PUBLIC HEALTH AGENCY

ANNUAL REPORT & ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2023

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Laid before the Northern Ireland Assembly

under Schedule 2, para 17(5) of the Reform Act for the Regional Agency, by the Department of Health

On 7 July 2023

Using this report

This report reflects progress by the Public Health Agency (PHA) in 2022/23 in delivering our corporate priorities and highlights examples of work undertaken during this period. It shows how this work has contributed to meeting our wider objectives and fulfilling our statutory functions.

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

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

Other formats

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

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Performance Report

Overview

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

The Public Health Agency – our role, purpose and activities

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

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

The PHA was set up with the explicit agenda to:

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

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

During 2022/23, the PHA continued to work and be guided by our purpose, vision and values, as set out in our Corporate Plan 2017 – 2021, which was rolled forward into 2022/23 as advised by the Department of Health (DoH).

Our purpose

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

Our vision

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

Our values

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

HSC values

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

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

Chair's Foreword

I want to commend all the staff of the PHA for their ongoing commitment in planning for future pandemics and for the work in restoring the previous levels of delivery in the many programmes which had to be reduced in order to permit staff to divert attention to the pressing demands caused by COVID-19 since February 2020.

There has been extensive ferment and change in the organisation since 2015. This is the first full year we have had a permanent Chief Executive in post since 2016. Since his appointment in July 2021, Aidan Dawson has been building a management team with the experience and skills necessary to address the many challenges which Public Health will face in the coming decade.

Following a review by Professor Ruth Hussey the Department of Health has initiated a programme in order to refresh and reshape the Agency with a new operating model. Work on this has been ongoing with the support of Ernst & Young (EY) since the start of the year under review and the second phase of this work will be completed in the coming months.

It is hoped that additional resources will be identified for Public Health in Northern Ireland in order to ensure levels of funding comparable with that in both Wales and Scotland.

The Board was successful in making a permanent appointment to the post of Director of Public Health with Professor Joanne McClean taking on this role in September 2022.

It is the ambition of the Agency to ensure that we have Public Health consultants with a background in other health professions and also in the social sciences (psychologists, sociologists, social anthropologists and statisticians).

Such a broad range of diversity and of expertise has proven to be extremely powerful in public health in England over the last 20 years.

Board members had a very constructive meeting with the Minister of Health Robin Swan just a few days before his term of office ended. We put the case for additional

resources for public health in Northern Ireland and for the implementation of the much-delayed partnership agreement with the Department of Health.

The PHA has been endeavouring to conclude a coherent and robust strategy for the work of the Agency in the years ahead. It is only with the guidance of such a strategy that it will be possible for the Agency to achieve its admirable objectives.

With his election to the Northern Ireland Assembly, it was necessary for Alderman Phillip Brett to resign his membership of the Board. I'm delighted to report that Councillor Craig Blaney of Ards and North Down Borough Council has succeeded him. Craig has extensive experience and expertise in the field of digital marketing.

As I complete my eight years of service as Chair of the Board I reflect on a period of very extensive change in the effective role of the Board.

I want to thank all those who put their shoulder to the wheel in order to advance, however slowly at times, the necessary improvements in Board effectiveness and as a consequence, improvement in delivery by the Agency.

I wish to mention the highly efficient and effective manner in which Robert Graham carries out the role of Secretary to the Board.

I want to salute the steadfast commitment of Aidan Dawson and his colleagues on the management team for their unswerving commitment to delivering the very broad elements of the annual business plan and for their focus to ensure that the PHA is an organisation responding in order to meet the ever changing needs and demands in public health.

Each and every one of the staff in the PHA has a unique and individual role to play in advancing the health and wellbeing of the people of Northern Ireland as well as of future generations.

It is my fervent and confident hope that colleagues in the Agency will continue to enhance the quality of life of the people of Northern Ireland.

Andrew Dougal OBE
Chair of the Board
Public Health Agency for Northern Ireland.

Chief Executive's Report

During 2022/23, we have placed a focus within PHA on ensuring that appropriate actions are taken to continue to protect our population against COVID-19, whilst at the same time scaling back the significant infrastructure that had been established to manage the pandemic response, and re-direct our resources back to normal business.

A key part of this transition has meant responsibility for the delivery of the COVID-19 vaccination programme being transferred from the Department of Health to the Agency. Between April and June 2022, the Agency delivered the Spring booster programme and the Winter Vaccine programme commenced in September 2022. I'm pleased to report that this has been the most successful winter vaccination programme to date with over 190,000 COVID-19 vaccines administered in total and an uptake of over 81% in those over the age of 70. On a similarly positive note, flu vaccination uptake in those aged over 65 was 83%.

After more than two years of operation, the Northern Ireland Contact Tracing Service (CTS) was formally closed on the 30 June 2022. During its last three months of operation (April 22 - June 22), staff working within the CTS dealt with over 50,000 positive cases of COVID-19. During this period, the CTS successfully transitioned from a live operational service to a contingency service, ready for future activation, if required. The closure of the CTS culminated in the hosting of a recognition event attended by the then Minister for Health, Robin Swann and Professor Sir Michael McBride, Chief Medical Officer, in which there was a uniform acknowledgement of the many achievements that had been made during the tenure of the CTS.

As the pandemic transitions into an endemic phase we cannot however afford to drop our guard in respect of our key objectives for protecting and improving the public's health. A timely reminder around this was served by our need to effectively manage two particular outbreaks that developed during the year, namely mpox, formerly known as Monkeypox and also high levels of Group A Streptococcus (GAS) infection, including scarlet fever and invasive Group A Streptococcus (iGAS). In both cases, following initial UK Health Security Agency (UKHSA) alerts, the PHA moved swiftly to stand up an effective and proportionate outbreak response.

Over the course of the year our population screening programmes in Northern Ireland have continued to recover from a pause in invites during the early phase of the COVID-19 pandemic. We have also brought a renewed focus to a range of our key issues successfully undertaking the development of a new commissioning framework for Drugs and Alcohol; the introduction of a 'Whole System Approach for Overweight and Obesity prevention'; and a detailed action plan to deliver early intervention priorities within the Minister's Mental Health Strategy. Further examples of successes in year across the PHA are detailed within the performance section of this Annual Report. These represent significant achievements in their own right but we are also mindful that we will be dealing in the years ahead with the consequences of COVID-19 having further exacerbated our Health Inequalities in Northern Ireland. As the lead Agency for public health we are committed both through statute and by our endeavour to tackling these inequalities and will continue to do so through strengthened partnerships going forward.

During the year we have sought to focus particular attention on the development of the PHA as an organisation that is fit for purpose and capable of addressing the public health challenges we face both currently and into the future. We have undertaken important steps to further develop our data science, information and analytics capacity through staff recruitment and development and have identified areas of development for the organisation building on the learning from the past three years in particular. This learning is also informing our current Reshape and Refresh organisational transformation programme to design and implement a new operating model for the Agency.

Further to this organisational change, the Agency must also react to, and positively influence, significant ongoing strategic reform of HSCNI. To this end we have worked in collaboration with the newly established Strategic Planning and Performance Group and in support of the development and implementation of the Integrated Care System for Northern Ireland. We will continue to exploit the opportunities for consolidating a clear public health focus within and outside of the HSC system in order to bring about improved outcomes in healthy life expectancy across our population. To this end the establishment during the year of three new multi-disciplinary strategic planning teams - early years, older people and mental health/

suicide prevention, represents an important building block in ensuring that we are better organised to do so.

The obligations arising from a range of ongoing public inquiries including for example the UK COVID-19 Inquiry, have undoubtedly placed additional demands on PHA staff including significant levels of additional work. We are very aware of the importance of optimising learning opportunities from such inquiries and have contributed accordingly during the past year.

Looking forward we know that change and uncertainty can be challenging and will require resilience at both an organisational and individual level. We will continue to support staff to ensure they are equipped and enabled to adapt to change, in any form and to continue to take forward and deliver the work of the Agency.

Finally, I want to thank all of my colleagues, our Non-Executive Directors and Directors and the staff of the PHA for their support and commitment and their work over the past year.

Aidan Dawson
Chief Executive
Public Health Agency for Northern Ireland

Performance Analysis

The PHA *Annual Business Plan 2022/23* sets out the key actions for the year commencing 1 April 2022 and ending 31 March 2023 to meet ministerial priorities and deliver on outcomes set out in the Corporate Plan for 2017/21 which was rolled forward to 2022/23 at the request of the Department of Health. Staff across the PHA, as well as Board members, were engaged with, and contributed to, the content of the plan.

The plan was also developed in alignment with the *Draft Programme for Government 2016–2021*, *Making Life Better 2012–2023*, *Health and Wellbeing 2026: Delivering Together* and the evolving community planning arrangements.

In 2022/23 the Annual Business Plan is broken down into 2 parts. Part A is focused on a smaller number of high priority actions that sets out the key corporate issues that PHA needs to specifically make progress on over the coming 12 month period. Part B of the Plan sets out the specific areas of work that PHA has taken forward during 2022/23 to progress a number of important Ministerial / DoH policy priorities, as well as continue to progress the many strategic priorities that underpin the ongoing delivery of the PHA Corporate Plan.

The *Annual Business Plan 2022/23* is broken down across five agreed key outcome themes:

1) COVID-19 Response;
2) Health Protection;
3) Health Improvement;
4) Shaping future health; and
5) Our organisation works effectively.

Progress is reported to the PHA Board through quarterly progress reports.

Overall performance against these targets has been of a high standard.

The figures in the following table set out the position achieved at 31 March 2023.

Green	On target	20
Amber	Slight delay	8
Red	Significant delay / will not be completed	3
TOTAL		**31**

The following pages highlight some of the key actions taken forward during 2022/23. They reflect work across all of the PHA Directorates and functional areas.

1: Managing COVID-19 response

By April 2022 significant progress had been made in managing the impact the COVID-19 virus was having on our population. The success of the vaccination programme, combined with the fact that a significant proportion of the population had been infected and recovered, meant that the Northern Ireland population had a high level of immune protection against COVID-19.

In light of the progress made, as outlined by the Minister for Health in the COVID-19 Test, Trace and Protect Transition Plan (March 2022), it was appropriate to adopt an approach that was more proportionate, targeted and focused in order to protect the most vulnerable in our society.

During 2022/23, the PHA's focus has been to ensure that appropriate actions are taken to continue to protect our population against COVID-19, but at the same time scale back the significant infrastructure that had been established to manage the pandemic response and re-direct our resources back to progressing core PHA business.

Management of the spring and autumn booster programme

On 1 April 2022 the implementation of the COVID-19 vaccination programme formally transferred from the Department of Health to the PHA. Subsequently the PHA delivered the spring booster for COVID-19 in April – June 2022. The eligible

groups were care home residents, over 75s and severely immunosuppressed individuals. Uptake in those aged over 75 years and in care home residents was over 80%.

The winter vaccination programme 2022/23 commenced in September 2022; the public were offered both COVID-19 and flu vaccines as part of a co-administration model. Eligible groups were:

- care home residents;
- staff working in care homes for older adults;
- frontline health and social care workers;
- everyone aged 50 and above;
- people aged 5 to 49 years in clinical at-risk groups, (including pregnant women);
- people aged over 16 to 49 years who are carers;
- people aged 5 to 49 years who are household contacts of immunosuppressed individuals.

The winter vaccination programme was delivered using a mixed model of providers including GPs, school nursing teams, community pharmacists and HSC Trusts. This has been the most successful winter vaccination programme to date with over 190,000 COVID-19 vaccines administered in total and an uptake of over 81% in those over the age of 70. Flu vaccination uptake in those aged over 65 was over 85%. The school flu programme was again extended this year to include all secondary school children (up to Year 12) in line with Joint Committee on Vaccination and Immunisation (JCVI) recommendations.

Planning for the spring booster programme for 2023 is well underway and delivery of the programme began on 12 April 2023.

Contact tracing

In the transition plan it was confirmed that routine population contact tracing would be phased out between mid-April 2022 and the end of June 2022. After more than two years of operation, on 30 June 2022, the Northern Ireland Contact Tracing Service (CTS) was formally closed.

The CTS was a core component of the regional response to the COVID-19 pandemic, working to reduce the transmission of COVID-19 through the identification, tracing and provision of advice to positive cases and their close contacts.

During its last three months of operation (April - June 2022), the CTS dealt with over 50,000 positive cases of COVID-19. During this period, the CTS successfully transitioned from a live operational service to a contingency service, ready for future activation, if required.

As part of its wider emergency preparedness, the PHA retains access to a large body of staff with contact tracing experience who may be relied upon in the event of a future outbreak of COVID-19 or other communicable disease.

The closure of the CTS culminated in the hosting of a recognition event attended by the then Minister for Health, Robin Swann and Professor Sir Michael McBride, Chief Medical Officer, in which there was a uniform acknowledgement of the many achievements that had been made during the tenure of the CTS.

Visiting pathway in care homes

As the COVID-19 pandemic eased and following the publication of the Northern Ireland Executive plan to manage a return to a more normal life, the Department of Health commissioned the PHA to develop guidance to support a safe approach to increased visiting in care homes across Northern Ireland.

The *Visiting with Care: A Pathway* was initially launched by the Minister of Health in May 2021.

The pathway included arrangements for residents to receive visitors, as well as supporting them to leave the home to visit family and friends and to connect with the wider community. It set out a graduated four-staged approach to ease the restrictions in all care homes in Northern Ireland

During April and May 2022, a revised “snapshot” survey focusing upon Stage 3 of the Pathway was completed and 935 returns were received (39% from residents; 37%

from friends/family; 13% from care home staff; 10% from care partners; 1% from other).

Feedback was on the whole very positive:

- 82% of respondents felt that the current measures supported residents and families to engage safely;
- 95% of residents rated their experience of visiting as very positive or positive; and
- 65% of family/friends rated their experience as very positive or positive.

The information gleaned from this this survey, alongside extant data in relation to the impact of COVID-19 in care homes, supported the development of a further pathway *Visiting with care – the new normal.* This guidance effectively removed all restrictions on visiting in those care homes not experiencing an outbreak, while a risk-assessed method of managing visiting during outbreaks is also set out. This replaced the previous requirement for all visiting to cease during an outbreak. This pathway was endorsed by the Minister for Health and took effect from 1 September 2022. This has brought visiting in care homes back to a pre-COVID-19 position.

Population health screening programmes

During 2022/23, the population screening programmes in Northern Ireland have continued to make progress to recover from a pause in invites during the early phase of the COVID-19 pandemic. As each programme is delivered in a different way, they have faced various challenges in this recovery process and have had to explore unique solutions.

One example of recovery activity is in the Abdominal Aortic Aneurysm (AAA) Screening Programme. At March 2022, initial screening invitations for the programme were running 11 months behind, as the programme had been concentrating on providing surveillance screens for those with an already identified aneurysm. The programme has made significant progress to address this during 2022/23 through a range of activities:

- programme processes were revised, including reducing the screening appointment time to bring practice into line with other UK nations;
- weekend screening clinics were trialled and delivered during 2022/23;
- two large 'super-clinic' events were held in February and March 2023, supported by colleagues from England. This involved multiple screening clinics being run concurrently in the same venue over 2 separate weekends. During these two events over 1,000 men were invited for screening and the programme received very positive feedback from attendees with 71% uptake.

Through these activities, the AAA screening programme has reduced the delay in invitations from eleven months to four months. A summary position of invites in each screening programme at the end of March 2023 is outlined in the following table;

	Position at March 2023
Bowel cancer screening	Returned to scheduled invites from September 2022. 35,541 people invited October – December 2022.
Breast screening	Invites 5 weeks behind schedule 20,661 women invited July – September 2022 with 73.0% uptake
Cervical screening	Invites continue at 5 months behind schedule 26,551 women attended for screening October – December 2022
Diabetic eye screening	People at higher risk of sight threatening retinopathy continue to be prioritised. 19,810 individuals screened October – December 2022
Abdominal Aortic Aneurysm screening	Invites have been reduced to 4 months behind schedule (at end March 2023)

The very high-risk breast screening programme, and screening for infectious diseases in pregnancy, newborn bloodspot and newborn hearing were not paused during the COVID-19 pandemic and have continued to be delivered in line with expected quality standards.

2: Health protection

In addition to supporting the ongoing response to COVID-19, during 2022/23 the PHA provided regional leadership and expertise in effectively managing two major outbreaks that had the potential to cause significant harm to the population.

Mpox

In early May 2022, a case of mpox (previously monkeypox) was diagnosed in London in a returning traveller. Over the following week, further cases of mpox were diagnosed in the UK. Early data suggested that transmission was associated with previously unrecognised risk factors including sexual activity and with specific population groups, including gay and bisexual men.

Following the initial UK Health Security Agency (UKHSA) alert, a local Incident Management Team (IMT) was set up by PHA. Subsequently several work cells were set up to support management of the outbreak focusing on:

- Acute response/duty room: case management; a detailed epidemiological questionnaire developed to establish risk factors and support national outbreak investigation; provision of isolation advice; identification of close contacts, including those requiring post-exposure vaccination;
- Surveillance: data analysis and reporting of epidemiological information; liaison with national UKHSA IMT;
- HSC service impact: development of testing pathways for primary and secondary care; work with the Strategic Planning and Performance Group (SPPG) and HSC Trusts to increase capacity within Genitourinary Medicine (GUM) clinics;
- Vaccine programme: coordination of mpox pre-exposure vaccination programme including securing allocation of vaccine for Northern Ireland; close working with GUM clinics to identify individuals at high priority for vaccination and to support delivery; and
- Communications: development of targeted communications to support awareness among specific population groups at risk; working closely alongside community and voluntary sector partners.

In total there were 34 confirmed cases in Northern Ireland between May 2022 and March 2023.

Transmission of mpox within the UK decreased in late Summer 2022. There have been six cases of mpox in the UK in 2023, all in England and no cases reported in Northern Ireland since September 2022. However, despite the decrease in case numbers in the UK, it is recognised that early transmissions in the mpox outbreak in May 2022 were likely to be associated with mass gatherings/ festivals in late Spring/ early Summer 2022 as well as with travel within Europe and other countries not considered to have endemic mpox. Additionally, as there is still active transmission in other countries around the world, there is an ongoing risk of imported cases from traditionally non-endemic countries. As such, prevention (i.e. vaccination) and early case detection and management remain essential, as per the UK strategy for mpox control.

Group A Streptococcus

Exceptionally high levels of Group A Streptococcus (GAS) infection, including scarlet fever and invasive Group A Streptococcus (iGAS), were detected across the UK in December 2022. A national enhanced incident was declared on 5 December 2022. The rise in iGAS in 2022/23 occurred earlier than in previous seasons, with a higher weekly peak than in the last peak season (2017/18). Sadly, there were a number of deaths, including among children.

The PHA established a multi-sectoral incident steering group, with representatives from Early Years, the Education Authority, SPPG and secondary care, to minimise the impact of iGAS and GAS infection on the population of Northern Ireland.

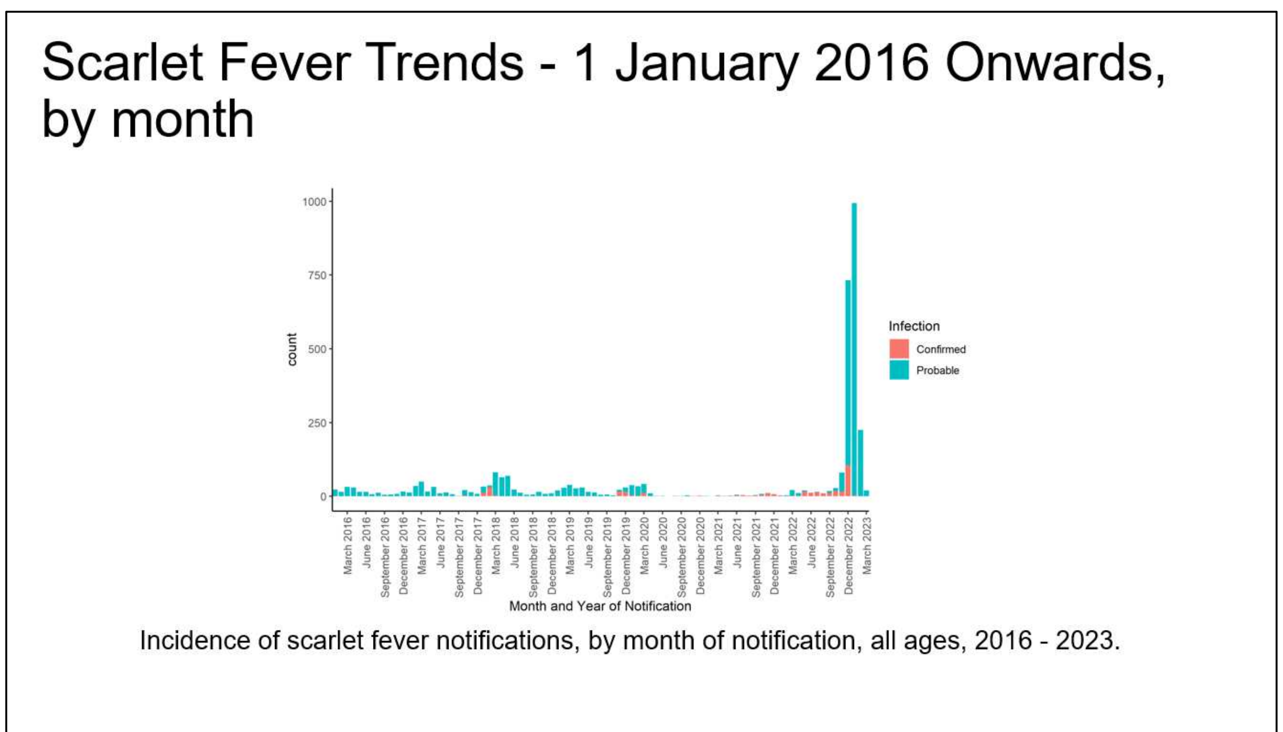
PHA actions included:

- Management of contacts of iGAS through the acute health protection service, in line with national guidance, to prevent and treat secondary cases;
- Management of outbreaks of iGAS in settings such as nurseries and schools, in line with national guidance, to reduce onward transmission;

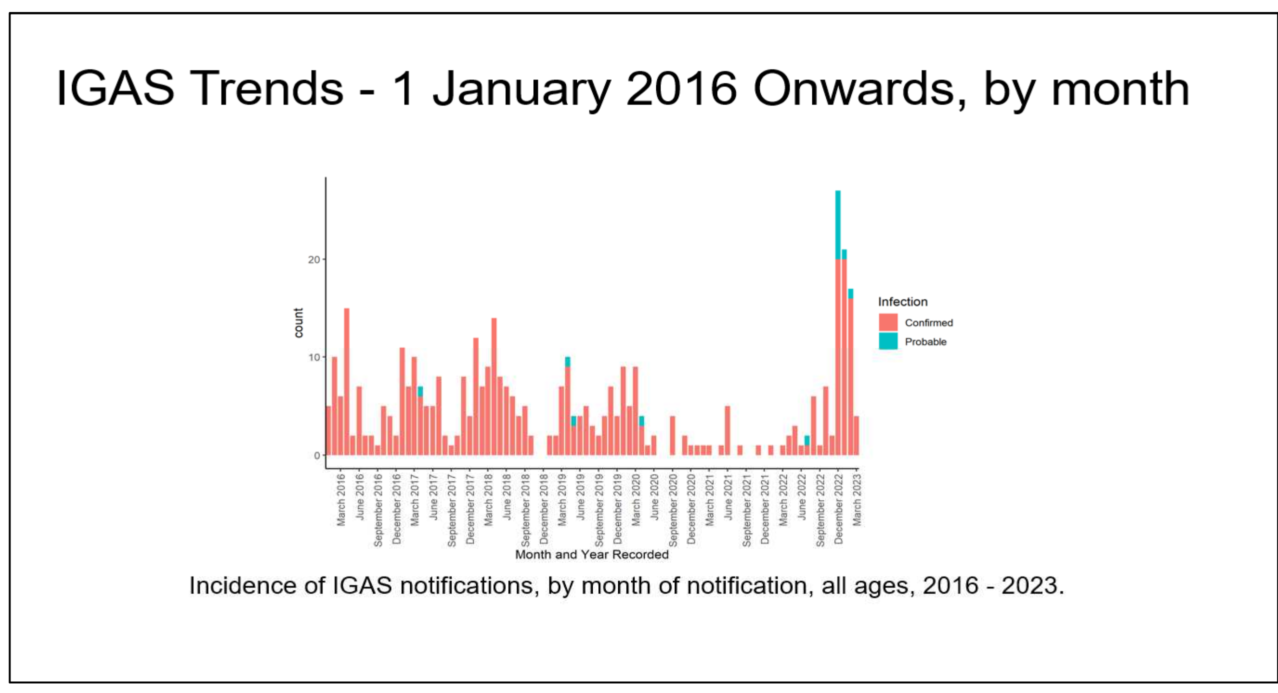
- Communication to medical practitioners alerting them to this early increase in incidence in GAS infections; and the importance of appropriate antibiotic treatment in reducing complications and infectivity;
- Advice to the public and parents regarding symptoms and actions to take if they or their child had symptoms of GAS infection;
- Provision of information and advice to schools, nurseries and other educational settings; including development of FAQs and support and advice through the duty room;
- Press briefing and media updates; and
- Surveillance of scarlet fever and iGAS to enable monitoring of the incidence of new cases to ensure control measures were effective and to help services to prepare.

This incident posed several challenges for the PHA and the health service, including significant media attention and resulting anxiety amongst the public resulting in increased pressure on GP practices, GP Out of Hours and Emergency Departments. As scarlet fever and other GAS infections require antibiotic treatment, there was exceptional demand for antibiotics, particularly during December 2022. This required close working across DoH, SPPG, PHA, HSC Trusts and community pharmacies to manage antibiotic supply and stock, particularly over the Christmas and New Year Bank Holidays. Serious Shortage Protocols were also implemented to enable pharmacists to dispense appropriate alternatives to Penicillin V.

The incidence of scarlet fever and iGAS remains elevated, but now within usual seasonal levels. We continue to monitor the incidence of scarlet fever and iGAS closely, and to manage cases, clusters and outbreaks through the acute health protection service.



Incidence of scarlet fever notifications, by month of notification, all ages, 2016 - 2023.



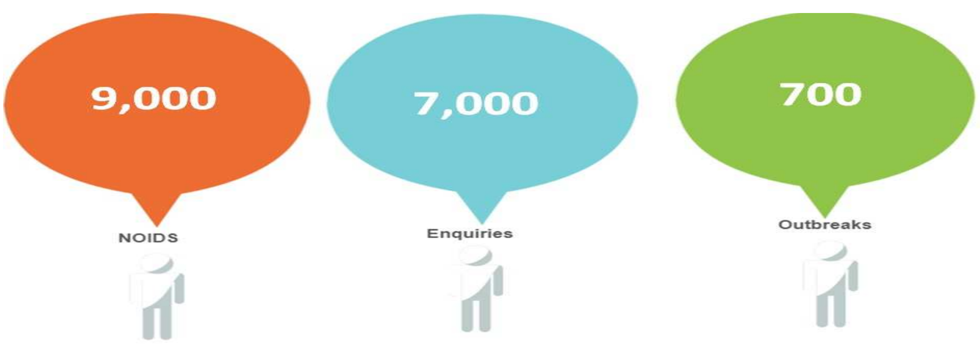
Incidence of IGAS notifications, by month of notification, all ages, 2016 - 2023.

Acute Health Protection Response

The Acute Health Protection Response service has been focused on returning to a ‘new norm’ with step down from the pandemic response and resumption of routine activity and business. Emphasis has been placed on ensuring upskilling of the workforce in key disease areas and introducing greater resilience into the team for

emergency preparedness. The team will continue to engage in a range of activities to protect individuals and communities against communicable disease and other dangers to health and social well-being, including environmental dangers or emergencies.

From 1 April 2022 – 30 March 2023, the acute response activity in relation to Notifications of Infectious Diseases (NOIDS), clinical enquiries and Incidents/ outbreaks is broken down as below;



- There were **approximately 9,000 suspected or confirmed NOIDS** reported to the acute response team that required further public action to be taken in line with local and national guidelines.
- There have been approximately **7,000 enquiries** received into the acute response team, each of these enquiries was risk assessed and the appropriate specialist health protection/public health advice given. This included advice relating to immunisation/ vaccination, community Infection Prevention and Control, environmental hazards, emergency planning, healthcare associated infections and disease specific organisms.
- The team provided leadership, specialist health protection advice and support in approximately **700 outbreaks/ incidents**. Settings included independent nursing and residential facilities, hospital, childcare, workplace and other community settings.

Support to the independent sector nursing and residential facilities across Northern Ireland remains a priority for the acute response team. Moving out of the COVID-19 pandemic, the approach to the public management of respiratory illness has included

the development of new Infection Prevention and Control (IPC) measures for respiratory illness in this setting.

Delivery of population vaccine programmes

The PHA is the lead organisation for the delivery of population vaccination programmes in Northern Ireland.

Each year, all eligible children in Northern Ireland are offered the opportunity to receive vaccines in order to protect them against vaccine preventable disease. The PHA continues to have oversight of, and advise, on the implementation of the preschool programme, in line with the latest JCVI advice and policy implemented by the Department of Health.

Following a steady decline in uptake of preschool immunisation, during 2022/23 a multidisciplinary team was developed to review a number of aspects of the childhood programme. A scoping exercise was completed and work steams focusing on data; communication; education and training; access to services; and operational management were set up to strategically improve vaccine uptake.

This is a multifactorial issue and involves working with a range of professional stakeholders and the general public.

Following a gradual decline in the uptake of adolescent vaccinations, the PHA commissioned a catch-up programme in further education colleges and universities.

This allowed students to come forward for the HPV, school leaver's booster and MenACWY vaccines as a further mop-up should they have missed school-based clinics during the COVID-19 pandemic. This short project is being delivered by the COVID-19 vaccination teams within the HSC Trusts, supported by the PHA.

The winter vaccination programme 2022/23 commenced in September 2022 and the public were offered both COVID-19 and flu vaccines as part of a co-administration model. This year's flu programme has been the most successful to date - the current flu vaccination uptake for those in the 65 years and older cohort is 82.91%, and 82.70% for care home residents. For the COVID-19 autumn booster programme,

uptake in those over the age of 50 was 63.17%, with uptake being the highest in the 80+ cohort (84.01%). Uptake in care home residents is currently 72.79%.

The shingles vaccine programme continues to be delivered via GP practices to all patients aged 70 years on 1 September. In September 2021, the introduction of Shingrix® permitted the extension of the programme to all immunocompromised patients aged between 70 and 79 years old.

Historically the programme has been combined with the seasonal flu vaccination programme, however with the introduction of COVID-19 vaccine programme and advice to avoid co-administration of shingles vaccines and COVID-19 vaccines, coverage of the shingles immunisation has been impacted. There are ongoing efforts to improve coverage of the shingles vaccine across the region with a request made to GP practices to complete a 'search, identify and inform' strategy funded by the PHA.

As part of the emergency outbreak response, the mpox vaccination programme was implemented in August 2022. The number of mpox cases in Northern Ireland has been very low relative to the rest of UK. There were 34 confirmed cases in Northern Ireland, with no further cases reported since mid-September 2022.

Vaccine uptake across the region is reported as 47% for dose 1 and 61% for dose two (as at 9 March 2023).

As the number of cases locally remains low the vaccine programme will continue to be offered to those most at risk of mpox in line with JCVI recommendations during the next phase of disease control.

Development of health protection surveillance analytics

In 2022/23, the PHA Health Protection Team reviewed the respiratory surveillance systems in light of the learning from the COVID-19 pandemic and adopted a more data science-oriented approach to using and presenting data.

Several manual reporting systems were replaced with automated systems for laboratory and secondary care surveillance data delivery and into a centralised Microsoft Azure Analytics Platform.

This change advanced reporting through the development of dashboards, including epidemic modelling for influenza. Securing these transformational changes creates resilience and is now providing rapid timely surveillance and epidemiology reporting in multiple areas (for example, hospital admissions and demand, pathogen genomics and vaccine uptake).

An audit of the health protection surveillance systems to maintain good governance has taken place. Work has commenced to systematically review data access, storage and use to ensure data protection compliance.

Following the COVID-19 pandemic, PHA surveillance programmes that were paused have been reviewed and approaches developed to reactivate these areas. Examples include re-engagement with general practice sentinel surveillance for influenza, and updating surveillance operational procedures for legionnaires' disease and tuberculosis.

To date, analytics platform work has been focused on respiratory conditions and adult vaccination. This work will now be extended to childhood vaccinations with further plans to incorporate gastrointestinal surveillance data and to introduce electronic notification of infectious diseases from primary care medical practitioners during the next year.

3: Improving health and social wellbeing and addressing health inequalities

The PHA has taken forward a number of new areas of work during 2022/23 that have sought to improve health and wellbeing outcomes for individuals and communities, targeting those specific sections of our population experiencing the highest levels of inequality. Set out below are some examples.

A whole system approach to obesity prevention

Overweight and obesity are major problems in Northern Ireland with significant numbers in the population carrying excess weight. One in four children (aged 2–15) are overweight or living with obesity and almost two in three adults (65%) are either overweight (38%) or living with obesity (27%). Overweight and obesity rates are not

evenly spread throughout the population with people living in the most deprived areas of Northern Ireland more likely to be overweight and obese.

Tackling obesity requires the collaborative effort of government departments, communities and individuals to prevent and manage obesity appropriately. It is a collective approach for all of us to create the right conditions for people to enjoy healthier lives and reduce the inequality gap for obesity.

The PHA has established a Regional Obesity Prevention Implementation Group, who are implementing a whole system approach to obesity prevention, with key stakeholders in six early adopter pilot sites in Northern Ireland. A whole systems approach to obesity uses collaborative working with stakeholders across the whole system to identify, align and review a range of actions to tackle obesity in the short, medium and long term.

Achievements to date:

- A working group has been established to oversee and direct the process;
- 30 staff in PHA and key partner organisations have been trained on systems working;
- The six early adopter sites have been identified in Northern Ireland. The first site, Ards & North Down Borough Council (A&NDBC), was launched in March 2023; and
- A training workshop, facilitated by Leeds Beckett University and Ulster University, was held on 6 March 2023 and attended by 35 key staff from all early adopter sites.

Sexual health

During 2022/23 the PHA has been focused on addressing the rise of Sexually Transmitted Diseases (STIs) in Northern Ireland. We have worked collaboratively with colleagues in SPPG to secure recurrent funding to continue to deliver the online STI testing service delivered by SH-24.

The online service was critical in maintaining access to testing during the COVID-19 pandemic and continues to play an important role in testing. Overall STI testing

(online plus face-to-face) has increased by around 40% compared to pre-pandemic levels, and a significant proportion of people testing with the online service are accessing STI testing for the first time.

In addition, funding was also secured that now enables women and girls aged 16 and over to order their contraception online and get it delivered discreetly to their door. The service, also delivered by SH-24, is now fully operational across Northern Ireland and can be used to order the pill, the mini-pill and emergency contraception (‘the morning after pill’). The new system has been co-designed by service designers, clinicians and women who currently use contraception clinics.

During 2022/23, the PHA ran a mass media campaign aimed at promoting good sexual health by encouraging the use of condoms and regular testing for STIs. The campaign ran from 1 February 2023 through to end of March 2023. The campaign included TV, radio, cinema, ambient (washroom) and digital outdoor advertising. Video on demand and display digital advertising were also employed including YouTube, Facebook, Instagram, Twitter, Snapchat and TikTok.

Apps such as Reddit, Grindr, Tinder as well as Google Search and partnerships with Belfast Live and GAY NI were also utilised to reach the campaign audience. Working with Health Intelligence, there will be a planned evaluation post-campaign.

Mental health, suicide prevention and emotional wellbeing

Suicide prevention, mental health and emotional wellbeing are key priority areas and a major focus for the PHA due to the wide-reaching impact these issues have on the health of individuals and communities throughout Northern Ireland.

In May 2022, the Department of Health asked the PHA to lead on developing an Early Intervention and Prevention Action Plan to take forward Actions 1 and 2 of the Mental Health Strategy. These actions recognise the need to move to a model of prevention and earlier intervention to support mental wellbeing and resilience, raise awareness of mental health, reduce the stigma associated with it, and prevent and delay the onset of mental health problems.

A steering group to oversee the development of the Action Plan, 2022–25, was established in June 2022. The group included broad cross-sectoral representation to

bring together a range of knowledge, skills and experience to support the development of the plan.

The action plan was approved by the steering group in November 2022 and endorsed and commended by the Mental Health Strategic Reform Board on 31 March 2023.

The *Protect Life 2 Strategy (PL2) 2019-24* is a long-term strategy for reducing suicides and the incidence of self-harm, with action delivered across a range of government departments, agencies, and sectors.

During 2022/23 the PHA commissioned a range of public education programmes aimed at improving awareness of suicide prevention and ensuring support services available are promoted. This has included the continued delivery of Psychological First Aid (PFA) and Stress Control. Both programmes have been available online since the beginning of the COVID-19 pandemic and to date approximately 15,000 participants have completed them.

Over 8,000 people have accessed vital support through various mental health and suicide prevention programmes funded by the PHA in the last year.

In the last year a mental health mass media advertising campaign (Boxer) was launched. The campaign encouraged anyone in distress or despair to talk about how they are feeling and signposted to www.mindingyourhead.info

The campaign included TV, radio, outdoor and digital/social media. Campaign evaluation is currently taking place.

A new regional suicide prevention/Lifeline campaign (Talking Really Helps) and website were launched in the last year. The campaign encourages openness and talking in relation to feelings of anxiety, distress or crisis.

From April 2022 – March 2023, the Lifeline service received 41,165 active calls, a monthly average of 3,430 active calls. 953 clients were supported during this time with 6,337 counselling sessions offered.

During 2022/23, the PHA Small Grants Program was successfully implemented, with 371 projects awarded funding across Northern Ireland. These projects are aimed at improving the health and wellbeing of local communities with a particular focus on improving mental and emotional wellbeing.

A new Self Harm Intervention Project (SHIP) business case has been drafted for re-tendering of SHIP and the commencement of a revised service in 2024. To date the PHA commissions 14,381 sessions of support per annum, with 13,568 sessions per annum of support for people who self harm (94% of the total) and 813 sessions (6% of the total) for the families and carers of people who self harm.

During 2022/23 an extensive public engagement and full consultation has been delivered on postvention services for those who have been bereaved by suicide. This will contribute to the development of a new service being designed/commissioned.

Promoting healthy ageing

In 2022 the PHA worked with Age NI to produce and distribute an Ageing Well calendar to older adults across Northern Ireland. Evaluation showed that 84% of those surveyed said the information in the calendar helped them improve their sense of wellbeing. Based on this success, we once again worked with Age NI to produce a calendar for 2023, sharing lots of healthy aging material and advice. Over 50,000 calendars were produced and distributed via local networks and community pharmacies. We have also supported the Living Well campaign in February and March 2023, which has focused on the 50+ age group and encouraging increased physical activity aiming to support better overall wellbeing and protecting independence.

4: Shaping Future Health

During 2022/23 PHA has taken forward a number of specific programmes of work that are shaping how future services are commissioned and delivered to ensure they are achieving the best outcomes for individuals and the wider population.

New commissioning framework for alcohol and drug services

In response to the Department of Health's new regional strategy - *Preventing Harm, Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use (2021-31)* **-** throughout 2022/23 the PHA, in partnership with colleagues in SPPG, has set about co-producing a new strategic commissioning framework and implementation plan for alcohol and drug services.

Recognising the value of co-production, this programme of work has been co-produced with individuals with lived and living experience as well as colleagues across the community, voluntary and statutory sectors. To help develop the new framework, 10 outcomes groups were established to review specific priority areas. Each outcome group was co-chaired by a community/voluntary representative and a statutory representative. Approximately 150 individuals have been actively involved across the work of the outcome groups. Each group submitted a comprehensive assessment of need for their priority area and made recommendations for service transformation and future commissioning priorities.

Throughout February and March 2023 a core group of staff from PHA/SPPG supporting the implementation of the strategy took each outcome groups submissions and developed them into a comprehensive *Regional Drug & Alcohol Commissioning Framework & Implementation Plan* which was finalised in May 2023.

During 2022/23, a comprehensive needs assessment to find out more about the needs of people who experience problems with substance use within the Western HSC Trust area was also undertaken. The needs assessment will provide the community, commissioners and service providers with a full picture of the needs of the population across the WHSCT area and it will be used to inform actions, to improve care and support pathways and outcomes.

New model of care for pregnant women in Northern Ireland

The Continuity of Midwifery Carer (CoMC) NI model has been developed. The CoMC Model will see women receive support from the same midwifery team during pregnancy, birth and in the early days after birth. It is being rolled out across all HSC Trusts in the coming months, supported by the DoH and the PHA.

This will support women throughout their childbirth journey. Continuity of Midwifery Carer has been proven to deliver safer, more personalised maternity care. Cochrane Reviews concluded that CoMC models save babies' lives, reduce interventions, improve clinical outcomes and enhance women's experience of care. These women reported higher perceptions of safety and quality of care and more positive experiences of maternal-infant bonding and postnatal physical health.

The benefits are:

- providing safe, effective and compassionate midwifery care;
- ensuring a consistent approach through the implementation of one regional CoMC model which is in line with national guidance and regulatory requirements;
- supporting the implementation of National Midwifery Council midwifery education and proficiency standards which will protect the public now and into the future;
- ensuring midwives and managers have the knowledge, skills and confidence to provide the regional CoMC model of care across all settings; and
- offering a value for money service using a cost avoidance approach.

The HSC Trusts in Northern Ireland have been forging ahead to ensure that the essential building blocks are in place to support the implementation of this new model of care. Over the coming months it is anticipated that all HSC Trusts will have at least one team established.

Women will be able to decide if they wish to benefit from this model of care and will meet their named midwife at their antenatal booking appointment. This midwife will be responsible for planning and providing care throughout their pregnancy, birth and postnatal period. If at any stage of the pregnancy, birth or postnatal period a woman needs to see a consultant or other medical specialist, their named midwife may attend these appointments with them.

The CoMC team will provide 24/7 availability for labour and birth and will support women in all birth choice settings. The named midwife will also support a woman during discharge from hospital, if that is where she had her baby, will visit her at home after the birth, and will co-ordinate the handover of care to the health visitor, to ensure the mother and baby get the care they need. For more information visit www.pha.site/CoMC

Regional falls pathway for care homes

Falls are one of the most significant resident safety events reported within care homes in Northern Ireland. Falls have a major impact on residents, both physically and mentally. They can be catastrophic. To reduce falls and improve residents' quality of life, a regional pathway was co-designed utilising collective leadership, by improving safer mobility, immediate management and learning from falls. This work was led by the Frailty Network.

This project was a key first focus action of the Enhancing Clinical Care Framework (ECCF). This is a regional project with the aim 'to ensure that people who live in care homes are supported to lead the best life possible.'

The falls pathway includes:

- checklist and review document;
- falls safety cross;
- post falls management guideline;
- long lies resources (defined as lying on a floor for one hour or more post fall); and
- resources/equipment for falls.

Testing began in 18 homes in May to July 2022**.** Early indications show a potential reduction in the falls rate and ambulance call-outs, although further work is ongoing to obtain more data. Results indicated there has been an increase in residents and staff feeling confident about safer mobility. A breakdown of the responses provided is show in the table below.

Resident outcomes
'Residents got involved and started to manage their own safer mobility better' Care Home manager
97% of residents no longer felt afraid of falling
82% of residents reported they know how to move safely to reduce the risk of falls
82% of residents reported they felt safe and confident moving around the home
93% of residents said they had all the equipment to help them move safely
91% of residents felt less worried about tripping and falling
Staff outcomes
'*By improving learning for staff and residents via the safer mobility learning materials and pathway we have increased staff motivation, they are doing their own audits and assessments which is ideal' Care Home manager*
82% of staff felt confident in promoting safer mobility (increase of 32% from baseline)
82% of staff felt confidence in managing a resident fall (increase of 14% from baseline)
Balancing measures
'*Families got involved, came up with innovative solutions and reinforced the learning from falls with their loved ones' Care home manager*
37% reduction in ambulance call outs to partner homes for the duration of the pilot
100% of homes using the pathway

The pathway was awarded the HSQI Quality award in the Care Home Category in 2022.

Reducing risk and improving quality for children and young people with eating, drinking and swallowing difficulties

Eating, drinking and swallowing (EDS) difficulties affect 8.1% to 11.15% of individuals with learning disabilities and can cause aspiration, choking or death. An innovative, partnership approach led by the PHA was developed to reduce risks and improve quality for children and young people (CYP) in education settings through the implementation of EDS training, safety measures and robust pathways.

A regional eLearning awareness training programme was developed for staff in education settings who support children and young people with EDS difficulties. It included a bespoke train the trainer package for catering staff, which included a practical element to enhance their learning. Since 15 August 2022, 1,742 staff accessed this training, which is a 200% increase compared with local HSC Trust provision the previous year.

This training has improved knowledge, skills and confidence of education staff and has subsequently reduced choking risks, enhanced quality of care for CYP and led to timely referrals.

Feedback gained from the training includes:

- 99% found training informative/very informative;
- 96% found training easy/very easy to access;
- 89% found training was the right length; and
- 93% reported training had met their needs.

"Didn't realise how much was involved in feeding"
"Didn't know about all the signs of difficulty but now I do"
"very useful" "easy to follow"

Great for new staff who would have missed a one off training session

Very informative and well presented, it was useful being able to work through it at own pace

The eLearning resource can be accessed anytime and can be updated to include emerging evidence. It has the capability to embed assessment, generate certificates and has a live analytics dashboard that records visits, assessments and staff feedback. This helps support developments in this area as and when required.

Roles and responsibilities of staff supporting CYP with EDS needs were defined and robust processes were established across the health and education sector. Existing good practice was streamlined to provide regional consistency and EDS education care plans were reviewed to ensure they were comprehensive and specific to

individual needs. A regional safety alert poster was developed for school settings to highlight the signs of EDS.

This project ensured best use of resources and an upskilling model that has equipped education staff to effectively meet the needs of CYP with EDS needs and has assisted in providing bespoke integrated child-centred care.

Personal and Public Involvement

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

In 2022/23 the PHA focus has been on:

- Continuing to lead on the implementation of the online user feedback survey, Care Opinion, across the whole of the HSC. There are currently over 12,000 stories collated through the service and over 260 changes recorded as informed by the individual stories;
- Development of processes to share collated analysis of stories in the form of briefing papers - this includes 280 stories relating to general surgery, 71 stories relating to primary care, 2,000 stories relating to emergency departments and 550 stories relating to maternity service;
- Analysis of over 2,000 stories shared by residents of care homes and their families and learning shared to inform strategic priorities such as visiting into the care homes and the development of an enhanced clinical care framework for Northern Ireland;
- Leading the first standardised qualitative survey on the experience of engaging with social work service in Northern Ireland as commissioned through the DoH. Almost 500 stories were shared by service users, families and carers to shape and influence policy and practice in social work;
- Providing professional involvement leadership, advice and guidance to over 60 strategic, high profile or cross organisational initiatives in the HSC;

- Raising awareness, understanding and building skills, knowledge and expertise in involvement, co-production and partnership working with HSC staff, service users and carers. This included a webinar series with 780 people participating. Other bespoke and targeted training programmes commissioned and or delivered via the PHA, including the Leaders in Partnership Programme, resulted in some 350 participants having availed of more intensive, bespoke and targeted training initiatives;
- Designing and introducing a centralised, robust and consistent involvement monitoring system, to enable the HSC to identify what was happening across the system and the impact/difference that involvement was having; and
- Leading HSC-wide work to support the active participation of service users and carers, including the development of regional circular on the reimbursement of expenses and progressing work on the remuneration of service user and carer partners.

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

Health Intelligence

The population health and behavioural insights produced by the Health Intelligence unit are an essential component in planning programmes across all of the PHA's strategic priorities and help in shaping future services. Key examples of the Health Intelligence unit's achievements in 2022/23 are set out below:

- Delivered a quantitative study which assessed public knowledge, attitudes and intended behaviours with regard to the autumn vaccination programme and other behaviours related to reducing transmission of COVID-19;
- Provided professional advice in the development of an evaluation framework for a community pharmacy blood-born viruses pilot;
- Delivered regional and HSC Trust analyses of the Family Nurse Partnership (FNP) and presented these at regional and international forums. Provided expert guidance in the development of the specification of a new FNP data system;

- Delivered critical appraisals of published evidence/data on population mental health, mental health early interventions, mental health postvention, substance use and sexual health;
- Delivered analysis of trends in paediatric hospital admissions;
- Delivered statistical profiles/briefings on population health, children's health in Northern Ireland, breastfeeding, obesity, tobacco, sexual health;
- Delivered complex analyses of Northern Ireland perinatal data for inclusion in the international surveillance platform Euro-Peristat;
- Delivered insights from evidence appraisals and complex data analyses which were used in the development of PHA campaigns;
- Delivered robust evaluations of the impact of PHA commissioned services, e.g. smoking/obesity/stroke/organ donation mass media campaigns;
- Delivered evaluation framework for Lifeline which will be implemented in 2023/24;
- Provided professional advice to DoH on strategy development, e.g. breastfeeding;
- Identified innovative approaches to undertaking population health needs assessments which will be piloted in the ICS test programme in the southern area;
- Delivered quantitative study which assessed public brand recognition of the PHA and opinion of the function it provides;
- Provided professional input into the development of a PHA predictive data modelling system; and
- Expanded UK and international networks in the areas of public health intelligence and behavioural/behaviour change science.

HSC Research & Development

In 2022/23, the HSC Research & Development (R&D) Division distributed a total of £17.5m across the HSC Trusts, universities and charitable sector for research in health and social care. This funding is made up of allocation from the DoH, a baseline of £12.4m capital funds, as well as a further £3.4m annual contribution to the UK-wide National Institute of Health and Care Research (NIHR) funding programmes.

Of the £17.5m total, over £9m was spent on R&D infrastructure and largely trained research professionals in the six HSC Trusts to enable them to support important research studies across broad areas.

New funding awards made in 2022/23 (which may run over multiple financial years), include £6m for R&D infrastructure, £1.5m for education and training awards to build future research capacity, £0.78m for public health relevant research and £0.95m across a range of health priorities including diabetes, cancer, cardiovascular disease and other long-term conditions.

The annual NIHR contribution currently unlocks funding programmes up to an annual value of approximately £100m for studies led by Northern Ireland researchers. There is no limit to the funding that can be secured for Northern Ireland, but there is a positive track record of return on investment. In the first half of 2022/23 where data is available, Northern Ireland researchers have secured over £3m direct awards and a share in over £6.5m of awards as co-investigators. This compares favourably with the full-year 2021/22 figures of £5.2m direct awards and £6.5m as co-investigators.

Successes during the year include:

- Findings from the Student Psychological Intervention Trial (SPIT), were featured in newspaper articles based on SPIT's new research paper about student mental health, highlighting this as an important issue for action;
- HSC R&D Division surveyed award holders to assess their views on how well public involvement was implemented, using the UK Standards for Public Involvement as a Framework. Fifty-five postholders completed the survey. Of those who had sought advice from HSC R&D Division, 84% found it helpful or very helpful and 89% agreed or strongly agreed that the PPI processes HSC R&D Division uses positively impact the quality of research it funds; and
- The NI Clinical Research Network Critical Care team won first place at the Belfast Trust Chairman's Awards in the 'Acute Innovations' category for COVID-19 Research in ICU changing care. £10,000 was awarded in recognition of the team's work in recruiting critically ill patients to clinical trials during the COVID-19 pandemic.

Health and Social Care Quality Improvement

Throughout 2022/23, Health and Social Care Quality Improvement (HSCQI) has continued to build an HSC Learning System to support the rebuild of HSC through a range of initiatives.

The Timely Access to Safe Care (TASC) scale-up programme was developed in response to the agreed mandate issued by the HSCQI Leadership Alliance in November 2021. This mandate was that the HSCQI Network would use a Quality Improvement (QI) approach to supporting system-wide improvement efforts focused on reducing waiting times. The programme was co-designed by the HSCQI Network, with engagement from key stakeholders.

- 21 QI projects from across all six Health and Social Care Trusts are participating in the TASC programme;
- The projects are grouped within six workstreams;
- Project teams have participated in five action learning sets to date and have uploaded project documentation and data to a shared platform; and
- A number of projects have made good progress and show potential for scale and spread during 2023/24 which will again be supported by HSCQI.

Feedback from participants has been very positive. At every learning set, the qualitative data obtained from the evaluation forms has consistently identified that the most valuable aspects of the learning sets are connecting with teams from other HSC Trusts and participating in shared learning.

The third regional cohort of the Scottish Improvement Leader (ScIL) Programme commenced in June 2022. Places on the cohort were allocated across HSC and nominations were supported by senior leaders. The focus of the projects in this cohort was improving timely access to safe care. This approach ensures that regional QI resource and effort is aligned with the HSCQI Leadership Alliance mandate of ensuring a system-wide approach to supporting improvements in timely access to safe care.

HSCQI Alumni include staff from across all areas of the HSC who have been trained in QI tools and approaches. During 2022/23 the HSCQI Hub hosted 12 learning

sessions, which attracted over 650 participants exploring many different aspects of QI including the use of data for improvement, communication masterclasses, learning from HSCQI award winners and building energy for change and improvement. Speakers included Dr Helen Bevan, NHS England team and staff from across the HSC.

5: Our organisation works effectively

Reshape and Refresh Programme

The overarching aim of this programme of work is to develop a PHA which is modern, accountable, effective and which can effectively manage a pandemic response or any future public health crises should they arise.

Phase 1 of the Reshape and Refresh programme was an 'as-is' assessment on the functions and structures of the PHA to bring forward recommendations for change. The review and corresponding proposed refreshed operational structure were finalised and accepted by the Phase 1 Programme Board in September 2022.

Having commenced Phase 2A in November 2022, the agreed programme governance arrangements were stood up in addition to the workstreams. This included a Programme Board, co-chaired by the Chief Executive and Chief Medical Officer, supported by the Operational Delivery Board. Terms of reference for both Boards were developed and ratified early in Phase 2A.

A benefits management approach has been developed, with input from the Programme Director and colleagues from PHA. A transformation survey was issued to PHA staff in March 2023, with the results being baselined with an agreed plan to reissue 12 months later to assess progress. A working group has been established to support tracking of benefits.

Design principles for the programme were developed and ratified in December 2022.

Extensive engagement has been undertaken with PHA staff and stakeholders. This has involved:

- two functional design workshops;

- all-staff sessions in Craigavon and Belfast;
- engagement session with DoH staff;
- Engagement sessions with individual PHA teams; and
- planned additional all-staff sessions to be held in May 2023.

A detailed stakeholder analysis and a comprehensive communications plan has been produced, supporting staff awareness through a Chief Executive video series, monthly newsletters, an FAQ document and a monitored email address for queries.

It is planned that Phase 2 of the Reshape and Refresh Programme will last for a 12-month period and will deliver the detailed design of the future-state PHA and the implementation of the required works to deliver this future-state.

Communications

Public communications during 2022/23 has been characterised by transitioning from a focus on pandemic messaging to delivering other key public health messages, especially as services and programme activity returned to a more regular footing.

In the early part of the year, when widespread COVID-19 testing was still available, the importance of testing was promoted along with messaging encouraging the public to continue to take steps to help protect themselves against COVID-19. The PHA also developed multi-channel messaging on COVID-19 topics that continued to be relevant throughout the year. This included promoting the ongoing phases of the vaccination programme and in the winter of 2022/23 was combined with messaging around the importance of also getting the flu vaccine.

Communications took the form of online information including a COVID-19 toolkit to support stakeholders targeting low uptake audiences, a range of publications including alternative formats such as easy read, braille, Irish and British Sign Language, translations and online information, news releases, featured case studies, video, graphics, social media messaging and mass media advertising.

Throughout the year a significant volume of communications activity on non-COVID-19 work was undertaken to inform, advise and encourage behaviour change with key target audiences.

This included the creation and delivery of multi-channel communications including proactive engagement with the media, handling extensive media enquiries, an ongoing programme of mass media advertising campaigns, multiple publications for professionals and the public and developing graphics and video content for the PHA's social media and online channels. This work included areas such as screening programmes, organ donation, mental health and suicide prevention, sexual health, physical activity, stroke, smoking, maternal and child health, childhood and adult vaccination programmes, scarlet fever/invasive Group A Strep, mpox (previously monkeypox), and acute hepatitis in children.

The team also worked on a partnership with Cancer Research UK to deliver the Spot Cancer Early campaign in 2022 and with the Department of Health/SPPG and Community Pharmacy NI on the Living Well programme.

Through Living Well, six campaigns were delivered over the year in over 500 community pharmacies. The campaigns included breastfeeding, cancer prevention and early detection, protect yourself this winter, home accident prevention and aging well. There is good reach and engagement in local communities.

For example, the breastfeeding campaign evaluation highlighted that over 44,400 people were engaged with and many were referred to other services as part of this engagement. The campaign also resulted 66 pharmacies signing up to the Breastfeeding welcome here scheme, increasing the total community pharmacy memberships to 100.

A new area for the communications team involved collaborative work with both internal and external stakeholders to progress the roll out of the new model of maternity care across Northern Ireland. Communications also focused on the cost of living crisis, with public health messaging going out on keeping healthy and warm during the winter period and highlighting PHA-funded programmes with partners such as Homeless Connect.

Evaluations have helped measure the reach and impact of some of the communications activity over the last year. The winter vaccines campaign was evaluated with a representative sample of all adults and highlighted almost half of adults in Northern Ireland said the campaign would encourage them to get both the

flu and COVID-19 booster vaccines and a third said they found out something new from the advertising.

The campaign advertising was exposed 44 million times with an estimated 99% of all adults seeing/hearing the campaign at least once. The mental health (*Boxer*) campaign evaluation indicated 59% of all adults were aware of the campaign and nearly three quarters (74%) of those aware reported doing something to improve their mental wellbeing or someone else's as a result.

The PHA is active on Facebook (currently around a quarter of a million followers), Twitter (currently over 34,000 followers) and Instagram (currently over 12,000 followers).

Organ donation

The promotion of organ donation, and more recently the incoming change in law to an opt-out system, has been a focus for communications activity. The work consists of a combination of outreach and engagement projects in support of public information campaigns, as well as specific initiatives for targeted audiences such as the development of schools resources. A campaign was launched in May 2022 to raise awareness and understanding of the new legislation, with an estimated 90% of all adults seeing/hearing the campaign at least once, and 91% saying the campaign had encouraged them to do something in relation to organ donation such as find out more, or talk about organ donation. Awareness of the new law being introduced has risen from 55% (baseline January 2022) to 71% (January 2023).

Planning and Business Services

Development of Strategic Planning Teams

Following the agreed development of a Strategic Planning Team (SPT) for Mental Health and Emotional Wellbeing in late 2021, the PHA has continued to pilot this multidisciplinary way of working throughout 2022/23 and began to extend the model to the key areas of substance use and health and wellbeing in later years.

The aim of the SPTs is to demonstrate how PHA can work in a more connected and multi-disciplinary way, harnessing skills, experience and knowledge from across the

organisation. It will enable effective delivery of shared priorities across functions and demonstrate corporate agreement of decisions and actions. The overall goal is to ensure there is better understanding of how the actions being progressed by PHA are contributing to achieving positive outcomes for individuals and the wider population as set out in the Programme for Government.

To be truly multi-disciplinary and cross-organisational, SPT membership includes those leading work programmes and relevant health care disciplines, with service planning, improvement, intelligence, analytics, PPI and finance expertise embedded. Specialist expertise around specific topics is also involved as required.

Working in a more connected way is important for the PHA as it allows the organisation to work more effectively, make better use of resources, reduce duplication and to be ready to adapt to both internal change, including changing organisational needs and structures, and ever-changing external influences and circumstances.

This approach also ensures organisational flexibility through cross-directorate planning and delivery and will help the PHA to react to external influences, prepare to support the new planning system and also to adapt to any new PHA structure while continuing to deliver on key functions, duties and responsibilities.

Such an approach will also assist the PHA in its role within the new planning model and Integrated Care System for Northern Ireland (ICSNI).

Integrated Care System

The PHA continues to contribute to the ongoing development of the Integrated Care System (ICS), with representation at all levels of the emergent structure and subgroups. To ensure effective communication between all PHA staff involved within the structures and progressing key pieces of work as part of the ICS development, PHA established the internal ICS Hub. The ICS Hub meets monthly and provides a central process and coordinating mechanism that enables joined up planning and corporate oversight of the development of the ICS in Northern Ireland.

Outcomes-based accountability

From November 2022 to January 2023, colleagues from the Planning and Business Services Team within Operations delivered seven online sessions to 150 participants with the aim of building capacity and embedding Outcomes-based accountability (OBA) across the organisation.

A ‘Turn the Curve’ Report and Report Card was produced in line with OBA guidance, detailing the success of the training including:

- 85% of respondents (of those who participated) rated the sessions as extremely or very useful;
- on average respondents indicated they would be ‘very likely’ to apply OBA after attending the session;
- average levels of OBA knowledge reported before and after the session showed an increase from a ‘little’ knowledge to ‘a lot’; and
- the confidence profile in applying OBA changed markedly from before to after the training.

The next steps include continuing to embed OBA across the organisation, including a review of previous structures and their usefulness in the next phase as well consideration of further future training and drop in sessions to build on the work to date.

Social care procurement

The PHA completed a baseline review of the PHA procurement plan and all rolling contracts in 2022/23 in order to provide an up-to-date assessment of the scale of work that needs to be undertaken to fully comply with procurement regulations and address audit requirements.

The PHA procurement plan contains all contracts that will be awarded under a formal tender process and need to be managed in line with the *Northern Ireland Public Contract Regulations 2015*. A total of 64 contracts are currently included on the plan with an annual value of £9.45m. Two procurements have been successfully completed during 2022/23.

The *Relationship and Sexuality Education in the Community* tender was completed in April 2022, with three contracts being successfully awarded at a total annual value of £265,000.

In October 2022 the *Bereaved by Suicide Co-ordination, Facilitation and Development Project* contract was successfully awarded with an annual value of £50,000. The *Early Intervention Support Service* has been advertised and is currently being evaluated, the outcome of the procurement will be known early in the new financial year.

The PHA has had a lead role in developing a postgraduate commissioning leadership programme that aims to build the knowledge and skills of senior staff across HSC in relation to planning and procurement processes. This programme was launched in September 2022 and four PHA staff are currently undertaking the programme. The PHA is also piloting multi-disciplinary strategic planning teams that will oversee the development of strategic plans for key business areas. These planning teams will help to ensure future procurements are progressed more efficiently, in line with required processes.

Governance

Risk management

During 2022/23, in keeping with an internal audit recommendation, work commenced to re-shape the Corporate Risk Register to reflect the Three Line Model of Assurance (assurance mapping). The assurance mapping process, using a Board Assurance Framework, gives confidence to management and the Board that they really know what is happening. It provides an improved ability to understand and confirm that the PHA has assurance that the controls identified in the risk registers are actually operational and effective in managing risk identified.

This model of assurance process will be refined and developed further during 2023/24.

Responding to public inquiries

During 2022/23 the PHA has been providing information to various public inquiries. The PHA established a working group to progress requests for information from the Muckamore Abbey Hospital Inquiry and several submissions of relevant information and documentation were submitted. This work will continue into 2023/24. The PHA has and will continue to provide input to the Independent Neurology Inquiry, Urology Services Inquiry, and it had a small input into the Infected Blood Inquiry.

The UK COVID-19 Inquiry was established on 12 May 2021, with commencement of the Inquiry in Spring 2022. The PHA has been involved in providing input to the Inquiry in relation to three modules – Module 1, Module 2C and Module 3. This work will continue into 2023/24.

Human Resources

During the 2022/23 year, the Human Resources (HR) agenda has been focused across four key areas. These were:

1) workforce information;
2) workforce development;
3) staffing/recruitment planning; and
4) employee relations

Key achievements include:

1) Workforce information: development of new reports which are now shared regularly both at a corporate and directorate level.

2) Workforce development: establishment of an Organisation Workforce Development (OWD) Group. The OWD group has prepared an outline action plan which, is now being further developed through three key workstreams:

   - Staff experience - looking after our people;
   - Workforce development – growing and developing our people; and
   - Culture – our people as leaders.

Each workstream has developed an action plan for the year ahead which will also align with the Reshape and Refresh agenda, and ultimately support the development of a people plan during 2023/24.

In addition to developing the structure of the OWD Group, other activities progressed during the 2022/23 year, including:

- the launch of an appraisal scheme aimed at ensuring all staff have protected time to consider their contribution with their manager and consider a personal development plan for the future;
- mandatory training has been reviewed and refreshed with clarity on the requirements made available to all staff; and
- development of a pilot hybrid working scheme as part of the exit approach from the pandemic. This has been phased in with a formal evaluation anticipated to be completed in the latter part of 2023/24 to inform the future steady state.

3) Staffing/recruitment: improved planning processes have been established to ensure a robust process exists for the management of recruitment activity as well as considering attraction and retention. This is particularly important given both the impending Reshape and Refresh agenda as well as consideration of the rapidly changing labour market.

   During 2022/23, the scrutiny process was revised to align to organisational change requirements, recruitment activity was proactively managed to ensure it was progressed in a timely manner. The PHA participated in a pilot project with the Recruitment Shared Service Centre on the implementation of their Amiqus project, which included engagement in new communication mechanisms with a view to enhancing the service provision.

4) Employee relations: notable developments during the 2022/23 year included:
   - the establishment of partnership forums covering both Agenda for Change and medical staff;
   - revision of a number of key policies;
   - proactive support to the management of sickness absence as well as the sharing of numerous resources to support health and wellbeing; and

- support during industrial action which has taken place over a number of months.

Financial Performance Report

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

Financial Planning

At the outset of 2022/23, PHA prepared a formal Financial Plan and financial performance throughout the year was closely monitored to the opening financial plan assumptions.

Looking forward into 2023/24, the impact of a NI Budget settlement, inescapable cost pressures, inflationary and service pressures requires the whole HSC system to continue to work closely together to ensure that resources are prioritised and sound financial management continues.

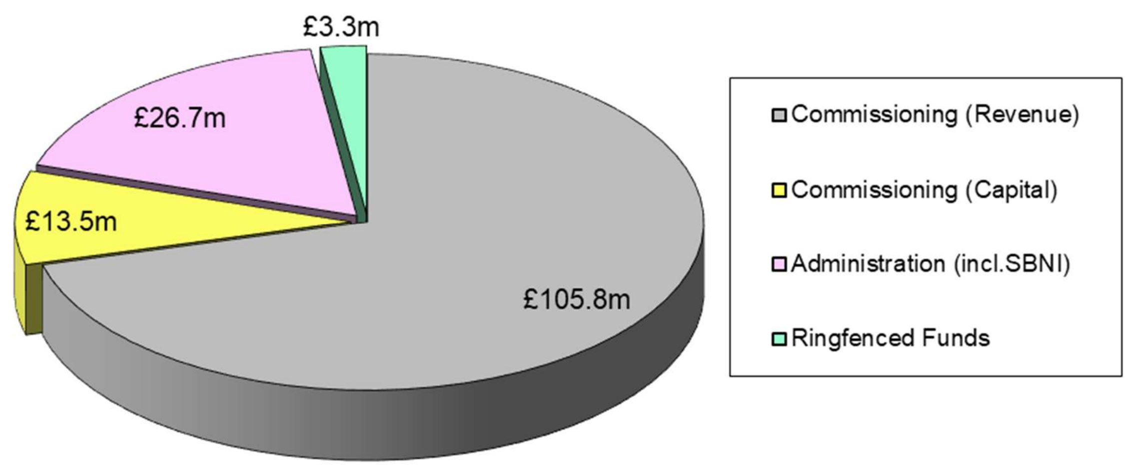
PHA Financial Management and Stability

The PHA received a revenue resource budget £136m in 2022/23, along with income from other sources of £3.5m and a further £13.5m capital funding was allocated to PHA in the year.

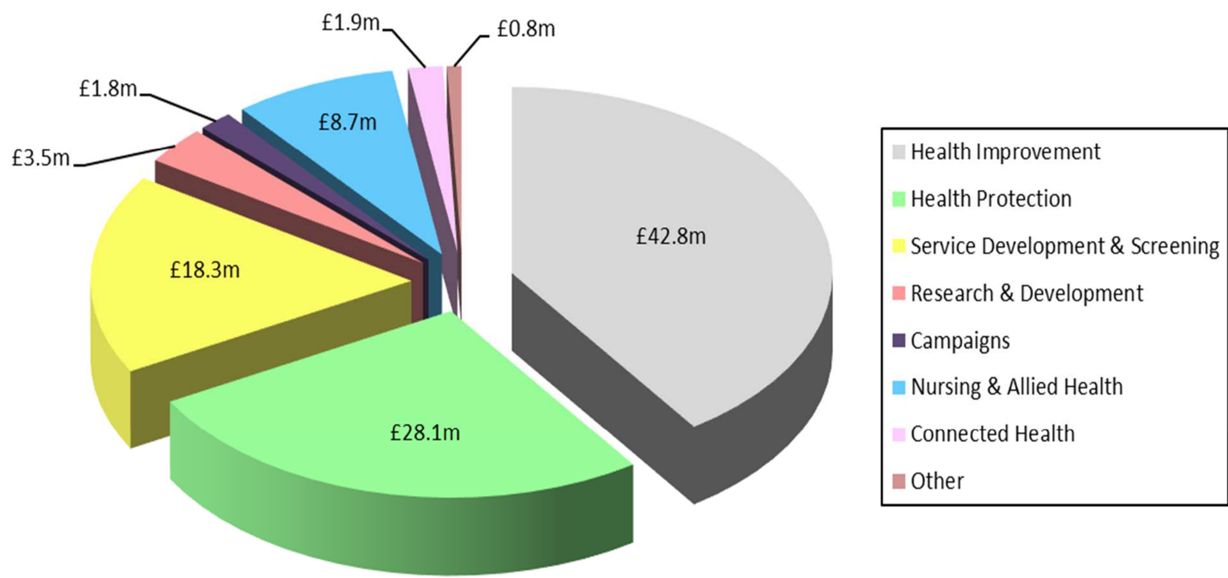
The financial statements presented in this Annual Report and Accounts highlight that PHA successfully delivered its breakeven duty with a revenue surplus of £236k being reported. This was achieved by significant and diligent efforts on the part of PHA budget holders, supported by the Finance Directorate (SPPG), in managing the wide range of slippage and pressures across both Programme and Management and Administration budgets set in the backdrop of organisational recovery from the impact of COVID-19 and system wide inflationary pressures.

The following charts illustrate how the PHA's revenue funds have been utilised during 2022/23.

a. PHA Net Expenditure by Area 2022/23



b. Programme Expenditure by Budget Area 2022/23

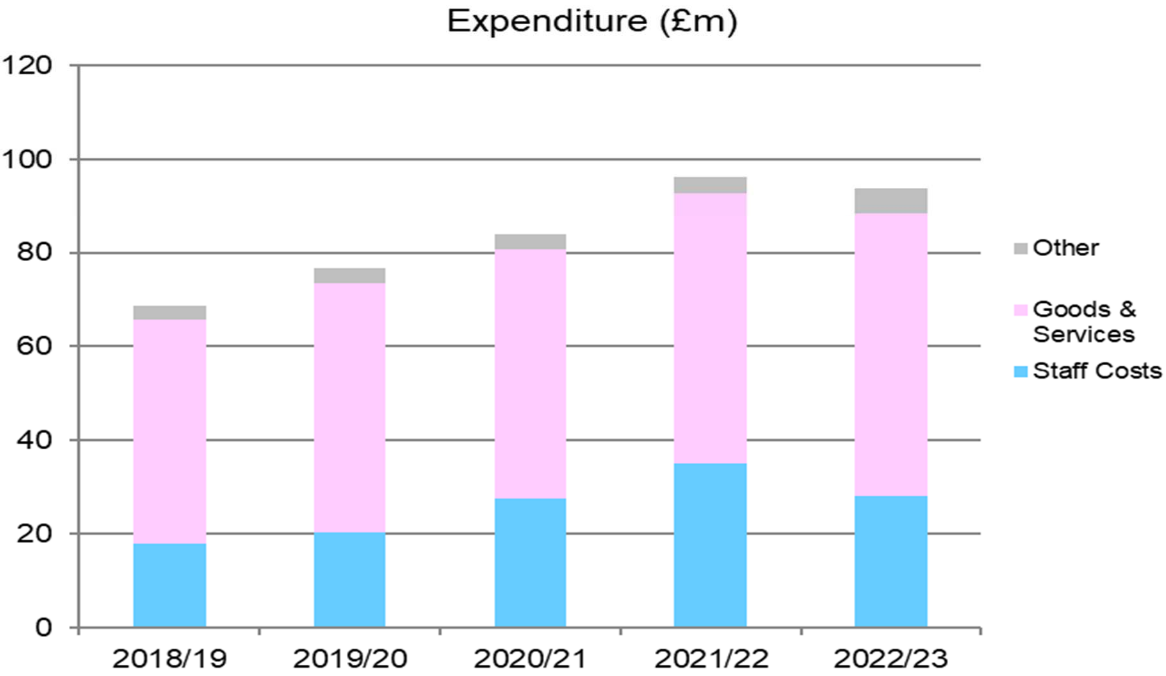


COVID-19 Allocations and Expenditure

During 2022/23, specific ring-fenced allocations earmarked for COVID-19 were allocated to the PHA from DoH. These allocations totalled £2.4m (2021/22, £13.6m) which allowed the PHA to support the region in its response to the pandemic. This primarily related to the operation of the regional Contact Tracing Centre in the first quarter of the financial year.

Long Term Expenditure Trends

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



Note: 'Other' includes establishment and premises expenditure and other items such as depreciation.

The impact of the additional expenditure in respect of the PHA's COVID-19 response is largely illustrated by the increase in expenditure levels from 2020/21 and 2021/22, which reduced operationally during 2022/23.

Prompt Payment Performance

a) Public Sector Payment Policy - Measure of Compliance

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

	2023 Number	**2023 Value £000s**	**2022 Number**	**2022 Value £000s**
Total bills paid	5,967	£75,532	7,090	£72,467
Total bills paid within 30 day target or under agreed payment terms	5,786	£73,611	6,992	£68,086
% of bills paid within 30 day target or under agreed payment terms	**97.0%**	**97.5%**	**98.6%**	**94.0%**
Total bills paid within 10 day target	5,041	£57,623	6,215	£58,902
% of bills paid within 10 day target	**84.5%**	**76.3%**	**87.7%**	**81.3%**

The PHA performed well above the 95% target for payments within 30 days, at 97.0% (2021/22, 98.6%) and has performed well above the 70% target of payments within 10 days, at 84.5% (2021/22, 87.7%).

b) The Late Payment of Commercial Debts Regulations 2002

The PHA paid no late payment fees in 2022/23 (£nil for 2021/22).

Sustainability – Environmental, Social and Community Issues

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

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

The PHA is committed to the principles of sustainable development and endeavours to integrate these principles into our daily activities. We seek to increase awareness of sustainable development within the PHA generally and to ensure that wherever possible our overall business activities support the achievement of sustainable development objectives.

To meet these objectives we will encourage energy and resource efficiency in all our offices, through:

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

To use our natural resources responsibly, through:

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

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

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

Equality and Diversity

During 2022/23 the PHA developed new draft Equality and Disability Action Plans for 2023-28. The Equality Action Plan looks at actions we want to take to tackle inequalities across all equality categories. The purpose of our Disability Action Plan is to look at things we want to do to promote positive attitudes towards disabled people and encourage their participation in our work areas. A period of consultation is being undertaken jointly with ten other health and social care organisations who we work with on equality and disability matters. The consultation will end on 3 July 2023.

Facilitated by the BSO Equality Unit (who provide support to us on equality matters), we hold two Disability Awareness Days every year. Staff are invited to suggest topics of interest to them for the Disability Awareness Days and it is encouraging to see staff attendance and participation at these events. Two days were delivered during the year, one in relation to autism (in February 2023) and one on bowel conditions (in March 2023). The days included a live online session with an expert in the field (a health or social care professional or an individual with lived experience of the condition). Sessions are recorded and then made available on the Tapestry website. This has ensured that staff can access the session at a time convenient to them.

Rural Needs Act (Northern Ireland) 2016

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

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

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

The Public Health Agency has carried out a number of Rural Needs Impact Assessments for the period 1 April 2022 to 31 March 2023, as part of designing public services.

Complaints

The PHA received 29 complaints in 2022/23 (60 in 2021/22). Complaints received are related to PHA Services and services commissioned by PHA. Critically appraising complaints is important and strict procedures are followed. If needed, staff take action to ensure any lessons learned are embedded in practice to prevent recurrences. Learning is also shared to enable others to embed this learning into their area of work.

Information Requests

Between 1 April 2022 and 31 March 2023, the following requests were made and responded to:

- 83 Freedom of Information Requests; and
- 10 Subject Access Requests.

During the COVID-19 pandemic the PHA received a significant increase in the number of Freedom of Information (FOI) requests (2021/22 – 200 requests). While the figures above report a reduction in the number of FOI requests received this year, when compared to pre-pandemic FOI figures previously reported (2019/20 – 44), requests to PHA under the Freedom of Information Act have almost doubled.

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

- Performance Overview.
- Performance Analysis.

Aidan Dawson
Chief Executive
Date: 22 June 2023

ACCOUNTABILITY REPORT

Non-Executive Directors' Report

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

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

- Mr Andrew Dougal, OBE (Chair);
- Councillor Craig Blaney;
- Mr John Patrick Clayton;
- Ms Anne Henderson OBE;
- Councillor Robert Irvine;
- Ms Deepa Mann-Kler;
- Professor Nichola Rooney;
- Mr Joseph Stewart, OBE; and
- Alderman Phillip Brett (left 6 April 2022).

The year 2022/23 continued to be a year of challenges, as PHA began to refocus its work following the pandemic.

The Board and its committees held regular meetings during the year. During 2022/23 the Board held 10 meetings and also held a number of workshops.

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

Audit Committee self-assessment checklist on an annual basis to assess its effectiveness.

The Remuneration Committee is responsible for advising the Board about appropriate remuneration and terms of service for the Chief Executive and other Senior Executives subject to the direction of the Department of Health. The Committee is chaired by Mr Andrew Dougal OBE, and met three times during the year.

The Planning, Performance and Resources Committee was established during 2022/23. It has responsibility to keep under review the financial position and performance against key non-financial targets of the Board and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that Corporate/Business Planning arrangements are working effectively. The Committee is chaired by Mr Andrew Dougal OBE and met three times during the year.

Corporate Governance Report

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

Director's Report

PHA Board

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

Andrew Dougal OBE

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

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

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

Aidan Dawson

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

In 2016 Aidan was appointed as the Director of Specialist Hospitals & Women's Health in Belfast Health and Social Care Trust. He was responsible for a diverse range of services including Royal Belfast Hospital for Sick Children, Maternity Services, Gynecology Services, ENT, Trauma and Orthopaedics, Neuro Rehabilitation, Sexual and Reproductive health, Regional Disablement Services and the Dental Hospital.

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

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

Rodney Morton

Rodney Morton held the post as Director of Nursing and Allied Health Professions from January 2020 to September 2022. Previously Rodney held the position of Deputy Chief Nursing Officer with the Department of Health. Rodney was responsible for co-leading the development of a 10-15 year road map for Nursing and Midwifery in Northern Ireland, along with providing professional advice on mental health, learning disability and older people nursing services. In addition, Rodney held policy responsibility for Personal and Public Involvement, and led the development of a new Co-Production Framework for the Northern Ireland Health and Social Care Sector.

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

Dr Aideen Keaney

Aideen is the Director of the Northern Ireland Health and Social Care Quality Improvement and Innovation (HSCQI) Network. HSCQI as an entity was launched by the Department of Health in April 2019 and is aligned with the NI HSC strategies Q2020 and Health and Well Being 2026: Delivering Together.

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

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

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

Stephen Wilson

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

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

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

Dr Joanne McClean

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

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

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

Dr Stephen Bergin

Dr Stephen Bergin was Interim Director of Public Health from November 2020 until August 2022.

Dr Bergin graduated in Medicine from QUB in 1990. After a period of post-graduate general medical training, he trained in Public Health, between 1993-1998, in the N.E. England public health training scheme. In 1998, he was appointed to the post of consultant in public health medicine with the former Southern Health and Social Board. He continued service in this position, with RPA, from 2009 until 2017. In November 2017, he commenced duties as Assistant Director of Public Health, initially within the Service Development division of the directorate, before taking up responsibility for the Population Screening division in February 2018.

In December 2019, he commenced duties as Deputy Director of Public Health before assuming the role of interim Director of Public Health. He has been on the GMC specialist register (public health) since 1998.

Councillor Craig Blaney

Craig Blaney was appointed to the Board of the PHA in August 2022.

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

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

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

John Patrick Clayton

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

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

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

Anne Henderson OBE

Anne Henderson commenced her career in the private sector, in the accountancy firms KPMG and BDO Stoy Hayward, and in the international media company Time Warner Inc. where she was based in London and Los Angeles.

She has extensive public sector experience, including as vice-chair and acting Chair of the Northern Ireland Housing Executive, where she worked for 17 years.

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

Councillor Robert Irvine

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

He has been an elected local District Councillor since 2001 and currently sits as a member of Fermanagh and Omagh District Council. In his role as a Councillor, he sits on various committees, notably the Planning Committee and the Local Development Plan Steering Group of which he has been chair since 2015.

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

Deepa Mann-Kler

Deepa Mann-Kler is Chief Executive of Neon; Visiting Professor in Immersive Futures at Ulster University in Northern Ireland; and an experienced public, private and charity sector Chair and Non-Executive Director, having served on 10 Boards across the UK over the past fifteen years. As a TEDx speaker and thought leader she regularly keynotes on the intersection of digital transformation, technical innovation, inclusion, ethics, bias, data, AI and creativity.

Professor Nichola Rooney

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

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

Joseph Stewart OBE

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

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

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

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

Alderman Phillip Brett

Alderman Phillip Brett served as a member of the PHA Board from October 2021 to April 2022. He entered Local Government in 2013, becoming the youngest Councillor to ever serve on Newtownabbey Borough Council.

Following the reorganisation of Local Government in 2015, he has served as Group Leader of the Democratic Unionist Party on Antrim and Newtownabbey Borough Council.

He has worked for the Democratic Unionist Party in both Belfast and London.

He is a former Board Member of the Northern Ireland Housing Executive.

Tracey McCaig

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

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

Brendan Whittle

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

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

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

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

Related party transactions

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

Register of Directors' interests

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

are held on a central register. A copy is available from Stephen Wilson, Interim Director of Operations, and on the PHA website at: www.publichealth.hscni.net/listsand-registers.

Audit Services

The PHA's statutory audit was performed by ASM Chartered Accountants on behalf of the Northern Ireland Audit Office (NIAO) and the notional charge for the year ended 31 March 2023 was £25,000.

Statement on Disclosure of Information

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

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

Statement of Accounting Officer Responsibilities

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

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

- Observe the HSC Manual of Accounts issued by the DoH including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on a going concern basis, unless it is inappropriate to presume that the PHA will continue in operation; and.
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Aidan Dawson as the Accounting Officer for the Public Health Agency. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the PHA's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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

Governance Statement

1. Introduction/Scope of Responsibility

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

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

A range of processes and systems including Service Level Agreements (SLAs), representation on PHA Board, Governance and Audit Committee, Planning Performance and Resources Committee and regular formal meetings between senior officers are in place to support the close working between the PHA and its partner organisations, primarily the Strategic Planning and Performance Group (SPPG) and the Business Services Organisation (BSO), as they provide essential services to the PHA (including the finance function) and in taking forward the health and wellbeing agenda.

Systems are also in place to support the inter-relationship between the PHA and the DoH, through regular meetings and by submitting regular reports. At present the DoH and PHA are currently working through a Refresh and Reshape Organisational Transformation Programme which is designed to enable the Agency to respond effectively to future public health priorities, informed by learning from the COVID-19 pandemic response. It is anticipated that the Programme will conclude during 2024/25.

2. Compliance with Corporate Governance Best Practice

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

The PHA Board has also completed a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit. Overall this shows that the PHA Board functions well, and identifies progress from the previous year. An action plan has been developed to take forward further improvements. Arrangements are in place for an annual declaration of interests by all PHA Board Members and staff; the register is publicly available on the PHA website. Members are also required to declare any potential conflict of interests at Board or committee meetings, and withdraw from the meeting while the item is being discussed and voted on.

3. Governance Framework

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

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

The PHA Board is comprised of a Non-Executive Chair, seven Non-Executive members, the Chief Executive and three Executive Directors.

During 2022/23, the PHA Board met on 10 occasions. The Board sets the strategic direction for the PHA within the overall policies and priorities of the HSC, monitors performance against objectives, ensures effective financial stewardship, ensures that high standards of corporate governance are maintained, ensures systems are in place to appoint, appraise and remunerate senior executives, ensures effective

public engagement and ensures that robust and effective arrangements are in place for clinical and social care governance and risk management. All Board meetings were quorate.

PHA Board Meeting Attendance Register 2022/23 is summarised in the following table.

Name	Meetings Attended	Meetings Contracted to attend
Mr Andrew Dougal (Chair)	10	10
Mr Aidan Dawson (Chief Executive)	9	10
Mr Stephen Wilson*	8	10
Dr Stephen Bergin*[1]	0	3
Dr Joanne McClean*	5	7
Mr Rodney Morton*	5	5
Dr Aideen Keaney**	3	10
Mr Craig Blaney***	7	8
Mr John Patrick Clayton***	7	10
Ms Anne Henderson***	9	10
Councillor Robert Irvine***	9	10
Ms Deepa Mann-Kler***	7	10
Professor Nichola Rooney***	10	10
Mr Joseph Stewart***	10	10
Mrs Tracey McCaig****	9	10
Mr Brendan Whittle****	2	10

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

1. Dr Brid Farrell attended on behalf of Dr Stephen Bergin on three occasions.

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 of four Non-

Executive Directors and is supported by the PHA's Interim Director of Operations and the SPPG's Director of Finance and Corporate Governance. Representatives from Internal and External Audit are also in attendance. During 2022/23 the GAC met on 6 occasions and all meetings were quorate.

The Remuneration and Terms of Service Committee advises the PHA Board about appropriate remuneration and terms of service for the Chief Executive and other senior executives subject to the direction of the DoH. The Committee also oversees the proper functioning of performance appraisal systems, the appropriate contractual arrangements for all staff as well as monitoring a remuneration strategy that reflects national agreement and Departmental Policy and equality legislation. The Committee comprises the PHA Chair and three Non-Executive Directors; it normally meets at least once every 6 months. During 2022/23, the Committee met on 3 occasions and the meetings were quorate.

The Planning, Performance and Resources Committee, which was established during 2022/23, has responsibility to keep under review the financial position and performance against key non-financial targets of the Board, to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that Corporate/Business Planning arrangements are working effectively. The Committee comprises the PHA Chair and three Non-Executive Directors; it normally meets at least once every 3 months. During 2022/23, the Committee met on 3 occasions and the meetings were quorate.

4. Framework for Business Planning and Risk Management

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

The PHA Corporate Plan 2017 – 2021, setting out the PHA purpose, vision, values and strategic outcomes, was approved by the PHA Board on 20 April 2017 and by the DoH on 26 May 2017. This has been rolled forward into 2022/23, as advised by the Department of Health (DoH). The Annual Business Plan 2023/24, which sets out the actions to be taken forward in the PHA Corporate Plan, taking account of DoH guidance and priorities, was approved by the PHA Board on 16 March 2023. Both

documents were developed with input from the PHA Board and staff from all Directorates and engagement with external stakeholders.

The PHA's Risk Management Strategy and Policy explicitly outlines the PHA risk management process which is a 5-stage approach – risk identification, risk assessment, risk appetite, addressing risk and recording and reviewing risk, as listed in the paragraphs below.

During 2022/23, in keeping with an Internal Audit recommendation, work commenced to re-shape the Corporate Risk Register to reflect the 3 Line Model of Assurance (Assurance Mapping). The assurance mapping process, using a Board Assurance Framework, gives confidence to management and the Board that they really know what is happening. It provides an improved ability to understand and confirm that the PHA has assurance that the controls identified in the risk registers are actually operational and effective in managing risk identified. This 3-line model of assurance process will be refined and developed further during 2023/24.

Stage 1 - Risk Identification

Risks are identified in a number of ways and at all levels within the organisation corporately, by Directorate and by individual staff members. Risks can present as external factors which impact on the organisation but which the organisation may have limited control over or operational which concern the service provided and the resources/processes available and utilised. Within the organisation, risk identification is related to the organisation's objectives (as detailed in the PHA Corporate Plan). Each risk identified is correlated to at least one of the corporate objectives. Risks are also aligned with the relevant performance and assurance dimensions as identified in the DoH Framework Document.

Stage 2 - Risk Assessment

Each risk is assessed to identify:

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

The PHA is committed to adhering to best practice in the identification and treatment

of risks and works to the principles, framework and processes for Risk Management as contained in ISO 31000: 2018 and also adheres to the HSC Regional Risk Matrix (April 2013; updated June 2016 and August 2018).

Stage 3 - Risk Appetite

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

Stage 4 - Addressing the Risk

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

Stage 5 - Recording and Reviewing Risk

Within the PHA the risk management process is recorded and evidenced through the maintenance of Directorate and Corporate level Risk Registers.

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

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

escalation to the Corporate Risk Register.

The Interim Director of Operations is the PHA Executive Board member with responsibility for risk management. The Corporate Risk Registers are reviewed quarterly by the Agency Management Team (AMT) and Governance and Audit Committee (GAC). Directorate Risk Registers are also reviewed by AMT and the GAC on a rotational basis. The minutes of the GAC are brought to the following PHA Board meeting, and the Chair of the GAC also provides a verbal update on governance issues including risk. The Corporate Risk Register is brought to a PHA Board meeting at least annually, most recently on 20 April 2023.

During 2022/23, guidance and support was provided to staff who are actively involved in reviewing and co-ordinating the review of the Directorate and Corporate Risk Registers. A system has been established whereby the Senior Operations Manager meets with the planning and project managers supporting each Directorate and Division at the end of each quarter to ensure feedback and consistency in the review of the Risk Registers, and to share and learn from good practice.

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

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

5. Information Risk

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

The Director of Public Health as the Personal Data Guardian (PDG) has responsibility for ensuring that the PHA processes satisfy the highest practical standards for handling personal data. Assistant Directors, as Information Asset Owners (IAOs), are responsible for managing and addressing risks associated with the information assets within their function and provide assurance to the SIRO on the management of those assets. The Interim Assistant Director of Planning and

Operational Services as the Data Protection Officer (DPO) has responsibility for monitoring and advising on data protection.

The PHA's Information Governance Steering Group (IGSG) has the primary role of leading the development and implementation of the Information Governance Framework across the organisation, including ensuring that IG action plans arising from Internal and External Audit reports and the Information Management Checklist are progressed. The Group is chaired by the SIRO and membership includes all the IAOs, PDG, a Non-Executive Board member and relevant governance staff. The IGSG is scheduled to meet three times per year and provides a report to the GAC annually. During 2022/23 the IGSG met 3 times.

The PHA's Information Governance Strategy (incorporating the Information Governance Framework) 2018-2022 sets out the framework to ensure that the PHA meets its obligations in respect of information governance, embedding this at the heart of the organisation and driving forward improvements in information governance within the PHA. The Strategy was reviewed and approved in 2018 in line with UK GDPR and DPA 2018. The PHA is working with other regional HSC organisations to review IG strategies and from this work the PHA IG Strategy will be reviewed again during the early part of 2023/24. This is supported by annual Action Plans setting out how it will be implemented. Alongside this, a range of policies and procedures are in place, including Data Protection/Confidentiality Policy, Data Breach Incident Response Policy and a Data Protection Impact Assessment Policy and Guidance.

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

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

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

The HSC information governance e-learning programme, incorporating Freedom of Information, Data Protection, Records Management and IT Security/cyber security continues to be rolled out to all staff. Specialised training for SIRO and IAOs also took place during 2022/23. Uptake of training is monitored by the IGSG.

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

During 2022/23, one personal data incident was reported to the Information Commissioner's Office, in conjunction with other HSC Organisations, concerning the regional confidential waste contract. Immediate steps were taken to stop the incident, an investigation was completed and measures were taken to prevent a repeat of the error.

6. Fraud

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

A fraud report is brought to the GAC on a regular basis.

During 2022/23, the PHA was made aware of a phishing scam against a legitimate third party supplier which resulted in a sum of money (£104k) being transferred after the fraudulent bank account details were changed. Immediate steps were taken to prevent further payments being transacted. A full investigation was undertaken and an independent review was requested. Swift measures were taken to increase internal controls to prevent a repeat of this error. The suspected fraud has been

reported to the PSNI and is under active investigation. PHA continue to liaise with their banking provider to attempt to recover the funds.

7. Public Stakeholder Involvement

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

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

PPI is the active and meaningful involvement of service users, carers and the public in the commissioning, design, delivery and evaluation of HSC services. In the HSC, there is a Statutory Duty to Involve and Consult and there are also PPI policy responsibilities, for which the PHA carries leadership and implementation oversight responsibilities.

The PHA actively considers PCE & PPI in all aspects of the commissioning process, ensuring that the input of service users and carers underpins the identification of commissioning priorities; in the development of service models and service planning and in the evaluation and monitoring of service changes or improvements.

The PHA is also cognisant of the ever-evolving policy field in this wider area; including the ‘Co-Production Guide for N. Ireland – Connecting and Realising Value

through People' (DoH, 2018), which encourages a sustained move towards a co-production based approach across the health and social care system, whereby service users and carers are regarded as full partners in health and social care.

In 2022/23 there was a focus on:
Patient Client Experience –

- Continuing to lead on the implementation of the Online User Feedback Survey, Care Opinion, across the whole of the HSCNI. There are currently over 12,000 stories collated through the service and over 260 changes recorded as informed by the individual stories;
- Development of processes to share collated analysis of stories in the form of briefing papers - this includes 280 stories relating to General surgery, 71 stories relating to Primary care, 2,000 stories relating to Emergency Departments and 550 stories relating to maternity service;
- Analysis of over 2,000 stories shared by residents of Care Homes and their families and learning shared to inform strategic priorities such as Visiting into the Care Homes and the development of an Enhanced Clinical Care Framework for Northern; and
- Leading the first standardised qualitative survey on the experience of engaging with Social Work service in Northern Ireland as commissioned through Department of Health - almost 500 stories shared by service users, families and carers to shape and influence policy and practice in Social Work.

Personal and Public Involvement –

- Providing professional Involvement leadership, advice and guidance to over 60 strategic, high profile or cross organisational initiatives in the HSC;
- Raising awareness, understanding and building skills, knowledge and expertise in Involvement, Co-Production and Partnership Working with HSC staff, service users and carers. This included a webinar series with 780 people participating. Other bespoke and targeted training programmes commissioned and or delivered via the PHA, including the Leaders in Partnership Programme, resulted in some 350 participants having availed of more intensive, bespoke and targeted training initiatives;

- Designing and introducing a centralized, robust and consistent Involvement monitoring system, to enable the HSC to identify what was happening across the system and the impact / difference that Involvement was having; and
- Leading HSC-wide work, to support the active participation of service users and carers, including the development of Regional Circular on the Re-imbursement of Expenses and progressing work on the Remuneration of Service User & Carer partners.

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

8. Assurance

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

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

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

The PHA Assurance Framework sets out a systematic and comprehensive reporting framework to the Board and its committees and is normally reviewed twice yearly. The Assurance Framework was reviewed during 2022/23 and was approved by the PHA Board at its meeting in February 2023.

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

Information presented to the PHA Board to support decision making, is firstly presented to, and approved by, the Agency Management Team (AMT) and the Chief Executive, as part of the quality assurance process. Relevant officers are also in attendance at Board meetings when appropriate, to ensure that members have the opportunity to challenge information presented.

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

9. Sources of Independent Assurance

The PHA obtains Independent Assurance from the following sources:

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

In addition, the PHA receives an opinion on regularity from the External Auditor in the Report to Those Charged with Governance.

Internal Audit

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

The 2022/23 Internal Audit work is summarised in the following table.

System Reviewed	Level of Assurance Received*
Financial Review [1]	Satisfactory
Management of Screening Programmes	Limited
Recruitment Processes	Limited
Performance Management	Satisfactory
Risk Management	Satisfactory

[1] *Joint SPPG and PHA audit*

**** Internal Audit's definition of levels of assurance:***

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

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

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

Limited Internal Audit Reports – Summary of Findings/Recommendations

- Management of Screening Programmes

Internal Audit provided a Limited assurance in this area. This was based on a number of gaps identified in corporate oversight and governance in relation to screening and also weaknesses in the quality assurance framework in the three sampled screening programmes. Internal audit also noted that the issues that led to a limited assurance in the 2017/18 audit had not been fully addressed.

PHA accepted all recommendations within the Population Screening report and anticipate that the majority of recommendations in the 2022/23 report will be fully implemented by September 2023. However, one recommendation from the 2022/23 report and two from the 2017/18 report which relate to the introduction of an Overarching Governance Framework for programmes and the Quality Assurance of screening programmes will not be completed until March 2024 and March 2025

respectively as implementation of these recommendations will require significant investment in the Quality Assurance structures and capacity to take this forward.

- Recruitment Processes

An audit was performed on the adequacy and effectiveness of systems and procedures in place to manage recruitment processes within the PHA. This included a review of procedures, performance / management information and how PHA holds BSO HR and BSO Recruitment Shared Services to account in terms of service delivery.

Internal audit found existing system functionality challenges which are being progressed within BSO and other HSC organisations via a formal Programme Board structure. Internal audit identified a requirement for formal refresher recruitment and selection training to be in place for recruitment panels and also that PHA performance management arrangements were not sufficiently robust across the end to end recruitment process. PHA management is working closely with BSO HR to address the findings in the report.

Consultancy / Non-Assurance Assignments

In March 2023, a suspected fraudulent communication received by PHA led to payments totalling £104k being made to an inappropriate bank account. On discovery of this potential fraud, Internal Audit were asked to perform a rapid review of any control failures which led to these payments being made. Internal Audit found that the key control failure, which meant that the fraudulent bank detail change request was not detected, was the failure to conduct the appropriate level of independent validation on the bank account change request.

A number of recommendations were made by Internal Audit to improve the end-to-end process and Internal Audit have formally confirmed that the recommendations relating to PHA were fully implemented by 31 March 2023.

Follow Up on Previous Recommendations

The Internal Audit Follow Up report on previous Internal Audit Recommendations, issued 7 April 2023, found that of the 83 recommendations with an implementation

date of 31 March 2023 or earlier, 78% were fully implemented, 21% were partially implemented and 1% were not implemented. Work will continue during 2022/23 to address those recommendations that have not yet been fully implemented. In particular, the PHA will liaise with internal audit regarding action required in relation to the extant recommendation that a Connected Health Risk Register be created, following the decision to second relevant staff and transfer accountability for the programme budget for Connected Health to DHCNI from 1 April 2023.

Overall Opinion

In her Annual Report, the Head of Internal Audit provided the following opinion on the PHA's system of internal control:

Overall for the year ended 31 March 2023, I can provide **Satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.

RQIA

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

External Audit

For the year ended 31 March 2022, the Comptroller and Auditor General gave an **unqualified** audit opinion, without modification, on the financial statements. No findings were identified during the course of the audit and no recommendations were made.

10. Review of Effectiveness of the System of Internal Governance

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

11. Internal Governance Divergences

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

HRPTS system availability

The Business Services Organisation (BSO) has a contractual relationship with a supplier providing the managed service for the HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. A sub-contractor of this supplier provides a service incorporating servers hosted at data centres owned by this subcontractor. The sub-contractor went into administration in late March 2022. BSO were advised of the position by the supplier in early April 2022.

BSO invoked its business and technical contingency plans and set up Bronze Command. BSO met with the Minister, Permanent Secretary and Trade Unions and all stakeholders have been informed of the situation and the contingency plans to

address this issue. The matter has now been concluded following the buyout of the provider and the divergence has now been removed.

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

Financial Performance

The budget for Health and Social Care in Northern Ireland continues to be challenging. The PHA approved a financial plan in June 2022 on its financial position and direct resources. Financial performance has been monitored against this plan during the financial year and PHA achieved a breakeven financial position in 2022/23.

Budget Position and Authority: The Northern Ireland Budget Act 2023 was passed by Parliament and received Royal Assent on 8 February 2023 which authorised the cash and use of resources for all departments and other bodies for the full 2022/23 year, and also included a Vote on Account for the early months of the 2023/24 financial year. This will be followed by a further Budget Bill which the Secretary of State will bring to Parliament in due course, following the 2023/24 Northern Ireland Budget which he set in his Written Ministerial Statement on 27 April 2023.

The Written Ministerial Statement has enabled the Department of Health to issue opening allocations for 2023/24 which will enable essential services to continue. However, despite plans to deliver significant efficiencies, the budget allocation provided has resulted in a significant funding gap. The Department of Health and its Arm's Length Bodies are currently working on the development of further savings measures to bridge the gap. However, it is clear that, if the Department of Health does not receive significant additional funding, the implementation of high impact savings will be required, with adverse consequences for an already highly pressurised health and social care system which would be very damaging for service delivery.

It is expected that the financial outlook 2023/24 and beyond will be challenging for HSC and therefore the financial performance of PHA will continue to be monitored and assessed in this context.

Management of Contracts with the Community and Voluntary Sector

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

During 2022/23 we have continued to work with providers to review contract activity and agree revised performance measures, taking into account any changes in how services are targeted and delivered as a result of COVID-19.

Work continues to fully address the partially implemented priority one weakness in control relating to the implementation of the PHA Social Care Procurement Plan. The PHA has recently completed a baseline review of the Procurement Plan and all rolling contracts in 2022/23 in order to provide an up to date assessment of the scale of work that needs to be undertaken to fully comply with Procurement Regulations and address audit requirements.

The PHA Procurement Plan contains all contracts that will be awarded under a formal tender process and needs to be managed in line with the NI Public Contract Regulations 2015. A total of 64 contracts are currently included on the Plan with an annual value of £9.45m. Two Procurements have been successfully completed during 2022/23. The Relationship and Sexuality Education in the Community tender was completed in April 2022 with 3 contracts being successfully awarded at a total annual value of £265k. In October 2022 the Bereaved by Suicide Co-ordination, Facilitation and Development Project contract was successfully awarded with an annual value of £50k. The Early Intervention Support Service has been advertised and is currently being evaluated, the outcome of the procurement will be known early in the new financial year.

The PHA has had a lead role in developing a post graduate commissioning leadership programme that aims to build the knowledge and skills of senior staff across HSC in relation to planning and procurement and contract management processes. This programme was launched in September 2022 and four PHA staff

are currently undertaking the programme. The PHA is also piloting multi-disciplinary strategic planning teams that will oversee the development of strategic plans for key business areas. These planning teams will help to ensure future procurements are progressed more efficiently, in line with required processes.

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

PHA Staffing Issues / Staff Resilience during COVID-19

During 2022/23 the PHA has continued to work closely with DoH and BSO Human Resources (HR) colleagues to take actions to address the number of vacancies and posts filled on a temporary basis across all Directorates and at all levels of the organisation. The appointment of a new Senior HR Business Partner and Change Manager has been instrumental in supporting the work and good progress has been made, most notably with the appointment of new Health Protection and Nursing/AHP staff.

It is recognised that some longer-term actions are still required and material to this is the current ongoing review of the PHA which is likely to produce a number of recommendations influencing the future operating model of the Agency and its staffing complement.

Notwithstanding, the Agency Management Team are working with HR colleagues to progress vacancies in a timely manner and have introduced a revised Standard Operating Procedure for the oversight and scrutiny of vacancies to ensure timely processing.

In relation to staff resilience, particular effort has been made in year to ensure that staff are encouraged to take annual leave in a timely manner albeit that operational pressures associated with managing the pandemic response whilst returning to normal business continue. A period of recovery for the Agency’s staff, whilst desirable, could not be guaranteed given the ongoing response and additional asks of the Agency including, for example, the roll out of the Autumn COVID-19 vaccination programme.

The PHA is continuing to work with the Director of Human Resources (BSO), the wider HSC and the Department to support staff and seek ways to build resilience and reset to a business as usual position. The Organisation Workforce Development group is currently exploring additional measures that would help to further support staff. Significantly, staff have been facilitated to transition through a return to workplace process with the benefit of an initial 2 days, increasing to 3, working in the workplace per week pilot arrangement which is compatible with the expressed wishes of staff.

COVID-19

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

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

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

Both of these priorities have continued to require significant time and resource investment over and above existing core business.

HSCQI

The establishment of the HSCQI function, in April 2019, was a key action from ‘Health and Wellbeing 2026: Delivering Together’. The DoH established HSCQI within the PHA, providing temporary funding through transformation monies for the

Director of HSCQI and a number of additional posts. The Safety Forum, already within the PHA, also became part of the new HSCQI Directorate.

The budget allocation for 2021/22 included funding for some HSCQI posts, however it did not cover the totality of posts required. While the PHA welcomed the funding allocation, given the remaining ongoing gap in funding, it remains challenging for HSCQI to deliver on the design intent. During 2022/23 no additional DoH funding was allocated to HSCQI.

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

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

During 2022/23 and 2023/24 HSCQI has been mandated by the HSCQI Alliance to align existing regional Quality Improvement resource and effort to leading improvement in relation to the Ministerial priority of Improving Timely Access to Safe Care. Programme funding for this work has still to be secured. Previously, the PHA supported HSCQI programme work through an annual allocational of slippage. However, in order to realise the 2023/24 savings target required by the DoH, the PHA is no longer in a position to fund the HSCQI programme work. Without confirmed programme funding HSCQI will not be in a position to deliver its 2023/24 workplan. The HSCQI Director continues to discuss a way forward with the PHA Chief Executive, the PHA/SPPG Director of Finance and the HSCQI Alliance and DoH colleagues.

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

Public Inquiries

The Agency is at present engaged in providing evidence to 5 ongoing Public Inquiries, namely; Muckamore Abbey Hospital Inquiry, Independent Neurology

Inquiry, Urology Services Inquiry, Infected Blood Inquiry and the UK COVID-19 Inquiry which was officially launched in July 2022. The requirements around detailed scoping/retrieval of information and records held by the PHA (in some cases extending to preceding organisations), and the sifting and analysis of relevance against the respective Terms of Reference is extremely comprehensive and resource intensive by nature across all Public Inquiries.

This has placed significant new demands on limited capacity across the functions of the Agency at a time when core business areas have been transitioning to a business as usual operation whilst still managing additional responsibilities relating to COVID-19 pandemic planning. Furthermore, the loss of significant 'corporate memory' from the Organisation as a result of staff turnover during the past 18 months, means that significant new pressures are having to be addressed in particular by those remaining senior managers with relevant 'corporate memory'. The Agency Management Team will continue to work to identify and secure additional resource to meet the legal requirements in full including engaging with former colleagues to input into Inquiry proceedings where appropriate.

SBNI – Unlawful expenditure

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

The PHA is the corporate host of the SBNI, via arrangements which are governed by a Memorandum of Understanding (MoU). As such, SBNI expenditure is recorded within the accounts of the PHA and whilst the PHA Chief Executive has no day to day responsibility for the operations or expenditure of SBNI, he is the de facto Accounting Officer for SBNI. The SBNI has its own Board and the Chair of the SBNI provides an annual assurance statement to the PHA Chief Executive to attest to the effectiveness of internal control within SBNI.

On 17 April 2023 the PHA Chief Executive received communication from the DoH regarding an uplift which had been applied to SBNI Panel Chair's remuneration

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

Following a meeting of the SBNI Board on 19 April 2023, on 20 April 2023 the PHA Chief Executive received formal communication from the Chair of SBNI on this matter. This communication included the annual assurance statement, approved by the SBNI Board, and highlighted an error within the arrears paid to SBNI Panel Chairs. This error led to unlawful expenditure of £33.5k.

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

Accommodation

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

Officers from the PHA and SPPG are currently working with the Department of Finance, as the landlord for County Hall, to complete separate business cases in regard to the distinct office requirements of both organisations. This separation of the business case process is required due to changed organisational structures and accounting arrangements. PHA and SPPG aim to submit their individual business cases to the Department of Health for approval as quickly as possible.

12. Conclusion

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

Further to considering the accountability framework within the PHA and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the PHA has operated a sound system of internal governance during the period 2022/23.

Remuneration and Staff Report

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

Remuneration Policy

A committee of Non-Executive Board members exists to advise the full Board on the remuneration and terms and conditions of service for Senior Executives employed by the Public Health Agency (PHA).

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

The 2018/19 and 2019/20 Senior Executive's pay awards were set out in DoH circulars HSC(SE) 1/2022 and HSC(SE) 2/2022 were paid during 2022/23 in line with the Remuneration Committee's agreement on the classification of Executive Directors' performance, categorised against the standards of 'fully acceptable', 'incomplete' or 'unsatisfactory' as set out within the circulars.

DoH Circulars on the 2020/21, 2021/22 and 2022/23 Senior Executive pay awards had not been received by 31 March 2023 and related payments have not been made to Executive Directors.

The salary, pension entitlement and the value of any taxable benefits in kind paid to both Executive and Non-Executive Directors is set out within this report. None of the Executive or Non-Executive Directors of the PHA received any other bonus or performance related pay in 2022/23. It should be noted that Non-Executive Directors do not receive pensionable remuneration and therefore there will be no entries in respect of pensions for Non-Executive members.

Non-Executive Directors are appointed by the DoH under the Public Appointments process and the duration of such contracts is normally for a term of 4 years. Details of newly appointed Non-Executive Directors or those leaving post have been detailed in the Non-Executive Directors Remuneration tables below. Executive Directors are employed on a permanent contact unless otherwise stated in the following remuneration tables.

Early Retirement and Other Compensation Schemes

There were no early retirements or payments of compensation for other departures relating to current or past Senior Executives during 2022/23 or 2021/22.

Membership of the Remuneration and Terms of Service Committee:

Mr Andrew Dougal – Chair
Professor Nichola Rooney – Non-Executive Director
Ms Anne Henderson – Non-Executive Director
Mr Craig Blaney – Non-Executive Director

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

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

The salary, pension entitlements, and the value of any taxable benefits in kind of the most senior members of the PHA were as follows, it should be noted that there were no bonuses paid to any Director during 2022/23 or 2021/22.

Non-Executive Members (Table Audited)

Name	2022/23				2021/22			
	Salary £000s	**Benefits in Kind (to nearest £100)**	**Pension Benefits (to nearest £1,000)**	**Total £000s**	**Salary £000s**	**Benefits in Kind (to nearest £100)**	**Pension Benefits (to nearest £1,000)**	**Total £000s**
Mr Andrew Dougal (*Chair*)	35-40	-	-	35-40	35-40	-	-	35-40
Ms Deepa Mann-Kler	10-15	-	-	10-15	10-15	-	-	10-15
Professor Nichola Rooney	10-15	-	-	10-15	10-15	-	-	10-15
Mr John-Patrick Clayton	10-15	-	-	10-15	10-15	-	-	10-15
Mr Joseph Stewart	10-15	-	-	10-15	10-15	-	-	10-15
Councillor Robert Irvine	5-10	-	-	5-10	0-5	-	-	0-5
Mrs Anne Henderson	5-10	-	-	5-10	0-5	-	-	0-5
Mr Craig Blaney *(Started 1st August 2022)*	5-10	-	-	5-10	-	-	-	-
Alderman Phillip Brett *(Left 6th April 2022)*	0-5	-	-	0-5	0-5	-	-	0-5
Alderman Paul Porter *(Left 31st July 2021)*	0-5	-	-	0-5	0-5	-	-	0-5
Alderman William Ashe *(Left 31 July 2021)*	0-5	-	-	0-5	0-5	-	-	0-5

Notes:

- *No Non-Executive Members may have received benefits in kind below £50 which would have been rounded down to nil as specified in the second column of the table above.*
- *Payments to Non-Executive Members are based on DoH Circular HSC(F) 14-2021, with the most recent payments made being effective from 1/8/19. DoH Circulars relating to payments from 2020, 2021 and 2022 had not been received by 31 March 2023 and any related payments thereon have not been made to Non-Executive Members.*
- *Payments made to Non-Executive Members who have left are relating to pay award arrears in respect of the above circular.*

Executive Members (Table Audited)

Name	2022/23				2021/22			
	Salary £000s	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1,000)	Total £000s	Salary £000s	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1,000)	Total £000s
Mr Aidan Dawson *Chief Executive* *(Started 1 July 2021)*	115-120	-	44,000	160-165	80-85 (110-115 FYE)	-	131,000	215-220
Dr Aideen Keaney *Director of HSCQI*	95-100	-	45,000	140-145	95-100	-	42,000	135-140
Mr Stephen Wilson *Interim Director of Operations*	80-85	900	22,000	100-105	80-85	600	33,000	110-115
Dr Joanne McClean *Director of Public Health* *(Started 1 September 2022)*	75-80 (130-135 FYE)	600	70,000	145-150	-	-	-	-
Dr Stephen Bergin *Interim Director of Public Health* *(From 30 November 2020 to 31 August 2022)*	65-70 (190-195 FYE)	-	38,000	100-105	190-195	800	58,000	250-255
Dr Brid Farrell *Interim Director of Public Health* *(From 1 July to 30 September 2021 and 8 to 31 March 2022)*	-	-	-	-	50-55 (160-165 FYE)	-	-	50-55
Mr Rodney Morton *Director of Nursing & Allied Health Professionals* *(Left 30 September 2022)*	50-55 (85-90 FYE)	900	-	50-55	85-90	6,600	21,000	110-115

FYE – Full Year Equivalent

Notes:

- *No compensation for early retirement or loss of office was paid in the current year.*
- *Figures above reflect actual amounts received during the year and include pay awards re 18/19 and 19/20 which were paid during 22/23 but do not include amounts relating to the 20/21 and 21/22 pay awards which are accrued at 31/3/23 and will be paid during 2023/24.*

Past Executive Members (Table Audited)

There were payments to three past directors in relation to pay award arrears for the financial year 2018/19 and financial year 2019/20 Senior Executive pay award during the current financial year. This is summarised in the following table.

Name	2022/23				2021/22			
	Salary £000s	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1,000)	Total £000s	Salary £000s	Benefits in Kind (to nearest £100)	Pension Benefits (to nearest £1,000)	Total £000s
Mrs Olive MacLeod *Interim Chief Executive* *(Retired 17 September 2021)*	0-5	-	-	0-5	50-55 (115-120 FYE)	-	23,000	75-80
Mr Edmond McClean *Director of Operations/Interim Deputy Chief Executive* *(Retired 30 September 2020)*	10-15	-	-	10-15	-	-	-	-
Mrs Mary Hinds *Director of Nursing & Allied Health Professionals* *(Retired 27 September 2019)*	5-10	-	-	5-10	-	-	-	-

Salary

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

Benefits in kind

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

Pensions of Senior Management (Table Audited)

Name	2022/23				
	Real increase in pension and related lump sum at age 60 £000	**Total accrued pension at age 60 and related lump sum £000**	**CETV at 31/03/22 £000**	**CETV at 31/03/23 £000**	**Real increase in CETV £000**
Mr Aidan Dawson *Chief Executive*	2.5-5 pension 0-2.5 lump sum	45-50 pension 95-100 lump sum	848	939	17
Dr Aideen Keaney *Director of Quality Improvement*	2.5-5 pension 0-2.5 lump sum	50-55 pension 100-105 lump sum	923	1,017	17
Mr Stephen Wilson *Interim Director of Operations*	0-2.5 pension Nil lump sum	30-35 pension 65-70 lump sum	645	685	11
Dr Joanne McClean *Director of Public Health*	2.5-5 pension 5-7.5 lump sum	35-40 pension 60-65 lump sum	489	575	29
Dr Stephen Bergin *Interim Director of Public Health*	2.5-5 pension Nil lump sum	70-75 pension 145-150 lump sum	1,393	1,449	24

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

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

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

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

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

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

Real increase in CETV – this reflects the increase in CETV effectively funded by the employer. It does not include the increase of accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. However, the real increase calculation uses common actuarial factors at the start and end of the period so that it disregards the effect of any changes in factors and focuses only on the increase that is funded by the employer.

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

Fair Pay Disclosures (Table(s) Audited)

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

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

	2023	2022
Band of Highest Paid Director's Remuneration (band in £000's)	115-120	190-195
Percentage Change of Highest Paid Director	-38%	-12%
Median Total Remuneration (£)	43,806	42,121
Ratio	2.68	4.56

The remuneration of the highest paid Director has reduced as a result of the previously highest paid Director no longer holding the Director's post. This change has also resulted in a decrease in the pay ratios in respect of the median remuneration, 25th and 75th percentiles.

The movement in ratio calculations for 2022/23 from 2021/22 is consistent with the pay, reward and progression policies for the PHA taken as a whole

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

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

	2021/22	25th Percentile	75th Percentile
Mid-Point of Top Salary	£192,500	£32,306	£53,219
Ratio		5.96	3.62

In 2022/23, 8 employees received remuneration in excess of the highest paid director. Remuneration ranged from £6,979 to £194,884 in 2022/23 (£6,559 to £192,184 in 2021/22). The lowest salary relates to Safeguarding Board lay members.

For both 2022/23 and 2021/22, the 25th percentile, median and 75th percentile remuneration values consisted solely of salary payments.

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

	2022/23 (£)	2021/22 (£)	Increase/ (Decrease) (£)	Change (%)
Average Salary	47,911	45,614	2,297	5.03%

Staff Report

Staff Costs (Table Audited)

PHA staff costs comprise:

	2023			2022
	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	18,930	2,424	21,354	27,229
Social security costs	2,162	279	2,441	2,856
Other pension costs	3,715	481	4,196	4,869
Total staff costs reported in Statement of Comprehensive Net Expenditure	**24,807**	**3,184**	**27,991**	**34,954**
Less recoveries in respect of outward secondments			(509)	(887)
Total net costs			**27,482**	**34,067**

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

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

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022-23 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation. Whilst the 2016 valuation remains the most recently completed valuation, the 2020 valuation is sufficiently progressed to use for setting the demographics assumptions.

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'Protection' arrangements. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008 Scheme not eligible to continue in that Scheme as well as new HSC employees on or after 1 April 2015. The 2015 Scheme is a Career Average Revalued Earnings (CARE) scheme.

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected that, in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Scheme accounts.

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

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

The table below sets out the member contribution rates that apply in both the HSC Pension Scheme and the HSC Pension Scheme 2015 from 1 April 2022 – 31 October 2022.

Tier	Full-Time Pensionable Pay used to determine contribution rate	Contribution rate (before tax relief)
1	Up to £15,431.99	5.0%
2	£15,432.00 to £21,477.99	5.6%
3	£21,478.00 to £26,823.99	7.1%
4	£26,824.00 to £47,845.99	9.3%
5	£47,846.00 to £70,630.99	12.5%
6	£70,631.00 to £111,376.99	13.5%
7	£111,377.00 and over	14.5%

The following table sets out member contribution rates that apply to both HSC Pension Schemes from 1 November 2022.

Pensionable salary range	Contribution rates (before tax relief & based on actual annual pensionable pay)
Up to £13,246	5.1%
£13,247 to £16,831	5.7%
£16,832 to £22,878	6.1%
£22,879 to £23,948	6.8%
£23,949 to £28,223	7.7%
£28,224 to £29,179	8.8%
£29,180 to £43,805	9.8%
£43,806 to £49,245	10%
£49,246 to £56,163	11.6%
£56,164 to £72,030	12.5%
£72,031 and above	13.5%

Average Number of Persons Employed (Table Audited)

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

	2023			2022
	Permanently employed staff	Others	Total	Total
Commissioning of Health and Social Care	431	48	**479**	**884**
Less average staff number in respect of outward secondments	(7)	-	**(7)**	**(15)**
Total net average number of persons employed	**424**	**48**	**472***	**869**

**The decrease in the 2023 staff numbers is primarily due to closure of the COVID-19 Contact Tracing Centre.*

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2023	2022	2023	2022	2023	2022
Total number of exit packages by type	0	0	0	0	0	0
Total resource cost £000s	0	0	0	0	0	0

The table above shows the total cost of exit packages agreed and accounted for in 2022/23 and 2021/22. No exit costs were paid in 2022/23 (2021/22, nil).

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 3. Where early retirements have been agreed, the

additional costs are met by the PHA and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Staff Benefits

The PHA had no staff benefits in 2022/23 or 2021/22.

Retirements due to ill-health

During 2022/23, there were no early retirements from the PHA on the grounds of ill-health (1 in 2021/22).

Staff Composition

The staff composition broken down by male/female as at 31 March 2023 is illustrated in the table below.

	Male	Female	Total
Non-Executives	5	3	8
Chief Executive and Directors	2	1	3
Senior Management*	15	38	53
Other	61	245	306
Total	**83**	**287**	**370**

**Senior management is defined as staff in receipt of a basic whole-time equivalent salary of an Agenda for Change Band 8C (greater than c£67k) and staff on Medical and Dental grades*

Sickness Absence Data

The corporate cumulative annual absence level for the PHA for the period from 1 April 2022 to 31 March 2023 is 3.47% (2021/22, 2.73%).

There were 25,644 hours lost due to sickness absence (2021/22, 25,356 hours), or the equivalent of 72.6 hours (2021/22 47.0 hours) lost per employee. Based on a 7.5 hour working day, this is equal to 10 days per employee (2021/22, 6 days).

Staff Turnover Percentage

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

Staff Turnover %	2023	2022
Total Staff Turnover	13.25%	6.46%
Split between:		
Voluntary Turnover	11.57%	6.46%
Involuntary Turnover	1.68%	0.00%

Staff Engagement

During the 2022/23 year the Organisation Workforce Development Group (OWD) was re-launched with the key aim being to champion a culture of collective leadership and engagement aligned to the HSC Values. Once established, the group very quickly developed an overarching work plan splitting the core group into three key workstreams:

- Staff Experience – Looking after our People
- Workforce Development – Growing & Developing our People
- Culture – Our People as Leaders

Each Workstream is sponsored by two members of the Core OWD group and with a strong desire to use this as an opportunity to engage a wide range of staff members from across the Agency to become involved a call to encourage involvement was issued. The workstreams have now been firmly established with almost 50 staff members becoming actively involved across these three key areas with each workstream establishing a workplan for the 2023/24 year which will complement the work being undertaken as part of the Reshape and Refresh agenda and see the establishment of a joint approach to ensure that together we are 'Team PHA'.

A transformation survey was issued to PHA staff in March 2023. The survey questions were aligned to identified benefits to be derived from the PHA's Reshape and Refresh programme. The initial baseline results will be used to assess future progress on benefits realisation during the duration of the Reshape and Refresh change programme. The baseline average scores from the survey for each benefit are noted in the following table.

Benefit	Average Score*
1. Succession planning and talent management and development	2.01
2. Resilience and offering and more joined up approach to the delivery of its functions	2.56
3. Increased capacity and capability through leadership capability and core skills	2.61
4. Consistency in levels and responsibilities across the organisation	2.04
5. Objectivity in the OD process, ensuring adherence to the governance framework	2.10
6. Data driven decision making	2.60
7. Data / information accelerators / tools	2.31

** Ranking: 1 (poor) to 5 (excellent)*

Staff Policies / Employment and Occupation

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

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

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

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

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

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

Expenditure on Consultancy

The PHA had no expenditure on External Consultancy during 2022/23 (2021/22, nil).

Off-Payroll Engagements

The PHA is required to disclose whether there were any staff or public sector appointees contracted through employment agencies or self-employed which cost more than £245 per day and lasted longer than 6 months during the financial year, which were not paid through the PHA Payroll. The PHA had 10 such 'off-payroll' staff resource engagements as at 31 March 2023 (2021/22: 18).

The following tables provide further analysis.

Temporary off –payroll worker engagements

	2023	2022
Number of off-payroll workers engaged during the year ended 31 March	10	18
of which:		
Number determined as out-of-scope of IR35	0	0
Number determined as in-scope of IR35	10	18
Number of engagements reassessed for compliance or assurance purposes during the year	0	0

	2023	2022
Number of off-payroll engagements at 31 March	10	18
of which:		
Existed for less than one year at time of reporting	2	3
Existed for between one and two years at time of reporting	4	15
Existed for between two and three years at time of reporting	4	0

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

Assembly Accountability and Audit Report

Funding Report

Regularity of Expenditure (Audited)

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

During 2022/23 there was one instance of deemed unlawful expenditure totalling £33.5k relating to SBNI, which is noted in section 11c of the Governance Statement.

Losses and Special Payments (Table Audited)

Losses Statement	2022/23	2021/22
Total number of losses	2	2
Total value of losses (£)	£105,286	£5,880

Note – one of the losses (£104k) is being pursued and may be recovered in future years.

There were no individual losses over £250k in the 2022/23 financial year (2021/22, nil). A loss of £104k has been noted within section 6 of the Governance Statement.

Special Payments

There were no other special payments or gifts made during the year (2021/22, nil).

Other Payments and Estimates

There were no other payments made during the year (2021/22, nil).

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37 shown in Note 19 of the financial statements, the PHA also considers liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of contingent liability. As at 31 March 2023, the PHA is not aware of any remote contingent liabilities, and there were none in 2022/23.

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

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

Aidan Dawson
Chief Executive
Date: 22 June 2023

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

Opinion on financial statements

I certify that I have audited the financial statements of the Public Health Agency for the year ended 31 March 2023 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: The Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

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

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

In my opinion the financial statements:

- give a true and fair view of the state of Public Health Agency's affairs as at 31 March 2023 and of the Public Health Agency's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis for opinions

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

My staff and I are independent of the Public Health Agency in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

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

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

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

Other Information

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

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

I have nothing to report in this regard.

Opinion on other matters

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

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

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

Matters on which I report by exception

In the light of the knowledge and understanding of the Public Health Agency and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

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

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Accounting Officer is responsible for:

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

Auditor's responsibilities for the audit of the financial statements

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

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

My procedures included:

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

procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;

- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias;
    - investigating significant or unusual transactions made outside of the normal course of business.

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

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

Report

I have no observations to make on these financial statements.

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

Date: 29 June 2023

PUBLIC HEALTH AGENCY

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

FOREWORD

These accounts for the year ended 31 March 2023 have been prepared in a form determined by the Department of Health (DoH) based on guidance in the Government Financial Reporting Manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Statement of Comprehensive Net Expenditure for the Year Ended 31 March 2023

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

	NOTE	2023 £000	2022 £000
Income			
Revenue from contracts with customers	4.1	2,979	2,890
Other operating income (excluding interest)	4.2	509	887
Total Operating Income		3,488	3,777
Expenditure			
Staff costs	3	(27,991)	(34,954)
Purchase of goods and services	3	(60,340)	(57,797)
Depreciation, amortisation and impairment charges	3	(348)	(399)
Provision expense	3	(186)	0
Other operating expenditure	3	(4,928)	(3,067)
Total Operating Expenditure		(93,793)	(96,217)
Net Operating Expenditure		**(90,305)**	**(92,440)**
Finance income	4.2	0	0
Finance expense	3	(4)	0
Net Expenditure for the Year		(90,309)	(92,440)
Revenue Resource Limits (RRLs) and capital grants issued (to)			
Belfast Health & Social Care Trust		(22,396)	(20,977)
South Eastern Health & Social Care Trust		(6,545)	(6,118)
Southern Health & Social Care Trust		(9,252)	(8,967)
Northern Health & Social Care Trust		(11,269)	(10,174)
Western Health & Social Care Trust		(9,562)	(8,740)
NI Ambulance Service		(192)	(117)
NI Medical & Dental Training Agency		(359)	(169)
PCC		0	0
Total RRL issued		(59,575)	(55,262)
Total Commissioner Resources Utilised		(149,884)	(147,702)
Adjustment to net expenditure for non cash items	22.1	14,136	14,616
Total Commissioner resources funded from RRL		(135,748)	(133,086)
Revenue Resource Limit (RRL) received from DOH	22.1	135,984	133,180
Surplus / (Deficit) against RRL		**236**	**94**

OTHER COMPREHENSIVE EXPENDITURE		**2023 £000**	**2022 £000**
Items that will not be reclassified to net operating costs			
Net gain/(loss) on revaluation of property, plant and equipment	5.1/5.2/8	0	106
Net gain/(loss) on revaluation of intangibles	6.1/6.2/8	0	0
Net gain/(loss) on revaluation of financial instruments	7/8	0	0
Items that may be reclassified to net operating costs			
Net gain/(loss) on revaluation of investments		0	0
TOTAL COMPREHENSIVE EXPENDITURE for the Year Ended 31 March		**(90,305)**	**(92,335)**

The notes on pages 123 to 152 form part of these accounts.

PUBLIC HEALTH AGENCY

Statement of Financial Position for the Year Ended 31 March 2023

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

	NOTE	2023 £000	2023 £000	2022 £000	2022 £000
Non Current Assets					
Property, plant and equipment	5.1/5.2	944		710	
Intangible assets	6.1/6.2	251		345	
Total Non Current Assets			1,195		1,055
Current Assets					
Trade and other receivables	12	6,076		5,065	
Other current assets	12	21		35	
Cash and cash equivalents	11	512		855	
Total Current Assets			6,609		5,955
Total Assets			**7,804**		**7,010**
Current Liabilities					
Trade and other payables	13	(13,770)		(13,844)	
Other liabilities	13/16	(108)		0	
Provisions	14	(31)		0	
Total Current Liabilities			(13,909)		(13,844)
Total Assets less Current Liabilities			**(6,105)**		**(6,834)**
Non Current Liabilities					
Provisions	14	(155)		0	
Other liabilities	13/16	(274)		0	
Total Non Current Liabilities			(429)		0
Total Assets less Total Liabilities			**(6,534)**		**(6,834)**
Taxpayers' Equity and Other Reserves					
Revaluation reserve		247		247	
SoCNE Reserve		(6,781)		(7,081)	
Total Equity			**(6,534)**		**(6,834)**

The financial statements on pages 119 to 152 were approved by the Board on 22 June 2023 and were signed on its behalf by:

Signed	[signature]	(Chair)	Date	22 June 2023
Signed	[signature]	(Chief Executive)	Date	22 June 2023

PUBLIC HEALTH AGENCY

Statement of Cash Flows for the Year Ended 31 March 2023

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

	NOTE	2023 £000	2022 £000
Cash flows from operating activities			
Net operating expenditure	SoCNE	(90,309)	(92,440)
Adjustments for non cash transactions	3	667	423
(Increase)/decrease in trade and other receivables	12	(997)	(934)
Increase/(decrease) in trade and other payables	13	307	(1,706)
Less movements in payables relating to items not passing through the Net Expenditure Adjustment (NEA)			
Movements in payables relating to the purchase of intangibles	13	1	564
Movements in payables relating to finance leases	11.1	(382)	0
Use of provisions	14	0	0
Net cash inflow /(outflow) from operating activities		(90,713)	(94,093)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(91)	(146)
(Purchase of intangible assets)	6	(16)	(642)
Net cash outflow from investing activities		(107)	(788)
Cash flows from financing activities			
Grant in aid		90,584	95,264
Capital element of bringing lease onto Balance Sheet		(107)	0
Net financing		90,477	95,264
Net increase (decrease) in cash & cash equivalents in the period		(343)	383
Cash & cash equivalents at the beginning of the period	11	855	471
Cash & cash equivalents at the end of the period	11	**512**	**855**

The notes on pages 123 to 152 form part of these accounts.

PUBLIC HEALTH AGENCY

Statement of Changes in Taxpayers' Equity for the Year Ended 31 March 2023

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

	NOTE	SoCNE Reserve £000	Revaluation Reserve £000	Total £000
Balance at 31 March 2021		**(9,929)**	**141**	**(9,788)**
Changes in Taxpayers' Equity 2021/22				
Grant from DOH		95,264	0	95,264
Other reserves movements including transfers		0	0	0
(Comprehensive expenditure for the year)		(92,440)	106	(92,334)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	24	0	24
Balance at 31 March 2022		**(7,081)**	**247**	**(6,834)**
Changes in Taxpayers' Equity 2022/23				
Grant from DOH		90,584	0	90,584
Other reserves movements including transfers		0	0	0
(Comprehensive expenditure for the year)		(90,309)	0	(90,309)
Transfer of asset ownership		0	0	0
Non cash charges - auditors remuneration	3	25	0	25
Balance at 31 March 2023		**(6,781)**	**247**	**(6,534)**

The notes on pages 123 to 152 form part of these accounts.

NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

1 Authority

These financial statements have been prepared in a form determined by the Department of Health (DoH) based on guidance from the Department of Finance's Financial Reporting Manual (FReM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009.

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

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

1.1 Accounting convention

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

1.2 Currency and Rounding

These accounts are presented in UK Pounds (£) sterling. The figures in the accounts are shown to the nearest £1,000, which may give rise to rounding differences.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Buildings, Information Technology, and Furniture & Fittings.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the PHA;

- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

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

Assets under Construction (AUC)

Assets in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use. The PHA had no AUC in either 2022/23 or 2021/22.

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are

commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the PHA expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

The following asset lives have been used.

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

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure (SoCNE). If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the SoCNE and an amount up to the value of the impairment in the revaluation reserve is transferred to the SoCNE Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the SoCNE to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

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

The overall useful life of the PHA’s buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets include any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and Intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the PHA's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life.

They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the PHA where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition may be capitalised if the group is at least £5,000 in value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

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

1.8 Non-current assets held for sale

The PHA had no non-current assets held for sale in either 2022/23 or 2021/22.

1.9 Inventories

The PHA had no inventories as at 31 March 2023 or 31 March 2022.

1.10 Income

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

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

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

Income is stated net of VAT.

Grant in aid

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

1.11 Investments

The PHA did not hold any investments in either 2022/23 or 2021/22.

1.12 Research and Development expenditure

Research and development expenditure is expensed in the year it is incurred in accordance with IAS 38.

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

1.13 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.14 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Leases

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

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

Short term leases

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

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

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

Low value assets

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

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

Separating lease and service components

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

The PHA as lessee

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

- indexation;

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

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

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

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

Subsequent measurement

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

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

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

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

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

Depreciation

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

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

Leased assets under construction must also be depreciated.

The PHA as lessor

The PHA did not have any lessor agreements in either 2022/23 or 2021/22.

1.16 Private Finance Initiative (PFI) transactions

The PHA had no PFI transactions during 2022/23 or 2021/22.

1.17 Financial instruments

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

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

- **Financial assets**

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

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

Financial assets are classified into the following categories:

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

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

- **Financial liabilities**

Financial liabilities are recognised on the Statement of Financial Position when the PHA becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- **Financial risk management**

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with the DoH, and the manner in which they are funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non-public sector body of a similar size, therefore the PHA is not exposed to the degree of financial risk faced by business entities.

The PHA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the PHA in undertaking activities. Therefore, the PHA is exposed to little credit, liquidity or market risk.

- **Currency risk**

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

- **Interest rate risk**

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

- **Credit and liquidity risk**

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

1.18 Provisions

In accordance with IAS 37, provisions are recognised when there is a present legal or constructive obligation as a result of a past event, it is probable that the PHA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, it’s carrying amount is the present value of those cash flows using the relevant discount rates provided by HM Treasury.

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

1.19 Contingent liabilities/assets

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

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

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

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

1.20 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been calculated based on the balance remaining in the computerised leave system for all staff as at 31 March 2023. (Untaken flexi leave is estimated to be immaterial to the PHA and has not been included).

Retirement benefit costs

Past and present employees are covered by the provisions of the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the PHA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The PHA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Pension Scheme can be found in the HSC Pension Scheme Statement in the Departmental Resource Account for the DoH.

The costs of early retirements, except those for ill-health retirements, are met by the PHA and charged to the Statement of Comprehensive Net Expenditure at the time the PHA commits itself to the retirement.

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

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022-23 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation. Whilst the 2016 valuation remains the most recently completed valuation, the 2020 valuation is sufficiently progressed to use for setting the demographics assumptions.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.22 Value Added Tax (VAT)

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

1.23 Third party assets

The PHA had no third-party assets in 2022/23 or 2021/22.

1.24 Government Grants

The PHA had no government grants in 2022/23 or 2021/22.

1.25 Losses and Special Payments

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

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the PHA not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.26 Accounting standards that have been issued but have not yet been adopted

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

The International Accounting Standards Board have issued the following amendment to IFRS 16 but which is not yet effective or adopted. Under IAS 8 there is a requirement to disclose these amendments to standards together with an assessment of their initial impact on application.

IFRS 16 Leases: - Amendment

Lease Liability in a Sale and Leaseback which will be effective – beginning on or after 1 January 2024.

The Lease Liability in a Sale and Leaseback will clarify how a seller-lessee subsequently measures sale and leaseback transactions that meet requirements in IFRS 15 to be accounted for as a sale.

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

1.27 Changes in accounting policies

There were no changes in accounting policies during the year ended 31 March 2023.

NOTE 2 - ANALYSIS OF NET EXPENDITURE BY SEGMENT

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

	NOTE	2023	2022
Summary		**£000**	**£000**
Commissioning	2.1	115,007	107,549
FHS	2.2	1,903	2,555
Agency Administration	2.3	32,100	36,855
Safeguarding Board NI	2.4	874	743
Total Commissioner Resources utilised		**149,884**	**147,702**

2.1 Commissioning

		2023	2022
Expenditure		**£000**	**£000**
Belfast Health & Social Care Trust	SoCNE	22,396	20,977
South Eastern Health & Social Care Trust	SoCNE	6,545	6,118
Southern Health & Social Care Trust	SoCNE	9,252	8,967
Northern Health & Social Care Trust	SoCNE	11,269	10,174
Western Health & Social Care Trust	SoCNE	9,562	8,740
NIAS	SoCNE	192	117
NI Medical & Dental Training Agency	SoCNE	359	169
PCC	SoCNE	0	0
Other	3.1	58,411	55,177
		117,986	110,439
Income			
Revenue from contracts with customers	4.1	2,979	2,890
Commissioning Net Expenditure		**115,007**	**107,549**

2.2 FHS

FHS Net Expenditure	3.1	**1,903**	**2,555**

2.3 Agency Administration

		2023	2022
Expenditure		**£000**	**£000**
Salaries and wages	3.2	27,361	34,432
Operating expenditure	3.2	4,581	2,887
Non-cash costs	3.3	211	24
Depreciation	3.3	456	399
		32,609	37,742
Other Operating Income			
Staff secondment recoveries	4.2	509	887
Agency Administration Net Expenditure		**32,100**	**36,855**

2.4 Safeguarding Board NI

		2023	2022
Expenditure		**£000**	**£000**
Salaries and wages	3.2	630	522
Operating expenditure	3.2	244	221
Programme expenditure	3.1	0	0
		874	743
Safeguarding Board NI Net Expenditure		**874**	**743**

NOTE 3 EXPENDITURE

3.1 Commissioning	2023 £000	2022 £000
General Medical Services	1,903	2,555
Other providers of healthcare and personal social services	49,065	44,263
Research & development capital grants	9,346	10,914
Total Commissioning	**60,314**	**57,732**

3.2 Operating expenses are as follows:-

	2023 £000	2022 £000
Staff costs[1]:		
Wages and salaries	21,354	27,229
Social security costs	2,441	2,856
Other pension costs	4,196	4,869
Supplies and services - general	26	65
Establishment	4,126	2,066
Transport	1	5
Premises	573	804
Bad debts	0	6
Rentals under operating leases	95	162
Interest charges under IFRS16	4	0
Total Operating Expenses	**32,816**	**38,062**

3.3 Non cash items

	2023 £000	2022 £000
Depreciation	238	275
Amortisation	110	123
Depreciation charges under IFRS16	108	0
(Profit)/Loss on disposal of property, plant and equipment	0	1
Increase / Decrease in provisions	186	0
Cost of borrowing of provisions (unwinding of discount on provisions)	0	0
Auditors remuneration	25	24
Total non cash items	**667**	**423**
Total	**93,797**	**96,217**

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

During the year the PHA paid its share of regional audit services (£1,319) from its external auditor (NIAO) for the National Fraud Initiative (NFI) and this amount is included in operating costs above.

NOTE 4 - INCOME

4.1 Revenue from Contracts with Customers

	2023 £000	2022 £000
R&D	2,507	2,800
Other income from non-patient services	133	90
Burdett Income	29	0
Capital Grant Income (Waste Water)	310	0
Total	**2,979**	**2,890**

4.2 Other Operating Income

	2023 £000	2022 £000
Seconded staff	509	887
Total	**509**	**887**

TOTAL INCOME	**3,488**	**3,777**

NOTE 5.1 - Property, Plant & Equipment - Year Ended 31 March 2023

	Buildings (excluding dwellings) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation				
At 1 April 2022	222	1,153	55	1,430
Opening Balance IFRS 16 Adjustment	488	0	0	488
Restated Opening Balance	**710**	**1,153**	**55**	**1,918**
Indexation	18	0	0	18
Additions	0	91	0	91
Transfers	0	0	0	0
Disposals	(15)	(29)	0	(44)
At 31 March 2023	**713**	**1,215**	**55**	**1,983**
Depreciation				
At 1 April 2022	221	463	36	720
Indexation	18	0	0	18
Transfers	0	0	0	0
Disposals	(15)	(29)	0	(44)
Provided during the year	109	232	4	345
At 31 March 2023	**333**	**666**	**40**	**1,039**
Carrying Amount				
At 31 March 2023	**380**	**549**	**15**	**944**
At 31 March 2022	**1**	**690**	**19**	**710**
Asset financing				
Owned	0	549	15	564
Finance leased	380	0	0	380
Carrying Amount				
At 31 March 2023	**380**	**549**	**15**	**944**

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

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £108k (2021/22 £nil).

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

NOTE 5.2 - Property, Plant & Equipment - Year Ended 31 March 2022

	Buildings (excluding dwellings) £000	Information Technology (IT) £000	Furniture and Fittings £000	Total £000
Cost or Valuation				
At 1 April 2021	212	992	54	1,258
Indexation	10	0	1	11
Additions	0	146	0	146
Transfers	0	123	0	123
Disposals	0	(108)	0	(108)
At 31 March 2022	**222**	**1,153**	**55**	**1,430**
Depreciation				
At 1 April 2021	174	321	27	522
Indexation	10	0	0	10
Transfers	0	19	0	19
Disposals	0	(106)	0	(106)
Provided during the year	37	229	9	275
At 31 March 2022	**221**	**463**	**36**	**720**
Carrying Amount				
At 31 March 2022	**1**	**690**	**19**	**710**
At 1 April 2021	**38**	**671**	**27**	**736**
Asset financing				
Owned	1	690	19	710
Carrying Amount				
At 31 March 2022	**1**	**690**	**19**	**710**
Asset financing				
Owned	38	671	27	736
Carrying Amount				
At 1 April 2021	**38**	**671**	**27**	**736**

NOTE 6.1 - Intangible Assets - Year Ended 31 March 2023

	Software Licenses £000	Information Technology £000	Total £000
Cost or Valuation			
At 1 April 2022	343	292	635
Indexation	0	0	0
Additions	0	15	15
Disposals	0	0	0
At 31 March 2023	**343**	**307**	**650**
Amortisation			
At 1 April 2022	93	197	290
Indexation	0	0	0
Disposals	0	0	0
Provided during the year	74	35	109
At 31 March 2023	**167**	**232**	**399**
Carrying Amount			
At 31 March 2023	**176**	**75**	**251**
At 31 March 2022	**250**	**95**	**345**
Asset financing			
Owned	176	75	251
Carrying Amount			
At 31 March 2023	**176**	**75**	**251**

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

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

NOTE 6.2 - Intangible Assets - Year Ended 31 March 2022

	Software Licenses £000	Information Technology £000	Total £000
Cost or Valuation			
At 1 April 2021	265	292	557
Indexation	0	0	0
Additions	78	0	78
Disposals	0	0	0
At 31 March 2022	**343**	**292**	**635**
Amortisation			
At 1 April 2021	19	148	167
Indexation	0	0	0
Disposals	0	0	0
Provided during the year	74	49	123
At 31 March 2022	**93**	**197**	**290**
Carrying Amount			
At 31 March 2022	**250**	**95**	**345**
At 1 April 2021	**246**	**143**	**390**
Asset financing			
Owned	250	95	345
Carrying Amount			
At 31 March 2022	**250**	**95**	**345**
Asset financing			
Owned	246	143	390
Carrying Amount			
At 1 April 2021	**246**	**143**	**389**

NOTE 7 - FINANCIAL INSTRUMENTS

As the cash requirements of PHA are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the PHA's expected purchase and usage requirements and the PHA is therefore exposed to little credit, liquidity or market risk.

NOTE 8 - IMPAIRMENTS

The PHA had no impairments in 2022/23 or 2021/22.

NOTE 9 - ASSETS CLASSIFIED AS HELD FOR SALE

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

The PHA did not hold any assets classified as held for sale in 2022/23 or 2021/22.

NOTE 10 - INVENTORIES

The PHA did not hold any inventories as at 31 March 2023 or 31 March 2022.

NOTE 11 - CASH AND CASH EQUIVALENTS

	2023 £000	2022 £000
Balance at 1st April	855	471
Net change in cash and cash equivalents	(343)	384
Balance at 31st March	**512**	**855**

The following balances at 31 March were held at

	2023 £000	2022 £000
Commercial banks and cash in hand	512	855
Balance at 31st March	**512**	**855**

11.1 Reconciliation of liabilities arising from financing activities

			Non-Cash Changes			
	2022	Cash flows	Net cash requirement	Acquisition	Change in valuation	2023
	£000	£000	£000	£000	£000	£000
Lease Liabilities	0	(111)	0	489	4	382
Total liabilities from financing activities	**0**	**(111)**	**0**	**489**	**4**	**382**

NOTE 12 - TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2023 £000	2022 £000
Amounts falling due within one year		
Trade receivables	765	764
Deposits and advances	0	353
VAT receivable	915	451
Other receivables - not relating to fixed assets	4,396	3,497
Trade and other receivables	**6,076**	**5,065**
Prepayments	21	35
Other current assets	**21**	**35**
TOTAL TRADE AND OTHER RECEIVABLES	**6,076**	**5,065**
TOTAL OTHER CURRENT ASSETS	**21**	**35**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**6,097**	**5,100**

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

NOTE 13 - TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2023 £000	2022 £000
Amounts falling due within one year		
Other taxation and social security	690	709
Trade capital payables - intangibles	0	1
Trade revenue payables	9,298	8,162
Payroll payables	1,430	2,326
BSO payables	1,049	477
Other payables	1,200	1,545
Accruals	0	0
Deferred income	103	624
Trade and other payables	**13,770**	**13,844**
Current part of lease liabilities	108	0
Other current liabilities	**108**	**0**
Total payables falling due within one year	**13,878**	**13,844**
Amounts falling due after more than one year		
Finance leases	274	0
Total non current other payables	**274**	**0**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**14,152**	**13,844**

NOTE 14 - PROVISIONS FOR LIABILITIES AND CHARGES 2023

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

Comprehensive Net Expenditure Account Charges

	2023 £000	2022 £000
Arising during the year	186	0
Reversed unused	0	0
Cost of borrowing (unwinding of discount)	0	0
Total charge within Operating expenses	**186**	**0**

Analysis of Expected Timing of Discounted Flows

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

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

Holiday Pay Liability

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgment to the Supreme Court and while the hearing concluded on 15 December 2022, the date has not yet been set for the hand down of the judgement.

The HSC working group considering resolution of the liability has indicated that any interim solution is likely to be at least 4 years away as it will require system change. In light of industrial action, there is also no indication of when Trade Unions discussions re settlement of the historic liability can be conducted and in the absence of a Minister, agreeing a settlement may also be delayed.

As a result of this the level of uncertainty around the timing of the liability has increased and it has been treated as a provision at 31 March 2023. The best estimate of the value of the liability is based on the position in the NHS in England, Scotland and Wales.

NOTE 14 - PROVISIONS FOR LIABILITIES AND CHARGES 2022

	Other £000	2022 £000
Balance at 1 April 2021	0	0
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 2022	**0**	**0**

Analysis of Expected Timing of Discounted Flows

	Other £000	2022 £000
Not later than one year	0	0
Later than one year and not later than five years	0	0
Later than five years	0	0
At 31 March 2022	**0**	**0**

NOTE 15 - CAPITAL AND OTHER COMMITMENTS

The PHA did not have any capital or other commitments as at 31 March 2023 or 31 March 2022.

NOTE 16 - LEASES

16.1 Quantitative Disclosures around Right of Use Assets

Cost or Valuation	**Land and Buildings £000**	**Total £000**
At 1 April 2022	489	489
Additions	0	0
As at 31 March 2023	**489**	**489**
Depreciation Expense		
At 1 April 2022	0	0
Charged in year	109	109
At 31 March 2023	**109**	**109**
Carrying Amount at 31 March 2023	**380**	**380**
Interest charged on IFRS 16 leases	**4**	**4**

16.2 Quantitative Disclosures around Lease Liabilities

Maturity Analysis

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

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

	2023 £000	2022 £000
Other lease payments not included in lease liabilities	95	0
Sub-leasing income	0	0
Expense related to short-term leases	0	0
Expense related to low-value asset leases	0	0
	95	**0**

16.4 Quantitative Disclosures around Cash Outflow for Leases

	2023 £000	2022 £000
Total cash outflow for lease	206	0

NOTE 17 - COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENTS

17.1 Off balance sheet PFI contracts and other service concession arrangements

The PHA had no commitments under PFI or service concession arrangements in either 2022/23 or 2021/22.

NOTE 18 - OTHER FINANCIAL COMMITMENTS

The PHA did not have any other financial commitments at either 31 March 2023 or 31 March 2022.

NOTE 19 - CONTINGENT LIABILITIES

The PHA has contingent liabilities of £5k.

Clinical negligence

	2023 £000	2022 £000
Total estimate of contingent clinical negligence liabilities	0	5
Amount recoverable through non cash RRL	0	(5)
Net Contingent Liability	**0**	**0**

Employers' liability

	2023 £000	2022 £000
Employers' liability	5	2
Amount recoverable through non cash RRL	(5)	(2)
Net Contingent Liability	**0**	**0**

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

NOTE 20 - RELATED PARTY TRANSACTIONS

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

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

NOTE 21 - THIRD PARTY ASSETS

The PHA had no third party assets in 2022/23 or 2021/22.

NOTE 22 - FINANCIAL PERFORMANCE TARGETS

22.1 Revenue Resource Limit

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

The Revenue Resource Limit (RRL) for PHA is calculated as follows:

	2023	2022 Restated
	£000	£000
DoH (excludes non Cash)	135,493	132,685
Other Government Departments	491	495
Total agreed RRL	135,984	133,180
Less RRL Issued To:		
RRL Issued	0	0
RRL to be Accounted For	**135,984**	**133,180**
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	149,884	147,702
Adjustments		
Capital Grants	(600)	0
Research and Development under ESA10	(12,869)	(14,193)
Depreciation/Amortisation	(456)	(398)
Impairments	0	0
Notional Charges	(25)	(24)
Movements in Provisions	(186)	0
* Profit/(loss) on disposal of fixed asset		(2)
Total Adjustments	(14,136)	(14,616)
Net Expenditure Funded from RRL	**135,748**	**133,086**
Surplus/(Deficit) against RRL	236	94
Break Even cumulative position (opening)	1,920	1,826
Break Even cumulative position (closing)	**2,156**	**1,920**

Materiality Test:

	2023	2022
	%	%
Break Even in year position as % of RRL	0.17%	0.07%
Break Even cumulative position as % of RRL	1.59%	1.44%

The PHA has met its requirements to contain Net Resource Outturn to within +/- 0.25% of its agreed Revenue Resource Limit (RRL), as per DoH circular HSC(F) 21/2012.
* As a result of the changes to non-cash RRL, Profit/Loss on disposal of assets is excluded from non-cash RRL from 2022/23, however, has been included within 2021/22 as a one off adjustment.

22.2 Capital Resource Limit

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

	2023	2022
	£000	£000
Gross capital expenditure	706	225
Less IFRIC 12/PFI and other service concession arrangements spend	0	0
(Receipts from sales of fixed assets)	0	0
Net capital expenditure	706	225
Capital Resource Limit	13,575	14,426
Adjustment for Research and Development under ESA10	(12,869)	(14,193)
Overspend/(Underspend) against CRL	0	(8)

NOTE 23 - EVENTS AFTER THE REPORTING PERIOD

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

DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 29 June 2023.