made. In November 2014 a Customer Forum was set up. This Forum, while in its infancy, has proved beneficial in resolving issues as highlighted by both the Internal and External Auditors. In addition, significant progress has been made on the development of the detailed Service Level Agreement for Shared Services and the resultant performance monitoring framework.

While there remain areas for improvement, management consider that progress has been made on all recommendations, which are monitored by the Director of Finance and reported to each meeting of the Governance and Audit Committee during 2014/15.

8. Review of Effectiveness of the System of Internal Governance

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

Governance and Audit Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

9. Internal Governance Divergences

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

Accommodation
The new agents for the Ormeau Baths facility are working well with the PHA, ensuring that any issues are dealt with promptly. PHA and PCC continue to be accommodated in Ormeau Baths while SBNI have moved out to The Beeches (HSC Leadership Centre) to meet their requirement for increased space.

During 2013/14 and early 2014/15 PHA staff worked with Health Estates to finalise the business case for new accommodation to resolve the continuing problems, especially in respect of 4th floor Linenhall Street and Alexander House with the number of staff significantly in excess of capacity, with consequent problems including noise, lack of meetings space and challenges regarding data confidentiality. While a few staff have been able to move to the desks in Ormeau Baths freed by the SBNI move, this has by no means resolved the problem. Rather, these issues continue to have a negative impact on PHA staff, resources and how the PHA carries out its business.

While significant progress was made towards implementation of the business case preferred option, the building was taken off the market at the last minute in August 2014. Advice was sought from DHSSPS Asset and Estate Management Branch (AEMB), with confirmation in January 2015 that PHA was not to be included in wider public sector acquisitions and moves within 2014/15. Therefore a new search for alternative accommodation is required along with the subsequent revision of the business case. PHA will continue to work with the AEMB and DFP Health Projects along with Land and Property Services (LPS) and the other regional organisations (particularly HSCB and BSO), to progress this.

This has also resulted in the PHA being unable to vacate Alexander House as expected by the end of 2014/15, and therefore a renewed licence agreement is required. Advice has been sought from AEMB and a Strategic Outline Case (SOC) has been submitted to seek approval to renew the license to February 2017 (in line with the end date of the Ormeau Baths lease, to allow a fuller examination and business case for an accommodation solution for all PHA Belfast pressures).

The PHA is also facing accommodation pressures in Omagh. As the lease for Anderson House was due to end July 2014, PHA initially submitted an SOC in February 2013 seeking approval to renew; PHA continues to seek advice and work through queries from AEMB, working with LPS and other HSC organisations, to progress the SOC, and reach a solution.

While the two SOCs have not yet been approved by the DHSSPS, PHA has not renewed either licence or lease. However, the PHA is required to provide accommodation for its staff and therefore cannot close either office until suitable accommodation is identified, approved and if necessary fitted out. The PHA continues to work with DHSSPS, LPS, DLS and other HSC organisations as relevant, to resolve queries and obtain approval to renew the licence and lease or identify alternative suitable accommodation, as quickly as possible.

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015
GOVERNANCE STATEMENT

Management of Contracts with the Community and Voluntary Sector

While the 2014/15 Internal Audit report on the management of health and social wellbeing improvement contracts provided satisfactory assurance on the system of internal controls over PHA's management of health and social wellbeing contracts, it provided limited assurance specifically in relation to procurement of health and social wellbeing contracts.

The report acknowledged that significant work has been undertaken to develop a plan for the procurement of health and social wellbeing improvement contracts, however at the time of audit fieldwork, no procurement exercises had been finalised and contracts awarded. Since that time however implementation of the Procurement Plan has progressed. Twelve tenders have now been issued and most of these contracts are due to commence between June and July 2015. A number of tenders have been issued, with contracts to be awarded during April and May 2015. The next phase of tenders is currently being developed.

The PHA's Procurement Plan is a live document, and is continually revised to ensure that all contracts are included and the timelines set are achievable given the significant resources required to manage each Tender. Progress against the Procurement Plan is monitored by the PHA Procurement Board.

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

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

Quality, Quantity and Financial Controls

PHA continues to face difficulties in commissioning and supporting services provided to the population of Northern Ireland in an environment where demand for these services continues to increase whilst the budget available for commissioning them remains constrained.

The PHA has taken action and continues to develop plans and associated efficiencies for 2015/16 which will contribute towards maintaining the integrity of the services that it currently commissions along with ensuring that additional priorities identified continue to be implemented and progressed.

Business Services Transformation Project/Shared Services

The Business Services Transformation Program (BSTP) introduced new HSC wide computer systems in 2012/13 and began implementation of Shared Services for Accounts Payable, Receivable and Payroll in 2013/14.

Post implementation, significant system difficulties had been encountered over a range of areas, which resulted in the Internal Auditor providing limited assurance and the External Auditor providing priority 1 recommendations in relation to the associated financial processes. The associated action plans have now been sufficiently progressed to a 'business as usual' status within the PHA. Therefore due to the continued improvements observed during 2014/15, the BSTP risk had been removed from the PHA Corporate Risk Register.

However, the Internal Auditor has provided limited assurances to BSO for one element of Accounts Payable Shared Services, relating to duplicate payments and Payroll Shared Services in 2014/15. While the duplicate payment issue has subsequently been resolved for the PHA, BSO have advised that the payroll recommendation is likely to be implemented during the early part of 2015/16. The PHA is therefore concerned that the control issues highlighted in Payroll Shared Services could have an adverse impact on the PHA, and therefore will continue to monitor progress and developments in this area.

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

Reduction in the PHA Management and Administration Budget
The 2015/16 allocation for PHA administration has been reduced by £2.8m, representing 15% of the administration budget. The reduction is recurrent and is part of the collective Departmental response to address the overall DHSSPS funding gap. This will have a significant and serious impact on how the PHA undertakes its business.

The PHA will strive to make as many savings as possible in areas that will have the least negative impact on the essential work of the organisation.

The PHA will continue to work closely with DHSSPS.

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 2014/15.

Dr Eddie Rooney
Chief Executive

Date

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

PUBLIC HEALTH AGENCY

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2015

	NOTE	2015 £000s	2014 £000s
Expenditure			
Staff costs	3.1	(17,186)	(17,022)
Depreciation	4.0	(131)	(97)
Other Expenditures	4.0	(49,949)	(46,311)
		(67,266)	(63,430)
Income			
Income from activities	5.1	477	153
Other Income	5.2	681	821
Deferred income	5.3	0	0
		1,158	974
Net Expenditure		**(66,108)**	**(62,456)**
Revenue Resource Limit (RRL) Issued (to)			
Belfast HSC Trust		(11,924)	(11,375)
South Eastern HSC Trust		(3,539)	(3,247)
Southern HSC trust		(5,458)	(4,950)
Northern HSC Trust		(7,302)	(6,490)
Western HSC Trust		(6,131)	(5,793)
NIMDTA		(133)	0
Total RRL issued		(34,487)	(31,855)
Total Commissioner resources utilised		(100,595)	(94,311)
RRL received from DHSSPS	25.1	100,738	94,469
Surplus against RRL		**143**	**158**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2015 £000s	2014 £000s
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment	6.1/10/6.2/10	0	2
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2015		**(66,108)**	**(62,454)**

The notes on pages 71 - 103 form part of these accounts

PUBLIC HEALTH AGENCY

STATEMENT of FINANCIAL POSITION as at 31 March 2015

		2015		2014	
	NOTE	**£000s**	**£000s**	**£000s**	**£000s**
Non Current Assets					
Property, plant and equipment	6.1/6.2	377		460	
Intangible assets	7.1/7.2	141		60	
Financial assets	8.0	0		0	
Trade and other receivables	12.0	0		0	
Other current assets	12.0	0		0	
Total Non Current Assets			518		520
Current Assets					
Assets classified as held for sale	9.0	0		0	
Inventories	11.0	0		0	
Trade and other receivables	12.0	812		698	
Other current assets	12.0	150		388	
Intangible current assets	12.0	0		0	
Financial assets	8.1	0		0	
Cash and cash equivalents	13.0	276		217	
Total Current Assets			1,238		1,303
Total Assets			**1,756**		**1,823**
Current Liabilities					
Trade and other payables	14.0	(7,014)		(9,476)	
Other liabilities	14.0	0		0	
Intangible current liabilities	14.0	0		0	
Provisions	16.0	(10)		(10)	
Total Current Liabilities			(7,024)		(9,486)
Non Current Assets plus/less Net Current Assets / Liabilities			**(5,268)**		**(7,663)**
Non Current Liabilities					
Provisions	16.0	0		0	
Other payables > 1 yr	14.0	0		0	
Financial liabilities	8.0	0		0	
Total Non Current Liabilities			0		0
Assets less Liabilities			**(5,268)**		**(7,663)**
Taxpayers' Equity					
Revaluation reserve		36		36	
SoCNE Reserve		(5,304)	0	(7,699)	0
			(5,268)		**(7,663)**

The notes on pages 71 to 103 form part of these accounts.

Signed (Chairman)  Date 10/06/15

Signed (Chief Executive)  Date 10/6/15

PUBLIC HEALTH AGENCY

STATEMENT of CASH FLOWS for the year ended 31 March 2015

	NOTE	2015 £000s	2014 £000s
Cash flows from operating activities			
Net expenditure after interest		(66,108)	(62,456)
Adjustments for non cash costs		165	128
decrease/(increase) in trade and other receivables		124	(264)
(decrease)/increase in trade payables		(2,462)	(712)
Less movements in payables relating to items not passing through the SOCNE			
Movements in payables relating to the purchase of property, plant and equipment		233	(110)
Movement in payables relating to the purchase of intangibles		(23)	0
Net cash outflow from operating activities		(68,072)	(63,414)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	6	(281)	(131)
(Purchase of intangible assets)	7	(76)	0
Net cash outflow from investing activities		(357)	(131)
Cash flows from financing activities			
Grant in aid		68,487	63,493
Net financing		68,487	63,493
Net increase (decrease) in cash & cash equivalents in the period		59	(52)
Cash & cash equivalents at the beginning of the period	13	217	269
Cash & cash equivalents at the end of the period	13	**276**	**217**

The notes on pages 71 to 103 form part of these accounts.

STATEMENT of CHANGES in TAXPAYERS' EQUITY
for the year ended 31 March 2015

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Total £000s
Balance at 31 March 2013		(8,757)	34	(8,723)
Changes in Taxpayers Equity 2013/14				
Grant from DHSSPS		63,493	0	63,493
(Comprehensive expenditure for the year)		(62,456)	2	(62,454)
Non cash charges - auditors remuneration	4	21	0	21
Balance at 31 March 2014		**(7,699)**	**36**	**(7,663)**
Changes in Taxpayers Equity 2014/15				
Grant from DHSSPS		68,487	0	68,487
(Comprehensive expenditure for the year)		(66,108)	0	(66,108)
Non cash charges - auditors remuneration	4	16	0	16
Balance at 31 March 2015		**(5,304)**	**36**	**(5,268)**

The notes on pages 71 -103 form part of these accounts.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

STATEMENT OF ACCOUNTING POLICIES

1 Authority

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

1.1 Accounting convention

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

1.2 Currency and Rounding

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

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology 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 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

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

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and 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 ALB 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
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 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 must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.8 Non-current assets held for sale

The PHA had no non-current assets held for sale in either 2014/15 or 2013/14.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. The PHA had no inventories in either 2014/15 or 2013/14.

1.10 Income

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

Grant in aid

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

1.11 Investments

The PHA did not hold any investments in either 2014/15 or 2013/14.

1.12 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.

1.13 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.

1.14 Leases

PHA as lessee

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

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

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

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

The PHA did not hold any Finance Leases or act as a Lessor in either 2014/15 or 2013/14.

1.15 Private Finance Initiative (PFI) transactions

The PHA had no PFI transactions in either 2014/15 or 2013/14.

1.16 Financial instruments

Financial assets

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

Financial liabilities

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

Financial risk management

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

Currency risk

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

Interest rate Risk, Credit Risk and Liquidity

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

1.17 Provisions

In accordance with IAS 37, Provisions are recognised when the PHA has a present legal or constructive obligation as a result of a past event, it is probable that the PHA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using Department of Finance and Personnel's discount rate of -1.5% (1-5 years), -1.05% (>5-10 years) or 2.2% (>10 years) in real terms.

The PHA has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the 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 amount of the receivable can be measured reliably.

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

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

1.18 Contingencies

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

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

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

The PHA had no contingencies at 31 March 2015 or at 31 March 2014.

1.19 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been has been calculated based on the balance remaining in the computerised leave system for all staff as at 31 March 2015. Untaken flexi leave is estimated to be immaterial to the PHA and has not been included.

Retirement benefit costs

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

information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2012 valuation for the HSC Pension scheme will be used in 2014/15 accounts.

1.20 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.

1.21 Value Added Tax

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

1.22 Third Party Assets

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

1.23 Government Grants

The PHA had no Government Grants in either period ending 31 March 2015 or 31 March 2014.

1.24 Losses and Special Payments

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

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover

had the PHA not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

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

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted. The suggested wording is as follows;

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

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

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

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

1.26 Changes in Accounting Policy/Prior Year Restatement

There were no changes in Accounting Policy during the year ending 31st March 2015.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 2. ANALYSIS of NET EXPENDITURE by SEGMENT

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

	Note	2015 £'000s	2014 £'000s
Summary			
Net Expenditure			
Commissioning	2.1	79,063	73,091
FHS	2.2	2,103	2,075
Agency Administration	2.3	19,429	19,144
Total Commissioner Resources Utilised		**100,595**	**94,310**
2.1 Commissioning			
Expenditure			
HSC Trust			
Belfast HSC Trust	SoCNE	11,924	11,375
South Eastern HSC Trust	SoCNE	3,539	3,247
Southern HSC Trust	SoCNE	5,458	4,950
Northern HSC Trust	SoCNE	7,302	6,490
Western HSC Trust	SoCNE	6,131	5,793
NIMDTA	SoCNE	133	0
Other Providers	4.1/4.2	45,053	41,389
		79,540	73,244
Income			
Income from activities	5.1	477	153
Commissioning Net Expenditure		**79,063**	**73,091**
2.2 FHS			
Expenditure			
Family Health Services Expenditure	4.1	2,103	2,075
Income	5.1	0	0
FHS Net Expenditure		**2,103**	**2,075**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

2.3 Agency administration

	Note	2015	2014
Expenditure		**£'000s**	**£'000s**
Salaries & wages	3.1	17,186	17,022
Operating expenditure	4.2	2,759	2,816
Non Cash costs	4.3	16	26
Loss on disposal of property, plant & equipment	4.3	1	1
Depreciation & Amortisation	4.3	148	100
		20,110	19,965
Income			
Staff secondment recoveries	3.1	288	478
Operating income	5.2	393	343
		681	821
Administration Net Expenditure		**19,429**	**19,144**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3. STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

	2015			2014
Staff costs comprise:	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	13,483	720	14,203	14,052
Social security costs	1,233	66	1,299	1,309
Other pension costs	1,599	85	1,684	1,661
Sub-Total	16,315	871	17,186	17,022
Capitalised staff costs	0	0	0	0
Total staff costs reported in Statement of Comprehensive Expenditure	16,315	871	17,186	17,022
Less recoveries in respect of outward secondments			288	478
Total net costs			**16,898**	**16,544**

Staff Costs exclude £Nil charged to capital projects during the year (2014 £Nil)

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

3.2 Average number of persons employed

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

	2015			2014
	Permanently employed staff No.	Others No.	Total No.	Total No.
Commissioning of Health and Social Care	319	22	341	331
Less average staff number in respect of outward secondments	3	0	3	7
Total net average number of persons employed	**316**	**22**	**338**	**324**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3.3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

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

	2014/15				2013/14				2014/15				
Name	**Salary £000s**	**Benefits in Kind (Rounded to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £'000**	**Salary £000s**	**Benefits in Kind (Rounded to nearest £100)**	**Pension Benefits (to nearest £1000)**	**Total £'000**	**Real increase in pension and related lump sum at age 60 £000s**	**Total accrued pension at age 60 and related lump sum £000s**	**CETV at 31/03/14 £000s**	**CETV at 31/03/15 £000s**	**Real increase/ (decrease) in CETV £000s**
Non-Executive Members													
M McMahon (left 30 November 2014)	20-25	200	-	20-25	30-35	0	-	30-35	-	-	-	-	-
J Erskine (Interim Chair from 1 December 2014)	15-20	100	-	15-20	5-10	0	-	5-10	-	-	-	-	-
J Harbison	5-10	0	-	5-10	5-10	0	-	5-10	-	-	-	-	-
M Karp	5-10	0	-	5-10	5-10	0	-	5-10	-	-	-	-	-
T Mahaffy	5-10	0	-	5-10	5-10	0	-	5-10	-	-	-	-	-
P Porter	5-10	0	-	5-10	5-10	0	-	5-10	-	-	-	-	-
W Ashe	5-10	0	-	5-10	5-10	0	-	5-10	-	-	-	-	-
B Coulter	5-10	0	-	5-10	5-10	0	-	5-10	-	-	-	-	-
Executive Members													
E P Rooney	115-120	700	22,000	140-145	115-120	0	21,000	135-140	0-2.5 pension	10-15 pension	144	178	30
C Harper (1)	145-150	0	33,000	175-180	140-145	100	30,000	170-175	0-2.5 pension 5-10 lump sum	35-40 pension 110-115 lump sum	622	684	42
E McClean	80-85	300	29,000	110-115	75-80	100	13,000	90-95	0-2.5 pension 5-10 lump sum	10-15 pension 70-75 lump sum	477	533	40
P Cullen (Appointed Acting Director of Nursing 1 June 2013) (2)	85-90	0	-	85-90	65-70	100	-	65-70	5-10 pension 15-20 lump sum	35-40 pension 110-115 lump sum	556	668	93

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

(1) The CETV has been re-calculated by Pensions Branch for 31/03/14 from 717 to 622 due to a non-superannuable allowance being included.

(2) This is a temporary acting up post which started in June 2013. Therefore the annual calculation of pension benefit is not applicable.

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 include increases due to inflation or any increase or decreases due to a transfer of pension rights.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3. STAFF NUMBERS AND RELATED COSTS

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries.

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

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

The PHA had no early retirements or other compensation exit packages agreed in 2014/15 or 2013/14.

3.5 Staff Benefits

The PHA had no staff benefits in 2014/15 or 2013/14.

3.6 Retirements Due To Ill-Health

During 2014/15 there were no early retirements from the PHA agreed on the grounds of ill-health, (2013/14 nil)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 4. OPERATING EXPENSES

4.1 Commissioning

	2015 £000s	2014 £000s
General Medical Services/FHS	2,103	2,075
Other providers of healthcare and personal social services	36,259	35,001
Total Commissioning	**38,362**	**37,076**

4.2 Operating Expenses are as follows:

Supplies and services - General	103	107
Establishment	1,729	1,813
Transport	3	11
Premises	770	756
Rentals under operating leases	154	129
Research & development expenditure	8,794	6,388
Total Operating Expenses	**11,553**	**9,204**

4.3 Non cash items

Depreciation	131	97
Amortisation	17	3
Loss on disposal of property, plant & equipment (including land)	1	2
Provisions provided for in year	0	5
Auditors remuneration	16	21
Total non cash items	**165**	**128**
Total	**50,080**	**46,408**

During the year the PHA paid its share of regional audit services (£1,232) from its external auditor (NIAO) for the National Fraud Initiative (NFI) and is included in operating costs above.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 5. INCOME

5.1 Income from Activities

	2015 £000s	2014 £000s
Research & Development	477	153
Total	**477**	**153**

5.2 Other Operating Income

	2015 £000s	2014 £000s
Other income	393	343
Seconded staff	288	478
Total	**681**	**821**

5.3 Deferred income	2015 £000s	2014 £000s
Total	**0**	**0**
TOTAL INCOME	**1,158**	**974**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6. PROPERTY, PLANT AND EQUIPMENT

NOTE 6.1 Property, plant & equipment - year ended 31 March 2015

	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation			
At 1 April 2014	634	106	740
Indexation	0	0	0
Additions	49	0	49
Reclassifications	0	0	0
Transfers	0	0	0
Disposals	(33)	(4)	(37)
At 31 March 2015	**650**	**102**	**752**
Depreciation			
At 1 April 2014	241	39	280
Disposals	(32)	(4)	(36)
Provided during the year	123	8	131
At 31 March 2015	**332**	**43**	**375**
Carrying Amount			
At 31 March 2015	**318**	**59**	**377**
At 31 March 2014	**393**	**67**	**460**
Asset financing			
Owned	318	59	377
Carrying Amount			
At 31 March 2015	**318**	**59**	**377**

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 (2014 £Nil).

The fair value of assets funded from donations, government grants and lottery was £Nil (2014 £Nil).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.2 Property, plant & equipment - year ended 31 March 2014

	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation			
At 1 April 2013	470	104	574
Indexation	0	2	2
Additions	193	0	193
Transfers	(13)	0	(13)
Disposals	(16)	0	(16)
At 31 March 2014	**634**	**106**	**740**
Depreciation			
At 1 April 2013	167	30	197
Disposals	(14)	0	(14)
Provided during the year	88	9	97
At 31 March 2014	**241**	**39**	**280**
Carrying Amount			
At 31 March 2014	**393**	**67**	**460**
At 1 April 2013	**303**	**74**	**377**
Asset financing			
Owned	393	67	460
Carrying Amount			
At 31 March 2014	**393**	**67**	**460**
Asset financing			
Owned	303	74	377
Carrying Amount			
At 1 April 2013	**303**	**74**	**377**

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7. INTANGIBLE ASSETS

NOTE 7.1 Intangible assets - year ended 31 March 2015

Cost or Valuation	Software Licenses £000s	Information Technology £000s	Total £000s
At 1 April 2014	14	48	62
Additions	0	99	99
Reclassifications	48	(48)	0
Transfers	0	0	0
At 31 March 2015	**62**	**99**	**161**
Amortisation			
At 1 April 2014	2	0	2
Provided during the year	13	5	18
At 31 March 2015	**15**	**5**	**20**
Carrying Amount			
At 31 March 2015	**47**	**94**	**141**
At 31 March 2014	**12**	**48**	**60**
Asset Financing			
Owned	47	94	141
Carrying Amount			
At 31 March 2015	**47**	**94**	**141**

Any fall in value through negative indexation or revaluation is shown as an impairment
The fair value of assets funded from donations, government grants and lottery was £Nil (2014 £Nil)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7.2 Intangible assets - year ended 31 March 2014

	Software Licenses	Information Technology	Total
Cost or Valuation	**£000s**	**£000s**	**£000s**
At 1 April 2013	1	0	1
Additions	0	48	48
Reclassifications	0	0	0
Transfers	13	0	13
At 31 March 2014	**14**	**48**	**62**
Amortisation			
At 1 April 2013	0	0	0
Provided during the year	2	0	2
At 31 March 2014	**2**	**0**	**2**
Carrying Amount			
At 31 March 2014	**12**	**48**	**60**
At 1 April 2013	**1**	**0**	**1**
Asset Financing			
Owned	12	48	60
Carrying Amount			
At 31 March 2014	**12**	**48**	**60**
Asset Financing			
Owned	1	0	1
Carrying Amount			
At 1 April 2013	**1**	**0**	**1**

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 8. FINANCIAL INSTRUMENTS

8.1 Financial Instruments

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

NOTE 9. ASSETS CLASSIFIED AS HELD FOR SALE

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

The PHA did not hold any assets classified as held for sale in 2014/15 or 2013/14.

NOTE 10. IMPAIRMENTS

The PHA had no impairments in 2014/15 or 2013/14.

NOTE 11. INVENTORIES

The PHA did not hold any inventories at 31 March 2015 or 31 March 2014.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12.1 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2015	2014
Amounts falling due within one year	**£000s**	**£000s**
Trade receivables	302	234
Deposits and advances	0	0
VAT receivable	318	221
Other receivables	192	243
Trade and other receivables	812	698
Prepayments and accrued income	150	388
Other current assets	150	388
Intangible current assets	0	0
Amounts falling due after more than one year		
Trade and other receivables	0	0
Other current assets falling due after more than one year	0	0
TOTAL TRADE AND OTHER RECEIVABLES	812	698
TOTAL OTHER CURRENT ASSETS	150	388
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**962**	**1,086**

The balances are net of a provision for bad debts of £Nil (2014 £Nil)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12. TRADE RECEIVABLES AND OTHER CURRENT ASSETS

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

	Amounts falling due within 1 year 2014/15 £000s	Amounts falling due within 1 year 2013/14 £000s
Balances with other central government bodies	434	345
Balances with local authorities	24	0
Balances with NHS /HSC Trusts	111	257
Intra-government balances	**569**	**602**
Balances with bodies external to government	393	484
Total receivables and other current assets at 31 March	**962**	**1,086**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 13. CASH AND CASH EQUIVALENTS

	2015	2014
	£000s	£000s
Balance at 1st April	217	269
Net change in cash and cash equivalents	59	(52)
Balance at 31st March	**276**	**217**

The following balances at 31 March were held at	**2015**	**2014**
	£000s	**£000s**
Commercial banks and cash in hand	276	217
Balance at 31st March	**276**	**217**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14. TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 Trade Payables and other current liabilities

	2015 £000s	2014 £000s
Amounts falling due within one year		
Other taxation and social security	389	367
Trade capital payables - property, plant and equipment	5	239
Trade capital payables - intangibles	23	0
Trade revenue payables	5,208	4,545
Payroll payables	250	495
BSO payables	624	363
Other payables	477	1,019
Accruals and deferred income	38	2,449
Trade and other payables	7,014	9,476
Other current liabilities	0	0
Intangible current assets	0	0
Total payables falling due within one year	7,014	9,476
Amounts falling due after more than one year	0	0
Total non current other payables	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**7,014**	**9,476**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14. TRADE PAYABLES AND OTHER CURRENT LIABILITIES

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

Name	Amounts falling due within 1 year 2014/15 £000s	Amounts falling due within 1 year 2013/14 £000s
Balances with other central government bodies	565	3,179
Balances with local authorities	221	133
Balances with NHS /HSC Trusts	2,552	2,370
Balances with public corporations and trading funds	9	1
Intra-government balances	**3,347**	**5,683**
Balances with bodies external to government	3,667	3,793
Total payables and other liabilities at 31 March	**7,014**	**9,476**

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2015

NOTE 15. PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

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

	2015 Number	2015 Value £000s	2014 Number	2014 Value £000s
Total bills paid	9,024	34,624	8,289	31,724
Total bills paid within 30 day target or under agreed payment terms	8,024	32,372	7,392	27,735
% of bills paid within 30 day target or under agreed payment terms*	**88.92%**	**93.50%**	**89.18%**	**87.43%**
Total bills paid within 10 day target or under agreed payment terms	6,866	23,542	6,103	22,008
% of bills paid within 10 day target under agreed payment terms	**76.09%**	**67.99%**	**73.63%**	**69.37%**

15.2 The Late Payment of Commercial Debts Regulations 2002

The PHA did not pay any compensation or interest for payments made late in 2014/15 (2013/14 £Nil).

* New late payment legislation **(**Late Payment of Commercial Debts Regulations 2013) came into force on 16 March 2013. The effect of the new legislation is that a payment is normally regarded as late unless it is made within 30 days after receipt of an undisputed invoice.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 16. PROVISIONS FOR LIABILITIES AND CHARGES - 2015

	Other £000s	2015 £000s
Balance at 1 April 2014	10	10
Provided in year	0	0
(Provisions not required written back)	0	0
(Provisions utilised in the year)	0	0
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2015	**10**	**10**

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

Comprehensive Net Expenditure Account charges	2015 £000s	2014 £000s
Arising during the year	0	5
Reversed unused	0	0
Cost of borrowing (unwinding of discount)	0	0
Total charge within Operating expenses	**0**	**5**

Analysis of expected timing of discounted flows	Other £000s	2015 £000s
Not later than one year	10	10
At 31 March 2015	**10**	**10**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 16. PROVISIONS FOR LIABILITIES AND CHARGES - 2014

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

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

Analysis of expected timing of discounted flows

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 17. CAPITAL COMMITMENTS

The PHA did not have any capital commitments at 31 March 2015 or 31 March 2014.

NOTE 18. COMMITMENTS UNDER LEASES

18.1 Operating Leases

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

	2015	2014
Buildings	**£000s**	**£000s**
Not later than 1 year	129	129
Later than 1 year and not later than 5 years	273	278
Later than 5 years	0	0
	402	**407**

18.2 Finance Leases

The PHA had no finance leases in 2014/15 or 2013/14.

18.3 Operating Leases

The PHA had no lessor obligations in either 2014/15 or 2013/14.

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

The PHA had no commitments under PFI or service concession arrangements in either 2014/15 or 2013/14.

NOTE 20. OTHER FINANCIAL COMMITMENTS

The PHA did not have any other financial commitments at either 31 March 2015 or 31 March 2014.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 21. FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

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

The PHA did not have any financial instruments at either 31 March 2015 or 31 March 2014.

NOTE 22. CONTINGENT LIABILITIES

The PHA had no contingent liabilities as at 31 March 2015 or 31 March 2014.

NOTE 23. RELATED PARTY TRANSACTIONS

The PHA is an arms length body of the Department of Health, Social Services and Public Safety and as such the Department is a related Party with which the PHA has had various material transactions during the year.

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

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

NOTE 24. THIRD PARTY ASSETS

The PHA held £nil cash at bank and in hand at 31 March 2015 relating to third parties.

NOTE 25. FINANCIAL PERFORMANCE TARGETS

25.1 Revenue Resource Limit

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

The Revenue Resource Limit (RRL) for PHA is calculated as follows:	**2015 Total £000s**	**2014 Total £000s**
DHSSPS (excludes non cash)	100,573	94,341
Non cash RRL (from DHSSPS)	165	128
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	**100,738**	**94,469**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

25.2 Capital Resource Limit

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

	2015 Total £000s	2014 Total £000s
Gross capital expenditure	148	241
Net capital expenditure	148	241
Capital Resource Limit	147	245
Overspend/(Underspend) against CRL	**1**	**(4)**

25.3 Financial Performance Targets

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

	2014/15 £000s	2013/14 £000s
Net Expenditure	(100,595)	(94,311)
RRL	100,738	94,469
Surplus / (Deficit) against RRL	143	158
Break Even cumulative position(opening)	880	722
Break Even cumulative position (closing)	**1,023**	**880**

Materiality Test:

	2015 %	2014 %
Break Even in year position as % of RRL	0.14%	0.17%
Break Even cumulative position as % of RRL	1.02%	0.93%

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

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 31 MARCH 2015

NOTE 26. LOSSES & SPECIAL PAYMENTS

Type of loss and special payment		2014/15		2013/14
		Number of Cases	£	£
Fruitless payments	Late Payment of Commercial Debt	0	0	40
	Claims waived or abandoned	1	55	0
		1	**55**	**40**
Losses of Accountable Stores	Losses of Accountable Stores	1	73	0
		1	**73**	**0**
TOTAL		**2**	**128**	**40**

26.1 Special Payments

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

26.2 Other Payments

There were no other payments made during the year.

26.3 Losses and Special Payments over £250,000

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

NOTE 27. POST BALANCE SHEET EVENTS

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

NOTE 28. DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 01 July 2015 for final end of year accounts.