PUBLIC HEALTH AGENCY

ANNUAL REPORT & ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2013

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On 28 June 2013

Any enquiries regarding this document should be sent to us at:

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

Using this report
This report reflects progress through examples of work undertaken by the PHA to meet the targets as detailed in the PHA's annual business plan. It shows how this work has contributed to meeting our 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 on request. A PDF file of this document is also available to download from www.publichealth.hscni.net

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Chair's statement

Health is a whole person issue – not just segments of the body or mind. A person's health is their most important marker of independence and wellbeing. The PHA's primary role continues to be helping people to keep themselves healthy, and ensuring that when treatment is needed, it is safe and of high quality.

We recognise that reducing health inequalities is also central to ensuring economic and social progress. Reducing health inequalities is not something one organisation can achieve on its own, nor will it be easily measured on an annual basis. The PHA must be sure that what we do, and how we do it, furthers the goal of improving and protecting health as well as reducing health inequalities.

During 2012/13 the PHA received welcome additional financial resources and this annual report highlights some of the key areas of achievement in the last year and we look forward to building on this in 2013/14 through an additional £2.5m in new programmes, as well as expanding a number of existing programme areas.

Overall, an additional £10m will be invested across public health over the period of *Programme for Government 2011–2015*. We will continue to advocate for further investment in health and I strongly believe that the work this PHA undertakes, along with the progress we are making, will impact on reducing health inequalities.

This financial settlement reflects the high priority given by the Northern Ireland Executive to public health in the *Programme for Government 2011–2015*. This additional funding is enabling the PHA to focus more on those areas where we can make a significant impact on people's lives and improve their health and wellbeing.

While we await the new public health strategy, we are preparing to implement it in close collaboration across all sectors – public, private, community and voluntary. Health policies and strategies do not stand alone as separate pieces of work. For example, we have continued to work closely with the Health and Social Care Board (HSCB) as *Transforming Your Care* moves from policy to practice.

It is clear that there will be an increasingly challenging role for district and community nursing as service emphasis shifts from hospital to community. Equally, the need for older people to continue to be actively involved in sustaining their physical and mental health and wellbeing in their later years will present opportunities and challenges to the community and voluntary sector.

New screening programmes have been introduced in the past year, including abdominal aortic aneurysm (AAA) screening and changes to the cervical screening programme – both having real potential to reduce mortality rates.

Health protection is often one of our least visible areas of activity until something goes wrong. Immunisation programmes do much to maintain the health of children, I am pleased to report that Northern Ireland continues to have very high uptake rates.

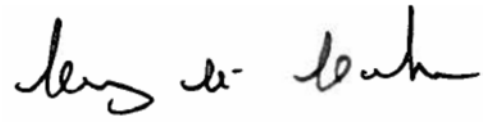
The role of governance, quality and safety within the organisation is of particular importance, especially in light of the serious failings at the Mid Staffordshire NHS Foundation Trust.

With a renewed sense of awareness, we as an agency – and myself, as chair – will endeavour to apply this learning through our governance arrangements and procedures.

Critical to our work are the contributions of our staff and board members.

This year ends with the departure of one of our founding board members, Ronnie Orr. We thank Ronnie for his invaluable insight into, and knowledge of, areas such as the criminal justice system and prisoner health, child and vulnerable adults' protection as well as a major contribution to the work of the early years and older people agenda in health and wellbeing improvement. We wish him good health and happiness in the years ahead.

I want to acknowledge and thank all of our board members and PHA staff for their continued commitment, dedication and hard work and I look forward to working with them all during 2013/14.



Mary McMahon
Chair

Date 20/06/2013

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Chief Executive's statement

The last year has been an important period for the development of public health in Northern Ireland. The Executive's Programme for Government 2011–2015, the blueprint which sets out the key goals for government, identifies public health as a priority area and as a result the PHA received additional important financial resources during the year.

These enabled us to further invest in initiatives and programmes throughout the year including important campaign work to promote healthier living in the areas of bowel screening, stroke, smoking, flu, mental health and obesity.

It has also been an active year regarding new key services being made available to the public – notably the successful introduction of the AAA screening programme and the extension of the Family Nurse Partnership (FNP), with an additional programme providing support to young first-time teen parents being established in the Western Health and Social Care Trust (HSCT) area and further teams recruited in the Southern and Belfast HSCT areas.

The Roots of Empathy programme has also progressed well this year in collaboration with the five HSCTs. The school-based social and emotional competence promotion programme was successfully implemented in over 100 primary schools across Northern Ireland.

We are particularly delighted to have received support from the Office of the First Minister and Deputy First Minister (OFMDFM) through the *Delivering Social Change* programme and, specifically, two-year funding to test a range of parenting programmes to provide additional support to families who need it most.

This year has also presented challenges. An e.Coli outbreak in Belfast and severe weather in some parts of Northern Ireland required activation of our Joint Response Emergency Plan. On both occasions the plan was implemented successfully and in a professional manner which ensured the necessary response could take place.

Important support for the HSCB was provided through professional advice and leadership on aspects of the provision of acute hospital services – in particular in the areas of unscheduled care and improvements in emergency care performance.

2012/13 has also been important for strategy development. We contributed to the development of *Fit and Well*, the working title for the draft of the new public health strategy, recognising that this will provide a rallying point for us to put all our efforts into making a fairer and healthier society.

We also contributed to the *Transforming Your Care* process, which will direct the future shape of all health and social care services in Northern Ireland, and continued important work with local councils to help tackle health inequalities and to promote positive health and wellbeing.

Locally and internationally major inroads and noticeable progress have been made in improving public health, but despite this work local health inequalities are still all too evident.

Even when travelling a very short distance in Belfast, for example a bus journey from Donegall Square to Finaghy Road South, life expectancy differs along the route by up to nine years. This is simply not acceptable. There is no room for complacency in tackling this huge task that still lies ahead.

We cannot achieve our aims of conquering the significant ongoing issues of obesity, smoking and alcohol misuse without the solid partnerships we have built with other organisations – not only within the HSC – but also with the statutory, voluntary and community sectors. We acknowledge that we will need more from them all to address these challenges.

Special congratulations must go to our Centre for Connected Health and partners who picked up two Crystal Awards from the Telecare Services Association and to all those who worked on the seasonal flu public information campaign, which took second place in the 13th Chartered Institute of Marketing Ireland Awards.

I must also highlight, as Chair of the Northern Ireland Organ Donation Task Force Implementation Group, the excellent work that has been done over the year within the health services and by all of the other organisations involved in promoting organ donation and transplantation.

Transplant activity has increased significantly and Northern Ireland is among the leading countries internationally in live donor kidney transplants. During the year, numbers on the Organ Donor Register have increased. On 31 March 2011 there were 484,748 registered on the NHS Organ Donor Register by 31 March 2012, registration had increased by more than 36,000 to almost 521,000. However this is still only 30% of the population in Northern Ireland.

Much more needs to be done. Currently 200 people are waiting for transplants and each year around 15 people will die waiting.

There is still much more to be done on all public health fronts but we welcome the challenges and look ahead to the upcoming year with confidence. With a highly professional and committed team and board at the PHA, I am confident we can and will make a difference to the health of every individual in Northern Ireland and to the quality and safety of the services they use.

Dr Eddie Rooney
Chief Executive

Date 

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Introduction

The PHA is the statutory body responsible for improving and protecting the health of our population and works closely with the HSCB and Trusts, and is supported by the Business Services Organisation (BSO). Central to this is working in close partnership with individuals, groups and organisations from all sectors – community, voluntary and statutory.

Whilst this document highlights progress and achievements in the last year, the PHA is conscious that much remains to be done.

In Northern Ireland there are, for example, currently 4,000 premature deaths per year and 61,000 potential years of life lost through preventable illnesses. Loss to the local economy as a result of obesity is estimated at £500 million, with 59% of the population being either overweight or obese and the impact of the misuse of alcohol on the health and social care system is estimated at some £250 million.

We are confident that investment by the PHA in measures to prevent ill health, the promotion of population-wide health and wellbeing interventions and campaigns will, if sustained, result in significant savings not only in economic terms but in terms of lives saved and years of life gained.

This annual report sets out the activities and achievements of the PHA over the past year, with a particular emphasis on a selection of targets and key priorities reflecting statutory requirements, and DHSSPS and PHA objectives.

Each year the PHA develops its business plan as a statement of its goals and how it will use its resources to achieve these. Our *Business Plan 2012–2013* contained just over 100 targets including those set for it in the DHSSPS document *Commissioning Plan Directions*.

These targets covered every facet of our work with the vast majority – 81 – completed on time and as expected, with a further 21 due to be completed, although slightly delayed. The targets were chosen as being identified as having the biggest potential impact on improving levels of health and social wellbeing, protecting the health of the community, and ensuring patients continue to receive high quality and safe treatment and care services.

One of the key areas of innovation for the PHA is the development of telemonitoring. Slower progress than expected in some areas meant that the target number of ‘monitored patient days’ was not met, however the PHA is working with HSCTs and the contractor to increase awareness and uptake.

The format of this report reflects the four key goals set out in the *PHA Corporate Strategy 2011–2015* which are.

I. protecting health;
II. improving health and wellbeing;
III. improving quality and safety of health and social care services;
IV. improving early detection of illness.

In delivering these goals, the PHA has two organisational themes that shape how we work:

V. using evidence, fostering innovation and reform;
VI. developing our people and ensuring effective processes.

How the PHA has met its targets

Effective cooperation and partnership remained at the core of how the PHA worked in 2012/13 to deliver its objectives. This ranged from continuing to work closely with partners in the community, the voluntary sector, HSCTs, local government and the statutory sector. The PHA supported a wide range of actions to improve and protect public health and wellbeing, targeted the major causes of poor health and allocated resources to those who need them most.

Our activities ranged from providing investment and professional leadership to implement specific services and initiatives, to influencing and shaping wider processes and budgets of other partners to promote health and wellbeing outcomes.

The PHA has also generated, disseminated and applied information and knowledge on needs and effectiveness of interventions to further improve actions and initiatives as well as to try and better understand the health status and needs of our population.

During the year the PHA also continued to play a full and effective role in shaping the delivery of care services and strived to ensure that every opportunity was taken through commissioning to address the root causes of poor health and wellbeing and sought to secure high quality safe services that meet patient and client needs.

Regular reports on progress against the core objectives are brought to the PHA board. In addition regular reports from the Programme Expenditure Monitoring System (PEMS) as well as monthly finance reports are brought to the PHA board.

The following sections highlight key PHA achievements against its targets during 2012/13.

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I. Protecting health

The PHA's health protection service continued its frontline role in protecting the Northern Ireland population from infectious diseases and environmental hazards through surveillance and monitoring, operational support and advice, response to health protection incidents, education, training and research.

This involved working closely with partner organisations in the UK and through international networks such as those of the Health Protection Agency (HPA), World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC).

Achievements in the past year included:

- The development of the seasonal flu response plan for 2012/13;
- ensuring appropriate surveillance and prevention activities were put in place for blood-borne viruses and sexually transmitted infections;
- maintaining and building on very high uptake levels for childhood and influenza vaccines;
- overseeing the introduction and use of recently agreed drinking water and health guidelines – work which has in fact been shortlisted for an award; and,
- taking forward the pandemic planning project.

Seasonal influenza vaccine

Flu viruses are most common during the winter and can also cause worldwide pandemics.

The flu viruses constantly change to evade recognition by the immune system, so people may catch flu many times during their lifetime. For this reason, the flu vaccine is constantly updated to protect against the latest forms of the virus. Protection from the flu vaccine only lasts for one flu season and is given every year.

As it is impossible to predict when flu viruses will start circulating, this year the PHA advised people to get vaccinated early, before the viruses appear. The vaccine programme ran from late September to mid-November 2012.

Vaccine uptake by the most vulnerable groups has been consistently high for the last 10 years with around 75% of people aged over 65 years being vaccinated. For those aged under 65 years in at-risk groups, uptake has risen from 55% to about 80% in the last three years. These figures are the highest in the UK, particularly for those aged under 65 years in at-risk groups.

In advance of the vaccine programme, health professionals were provided with written information on new developments and reminded of the key messages. Training sessions for professionals were provided, along with information leaflets and posters for the public, with messages targeted at the most vulnerable groups.

HSC staff were also advised to get the vaccination early in order to protect themselves, their family and their patients. HSC flu clinics were held in all HSCTs to encourage as many staff as possible to get vaccinated.

Despite this, uptake figures among HSC staff for the year were lower than anticipated and the PHA will be redoubling its efforts to help improve these rates over the coming years by encouraging and helping Trusts to improve these figures.

Figure 1: Trust flu uptake figures as of 31 January 2013

Occupational Health Seasonal flu Vaccine data 1st Oct 2012 - 31st Jan 2013	Belfast HSCT	South eastern HSCT	Northern HSCT	Southern HSCT	Western HSCT	Northern Ireland
Trust Frontline Staff Population	**13544**	**7082**	**7240**	**7347**	**5462**	**40675**
Frontline staff receiving Vaccine 1st Oct 2012 - 31st Jan 2013	**2647**	**1081**	**1877**	**1347**	**1281**	**8233**
Uptake rate frontline staff 1st Oct 2012 to 31 Jan 2013	**19.5%**	**15.3%**	**25.9%**	**18.3%**	**23.5%**	**20.2%**
Uptake rate frontline staff *1st Oct 2011 to 31 Jan 2012*	***24.9%***	***15.1%***	***21.0%***	***18.6%***	***20.7%***	***20.8%***
Trust Other Staff Population	**6094**	**5211**	**4153**	**4239**	**4215**	**23912**
Trust other staff receiving Vaccine 1st Oct to 31 Jan 2013	**1122**	**702**	**1121**	**747**	**903**	**4595**
Uptake rate other staff 1st Oct 2012 to 31 Jan 2013	**18.4%**	**13.5%**	**27.0%**	**17.6%**	**21.4%**	**19.2%**
Uptake rate other staff *1st Oct 2011 to 31 Jan 2012*	***20.6%***	***11.2%***	***38.0%***	***16.5%***	***32.5%***	***21.2%***
The following caveat applies: The denominator figures for frontline & other staff are based on estimates						

Figure 1: Trust flu uptake figures as at 31st January

Emergency preparedness

The PHA adheres to the DHSSPS Emergency Planning Controls Assurance Standards which state, "All HSC organisations should have detailed emergency preparedness plans in place, which are reviewed annually and which are part of an annual programme for testing and validating plans".

During 2012/13 the PHA activated its joint response emergency plan on several occasions, such as during the E.coli outbreak in Belfast and as a result of adverse weather conditions. As such, the Emergency Operations Centre (EOC) was operational for a number of weeks and working with HSC colleagues ensured an effective and coordinated response of the three regional HSC organisations.

Particular challenges over the past year included public health preparations for the Olympic/Paralymic pre-games training camps that were hosted in Northern Ireland in June and July. This included working with multi-agency partners to ensure effective public health emergency preparedness in the areas of:

- Disease surveillance and outbreak response;
- environmental health and food safety;
- healthcare capacity and mass casualty preparedness;
- public health response to chemical and radiation hazards incidents;
- public information and health promotion.

We acknowledge the significant work carried out this year across the local partner agencies and Trusts as we prepare for a very busy year ahead which will see the G8 summit, World Police and Fire Games, and the All-Ireland Fleadh Cheoil coming to Northern Ireland.

II. Improving health and wellbeing

The PHA in 2012/13 continued to proactively address the causes and associated inequalities of preventable ill health and lack of wellbeing. It is a major challenge – one that requires partnership with those in health and social care and those from different sectors and disciplines to ensure maximum benefit can be gained through collective efforts.

Our approach in 2012/13 was underpinned by the four key objectives:

- **Giving every child the best start in life** – through developing and investing in a package of programmes to support children and families in the antenatal period, the first five years, and through the school years;
- **Working with others to ensure a decent standard of living** – tackling poverty, maximising benefits and income and using the power of the public sector to procure goods locally and where appropriate, through social economy measures;
- **Building sustainable communities** – working with local communities to develop capacity, increasing community participation, and supporting community-based approaches such as community gardens/allotments with those experiencing the greatest inequalities;
- **Making healthier choices easier** – influencing policy and decision makers and individuals in order to make it easier for people to make healthier choices. For example, regarding minimum price of alcohol or providing public information, training and education for a wide range of groups.

During the year the PHA was able to make substantial progress including investing an additional £2m from *Programme for Government* to tackle obesity and the preparation of a costed implementation plan to take forward the new public health strategy *Fit and Well* and related population health strategies.

Substantial progress was made in meeting the UNICEF Baby Friendly Initiative standards to support breastfeeding, including training for key staff who have primary responsibility for breastfeeding mothers and babies. Additional resources were identified to support a part-time UNICEF professional assistant. Breastfeeding peer-support programme development also advanced well during the year.

Work continued on the implementation of the regional MARA project (Maximising Access to Services, Grants and Benefits in Rural Areas) in line with the business case submission to the Department of Agriculture and Rural Development. The MARA project aims to increase access to services, grants and benefits for disadvantaged rural dwellers. All 13 lead organisations became fully operational and as at the end of December 2012 over 1,600 MARA household visits had been undertaken and 3,980 referrals generated to the various services, grants and benefits.

The PHA has also worked closely with the HSCB regarding the inclusion of health improvement priorities within its regional and local commissioning plans.

There was good progress made during the year in key areas of the action plan to meet the needs of Travellers in line with the *All-Ireland Traveller health study*, not least on increased cancer screening and uptake being addressed with cancer screening leads. Additional investment was also secured to promote mental health and wellbeing in this important area.

A key area of work in the year under review was the establishment of five 'One Stop Shop' facilities where young people have the opportunity to socialise in an alcohol and drug-free environment and avail of information, advice and support on a range of issues.

In addition it was also possible to expand capacity in contraceptive and sexual health services specifically tailored to the needs of young people, as well as wider sexual health services, particularly for groups at high risk of HIV and STIs.

The area of suicide prevention saw good progress, with local and regional integrated action plans in place and training plans progressing to help prevent suicide and promote mental health and wellbeing. A plan has also been developed to ensure continuity of service of the Lifeline suicide prevention helpline and crisis support service.

Roots of Empathy programme

The PHA continues to focus on early intervention and key parenting programmes as means of enabling children to have the best start in life. One of these programmes, Roots of Empathy, is a school-based social and emotional competence promotion programme for primary school children.

This is an internationally successful and evidence-based programme that shows that the development of emotional and social wellbeing is crucial to enable children's ability to develop and maintain positive relationships and their success in both school and later life.

The priority for the PHA in 2012/13 was to extend the Roots of Empathy programme to cover a minimum of 70 schools by March 2013.

The programme is currently being delivered in a number of countries including Canada, New Zealand and Japan. The one school year programme involves 27 lessons which incorporate a monthly classroom visit by an infant and parent from the local community.
The improved outcomes for participating children including increased empathy and reduction in bullying and violence have specific and broad relevance to families, communities, schools, policing, probation, community safety and those concerned with mental health promotion.

The Roots of Empathy instructor (who is not the class teacher) visits the classroom three times per month and carries out family visits. Each lesson provides opportunities to focus on the dimensions of empathy: being able to identify and explain different emotions, being able to take the perspective of another and being sensitive to other people's emotions.

The PHA, working with the five HSCTs, has progressed the implementation of Roots of Empathy across all localities and consequently 103 primary schools across Northern Ireland successfully received the programme in 2012/13.

The PHA, through a Queen's University Belfast research programme, is supporting a randomised control trial that will provide considerable learning about the impact of the programme in Northern Ireland.

A fitter future for all

The regional framework, *A Fitter Future for All, 2012–2022*, for preventing and addressing overweight and obesity in Northern Ireland, was launched by the Minister on 9 March 2012.

The framework sets the strategic direction to tackle this important public health challenge over the next ten years with the aim to "empower the population of Northern Ireland to make healthy choices, reduce the risk of overweight and obesity related diseases and improve health and wellbeing, by creating an environment that supports and promotes a physically active lifestyle and a healthy diet".

The factors associated with overweight and obesity are complex and require a coordinated, integrated and cross-sectoral approach to tackle them effectively. The PHA was tasked with leading the implementation of the framework and has established a multi-agency group with wide stakeholder representation. Our actions in 2012/13 have focused on establishing key partnerships, recognising the extensive range of good work that is already happening and building on this in the future.

The PHA invested over £2 million in obesity-related activities in 2012/13. Much of this is carried out at local level with partner organisations to increase levels of physical activity and promote healthy eating. Examples include joint investment in outdoor gyms with local councils and delivery of the community nutrition education programme *Cook it!*

A number of key actions have been delivered in 2012/13. They include:

- Launch of a public information campaign in January 2013 to raise awareness of the health impact of overweight and obesity and to support individuals to make healthy lifestyle changes. This is supported by the new website www.choosetolivebetter.com
- establishment of a working group to progress how HSCTs can better develop as healthy workplaces;
- development of a maternal obesity pilot programme delivered across all five HSCTs which will provide enhanced support to all pregnant women with a Body Mass Index of over 40;
- publication of updated nutritional standards for the early years and provision of training on the CMO *UK physical activity guidelines* for the early years;
- review of the evidence on Physical Activity Referral Programmes and development of a process to support compliance with national standards;
- review of weight management interventions for children and young people in Northern Ireland to inform future commissioning of services, ensuring they are evidence-based and effective;
- support to the HSCB to develop a pilot programme which allows GPs and others to refer appropriate patients to a commercial weight loss group.

How children succeed

Early intervention enables every baby, child and young person to acquire the social and emotional foundation upon which our success as human beings depends.

A child who is emotionally well-rounded, capable and socially able has a greater chance in life. For a child to succeed in school and beyond has less to do with intelligence, but more to do with ordinary personality traits, like the ability to stay focused and control impulses. Non-cognitive skills like persistence and curiosity are highly predictive of future success.

Pregnancy and the post-natal period are key times for early intervention. It is when expectant mothers are motivated to learn and want to do the best for their child.

The Healthy Child, Healthy Future (HCHF) programme is the universal public health programme providing regular health and development reviews, screening tests, immunisations, health promotion and parenting support from pregnancy to 19 years of age. In the important first year of life, the HCHF programme is led and provided by health visiting teams, ensuring all children and families receive support from health professionals, as well as more targeted support for those who need it, through universal and specialist services. In 2012/13 the PHA continued to work with HSCTs to develop the HCHF programme as a strong universal service for children, young people and their families with an increased focus on pregnancy and children's early years in disadvantaged families

An example of a successful early intervention programme is the Family Nurse Partnership (FNP). It is a preventative programme of structured home visiting for young first time teen parents, provided by specially trained nurses, from early pregnancy until their child is two years of age.

The FNP offers high intensity support through home visits, using methods to build self-efficacy and promote attachment and positive parenting with practical activities that change behaviour and

tackle the emotional problems that prevent some mothers and fathers caring well for their children. It has been particularly successful in connecting with those most disaffected with and distrusting of services.

Further progress during 2012/13 included the establishment of an additional Family Nurse Partnership (FNP) Programme in the Western HSCT area, with 101 mothers being recruited in addition to further teams recruited in the Southern and Belfast HSCT areas. There are currently 300 places for teenage parents across the three Trust areas.

Public information campaigns

In 2012/13 the PHA developed and implemented public information campaigns on flu, obesity, smoking, mental health, stroke and bowel cancer screening. The campaigns were subject to new government protocols, requiring departmental approval for projected media spend.

During the year the PHA's commitment to evidence-based practice and quality delivery was recognised. Along with advertising partner Leith, the PHA picked up two marketing awards for excellence for the 2011/12 flu campaign.

- ***Flu***

The 2012/13 campaign to raise awareness of the flu vaccine for over 65s, under 65s at-risk groups and pregnant women vaccinated in advance of the flu season, ran during October and November. It included TV, radio, press and online advertising supported by the website www.fluawareni.info

A second phase of the campaign was implemented during January when flu had started to escalate and advised good respiratory and hand hygiene practice and to stay at home if unwell.

- ***Obesity***

A major new advertising campaign was developed and delivered to tackle overweight and obesity and contribute to the regional obesity framework *A fitter future for all*. The 'Choose to live better' campaign took two approaches: helping people to identify whether they are inching towards bad health by measuring their waist size, and offering advice on small steps they can take to help reduce their waist to a healthy size.

Advertising on TV, radio, press, outdoor and online ran from January to March, and will be consolidated in 2013/14. Posters, a leaflet, tape measure and a website were also developed in support of the campaign. The website www.choosetolivebetter.com provides helpful tips and practical advice on how people can measure their waist and reduce their weight. From 3 January–28 February there were 14,256 visits to the site (11,204 unique visitors).

- ***Smoking***

The PHA also implemented a re-run of the smoking campaign 'Never give up on giving up' and 'Things you could do before you die' strands, developed in 2011 to support the work of the Tobacco Control Action Plan.

This aimed to raise awareness of the health effects of smoking, signpost smokers to a range of smoking cessation support available such as www.want2stop.info and increase the number of smokers making a quit attempt. Its effectiveness was shown by an increase in visits to the website coinciding with the campaign, with 5,857 visits in February (5,157 unique visits) compared to 2,650 visits in December (2,443 unique visits). Over 4,000 requests for the self-help Quit Kit were received from December to February.

Cancer Focus NI tendered successfully for the operation of a new Smokers Helpline and interactive service, which will deploy social media and mobile technologies to deliver health related information and support.

- ***Stroke (FAST)***

The FAST campaign, developed in 2011 to raise awareness of the signs and symptoms of stroke and the importance of acting FAST, was re-run for three months. In a joint initiative with Northern Ireland Ambulance Service, we developed FAST livery for ambulances in the Belfast and South Eastern HSCTs to further promote the campaign message and call to action. A range of public health messages could be promoted via ambulance vehicles if this initiative is successful.

- ***Mental health***

Recognising the need to continue to build on previous campaigns to raise awareness of mental health issues and promote mental health, we re-ran the most successful elements of our mental health campaign from 2011/12.

'Don't cover up your problems' targeted men, particularly those aged 16–24 years, and encouraged openness, discussion and help-seeking behaviour before feelings of anxiety, distress or despair escalated. 'Under the surface' aimed to raise awareness of the early warning signs that could indicate a mental health issue and encouraged seeking help.

The website www.mindingyourhead.info was redesigned and updated with advice. Visits to the website increased significantly during the campaign – with 7,537 visits in January (6,492 unique visits) and 5,582 in February (4,853 unique visits). Signposting to the crisis response helpline service Lifeline involved sports personalities such as David Humphreys, Michael O'Neill and Peter Canavan.

- ***Bowel cancer screening***

To reinforce awareness of the bowel cancer screening programme and encourage those eligible for screening to participate in the programme when invited, we ran a continuation of the campaign launched in early 2012 and aimed at 60–71 year olds. The campaign included a mix of TV, radio, press and ambient advertising in washrooms, bingo halls and bookmakers.

III. Improving quality of HSC services

The PHA is committed to ensuring safe and effective, high quality care for the population of Northern Ireland, achieving excellence and best practice in all that we do. Critical to this area is the provision of public health and nursing/AHP advice to the work of the HSCB and its Local Commissioning Groups.

The PHA also ensures systems and processes are in place and during 2012/13 regular reporting took place to identify and disseminate learning arising from Serious Adverse Incidents (SAIs). An important area of work has been the development of a Quality and Safety Assurance Framework that addresses safety, effectiveness and patient, carer and client experience. A Quality and Safety Service Group (QSSG) has also been established to ensure quality and safety initiatives and priorities are embedded in the work of the PHA, HSCB and other commissioned organisations.

The HSC Safety Forum has also been established as a repository for quality improvement work throughout the HSC.

During 2012/13 support continued for the Neurological Conditions Network and we provided leadership through our dedicated staff for PPI across the HSC and provided public health nursing and AHP leadership to the HSCB commissioning functions.

Through the Regional Pressure Ulcer Prevention Group, made up of the Patient Safety Forum, the PHA and the five HSCTs, a patient safety initiative that leads to a reduction in the incidence of pressure ulcers was developed and implemented – work is currently continuing with all HSCTs to develop this further.

Similar patient safety initiatives with regards to falls in hospital settings were undertaken and a steering group established. Measures were confirmed and monitoring and reporting schedules agreed with trusts.

Addressing prisoners' health needs can be particularly challenging, with the prison environment presenting unique priorities and pressures. In particular, prisoners tend to have more mental, physical and social health problems. A health improvement strategy and action plan have been completed and funding secured for a health and social wellbeing improvement post in the South Eastern HSCT to drive the strategy implementation and embed it within prison environments.

The development and implementation of regional standards and Key Performance Indicators (KPIs) for nursing, midwifery, and allied health profession services progressed with three KPIs identified which are being piloted for roll out to all trusts.

As part of the Q2020 implementation plan work is being taken forward to raise standards in nursing and midwifery services through transformation of the ward sister and first line nurse manager role in all care settings. This will be led by a Director of Nursing and Medical Director from one of the five HSCTs.

Improving the patient/client experience

In March 2012 the PHA announced a new initiative that would improve the experience of patients within mental health settings. Proposals were sought from mental health services which would demonstrate improvements in patients' experience. The initiative or change had to promote the wellbeing of users of the service and/or foster a healing environment that would result in noticeable and sustainable benefits to both patients and carers. Service user involvement was a key element of the project.

A total of 20 applications were submitted and the two successful proposals each received £5,000 to develop their project. The winners came from the Regional Mental Health and Deafness Service and Shannon Clinic (Regional Medium Secure Unit).

The Mental Health for the Deaf Service identified a gap in availability of relevant information about mental wellbeing and mental health services in sign language. The proposal was to develop a DVD using sign language, subtitles and voice over to improve understanding of the functions of the mental health services and highlight the importance of mental wellbeing.

The DVD is readily accessible and supports other health professionals to give clear information to the deaf person without the need to be able to sign. The DVD also aims to assist self efficacy, to make decisions about lifestyle changes, reduce stress about being referred to mental health services, improve risk assessment and encourage a collaborative approach with the clients.

The Shannon Clinic is developing meaningful work opportunities both on-site and with external partners to provide structure and purpose to daily life, physical activity, mental stimulation, social status, skills development and a sense of self and meaning for service users.

The proposal is for the redevelopment of a garden area, a Battery Hen Rescue Project and a monthly market at Knockbracken canteen. Service users and staff worked together to clear the area, prepare the land and design and build a chicken coop to rehabilitate rescued battery hens. A skills development programme has been developed that encompasses health and safety, manual handling and practical skills.

Personal and Public Involvement

The PHA has a leadership role for the implementation of Personal and Public Involvement (PPI) across the HSC which the DHSSPS clarified through a circular issued in September 2012 detailing the roles of HSC organisations.

To facilitate this role the PHA established the Regional HSC PPI Forum in 2010. The forum comprises senior membership drawn from all HSC organisations in Northern Ireland. Membership also includes service users, carers, community and voluntary sector members.

In 2012/13 the PHA, working through an agreed action plan undertook a number of actions which have progressed to help deliver against the strategic leadership objectives:

- Reviewed the structure and operation of the regional forum, trebling representation from service users, carers and the community and voluntary sector on the forum;
- encouraged and facilitated partnership working and the sharing of best practice in PPI among forum member organisations;
- provided a platform for service users and carers to have their voices heard helping to shape the ways in which HSC interacts with them;
- developed the specification for a regional PPI training programme for the HSC;
- developed draft PPI standards and KPIs for DHSSPS approval;
- operated a small grants system across the HSC, investing over £140,000 across a variety of pilot initiatives aimed at promoting and enhancing PPI, with tangible end benefits to service users and carers.

Delivering care

The PHA participated in the DHSPPS-led regional workforce group which will take forward the recommendations and impact for TYC over the next planning period. In addition to this the PHA is leading, in conjunction with our Health and Social care partners, the development of a framework for nurse staffing levels (*Delivering Care*). This will be developed in a phased approach to include nursing workforce ranges across hospital and community settings in all programmes of care.

Delivering care will set out a guide for commissioners and providers of health and social care services for planning and discussing nursing workforce requirements.
Securing sufficient numbers of staff with the appropriate skills and deploying them effectively is a highly complex challenge, and one that we both recognise is all the more important as we move into one of the most financially challenging periods in the history of health services.

The first phase of this work has now been completed around normative staffing levels and is intended to stimulate further discussion on workforce planning and the delivery of safe, effective, person-centred care.

Speech and language and communication therapy action plan for children and young people 2011/13

The PHA was tasked by the DHSSPS to implement the *Regional speech, language and communication therapy action plan* for children and young people.

Working with HSCTs progress in 2012/13 included:

- Completed scoping of speech and language therapy (SLT) services in Northern Ireland;
- productivity, skill mix and service demand have been benchmarked regionally;
- a model to standardise SLT input into SureStart is being developed with recommendations for implementation;
- existing sources of information for children and young people, parents and carers have been harmonised and a central online resource identified as a one-stop shop approach to the provision of this information.
- early development of speech, language and communication is being promoted through working with parents, through *Healthy Child, Healthy Future 2010, the Framework for the Universal Child Health Promotion Programme for Northern Ireland*;
- the Parent Child Health Record has been amended to promote earlier identification of child development concerns;
- all P1 children have a health appraisal on entry into primary schools, which reviews their speech and language, allowing for earlier identification and appropriate engagement;

There has been effective partnership working with the Department of Education in taking forward this action plan.

This has enabled speech and language therapists and education specialists to provide early recognition, assessment, intervention and support, ensuring a consistent and shared vision to improve outcomes for children and young people

IV. Improving early detection of illness

Screening is an important public health function that involves inviting members of the public, who have no symptoms of a particular disease, to be tested to see if they might have the disease, or are at risk of getting it.

The PHA is the lead organisation for commissioning and for quality assuring population screening programmes and is committed to introducing new, approved screening and testing programmes within available resources, ensuring screening programmes meet required standards and providing information to those invited for screening to enable them to make an informed choice.

Screening tests distinguish those who undergo screening into two groups – those who might have the disease being looked for and those who probably don't. The PHA ensures that, where possible, screening programmes are accessible and where it is safe and affordable, promotes models of service that minimise the need for people to travel.

Most screening tests are not diagnostic tests and further diagnostic testing is required to establish the diagnosis. Population screening allows certain diseases and conditions to be identified at an early stage when they are more amenable to treatment.

In 2012/13 the PHA was required to extend the Bowel Cancer Screening Programme to invite 50% of all eligible men and women aged 60–71 years with a screening uptake of at least 55% in those invited. This progressed well during the year with uptake increasing as the year went on. Activity to increase awareness of the programme and promote uptake included a public information campaign, frequent media releases and stands at key events such as the Balmoral Show.

An additional target set by DHSSPS for the PHA which was achieved during the year was to have in place a Northern Ireland-wide programme to screen men aged 65 years for abdominal aortic aneurysms (AAA).

Further achievements included:

- The production of a consultative document and the implementation of recommendations to cancer screening to improve uptake and coverage particularly in hard to reach groups;
- the establishment of a QA monitoring group for diabetic retinopathy;
- QA structures and monitoring processes in the Newborn Hearing Screening Programme;
- the implementation and follow up of newborn sickle cell screening;
- the preparation for the introduction of digital mammography – with implementation planning now in place;
- preparation completed for the introduction of Human Papilloma Virus (HPV) testing;
- the implementation of the DHSSPS 2011 standards in antenatal screening, and;
- the taking forward of further blood spot quality improvements in line with revised UK standards.

The four systems under the Child Health System were also reviewed to enable them to operate as one, reducing the reliance on paper based systems, and to be used more widely as a clinical information system.

Abdominal Aortic Aneurysm Screening Programme

The Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme began in June 2012 in Belfast. Full roll out of the programme across the rest of the region commenced on 2 July 2012.

An abdominal aortic aneurysm is a widening of the main artery in the body as it passes through the abdomen. The walls of the artery weaken, causing it to balloon out. It is more common in:

- Older men;
- smokers;
- people with high blood pressure;
- people with high cholesterol;
- people with other cardiovascular diseases.

Close relatives of someone who has, or had, an AAA are also more likely to get one. By the age of 65, approximately 1 in every 40 men will have had an AAA.

Approximately a third of these AAAs will rupture if not treated. This is usually fatal and each year 80–100 people in Northern Ireland die from a ruptured AAA.

Screening aims to lower the mortality rate of men who have AAAs by diagnosing and treating them before rupture. This is based on research which shows that screening men aged 65 will reduce the death rate from ruptured AAAs by around 50%. Screening women for AAAs is not recommended as they are less likely to develop the condition.

The AAA Screening Programme invites men for screening in the year they turn 65. Screening involves a simple ultrasound scan of the abdomen. It is free, quick and painless.

Men with a normal result are discharged from the programme and do not need to be screened again. Men with a small or medium sized AAA are kept under surveillance and re-screened every year or three months respectively. Men diagnosed with a large AAA are referred to a vascular surgeon for further investigation and treatment.

All GPs are informed in writing when an AAA is identified in one of their patients. A media campaign is proposed for 2014. In addition, a quality assurance process is being developed to monitor the performance of the programme and ensure it meets national quality standards.

Key statistical facts from 01 July 2012 to 31 March 2013

- All eligible men within the cohort were offered at least 1 appointment by 31 March 2013;
- number of men eligible to be offered a screening appointment = 7,050 (including 245 self-referrals);
- number of AAAs detected = 76;
- uptake = 82%.

V. Using evidence, fostering innovation and reform

The PHA is committed to using evidence and fostering innovation and reform across all its core goals, by proactively trying to find improved ways of doing things; exploring the use of new technologies; optimising evidence, research and development; and achieving goals through effective commissioning.

During the year the PHA has sought to ensure it continues to be research and data driven and embeds public health information and the evidence base in our action.

It also worked to ensure the consolidation of the Northern Ireland Public Health Research Network allowing it to stimulate high quality novel research proposals based around important public health interventions and the key questions facing public health practice in Northern Ireland.

The network will help to ensure the PHA is actively engaged in public health research and evidence-based practice.

The PHA has also administered the HSC R&D function and supported the implementation of the HSC R&D strategy, ensured that the systems and processes underpinning the administration of the HSC R&D fund are robust and that all governance requirements were met.

A priority area has also been to ensure the commissioning of new research studies in a range of priority areas.

PHA staff contributed to a draft five-year HSC R&D strategy for 2012–2017, developed in consultation with relevant stakeholders, which was submitted to the strategic advisory group. Further consultation with DHSSPS is required and the final draft is to be developed in liaison with key departmental leads to ensure integration with key DHSSPS strategies.

A total of five projects were awarded under the Bamford call for new commissioned grants.

With the interim Clinical Research Facility (CRF) Director in post, work around the consolidation of operation of the new Clinical Research Facility took place. The joint working of the CRF and the Northern Ireland Clinical Research Network (NICRN) under a common forward strategy was also consolidated.

The Northern Ireland Public Health Research Network

The Northern Ireland Public Health Research Network (NIPHRN) was launched in March 2012 by HSC R&D and the Centre of Excellence for Public Health Northern Ireland. The network has around 160 members.

The aims of the network are to:

- Facilitate public health intervention research;
- extend the public health evidence base;
- increase engagement between public health professionals, academics and the third sector;
- increase the quantity and quality of public health research in Northern Ireland.

The NIPHRN employs a research development group (RDG) model to bring together individuals from a range of backgrounds in public health to focus on the development of specific research

protocols to attract external funding in relation to new interventions planned by policy, practice or service partners or a natural experiment in the field of public health.
Current RDGs include:

- Social complexity in pregnancy;
- AAA screening;
- Arts in health;
- physical activity in older adults.

An application submitted by the physical activity in older adults RDG is progressing through a National Institute for Health Research Public Health (NIPHRN) call. The NIPHRN has also collaborated in a grant application with a multi-centre group across the UK to study the impact of offering financial incentives for smoking cessation during pregnancy.

In addition to the RDGs, NIPHRN also brings members together through topic specific Special interest groups (SIGs). A number of SIGs have been created based on areas of interest declared by members when they registered, these include; mental health; social determinants of health; maternal and infant health; physical activity and infectious disease.

VI. Developing our people and ensuring effective processes

For the PHA to function, it is essential that it works with partners across all sectors and ensures that the public are at the heart of our decision making. It is also vital that staff are supported, resourced and developed in order to deliver on the PHA priorities.

The organisation also requires good communication, knowledge management, effective business processes, and good management of resources. In taking forward its priorities in 2012/13, the PHA ensured that all of its work was underpinned by the following:

- Personal and Public Involvement;
- working in partnership;
- achieving results;
- ensuring effective processes;
- developing our people.

During the year we worked to ensure the organisation made best use of its resources and continued to manage its budget effectively. This included the refining of performance management systems ensuring that progress on corporate objectives, and DHSSPS targets was reported to the Agency Management Team, the PHA board and to the DHSSPS. The Programme Expenditure Monitoring System (PEMS) was further developed, supporting managers and providing reports to the Agency Management Team and the PHA board. Financial monitoring reports were also further developed

Processes for funding non-statutory organisations continued to be enhanced to ensure that they meet governance requirements as well as enabling services to be commissioned and monitored effectively.

The PHA worked closely with the BSO and the Business Services Transformation Project (BSTP) to plan for the implementation of the new finance (FPL) and human resources (HRPTS) systems. These have now been implemented within the PHA. The introduction of the new systems was supported by significant communication and training, as they affect all staff through ‘self-service’ functionality and new business processes. The PHA will continue to work with BSO BSTP in 2013/14 to consolidate and embed these processes.

Work continued throughout the year with BSO HR to ensure that appropriate policies and procedures were put in place. A staff appraisal system, aligned to the corporate objectives, was introduced following training for both appraisers and appraisees.

Staff were supported during the year to develop their capacity and skills through access to appropriate training and career development opportunities including access to the recently developed e-learning programme which provides essential training in a more convenient and accessible format for staff.

E-learning

It is a fact of life that technology now permeates every aspect of our lives – both within and outside of work. In the workplace, much of our learning and gathering of information is now accessed electronically. During 2012/13 the PHA has sought to further enhance this form of learning, by developing a range of e-learning programmes.

The PHA's e-learning courses can be accessed from the PHA's intranet site (Connect), enabling staff to complete a range of mandatory and specialist training at a time and place that is convenient to them. It is recognised however, that there are also benefits to face-to-face learning and therefore, where possible, provision has been made to give staff the choice of e-learning or face-to-face training.

New e-learning modules developed during 2012/13 include risk management, information governance training (covering freedom of information, data protection, records management and IT security) and a corporate introduction programme for new staff.

The PHA corporate governance framework

During 2012/13, the PHA developed a comprehensive corporate governance framework.

Governance is a complex area and one that affects every member of staff. The corporate governance framework provides an overview of governance responsibilities and systems within the PHA and how these are arranged and integrated on a comprehensive and systemic basis.

The framework:

- Sets out how the board of the PHA can be assured that the objectives of the PHA can be achieved;
- provides a comprehensive overview of core governance related documents and processes, so that every member of staff can take due cognisance of these in the course of their work;
- demonstrates to wider stakeholders how the PHA complies with governance requirements set down in legislation, regulations and other guidance.

The layout of the corporate governance framework, as shown in the diagram below, is based on the four performance and assurance dimensions:

- Corporate control;
- safety and quality;
- finance;
- operational performance and service improvement.

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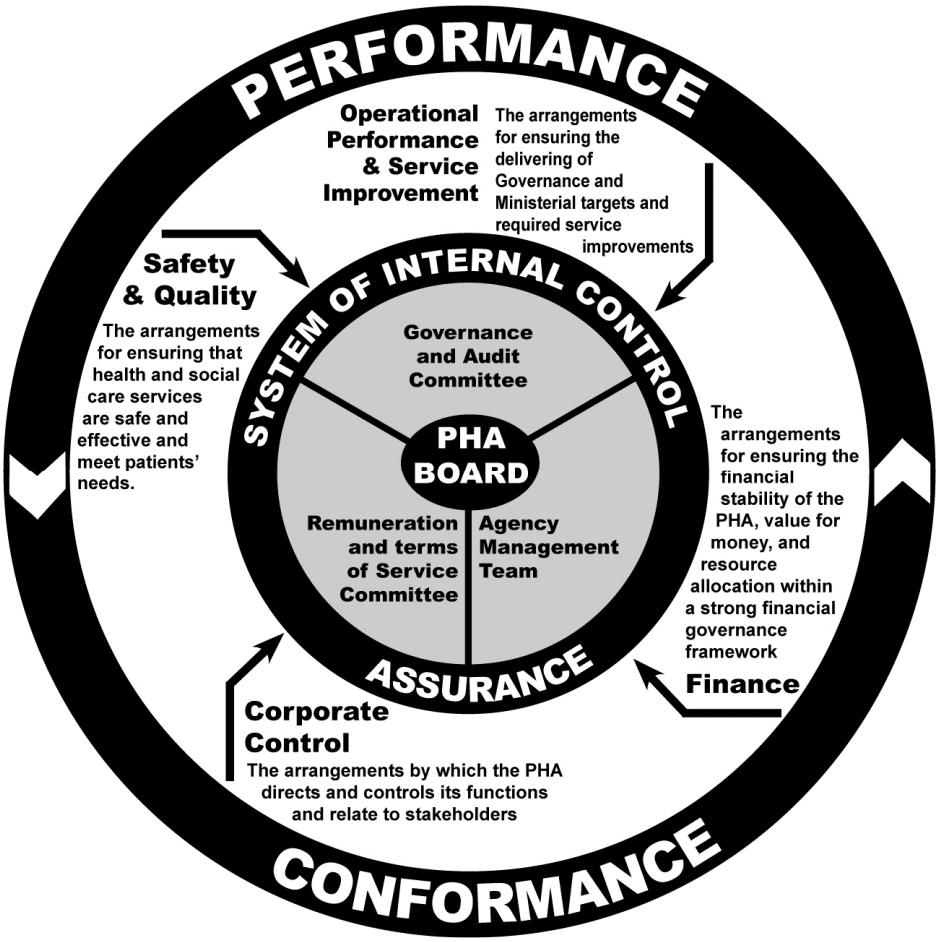
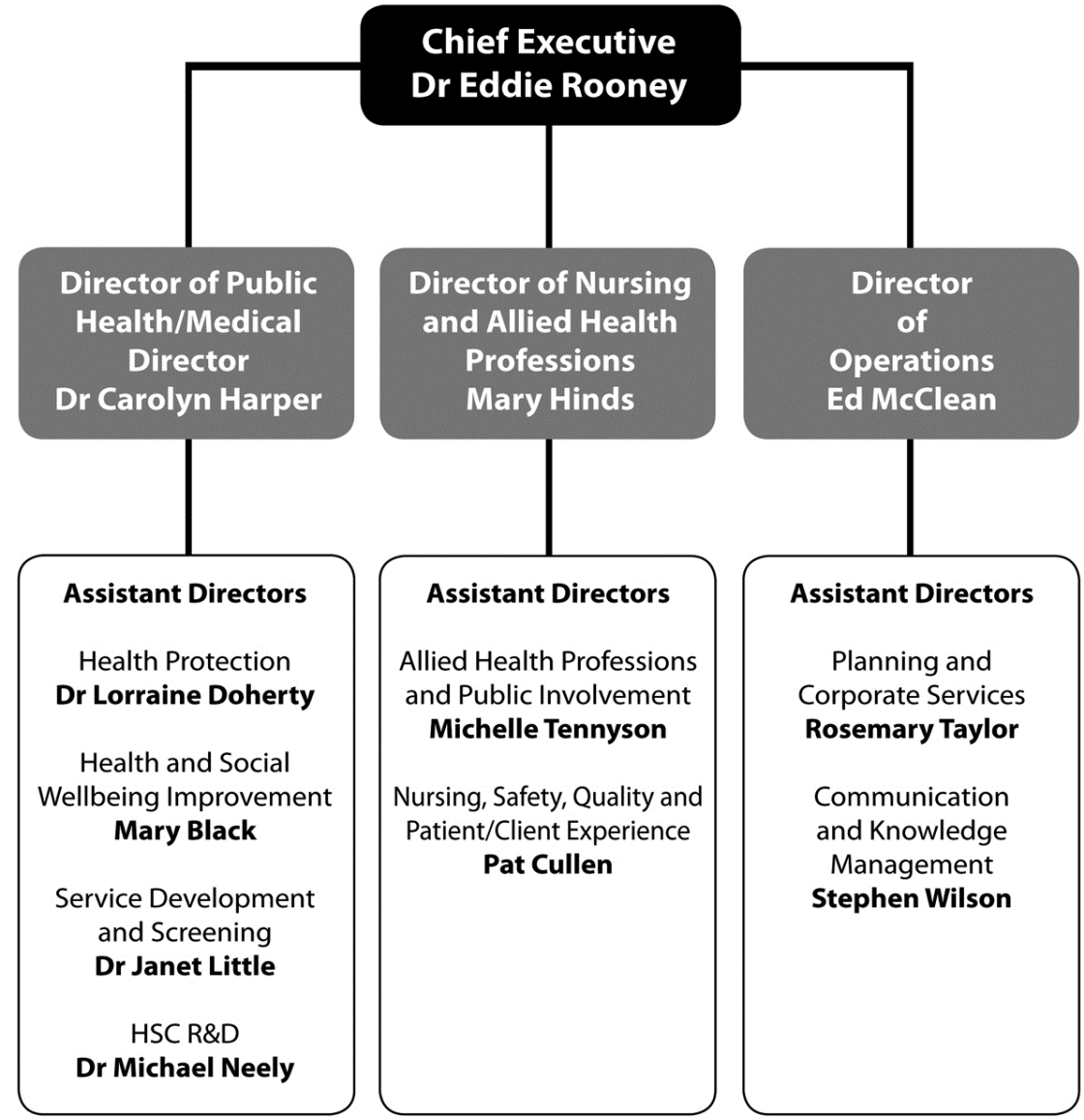
Diagram 1: Corporate Governance Framework



Management commentary

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

Diagram 2: PHA organisational structure to tier three level



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

Audit of information systems
In line with its equality scheme commitments, the PHA conducted an audit of information systems focusing on databases that capture information on people, relating to both services and employment matters. The audit sought to identify the extent of current monitoring and take action to address any gaps in order to have the necessary information on which to base decisions.

A report on the outcome of the audit was published on the PHA's website in November 2012. An example of one of the outcomes is that the PHA has committed to exploring the potential with regard to collecting data on disability and marital status of men to be screened for AAA.

Development of a disability action plan
During the year the PHA developed its first disability action plan with the purpose of promoting positive attitudes towards disabled people and encouraging participation by disabled people in public life. This is available on the PHA website at www.publichealth.hscni.net

It was developed by a small working group to which the PHA invited staff with a disability, who care for a person with a disability or have an interest in this area. Disability groups also contributed to its development at an engagement event that was organised with HSC partner organisations in November 2012. Consultation on the draft plan closed in March 2013.

Good practice event
In February 2013, the PHA worked closely with the Equality Unit in BSO and 10 HSC partner organisations in organising a good practice event on equality, diversity and human rights. 'From little acorns mighty oaks grow' was designed as a unique opportunity for senior managers, board members, policy leads, other staff, community and voluntary groups and equality and diversity practitioners across partner organisations to meet, network, learn and share best practice. It included workshop presentations and service user perspectives.

Other equality work
In addition, a range of initiatives to promote equality and good relations was taken forward through the work of the PHA. This includes, for instance, the production of an innovative e-learning programme on creating inclusive workplaces for lesbian, gay, bisexual and trans people and provision of support for the development of a new web platform www.transgenderni.com

The equality screening activities around the AAA population screening programme allowed issues to be explored and the development of new contacts with regards to the Chinese community as well as transgender people.

Steps were also taken to ensure that equality and human rights considerations were built into the corporate process for reviewing funding schemes.

Sick absence data
Based on the HSC formula for calculating absence levels, the corporate absence level for the PHA for the period from 1 April 2012 – 31 March 2013 is 4.02%. During the above period there were 251 working days available (excluding bank holidays). The total number of working days available in this period was therefore 73,789.1.

There were 2,966.4 days lost due to sickness absence. This equates to 9.45 days lost per employee. This is 0.15 days higher than the national average of 9.3 days per employee for the Health Sector (CIPD Absence Management Survey 2012). It is also 1.25 days higher than the average days lost per employee for an organisation of a similar size.

Information governance
During 2012/13 the PHA continued to fulfil our obligations under legislation such as the *Freedom of Information Act* and the *Data Protection Act*. The PHA information governance and records management strategies continued to provide a clear context and direction for information governance within the PHA. The senior information risk owner (SIRO) and information asset owners (IAOs) continued to work to ensure that information assets and information risk were managed effectively.

Progress against the information governance action plan was reported to the information governance steering group and the Governance and Audit Committee. Actions during the year included the development of information asset registers and associated risk assessment, the introduction of a new records management policy and a suite of records management 'fact sheets', and the review of a number of key policies, including IT security and data protection policies.

The PHA adopted and launched the new regional HSC information governance e-learning programme in February 2013. This includes modules on data protection, freedom of information, IT security and records management.

Additional face-to-face information governance training provided by the Leadership Management Centre has also been provided.

No major personal data protection incidents occurred during 2012/13.

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

FOI requests received from 1 April 2012 to 31 March 2013 = 37*

In addition the PHA received and responded to five Subject Access Requests during this period.

*Note: one of the FOI requests was subsequently dealt with as a Subject Access Request (reflected in the figure above).

Assembly questions
The PHA received and responded to over 100 Assembly Questions for written or oral answer during 2012/13.

Consultations
In the 2012/13 financial year, the PHA undertook three consultations, on the:

- Draft disability action plan;
- Draft equality action plan;
- Alcohol and Drug Commissioning Framework for Northern Ireland 2013–2016

Sustainability
The PHA has a commitment to Sustainability, Environmental, Social and Community issues. It aims to understand the impact on the environment of its activities and to manage its operations in ways that are environmentally sustainable and economically feasible.

During the year an environmental policy was finalised and published which is designed to bring to the attention of all employees, suppliers and contractors, the PHA's position in regard to environmental issues and demonstrates a desire to continually improve its performance in environmental sustainability.

Specific notable measures taken during the year include the introduction of multi-functional devices to monitor and help reduce use of paper and minimise wastage, further use of videoconferencing and facilities to reduce the need for travel to meetings and the introduction of new automated finance and HR systems which should reduce reliance on paper systems among other wider benefits.

The PHA is also committed to protecting the environment by ensuring that waste management processes are in place within its offices. It recognises its responsibility for waste, from generation to disposal, and is committed to environmental protection as well as improved waste management processes.

During the year a waste management strategy and policy was also finalised and published and which is designed to bring to the attention of all employees, suppliers and contractors, the PHA's position in regard to waste reduction (prevent /reuse/dispose) and demonstrates a desire to continually improve its performance in waste management.

Training
The PHA has a responsibility to provide training and awareness for staff. Mandatory health and safety, fire safety, information governance and risk management training was provided for all staff.

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

As part of the roll out of the new Finance, Procurement and Logistics (FPL) and HR, Payroll, Travel and Subsistence (HRPTS) under the Business Services Transformation Programme various mandatory training programmes were provided for staff through e-learning modules and face to face sessions.

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

Accommodation
Early in 2012/13 PHA had to vacate its Ormeau Avenue offices due to severe leaks. Staff were temporarily accommodated in Glendinning House and in Linenhall Street. While many staff were able to return to the Ormeau Avenue offices following remedial works by the landlord, a number of staff are still temporarily located in Linenhall street, adding to the already densely occupied accommodation space.

A review of accommodation has been ongoing during the year with a view to locating suitable premises that would house all Belfast-located PHA staff and a business case is currently being prepared.

Business continuity
During the year the PHA corporate business continuity plan, which meets the BS25999 Business Continuity Planning standard, was developed, tested and approved by the Agency Management Team.

The project team continued to meet to monitor and review the plan and to raise awareness across the PHA. Notices were placed on the PHA intranet site Connect.

Complaints
The Public Health Agency received one formal complaint during 2012/13. This is currently being investigated.

If you wish to make a formal complaint or request a copy of our complaints procedure, please write to:

Director of Nursing and Allied Health Professions, Public Health Agency
12–22 Linenhall Street, Belfast, BT2 8BS.

Public Sector Payment Policy – Measure of Compliance
The Department requires that the PHA pays their non-HSC trade creditors in accordance with the CBI Prompt Payment Policy and Government Accounting Rules. The PHA's payment policy is consistent with the CBI prompt payment codes and Government Accounting Rules and its measure of compliance can be found within note 15 of the Annual Accounts within this combined document.

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

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

Audit services
The PHA's statutory audit was performed by PricewaterhouseCoopers LLP on behalf of the Northern Ireland Audit Office and the notional charge for the year ended 31 March 2013 was £18,350. This is reflected in Non-cash expenditure within note 4 of the Annual Accounts. An additional amount of £1,175 was paid to the Audit Office in respect of work carried out on the National Fraud Initiative. This is reflected in miscellaneous expenditure within note 4 of the Annual Accounts.

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Statement on disclosure of audit information

All Directors can confirm that they are not aware of any relevant audit information of which the external auditors are unaware.

Preparation of accounts

The PHA has prepared a set of accounts for the year ended 31 March 2013 in accordance with the relevant legislative requirements and these can be found within this combined document.

The Governance Statement is also published in full within this combined document.

The continuing work of the Public Health Agency

This annual report has so far focused on our work and targets achieved during the 2012/13 financial year. In planning our work for 2013/14 and beyond we must take account of the regulatory and strategic environment in which we operate.

Over the coming year the new public health strategic framework will be issued by the DHSSPS which will set out a clear direction for improving the public's health and wellbeing and reducing inequalities. The PHA will play an active role in the implementation of the framework and will take into account any new targets or strategic drivers that are identified and incorporate these into our own public health programmes.

If we are to ensure a healthier future for the people of Northern Ireland, it is essential that there is a greater shift to investment in preventive services. This will be all the more evident as we work over the coming years with the HSCB to implement *Transforming Your Care: a review of Health and Social Care*.

During 2013/14 the PHA will continue to progress actions in support of the Programme for Government targets.

The PHA has a statutory responsibility to work closely with partners in the community, the voluntary sector, health and social care and the statutory sector. We will continue to do this in 2013/14 and will also build upon important work with local government partners to review regional collaborative arrangements.

Other important activity planned for 2013/14 includes:

- working with emergency preparedness colleagues in the HSCB and BSO and multi-agency partners which will ensure robust arrangements are in place for major events in Northern Ireland in 2013 including the World Police and Fire Games 2013, the G8 Summit, and the Fleadh for the City of Culture celebrations in Derry-Londonderry.
- raising awareness of the need for more organ donors and to encourage everyone to talk about organ donation and to express their wishes to be a donor.
- working with BSO PaLS to ensure appropriate procurement of services affecting approximately £20m of programme delivery over the next two years.
- working with the HSC research and development community to facilitate access to UK and international funding.

Further information on the PHA's priorities for 2013/14 can be found in our business plan for 2013/14.

Remuneration and Terms of Service Committee Report 2012/13

A Committee of Non-Executive board members exists to advise the full board on the remuneration and terms and conditions of service for Senior Executives employed by the PHA.

While the salary structure and the terms and conditions of service for Senior Executives is determined by the Department of Health Social Services and Public Safety (DHSSPS), the Remuneration and Terms of Service Committee has a key role in assessing the performance of Senior Executives and, where permitted by the DHSSPS, agreeing the level of performance related pay. A pay circular for the period 2012/13 was issued on 27 February 2013 and implemented accordingly.

Membership

- Ms M McMahon, Chairman of the Board
- Dr J Harbison, Non Executive Board member
- Ms M Karp, Non Executive Board member
- Cllr W Ashe, Non Executive Board member

Early retirement and other compensation schemes

There were no early retirements or payments of compensation for other departures relating to Senior Executives during 2012/13.

Senior Management Remuneration (Table Audited)

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

	2012/13			2011/12		
Name	**Salary £000s**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Salary £000s**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**
Non-Executive Members						
M McMahon	30-35	0	0	30 - 35	0	100
J Erskine	5-10	0	0	5 - 10	0	200
J Harbison	5-10	0	0	5 - 10	0	0
M Karp	5-10	0	0	5 - 10	0	100
T Mahaffy	5-10	0	0	5 - 10	0	0
R Orr	5-10	0	300	5 - 10	0	0
P Porter	5-10	0	0	0 - 5	0	100
W Ashe	5-10	0	0	0 - 5	0	0
C Mullaghan (Left 31/5/11)	0	0	0	0 - 5	0	0
S Nicholl (Left 31/5/11)	0	0	0	0 - 5	0	0
Executive Members						
E P Rooney	115-120	0	200	115-120	0	500
C Harper	135-140	0	0	145 - 150	0	0
E McClean	75-80	0	300	75 - 80	0	1,200
M Hinds	100-105	0	100	100-105	0	300

Median Salary (Table Audited)

The relationship between the remuneration of the most highly paid director and the median remuneration of the workforce is set out below. There has been a decrease of the ratio since the last financial year due to a change in remuneration of the most highly paid Director.

	2013 **£**	**2012** **£**
Band of Highest Paid Director Total Remuneration	137,500	147,500
Median Salary	34,597	34,622
Median Total Remuneration Ratio	**4.0**	**4.3**

Pensions of Senior Management (Table Audited)

	2012/13				
Name	**Real increase in pension and related lump sum at age 60 £000s**	**Total accrued pension at age 60 and related lump sum £000s**	**CETV at 31/03/12 £000s**	**CETV at 31/03/13 £000s**	**Real increase/ (decrease) in CETV £000s**
Executive Members					
E P Rooney	0 - 2.5 pension	5 - 10 pension	81	111	25
C Harper	0	25 - 30 pension 85 - 90 lump sum	636	512	(163)
E McClean	0 - 2.5 pension 2.5-5 lump sum	20 - 25 pension 60 - 65 lump sum	407	457	27
M Hinds	0 - 2.5 pension 2.5-5 lump sum	10 - 15 pension 40 - 45 lump sum	254	286	18

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

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

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

Signed
Chief Executive

Date 20 June 2013

PUBLIC HEALTH AGENCY

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2013

Report from the Governance and Audit Committee

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

The GAC comprises four non-executive members of the PHA: Mrs J Erskine (Chair); Mr R Orr; Mr T Mahaffy and Alderman P Porter. Mrs M Karp was a member of the GAC until June 2012. Mr R Orr was a member until March 2013. Mrs Karp was reappointed to the GAC in April 2013.

The committee is supported by: Mr E McClean, Director of Operations, PHA; Mr P Cummings, Director of Finance, HSCB and Mrs C McKeown, Head of Internal Audit, BSO; and their respective staff.

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

Meetings

The GAC met on the following dates during 2012/13:

- 7 June 2012;
- 11 October 2012;
- 13 December 2012;
- 7 February 2013;
- 15 April 2013.

Attendance

Mrs J Erskine (Chair)	5
Mr R Orr	4
Mr T Mahaffy	4
Mrs M Karp	2 *
Alderman P Porter	3

** Mrs Karp was only a member for two meetings during 2012/13, and attended both.*

Activities

During 2012/13 the GAC:

- Considered the PHA Statutory Accounts, Statement on Internal Control/Governance Statement and draft Annual Report and recommended their approval to the PHA board;
- reviewed the External Auditor's Report to those charged with governance and management's response, and received regular progress reports on implementation of recommendations;
- considered the PHA Mid-Year Assurance Statement and recommended approval to the PHA board;
- considered the updated PHA Assurance Framework 2011–2013 and recommended approval to the PHA board;
- regularly considered and approved the PHA Corporate Risk Register;
- had oversight of the process for self-assessment of compliance with Controls Assurance Standards;

- self-assessed the GAC against the NAO Audit Committee Self-Assessment Checklist;
- considered and approved the PHA Corporate Governance Framework;
- considered the PHA Gifts and Hospitality policy and recommended approval to the PHA board;
- considered and approved the PHA Incident and Near Miss Reporting Policy and Procedure
- considered and approved the revised PHA IT Security and Data Protection policies;
- regularly reviewed the Information Governance Action Plan progress report;
- considered and approved the PHA Business Continuity Plan
- approved the internal audit work plan for 2012/13 and considered the reports on each piece of work;
- reviewed regular Fraud Liaison Officer reports;
- provided assurance to the PHA board that the annual accounts would be prepared in accordance with the relevant statutory regulations;
- considered the revised PHA Standing Orders, Standing Financial Instructions and recommended them to the PHA board for approval;
- received reports on the Business Services Transformation Project (BSTP) implementation;
- received reports on the Emergency Preparedness Plan;
- received reports on Safety and Quality, in respect of Patient and Client Experience Standards, Quality Improvement Plans and Learning from Serious Adverse Incidents.

The chair of the GAC brings regular verbal and written reports to the PHA board; she also has regular meetings with the Chief Executive and the PHA Chair. The GAC chair also attends the DHSSPS regional forum for audit committee chairs.

The GAC looks forward to continuing its work in 2013/14, building on relationships with Executive Directors, PHA officers and Internal and External Auditors to ensure robust governance across the PHA.

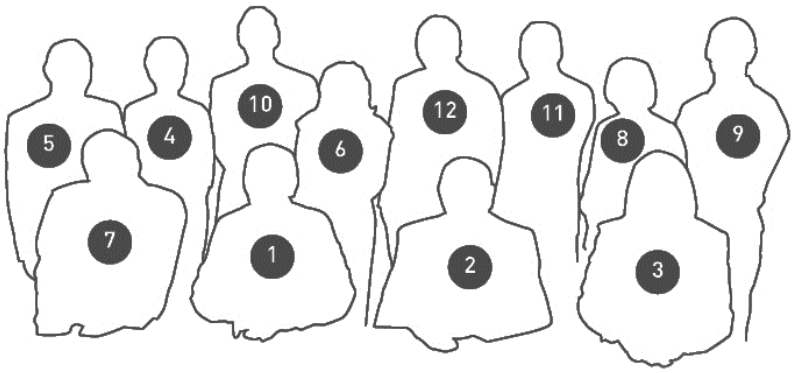
J Erskine
Chair
Governance and Audit Committee

Date 20.06.13

PUBLIC HEALTH AGENCY

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2013

PHA board



1. Mary McMahon

Mary is the PHA's Chair and is a self-employed social policy researcher. She was previously coordinator with the Belfast Traveller Support Group and is a member of Amnesty International (Mid-Down branch) and the United Nations Children's Fund (UNICEF).

2. Dr Eddie Rooney

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

3. Dr Carolyn Harper

Dr Harper is the PHA's Director of Public Health and Medical Director. She was previously Deputy Chief Medical Officer in the DHSSPS. She trained in general practice before moving into public health and also worked as Director of Quality Improvement for the Quality Improvement Organisation in California.

4. Mary Hinds(seconded to NHSCT during May 2013 and an acting Director appointed)

Mary Hinds is the PHA's Director of Nursing and Allied Health Professions. She was previously Director of the Royal College of Nursing (RCN) in Northern Ireland. Prior to joining the RCN, she was Director of Nursing at the Mater Hospital in Belfast.

5. Edmond McClean

Edmond McClean is the PHA's Director of Operations and heads the PHA's communications, governance, business planning and health intelligence functions. His background includes lead Director supporting the initial development of Belfast and East Local Commissioning Groups from 2007 to 2009 and from 1997 to 2007 he was Director of Strategic Planning and Commissioning with the Northern Health and Social Services Board.

6. Julie Erskine

Julie Erskine is a lay member of the Northern Ireland Medical and Dental Training Agency, a member of the Northern Ireland Social Care Council, the Northern Ireland Local Government Officers' Superannuation Committee and the Audit Committee for the Northern Ireland Commissioner for Children and Young People. She is also a member of the audit committee for the Commissioner for Older People for Northern Ireland and the board for the Probation Board for Northern Ireland. She has worked in the healthcare service industry for over 25 years and held the position of Operations Director and Support Services Director within a Belfast-based private healthcare company.

7. Dr Jeremy Harbison

Dr Harbison is a retired civil servant. He is a Pro-Chancellor of the University of Ulster and a Commissioner of the Northern Ireland Legal Services Commission.

8. Miriam Karp

Miriam Karp is a Council Member of the Northern Ireland Social Care Council, a Fitness To Practise Panellist for the Northern Ireland Pharmaceutical Society (Statutory Committee), a Fitness To Practise Panellist for the General Medical Council, a member of the Exceptional Circumstances Body for School Transfer, a Lay Representative for the Northern Ireland Medical and Dental Training Agency and a consultant for Arthritis Care UK. Within the Nursing and Midwifery Council Miriam is also Chair of the Interim Orders Panel and Chair of the Investigating Committee.

9. Thomas Mahaffy

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

10. Ronnie Orr (period of appointment ended on 31 March 2013)

Ronnie Orr worked with the Office of Social Services in DHSSPS until 2009, undertaking inspections and providing policy advice in relation to child care and criminal justice. He is currently a member of the Independent Monitoring Board for Hydebank Wood Prison and Young Offenders Centre and is also a member of the Board of Governors of the Presbyterian Orphan and Children's Society. Both of these positions are voluntary.

11. Alderman Billy Ashe

Billy Ashe, Mayor of Carrickfergus Borough Council, has been a public representative from May 1997. He has served on the district policing partnership from its inception and was previously Chairman of an urban farm project for learning disabilities. He is currently coordinator of Carrickfergus Community Forum.

12. Alderman Paul Porter

Alderman Paul Porter was Mayor of Lisburn City Council from 2010 to 2011 and is an elected representative and member of Lisburn City Council. He is currently employed as personal assistant/office manager for Jonathan Craig MLA, undertaking constituency case work, managing budgets and staff. He was formerly employed as a nursing auxiliary (Thompson House Hospital/ Lagan Valley Hospital and Seymour Nursing Home) from 1994 to 2000. He will bring to his role on the PHA board his experience gained on Lisburn City Council over the past eleven years representing constituents on health issues.

Not pictured

Paul Cummings (seconded to NHSCT during May 2013 and an acting Director appointed)

Paul Cummings is Director of Finance, HSCB. He has previously been a Director of Finance in the South Eastern, Mater and Ulster Community and Hospitals Trusts with over 25 years' experience in Health and Social Care and was the national chair of the Healthcare Financial Management Association in 2002/03, continuing to be an active member. He is also a board member of Sport Northern Ireland. Paul, or a deputy, will attend all Agency board meetings and have attendance and speaking rights.

Fionnuala McAndrew

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

Related party transactions

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

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

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

Directors' interests

Details of company directorships or other significant interests held by Directors, where those Directors are likely to do business, or are possibly seeking to do business with the PHA where this may conflict with their managerial responsibilities, are held on a central register. A copy is available from Edmond McClean, PHA Director of Operations, and on the PHA website at http://www.publichealth.hscni.net/pha-Board . Further details may be found in note 23 to the accounts within this document.

PUBLIC HEALTH AGENCY

ANNUAL ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2013

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

FOREWORD

These accounts for the year ended 31 March 2013 have been prepared in a form determined by the Department of Health, Social Services and Public Safety (DHSSPS) based on guidance from the Department of Finance and Personnel's Financial Reporting Manual (FReM) and in accordance with the requirements of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

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

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

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

- make judgements and estimates on a reasonable basis.

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

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

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

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

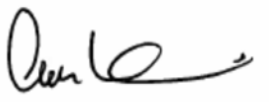
The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for health and personal social services resources in Northern Ireland has designated Dr Eddie Rooney of the Public Health Agency (PHA) as the Accounting Officer for the Public Health Agency. The responsibilities of an Accounting Officer, including his responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the PHA's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

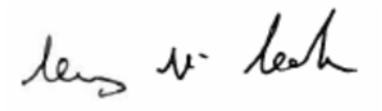
CERTIFICATES OF DIRECTOR OF FINANCE, CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 66-102) which I am required to prepare on behalf of the Public Health Agency have been compiled from and are in accordance with the accounts and financial records maintained by the Health and Social Care Board on behalf of the Public Health Agency and with the accounting standards and policies for HSC bodies approved by the Department of Health, Social Services and Public Safety.

Owen Harkin Director of Finance (Acting) 

Date 20th June 2013

I certify that the Annual Accounts set out in the financial statements and notes to the accounts (pages 66-102) are prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

Mary McMahon Chairman 

Date 20/06/2013

E P Rooney Chief Executive 

Date 20 June 2013

PUBLIC HEALTH AGENCY

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

I certify that I have audited the financial statements of the Public Health Agency for the year ended 31 March 2013 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity, and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

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

Scope of the audit of the financial statements

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

Opinion on Regularity

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

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Public Health Agency's affairs as at 31 March 2013 and of the net expenditure, cash flows and changes in taxpayers' equity for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

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

Matters on which I report by exception

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

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

Report

I have no observations to make on these financial statements.

KJ Donnelly

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

27 June 2013

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

GOVERNANCE STATEMENT

PUBLIC HEALTH AGENCY

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013
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 Board, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health, Social Services and Public Safety.

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

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

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

2. Compliance with Corporate Governance Best Practice

The Public Health Agency applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Public Health Agency 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

3. Governance Framework

The key organisational structures which support the delivery of good governance in the Public Health Agency are:

- Public Health Agency Board;
- Governance and Audit Committee; and
- Remuneration and Terms of Service Committee.

The PHA Board is comprised of a non executive chair, seven non executive members, the Chief Executive and three executive Directors. The PHA Board meets regularly, usually monthly with the exception of July.

The PHA Board sets the strategic direction for the PHA within the overall policies and priorities of the HSC, monitors performance against objectives, ensures effective financial stewardship, ensures that high standards of corporate governance are maintained, ensures systems in place to appoint, appraise and remunerate senior executives, ensures effective public engagement and ensures that robust and effective arrangements are in place for clinical and social care governance and risk management. During 2012/13 the PHA board met on 12 occasions. All meetings were quorate.

The PHA Board is currently undertaking a self-assessment of its effectiveness, using the DHSSPS ALB Board self-assessment tool, to be completed within the first quarter of 2013/14. The outcome of this will form the basis of an action plan for 2013/14 to further enhance the effectiveness of the PHA Board.

Internal Audit carried out an audit of performance management in the PHA during 2012/13. As part of this a survey of members was carried out, which included questions on their satisfaction with the information provided to the PHA Board. The outcome of the audit was satisfactory assurance. During 2013/14 further work will be taken forward to ensure satisfaction with the type, quality and timeliness of information going to the PHA Board.

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 comprises four non-executive directors supported by the PHA Director of Operations, HSCB Director of Finance, the Head of Internal Audit (BSO) and their respective staff. During 2012/13 the GAC met on 5 occasions. All meetings were quorate. The GAC carries out a self-assessment of compliance with the Audit Committee Self-Assessment checklist. This is formally discussed and approved by the GAC, and is subsequently submitted to the DHSSPS.

The Remuneration and Terms of Service Committee advises the PHA Board about appropriate remuneration and terms of service for the Chief Executive and other senior executives subject to the direction of the DHSSPS. The Committee also oversees the proper functioning of performance appraisal systems, the appropriate contractual arrangements for all staff and monitoring remuneration strategy that reflects national agreement and Department policy and equality legislation. The Committee meets at least once every 6 months. During 2012/13 the Committee met on 2 occasions. All meetings were quorate.

4. Business Planning and Risk Management

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

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013
GOVERNANCE STATEMENT

The Public Health Agency has a five year Corporate Strategy for 2011 - 2015 setting out its purpose, vision, values and strategic goals. An annual corporate business plan is prepared taking account of DHSSPS guidance and priorities as well as PHA priorities for the year ahead. The plan is developed with input from the PHA Board and staff from all Directorates, taking account of engagement with wider stakeholders throughout the year. The annual business plan is approved by the PHA Board, and receives regular performance monitoring reports.

The PHAs Risk Management Strategy and Policy explicitly outlines the PHA risk management process which is a 5 stage approach – risk identification, risk assessment, risk appetite, addressing risk and recording and reviewing risk, as follows:

Stage 1 - Risk Identification

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

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

Stage 2 - Risk Assessment

After risks are identified they are they assessed to establish:

The **impact** that the risk would have on the business should it occur, and

The **likelihood** of the risk materialising.

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

Stage 3 - Risk Appetite

The organisation carefully considers the risk appetite – i.e. the extent of exposure to risk that is judged tolerable and justifiable. There will be times when it is necessary to accept a level of risk in order to progress with business. Risk appetite is built into the risk assessment process as outlined above.

Stage 4 - Addressing the Risk

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

Stage 5 - Recording and Reviewing Risk

Within the PHA the risk management process is recorded and evidenced through the maintenance of 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 corporate objectives and to continuously improve the quality of services.

Processes are established within each directorate enabling risks to be identified, controls and/or gaps in controls highlighted and where relevant action to be taken to mitigate the risk. Directors and senior officers also identify risks which require to be escalated to the corporate risk register. The directorate and corporate risk registers are reviewed and updated on a quarterly basis.

The Director of Operations is the PHA executive Board member with responsibility for risk management. The corporate risk register is reviewed quarterly by the Agency Management Team (AMT) and GAC. The minutes of the GAC are brought to the following PHA Board meeting, and the chair of the GAC also provides a verbal update on governance issues including risk. The corporate risk register is brought to a PHA Board meeting at least annually.

During 2012/13 training 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.

A risk management e-learning programme was developed and launched during 2012/13. Completion of this training is mandatory for all staff. In addition, staff have also been provided with other relevant training including health, safety and security and financial governance and procedures.

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

The PHA has established an Information Governance Steering Group (IGSG) with the primary role of leading the development and implementation of the Information Governance framework across the organisation, including ensuring that action plans arising from internal and external audit reports and controls assurance standards assessments are progressed. The Group is chaired by the SIRO and membership includes all the IAOs, PDG, a non-executive board member and relevant governance staff. The IGSG meets quarterly, and provides a report to the GAC.

The PHA Information Governance Strategy sets out the framework to ensure that the PHA meets its obligations in respect of information governance, embedding this at the heart of the organisation and driving forward improvements in information governance within the PHA. The Strategy covers the 3 year period from April 2012 to March 2015 and is supported by annual Action Plans setting out how it will be implemented. Alongside this a range of policies and procedures are in place, including records management, IT security and data protection.

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

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

During 2012/13 the PHA was involved in the development of a HSC wide information governance e-learning programme, incorporating freedom of information, data protection, records management and IT security. This programme was launched in February 2013 and is complemented by a number of 'face to face' training sessions.

6. Assurance

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

- All control systems
- The information provided to the board
- Compliance with law, guidance and Code of Conduct and Code of Accountability; and
- Governance processes within the 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. The Chair of the Governance and Audit Committee reports to the PHA Board on a regular basis on the work of the Committee.

The PHA Board also receives regular assurances through the financial and performance reports brought to it. During 2012/13 Internal Audit provided satisfactory assurance on the system of internal control in relation to the PHA Performance Management systems, confirming that there are appropriate performance objectives, indicators and reporting arrangements. The audit included a survey of PHA Board members.

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013
GOVERNANCE STATEMENT

Controls Assurance Standards

The Public Health Agency assessed its compliance with the applicable Controls Assurance Standards which were defined by the Department and against which a degree of progress is expected in 2012/13.

The Organisation achieved the following levels of compliance for 2012/13

Standard	**DHSS&PS Expected Level of Compliance**	**PHA Level of Compliance**	**Verified by Internal Audit**
Buildings, land, plant and non-medical equipment	75% - 99% (Substantive)	82%	
Decontamination of medical devices	75% - 99% (Substantive)	N/A	
Emergency Planning	75% - 99% (Substantive)	88%	
Environmental Cleanliness	75% - 99% (Substantive)	N/A	
Environment Management	75% - 99% (Substantive)	83%	
Financial Management *(Core Standard)*	75% - 99% (Substantive)	83%	✓
Fire safety	75% - 99% (Substantive)	91%	
Fleet and Transport Management	75% - 99% (Substantive)	N/A	
Food Hygiene	75% - 99% (Substantive)	N/A	
Governance *(Core Standard)*	75% - 99% (Substantive)	86%	✓
Health & Safety	75% - 99% (Substantive)	84%	✓
Human Resources	75% - 99% (Substantive)	88%	
Infection Control	75% - 99% (Substantive)	N/A	
Information Communication Technology	75% - 99% (Substantive)	83%	
Management of Purchasing and Supply	75% - 99% (Substantive)	82%	✓
Medical Devices and Equipment Management	75% - 99% (Substantive)	N/A	
Medicines Management	75% - 99% (Substantive)	N/A	
Records Management	75% - 99% (Substantive)	85%	
Research Governance	75% - 99% (Substantive)	84%	
Risk Management *(Core Standard)*	75% - 99% (Substantive)	85%	✓
Security Management	75% - 99% (Substantive)	87%	
Waste Management	75% - 99% (Substantive)	78%	✓

7. Sources of Independent Assurance

The Public Health Agency obtains Independent Assurance from the following sources:

- Internal Audit;
- External Audit (Northern Ireland Audit Office)

Internal Audit

The Public Health Agency has an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis.

In 2012/13 Internal Audit reviewed the following systems (specify the systems and assurance received):

System reviewed	***Assurance received***
Financial Review	Limited Assurance
Management of Contracts (ECCH)	Satisfactory Assurance
Management of Voluntary and Community Organisations Contracts (including visits to voluntary organisations)	Limited Assurance
Safety Forum Governance Review	Satisfactory Assurance
Performance Management	Satisfactory Assurance
Risk Management and Governance Arrangements	Satisfactory Assurance
Post Project Evaluations	Satisfactory Assurance

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

In her annual report, the Internal Auditor reported that the Public Health Agency system of internal control was adequate and effective. However, limited assurance was provided in relation to financial processes on the basis of on-going significant issues with the new financial systems. Limited assurance was also provided on Management of Voluntary and Community Expenditure, although the Head of Internal Audit also noted that good progress against recommendations was observed at year end. Recommendations to address these control weaknesses have been or are being implemented.

In particular, the PHA has taken robust actions to address the weaknesses identified in the audit of the Management of Voluntary and Community Organisations Contracts. This has included the development of an action plan, with reports on progress to the Chief Executive and the GAC. Of the 19 recommendations with an implementation date of 31 March 2013 or earlier, 8 priority 1 and 6 priority 2 recommendations have been fully implemented. One priority 1 and 4 priority 2 recommendations have been partially implemented.

The priority one findings in the 'Financial Review (including new financial systems) 2012/13' audit, related to on-going issues with the implementation of the new Finance Procurement and Logistics (FPL) and Human Resource, Payroll, Travel and Subsistence (HRPTS) systems. The Head of Internal Audit noted in her report that the majority of findings identified in the report are beyond the direct sole control of PHA to resolve. A range of urgent management decisions and actions have already been taken by HSCB Finance team, on behalf of the PHA, in order to mitigate against all the current inadequacies of the new system. The PHA and HSCB Finance will continue to work with BSO and to escalate concerns about the performance of the systems.

The Internal Audit Follow Up report on previous Internal Audit Recommendations, issued 3 April 2013, found that of those recommendations with an implementation date of 31 March 2013 or earlier, 82% were fully implemented, a further 14% partially implemented and 4% not yet implemented. The 5 recommendations that have not yet been implemented relate to the financial health check audit of a voluntary and community organisation which the PHA commissions services from. This continues to be proactively followed up with the organisation.

External Audit

The Controller and Auditor General's Report to those Charged with Governance was received on 30 July 2012. The report contained no priority 1 or 2 recommendations, with two priority 3 recommendations. The external auditor's accepted recommendations have all been implemented.

8. Review of Effectiveness of the System of Internal Governance

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

9. Internal Governance Divergences

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

Business Cases

During 2012/13 the PHA took the appropriate measures to implement the recommendations of the internal audit report on PHA processes for approval of posts, ensuring the strengthening of controls. This included the provision of fraud, financial governance and operational procedures training for all staff during 2012/13 as well as a tailored accountability training course, commissioned through the HSC Leadership Centre, for all Assistant Directors, Directors and the Chief Executive on 11 December 2012.

Use of External Management Consultants

The PHA continues to update and reissue guidance on the use of external management consultants as this is received from the DHSSPS. This is also placed on the PHA intranet site (Connect) for ease of reference for all staff.

Management reports on the use of management consultants are brought on a regular basis to the Agency Management Team.

Pseudomonas Review

The PHA is completing implementation of the recommendations relevant to it from the Independent Review.

Interruption of ICT Services

The PHA meets regularly with the BSO on a number of SLA issues including the provision of ICT services. The PHA understands that BSO is addressing the issues in respect of ICT infrastructure and has met with all related stakeholders. While there have been a number of interruptions to ICT services during 2012/13 these have not been as significant as those in 2011/12, and while the PHA will continue to monitor these and follow up with BSO to seek an improvement in the ICT service provided, it is not considered that this is currently a serious control issue.

Information Security

During 2012/13 the PHA has strengthened its information governance control measures. This has included approving and implementing a records management policy and associated records management fact sheets, regular meetings of a Records Management Working Group, approval of updated ICT security policies and data protection policy. All information governance policies are placed on the PHA intranet site (Connect) for ease of access for all PHA staff. Several good practice leaflets, including Information Security have also been issued to all staff.

Regular progress reports on information governance are also brought to the Governance and Audit Committee.

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013
GOVERNANCE STATEMENT

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

Accommodation

Following the theft of lead from the roof of the Ormeau Avenue facilities in March 2012 resulting in significant rain water penetration and the risk of break-in and theft as well as health and safety issues, staff were evacuated from the offices and temporarily accommodated in Linenhall Street and Glendinning House. SBNI and QARC staff returned to Ormeau Avenue on 15 and 26 June 2012 respectively. However communications staff were unable to return and remain temporarily located in Linenhall Street and Alexander House.

Further to discussions with Health Estates, the Landlord's Management Agent and BSO Legal Directorate, essential health and safety related work was carried out in Ormeau avenue.

Accommodation on 4th floor, Linenhall street continues to be under pressure, with the number of staff significantly in excess of capacity, with consequent problems including noise, lack of meetings space and challenges regarding data confidentiality. This is also restricting recruitment of a number of posts, due to lack of desk space for these posts. These issues are having a negative impact on PHA staff, resources and how the PHA carries out its business. A space survey carried out by Health Estates has confirmed the need for additional accommodation for the PHA. Health Estates have also advised that while Alexander House is a short-term option, it is not satisfactory and cannot be retained on an on-going or long term basis.

A steering group to look at accommodation requirements and identify potential options has been established by Health Estates. Progress is being made in identifying potential options and finalising the business case for new accommodation. It is anticipated that the business case should be complete by June 2013.

New Office of the First Minister and Deputy First Minister (OFMDFM) Campaign advertising protocol

Following NI Executive approval the Government Advertising Unit (GAU) issued a new protocol for ensuring Ministerial approval is secured for all future advertising campaigns across Executive Departments, NDPBs and ALBs. The outworking of this protocol involves business case submission and a series of consultations and approvals being provided by Department officials prior to submission to Minister and onward submission to the NI Executive.

Submissions were made in November 2012 for the PHA planned Public Information Campaign (PIC) programme for 2013/14. To date there has not been any official confirmation from the DHSSPS and no timetable for decision is available.

The delay in confirmation impacts on the PHA's PIC programme on a number of fronts. The delay compromises the PHA's ability to plan and deliver campaigns to achieve best value, as early booking periods (GAU recommended) may be missed. This has also budget planning and management implications, as depending on the approval given, and when, there may be underspends, or potentially overspends in the PIC budget.

The absence of campaigns being live can negatively impact on the delivery of key health outcomes. A clear example of this is the recorded drop in the uptake of smoking cessation support services while a smoking PIC was off-air during 2012/13.

While the PHA can do as much preparatory work as possible prior to approval being given, this is very limited, as any development work initiated by PHA in the interim would be undertaken 'at risk', with potential financial implications.

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

Management of Contracts with the Community and Voluntary Sector

The Internal Audit report on the PHA management of voluntary and community contracts provided limited assurance, based on a number of priority one findings in respect of both the management of contracts and the need to 'market test in order to ensure value for money. The PHA has taken robust action to address the findings, with the development of an Action plan and progress reports being brought to the Chief Executive and the GAC. The priority one findings related to:

- The management of contract files, ensuring that they are properly structured and kept up to date with all relevant information;
- The use of slippage to make payments at year end, when activity was not undertaken;
- Timeliness of identifying problems with service providers, and appropriateness of monitoring funded organisations financial and governance arrangements;
- Roll forward of contracts without being subject to market testing;
- There were also particular findings relating to some of the individual organisations that received a 'financial health check'

In response to these, a business process manual has been developed to ensure that staff in all offices know and use the same standardised processes in relation to the management of contracts. All health improvement files have been reviewed and corrective actions taken to ensure their accuracy and completeness. The business process manual sets out how these should be consistent across all offices. Briefings and meetings have taken place with the relevant staff to ensure that they understand and are implementing the proper procedures.

All relevant staff have been briefed to ensure that funding is allocated according to the correct processes, including the importance of checking performance returns before payment is released, monitoring and managing potential underspends and managing slippage appropriately.

A review of PHA oversight of the financial and governance arrangements in place within the organisations that it funds has been undertaken, with recommendations on how this can be approved; this report was approved by the Agency Management Team. Specific actions have been followed up with the relevant organisations.

The internal audit follow up report at 31 March 2013 showed that 8 priority one recommendations were fully implemented and one was partially implemented. Six priority two recommendations were fully implemented and four partially implemented. Actions will continue to be taken forward to ensure that all recommendations are fully implemented as quickly as possible.

It is recognised that new procurement requirements in addition to the findings of the Internal Audit report (in respect of market testing) provide challenges to the PHA. A paper has been brought to the Agency Management Team (AMT) and a Procurement Plan covering contracts with the community and voluntary sector has been prepared and approved by AMT. Social Care procurement is an emerging issue across all the HSC, with significant capacity and expertise requirements across all organisations, including the PHA. As the PHA has contracts with approximately 200 community and voluntary organisations this is a major issue for the PHA.

This will be a significant challenge for the PHA going into 2013/14, both in terms of the timescales for reviewing and tendering for services and the resources required to do so. While discussions are currently on-going with BSO Procurement and Logistics Service (PALS) and Directorate of Legal Services (DLS) to identify potential options for addressing these issues, it is acknowledged that this will not be easily remedied, and will be a significant control issue for the PHA. The PHA will continue to work with BSO PALS as well as other HSC organisations to address this issue and will keep this under review.

Business Services Transformation Project

During 2012/13 two new computer systems, were to be introduced by the Business Services Organisation (BSO) across all Health and Social Care (HSC) organisations as part of the Business Services Transformation Program (BSTP). These were Finance, Procurement and Logistics (FPL) and Human Resources, Payroll and Travel (HRPTS). The PHA was selected to be included in the first phase of the roll out of these systems.

Since roll out, significant difficulties have been encountered over a range of areas. Particular areas of concern include:

- Knowledge and experience of the new system
- Payroll controls
- Payment controls and performance
- Stock accounting
- Coding and reporting
- Account reconciliations

The issues highlighted have resulted in Internal Audit providing limited assurance in relation to the associated financial processes. Detailed corrective action plans have been developed locally in conjunction with BSO and regionally by the BSTP regional team in order to resolve the issues identified.

In order to manage and mitigate the most serious risks to financial control, a series of interim additional processes and controls have been introduced by HSCB financial management on behalf of the PHA until the issues are resolved to the PHA satisfaction.

10. Conclusion

The Public Health Agency 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.

Further to considering the accountability framework within the Body and in conjunction with assurances given to me by the Head of Internal audit, I am content that the Public Health Agency has operated a sound system of internal governance during the period 2012/13.

Signature of Accounting Officer

Dr E Rooney

Chief Executive 

Date of signature 

PUBLIC HEALTH AGENCY

STATEMENT OF COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2013

	NOTE	2013 £000s	2012 £000s
Expenditure			
Staff costs	3.1	(16,035)	(14,894)
Depreciation	4.0	(76)	(63)
Other Expenditure	4.0	(37,329)	(36,234)
		(53,440)	(51,191)
Income			
Income from activities	5.1	244	229
Other Income	5.2	469	279
Deferred Income	5.3	0	0
		713	508
Net Expenditure		**(52,727)**	**(50,683)**
Revenue Resource Limit (RRL) Issued (to)			
Belfast HSC Trust		(11,141)	(9,636)
South Eastern HSC Trust		(3,135)	(2,990)
Southern HSC Trust		(4,650)	(3,858)
Northern HSC Trust		(5,890)	(5,319)
Western HSC Trust		(5,699)	(5,072)
NIAS HSC Trust		(12)	(47)
Total RRL issued		(30,527)	(26,922)
Total Commissioner Resources Utilised		(83,254)	(77,605)
RRL's received from DHSSPS	25.1	83,543	77,796
Surplus/(Deficit) against RRL		**289**	**191**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2013 £000s	2012 £000s
Net gain on revaluation of Property, Plant and Equipment	6.1/6.2/10	0	0
Net (loss) on revaluation of intangibles	7.1/7.2/10	0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2013		**(52,727)**	**(50,683)**

The notes on pages 70-102 form part of these accounts.

PUBLIC HEALTH AGENCY

STATEMENT of FINANCIAL POSITION as at 31 March 2013

	NOTE	2013 £000s	2013 £000s	2012 £000s	2012 £000s
Non Current Assets					
Property, Plant and Equipment	6.1/6.2	377		282	
Intangible Assets	7.1/7.2	1		0	
Financial Assets	8.0	0		0	
Trade and other Receivables	12.0	0		0	
Other Current Assets	12.0	0		0	
Total Non-Current Assets			378		282
Current Assets					
Assets classified as held for sale	9.0	0		0	
Inventories	11.0	0		0	
Trade and other Receivables	12.0	788		1,371	
Other Current Assets	12.0	35		26	
Financial Assets	8.1	0		0	
Cash and cash equivalents	13.0	269		311	
Total Current Assets			1,092		1,708
Total Assets			**1,470**		**1,990**
Current Liabilities					
Trade and other Payables	14.0	(10,188)		(8,819)	
Other Liabilities	14.0	0		0	
Provisions	16.0	(5)		0	
Total Current Liabilities			(10,193)		(8,819)
Non Current Assets plus/less Net Current Assets/Liabilities			**(8,723)**		**(6,829)**
Non-Current Liabilities					
Provisions	16.0	0		0	
Other Payables > 1 yr	14.0	0		0	
Financial Liabilities	8.0	0		0	
Total Non Current Liabilities			0		0
Assets Less Liabilities			**(8,723)**		**(6,829)**
Taxpayers' Equity					
Revaluation Reserve		34		34	
SoCNE Reserve		(8,757)		(6,863)	
			(8,723)		**(6,829)**

The notes on pages 70-102 form part of these accounts.

Mary McMahon (Chairman) Date 20/06/2013

E P Rooney (Chief Executive) Date 20 June 2013

PUBLIC HEALTH AGENCY

STATEMENT of CASH FLOWS for the year ended 31 March 2013

	Note	2013 £000s	2012 £000s
Cash flows from operating activities			
Net expenditure after interest		(52,727)	(50,683)
Adjustments for non cash costs	4	106	81
(Increase)/Decrease in trade & other receivables	12	574	1,175
(Decrease) in trade payables	14	1,369	(2,108)
(Increase)/Decrease in inventories		0	0
Movements in payables relating to the sale of property, plant and equipment	14	0	(0)
Movements in payables relating to the Purchase of property, plant and equipment		(22)	(95)
Use of provisions	16	(6)	(0)
Net Cash inflow/(outflow) from operating activities		(50,706)	(51,630)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	6	(151)	(22)
Net cash outflow from investing activities		(151)	(22)
Cash flows from financing activities			
Grant in aid		50,815	51,793
Net financing		50,815	51,793
Net increase/(decrease) in cash and cash equivalents in the period		(42)	142
Net increase/(decrease) in cash and cash equivalents at the beginning of the period	13	311	169
Cash and cash equivalents at the end of the period	13	**269**	**311**

The notes on pages 70-102 form part of these accounts.

PUBLIC HEALTH AGENCY

STATEMENT of CHANGES IN TAXPAYERS' EQUITY for the year ended 31 March 2013

	Note	SoCNE Reserve £000s	Revaluation Reserve £000s	Total £000s
Balance at 31 March 2011		(7,991)	34	(7,957)
Balance at 1 April 2011		**(7,991)**	**34**	**(7,957)**
Changes in Taxpayers' equity 2011/12				
Grant from DHSSPS		51,793	0	51,793
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(50,683)	0	(50,683)
Non cash Charges – auditors remuneration	4	18	0	18
Balance at 31 March 2012		**(6,863)**	**34**	**(6,829)**
Changes in Taxpayers' Equity 2012/13				
Grant from DHSSPS		50,815	0	50,815
Transfers between reserves		0	0	0
(Comprehensive expenditure for the year)		(52,727)	0	(52,727)
Non cash Charges – auditors remuneration	4	18	0	18
Balance at 31 March 2013		**(8,757)**	**34**	**(8,723)**

The notes on pages 70-102 form part of these accounts.

PUBLIC HEALTH AGENCY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

STATEMENT OF ACCOUNTING POLICIES

1 Authority

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

1.1 Accounting convention

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

1.2 Currency and Rounding

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

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings and Assets under construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the PHA;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

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

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and 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 their estimated useful lives or 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
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 account and an amount up to the value of the impairment in the revaluation reserve is transferred to the SoCNE. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the SoCNE to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

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

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

1.7 Intangible assets

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

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;

- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it;
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the PHA's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the PHA; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.8 Donated assets

The PHA had no donated assets in either 2012/13 or 2011/12.

1.9 Non-current assets held for sale

The PHA had no non-current assets held for sale in either 2012/13 or 2011/12.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. The PHA had no inventories in either 2012/13 or 2011/12.

1.11 Income

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

Grant in aid

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

1.12 Investments

The PHA did not hold any investments in 2012/13 or 2011/12.

1.13 Other expenses

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

1.14 Cash and cash equivalents

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

1.15 Leases

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

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

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

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

The PHA did not hold any Finance Leases or act as a Lessor in 2012/13 or 2011/12.

1.16 Private Finance Initiative (PFI) transactions

The PHA had no PFI transactions in either 2012/13 or 2011/12.

1.17 Financial instruments

Financial assets

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

Financial liabilities

Financial liabilities are recognised on the SoFP when the PHA becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are 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 DHSSPS, and the manner in which it is funded, financial instruments play a more limited role within HSC bodies in creating risk than would apply to a non public sector body of similar size, therefore the PHA is not exposed to the degree of financial risk faced by business entities. The PHA has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the PHA in undertaking activities. Therefore the PHA is exposed to little credit, liquidity or market risk.

Currency risk

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

Interest rate Risk, Credit Risk and Liquidity

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

1.18 Provisions

In accordance with IAS 37, Provisions are recognised when the PHA has a present legal or constructive obligation as a result of a past event, it is probable that the PHA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using Department of Finance and Personnel's discount rate of -1.8% (1-5 years), -1.0% (>5-10 years) or 2.2%(>10 years) in real terms.

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

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

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

1.19 Contingencies

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

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

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

The PHA had no contingences at 31 March 2013 or 31 March 2012.

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 estimated using average staff numbers and costs applied to the average untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2008 and reviewed by way of a sample survey on an annual basis thereafter. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the PHA and has not been included.

Retirement benefit costs

The PHA participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the PHA and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The PHA is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the SoFP date and updates it to reflect current conditions. The 31 March 2008 valuation has been used in the 2012/13 accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.22 Value Added Tax

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

1.23 Third Party Assets

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

1.24 Government Grants

The PHA had no Government Grants in either 2012/13 or 2011/12.

1.25 Losses and Special Payments

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

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

1.26 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.

Management has reviewed the new accounting policies that have been issued but are not yet effective, nor adopted early for these accounts. Management consider these are unlikely to have a significant impact on the accounts in the period of the initial application.

1.27 Change in Accounting Policy/Prior Year Restatement

There were no changes in Accounting Policy during 2012/13

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 2. ANALYSIS of NET EXPENDITURE by SEGMENT

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

	Note	2013 £'000s	2012 £'000s
Summary			
Net Expenditure			
Commissioning	2.1	64,044	59,029
FHS	2.2	1,225	1,314
Agency Administration	2.3	17,985	17,262
Total Commissioner Resources Utilised		**83,254**	**77,605**
2.1 Commissioning			
Expenditure			
HSC Trust			
Belfast HSC Trust	SoCNE	11,141	9,636
South Eastern HSC Trust	SoCNE	3,135	2,990
Southern HSC Trust	SoCNE	4,650	3,858
Northern HSC Trust	SoCNE	5,890	5,319
Western HSC Trust	SoCNE	5,699	5,072
NIAS HSC Trust	SoCNE	12	47
Other Providers	4.1/4.2	33,761	32,336
		64,288	59,258
Income			
Income from activities	5.1	244	229
Commissioning Net Expenditure		**64,044**	**59,029**
2.2 FHS			
Expenditure			
Family Health Services Expenditure	4.1	1,225	1,314
Income	5.1	0	0
FHS Net Expenditure		**1,225**	**1,314**

NOTES TO THE ANNUAL ACCOUNTS 31 MARCH 2013

2.3 Agency administration

	Note	2,013	2,012
Expenditure		**£'000s**	**£'000s**
Salaries & wages	3.1	16,035	14,894
Operating expenditure	4.2	2,313	2,566
Non Cash costs	4.3	29	18
Loss on disposal of property, plant & equipment	4.3	1	0
Depreciation	4.3	76	63
		18,454	17,541
Income			
Staff secondment recoveries	3.1	344	227
Operating income	5.2	125	52
		469	279
Administration Net Expenditure		**17,985**	**17,262**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 3. STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

	2013			2012
Staff costs comprise:	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	12,457	841	13,298	12,511
Social security costs	1,130	48	1,178	1,007
Other pension costs	1,502	57	1,559	1,376
Sub-Total	15,089	946	16,035	14,894
Capitalised staff costs	0	0	0	0
Total staff costs reported in Statement of Comprehensive Expenditure	15,089	946	16,035	14,894
Less recoveries in respect of outward secondments			344	227
Total net costs			**15,691**	**14,667**

Staff Costs exclude £Nil charged to capital projects during the year (2012 £Nil)

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

3.2 Average number of persons employed

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

	2013			2012
	Permanently employed staff No.	Others No.	Total No.	Total No.
Commissioning of Health and Social Care	293	22	315	302
Less average staff number in respect of outward secondments	6	0	6	3
Total net average number of persons employed	**287**	**22**	**309**	**299**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 3. STAFF NUMBERS AND RELATED COSTS

3.3a Senior Employees' Remuneration

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

	2012/13			2011/12			2012/13				
Name	**Salary £000s**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Salary £000s**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Real increase in pension and related lump sum at age 60 £000s**	**Total accrued pension at age 60 and related lump sum £000s**	**CETV at 31/03/12 £000s**	**CETV at 31/03/13 £000s**	**Real increase/ (decrease) in CETV £000s**
Non-Executive Members											
M McMahon	30-35	0	0	30 - 35	0	100	0	0	0	0	0
J Erskine	5-10	0	0	5 - 10	0	200	0	0	0	0	0
J Harbison	5-10	0	0	5 - 10	0	0	0	0	0	0	0
M Karp	5-10	0	0	5 - 10	0	100	0	0	0	0	0
T Mahaffy	5-10	0	0	5 - 10	0	0	0	0	0	0	0
R Orr	5-10	0	300	5 - 10	0	0	0	0	0	0	0
P Porter	5-10	0	0	0 - 5	0	100	0	0	0	0	0
W Ashe	5-10	0	0	0 - 5	0	0	0	0	0	0	0
C Mullaghan (Left 31/5/11)	0	0	0	0 - 5	0	0	0	0	0	0	0
S Nicholl (Left 31/5/11)	0	0	0	0 - 5	0	0	0	0	0	0	0
Executive Members											
E P Rooney	115-120	0	200	115-120	0	500	0 - 2.5 pension	5 - 10 pension	81	111	25
C Harper	135-140	0	0	145 - 150	0	0	0	25 - 30 pension 85 - 90 lump sum	636	512	(163)
E McClean	75-80	0	300	75 - 80	0	1,200	0 - 2.5 pension 2.5-5 lump sum	20 - 25 pension 60 - 65 lump sum	407	457	27
M Hinds	100-105	0	100	100-105	0	300	0 - 2.5 pension 2.5-5 lump sum	10 - 15 pension 40 - 45 lump sum	254	286	18

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

3.3a Senior Employees' Remuneration (continued)

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

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

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

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

3.3b Median Salary

	2013 **£**	**2012** **£**
Band of Highest Paid Director Total Remuneration	137,500	147,500
Median Salary	34,597	34,622
Median Total Remuneration Ratio	**4.0**	**4.3**

The median salary ratio has decreased by 0.3 due to a change to the remuneration of the most highly paid Director.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 3. STAFF NUMBERS AND RELATED COSTS

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band	
	2013	2012	2013	2012	2013	2012
£10,000 - £25,000	0	0	0	1	0	1
Total number of exit packages by type	**0**	**0**	**0**	**1**	**0**	**1**
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	**0**	**0**	**0**	**41**	**0**	**41**

Redundancy and other departure costs will be paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 4. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

3.5 Staff Benefits

The PHA had no staff benefits in 2012/13 or 2011/12.

3.6 Retirements Due To Ill-Health

During 2012/13 there were no early retirements from the PHA agreed on the grounds of ill-health.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 4. OPERATING EXPENSES

4.1 Commissioning

	2013 £000s	2012 £000s
General Medical Services/FHS	1,225	1,314
General Dental Services	0	0
Other providers of healthcare and personal social services	28,927	28,166
Capital grants to voluntary organisations	0	0
Total Commissioning	**30,152**	**29,480**

4.2 Operating Expenses are as follows:

Supplies and services - General	78	70
Establishment	1,428	1,673
Transport	10	64
Premises	685	622
Bad debts	0	0
Rentals under operating leases	112	137
Interest charges	0	0
Research & development expenditure	4,834	4,170
Miscellaneous expenditure	0	0
Total Operating Expenses	**7,147**	**6,736**

4.3 Non cash items

Depreciation	76	63
Amortisation	0	0
Impairments	0	0
(Profit) on disposal of property, plant & equipment (excluding profit on land)	0	0
(Profit) on disposal of intangibles	0	0
Loss on disposal of property, plant & equipment (including land	1	0
Loss on disposal of intangibles	0	0
Provisions provided for in year	11	0
Cost of borrowing of provisions (unwinding of discount on prov	0	0
Auditors remuneration	18	18
Total non cash items	**106**	**81**
Total	**37,405**	**36,297**

During the year the PHA paid its share of regional audit services (£1,175) from its external auditor (NIAO) for the National Fraud Initiative and is included within operating costs above.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 5. INCOME

5.1 Income from Activities

	2013 £000s	2012 £000s
Income from Big Lottery	0	130
Research & Development	244	98
Programme Income	0	1
Total	**244**	**229**

5.2 Other Operating Income

	2013 £000s	2012 £000s
Other income	125	52
Seconded staff	344	227
Total	**469**	**279**

5.3 Deferred income

Income released from conditional grants	0	0
Total	**0**	**0**
TOTAL INCOME	**713**	**508**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 6. PROPERTY, PLANT AND EQUIPMENT

NOTE 6.1 Property, plant & equipment - year ended 31 March 2013

	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation			
At 1 April 2012	741	320	1,061
Indexation	0	6	6
Additions	103	70	173
Reclassifications	(1)	0	(1)
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Reversal of impairments (indexn)	0	0	0
(Disposals)	(373)	(292)	(665)
At 31 March 2013	**470**	**104**	**574**
Depreciation			
At 1 April 2012	467	312	779
Indexation	0	6	6
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
Reversal of impairments (indexn)	0	0	0
(Disposals)	(372)	(292)	(664)
Provided during the year	72	4	76
At 31 March 2013	**167**	**30**	**197**
Carrying Amount			
At 31 March 2013	**303**	**74**	**377**
At 31 March 2012	**274**	**8**	**282**
Asset financing			
Owned	303	74	377
Carrying Amount			
At 31 March 2013	**303**	**74**	**377**

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2012 £Nil)

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 6.2 Property, plant & equipment - year ended 31 March 2012

	Machinery (Equipment) £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation				
At 1 April 2011	1	646	320	967
Indexation	0	0	0	0
Additions	0	116	0	116
Reclassifications	0	0	0	0
Transfers	0	0	0	0
Revaluation	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0
(Disposals)	0	(21)	0	(21)
At 31 March 2012	**1**	**741**	**320**	**1,062**
Depreciation				
At 1 April 2011	1	430	307	738
Indexation	0	0	0	0
Reclassifications	0	0	0	0
Transfers	0	0	0	0
Revaluation	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0
(Disposals)	0	(21)	0	(21)
Provided during the year	0	58	5	63
At 31 March 2012	**1**	**467**	**312**	**780**
Carrying Amount				
At 31 March 2012	**0**	**274**	**8**	**282**
At 1 April 2011	**0**	**216**	**13**	**229**

Asset financing				
Owned	0	274	8	282
Carrying Amount				
At 31 March 2012	**0**	**274**	**8**	**282**

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 7. INTANGIBLE ASSETS

NOTE 7.1 Intangible assets - year ended 31 March 2013

Cost or Valuation	Software Licenses £000s	Information Technology £000s	Total £000s
At 1 April 2012	20	17	37
Indexation	0	0	0
Additions	0	0	0
Reclassifications	0	0	0
Transfers	1	0	1
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	(20)	(17)	(37)
At 31 March 2013	**1**	**0**	**1**
Amortisation			
At 1 April 2012	20	17	37
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	(20)	(17)	(37)
Provided during the year	0	0	0
At 31 March 2013	**0**	**0**	**0**
Carrying Amount			
At 31 March 2013	**1**	**0**	**1**
At 31 March 2012	**0**	**0**	**0**
Asset Financing			
Owned	1	0	1
Carrying Amount			
At 31 March 2013	**1**	**0**	**1**

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 7.2 Intangible assets - year ended 31 March 2012

	Software Licenses	Information Technology	Total
Cost or Valuation	**£000s**	**£000s**	**£000s**
At 1 April 2011	20	17	37
Indexation	0	0	0
Additions	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	0	0	0
At 31 March 2012	**20**	**17**	**37**
Amortisation			
At 1 April 2011	20	17	37
Indexation	0	0	0
Reclassifications	0	0	0
Transfers	0	0	0
Revaluation	0	0	0
Impairment charged to the SoCNE	0	0	0
Impairment charged to the revaluation reserve	0	0	0
(Disposals)	0	0	0
Provided during the year	0	0	0
At 31 March 2012	**20**	**17**	**37**
Carrying Amount			
At 1 April 2011	**0**	**0**	**0**
At 31 March 2012	**0**	**0**	**0**

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 8. FINANCIAL INSTRUMENTS

8.1 Financial Instruments

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

NOTE 9. ASSETS CLASSIFIED AS HELD FOR SALE

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

The PHA did not hold any assets classified as held for sale in 2012/13 or 2011/12.

NOTE 10. IMPAIRMENTS

The PHA had no impairments in 2012/13 or 2011/12.

NOTE 11. INVENTORIES

The PHA did not hold any inventories at 31 March 2013 or 31 March 2012.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 12. TRADE RECEIVABLES AND OTHER CURRENT ASSETS

	2013	2012
Amounts falling due within one year	**£000s**	**£000s**
Trade receivables	117	249
VAT receivable	332	349
Other receivables	339	773
Trade and other receivables	788	1,371
Prepayments and accrued income	35	26
Other current assets	35	26
Carbon reduction commitment	0	0
Intangible current assets	0	0
Amounts falling due after more than one year		
Trade and other Receivables	0	0
Other current assets falling due after more than one year	0	0
TOTAL TRADE AND OTHER RECEIVABLES	788	1,371
TOTAL OTHER CURRENT ASSETS	35	26
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**823**	**1,397**

The balances are net of a provision for bad debts of £Nil (2012 £Nil)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 12. TRADE RECEIVABLES AND OTHER CURRENT ASSETS

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

	Amounts falling due within 1 year 2012/13 £000s	Amounts falling due within 1 year 2011/12 £000s	Amounts falling due after more than 1 year 2012/13 £000s	Amounts falling due after more than 1 year 2011/12 £000s
Balances with other central government bodies	522	1,209	0	0
Balances with local authorities	0	3	0	0
Balances with NHS /HSC Trusts	42	115	0	0
Balances with public corporations and trading funds	3	0	0	0
Intra-Government Balances	567	1,327	0	0
Balances with bodies external to government	256	70	0	0
Total Receivables and other current assets at 31 March	**823**	**1,397**	**0**	**0**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 13. CASH AND CASH EQUIVALENTS

	2013	2012
	£000s	£000s
Balance at 1st April	311	169
Net change in cash and cash equivalents	(42)	142
Balance at 31st March	**269**	**311**

The following balances at 31 March were held at	2013	2012
	£000s	£000s
Commercial banks and cash in hand	269	311
Balance at 31st March	**269**	**311**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 14. TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2013 £000s	2012 £000s
Amounts falling due within one year		
Other taxation and social security	341	524
Trade capital payables - property, plant and equipment	129	107
Trade revenue payables	3,763	3,998
Payroll payables	319	315
BSO payables	1,427	53
Other payables	1,147	249
Accruals and deferred income	3,062	3,573
Trade and other payables	10,188	8,819
Other current liabilities	0	0
Intangible current assets	0	0
Total payables falling due within one year	10,188	8,819
Amounts falling due after more than one year		
Total non current other payables	0	0
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**10,188**	**8,819**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 14. TRADE PAYABLES AND OTHER CURRENT LIABILITIES

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

Name	Amounts falling due within 1 year 2012/13 £000s	Amounts falling due within 1 year 2011/12 £000s	Amounts falling due after more than 1 year 2012/13 £000s	Amounts falling due after more than 1 year 2011/12 £000s
Balances with other central government bodies	1,867	1,765	0	0
Balances with local authorities	29	410	0	0
Balances with NHS /HSC Trusts	31	1,111	0	0
Balances with public corporations and trading funds	5	0	0	0
Intra-Government Balances	**1,932**	**3,286**	**0**	**0**
Balances with bodies external to government	8,256	5,533	0	0
Total Payables and other liabilities at 31 March	**10,188**	**8,819**	**0**	**0**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 15. PROMPT PAYMENT POLICY

15.1 Public Sector Payment Policy - Measure of Compliance

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

	2013 Number	2013 Value £000s	2012 Number	2012 Value £000s
Total bills paid	7,413	24,227	10,851	35,654
Total bills paid within 30 day target or under agreed payment terms	6,769	22,248	10,018	34,781
% of bills paid within 30 day target or under agreed payment terms	**91.31%**	**91.83%**	**92.32%**	**97.55%**

	2013 Number	2013 Value £000s
Total bills paid within 10 day target or under agreed payment terms (since 01/11/12)	1,120	6,702
% of bills paid within 10 day target under agreed payment terms (since 01/11/12)	**60.80%**	**66.83%**

10 day information available from 01/11/12 and therefore prior year comparatives not available

From 16 March 2013 EU Directive 2011/7/EU on Combating Late Payment in Commercial Transactions was implemented through the Late Payment of Commercial Debts Regulations 2013. These regulations apply to all contracts made from 16 March 2013. They require all public bodies to pay suppliers for goods/services received within 30 days of receiving an undisputed invoice. The impact of this directive will take effect 30 days from 16 March 2013 (which is payment to be received by 14 April 2013) and the performance against the EU directive will be shown in the 2013-14 financial year accounts.

15.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of Compensation paid for payment(s) being late	40
Amount of Interest paid for payment(s) being late	0
Total	**40**

This is also reflected as a fruitless payment in note 26.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 16. PROVISIONS FOR LIABILITIES AND CHARGES - 2013

	Other £000s	2013 £000s
Balance at 1 April 2012	0	0
Provided in year	11	11
(Provisions not required written back)	0	0
(Provisions utilised in the year)	(6)	(6)
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2013	**5**	**5**

Provisions have been made for 1 type of potential liability - Employer's Liability the PHA has estimated an appropriate level of provision based on professional legal advice. Please note that there are no prior year comparative figures.

Analysis of expected timing of discounted flows

	Other £000s	2013 £000s
Not later than one year	5	5
Later than one year and not later than five years	0	0
Later than five years	0	0
At 31 March 2013	**5**	**5**

NOTE 17. CAPITAL COMMITMENTS

The PHA did not have any capital commitments at 31 March 2013 or 31 March 2012.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 18. COMMITMENTS UNDER LEASES

18.1 Operating Leases

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

Obligations under operating leases comprise	2013 £000s	2012 £000s
Buildings		
Not later than 1 year	112	137
Later than 1 year and not later than 5 years	378	479
Later than 5 years	0	0
	490	**616**

18.2 Finance Leases

The PHA had no finance leases in 2012/13 or 2011/12

18.3 Operating Leases

The PHA had no lessor obligations in either 2012/13 or 2011/12 .

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

The PHA had no commitments under PFI or service concession arrangements in either 2012/13 or 2011/12 .

NOTE 20. OTHER FINANCIAL COMMITMENTS

The PHA did not have any other financial commitments at either 31 March 2013 or 31 March 2012.

NOTE 21. FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

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

The PHA did not have any financial instruments at either 31 March 2013 or 31 March 2012.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 22. CONTINGENT LIABILITIES

The PHA had no contingent liabilities in 2012/13 or 2011/12 .

NOTE 23. RELATED PARTY TRANSACTIONS

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

Dr Jeremy Harbison, Non-Executive Director during 2012/13, is also a Pro-Chancellor of the University of Ulster which is an organisation likely to do business with the HSC in future.

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

NOTE 24. THIRD PARTY ASSETS

The PHA held £nil cash at bank and in hand at 31 March 2013 relating to third parties.

NOTE 25. Financial Performance Targets

25.1 Revenue Resource Limit

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

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

	2013 Total £000s	2012 Total £000s
DHSSPS (excludes non cash)	83,439	77,715
Non cash RRL (from DHSSPS)	104	81
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	**83,543**	**77,796**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 25. FINANCIAL PERFORMANCE TARGETS

25.2 Capital Resource Limit

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

	2013 Total £000s	2012 Total £000s
Gross capital expenditure	173	116
Net capital expenditure	173	116
Capital Resource Limit	182	122
(Underspend) against CRL	**(9)**	**(6)**

25.3 Financial Performance Targets

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

	2012/13 £000s	2011/12 £000s
Net Expenditure	(83,254)	(77,605)
RRL	83,543	77,796
Surplus / (Deficit) against RRL	289	191
Break Even cumulative position(opening)	433	242
Break Even cumulative position (closing)	722	433

Materiality Test:

	2012/13 %	2011/12 %
Break Even in year position as % of RRL	0.35%	0.25%
Break Even cumulative position as % of RRL	0.86%	0.56%

The PHA contained net expenditure to within +0.35% of RRL limits.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2013

NOTE 26. LOSSES & SPECIAL PAYMENTS

Type of loss and special payment		2012/13		2011/12
		Number of Cases	£	£
Administrative write-offs				
	Bad debts	0	0	110
		0	**0**	**110**
Fruitless payments				
	Late Payment of Commercial Debt	1	40	44
	Other fruitless payments and constructive losses	0	0	0
		1	**40**	**44**
Special Payments				
	Compensation payments			
	- Employers Liability	1	2,500	0
		1	**2,500**	**0**
	Ex-gratia payments	**0**	**0**	**0**
	Extra contractual	**0**	**0**	**0**
	Special severance payments	**0**	**0**	**0**
	TOTAL	**2**	**2,540**	**154**

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

26.2 Other Payments
There were no other payments made during the year.

26.3 Losses and Special Payments over £250,000
There were no losses or special payments greater than £250k during the year.

NOTE 27. POST BALANCE SHEET EVENTS

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

NOTE 28. DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 27 June 2013.

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