

103rd Meeting of the Public Health Agency Board

Monday 11 June 2018 at 1:30pm

Meeting Rooms 1 and 2, Linum Chambers, Bedford Street, Belfast, BT2 7ES

standing items

- | | | |
|-----------|---|-----------------|
| 1
1.30 | Welcome and apologies | Chair |
| 2
1.30 | Declaration of Interests | Chair |
| 3
1.30 | Minutes of Previous Meeting held on 17 May 2018 | Chair |
| 4
1.30 | Matters Arising | Chair |
| 5
1.35 | Chair's Business | Chair |
| 6
1.40 | Chief Executive's Business | Chief Executive |

committee updates

- | | | | |
|-----------|--|---------------------|---------|
| 7
1.50 | Update from Chair of Governance and Audit Committee (to include minutes of previous meeting) | PHA/01/06/18 | Mr Drew |
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items for approval

- | | | | |
|------------|---|---------------------|----------------------------|
| 8
2.00 | PHA Annual Report and Accounts 2017/18 | PHA/02/06/18 | Mr Cummings/
Mr McClean |
| 9
2.25 | Draft Investment Plan to incorporate PHA Budget 2018/19 | PHA/03/06/18 | Mr McClean/
Mr Cummings |
| 10
2.40 | Corporate Risk Register | PHA/04/06/18 | Mr McClean |
| 11
2.50 | PHA Information Governance Policies (Updated following Implementation of the General Data Protection Regulations) | PHA/05/06/18 | Mr McClean |
| 12
3.00 | PHA Whistleblowing Policy | PHA/06/06/18 | Mr McClean |

13 PHA Rural Needs Policy PHA/07/06/18 Mr McClean
3.05

14 Annual Progress Report 2017/18 to the PHA/08/06/18 Mr McClean
3.10 Equality Commission on implementation of
Section 75 and the duties under the
Disability Discrimination Order

items for noting

15 Performance Management Report – PHA/09/06/18 Mr McClean
3.35 Corporate Business Plan Targets for
Period Ending 31 March 2018

16 Personal and Public Involvement Update PHA/10/06/18 Mrs Hinds
3.45

closing items

17 Any Other Business Chair
4.00

18 Details of next meeting:
4.05 *Thursday 16 August 2018 at 1:30pm*
Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

102nd Meeting of the Public Health Agency Board

Thursday 17 May 2018 at 1.30pm

Fifth Floor Meeting Room, 12-22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Councillor William Ashe	- Non-Executive Director
Mr John-Patrick Clayton	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Mr Paul Cummings	- Director of Finance, HSCB
Mr Robert Graham	- Secretariat

Apologies

Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Dr Adrian Mairs	- Acting Director of Public Health
Ms Deepa Mann-Kler	- Non-Executive Director
Mr Cecil Worthington	- Acting Director of Social Care and Children, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC

41/18 | Item 1 – Welcome and Apologies

41/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Edmond McClean, Dr Adrian Mairs, Ms Deepa Mann-Kler, Mr Cecil Worthington and Mrs Joanne McKissick.

42/18 | Item 2 - Declaration of Interests

42/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

43/18 | Item 3 – Minutes of previous meeting held on 19 April 2018

43/18.1 The minutes of the previous meeting, held on 19 April 2018, were approved as an accurate record of that meeting.

44/18 Item 4 – Matters Arising

44/18.1 There were no matters arising.

45/18 Item 5 – Chair’s Business

45/18.1 The Chair advised that he had issued his Report in advance to members, and said that he wished to ensure that the issue of child dental health is kept on the agenda.

45/18.2 The Chair said that he had attended the sixth annual meeting of service users of those at increased risk of an aortic aneurysm, and at the meeting emphasised how valuable it was to have input from service users into the design and improvement of the service. He added that it is also important to convey to those members of the public who may have missed out on AAA screening that it is still available to those men over 65 years of age.

45/18.3 The Chair noted that for the first time in its history the annual congress of the Royal College of Nursing, UK was held in Belfast. He said that he was invited to attend an interfaith service held in Saint Malachy’s Church, Alfred Street on Saturday 12 May, at which the Reverend Andrew Black gave a most powerful address on the values, qualities and character of Florence Nightingale and how these related to the professional nursing of today.

46/18 Item 6 –Chief Executive’s Business

46/18.1 The Interim Chief Executive advised members that the Belfast Trust had recalled 2,500 patients following an independent review of patient notes relating to the work of a single consultant neurologist, Dr Michael Watt. She said that patient recalls must always be evidence-based and founded on expert guidance with no decision ever being taken lightly or prematurely. She said that in this instance, it was necessary to undertake a recall following a review of patient notes by both the Trust and the Royal College of Physicians.

46/18.2 The Interim Chief Executive said that PHA and HSCB staff have been working closely with the Trust to ensure that all patients could be seen in a timely way, with necessary support mechanisms being put in place, including an advice line. She added that this is undoubtedly an extremely stressful time for many patients and their families and that our thoughts go out to them at this time.

46/18.3 The Interim Chief Executive explained that every patient who is recalled will have their care reviewed to ensure that their diagnosis is secure, that appropriate investigations are completed, and that their ongoing care is appropriate.

46/18.4 In relation to the wider issues, the Interim Chief Executive informed the Board that the Department of Health has asked RQIA to undertake a

- review of governance of outpatient services in the Belfast Trust, with a particular focus on neurology services, and to undertake a parallel piece of work to ensure that the records of all patients or former patients of Dr Watt who have died over the past ten years are subject to expert review.
- 46/18.5 Moving onto the Transformation agenda, the Interim Chief Executive noted the announcement which had been made last week regarding funding. She said that in addition to the £30m previously announced to target hospital waiting times, there will be £5m to build capacities in communities and prevention, £15m of transformation funding to enhance primary care, including rollout of multi-disciplinary teams, £15m investment in HSC workforce development, and £30m in reforming community and hospital services, including mental health.
- 46/18.6 The Interim Chief Executive advised that work on elective care centres is continuing with the establishment of task and finish groups for the two specialities, vascular and cataract surgery, with the aim of having prototype models in place by December.
- 46/18.7 The Interim Chief Executive advised that the Oversight Board, responsible for the arrangements for the closure of HSCB, had held its second meeting in April with a third meeting due to take place at the end of May.
- 46/18.8 The Interim Chief Executive informed members that at the end of April, Barnardo's NI launched the new regional Independent Guardian Service, funded by HCSB, to support children in Northern Ireland who are victims of human trafficking and also children who are separated from their families and their home countries.
- 46/18.9 The Interim Chief Executive said that she had attended a celebratory event with Marie Curie to make the conclusion of the project management arrangements associated with the Palliative Care Programme for Northern Ireland. She said that it was a privilege to have the Chief Executive of Marie Curie, Dr Jane Collins, in attendance.
- 46/18.10 The Interim Chief Executive advised that she was present at the first meeting of the Making Life Better (MLB) HSC Partnership. She explained that this Partnership has recently been established as part of the refresh of the regional MLB implementation arrangements and comprises Chief Executives and nominated Directors from HSC Trusts, NIAS, BSO, HSCB and PHA. She added that as this was the inaugural meeting of this group, it focussed on the purpose of the group, its terms of reference and operating arrangements as well as looking to the future for how HSC can realise MLB and its outcomes. The Chair asked that the minutes of the MLB meeting on 27 May be made available to Non-Executive Directors to ensure that they are kept up to speed.
- 46/18.11 The Interim Chief Executive said that the hope is that this group will provide a space for HSC leaders to come together, share ideas, learn and

- provide an opportunity to reflect on how to support and scale up successful programmes within the MLB ethos. Finally, she said that the next meeting of the group is in June.
- 46/18.12 The Interim Chief Executive informed members that she had attended a photo call at Lisburn Library to celebrate the announcement of all 96 public libraries in Northern Ireland signing up to the PHA's Breastfeeding Welcome Here scheme.
- 46/18.13 The Interim Chief advised that earlier this week, PHA received a visit from Professor Rod Thomson, the Director of Public Health for Shropshire who is also the Vice President of the Royal College of Nursing. She added that he met with PHA staff and got an understanding of the many significant projects undertaken here in the area of public health nursing.
- 46/18.14 Professor Rooney asked about the role of TIG, and whether prevention features on its agenda. The Interim Chief Executive said that prevention features strongly within Delivering Together and Making Life Better, but that at TIG it is not discussed as much as, for example, reducing waiting lists. She undertook to ensure that this issue is brought to the TIG table for discussion.
- 46/18.15 The Chair asked when the social care function will transfer to PHA as members will need to be trained on their new responsibilities. The Interim Chief Executive said that she did not know when the function would transfer, but that there was no reason why members could not receive briefings now.
- 46/18.16 Mr Clayton asked if there is representation from other bodies, outside health, on the Making Life Better groups. The Interim Chief Executive said that there is an All Departmental Officials Group (ADOG) and another Board which has wider representation.
- 46/18.17 Mr Stewart asked if there was a date fixed for the closure of the Health and Social Care Board. The Interim Chief Executive explained that the Department is in the process of recruiting a senior official whose role it will be to manage this process. She advised that a tentative date of 31 March 2020 has been suggested, subject to the necessary legislation being passed. She added that there are issues to be resolved in terms of BSO's responsibilities. The Chair noted that March 2020 would be 4½ years after the closure announcement in November 2015.
- 47/18 Item 7 – Finance Report (PHA/01/05/18)**
- 47/18.1 Mr Cummings presented the Finance Report for the end of the 2017/18 year and said that the draft accounts showed a surplus of £138k which is within the tolerance level. He said that there was an underspend in the management and administration budget due to staff vacancies, but that these monies were then utilised in the programme budget. He advised that PHA's prompt payment performance was excellent, with 99% of

invoices by volume, and 92.3% by value paid within 30 days.

47/18.2 Mr Drew commended Mr Cummings and his team, as well as the senior management team of the Agency for the innovative ways in which they were able to utilise the additional funds.

47/18.3 The Chair also thanked Mr Cummings and this staff for their work. He expressed the hope that three year budget cycles would be allowed since this would lead to better outcomes.

47/18.4 Members noted the Finance Report.

48/18 Item 8 – Update on General Data Protection Regulations

48/18.1 The Chair welcomed Miss Rosemary Taylor to the meeting and invited her to present the update on the new General Data Protection Regulations (GDPR).

48/18.2 Miss Taylor gave members an overview of what GDPR is, and what it means for PHA. She outlined the principles under Article 5 of the Act and the rights of individuals under GDPR.

48/18.3 Miss Taylor advised that PHA has been providing regular updates on the work it is doing in this area to the Information Governance Steering Group, Agency Management Team, Governance and Audit Committee and the PHA Board. She said that PHA policies are being reviewed to ensure compliance and that regional training is also being updated.

48/18.4 Miss Taylor explained that under the Regulations, there are six lawful bases for holding information, and four of these are applicable to PHA. She said that PHA will be required to undertake Privacy Impact Assessments, and to nominate a dedicated Data Protection Officer. She added that she will undertake this role. In conclusion, she said that PHA has done a lot of work, but there remains a lot of work still to be done.

48/18.5 Alderman Porter asked about information that PHA holds on screening programmes and that if individuals do not respond, are they removed from the list. Miss Taylor said that under its Health Protection functions, PHA would have a legal basis for retaining information about people, but that each case would need to be reviewed on an individual basis.

48/18.6 Mr Clayton asked about the role of NEDs. Miss Taylor said that through the Governance and Audit Committee, the PHA Board will have a scrutiny role to ensure that PHA has the correct governance processes in place.

48/18.7 The Chair asked about research, and whether the new legislation will impact on information held in databanks and biobanks. Miss Taylor said that every area will need reviewed on a case by case basis, and it will depend on how long PHA can keep the information.

48/18.8 Mr Drew thanked Miss Taylor and her team for the work undertaken to date in this area. He said that the amount of work required to implement the new Regulations should not be underestimated.

48/18.9 Members noted the update on the General Data Protection Regulations.

49/18 Item 9 – Update on the Rural Needs Act

49/18.1 Miss Taylor informed Board members that the Rural Needs Act (Northern Ireland) 2016 will come into effect for public authorities, like the Public Health Agency, from 1 June 2018. She explained that under the Act, PHA will have to take due regard to rural needs when developing, adopting, implementing or revising a policy, strategy or plan, and when designing or delivery a public service. She added that PHA will also have to compile information on this for its Annual Report and for submission to DAERA.

49/18.2 Miss Taylor outlined the process for undertaking a Rural Needs Assessment and said that PHA has attended training organised by the Rural Development Council, which has also developed an e-learning package. She added that PHA's Rural Needs Policy will be presented to the PHA Board in June.

49/18.3 Mr Stewart asked if all existing PHA policies would be required to be updated immediately. Miss Taylor said that all policies are reviewed regularly so can be amended, as appropriate, as part of any review.

49/18.4 Mr Clayton noted the similarity between this type of assessment and Equality Screening under Section 75. He asked if there will be guidance for staff. Miss Taylor said that there will be no additional support from BSO in this area so PHA will get a better understanding as it starts to embed this work. Mr Clayton asked if DAERA can provide support. Miss Taylor said that the Rural Development Council may be able to assist.

49/18.5 Alderman Porter said that Rural Needs Assessments are important as rural isolation is an issue.

49/18.6 Members noted the update on Rural Screening.

50/18 Item 10 – Service Development and Screening Update

(1) Neurology

50/18.1 The Chair welcomed Dr Brid Farrell to the meeting and invited her to give members an update on the issues regarding neurology.

50/18.2 Dr Farrell began with the background and advised that the Belfast Trust had first become aware of issues in 2016 and following completion of its own internal review, asked the Royal College of Physicians to carry out a

- review of a range of areas. She said that following this review of Dr Watt's practice it was agreed that a "look back" exercise should be undertaken. She added that this exercise involved over 2,500 patients being asked to make an appointment to have their case reviewed, letters being issued to GPs and an advice line being set up.
- 50/18.3 Dr Farrell said that all patients will be seen within the next three months, and that there will be no reduction in existing services as patients will be reviewed either through the provision of additional clinics by the BHSCT or via the independent sector in BHSCT sites. She went on to say that in addition to the "look back" exercise, an independent enquiry will be established and the RQIA have been asked to undertake two reviews, one regarding governance arrangements in outpatients, and a review of the deaths of any patients in the last 10 years. She added that there will also be a regional oversight co-ordination group jointly chaired by HSCB and PHA.
- 50/18.4 Mr Drew sought clarity on the timelines of the patients being reviewed. Dr Farrell said that it is for any patient of Dr Watt who was on the active caseload (i.e. not discharged) in the last 7 years. The Chair asked if all of the patients are Belfast Trust patients. Dr Farrell said patients from all parts of N Ireland attended Dr Watt. She added that there will also be patients in the independent sector who were seen by Dr Watt. The Independent sector will adopt a similar approach to the HSC.
- 50/18.5 Professor Rooney asked how many cases had been reviewed by the Royal College of Physicians. Following Dr Farrell's response that the number was 48, the Chair asked why the sample was so small, since there is a number of distinct diseases within neurology. Dr Farrell explained that the external review followed the internal Trust review of Dr Watts care and it was a reasonable sample of patients. Neurology has a number of subspeciality areas, and is a speciality that is very different now compared to 20 years ago, as new treatments become available.
- 50/18.6 Mr Clayton asked if the HSCB/PHA group has oversight of the independent sector. Dr Farrell said that the group is working with that sector but they would be undertaking any necessary reviews of patients who attended their services.
- 50/18.7 Professor Rooney noted that Dr Watt would have been working as part of a team and asked what support mechanisms there are in place for him, and members of his teams. Dr Farrell said that there are established procedures in place for these types of incidents.
- 50/18.8 Mr Clayton asked whether 12 weeks is a reasonable timeframe for the "look back" exercise. Dr Farrell said that it is an appropriate timeframe, given the challenge for the Trusts to secure additional capacity to review all of the lookback patients and to ensure that current services are maintained.

- 50/18.9 | The Chair thanked Dr Farrell for this update.
- (2) *Breast Screening*
- 50/18.10 | The Chair welcomed Dr Stephen Bergin to the meeting and invited him to give an overview to members on recent issues regarding breast screening.
- 50/18.11 | Dr Bergin began by explaining to members that screening tests are not diagnostic tests, and that screening is an indicator of the potential presence of a disease. He said that following a screening test, patients with a positive test then undergo a diagnostic test.
- 50/18.12 | Dr Bergin advised that PHA's screening programme operates within UK standards and that there are rigorous quality assurance processes, both internally and externally. He said that around 80,000 women are invited for breast screening annually, with an uptake rate of around 75%. Of those screened, he advised that, on average, around 96% are informed that their mammogram is normal and that they do not require a follow up at an assessment clinic.
- 50/18.13 | Dr Bergin said in England it had been noted that there were insufficient numbers of women being invited at the upper age limit. There were a number of issues, including within the IT system for a trial currently underway, where the age parameters of the programme in some areas were extended to 47-73 (from 50-70). It was noted that there were insufficient numbers of patients being called at the upper age limit. He advised that an error had been discovered within the IT system, but he clarified that this error is specific to the system used in England. He said that once PHA was made aware of this issue, a review was undertaken of PHA's databases, and this showed that there were no glitches in the Northern Ireland system, and that all women who should have been called for screening had been called.
- 50/18.14 | The Chair thanked Dr Bergin and his team for responding to the issue so promptly and for being able to provide this reassurance.
- (3) *Cervical Screening*
- 50/18.15 | Dr Bergin gave members an update on cervical screening in Northern Ireland following the recent issues in the Republic of Ireland.
- 50/18.16 | Dr Bergin explained that for cervical screening, women are called every 3 years between the ages of 25-49, and every 5 years between the ages of 50-65. He said that this is a much larger scale programme with over 400,000 women being called for screening over a five year period. He added that following screening, there is an average of 90 cases per year where cancer is found.
- 50/18.17 | Dr Bergin said that in the Republic of Ireland, it has been discovered that

there are 208 cases where there has been a potential discrepancy in the results of the test, and that 17 people have since died. He advised that a national enquiry is being undertaken. Dr Bergin advised members that in the Republic of Ireland, some samples are analysed in a laboratory in the United States. However, in Northern Ireland all results are analysed within HSC laboratories, and are double checked. He said that following events in the Republic of Ireland, the HSE is undertaking a review of their overall system.

50/18.18 Alderman Porter expressed his concern about the apparently withholding of information from patients, particularly in cases where patients may have received a false negative result, but may not have been informed of this, or may have been informed at a later stage which resulted in a delay in their treatment. He asked if PHA could provide assurances that these types of situation would not arise within the screening programmes in Northern Ireland.

50/18.19 The Interim Chief Executive noted the points being made by Alderman Porter and suggested that once PHA has completed its own review, a comprehensive update could be brought back to the Board.

50/18.20 The Chair thanked Dr Bergin for his updates on these matters.

51/18 Item 11 – Any Other Business

51/18.1 There was no other business.

52/18 Item 12 – Date and Time of Next Meeting

Monday 11 June 2018 at 1.30pm

Conference Rooms, Linum Chambers, Bedford Street, BT2 7ES

Signed by Chair:



Date: 11 June 2018

Update from Chair of Governance and Audit Committee

date 11 June 2018

item 7

reference PHA/01/06/18

presented by Mr Leslie Drew, Committee Chair

action required For noting

Summary

The Governance and Audit Committee met on 6 June 2018. The minutes of the previous meeting, held on 9 April 2018 were approved and are attached for noting.

The Committee Chair will give a verbal update on the meeting held on 6 June.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **NOTE** the update from the Committee Chair.

Governance and Audit Committee Meeting

Monday 9 April 2018 at 9.30am

Fifth Floor Meeting Room, 12-22 Linenhall Street, Belfast

Present

Mr Leslie Drew - Chair
Ms Deepa Mann-Kler - Non-Executive Director

In Attendance

Mr Ed McClean - Interim Deputy Chief Executive / Director of Operations
Miss Rosemary Taylor - Assistant Director, Planning and Operational Services
Ms Una Turbitt - Assistant Director, Public Health Nursing
Mr Paul Cummings - Director of Finance, HSCB
Ms Jane Davidson - Head Accountant, HSCB
Mrs Catherine McKeown - Internal Audit, BSO
Mr Brian Clerkin - ASM
Mr Robert Graham - Secretariat

Apologies

Mr Denver Lynn - Northern Ireland Audit Office

		Action
14/18	Item 1 – Welcome and Apologies	
14/18.1	Mr Drew welcomed everyone to the meeting.	
15/18	Item 2 - Declaration of Interests	
15/18.1	Mr Drew asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
16/18	Item 3 – Minutes of previous meeting held on 22 February 2018	
16/18.1	The minutes of the previous meeting, held on 22 February 2018 were approved as an accurate record of that meeting.	
17/18	Item 4 – Matters Arising	
17/18.1	There were no matters arising.	

18/18 Item 5 – Chair’s Business

18/18.1 There was no Chair’s business.

19/18 Item 6 – Corporate Governance

*Assurance Framework 2017-19 Review as at April 2018
[GAC/12/04/18]*

19/18.1 Mr McClean said that the Assurance Framework had been revised and that the amendments made were mostly straightforward.

19/18.2 Ms Mann-Kler asked why the supervision of midwives had been removed. Mrs Turbitt explained that PHA is no longer the local supervising authority.

19/18.3 Ms Mann-Kler noted that the Board would receive bi-annual updates on Performance Management, rather than quarterly. Miss Taylor said that this had been discussed at the recent Board workshop, and that it would be more realistic to provide the updates in September and May of each year. Mr McClean added that if there are any areas of concern, they could be brought to the attention of the Board. Mrs McKeown suggested that some wording could be included in the Assurance Framework regarding exception reporting. This was agreed by members.

19/18.4 Members **approved** the Assurance Framework, which will be brought to the next meeting of the PHA Board on 19 April.

*Business Continuity Management revised Plan and Policy
[GAC/13/04/18]*

19/18.5 Mr McClean said that the Business Continuity Plan had been updated to include references to cyber security. However, he added that the Plan is constantly under review.

19/18.6 Mr McClean informed members that a test had been carried out which involved a cyber security related scenario.

19/18.7 Mr Drew said that he thought that the Plan was very robust.

19/18.8 Members **approved** the Business Continuity Management Plan and Policy, which will be brought to the next meeting of the PHA Board on 19 April.

Health and Safety Policy as at February 2018 [GAC/14/04/18]

19/18.9 Miss Taylor advised that the main revisions to the Health and

Safety Policy related to removing references to Alexander House and Ormeau Baths and inserting relevant reference to Linum Chambers.

19/18.10 Ms Mann-Kler asked if this policy related to physical or mental health wellbeing, but Miss Taylor explained that it related to physical health and safety.

19/18.11 Members approved the Health and Safety Policy.

20/18 Item 7 – Internal Audit

Internal Audit Progress Report [GAC/15/04/18]

20/18.1 Mrs McKeown advised that a satisfactory level of assurance had been given to PHA following the recent Finance audit. She said that there were no significant issues, but that there were three key findings, two of which related to manual payments and one to the number of “super users” within HSCB and PHA. She said that management had accepted all of the recommendations within the audit.

20/18.2 Mr Drew asked if manual payments increased the risk of duplication. Ms Davidson said that this issue was also raised within the HSCB audit, and that there are monthly checks.

20/18.3 Mr Drew asked about the number of “super users”. Ms Davidson said that there are arrangements in place to monitor any changes to the access rights of “super users”.

20/18.4 Members noted the Internal Audit Progress Report.

Internal Audit End Year Follow up on Previous Recommendations [GAC/16/04/18]

20/18.5 Mrs McKeown said that the most recent review showed that 73% of previous Priority 1 and Priority 2 recommendations had now been fully implemented, with the remainder being partially implemented. She noted that some of the recommendations in the areas of R&D and procurement relate to 2014/15. Mr Drew noted the comment about insufficient evidence for one of the R&D recommendations. Mrs McKeown said that Internal Audit has been informed that the recommendation has been implemented, but does not have the supporting evidence.

20/18.6 Ms Mann-Kler noted that many of the recommendations have a deadline of August. Mrs McKeown said that as the next review will be carried out in September, August has been set as a default month for completion.

- 20/18.7 Members noted the year-end report.
Internal Audit Shared Services [GAC/17/04/18]
- 20/18.8 Mrs McKeown presented the report on the audit of the BSO Shared Services Recruitment service, which is being brought to the PHA Governance and Audit Committee for information. She advised that the most recent audit had achieved a satisfactory level of compliance, although 5 KPIs out of 8 are still not being achieved.
- 20/18.9 Mr Drew noted that the impact of delays in recruitment may not be as severe for PHA as it is for Trusts, but Mr McClean pointed out that if PHA is allocating programme funding to a Trust who are recruiting staff to undertake the initiative, there would be an issue for PHA.
- 20/18.10 Members noted the Shared Services audit.
Internal Audit Strategy and Plan [GAC/18/04/18]
- 20/18.11 Mrs McKeown said that the Internal Audit Strategy for 2018/19 outlined the approach for which audits will be undertaken this year. She said that the Plan, which is the second year of a two year Plan, has been updated in line with the most recent Corporate Risk Register. She advised that the audits being carried out will be in the areas of finance, management of contracts with the community and voluntary sector, PPI, risk management, information governance, including compliance with GDPR, and management of vaccination programmes.
- 20/18.12 Mr Drew said that he felt the Plan covered all of the areas that he would expect to see covered, but asked about what may replace the Controls Assurance Standards. Miss Taylor said that there had been correspondence issued by the Department of Health, and it is likely that there will be different approaches taken by different policy leads, but she hoped that there would be more clarity by the time of the June Governance and Audit Committee meeting.
- 20/18.13 Members approved the Internal Audit Strategy and Plan.
- 21/18 Item 8 – Finance**
Fraud Liaison Officer Update Report [GAC/19/04/18]
- 21/18.1 Mr Cummings advised that Payroll Shared Services and Accounts Payable have carried out their obligations under the National Fraud Initiative, but no evidence of fraud was found.

- 21/18.2 Mr Cummings said that on PSNI advice, the Chair of the relevant charity has been asked to investigate the allegations of fraud and that the charity has been asked to report back to PHA within one month.
- 21/18.3 Mr Drew asked if PHA can carry out an audit of an organisation to which it has provided grant aid funding. Mr Cummings said that PHA would report any concerns to the Charities Commission.
- 21/18.4 Members noted the Fraud Liaison Officer update.
- 22/18 Item 9 – PHA GAC Annual Report [GAC/20/04/18]**
- 22/18.1 Mr Drew presented the GAC Annual Report which covered the range of work undertaken by the Committee. Mrs McKeown pointed out a change that was required in terms of the year of the Internal Audit Plan.
- 22/18.2 Members noted the Report, which will be brought to the PHA Board meeting on 19 April.
- 23/18 Item 10 – Draft PHA Annual Report [GAC/21/04/18]**
- 23/18.1 Mr McClean said that this draft Annual Report is laid out in the format required, however in an attempt to avoid duplication, the Chair and Chief Executive statements have been merged into a single statement.
- 23/18.2 Mr Drew said that it was a very good document, and although there still remained some duplication, it was heading in the right direction.
- 23/18.3 Ms Mann-Kler noted that although the take up rates for bowel cancer screening remained lower than those of other screening programmes, work has been done to improve these rates and this should be reflected in the Report. Mr McClean pointed out that one reason for the low take up is the absence of a public information campaign in this area.
- 23/18.4 Mr Cummings said that there have been changes to the PHA Board which should be reflected in this Report.
- 23/18.5 Subject to some amendments, members approved the draft Annual Report, which will be brought to a confidential session of the PHA Board on 19 April.

24/18 Item 11 – Draft PHA Governance Statement [GAC/22/04/18]

- 24/18.1 Mr McClean presented the draft Governance Statement and drew members' attention to the internal control divergences.
- 24/18.2 Mr Drew asked about Board member representation on the Information Governance Steering Group. Miss Taylor advised that this would previously have been Brian Coulter. Mr Drew agreed to identify a replacement NED.
- 24/18.3 Members approved the draft Governance Statement, which will be brought to a confidential session of the PHA Board on 19 April.

25/18 Item 12 – Emergency Planning [GAC/23/04/18]

Emergency Preparedness – Joint Annual Report

- 25/18.1 Mr Drew welcomed Ms Mary Carey to the meeting and invited her to take members through the suite of papers relating to emergency planning.
- 25/18.2 Ms Carey began with the Emergency Preparedness Annual Report for 2016/17. She advised that the 2017/18 Report will be available for the next meeting of the Committee.
- 25/18.3 Ms Carey advised that a report on a chemical emergency preparedness exercise from February 2017 was also included in the Report. She assured members that all outstanding actions have been completed.
- 25/18.4 Ms Mann-Kler acknowledged the amount of work required in this area and in the compilation of this Report. Mr Drew asked about the reference to meetings not being quorate. Ms Carey said that there had been a period where this was an issue, but now the meetings are back on track.
- 25/18.5 Mr Drew asked how an assessment could be made of the emergency preparedness across the whole health sector. Ms Carey said that the Department would have a monitoring responsibility through the Controls Assurance Standards, and that there is a meeting with the Department tomorrow regarding how this will be addressed from 1 April 2018. She added that HSCB would have oversight.
- 25/18.6 Mr Drew noted that there is a budget of £30k and asked what this related to. Ms Carey explained that this is a training budget for HSCB, PHA and Trusts. Mr Drew commented that for the whole HSC this is a small budget and he said that he would be keen that this is flagged up as an issue.

Ms Carey

- 25/18.7 Ms Mann-Kler suggested that with the legacy of the Troubles, Northern Ireland should be well prepared for emergency type situations. Ms Carey said that the infrastructure has changed so much, but that in recent years emergency planning has begun to move up Trusts' agendas as a priority area. She said that bespoke training has been organised to get HSC staff up to the same level of expertise as the rest of the UK.
- 25/18.8 Members approved the joint annual report which will be brought to the PHA Board meeting on 19 April.
- Joint Response Emergency Plan Mass Casualty Plan*
- 25/18.9 Ms Carey advised that the Joint Response Emergency Plan has been updated since 2015 and highlighted some of the key changes. She said that a Mass Casualty Plan has been developed and appended to the document following the tragic incidents in the UK in 2017. She added that a desktop exercise of this Plan was carried out in December 2017.
- 25/18.10 Members approved the Joint Response Emergency Plan Mass Casualty Plan.
- PHA Port Health Plan*
- 25/18.11 Ms Carey said that the Port Health Plan had been developed in consultation with port health representatives. She added that Public Health England are currently reviewing their plan and therefore PHA's plan may be subject to change. Mr Drew asked about how the monitoring of ports is resourced. Ms Carey explained that there are environmental health officers in local Councils who work in the port health offices.
- 25/18.12 Members approved the Port Health Plan.
- 26/18 Item 13 – Any Other Business**
- There was no other business.
- 27/18 Item 14 – Date and Time of Next Meeting**
- Wednesday 6 June 2018 at 10am*
- Conference Rooms 3 and 4, 2nd Floor, 12/22 Linenhall Street, Belfast.*

Signed by Chair:

Leslie Drew

Date: 6 June 2018

Draft Investment Plan to incorporate PHA Budget 2018/19

date 11 June 2018 **item** 9 **reference** PHA/03/06/18

presented by Mr Ed McClean, Director of Operations (Savings and Investment Plan)
Mr Paul Cummings, Director of Finance (2018/19 Budget)

action required For approval

Summary

The PHA received an allocation from the Department of Health for the financial year 2018/19 on 1st May 2018.

As part of this allocation the PHA is required to develop and submit a draft savings plan prior to formal consideration by the PHA Board.

On the basis of the DoH allocation, the PHA has also developed an investment plan for the financial year 2018/19 for Board approval.

The 2018/19 Budget presented for Board approval has both the PHA's savings and investment plans incorporated.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **APPROVE** the draft Savings Plan, Investment Plan and Budget for financial year 2018/19.

Draft Indicative Investment Plan 2018/19

1.0 PHA Baseline Budget

1.1 PHA has been allocated by Department of Health a recurrent revenue budget of £88.0m for 2018/19. A further allocation of capital has been received for R&D expenditure of £10.6m.

1.2 Further allocations and income are expected to be received from the Department during 2018/19 of £5.6m in areas such as R&D to fund the National Institute for Health Research (£3.5m), Management and Administration costs (£1.0m), and Safeguarding Board NI (£0.7m). This will bring the total resource available to the PHA in 2018/19 to £93.6m, which consists of £19.1m in Management and Administration and £74.5m for the programme budget.

1.3 In addition, PHA has also been allocated a further £3.8m from the Confidence and Supply Transformation Fund to deliver a number of initiatives.

1.4 Key changes to the opening baseline allocation for 2018/19 are set out in table 1 below.

Table 1: Changes to Baseline Allocation	Programme (£m)	M&A (£m)	Total (£m)
Uplift for 2017-18 Price inflation	1.378	0.098	1.476
Pay Award 2017/18	0.144	0.120	0.264
Additional funding for demography	0.295	-	0.295
Inescapable Service pressures	0.476		0.476
Vaccines Pressures (Flu & Men B)	1.545		1.545
Bloodspot Screening Programme	0.100		0.100
DoH baseline programme savings	(1.936)		(1.936)
Retraction of campaigns budget*	(1.000)	-	(1.000)
Special Education Needs Posts		0.150	0.150
Reduction in M&A budget		(0.50)	(0.500)
Total	1.002	(0.132)	0.870

*temporary retraction for 2018/19 only

2.0 Funding Context 2017/18

2.1 In light of the significant pressures on the wider HSC budget, the Department has reduced the PHA baseline programme budget recurrently by £1.94m with the campaigns budget reduced for a second year by £1.0m on a non-recurrent basis in 2018/19. A further £0.5m has been removed from the Management and Administration budget. In total the PHA has been asked to find £3.440m in savings in 2018/19, which represents a 4% reduction in the allocation. There is no new funding allocated to support service developments that would allow PHA to further progress Ministerial priorities in 2018/19.

2.3 As part of the allocation for 2018/19, PHA received a price uplift of £1.476m on its baseline budget. In line with HSCB, PHA will apply the uplift to Trust SBAs. Further to reviewing possible options for managing contracts with non-Trust providers, PHA has awarded a pay and price uplift of 1.66% to core contracts that PHA has with partners in the community and voluntary sector and other statutory sectors but has applied a productivity saving to other budget areas. By doing this, it will be possible to redirect funding to help address wider budget pressures.

3.0 Savings Plan 2018/19

3.1 In considering how best to deliver the significant scale of savings sought by DoH, the PHA has undertaken a review of all baseline expenditure to identify possible areas from where funding could be released and, as requested in the allocation letter, sought to identify savings from budget areas where the impact on service delivery is kept to a minimum.

Recurrent Programme Funding

3.2 The allocation letter applied £1.936m of reductions to the PHA programme budget.

3.3 Set out in table 2 below are the budget areas from where PHA will find the savings required. In targeting these areas the PHA believes it will minimise the direct impact the savings made will have on clients and will protect, as far as possible, core programmes that are central to Departmental and PHA priorities.

Table 2: Summary of Budget Reductions Proposed to meet £1.936m Programme Savings Target

Budget Area	£(M)	Impact
Telehealth/telecare services	0.920	There is no direct impact on existing services as the contract for these services is being wound down.
Apply Productivity Saving by withholding non-essential price uplifts on baseline budgets	0.700	This will allow the PHA to minimise immediate impact on existing services but will reduce the overall value of the PHA budget in real terms.
Reduction in Baseline Health Improvement budgets	0.316	This will require PHA to reduce or stop investments in some existing programmes that were helping to address health inequalities
Total Recurrent	1.016	
Total Non-Recurrent	0.920	
Total Savings 2018/19	1.936	

3.4 The above proposals will deliver over £1.0m of the savings on a recurrent basis. The PHA will work during the remainder of this year to develop a plan to establish a recurrent solution for the remaining £0.920m.

Campaigns

3.5 In 2018/19, DoH has continued to suspend the allocation of £1.0m for Public Health campaigns. Unless additional funding is made available by DoH on an in-year basis, this will mean that no public health campaigns will be run during the year.

3.8 The decision to continue to suspend funding is particularly disappointing as evidence strongly demonstrates that social marketing campaigns are very effective in helping to achieve improved health outcomes through behavioural change over time.

Management and Administration

3.6 A savings target of £0.5m was applied to the PHA's Administration budget by DoH in 2018-19. This is currently held centrally and will be managed across the Agency through scrutiny and other measures. A six-month review will be carried out to assess progress against the savings target and apportion the required budget adjustments across Directorates.

In addition to the £0.5m savings required by DoH, there are also further pressures of £0.145m that will need to be addressed. (£0.085m for Apprenticeship Levy and £0.060m BSO Regional Procurement support costs).

4.0 Recurrent Funding Available for Investment 2018/19

4.1 The vast majority of the existing baseline Public Health programme budget is allocated on a recurrent basis to Trusts and external organisations, under long term contracts. The main areas of expenditure are summarised in table 3 below.

Programme Area	£(m)	%
Screening Programmes	13.9	18.7
Health Protection	15.5	20.8
Connected Health	1.9	2.6
Nursing	4.2	5.6
Research and Development	3.5	4.7
Drug & Alcohol	6.5	8.7
Suicide Prevention/Mental Health	8.6	11.5
Smoking Cessation	4.1	5.5
Making Life Better	3.5	4.7
Sexual Health	1.8	2.4
Obesity / Physical Activity	3.8	5.1
Healthy Living Centres	1.5	2.0
Other*	5.7	7.7
Total	74.5	100

* Other includes areas such as vulnerable groups, accident prevention, Early years, Youth Engagement Services

4.2 Further to a review of all existing commitments PHA has been able to identify £0.12m that is available from within the existing baseline allocation that can be released for re-prioritisation in 2018/19.

4.3 In addition to this, some small amounts of new recurrent funding have been made available to PHA for 2018/19, against which new investment priorities can be agreed.

A summary of the funding available is set out in table 4 below:

	£m	£m
Excess price inflation funding not allocated (over and above the £0.7m in Table 2)		0.120
Uncommitted Baseline funding 17/18		0.120
Demography Funding		0.295

Inescapable service pressures funding		0.476
Total Uncommitted Programme Funding available		1.011
Inescapable Pressures previously identified		
Introduction of FIT testing into the Northern Ireland Bowel Cancer Screening Programme	(0.050)	
Expansion of the New Born Blood Spot Screening Programme	(0.020)	
Diabetic Eye Screening Programme - introduction of variable screening interval	(0.150)	
Continue existing HPV vaccine programme for MSM in GUM Clinics.	(0.106)	
Parenting Support Programmes	(0.150)	
Total Inescapable Pressures previously identified		(0.476)
Balance of Uncommitted Recurrent Funding Available		0.535

4.4 Further to a review of all service pressures, it is recommended that PHA allocate the £0.476k provided to address the inescapable pressures identified by PHA to DoH.

4.5 In addition, PHA has a number of other service pressures that need to be addressed in 2018/19. These are summarised in table 5.

Table 5 – Programme Service Pressures	£m
Early Intervention Transformation Programme (workstream 1)	0.677
Safety forum programme costs	0.080
Delivering Social Change programme	0.105
Self Harm service	0.110
R&D Grant Management System	0.033
Total in-year pressures identified	1.005

It is proposed that the remaining £0.535m is allocated to partially address these pressures in 2018/19.

5.0 In-year Funding 2018/19

5.1 During 2018/19, it is projected that PHA will have lower levels of in-year funding available to help address pressures and priorities than in previous years. This is due to:

- an anticipated increase in costs for the Lifeline service, following the transfer of the service to the Belfast Trust;
- reduced easement in the Management and Administration budget following the reduction in the baseline allocation of £0.5m and,
- the need for PHA to use the Price uplift to meet the savings target.

5.2 As in previous years, any in-year funding that becomes available from the Lifeline contract will be used, as far as possible, to support other related suicide prevention services and programmes to improve mental wellbeing.

5.3 It is anticipated that there will be in-year slippage of £0.25m as a result of the planning and implementation timescales required to introduce new programmes. Based on experience from previous years, it is also estimated that there will be natural slippage across all programme areas of circa £0.25m. This additional £0.5m of in-year slippage will be allocated to fully address the service pressures identified in table 5.

5.4 During the year, AMT will continue to closely monitor the in-year funding position and re-direct funding, where appropriate, to meet any other pressures and priorities.

6.0 Transformation Funding

6.1 Under the Confidence and Supply Transformation Fund PHA has been allocated an additional £3.8m to implement a number of initiatives that have been approved by DoH. Given the time limited nature of the funding, it will be critical that implementation of these initiatives is progressed as soon as possible to maximise the benefits that can be achieved. A summary of the initiatives to be implemented is attached as appendix 1.

7.0 Implementation

7.1 There are a number of risks with the proposed Investment Plan that will need to be actively managed as the financial year progresses, for example, demand led services may increase which will require additional funding to be found in-year.

In order to manage the risks and to ensure that a breakeven position is achieved, budget leads will be required to provide regular assurance on expenditure plans and on demand-led areas of service.

7.2 The new programme expenditure proposals will be taken forward by respective programme leads across the PHA Directorates. This will include agreeing SLAs/contracts as appropriate, performance review and reporting to senior management and the board of the PHA.

7.3 Regular monitoring of all contracts will continue to be undertaken in 2018/19 to ensure agreed key performance indicators are achieved and funding is being invested as agreed.

Summary of PHA Initiatives funded under the Confidence and Supply
Transformation Fund

Project	18/19 (£,000)
Nurse endoscopy	532
GP nurse development	200
Health and Wellbeing of HSC Staff	225
Nursing Home In-reach	325
Holistic health and wellbeing assessment for looked after children	58
Early Intervention Support Service	534
Healthier Places	175
Community Development Framework implementation	275
Greenway Development for Healthy Active Places	200
Rethinking Frailty	125
Quality and Safety Nursing Homes	85
Dysphagia Project	339
Family Nurse Partnership	257
Telehealth & Telecare	263
Life Sciences NI	191
TOTAL	3,784

Public Health Agency
2018-19 Draft Budget

For Approval

PHA Draft Budget 2018-19

Introduction

This paper sets out the total resources which the PHA has available in 2018-19. These funds have been set out in their high level summary areas including Commissioning with HSC Trusts, Non-Trust Programme activity and the Management & Administration costs of the PHA.

Available Resources

The PHA receives an allocation from the Department of Health (DoH) each year and this is supplemented by income from other sources such as receipts for PHA staff on secondment to other organisations.

A summary of the total funding available for 2018-19 is set out in the table below.

Source of Funding	£m
Department of Health allocation (net of £2.4m retraction)	87.966
Assumed allocation for the Safeguarding Board (SBNI)	0.659
Other assumed allocations for Administration (incl. Clinical Excellence Awards, Dementia Strategy, NIMDTA trainees, etc.)	1.013
Assumed allocations for Programme (R&D funds for NIHR)	3.500
Assumed income	0.419
TOTAL RESOURCES AVAILABLE	93.557

Please note the funding for SBNI is included within this paper as it is consolidated within the PHA Financial Accounts. However, the responsibility for financial breakeven lies between the Chair of SBNI and the DoH.

The budget excludes any funding which will be received from the Confidence & Supply Fund for Transformation projects. This will be reported in the monthly Finance Reports once allocated.

Savings Requirement

The opening allocation letter from DoH included a recurrent reduction to Programme funds of £1.9m in 2018-19. In addition to this, the temporary withdrawal of the Campaigns budget of £1m which was first implemented last year has been extended to 2018-19.

Following significant reductions to the Administration budget of £2.8m in 2015-16, £1.6m in 2016-17, and £0.1m in 2017-18, the Opening Allocation letter for 2018-19 included a further recurrent retraction of £0.5m.

	£m
Voluntary & Community Grants	1.479
Other Programme spend	0.457
Recurrent Programme Savings	1.936
Administration	0.500
Total Recurrent Savings	2.436

Proposals to achieve these savings are set out in the PHA's Priority Investment Plan and draft Savings Plan, both of which are also being presented for Board approval. This Budget assumes the implementation of these proposals.

Research & Development Funding transferred to Capital

The majority of the Research & Development programme is funded from a capital budget and no longer forms part of the revenue breakeven requirement. However, these funds are set out in this paper and will be monitored in the monthly Finance reports during 2018-19.

Conclusion

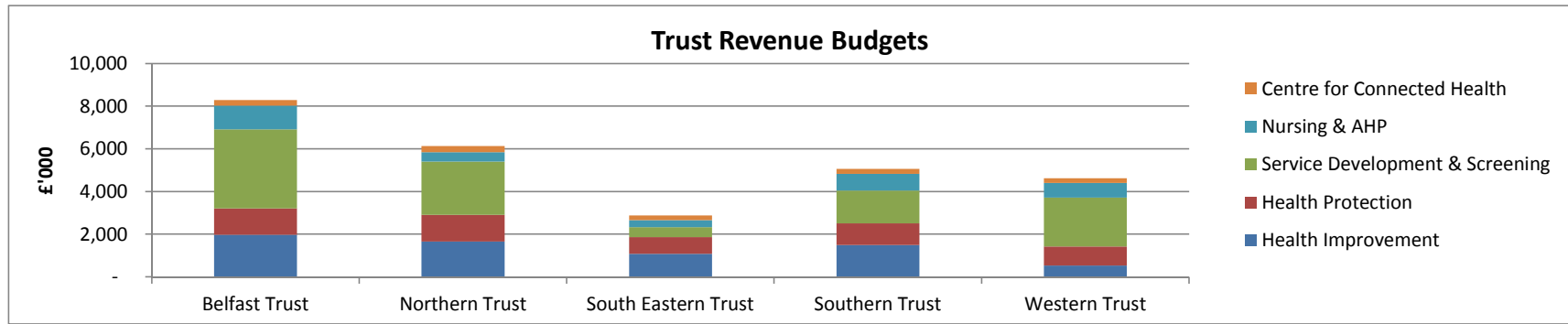
This Draft Budget is recommended to the Board for approval.

Public Health Agency 2018-19 Budget

		Trust £'000	Programme Non-Trust £'000	Total £'000	Mgt & Admin £'000	Total £'000
Revenue Funding	<i>Page</i>					
Trusts	3	27,847	-	27,847	-	27,847
Non-Trust Programme *	4	-	46,665	46,665	-	46,665
PHA Administration	5	-	-	-	19,045	19,045
Total Budget		<u>27,847</u>	<u>46,665</u>	<u>74,512</u>	<u>19,045</u>	<u>93,557</u>
 Capital Funding	 <i>Page</i>					
Research & Development	3, 4	<u>7,018</u>	<u>3,577</u>	<u>10,595</u>	<u>-</u>	<u>10,595</u>

* Includes amounts which may transfer to Trusts during the year.

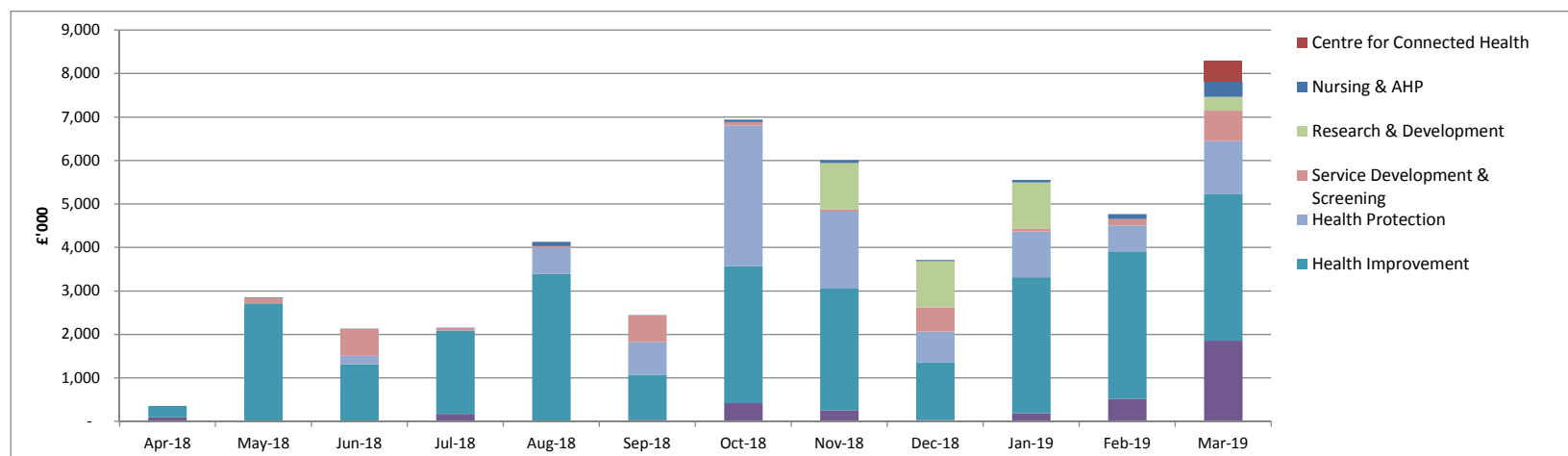
Programme Expenditure with Trusts 2018-19 Budget



	Belfast Trust £'000	Northern Trust £'000	Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIMDTA £'000	Total £'000
Revenue Budget							
Health Improvement	1,498	1,898	1,030	1,570	725	-	6,722
Health Protection	1,317	1,282	839	1,035	924	-	5,397
Service Development & Screening	3,843	2,554	477	1,613	2,349	-	10,836
Nursing & AHP	1,150	462	340	798	693	-	3,443
Centre for Connected Health	264	420	204	164	325	-	1,377
Apprenticeship Levy	24	13	11	12	11	-	72
Total Revenue funding	8,097	6,628	2,902	5,192	5,028	-	27,847
Capital Budget							
Research & Development	4,638	561	574	394	702	148	7,018

The confirmed Trust allocations from the opening SBAs have been coded to the respective budget areas and summarised above, with Price Inflation now included. Budget holders will be provided with reports each month which detail of all Trust commitments relating to their budget area.

Non-Trust Programme Expenditure 2018-19 Budget



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Revenue Budget													
Health Improvement	263	2,703	1,309	1,919	3,392	1,034	3,154	2,796	1,324	3,130	3,391	3,378	27,793
Health Protection	-	-	201	8	603	748	3,236	1,769	715	1,051	596	1,209	10,136
Service Development & Screening	-	127	616	53	36	620	74	61	555	59	148	706	3,054
Research & Development	-	-	-	-	-	-	-	1,058	1,058	1,069	-	316	3,500
Campaigns	-	1	24	15	13	6	33	8	8	29	6	54	195
Nursing & AHP	-	12	1	5	97	9	62	64	34	59	114	351	809
Centre for Connected Health	-	-	-	-	-	-	-	-	-	-	-	484	484
Other (pending investment decisions)	58	58	58	58	58	58	58	58	58	58	58	58	695
Total Revenue Budget	321	2,901	2,210	2,059	4,199	2,474	6,617	5,814	3,751	5,454	4,312	6,555	46,665
Capital Budget													
Capital Allocation	95	13	-	78	-	38	375	255	29	145	344	1,815	3,187
Capital Income	-	-	-	91	-	-	41	-	-	41	175	41	391
Total Capital Budget	95	13	-	170	-	38	417	255	29	186	519	1,856	3,577

The budgets and profiles are shown after adjusting for retractions and new allocations in the Allocation Letter from DoH. The Campaigns budget has been entirely retracted, and Price Inflation has been applied to the respective budgets. The Health Improvement line includes the suicide prevention prevention budget, from which an amount will transfer to the Belfast Trust once the relevant business case has been agreed between PHA and the Trust.

The Other budget line shows funds which are not committed recurrently, and will be used to fund strategic investment priorities during the year.

**PHA Administration
2018-19 Budget**

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Salaries	3,394	2,395	10,739	195	238	473	17,434
Goods & Services	153	1,264	348	35	54	257	2,112
Savings target				(500)			(500)
Total Administration Budget	3,547	3,659	11,087	(270)	292	730	19,045

A savings target of £0.5m was applied to the PHA's Administration budget in 2018-19. This is currently held centrally within PHA Board, and will be managed across the Agency through scrutiny and other measures. A six-month review will be carried out to assess progress against the savings target, and apportion the required budget adjustments across Directorates.

*Corporate Risk Register***date** 11 June 2018**item** 10**reference** PHA/04/06/18**presented by** Mr Ed McClean, Director of Operations**action required** For approval**Summary**

In line with the PHA's system of internal control, a fully functioning risk register has been developed at both directorate and corporate levels. The purpose of the corporate register is to provide assurances to the Chief Executive, AMT, the Governance and Audit Committee and the PHA board that risks are being effectively managed in order to meet corporate objectives and statutory obligations.

To support these assurances, a process has been established to undertake a review of both directorate and corporate risk registers on a quarterly basis i.e. the end of each financial quarter.

The previous review was undertaken as at 31 December 2017 and was approved by AMT on 30 January 2018 and forwarded to the Governance and Audit Committee for approval at its next meeting which took place on 22 February 2018.

The attached Corporate Risk Register reflects the review as at 31 March 2018 and has been carried out in conjunction with individual directorate register reviews for the same period. This review was approved by AMT on 15 May 2018, and by the Governance and Audit Committee on 6 June 2018.

The next review will be undertaken as at 30 June 2018.

No risks have been added to or removed from the Corporate Risk Register this quarter.

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **APPROVE** the Corporate Risk Register.

PHA Corporate Risk Register

Date of Review:
31 March 2018

Introduction

Managing risk is a key component of the wider governance agenda for the PHA. It is therefore essential that systems and processes are in place to identify and manage risks as far as reasonably possible.

The purpose of risk management is not to remove all risks but to ensure that risks are identified and their potential to cause loss fully understood. Based on this information, action can then be taken to direct appropriate levels of resource at controlling the risk or minimising the effect of potential loss.

The PHA has recognised the need to adopt such an approach and has commenced a systematic and unified process to develop a fully functioning risk register at both corporate and directorate levels that complies with the Australian/New Zealand (AS/NZS) 4360:2004 standard.

The Corporate Register that follows identifies corporate risks, all of which have been assessed using a 'five by five' risk grading matrix (see below) which is in line with DHSSPS guidance. This ensures a consistent and uniform approach is taken in categorising risks in terms of their level of priority so that appropriate action can be taken at the appropriate level of the organisation.

IMPACT	Risk Quantification Matrix				
5 - Catastrophic	High	High	Extreme	Extreme	Extreme
4 - Major	High	High	High	High	Extreme
3 - Moderate	Medium	Medium	Medium	Medium	High
2 - Minor	Low	Low	Low	Medium	Medium
1 - Insignificant	Low	Low	Low	Low	Medium
LIKELIHOOD	A Rare	B Unlikely	C Possible	D Likely	E Almost Certain

Overview of Risk Register Review as at March 2017

Number of new risks identified	0
Number of risks removed from register	0
Number of risks where overall rating has been reduced	0
Number of risks where overall rating has been increased	0

CONTENTS

Corporate Risk		Lead Officer/s	Risk Grade	Page
26	Lack of market testing for roll forward contracts	Chief Executive	→ MEDIUM	5
30	Management of Lifeline Contract	Medical Director/Director of Public Health	→ HIGH	7
37	Organisation's web development and web maintenance function	Director of Operations	→ HIGH	11
38	Review of functions and Reorgansation	Chief Executive	→ HIGH	13
39	Cyber Security	Director of Operations	→ HIGH	15
APPENDIX				

Key:

- Risk rating:
- ↑ increased from previous quarter
 - ↓ decreased from previous quarter
 - remained the same as previous quarter

Corporate Risk 26

RISK AREA/CONTEXT: Lack of market testing for roll forward contracts and lack of staff capacity to appropriately procure services in a timely way to address this.

DESCRIPTION OF RISK: Due to roll forward of many legacy contracts, PHA has not undertaken market testing of all baseline contracts as required under procurement regulations. This primarily impacts on the community and voluntary sector contracts under Health Improvement. Based on agree procurement Plan it is projected that PHA staff do not have the capacity (time) to competitively tender all contracts until 2020. Additionally there are constraints on BSO PALS and DLS to support and advise.

DATE RISK ADDED:
September 2012
(Amalgamated with Corporate Risk 28, September 2013)

LINK TO ASSURANCE FRAMEWORK: Operational Performance and Service Improvement Dimension

LINK TO ANNUAL BUSINESS PLAN 2017/18: Corporate Objective 5 Our Organisation Works Effectively

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Possible	Moderate	MEDIUM

LEAD OFFICER: Mrs Valerie Watts, Acting Chief Executive

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<p>Procurement Plan has been developed and agreed by AMT setting out the timescales for achieving the re-tendering of baseline contracts.</p> <p>Revised processes and documentation-developed for PHA in liaison with PALS to ensure tender process is applied where required in line with Procurement regulations. Suite of documentation and guidance for tendering in place.</p>	<p>Progress reports on implementing the Procurement Plan will be provided to PHA Procurement Board and annually to PHA board</p> <p>Leadership at AMT and Assistant Director level via PHA Procurement board.</p> <p>PIDs for larger procurements (including pre-procurement) brought to AMT and, where appropriate, PHA board.</p>	<p>Legacy contracts may not be providing value for money</p> <p>Limited capacity within BSO PALS</p> <p>Temporary additional capacity in Operations Directorate to support PHA social care procurement at risk due to financial constraints. Significant skills, knowledge and capacity may be lost due to</p>	<p>On-going review of Procurement Plan deliverability in light of reduced resource capacity across PHA</p> <p>March September 2018</p>	<p>March September 2018</p>

<p>Training has been provided for relevant staff, including legal aspects of procurement.</p> <p>Internal management structures established to oversee implementation of the Procurement Plan.</p> <p>Review of Procurement Plan and wider support requirements standing item on agenda of Procurement Board</p> <p>Review of procurement processes and future approach undertaken taking into account lessons learnt from experience over the past 3 years and the introduction of the new Procurement regulations in Feb 2015 and the introduction of a Light Touch Regime.</p> <p>Temporary arrangement from core OPs admin to support social care procurement, kept under review, with Director of Operations.</p> <p>PHA membership and attendance at HSCNI Regional Procurement Board</p>		<p>financial constraints (temporary support currently only approved to 31/03/2018).</p> <p>Limited capacity to undertake essential pre-procurement planning, business cases etc</p>		
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Corporate Risk 30				
RISK AREA/CONTEXT: Management of Lifeline Contract				DATE RISK ADDED: December 2013
Refocused – Oct 2017				
DESCRIPTION OF RISK: The current contract will end by March 2018. Following extensive consultation, the PHA has revised the business case for the future service, preparing the way for re-tendering. The timescales for the new procurement will however mean that the new service is unlikely to be in place by April 2018. There is therefore a risk of service provision and continuity. Additionally, the current 'Protect Lifeline' (as described by Contact NI) campaign led by the current provider has the potential of adversely impacting on the reputation and therein compromising public confidence in the Lifeline service.				
LINK TO ASSURANCE FRAMEWORK: Operational Performance and Service Improvement Dimension				
LINK TO ANNUAL BUSINESS PLAN 2017/18: Corporate Objective 3 All individuals and communities are equipped and enabled to live long healthy lives.				
GRADING	LIKELIHOOD	IMPACT	RISK GRADE	
	Possible	Major	HIGH	
LEAD OFFICER: Dr C Harper, Medical Director/Director of Public Health				
Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<p>Lifeline Steering Group (chaired by Assistant Director of Public Health) meets regularly.</p> <p>Regular meetings between the provider and commissioner to monitor all aspects of the contract.</p> <p>PHA internal Lifeline Project Management Group meets regularly to co-ordinate</p>	<p>Improvements have been seen in demand management, however, work continues to examine challenges to contract delivery regarding demand, data quality, accountability, clinical and governance review.</p> <p>Rigorous monitoring of performance of existing contract, and continuation of</p>	<p>Deficiencies in original contract controls.</p> <p>Extension of contract now outside contract period, therefore extension awarded as Direct Award Contract (DAC), with a further DAC required to offer a further extension beyond</p>	<p>Procurement timeline kept under review, including decision regarding extension of DAC (November 2017) - (unsuccessful procurement following decision of current provider not to accept further extension to the contract). A revised specification has been prepared and is ready to issue but is dependant on</p>	<p>March June 2018</p>

<p>management and monitoring of all aspects of the contract.</p> <p>DoH has been advised of issues.</p> <p>Regular internal Lifeline Roundtable meetings (with DPH, D Ops and DLS). Additional meetings held to manage the changing nature of the situation.</p> <p>PHA board approved the proposed new service model, taking account of the consultation responses at January 2016 board meeting; business case approved by PHA board in May 2016. PHA Board kept apprised of all developments.</p> <p>Letter from Permanent Secretary June 2017 confirming DoH approval to proceed to procurement.</p> <p>Proposal to procure Clinical Review approved by DoH.</p> <p>Public consultation responses placed on PHA website.</p> <p>New Health Improvement Officer for Lifeline appointed and took up post December 2017</p>	<p>meetings with provider (Clinical Governance, Performance & Evaluation and Communications groups). Clear communication channels and reporting to CE, Directors, AMT and PHA board on progress.</p> <p>Regular updates on the transition to the Permanent Secretary</p>	<p>March 2018.</p> <p>Inability to proceed with the Clinical Review</p>	<p>the Code of Connection in line with the CIMs being agreed.</p> <p>CAG established and developing the specification & associated tender pack.</p> <p>Information Management System Group established to ensure appropriate system in place for new service, including development of business case, specification and procurement. (BC by January 2018). Information from the current provider had been requested but there has been a delay in the response from current provider.</p> <p>Recruitment processes underway for Lifeline Transition Manager (Interviews to be complete by November 2017). Recruitment for Transition Manager was unsuccessful and no further action was taken pending the emerging situation with the provision of an interim service.</p>	
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<p>The tendering process for a provider of the service beyond the 31 March 2018 failed to produce a successful provider. Discussions took place with the DoH, BHSCT and SEHSCT regarding the availability of contingency plans for beyond the 1 April 2018.</p> <p>Interim service commissioned from BHSCT, who are working closely with PHA to implement the transition programme, & ensure smooth transition after 31 March 2018.</p> <p>Close communication with DoH. Some 60 staff TUPEd over to the BHSCT and 2 TUPEd over to the PHA.</p> <p>Premises have been secured by BHSCT.</p>			<p>Communication plan in place to address issues and ensure positive messaging regarding current and future service (review March 2018)</p> <p>Discussions have taken place with the DoH, BHSCT and SEHSCT regarding the availability of contingency plans for beyond the 1 April 2018, in the event that the tendering process for an interim service proves to be unsuccessful.</p> <p>Management Information System (MIS) procured & housed on HSC IT infrastructure. Data migration tested. As delays in cabling, final data migration & system go live delayed to 17 April 2018 (BHSCT contingency measures in place to run service in interim)</p> <p>Work to commence on MIS upgrade (July 2018)</p> <p>Ungoing communications with HSC, PLIG partners, political representatives, GPs</p>
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			and others. Weekly meetings between PHA and BHSCT to manage the transition and ensure service continuity. (Review May 2018)	
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Corporate Risk 37				
RISK AREA/CONTEXT: Organisation's web hosting and web maintenance function				
DESCRIPTION OF RISK: Departure of significant skills, knowledge, experience and capacity represents a significant risk to PHA digital assets and online presence - including corporate site, intranet, and public health sites - and impacts on business continuity. Remaining PHA staff do not have the competencies to discharge the functions in what is a technically specialist area, nor is there any capacity (time). Web hosting and web maintenance services are managed under contracts with external suppliers.				DATE RISK ADDED: March 2016
LINK TO ASSURANCE FRAMEWORK: Operational Performance				
LINK TO ANNUAL BUSINESS PLAN 2017/18: Corporate Objective 5 Our Organisation Works Effectively				
GRADING	LIKELIHOOD	IMPACT	RISK GRADE	
	Likely	Major	HIGH	
LEAD OFFICER: Mr E McClean, Deputy Chief Executive (interim) and Director of Operations				
Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<p>Preliminary audit carried out of roles/responsibilities, and all web related assets.</p> <p>In-house resource from comms team identified for basic editing and updates.</p> <p>Migration process underway for re-presentation of health site content to HSC Online (NI Direct).</p> <p>Risk management through AMT;</p>	Leadership at AMT and Assistant Director level	<p>Maintenance contract arrangement proving to be less resilient than in-house capacity</p> <p>Managing impact of departure of key staff resulting in admin workload further upstream</p> <p>Corporate site and Connect intranet site running on unsupported version of Drupal, poses</p>	<p>Migration project for transfer of site content to NI Direct progressing. Agency web content editor hired to support the project. (March 2018) Sept 2018</p> <p>Full redevelopment project of Connect with BSO underway (Sept 2018)</p> <p>Recruitment of new post, Digital Communications Manager, to oversee digital platforms under consideration (March 2018) July</p>	<p>March 18 June 18</p>

<p>included communication on NI Direct project. Paper considered at AMT. Communication on NI Direct project followed AMT decision.</p> <p>Continue to communicate issue across PHA and manage expectations.</p> <p>Renewal of maintenance contract with third party supplier (BT48) to cover management, maintenance and limited update support for one year from May 17.</p> <p>Renewal of hosting contract with third party supplier (Memset) for one year from May 17.</p> <p>Recruitment of two web content editors and project support officer completed to support development of HSC presence on NI Direct.</p>		<p>risk to resilience of sites.</p> <p>Development of corporate site deferred by AMT until web requirements of new organisation are identified under review of HSC structures.</p> <p>Cost outlay for managed contracts significant.</p>	<p>2018</p> <p>Audit of digital platforms / outgoings being to be carried out to identify leaner / alternative methods of service delivery (Sept 2018)</p> <p>Contract for maintenance/management of websites to be extended for one year from May 18. (June 2018)</p> <p>Contract for hosting of websites to be renewed for one year from June 2018. (June 2018)</p> <p>Drupal upgrade to be applied to corporate site to increase resilience. (June 2018)</p>	
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Corporate Risk 38

RISK AREA/CONTEXT: Review of functions and Reorgansation

DESCRIPTION OF RISK: The Department have initiated a reform of HSC structures and a number of other associated reviews (eg shared services). While the Minister has stated that the PHA will be retained, with a renewed “focus on early intervention and prevention”, the detail of the reform and the timescales are unclear at this stage, resulting in uncertainty. There is a risk that during this period of uncertainty, staff will be lost, resulting in difficulties in sustaining core PHA functions and delivering our business objectives and that as shared services models are being explored, that these will impact on how the PHA does its business.	DATE RISK ADDED: March 2016
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LINK TO ASSURANCE FRAMEWORK: Operational Performance

LINK TO ANNUAL BUSINESS PLAN 2017/18: Corporate Objective 5 Our Organisation Works Effectively

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Possible	Major	HIGH

LEAD OFFICER: Mrs Valerie Watts, Acting Chief Executive

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<p>Workshop for all PHA staff held in November 2015; joint PHA/HSCB staff workshops 23 & 24 March 2017;</p> <p>Chief Executive is a member of the Department led Programme Board;</p> <p>Senior Management input to design; Joint AMT/SMT meetings; PHA board workshop held (April 2016)</p> <p>Input to Communications capacity review engagement (April 2016)</p>	<p>AMT meetings Regular updates to PHA board</p>	<p>Uncertainty while reviews under way</p>	<p>Chief Executive report to PHA board to address this issue as necessary (ongoing, as and when necessary)</p> <p>Ongoing communications to staff (ongoing - to be reviewed September 2018)</p> <p>A ‘Resilience Through Change’ programme has been commissioned to support PHA & HSCB staff and will be rolled out during 2018/19. A programme based on the autumn focus groups is being developed by Inspire. (review March 18)</p> <p>Following CX presentation of</p>	<p>June 2018</p>

<p>Input to Business Intelligence review engagement (April 2016)</p> <p>Senior officers involved in individual reviews being undertaken by DoH in respect to Business Intelligence and HSC Communications); Scrutiny Committee</p> <p>Senior Officers involved in DoH Transition Risk Meetings</p> <p>Deputy Chief Executive appointed to support interim Chief Executive.</p> <p>PHA Corporate Plan 2017-21 and PHA Annual Business Plan 2017/18 both approved by PHA board and by DoH. Paper on Operating Model prepared by Chief Executive for DOH TIG (September 2017);</p> <p>Briefings to all PHA staff and PHA board members by Chief Executive September 2017</p>			<p>Operating Model Paper to TIG, it was agreed by TIG that the Department of Health will now move forward to identify proposals for an overall operating model, in readiness for an incoming Minister. Following further consideration and direction from the Department, the CX intends, at that stage, to hold a number of workshops with staff to ensure all have the opportunity to shape the future. (timescales dependent on DoH).</p> <p>Letter issued to PHA, HSCB, BSO & DoH staff from Permanent Secretary 24/1/18 confirming closure of HSCB, with responsibility for functions moving to DoH (& HSCB staff 'hosted' by BSO), apart from functions and staff of Social Care & Children Directorate which will move to PHA. Project structure to be established under TIG.</p>	
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Corporate Risk 39	
RISK AREA/CONTEXT: Cyber Security	
DESCRIPTION OF RISK: Information security across the HSC is of critical importance to delivery of care,	DATE RISK ADDED:

<p>protection of information assets and many related business processes. If a cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals.</p> <p>This could result in unparalleled HSC-wide disruption of services due to the lack of/unavailability of systems that facilitate HSC services (including front line Trust services, as well as PHA services, such as Health Protection, as well as essential PHA business functions) or data contained within. The significant business disruption could also lead to increased waiting lists, delayed urgent clinical interventions, suboptimal clinical outcomes and potentially bring liabilities for the Service.</p> <p>It could also lead to unauthorized access to any of our systems or information, theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage.</p>	June 2017
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LINK TO ASSURANCE FRAMEWORK: Operational Performance

LINK TO ANNUAL BUSINESS PLAN 2017/18: Corporate Objective 5 Our Organisation Works Effectively

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Likely	Major	HIGH

LEAD OFFICER: Mr E McClean, Deputy Chief Executive (interim) and Director of Operations

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<p>Technical Infrastructure:</p> <ul style="list-style-type: none"> HSC security hardware (eg firewalls); HSC security software (threat detection, antivirus, email & web filtering); Server/client patching; 	<p>Internal Audit/BSO ITS self-assessment against 10 Steps towards NCSC;</p> <p>Technical risks assessments and penetration tests;</p> <p>HSC SIRO Forum for shared learning and collaborative action planning and delivery;</p> <p>Reports to GAC/PHA board</p>	<p>Insufficient corporate recognition and ownership of cyber security threat as a service delivery risk</p> <p>Full extent of gaps are</p>	<p>BSO ITS provides PHA IT services. PHA will continue to work with BSO ITS, HSCB e-health and through the HSC SIRO forum and</p> <p>Regional Cyber Security Business Continuity Group with all HSC organisations on this issue. (review June 2018);</p>	<p>June 2018</p>

<ul style="list-style-type: none"> • 3rd party Secure Remote Access; • Data & system backups • Regional funding provided & Sophos Intercept X & Sophos Sandstorm software & PKI hardware purchased & being installed. <p>Policy, Process:</p> <ul style="list-style-type: none"> • Regional & local ICT/information security policies; • Data protection policy; • Change Control Processes; • User Account Management processes; • Disaster Recovery Plans; • Emergency Planning & Service/Business Continuity Plans; • Corporate Risk Management Framework, processes & monitoring; • Regional & local incident management & reporting policies & procedures; <p>User Behaviours – influenced through:</p> <ul style="list-style-type: none"> • Induction; • Mandatory Training; 	<p>on reported incidents as appropriate.</p>	<p>not understood at this point – a gap analysis regionally and by HSC organisations is required to capture a considered extent of vulnerabilities</p> <p>Insufficient User Awareness of impact of personal behaviours in relation to cyber threat</p>	<p>(Regional proposed actions include: a baseline benchmark is to be agreed, an independent assessment of compliance to be commissioned, a risk assessment of key cyber security gaps/threats to be carried out, Cyber Security Strategy to be developed.)</p> <p>Revisit Business Continuity Planning within context of wide-scale local & regional service disruption during a potential cyber security incident Annual test and final review of BCP delayed to Jan/Feb 2018;</p> <p>Work with colleagues across the region to develop and share learning, techniques, protocols and staff guidance, including User Awareness Campaign (review June 2018)</p> <p>Regional cyber security meeting and workshop to be held w/c 30 April 2018. PHA attending both.</p>	
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<ul style="list-style-type: none">• HR Disciplinary Policy;• Contract of employment;• 3rd party contracts/data access agreements <p>PHA BCP tested and updated February 2018 with a focus on cyber security</p>				
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APPENDIX

RISKS ADDED TO THE CORPORATE RISK REGISTER AS AT 31 **March** 2018



APPENDIX

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 31 March 2018

PHA Information Governance Policies (updated following implementation of the General Data Protection Regulations)

date 11 June 2018

item 11

reference PHA/05/06/18

presented by Mr Ed McClean, Director of Operations

action required For approval

Summary

The following policies have been updated in light of changes in data protection legislation as a result of the introduction of the General Data Protection Regulation (GDPR) which comes into effect on 25 May 2018:

- Data Protection/Confidentiality Policy
- Access to Information Policy
- Data Breach Incident Response Policy

These policies have been reviewed by the PHA's Information Governance Steering Group and have been approved by AMT and the Governance and Audit Committee.

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **APPROVE** the Information Governance policies.

Access to Information Policy

~~2016 – 2020~~

2018-2021

Version	1.0 2.0
Version 1 approved by IGSG	05/05/2016
Version 1 approved by AMT	25/05/2016
Version 1 approved by GAC	03/06/2016
Version 1 approved by PHA Board	16/06/2016
Review Date	31/03/ 2020 2021

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1.0 Introduction

The Public Health Agency (PHA) receives a considerable number of requests for information each year. Access to information held by the PHA is governed by a range of legislative provisions detailing the circumstances in which individuals are entitled to obtain information from public bodies. Whilst this policy is specific to providing information in response to access requests; it supports and does not prevent the PHA from answering questions from service users, partners and the public as those questions arise during the normal course of business.

It is the aim of this policy to ensure such requests receive appropriate treatment and to provide timely access to information held by the PHA in line with legislative requirements in order to promote greater openness and provide increased transparency of decision making.

2.0 Scope

This policy relates to all information and records held by or on behalf of the PHA whether computerised, paper or any other permanent storage media, including photographic, video and voice recordings and is supported by appropriate procedures to assist staff in complying with the PHA statutory obligations.

This policy applies to all members of staff employed by the PHA regardless of the type of contract which they hold. This policy also applies to agency and contract staff working on PHA business.

3.0 Purpose

The purpose of this policy is to ensure the PHA complies with the **five** main legislative frameworks under which the PHA processes requests for information. The legislative frameworks are:

- The Freedom of Information Act 2000 (FOIA);
- The Environmental Information Regulations 2004 (EIR);
- The Data Protection Act 1998 (DPA - Subject Access) (2018 when published);
- **EU General Data Protection Regulation (GDPR) 2018;**
- The Access to Health Records (NI) Order 1993 (AHR).

This policy will provide guidance to the PHA and staff on these legislative frameworks and direction as to how requests for access to information under these frameworks should be handled.

This policy supports and enables the underlying principles of data protection, as outlined in the **Data Protection Act (DPA) 1998 (2018 when published) and GDPR:-**

1. **Transparency, fairness and lawfulness in the handling and use of personal data.**
2. **Limiting the processing of personal data to specified, explicit and legitimate purposes.**
3. **Minimising the collection and storage of personal data.**
4. **Ensuring accuracy of personal data and enabling it to be erased or rectified.**
5. **Limiting the storage of personal data.**
6. **Ensuring security, integrity and confidentiality of personal data.**

~~that openness and not secrecy should be the norm in public life;
that individuals have a right to privacy and confidentiality,~~

This policy does not overturn the common law duties of confidentiality or statutory provisions that prevent disclosure of personal information about individuals.

4.0 Policy Distribution

~~The Policy will be made available to all PHA staff via Connect. A global notice will be sent to all staff notifying them of the release of this document via iKnow (metacompliance).~~

5.0 Access to Information

The PHA may receive information access requests in a variety of ways and the procedures to follow for responses, including potential charges, exemptions and timescales, vary depending upon which legislation is relevant to the information requested.

It is essential that the PHA identifies the correct legislation on receipt of the request, especially as the requestor is not required to mention the legislation or may quote the wrong legislation or the information access request may include information falling under more than one Act. The PHA may occasionally choose to provide additional information outside the legislative framework, at its discretion and without obligation.

Although information access requests under FOIA and DPA must be made in writing, this may cause difficulties for some requestors, for example due to communication issues or disability, and the PHA will provide advice and assistance to enable equality of access for all.

6.0 Freedom of Information Act 2000

6.1 Published Information

Under The Freedom of Information Act (FOIA) all public authorities are obliged to adopt and maintain a Publication Scheme on their organisational website.

The PHA Publication Scheme is on its website and details the information that is published including the format in which the information is available with links to specific documents where possible.

It is the responsibility of each Directorate to regularly review the contents of the Publication Scheme updating published information for their business area as it becomes available. The ~~Governance Manager~~ **Senior Operations Manager (Delivery)** will contact each Directorate once a year to remind them of this requirement. Where requests are regularly received for similar or specific categories of unpublished information PHA will consider pro-actively publishing this information in the Publication Scheme in future.

6.2 Unpublished Information

Receiving and Responding to Requests - The PHA provides a centralised approach to the processing of FOI requests. The Governance Staff **are** specifically trained on the FOI Act and provide this function across all PHA offices to ensure consistent compliance with the legislation.

FOI requests must be submitted in writing or by e-mail. E-mail requests should be forwarded to foi.pha@hscni.net with hard copies posted to the ~~Governance Manager~~ **Senior Operations Manager (Delivery)**, Tower Hill, Armagh BT61 9DR. Requests may also be received by any office of the PHA. All FOI requests should be forwarded to the ~~Governance Manager~~ **Senior Operations Manager (Delivery)** immediately (foi.pha@hscni.net).

Response Times - All FOI requests must be answered promptly and no later than 20 working days from receipt of the request.

Receiving Requests - Each request will be recorded on a database in the southern office and a reference number will be assigned to it. An acknowledgement letter will be sent to the requester along with a FOI Information Leaflet.

Preparing Responses - The Governance Manager will jointly agree with the relevant Assistant Director how each request will be dealt with and decide who is most appropriate to prepare the response information. The information will be forwarded to the **Senior Operations Manager (Delivery)** within the agreed timescale and **they** will manipulate the data into the standard response template for issue.

If you are asked by the Governance Manager to gather information for an FOI request you should do so quickly and within the timescale agreed. Remember, the Governance Manager may be dealing with multiple requests at any given time, and ensuring prompt transfer of the information to him/her is essential if PHA is to meet its statutory obligations within the designated timescales and avoid sanctions from the Information Commissioners Office (ICO).

Timescales - The requestor will be informed of the reason for any delay and the expected response date within 20 working days of receipt of the original request. Where the request is not clear or could be interpreted in more than one way, the PHA will seek clarification from the requestor before responding. Where charges are applicable, the PHA will issue a fees notice to the requestor.

Approval of Responses - Where a request seeks information which does not require the attention of Senior Management, the response will be completed and approved by the ~~Governance Manager~~ **Senior Operations Manager (Delivery)** handling the request.

Where it becomes clear that the information requested is topical or complex the response must be shared with Senior Management within the PHA. The Senior Managers will have access to the Chief Executive and AMT members. The **Deputy Chief Executive and** Director of Operations (Mr E McClean) will approve such information requests on behalf of the PHA.

Where the response has been reviewed and approved by Senior Management an e-mail will be sent to the ~~Governance Manager~~ **Senior Operations Manager (Delivery)** handling the response stating this (NB Senior Management should be aware that any Officers involved in the initial response process cannot be involved in any subsequent request for internal review). The response letter will then be signed by the ~~Governance Manager~~ **Senior Operations Manager** as normal.

Exemptions - The only exceptions to providing the information requested is where the PHA is considering the public interest test regarding the applicability of one of the qualified exemptions. There are 23 exemptions in total within the FOI Act, with a limited number of these applicable to the PHA. If you have any concerns about information which you believe may not be suitable for placing into the public domain, you should discuss this with the ~~Governance Manager~~ **Senior Operations Manager (Delivery)** at the earliest opportunity. The **Senior Operations Manager (Delivery)** can then provide advice and support on this aspect of the FOI process.

Rights of Review - The FOI Act provides an applicant with a Right of Review if they are unhappy with the organisation's initial response to a request. The review will look at all aspects of how the initial request was processed from the acknowledgement stage to the information provided in the response. The **Senior Operations Manager (Delivery)** will conduct the review consulting as necessary with the associated PHA Directorates before finally writing to the applicant to convey the outcome. At review stage, circumstances may have changed, allowing information previously withheld, to be released. If the applicant remains unhappy with the organisation's response, they have the right to approach the Information Commissioner for an independent review (see Freedom of Information Internal Review Procedures Protocol).

The Information Commissioner's Office (ICO) is the UK's independent public authority set up to uphold information rights. The Information Commissioner has wide ranging powers of sanction over Public Authorities who fail to meet their statutory obligations under Freedom of Information, Environmental Information and Data Protection legislation.

Fees - Requests will generally be met without charge unless the costs of meeting the request exceed £450. This has been equated

to 18 hours work costing £25/hour.

A charge may be levied by the PHA if the estimated costs of sourcing and retrieving information to respond to a request exceed this limit. The time between issuing the fees notice and receiving payment is not included in the 20 working day response period. If the fees are not paid within three months the information access request will lapse.

Please see Appendix 1 ICO Flowchart of request handling under FOIA.

7.0 Environmental Information Regulations 2004 (EIR)

The Environmental Information Regulations 2004 provide public access to environmental information held by public authorities:

- public authorities must make environmental information available proactively; and
- members of the public are entitled to request environmental information from public authorities.

Unlike FOI, requests for Environmental information do not necessarily have to be made in writing; the information access request could also be made by telephone or in person. As the request can arise during the course of normal conversation, this can cause difficulties in identifying and responding to a request. Should a member of staff receive a request for Environmental information they are advised to write the request down and pass it along with the contact details of the requester to the **Senior Operations Manager (Delivery)**.

Response Times - Responses to requests under EIR must be issued promptly and no later than 20 working days from receipt. The only exceptions will be where the request is particularly complex or involves providing large amounts of information.

Exemptions/Exceptions - There are a limited number of exceptions under EIR which can be considered to withhold information. All exceptions are subject to a Public Interest Test. If you have any concerns about information which you believe may not be suitable for placing into the Public Domain under EIR, you should discuss this

with the **Senior Operations Manager (Delivery)** at the earliest opportunity.

Rights of Review - EIR also provides an applicant with a Right of Review if they are unhappy with the organisation's initial response to a request. The **Senior Operations Manager (Delivery)** will review the initial response in consultation with the relevant PHA Directorates and write to the applicant with the outcome of that review. At review stage, circumstances may have changed, allowing information previously withheld, to be released. If the applicant remains unhappy with the organisation's response, they have the right to approach the Information Commissioner for an independent review.

Fees - Requests will generally be met without charge unless the costs of meeting the request are 'manifestly unreasonable'. Unlike FOI the Environmental Information Regulations do not provide a cost limit over which a fee can be requested. Instead there is Regulation 12(4)(b) which allows you to refuse requests that are 'manifestly unreasonable'. The ICO guidance suggests using the cost limits of £450 identified in the FOI Act as a guide to what might be constituted as 'manifestly unreasonable'.

8.0 Data Protection Act 1998 (DPA) (2018 when published) and General Data Protection Regulation (GDPR)

Subject access requests for personal information under the DPA must be made in writing by the living individual concerned or his/her representative. The request must include evidence of identity, **fees required**, sufficient information to locate the relevant files or records and, in the case of a representative **or child under 18**, evidence of authority to act.

The PHA is most likely to receive ~~information access~~ **subject access** requests from patients, service users, staff and contractors. These requests can only be accepted from:

- the individual concerned;
- his/her authorised representative;
- an adult with parental responsibilities, in the case of children not yet competent to make their own decisions (**GDPR currently sets the age at which a child can give their own consent regarding the collection and processing of personal at 16**);

- an attorney with authority to manage the affairs of an individual with or without the mental capacity to manage their own affairs;
- any person appointed by the Court of Protection to act on behalf of an individual without the mental capacity to manage their own affairs.

Family members and friends who do not meet these conditions are not entitled to access the personal information of others and, although they may request access, this is likely to be denied on the grounds of confidentiality in all but exceptional cases.

The PHA will not generally disclose personal information about living or deceased individuals, in compliance with the requirements of Data Protection Act 1998 (2018 when published), GDPR and the common law duty of confidence.

There will be occasions, however, when the PHA receives a request for personal information from third parties and may disclose some or all of the information requested with or without the knowledge of the individual concerned. Such disclosures may take place if this is necessary to comply with a legal requirement, for example under a court order. Other investigatory bodies may also request information, including the Police and Revenue and Customs (HMRC).

Receiving Requests - Requests received through any PHA office should be forwarded to the **Senior Operations Manager (Delivery)** immediately. The **Senior Operations Manager (Delivery)** will record the request on the database, and send the requester an acknowledgement letter, along with a Subject Access to Health Records application form.

Response Times - All Subject Access Requests must be answered promptly and no later than ~~40 calendar days~~ **one month** from receipt of the request.

Exemptions under DPA and GDPR

There are limited exemptions that can be considered when responding to a Subject Access Request.

PHA may refuse a request **if manifestly unfounded or excessive**, or withhold some or all of the personal information if, in the opinion of a

health or social care professional, disclosure would be likely to cause serious harm to the physical or mental health of the requestor or to any other individual. Or, if the information includes personal information about a third party who has not consented to disclosure; disclosure would be likely to affect the PHA ability to bring or defend legal proceedings; or disclosure would be likely to affect the prevention or detection of crime.

The PHA is not required to respond to repeated subject access requests unless a reasonable period of time has elapsed and/or the personal information is likely to have changed since the last request.

Rights of Review - If the PHA withholds information based on an exemption it will issue a refusal notice explaining what exemption it has applied and why; the internal review process; and the requestor's right to complain to the Information Commissioners Office.

~~**Fees** - Requests will generally be met without charge for subject access requests however the legislation does make provision for reasonable charges to be applied where requests for information are considered manifestly excessive or unfounded. Currently, PHA may consider a fee of between £10 and £50 to be levied for each request. The higher charges only being applicable to requests requiring copies of information held to be reproduced on more expensive media such as x-rays.~~

9.0 Access to Health Records (NI) Order 1993 (AHRO).

Requests for access to information in the health records of deceased individuals may be made verbally or in writing. Requests can only be accepted from the deceased patient's personal representative (the executor of the will/estate dealing with probate) and/or from individuals with a claim arising from the death.

Family members and friends who do not meet the specific criteria in the legislation are not entitled to access the health record and, although they may request access, this is likely to be denied on the grounds of confidentiality in all but exceptional cases.

The AHRO relates specifically to health records. The PHA will consider information access requests, but is likely to deny requests on the grounds of confidentiality in all but exceptional cases.

Response Times - Responses to information access requests under AHRO will be issued promptly and not later than:

21 calendar days from receipt for records which have been added to in the preceding 40 days; and

~~40 One month~~ calendar days for all other records, ~~subject to payment of relevant charges.~~

The PHA will only provide the personal representative (the executor of the will/estate dealing with probate) with partial or full access to the health records of deceased patients as required for that purpose. For individuals with a claim arising from the death this will be access to the parts of the health records of deceased patients relating to the cause of death and/or final illness as relevant to pursuing the claim.

10.0 Consultation with Third Parties

The PHA holds information provided by, obtained from or relating to third parties, for example in relation to contracts or joint working with other organisations.

The PHA will only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of its functions and it would not be otherwise provided, and will not agree to hold information 'in confidence' which is not truly confidential in nature.

In addition, information that is confidential at the time of acceptance by the PHA may no longer be confidential at the time of an information access request due to the passage of time or having already entered the public domain.

Contracts - When entering into contracts, the PHA will refuse contractual terms which seek to restrict the disclosure of information relating to the contract, beyond those restrictions permitted by law.

Unless a legal exemption is applicable in relation to any particular information, the PHA will be obliged to disclose in response to an information access request, regardless of the terms of the contract.

11.0 Transferring Requests for Information

If the PHA receives a request for information which it does not hold (or holds only in part) but which it knows or believes is held by another public authority, then it will consider what would be the most helpful way of assisting the requestor in line with the FOIA and EIR codes of practice.

Depending on the circumstances, this is likely to involve: providing any information that it does hold under FOIA or EIR; at the earliest opportunity informing the requestor that the information may be held by another public authority; providing the requestor with contact details for that authority and suggesting s/he reappplies to them; if the requestor indicates that they do not object to the transfer of the request to the other public authority, the PHA may transfer the request directly, notifying the requestor if this is to be done.

The time for compliance in respect of information not held by the PHA does not start until the request is received by the public authority that does hold it.

The PHA will not transfer requests for personal or health information received under DPA or AHRO due to confidentiality requirements, unless the requestor **specifically** consents to the transfer, but will assist to identify the public authority most likely to hold their information.

12.0 Open Data

OpenDataNI brings together, in one place, a range of data from government departments and other public sector organisations. The data is available under an Open Government Licence which means that it is free to copy, adapt, commercially exploit and publish. OpenDataNI is the technical platform for the delivery of the Open Data Strategy for Northern Ireland 2015-18. This Open Data portal has been created to facilitate easy access to Northern Ireland public sector data for both reuse and redistribution.

Dataset suggestions are submitted by users of OpenDataNI as a means to enquire about publication of data of interest. PHA are required to respond within 10 working days with details of whether or not the dataset can be published – if the data can be published, our

response shall indicate the timeframe within which PHA aim to do so; if unable to publish, the response must detail the reasons for this, with the only acceptable criteria being those outlined in the 'Open Data Strategy for Northern Ireland 2015-18'.

Receiving and Responding to Requests - The PHA provides a centralised approach to the processing of Open Data requests. Open data requests are received in to the foi.pha@hscni.net email account.

Response Times - All Open Data requests must be answered promptly and no later than 10 working days of the date of referral.

Receiving Requests - Each request will be recorded on a database in the Southern Office and a Reference Number will be assigned to it. An acknowledgement email will be sent to the ~~Open Data team~~ **Senior Operations Manager (Delivery)**.

Preparing Responses - The **Senior Operations Manager (Delivery)** will forward the Open Data request, i.e. the publication suggestion, to the relevant Assistant Director who shall confirm:

- if PHA holds the data and can publish it, and
- when PHA would hope to have the data published by, or
- if PHA cannot publish the data which of the Open Data exception Criteria apply.

Approval of Responses – The Assistant Director (or nominated officer) will forward responses to the **Senior Operations Manager (Delivery)**. The response will be completed by the **Senior Operations Manager (Delivery)** and a copy of the email response will be held on file.

Exemptions - There are 3 Open Data exception Criteria. If you have any concerns about information which you believe may not be suitable for placing into the public domain, you should discuss this with the **Senior Operations Manager (Delivery)** at the earliest opportunity. The **Senior Operations Manager (Delivery)** can provide advice and support on this application of the exception Criteria.

Please see Appendix 2 Open Data NI Dataset Checking Decision Tree flowchart for IAOs.

13.0 Data Sharing

All Health and Social Care organisations (HSC) must ensure that when sharing HSC data for non-direct care (secondary purposes), assurances are provided by the requesting organisations that they comply with the Data Protection Act 1996 (2018 when published) and GDPR and that staff are aware of the relevant DPA and GDPR Policies and Procedures in place.

Researchers undertaking studies and who require access to patient identifiable information and / or anonymous HSC data should follow the research protocol (Research Governance Framework for Health and Social Care in Northern Ireland).

Privacy notices will ensure that individuals are aware of how their personal data may be used, who it is shared with, how long it will be stored and of the right to have personal data deleted. A template is available on Connect and staff are asked to contact the Senior Operations Manager (Delivery) with any queries.

Please be aware that it may be more appropriate to make use of the Honest Broker Service (HBS) rather than completing a Data Access Agreement. The HBS will enable the provision of anonymised, aggregated and in some cases pseudonymised health and social care data to the DOH, HSC organisations and in the case of anonymised data for ethically approved Health and Social care related research. Please see Appendix 3 Honest Broker Service Decision Flowchart.

Arrangement for access to personal data may already be covered by a contract (e.g. a contract for supplier support on an information system) therefore organisations need to be clear that any proposed data sharing is either covered adequately by that contract or make sure that a Data Access Agreement is completed.

A Data Access Agreement must be completed by any organisation wishing to access HSC Trust data. It must be considered for approval and signed by the supplier organisation's Personal Data Guardian. Please see below link to Data Access Agreement template below:-

<http://connect.publichealthagency.org/policy/data-protectionconfidentiality-policy-document>

14.0 Roles and Responsibilities

The main roles are identified as follows:

- 14.1 Chief Executive** - The Chief Executive, as Accountable Officer, has overall responsibility for ensuring that sound systems of Corporate Governance are in place within the PHA and to ensure compliance with the legal and statutory obligations identified in this policy.
- 14.2 Senior Information Risk Owner (SIRO)** - The SIRO (**Deputy Chief Executive and** Director of Operations) is the responsible Director for the Information Governance function within the PHA.
- 14.3 The Personal Data Guardian (PDG)** - The PDG (Director of Public Health/Medical Director) has responsibility for ensuring that PHA processes satisfy the highest practical standards for handling personal data which includes the provision of information under Section 7 of the DPA 1996 (**2018 when published**) and GDPR.
- 14.4 The Data Protection Officer (DPO)** – the DPO (**Data Protection Officer**) will have responsibility for monitoring and ensuring compliance with this policy, acting as the contact point with the Information Commissioners' Office, training staff, advising on data protection impact assessments (DPIAs) and conducting internal audits (as necessary) across the organisation.
- 14.5 Directors and Assistant Directors/Information Asset Owners (IAO's)** - The Directors and Assistant Directors of the PHA will be responsible for overseeing the sourcing and provision of requested information from their business functions to the ~~Information Governance Team~~ **Senior Operations Manager (Delivery)**. The information will be provided to the **Senior Operations Manager (Delivery)** in line with agreed timescales initially identified at the start of the request process to enable compliance with legislated timescales. They will provide a point of contact for clarification of issues and will work with the ~~Information Governance Team~~ **Senior Operations Manager (Delivery)** to agree the factual correctness of responses prepared for release.

14.6 Assistant Director Planning and Operational Services (AD P&OS) - The AD P&OS has responsibility delegated from the SIRO for ensuring that effective systems and processes are in place to address the information governance agenda. **The Assistant Director is also the Data Protection Officer with accountability for data protection and privacy.**

14.7 Governance Manager

Senior Operations Manager (Delivery) - The **Senior Operations Manager (Delivery)** will manage the processing of all requests for information under the relevant legislative frameworks identified in this policy. The **Senior Operations Manager (Delivery)** will also provide advice and assistance to Directorates when sourcing and identifying information and will identify and agree timescales for provision of that information to allow consideration when formulating responses. The **Senior Operations Manager (Delivery)** will maintain appropriate performance statistics on activity and submit update reports to the Information Governance Steering Group.

14.8 All Staff - All staff should be in a position to recognise requests for information under any of the above legislative frameworks. Given the limited timescales identified for response all staff have a responsibility to forward such requests to the **Senior Operations Manager** as a matter of urgency. It is the responsibility of staff to be familiar with and comply with policies and procedures issued by the PHA, and be aware that failure to comply may result in disciplinary action. All breaches must be reported to the Information Governance Team immediately as GDPR requires the notification to the Information Commissioners' Office within 72 hours.

15.0 Review and Revision Arrangements

This policy will be reviewed as per the review date on the policy front sheet. However, it will be reviewed when affected by major internal or external changes such as:

- Legislation
- Practice change or change in system/technology
- Changing methodology.

16.0 Alternative Formats

Every effort will be made to provide information in an alternative format if written format is not accessible.

17.0 Equality and Human Rights Considerations

17.1 Equality

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping. This policy will therefore not be subject to an Equality Impact Assessment.

17.2 Human Rights

This policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

This policy will be included in the PHA's Register of Screening documentation and will be published on the PHA website.

Data Breach Incident Response Policy

Version	2.0 3.0
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1. Introduction

Organisations that are subject to the **EU General Data Protection Regulation (GDPR) 2018 and the Data Protection Act 1998 (DPA (2018) when it comes in force later in 2018)** are legally bound to take appropriate measures against unauthorised/ unlawful processing and against accidental loss, destruction or damage to personal data.

This document aims to assist a Data Breach Incident Team in the event of a loss or theft of data or where data is unaccounted for. Each incident will have its own unique set of circumstances and it is not possible to have a contingency for every eventuality, however, this document and its appendices will assist you in carrying out an investigation following a reported breach. This document will go some way to ensuring that the PHA meets its requirements under the **EU General Data Protection Regulation (GDPR) 2018, the Data Protection Act 1998 (2018 when published)**.

2. Defining a Data Breach

This can generally refer to a breach of security leading to the **accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to sensitive information such as personal data. This includes breaches that are the result of both accidental and deliberate causes.** ~~unauthorised or unintentional exposure, disclosure or loss of sensitive information, such as personal information.~~ It could involve sensitive corporate data or personal information relating to an individual or individuals. It could relate to an incident or event where the integrity, security or confidentiality of certain information has been compromised or where a near miss has been experienced, which may warrant a formal investigation to ascertain the circumstances and actions that lead to that event.

Some examples of breaches could be attempts to gain unauthorised access to information held on electronic systems, break-in, improper/unauthorised disclosure of confidential information to others, release (either deliberately or accidentally) of

personal information and other events where corporate information, either electronic or manual, is compromised or its integrity is jeopardised.

2.1 Types of Breach

- **Loss.** Information missing but no immediate indication that theft is involved. This may be following an audit where it is discovered that some equipment or datasets are unaccounted for.
- **Theft.** Deliberate theft of equipment, media or unauthorised removal of hard copy data. Also, information removed through unauthorised access to electronic systems (hack).
- **Information that could be put to criminal use e.g.** Identity Theft or Blackmail. Information is lost, stolen or unaccounted for but has the potential to cause harm or distress if used for criminal purposes, such as Staff or Suppliers bank details.
- **Personal data breaches, including:**
 - **access by an unauthorised third party;**
 - **deliberate or accidental action (or inaction) by a controller or processor;**
 - **sending personal data to an incorrect recipient;**
 - **computing devices containing personal data being lost or stolen**
 - **alteration of personal data without permission, and**
 - **loss of availability of personal data.**

2.2 Response considerations

The type of breach will determine whether or not the decision is taken to report the matter to the Police Service of Northern Ireland (PSNI). In the event that material is initially believed lost, the nature of that material and the potential harm that it could cause an individual in the event that it is subsequently found to have been taken without authorisation, may lead the Senior Information Risk Owner (SIRO) in conjunction with the Chief Executive and Legal Services, to report it to the PSNI. It will also be immediately reported to those involved to afford them the opportunity to take actions to mitigate any potential for personal loss or damage. Failure to report a breach to those potentially affected, in a timely manner, has the potential of turning a Data Loss into a Data Theft and potentially into a case of Identity Theft and/or Fraud. It is therefore essential that action is taken quickly and decisively, on identifying the breach, and in relation to subsequent actions to limit potential fallout and damage.

3 Reporting a Breach

Each Information Asset within the PHA should be assigned an 'Asset Owner'. The Information Asset Owner (IAO) is responsible for maintaining the integrity, accuracy and security measures employed with that particular asset. The IAO may determine the purpose to which that data is used, in line with the provisions of Data Protection Act 1998 (2018 when published) and the EU General Data Protection Regulations (GDPR) 2018. If personal data, they are also responsible for ensuring access protocols are in place to prevent unauthorised access to the information.

The IAO must report any suspected or confirmed breach to the **Senior Operations Manager (Delivery)** ~~Governance Manager (GM)~~ immediately, without unreasonable delay, upon discovery or after he/she has been informed of the event. This also covers the eventuality where an employee of the PHA is advised by a third

party provider who processes or holds information on behalf of the PHA of a confirmed or suspected Data Breach.

The **Senior Operations Manager (Delivery) GM** will gather initial details relating to the event and inform the Senior Information Risk Owner (SIRO). It is the SIRO and the **Senior Operations Manager (Delivery) GM** who will determine whether the event warrants a full investigation and if a Data Breach Incident Team is established.

The decisions reached at this initial meeting will determine the next steps in the process of containing, understanding and reporting on the breach. Each of the actions above, and the attached appendices, will aid the SIRO in taking measures appropriate to the circumstances pertaining to the breach that he is managing.

3.1 Scenario 1

It may be decided that the incident does warrant investigation by the Police as equipment has been stolen, but that sufficient security mechanisms, i.e. encryption was in place and there is evidence to support this fact. Therefore there is no risk of the data on the equipment being viewed by an unauthorised individual and no risk poised to individuals concerned. The incident is not reported to the Information Commissioners office.

3.2 Scenario 2

The breach is deemed to be a major loss of data. High numbers of individuals' sensitive health data involved and/or information held on a stolen unencrypted laptop. The decision should be taken within hours of reported loss to set up the Data Breach Incident Team and the Chief Executive and AMT members notified. SIRO identifies Team members and initiates first meeting. SIRO determines who else needs to be informed, including the following (dependent on the nature of the breach):

- DoH Communications department and Ministers Office informed of loss and provided with initial briefing
- Legal Services contacted

- Communication is sent to Information Commissioners Office **informing them of the loss within 72 hours of becoming aware of it, even if all details are not yet available.**
- SIRO and Chief Executive take decision to inform PSNI of theft and potential harm to individuals involved.

Knowledge of incident should initially be contained within key group to facilitate evidence gathering exercise to inform the Incident Team. If there is a risk that personal data can be viewed, an urgent decision will be required about informing individuals involved. Letters and FAQs should be prepared and steps taken to issue letters for same day delivery. A media briefing paper may also need to be prepared and issued through the Communications team. Establishment of a 'Help Line' should be considered with input from relevant Public Health Consultants in the event that medical related queries are received by admin operators. As noted above DoH should be informed, with the Communications Team also liaising with the DoH press office. Communications Teams co-ordinate press with posting date of letters to individuals involved. The 'Help Line', where appropriate, should be operational from the date the letter is delivered.

In parallel with the media management element of the plan, evidence gathering continues and regular updates should be developed and provided to AMT. Channels of communication are maintained with PSNI, DoH and ICO. Once the incident is contained and evidence collected to inform the team how the incident occurred, remedial actions should be identified and initiated without undue delay. If external investigations by PSNI and Information Commissioners Office continue PHA will continue to collaborate fully.

Once all investigations have been completed a post incident lessons learned paper should be developed and dispersed widely. The Data Breach Incident Plan will also be reviewed and amended as necessary.

4 Data Breach Incident Team

A Data Breach Incident Team is established to provide a quick, effective and orderly response to a breach related incident.

Role of the Data Breach Incident Team

- Contain breach
- Understand breach and assess risk
- Limit Damage from breach
- Communicate facts of breach
- Implement revised procedures to prevent future breaches
- Monitor post breach measures
- Produce lessons learned report.

Makeup and Roles of the Data Breach Incident Team

Senior Information Risk Owner (SIRO)

- Senior role within the organisation, member of AMT;
- May authorise use of resources, including key personnel, and ensure full cooperation from Organisation;
- Provides Corporate Line;
- Provide list of key individuals who are to be informed of breach e.g. ICO, PSNI, PCC;
- Provide list of key individuals who are to be regularly updated on breach, e.g. AMT, DoH;
- Liaises directly with AMT / DoH;
- Authorises, in conjunction with Chief Executive, involvement of Police Service;
- Authorises Communications and Press Releases.

Data Protection Officer (DPO)

- Be the contact point with ICO for data breach reporting;
- Monitor and ensure compliance with this policy;
- Train staff;
- Conduct internal audits (as necessary).

Senior Operations Manager (Delivery) ~~Governance Manager (GM)~~

- Collates initial findings and briefs SIRO as soon as breach is reported / discovered (see Appendix 1).
- Provides initial analysis of size, type and implications of breach.
- Assists in determining whether breach should be reported to ICO / individuals involved.
- Briefs Incident Team members on status of breach.
- Provides day-to-day management of Incident Team.
- Manages and maintains evidence trail / records log.
- Ensures the Incident Team maintains a degree of confidentiality.
- Coordinates setting up of Help Line, where appropriate, in conjunction with Communications Officer.
- Provides post event analysis.

Communications Manager/Officer

(See Appendix 2)

I.C.T. Security Manager (BSO)

- Officer should have sufficient system permissions to enable them to carry out the role. Contains breach. If 'hack', close system/network.
- Preserves electronic evidence and ensures integrity of evidence trail
- Facilitates access to electronic logs of actions
- Secures remaining or existing electronic data / back ups
- Identifies type and volume of information
- Provides detailed technical report of incident
- Provides IT support.

Information Asset Owner

- Provides details of working practices;

- Aids understanding of the breach;
- Identifies and implements revised procedures to prevent future breach;
- Monitors post breach measures.

Other member's involvement and their respective roles will be determined by the type and nature of the breach and the input required by the Incident Team.

5 Bodies/Persons that should be informed of Incident in the initial hours / days following the breach

- Agency Management Team
- Chairman
- **PHA Board Members**
- Personal Data Guardian
- Director of Legal Services
- PSNI
- DoH
- Communications Department
- Minister's Office – Early Alert
- Relevant PHA Officers
- Information Commissioner (see Appendix 6)
- Patient Client Council (PCC)
- Local Members of the Legislative Assembly
- Royal Mail or Courier Service (to carry out searches if items in transit are not received at destination)
- External Service Providers (dependant on nature of breach)
- BSO ITS

Note: This list is not exhaustive, nor is it intended that each incident will warrant informing all of those listed above. Each incident and the prevailing circumstances surrounding it will dictate who is to be informed, why, how and when.

6 Actions for Initial Incident Team Meeting

- Briefing of initial facts to assembled Incident Team **SOM GM**
- Clarification of roles and responsibilities **SIRO**
 - Contain breach (assign)
 - Complete and approve SAI
 - Gather evidence (**GM**)
- Collate and prepare comprehensive initial report (**SOM GM**)
 - **/ Comms**) (see Appendix 1)
 - Ascertain Team requirements (authorisation/equipment)
 - Request technical report of incident from IT (if electronic data)
 - Identify additional incident specific personnel to join team
- Decision as to whether to inform ICO **SIRO/ SOM GM**
- **Inform ICO if necessary** **DPO**
- Decision whether to inform other parties **SIRO/CEx/ SOM GM**
- Initial list of those to be informed drawn up **SIRO**
- Initial list of those to be kept regularly informed drawn up (see 5.0) **SIRO**
- Decision taken as to whether 'Help Line' is required **SIRO**
- Requisition rooms at this stage in preparation (Appendix appendix 3)
 - Link with BSO ITS as required
 - Identify telephone number to be included in mail shot
 - Initial list drawn up of operator staff and supervisor
 - Help Line operator pro forma (Appendix 4)
 - List of FAQs drawn up (Appendix 5)
 - Administration support to prepare materials
 - Medical representatives identified to field specific calls
- Mailing letters to people who may be impacted by breach. (Liaise with ~~Royal Mail~~ **Postal Service Provider** and advise if

significant volumes. Ensure everyone receives their letter on the same day)

- Administration support
- Cost centre
- Stationary – letters, paper, printers
- Placing letters and FAQs in envelopes (time considerations)
- ~~Stamps – (liaise with Royal Mail)~~
- Postage – liaise with Postal Service Provider

- Action List

- Time (or date) of next update / meeting

Comms

7 Post Incident Report

Before the Data Breach Incident Team can be stood down they will draw up a lessons learnt document with input from the ~~Governance Manager~~ **Senior Operations Manager (Delivery)** and from the SIRO. This document should draw on the experiences and learning acquired during the management of the breach and should, where possible, be shared widely with other HSC Bodies. The **Senior Operations Manager (Delivery)** ~~GM~~ should also add additional documents, letters and pro- formas generated during the incident as appendices to the Data Breach Incident Response Policy.

8 Review

The SIRO will ensure that this policy will be reviewed every four years or as required in the event of changes in working practice/circumstances.

9 Responsibilities

Chief Executive – The Chief Executive, as Accounting Officer, has responsibility for ensuring that the PHA complies with its statutory obligations and DoH directives.

PHA Board – is responsible for ensuring appropriate systems are in place to ensure effective Information Governance across all the services for which PHA is responsible. A data breach report will be presented to the PHA Board **when required**.

PHA Governance and Audit Committee (GAC) – The GAC has responsibility for providing the PHA Board with an independent and objective review of governance processes and an assurance on the adequacy and effectiveness of the system of internal control within the PHA. It will formally review progress on the implementation of this policy as and when required.

Senior Information Risk Owner (SIRO) - The SIRO (Director of Operations) is the focus for the management of information risk at board level. The SIRO will have overall responsibility for the management of a data breach incident in line with this policy.

The Personal Data Guardian (PDG) - The PDG (Director of Public Health/Medical Director) has responsibility for ensuring that the PHA processes satisfy the highest practical standards for handling personal data. The PDG is the 'conscience' of the organisation in respect of patient information, and will also promote a culture that respects and protects personal data. The PDG works closely with the SIRO and Information Asset Owners where appropriate, especially where information risk reviews are conducted for assets which comprise or contain patient/service user information.

Data Protection Officer (DPO) – **the DPO has responsibility to information and advise the controller, its employees, and any associated processors about their obligations to comply with the**

GDPR and other relevant data protection laws. Also, to monitor compliance with data protection laws, including managing internal data protection activities, advise on data protection impact assessments, train staff and conduct internal audits. The DPO is the first point of contact for the ICO and for individuals whose data is processed (employees, members of public, etc).

Information Asset Owners (IAO's) - The IAO's primary role will be to manage and address risks associated with the information assets within their function and to provide assurance to the SIRO on the management of those assets. Each PHA Assistant Director is the IAO for their function group and is responsible for managing the data breach which occurs within it in line with this policy.

Senior Operations Manager (Delivery) – The Senior Operations Manager (Delivery) ~~Governance Manager~~ – The Governance Manager is operationally responsible for the day to day implementation of all aspects of this policy in the event of a data breach.

10.0 Alternative Formats

Every effort will be made to provide information in an alternative format if written format is not accessible.

11.0 Equality and Human Rights Considerations

11.1 Equality

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping. This policy will therefore not be subject to an Equality Impact Assessment.

11.2 Human Rights

This policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

This policy will be included in the PHA's Register of Screening documentation and will be published on the PHA website.

12.0 Interaction with other PHA policies

This policy should be read in conjunction with the PHA Data Protection / Confidentiality Policy; PHA ICT Security Policy and PHA Incident and Near Miss Reporting Policy and Procedure.

Please see links below:

<http://connect.publichealthagency.org/policy/data-protectionconfidentiality-policy-document>

<http://connect.publichealthagency.org/policy/pha-ict-security-policy-documents-and-form>

<http://connect.publichealthagency.org/policy/incident-and-near-miss-reporting-policy-and-procedure>.

Appendix 1

Initial Incident Report Checklist

The following list of information may be sought in full/part by the **Senior Operations Manager (Delivery)** ~~Governance Manager~~ in the event of an Information Breach:

- When was breach discovered?
- Who reported breach?
- Define media:
 - Electronic
 - Removable media
 - Hard copy
- Define Security mechanisms in place:
 - Was encryption present?
 - Was password protection present?
 - Were other security mechanisms employed?
 - Was data anonymised?
 - Was data pseudonymised?
- Define dataset involved (list data fields)
- Identify Business Usage (eg Infectious Disease monitoring)
- Identify Information Asset Owner
- Quantify volume of individuals involved
- Identify threats to individuals involved
- Describe circumstances leading to breach
- Describe actions taken to date
- Describe actions pending
- Confirm if BSO ITS has been advised
- Assess need for Regional Alert
- **Notify DPO for decision re reporting to ICO**

Appendix 2

Communication Plan

In the event of an information breach, planning and enacting a robust Communications Plan will be a critical factor. The Communications Team will be heavily involved and the following are factors for consideration.

The purpose of the Communication Plan is to outline the communication objectives for the PHA in the event of a Data Breach. and will help identify:

- Target audiences;
- Communication processes; and
- Key messages to be communicated to diverse parties.

A critical component of a Data Breach Communication Plan is to ensure that sufficient information pertaining to the incident is communicated to the correct audience, in an effective and timely fashion. Those that may need to be informed of any breach and the subsequent actions being taken may include:

- The individuals affected by the breach
- The Information Commissioners Office
- Department of Legal Services
- The DoH Communication Team
- The Ministers Office
- The Police Service of Northern Ireland (in the event that the breach is suspected or known to be a theft or where the information in question could be used for criminal purposes, such as identity theft)
- Royal Mail **Postal Service Provider** or other Courier Services
- Professional Regulatory Bodies.

The primary purpose of the Communication Plan is to manage the way in which the incident is brought to the attention of those directly affected, and then to the wider community. This should be done in a way that does not compound the situation and avoids unauthorised

releases of incorrect or misleading information causing further harm and suffering. It should be stressed that not all breaches will require notification to the individuals in question, or indeed reporting to a wider audience, however, it is still essential to ensure channels of internal and inter-departmental and external communication are opened and maintained.

Objectives

- Ensure effective communication at each step of the process
- Frequent communication in the form of incident update reports to the PHA Agency Management Team (AMT), the DoH, and the various Incident Team participants on a regular basis to ensure a cohesive approach is maintained throughout the process
- Establish, maintain and manage channels of communication between participants both internally and externally
- Communicate only the facts of the incident and maintain focus on these avoiding rumour and conjecture
- Maintain partnership working if the Incident Team is multidisciplinary in its make-up and involves other Agencies
- Use systems and processes already in place to ensure communications are made available in a timely manner to key staff and partner organisations
- Maintain strict control over the number of individuals to be informed of events. Those to be informed will be identified by the SIRO, who will also determine corporate response and approve all communications
- Communication should be clear and the following principles are to be viewed as best practice:
 - Openness, honesty and accountability
 - Use of appropriate language and methods of communication
 - Sensitivity and understanding
 - Effective listening
 - Provision of feedback.
- Maintain single point of contact for those affected and the media

- Produce and publish up-to-date information about the incident as and when it becomes available, subject to approval by the SIRO
- Ensure availability of up to date information technology systems and processes to meet the communication needs of the Incident Team.

Target Audience

The SIRO will at the outset of the investigation into the breach, determine the make-up of the Incident Team. At this point, they will provide the officer responsible for Communication with an initial list of those who should be informed that a breach has occurred, and a further list of those who should be kept regularly informed throughout the process. Not all breaches will require notification to the individuals whose information is involved. If the decision is taken that those who have been affected are to be informed, then the Communication officer should ensure that the focus for all Communications is one that is sympathetic to, and geared towards reassuring and informing the individuals, and is not one that is primarily concerned with organisational considerations. The Communication Plan should not compound an already difficult situation for the individuals involved.

Audiences and Communication

- Individuals: Inform, Assure, Reassure, Follow up, Feed Back and Facilitate one-to-one Q&A
- DoH: Effective and timely transmission of facts to Ministers Office and his officials; ensure cooperation and parallel media management and regular situation updates
- Agency Management Team (AMT): Ensure all relevant facts relating to the Incident are conveyed to AMT; provide briefings on contacts with individuals whose information is involved in breach; highlight potential considerations or repercussions at the earliest opportunity; provide feedback from other parties, such as PSNI (may require restrictions on those to be informed); legal advice; inform of remedial actions; provide stage plan.

Note: Responsibility for facilitating the above will rest with the Incident Team in conjunction with the Communications Manager/Officer, however, the SIRO may liaise and directly brief AMT or DoH on any of the areas above.

Communications Processes

A mix of communication tools will be necessary to communicate throughout the process. A further challenge is to maintain an ethos of openness and transparency whereby sufficient and audience specific information is provided to each of the groups listed above. All information provided by the Incident Team will be produced to a high standard, be accurate, quality assured and where appropriate classified e.g. Sensitive, Restricted, Embargoed, Confidential and Other.

The SIRO should be fully involved in the development of Communication material, particularly any communications between the PHA and those affected by the breach, this may include tailoring of individual letters, feedback to individuals following questions or determining at what stage information is to be placed into the public domain.

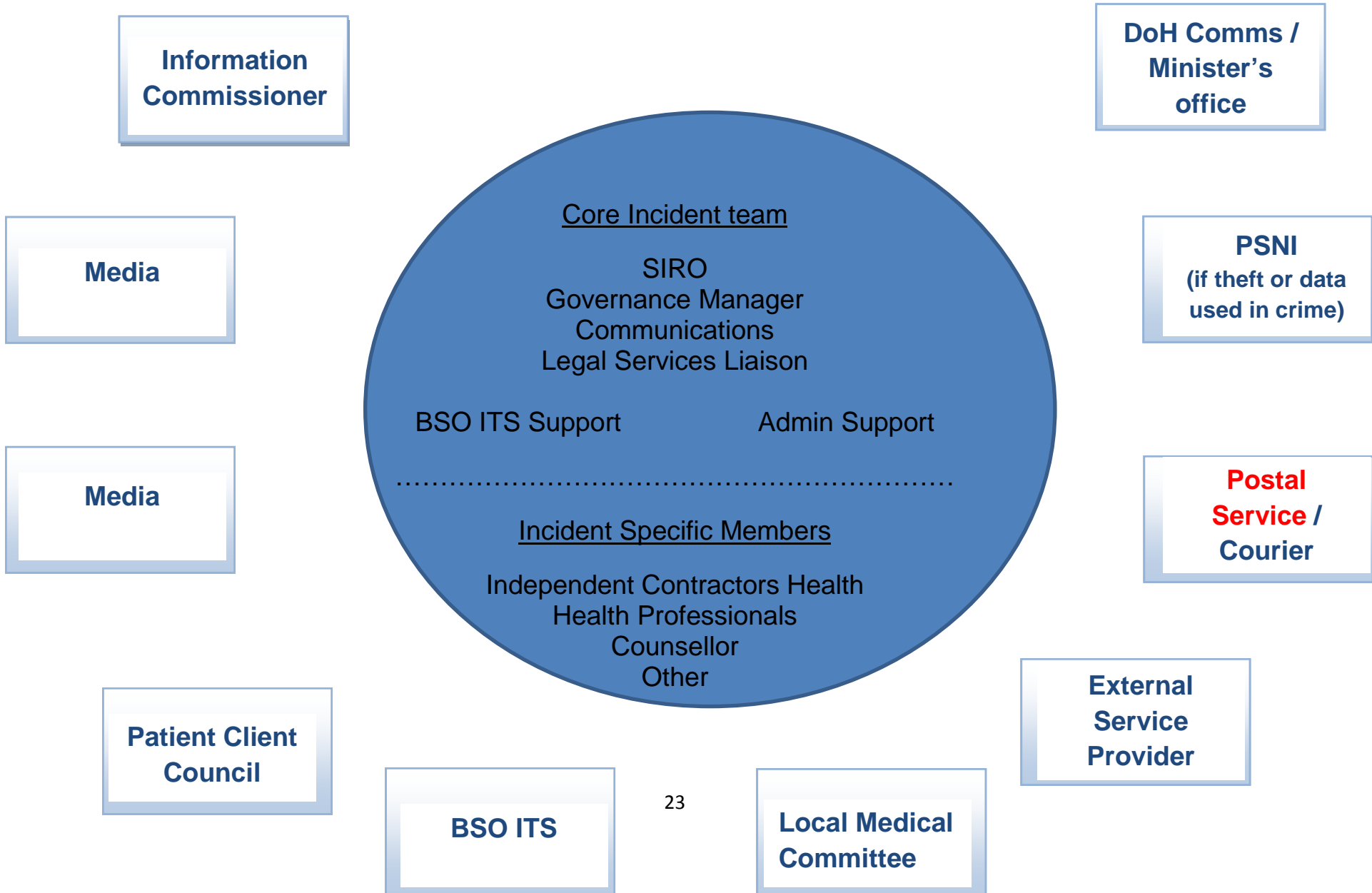
Note: Any communication with individuals should have input from Legal Services.

Communication tools that could be considered:

- Website
- Information Bulletins
- Incident 'Help Line'
- Face-to-Face Communication
- Electronic Updates
- Other External Publications
- Social Media
- Media – Newspapers/Radio/Television.

Legislation

The Incident Team is governed by all records management policies and procedures covering, use, storage, retrieval and safe disposal of records, which will be monitored to assure compliance. The Incident Team will adhere to all legislation, in particular the Data Protection Act (1998) (2018 when published) and GDPR and Freedom of Information Act (2000).



Appendix 3

Examples of FAQs to go with letter to individuals

These FAQ's are based on an actual incident experienced by a legacy Health & Social Services Board. While they refer to a GP specific incident, many of the principles are applicable to all types of data breach. While these examples are illustrative only, they will inform a PHA team in the event of data loss. We appreciate that you may have concerns that a copy of your information has become lost, so to help you we have provided some answers to questions you might have.

Why was my information on the tape?

All Practices are now computerised, we need computers to help plan and deliver your care. We need to make sure that any information we hold about you is up to date and is always available. To do this, we need to back up information in case something goes wrong with our computers. Until recently we have sent our backup tapes by recorded delivery to a specialist IT company in England, to ensure that the backup tapes would work correctly if we need them.

Does this mean someone has my information?

(~~Royal Mail~~ **Postal Service Provider**/Courier) has informed us that they believe that the (MEDIA) we sent on (DATE) has been lost. There is no suggestion that the (MEDIA) has been stolen. We are working with (~~Royal Mail~~ **Postal Service Provider**/Courier) and the IT company in England and have instigated an extensive search to see if the (MEDIA) can still be found.

How difficult is it to access my information?

The tape was not encrypted, but there was password protection. In order for anyone to access information such as letters they would need to have the following:

- Access to the correct version of the server operating system
- Access to the correct tape drive
- Access to the correct version of the back up software

To access full medical records it would also be necessary to have the correct version of the clinical system, including username and password, and a high level of expertise in using the clinical system.

Was it only my information?

No. The tape contained information on every patient on the Practice computer system, and we are writing to all these people.

Is all my information lost?

No. The information that was on the tape was only a copy of your information. We still have your original information. This will not affect the level of care you receive from us.

What should I do?

There is nothing you need to do personally. Although your information was on this tape, it was only a copy, and we still have your original information. This loss will not affect the level of care you receive from us in any way.

Why are you telling me now?

We posted the package on (DATE). What would normally happen is the company would carry out their checks, and then send us back the tape. When we realised on the (DATE), that we hadn't received the tape from the company, we contacted them to see what had happened. When they told us they had not received the tape, we contacted (Royal Mail Postal Service Provider/Courier), who told us they thought it had got lost in the post. We then contacted the (HSCB), which we are required to do, to let them know what had happened. The Information Commissioner has also been informed of the loss and we will be providing him with all necessary information.

Can this happen again?

No. Every Practice in Northern Ireland used to send tapes to be checked. This process was however stopped following a letter from the Directorate of Information Services, which was dated on the (DATE). New arrangements are currently being considered.

Where can I get more information?

If you would like further information, or if you have a specific question that we have not answered above, you can contact the: 'Practice Patient Support' line on (HELP LINE NUMBER).

Appendix 4

Information Commissioners Office Guidance

Guidance on data security breach management

Organisations which process personal data must take appropriate measures against unauthorised or unlawful processing and against accidental loss, destruction of or damage to personal data. Many organisations take the view that one of those measures might be the adoption of a policy on dealing with a data security breach.

This guidance note sets out some of the things an organisation needs to consider in the event of a security breach. This note is not intended as legal advice, nor is it a comprehensive guide to information security. It should, however, assist organisations in deciding on an appropriate course of action if a breach occurs.

A data security breach can happen for a number of reasons:

- Loss or theft of data or equipment on which data is stored
- Inappropriate access controls allowing unauthorised use
- Equipment failure
- Human error
- Unforeseen circumstances such as a fire or flood
- Hacking attack
- 'Blagging' offences where information is obtained by deceiving the organisation who holds it.

However the breach has occurred, there are four important elements to any breach management plan:

1. Containment and recovery
2. Assessment of on-going risk
3. Notification of breach
4. Evaluation and response.

1. Containment and recovery

Data security breaches will require not just an initial response to investigate and contain the situation but also a recovery plan including, where necessary, damage limitation. This will often involve input from specialists across the business such as IT, HR and legal and in some cases contact with external stakeholders and suppliers. Consider the following:

- Decide on who should take the lead on investigating the breach and ensure they have the appropriate resources
- Establish who needs to be made aware of the breach and inform them of what they are expected to do to assist in the containment exercise. This could be isolating or closing a compromised section of the network, finding a lost piece of equipment or simply changing the access codes at the front door
- Establish whether there is anything you can do to recover any losses and limit the damage the breach can cause. As well as the physical recovery of equipment, this could involve the use of backup tapes to restore lost or damaged data or ensuring that staff recognise when someone tries to use stolen data to access accounts
- Where appropriate, inform the police.

2. Assessing the risks

Some data security breaches will not lead to risks beyond possible inconvenience to those who need the data to do their job. An example might be where a laptop is irreparably damaged but its files were backed up and can be recovered, albeit at some cost to the business. While these types of incidents can still have significant consequences the risks are very different from those posed by, for example, the theft of a customer database, the data on which may be used to commit identity fraud. Before deciding on what steps are necessary further to immediate containment, assess the risks which may be associated with the breach. Perhaps most important is an assessment of potential adverse consequences for individuals, how serious or substantial these are and how likely they are to happen.

The following points are also likely to be helpful in making this assessment:

- What type of data is involved?
- How sensitive is it? Remember that some data is sensitive because of its very personal nature (health records) while other data types are sensitive because of what might happen if it is misused (bank account details)
- If data has been lost or stolen, are there any protections in place such as encryption?
- What has happened to the data? If data has been stolen, it could be used for purposes which are harmful to the individuals to whom the data relate; if it has been damaged, this poses a different type and level of risk
- Regardless of what has happened to the data, what could the data tell a third party about the individual? Sensitive data could mean very little to an opportunistic laptop thief while the loss of apparently trivial snippets of information could help a determined fraudster build up a detailed picture of other people
- How many individuals' personal data are affected by the breach? It is not necessarily the case that the bigger risks will accrue from the loss of large amounts of data but is certainly an important determining factor in the overall risk assessment
- Who are the individuals whose data has been breached? Whether they are staff, customers, clients or suppliers, for example, will to some extent determine the level of risk posed by the breach and, therefore, your actions in attempting to mitigate those risks
- What harm can come to those individuals? Are there risks to physical safety or reputation, of financial loss or a combination of these and other aspects of their life?
- Are there wider consequences to consider such as a risk to public health or loss of public confidence in an important service you provide?
- If individuals' bank details have been lost, consider contacting the banks themselves for advice on anything they can do to help you prevent fraudulent use.

3. Notification of breaches

Informing people and organisations that you have experienced a data security breach can be an important element in your breach management strategy. However, informing people about a breach is not an end in itself. Notification should have a clear purpose, whether this is to enable individuals who may have been affected to take steps to protect themselves or to allow the appropriate regulatory bodies to perform their functions, provide advice and deal with complaints.

Answering the following questions will assist you in deciding whether to notify:

- **Does the ICO need to be notified? If so, notifications are to be made within 72 hours.**
- Are there any legal or contractual requirements? ~~At present, there is no law expressly requiring you to notify a breach but sector specific rules may lead you towards issuing a notification~~
- Can notification help you meet your security obligations with regard to the seventh data protection principle?
- Can notification help the individual? Bearing in mind the potential effects of the breach, could individuals act on the information you provide to mitigate risks, for example by cancelling a credit card or changing a password?
- ~~If a large number of people are affected, or there are very serious consequences, you should inform the ICO~~
- Consider how notification can be made appropriate for particular groups of individuals, for example, if you are notifying children or vulnerable adults
- Have you considered the dangers of 'over notifying'. Not every incident will warrant notification and notifying a whole 2 million strong customer base of an issue affecting only 2,000 customers may well cause disproportionate enquiries and work.

You also need to consider who to notify, what you are going to tell them and how you are going to communicate the message. This will depend to a large extent on the nature of the breach but the following points may be relevant to your decision:

- Make sure you notify the appropriate regulatory body. A sector specific regulator may require you to notify them of any type of breach but the ICO should only be notified when the breach involves personal data
- There are a number of different ways to notify those affected so consider using the most appropriate one. Always bear in mind the security of the medium as well as the urgency of the situation
- Your notification should at the very least include a description of how and when the breach occurred and what data was involved. Include details of what you have already done to respond to the risks posed by the breach
- When notifying individuals give specific and clear advice on the steps they can take to protect themselves and also what you are willing to do to help them
- Provide a way in which they can contact you for further information or to ask you questions about what has occurred – this could be a help line number or a web page.

When notifying the ICO you should also include details of the security measures in place such as encryption and, where appropriate, details of the security procedures you had in place at the time the breach occurred. You should also inform us if the media are aware of the breach so that we can manage any increase in enquiries from the public. When informing the media, it is useful to inform them whether you have contacted the ICO and what action is being taken. ICO will not normally tell the media or other their parties about a breach notified to us, but we may advise you to do so.

~~The ICO has produced guidance for organisations on the information we expect to receive as part of a breach notification and on what organisations can expect from us on receipt of their notification. This guidance is available on our website:~~

~~http://www.ico.gov.uk/Home/what_we_cover/data_protection/guidance/good_practice_notes.aspx~~

You might also need to consider notifying third parties such as the police, insurers, professional bodies, bank or credit card companies who can assist in reducing the risk of financial loss to individuals, and trade unions.

4. Evaluation and response

It is important not only to investigate the causes of the breach but also to evaluate the effectiveness of your response to it. Clearly, if the breach was caused, even in part, by systemic and on-going problems, then simply containing the breach and continuing 'business as usual' is not acceptable; similarly, if your response was hampered by inadequate policies or a lack of a clear allocation of responsibility then it is important to review and update these policies and lines responsibility in the light of experience.

You may find that existing procedures could lead to another breach and you will need to identify where improvements can be made. The following points will assist you.

- Make sure you know what personal data is held and where and how it is stored.
- Dealing with a data security breach is much easier if you know which data are involved.
Your notification with the Information Commissioner will be a useful starting point.
- Establish where the biggest risks lie. For example, how much sensitive personal data do you hold? Do you store data across the business or is it concentrated in one location?
- Risks will arise when sharing with or disclosing to others. You should make sure not only that the method of transmission is secure but also that you only share or disclose the minimum amount of data necessary. By doing this, even if a breach occurs, the risks are reduced
- Identify weak points in your existing security measures such as the use of portable storage devices or access to public networks
- Monitor staff awareness of security issues and look to fill any gaps through training or tailored advice

- Consider whether you need to establish a group of technical and non-technical staff who discuss 'what if' scenarios – this would highlight risks and weaknesses as well as giving staff at different levels the opportunity to suggest solutions
- If your organisation already has a Business Continuity Plan for dealing with serious incidents, consider implementing a similar plan for data security breaches
- It is recommended that at the very least you identify a group of people responsible for reacting to reported breaches of security.

Appendix 5

Example Letter from GP to ICO advising of breach

I am writing to advise you of the possible loss of electronic patient data whilst in transit between this Practice and an I.T. provider based in the United Kingdom.

The data relates to individuals on my Patient list, which currently stands at approximately (X) individuals, which was contained on a (DEFINE MEDIA). This back up tape contained a copy of that portion of the Patient record that my Practice stores electronically.

This practice of sending a copy of our system back up tape to a specialist IT provider, is a regular process carried out by all General Practices in Northern Ireland, as an assurance that the systems were sufficiently protected, and being backed up correctly, in the event of a loss of the primary electronic record. The process involved a copy of a backup being sent to a specialist IT provider, who would then attempt to reinstall all the information held on the tape, to ensure that the copying process was working correctly. This was done as part of our contingency planning in the event of a system failure, to mitigate the risk of loss or damage occurring to the individual's electronic records.

The item in question was (METHOD OF TRANSFER IE POST, COURIER, OTHER) on (DATE), addressed to an I.T. provider, (NAME AND ADDRESS). On the (DATE), it came to my attention that this item had not reached its destination. I immediately contacted (TRANSIT COMPANY), who have carried out an initial investigation, but have to date, been unable to find the item. They have advised me that they are currently in the process of carrying out a more thorough search of their premises, and a full report is to follow. I also contacted the Health and Social Care Board and informed them of the possible loss of Patient information, and sought their advice on what actions my Practice should take.

We are currently working in close collaboration with the Health Board, on processes to advise those Patients that are potentially affected by this loss, which will take the form of notices in the local

press, letters to each patient on my practice list, and the setting up of a dedicated call centre for concerned patients. We are also working closely with the Department of Health and local representatives and Bodies, in a collaborative effort to address any concerns that our Patients may have.

I can assure you that all those involved in managing this issue, are taking this matter very seriously, and are committed to ensuring that those individuals affected by this loss are advised in writing as soon as is practicable and kept fully informed as to what actions have been taken to find this missing item, and what actions are being taken, both locally and regionally to ensure that incidents of this type do not occur again.

I am fully aware of the potential adverse effect this loss could have on the individuals involved, and I am happy to make myself available, and provide further details on the incident, which you may feel are required in order to satisfy yourself that all necessary steps are being taken by all those concerned. In the interim, I will keep you fully informed of any further developments that may have some bearing on this matter, and assure you that both myself, and my Practice, are committed to take this process forward in an open and transparent manner, and reaffirm our commitment to fully respect Patients' rights, and to meet our responsibilities as a Data Controller.

Appendix 6

Example Letter from a GP advising a Patient of breach

Date: [PRACTICE LETTERHEAD]

TO PATIENTS OF

Dear Patient

SUSPECTED LOSS OF (MEDIA) CONTAINING PATIENT INFORMATION

I am writing to let you know that a (x) containing your details and those of all patients registered with this Practice appears to have been (LOST / STOLEN FROM).

All Practices in the (DEFINE AREA) area put patient information on (MEDIA) so that in the event of fire or other occasions where computers might be damaged they are able to restore the information. This means that continuity of care can be provided.

This Practice sent a (MEDIA) by (DESCRIBE TRANSFER METHOD) on (DATE), and we have been informed by the (OTHER BODY) that they did not receive the (MEDIA). This came to our attention on (DATE).

We have notified the Health and Social Care Board. They are working with us and (~~Royal Mail~~/Courier **Postal Service Provider**) to see if the (MEDIA) can be found.

We feel it is important to let you know the situation because the (MEDIA) contains information about our patients such as medical records, correspondence, referral letters and personal details such as name, address, gender, and date of birth.

We fully understand the concerns that you will have about this situation and we apologise that the (MEDIA) appears to have been (LOST/STOLEN).

The (MEDIA) was (SECURITY MECHANISMS IE ENCRYPTED AND OR PASSWORD PROTECTED). – IF ENCRYPTION WAS PRESENT, ASSURE PATIENT THAT NO ONE CAN ACCESS THE MEDIA TO VIEW THEIR INFORMATION.

If you have any queries or would like to discuss any concerns you may have, please contact the special telephone number (NUMBER) on the following dates:

- Wednesday 8.00 am – 6.30 pm
- Thursday 8.00 am – 6.30 pm

If you have any queries after Monday - you should contact the Practice directly.

Data Protection/Confidentiality Policy

Version	1.4
Date version 1.3 approved by IGSG	29/03/2017
Date version 1.3 approved by AMT	28/03/2017
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Reviewed policy approved by IGSG	
Reviewed policy approved by AMT	
Reviewed policy approved by PHA board	
Scheduled review date	

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1.0 INTRODUCTION

1.1 Data Protection policy – Background

The ease, with which personal information can be passed within Public Health Agency (PHA), often by computer, is an undoubted benefit for patients and clients, for those involved in their care and treatment and in the planning and commissioning of Services. However, all those concerned need to be aware that there is a legal duty to protect the confidentiality of personal information, whether it relates to patients, clients, staff or members.

The PHA recognises that it has a responsibility to respect the individual's rights afforded by the Data Protection Act 1998 (DPA 2018 when it comes into force later in 2018) and EU General Data Protection Regulation (GDPR). We recognise that there is a legitimate expectation on the part of our service users and staff that their information will be treated as confidential and that sharing of that information will be legitimate, necessary and lawful. This policy is based on that expectation and acknowledges that HSC staff will need to have strictly controlled access to personal information, anonymised wherever possible, to enable the effective and efficient delivery of Health and Social Care Services to the local population within Northern Ireland.

All PHA staff, agents and contractors are reminded of their responsibilities under Data Protection and GDPR legislation and all associated Codes of Practice and governing Principles. Any breach of PHA policy will be treated as a serious matter and may result in disciplinary action including dismissal, or in the case of an Agent or Contractor, consideration will be given to the review or termination of any formal arrangements.

1.2 Purpose of the Policy

This policy aims to clarify why it is necessary to ~~share~~ collect, store or process information, how long information may be stored for, how ~~personal information may be shared~~ and when personal information may be shared. It also addresses the need to make patients, clients and staff aware of the ways in which their information might be used and

emphasises the use wherever possible of anonymised information setting out the circumstances in which information may be passed on for other purposes or as a legal requirement.

It also confirms and reinforces that a Common Law duty of confidence applies to everyone working for or with the HSC and aims to inform all staff working within the PHA of the personal role they must play in the correct, appropriate and legitimate sharing of information, and what measures they must take to protect that information when it is in their charge.

This policy should be read by staff in conjunction with all Information Governance and ICT Security policies available on the [PHA Intranet](#), as well as [mandatory Information Governance eLearning training on the HSC Leadership Centre website](#). This policy should also be read in conjunction with the [PHA privacy notices which can be found on the PHA Intranet](#).

This policy should be read alongside the PHA's Facilities Management Policies for each of the locations, which deal with physical security of the PHA's premises and give important guidance in this respect.

The policy has been written in line with current legislation and guidance on data protection, with particular reference to the then Department of Health Social Services and Public Safety guidance document "Code of Practice on Protecting the Confidentiality of Service User Information" (January 2012). [Reference is also made](#) to the Data Protection Act [1998 \(2018 when published\)](#), [GDPR](#) and with reference to the revised Principles set out in the Caldicott 2. This policy has been reviewed to reflect the additional Caldicott Principle "*The duty to share information can be as important as the duty to protect patient confidentiality*". Whilst not binding in the context of Northern Ireland, HSC has adopted these principles in spirit and they remain at the heart of all related policy developments.

1.3 Governing Principles

The following governing principles are at the heart of this policy document, and should be viewed as the defining principles when handling personal data.

- 1 The use to which Personal Information is to be put within or from an organisation should be clearly defined, justified and regularly reviewed
- 2 Personal data items should not be included in transfers of information within or between organisations unless it is absolutely necessary and there is a robust business need and sufficient security measures employed to protect the transfer
- 3 Only the minimum amount of identifiable information should be transferred or be accessible as is necessary for any given, specified and approved function or purpose.
- 4 Only those individuals who need access to personal information should have access to it, and limited to what they need to see for their particular business need.
- 5 Managers and 'Information Asset Owners' should take such actions as are necessary on an on-going basis to ensure that all staff are made fully aware of their contractual and legal responsibilities and obligations to respect and protect individuals personal information from unauthorised use, disclosure, loss or destruction.
- 6 Every use to which personal data is put, should be lawful and comply with all relevant applicable guidance
- 7 No personal information should be transferred within or between organisations unless adequate, robust and approved security mechanisms are in place – see 2 above.
- 8 When collecting personal data from data subjects, PHA should inform the subject as to the proposed use or uses the data is to be put, who it is to be shared with, how it will be secured and how long it will be retained.
- 9 Personal Information will, when no longer required, be permanently and verifiably destroyed.

This policy also takes cognisance of the following GDPR principles:-

1. Transparency, fairness and lawfulness in the handling and use of personal data.
2. Limiting the processing of personal data to specified, explicit and legitimate purposes.
3. Minimising the collection and storage of personal data.
4. Ensuring accuracy of personal data and enabling it to be erased or rectified.
5. Limiting the storage of personal data.
6. Ensuring security, integrity and confidentiality of personal data.

The above principles should also be read in conjunction with the Individuals Right under GDPR, which have been summarized in Appendix 6.

Compliance with this policy will ensure:-

- That the data collection is lawful and complies with the Data Protection Legislation 1998 (2018 when published), ~~GDPR Fair Processing Provisions~~ and the Data Protection (Processing of Sensitive Personal Data) Order 2000.
- That data access is restricted to those with legitimate need to view the data.
- That all records systems, both electronic and manual, are secured and that all information held is a minimum data set, is collected and processed for specific purposes, is held only as long as is necessary for the purpose for which it was collected, is processed fairly and lawfully and is disposed of in a way which continues to protect confidentiality.
- That personal information is shared with those staff who have a legitimate relationship with the service user, are involved in the management and/or delivery of Health and Social Care Services or are regulated and registered Health and Social Care Professionals.

1.4 Definitions

“Personal Data” - The term “personal information” applies to personal data/ information, as is defined in law, about living

individuals held by or for Health and Social Care organisations, agents or staff. Personal data is data which relates to a living individual who can be identified from those data.

This definition covers the obvious such as medical and staff records in addition to personal 'non-health' information such as a patient or client's name and address or details of his or her financial or domestic circumstances. It relates to both computerised and manual records and can be held in different formats, and include, for example, CCTV images microfiche, audio recording or still photographic images.

“Sensitive Personal Data” - Some “personal data” is classed as “sensitive personal data” by the Data Protection Act, and additional safeguards and regulation is afforded to this type of information. This information can only be processed under certain defined circumstances.

‘Personal data’ becomes ‘sensitive personal data’ if it includes any of the following types of information about an identifiable, living individual:

- racial or ethnic origin;
- political opinions;
- religious beliefs;
- trade union membership;
- physical or mental health;
- sexual orientation;
- commission of offences or alleged offences.

If you process information containing one or more of the types of information described above, you may seek advice from the **Senior Operations Manager (Delivery)** if you have any queries relating to the extent of its use, transfer or permanent destruction.

‘Data Controller’ - For the purpose of this document the Public Health Agency (PHA) is the “Data Controller”, and therefore, the organisation and its employees are subject to, and required to be comply with, the principles set out in the Data Protection Act **1998 (2018 when published) and the GDPR.**

The Ministry of Justice defines the ‘Data Controller’ as, “a person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed”.

‘Data Processor’ - The Ministry of Justice defines the ‘Data Processor’, in relation to personal data, as any person (other than an employee of the data controller) who processes the data on behalf of the “data controller”.

These definitions are also consistent with the GDPR.

In relation to the PHA, this definition would define, for example, The Business Services Organisation, as a PHA data processor, in so far as the BSO processes information or carries out certain functions on behalf of the PHA.

In a legal context the PHA “owns” the “personal data” it “controls” and is responsible for ensuring compliance with the principles set out in the Data Protection Act 1998 (and 2018 when published) and GDPR.

This extends to ensuring that adequate safeguards, that are at the very least equal to those employed by the PHA, are implemented and operated by a Data Processor to protect and comply with the Principles of the Data Protection Act when carrying out processing of personal information on our behalf.

1.5 Further Information

Further information regarding any aspect of data protection and use of personal information can be found on the Information Commissioner’s Office website: <https://ico.org.uk/> (<http://www.informationcommissioner.gov.uk/>)

The PHA **Senior Operations Manager (Delivery)** will also be able to provide information about this policy.

2.0 BASIC PRINCIPLES

- 2.1 Every person, irrespective of Nationality, whose information is held by the PHA for Northern Ireland, is afforded certain rights under the United Kingdom Data Protection Act 1998 (2018 when published) and GDPR. The PHA is legally obliged to respect and maintain these rights in both practice and policy.
- 2.2 All PHA staff are legally bound by a Common Law duty of confidence to maintain confidentiality of information and abide by the principles of the Data Protection Act 1998 (2018 when published) and GDPR.
- 2.3 Information provided in confidence may not be used for a purpose other than that for which it was collected or be passed to anyone else without the consent of the provider of the information (Data Subject). If occasion arises where it is proposed that personal information be used for another purpose, then expert opinion should be sought before any additional processing takes place.
- 2.4 Patients, clients and staff should, where it is reasonable and practicable to do so, be informed in advance of the uses to which their information may be put. (Fair Processing i.e. via PHA privacy notices).
- 2.5 Patients and clients' right to refuse or withdraw the use of their information must be respected (except in exempted circumstances where this is required by law).
- 2.6 The PHA is required to comply with all legislation and guidance relating to the protection and use of personal information.
- 2.7 Access to, and release of personal information will be strictly controlled; where possible anonymised and aggregate information will be used. Only the minimum data required will be processed by the PHA.
- 2.8 Personal information will be held only for as long as it is required for the purpose for which it was collected. It will be disposed of in a manner that continues to protect

confidentiality. Patients, Clients and Staff should be informed at the outset, the period that their information will be retained.

2.9 Individuals have a right to complain to the ICO if they have concerns regarding the handling of their personal or sensitive information.

2.10 Contractors with access to personal information held by, or on behalf of, the PHA are required to comply with this policy and have in place their own complementary policies and procedures that will provide the same or greater protection to information processed on behalf of the PHA (see 1.3). The PHA will require that Contractors or Agents acting at the direction of the PHA provide assurances and evidence of this requirement. Where it is deemed necessary, the PHA will require Contractors or Agents to implement certain organisational and/or technical measures to enhance their existing information security measures. Contractors or Agents will also be expected to follow PHA good practice developments in information security, and amend their own processes to meet PHA expectations.

3.0 PROTECTION AND USE OF INFORMATION

3.1 Uses and restrictions

3.1.1 Patients, clients and staff should be advised in advance of the uses to which the information they provide may be put. This may be verbally, in written form on standard documentation used to collect information or on literature on protection and use of personal information designed specifically for this purpose. These are known as 'Fair Processing **Privacy** Notices'.

3.1.2 Personal information may in appropriate circumstances * be used for:

- The delivery of personal care and treatment, including needs assessment and Service Planning.
- For assuring, improving or auditing the quality of care and treatment delivered by HSC.

- To monitor and protect public health including the prevention, detection and control of disease.
- To co-ordinate HSC care with that of other associated agencies.
- For effective Health and Social Care administration.
- Teaching, training and education of Staff.
- In statistical analysis and/or Health and Social Care research.
- Staff Administration and records including pay, superannuation, work management and discipline.
- Accounting and Auditing including the provision of accounting and related services, the provision of an Audit where such an audit is required by statute.
- Crime prevention and prosecution of offenders.
- The administration of licensing or maintenance of official registers.
- Benefits, grants and loans administration.
- Investigation of complaints.
- Defending legal challenge.
- Auditing of Bodies in receipt of monies from the HSC.

*** Note:** This list of possible uses is not exhaustive. If you are unsure whether or not a particular use is covered here, advice should be sought from the PHA **Senior Operations Manager (Delivery)**.

3.1.3 Sometimes personal information is required by statute or court order and the PHA will be obliged to release the information in these circumstances.

3.1.4 Release of information necessary for the protection of the public and tackling serious crime is covered by the “Code of Practice on Protecting the Confidentiality of Service User Information” (January

2012) which should be studied in conjunction with this policy.

3.1.5 The PHA will not and does not permit personal details to be released or sold on for fundraising or commercial marketing purposes.

3.1.6 The PHA does not permit external Agents or Contractors to pass on information to third parties unless the purpose is legitimate and the PHA has agreed to that sharing **in writing via a Data Access Agreement or Memorandum of Understanding.**

3.1.7 The PHA is obliged by law to comply with requests from the Comptroller and Auditor General Northern Ireland to provide information in an electronic format relating to PHA staff for the purpose of Data Matching exercises conducted under the National Fraud Initiative. These powers are based on amendments to the Audit and Accountability Order (Northern Ireland) 2003, at Articles 4A and 4G respectively.

3.2 Collection, Retention and Disposal of Information

3.2.1 Data subjects will be advised of the uses to which their information may be put. This should take the form of information to patients and clients as laid out in the then DHSSPS “Code of Practice on Protecting the Confidentiality of Service User Information” (January 2012). They will also be advised on request of the rights of access which apply to certain records under the Data Protection Act **1998 (2018 when published) and GDPR.**

3.2.2 Information sharing between HSC bodies may require a signed Data Access Agreement between the parties. It is recommended that such an agreement is in place for those information flows regularly shared, for example, between the PHA and their Providers. A sample Data Access Agreement is included (Appendix 1).

- 3.2.3 Information sharing between HSC bodies and non-HSC bodies must also be covered by a Data Access Agreement.
- 3.2.4 Patients or Clients who consider withholding or restricting transfer of information should be advised that such restriction could possibly have an adverse impact on their care or treatment as the sharing of personal information between HSC professionals is critical to ensuring that the highest level of service is afforded to the individual. Legal or statutory requirements should also be explained. HSC staff should ensure that these discussions are handled with sensitivity and care and that the opinion of the individual is respected when making decisions about the use to which their information is to be put.
- 3.2.5 Only the minimum set of data should be collected, sufficient to the task.
- 3.2.6 Computerised personal information will be held on systems that are at the very least password protected and comply with the PHA ICT security policies and to which access is restricted to authorised personnel. Guidance on use of passwords is laid out in the PHAs ICT Security Policy. Any unauthorised access to restricted information must be brought to the attention of a senior officer immediately and the **Senior Operations Manager (Delivery)** must be informed at the earliest opportunity.
- 3.2.7 Removable media such as PHA approved 'SafeStick' USB devices, laptops and tablet devices must have encryption software installed to protect against unauthorised access to sensitive information in the event of a loss or theft of that equipment. It is not permitted to store or transfer sensitive information, either corporate or personal, on media that is not encrypted, such as personal laptops, tablet devices or 'SafeStick' USB devices.

For security purposes each electronic or physical set of data is assigned an 'information asset owner'. The IAO is responsible for:-

- Identifying all the data within their area of responsibility;
- Specifying how the data can be used;
- Agreeing who can access the data, and what type of access each user is allowed. (See Appendix 1 addendum for PHA 'Data Access Agreement Form').
- Determining the classification or sensitivity level(s) of the data;
- Periodically reviewing that classification;
- Ensuring and approving appropriate security protection for the data, e.g. encryption software
- Ensuring compliance with security controls;
- Ensuring compliance, where necessary, with the Data Protection Act 1998 (2018 when published) and GDPR, and any other relevant legislation covering personal or medical data.
- Ensuring all staff that they are responsible for are aware of their responsibilities and have access to policies and specialist advice when required.

Data classed as 'sensitive' within one system should maintain at least the same sensitivity level across all systems.

Access rights given to users should be consistent across all areas. Particular attention should be paid to data being downloaded to a computer. Corporately sensitive information often ceases to be sensitive after a period of time, for example, when the information has been made public. This should be taken into account, as over-classification can lead to unnecessary expense.

Please note: As a general statement, it is not permitted for PHA personal data or PHA business information to be held on unencrypted desktop or laptop computers. Such information should be held

on a dedicated records management system, a dedicated server or at a sufficiently secure location to mitigate against the risk of a loss or theft of that equipment and to ensure there are regular backups of that data to maintain business continuity. It is recognised that business needs will occasionally dictate that sensitive information is held on laptops or desktops. Staff should seek advice from the **Senior Operations Manager (Delivery)** to ensure adequate alternative safeguards are in place on these occasions.

- 3.2.8 Manual personal information will be held securely, for example in locked filing cabinets, and access restricted to authorised staff. Access will be granted at the direction of the Information Asset Owner or designated deputy (see 3.2.7)
- 3.2.9 Staff should operate a clear desk policy whereby personal (or business sensitive) information is not left in clear view of others (see PHA Clear Desk Policy).
- 3.2.10 Information will be retained only for as long as the purpose/s requires it bearing in mind legal timescales for retention of particular records (Appendix 2). Individual departments within the PHA are required to be familiar and comply with the timescales under which the personal information they hold is governed. Reference should be made to the then DHSSPS document “Good Management Good Records” and the PHA “Records Management Policy” and “Retention and Disposal Schedule”. These can be found on the PHA Connect site policy section under Information Governance.
- 3.2.11 Methods used for disposal of confidential information must continue to protect confidentiality. Paper information should be shredded by means of a ‘cross cut’ shredder. It is not permitted to shred sensitive information by means of a ‘strip’ shredder as this method is no longer considered secure.

All redundant, faulty or obsolete PHA removable storage media, such as 'SafeStick' USB devices or external hard drives which did or which may have contained sensitive or valuable information during their life cycle, should be returned to the BSO Information Security Team (ITS) for complete and verifiable destruction rendering them unusable. An INFRA call should be logged to facilitate this type of equipment disposal. Officers responsible for the formal disposal of media should ensure that a disposal certificate is sought from any contractor employed to carry out this task.

Further information on this area can be found in the PHA Waste Management Policy.

3.3 Processing and Presentation

- 3.3.1 Staff who are authorised to do so will process and present information in line with uses and restrictions set out in 3.1.
- 3.3.2 Information will be presented in an aggregate, anonymised form where disclosure of an individual's information would not be authorised for the purpose. Anonymisation does not in itself remove the duty of confidence in relation to the information. Confidentiality must still be protected.
- 3.3.3 With increasing usage of geographical information mapping tools (GIS) it is important to emphasise that, within the PHA, mapping systems are utilised only by trained staff who are fully aware of their personal responsibilities in protecting individual information from disclosure, both in its raw form and in any way in which it is potentially represented.
- 3.3.4 To allow the sharing of personal identifiable data within the terms of the Data Protection Act 1998 (2018 when published) and GDPR, it is essential that when information is being gathered, that the purpose or purposes to which that information is to be used, is clearly defined and understood by the data subject and that they agree to the proposed usage. If you have captured this consent, sharing is

legitimate within the terms and conditions of use to which the subject agreed. Any secondary use of patient level data should be considered in conjunction with advice from the PHA **Senior Operations Manager (Delivery)** in conjunction with the third party from which the information was received, in many cases, this will involve Trust providers input.

3.3.5 Information labelling and handling.

Sensitive information should be labelled appropriately and output from systems handling such data should carry an appropriate classification label (in the output). The marking should reflect the classification of the most sensitive data in the output. Output includes all types of storage media and file transfers.

The document “Code of Practice on Protecting the Confidentiality of Service User Information” was issued by the **DOH** in 2012. Care should be taken to meet its requirements. This document can be found at the following web address: <https://www.health-ni.gov.uk/publications/code-practice-protecting-confidentiality-service-user-information>.

3.4 Disclosure

- 3.4.1 Disclosure of personal information will be on a strictly “need to know” basis and in accordance with the uses detailed in 3.1 and where necessary, in consultation with the Information Asset Owner
- 3.4.2 Information disclosed will be the minimum dataset, sufficient to carry out the task.
- 3.4.3 All requests made to the PHA by an individual, other than from a member of PHA staff, seeking access to their own personal information should be forwarded to the Senior Operations Manager (Delivery) at

Tower Hill who will process the request in accordance with relevant statutory obligations.

- 3.4.4 Where information has been sought for research purposes by external organisations/individuals, a Data Access application should be issued and returned before an informed decision is taken on appropriateness of disclosure (Appendix 3).
- 3.4.5 For some guidance in relation to the risks associated with information requests, refer to the Department's revised "Code of Practice on Protecting the Confidentiality of Service User Information" (January 2012).
- 3.4.6 In line with guidance laid down in the PHA's ICT Security Policy and various protocols operating within the PHA, disclosure of any information must be via media appropriate to the sensitivity of the information concerned. Security measures such as passwords and encryption must be employed when transferring or storing personal (or corporately sensitive data) and that transfer or storage must be authorised by the department's nominated Information Asset Owner. You should refer to the Information Governance Leaflets titled 'Information Transfers: Your Options' and 'Information Security Leaflet' for advice. Further advice can be sought from the **Senior Operations Manager (Delivery)** or the Business Services Organisations Information Security Department (BSO ITS).

3.5 Data Access Requests

Data subjects (individuals whose information we hold) have the right to see or request a copy of data which is held about them, whether this be computerised or manual. ~~The current maximum charge applicable for access is £10 for records held on computer and £50 for paper records or other media (e.g. X-ray). These charges are defined by the 'Data Protection (Subject Access) (Fees and Miscellaneous Provisions) Regulations 2000'. Having considered the findings of Caldicott 2, and being mindful that an individual's financial circumstances should not restrict their ability to~~

~~exercise their rights to access their information there are no applicable fees in respect of requests for access to personal information under section 7 'subject access provisions' of the Data Protection Act 1998.~~

All requests for access to personal information must be received in writing. The procedures for dealing with such requests are laid out at (Appendix 4). Further advice may be sought through the Senior Operations Manager (Delivery).

3.6 Information for Statistics and Research

The sharing of PHA information for statistics and research purposes is governed primarily by the principles and schedules of the Data Protection Act 1998 (2018 when published) and GDPR and other complimentary Legislation and Regulatory Codes of Practice. The Body / Organisation requesting information is required to complete an 'Application for Access to Personal Level Data for Research Purposes' (Appendix 3) which must be submitted to the PHA for consideration. In the event that the PHA approves a disclosure of patient level data, a Data Access Agreement (Appendix 1 addendum) would be drafted to cover the disclosure and describe the use and extent of the disclosure. Note: Using information for research purposes is addressed within the Data Protection Act 1998, however, strict guidelines will apply, and appropriate safeguards must be present, in order for data to be used for research purposes within the strict definitions provided within the Act. Further advice may be sought from the Senior Operations Manager (Delivery) or PHA Personal Data Guardian.

3.7 Human Resources Records

Personal information is collected for recruitment purposes, for salaries and wages, for maintenance of the employment relationship between the PHA and its staff and to ensure that the PHA complies with its HR policies and procedures. HR policies are available on the PHAs Connect site. It is important to recognise that any staff information held by managers (manual or electronic) should be afforded the highest levels of privacy and security. It should be noted, that rights afforded to the individual under the Data Protection Act 1998 (2018 when published) and GDPR, extend to

employees of the PHA and these rights are not lessened by virtue of the employer / employee relationship. (Note: The PHA is a Public Authority as defined by the Freedom of Information Act 2000. In certain circumstances, information relating to employees public role within the PHA may be disclosed, for example, on receipt of a Freedom of Information request.)

3.8 Audit Records

The PHA is required to provide access to all its records to Internal Audit. This access extends to all records, documents and correspondence relating to any financial or other relevant transaction, or function or activity conducted by the PHA or its Officers, and includes documents of a confidential nature. This disclosure of information is covered by the PHA's Data Protection registration with the Information Commissioner and Internal Auditors are contractually bound to maintain the security and confidentiality of all records in their care as with all personal information held at PHA level. Further to this, the Comptroller & Auditor General under powers conferred to his Office through the introduction of the 'Audit and Accountability (Northern Ireland) Order 2003' will periodically require disclosure of information from the HSC when conducting Data Matching Exercises under the National Fraud Initiative. It should be noted that the HSC is legally bound to comply with any request for access to information held on both employees and contractors. Release of such information does not require the consent of the individuals concerned under the Data Protection Act 1998 (2018 when published) and GDPR. Staff will be notified prior to any disclosure and additional information can be sought at that time from the PHA Senior Operations Manager (Delivery).

3.9 Responsibilities of Staff and Contractors

- 3.9.1 All staff are bound contractually to protect the confidentiality of information to which they have access in the course of their employment.
- 3.9.2 Provision currently exists in contracts between the PHA and its Providers to maintain confidentiality of information that is utilised in any

dealings arising from the operation of the contract. Providers should ensure that any information disclosed to the PHA is anonymised where possible. Where identification of individuals is necessary, Providers should ensure that appropriate consent of data subjects is in place for the purpose of disclosure and that disclosure is in line with the provisions of all relevant legislation and applicable guidance. Providers should describe any conditions which are attached to the data at the time of transfer, such as retention and disposal timescales.

- 3.9.3 Comprehensive confidentiality clauses are currently written into contracts between the PHA and Computer Companies/Agencies and general maintenance contractors which refer directly to the protection of personal data and confidentiality. All contractors have a responsibility under this policy and existing legislation to protect the information to which they have access under the terms of their contract.
- 3.9.4 Protocols, such as those for faxing information and operation of 'safe haven' addresses and associated contact persons, are currently shared with those Providers/contractors to whom they may apply.

3.10 Out of the Office

It is PHA policy that patient/client-identifiable information remains on-site where possible. The PHA expects that no patient, client or employee identifiable information will be removed from the building without the approval of a sufficiently authorised officer, normally that will be the Information Asset Owner or an Officer of Assistant Director level or above. Information Security measures such as passwords and encryption software should be present on any removable media device, such as a laptop, external hard drive or PHA approved and issued 'SafeStick' USB device, before any decision to allow information to leave the premises is taken. Reference should be made to PHA ICT Security Policy.

Requests for remote internet access can be made by completing the 'Secure Remote Access Application Form' which can be found on the Information Governance Section of the PHA Connect site. This form must be signed off at Assistant Director Level before it is considered by the **Senior Operations Manager (Delivery) or Deputy**.

3.11 Breaches of policy

3.11.1 All staff, contractors and agents are reminded that they are bound by a Common Law duty of confidence in the protection and use of personal patient, client and staff information. All staff contractors and agents should be aware of and abide by the contents of this policy.

3.11.2 **The GDPR introduces a duty on all organisations to report certain types of data breach to the ICO within 72 hours. Any suspected breach of this Policy must be reported to the Senior Operations Manager (Delivery) immediately, or by contacting another member of the Information Governance Team. The incident can then be assessed and appropriate immediate and remedial corrective action can be taken to contain the breach. (Please refer to PHA Data Breach Response Policy).**

4.0 PHA RESPONSIBILITIES

4.1 Management Arrangements

4.1.1 The PHA has approved this policy document in recognition of its responsibilities in relation to the protection and use of personal information as governed by the Data Protection Act 1998 (2018 when published) and GDPR.

4.1.2 The PHA requires that Management make appropriate arrangements to ensure communication of this policy to all levels of staff within the organisation, and ensure that staff receive and

attend training courses relating to this particular subject.

- 4.1.3 Any queries arising in relation to this policy should be directed to the **Senior Operations Manager (Delivery)**.

4.2 Resources

- 4.2.1 The PHA will consider the use of resources in developing materials to inform patients, clients and staff of the uses to which their information will be put and to their rights of access where appropriate.
- 4.2.2 Training to communicate the responsibilities laid out in this and associated policy documents and practical measures that can be taken to comply with the contents will be provided for all PHA staff in formats that meet the identified need with emphasis on e-learning packages.
- 4.2.3 Practical guidance for compliance with this policy and the ICT Security Policy will be provided for all staff. This information will also be provided on Hardcopy and through the PHAs Connect site and through e-learning packages accessible via staff computers.
- 4.2.4 It is envisaged that all new staff will be informed of their responsibilities in relation to this policy and the ICT Security Policy as part of the PHA induction to the organisation. All Managers will be responsible for ensuring staff are familiar with both policies and are aware of their responsibilities in relation to their particular business activity.
- 4.2.5 Periodically, internal audit will review the PHA's arrangements for adequately protecting and appropriate usage of personal information.
- 4.2.6 The **Senior Operations Manager (Delivery)** will make arrangements for periodic 'audits' of the main PHA

buildings to ensure that all staff are familiar with and abiding by the contents of the policy and its associated guidance. Reports on these audits will be prepared for consideration by the relevant directing committees of the PHA.

- 4.2.7 Contractors will be made aware of the contents of this policy and their associated responsibilities through the HSC standard contract clauses.

4.3 Ensuring Adherence

- 4.3.1 Through effective communication, the PHA requires that staff act responsibly and within the confines of this policy document. However, breaches will be dealt with as serious matters and the PHA will not hesitate in exercising its rights in such situations.
- 4.3.2 Contractors working with or on behalf of the PHA will be informed that they too are bound by the principles laid down in this policy and the relevant clauses included in all contracts.

4.4 Equality and Human Rights Screening

- 4.4.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to them.
- 4.4.2 Using the Equality Commission's screening criteria, no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.
- 4.4.3 This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.

- 4.4.4 This policy has been included in the PHA's Register of Screening Documentation and maintained for inspection whilst it remains in force.
- 4.4.5 This document can be made available on request in alternative formats and in other languages to meet the needs of those who are not fluent in English.

4.5 Review of policy

This policy will be periodically reviewed and updated to ensure that it is in line with current guidance and legislation relating to protection and use of patient and client information. ~~This policy will be reviewed no later than March 2021, or sooner as required.~~

Appendix 1

PHA DATA ACCESS AGREEMENT FORM (DAA)

The PHAs 'Data Access Agreement' pro-forma is provided as a separate file and can be accessed on the PHA Connect site under the Information Governance Section – [link](#)

Appendix 2

Retention of Records

The retention and disposal of PHA records must be in line with both the PHA's Records Management Policy and the corresponding Retention and Disposal Schedule. The Retention and Disposal Schedule is based on the then DHSSPS publication 'Good Management, Good Records' and outlines minimum retention periods for records created in the PHA. The Schedule also details the final action for PHA records by identifying those which need to be transferred to the Public Record Office for Northern Ireland (PRONI) and those which can be destroyed once they have been retained for the sufficient period of time.

The following link will take you to the Good Management, Good Records facility on the DOH website - [link](#)

Appendix 3



**APPLICATION FOR ACCESS TO PERSONAL
LEVEL DATA
FOR RESEARCH PURPOSES**

1. Personal Details – Researcher / Planner

Surname : _____

Forenames : _____

Postal Address : _____

Postcode: _____

Organisation : _____

Telephone No. : _____

Fax No. : _____

Email : _____

2. Project Details

Title of Project : _____

Project purpose: _____

/ background _____

Proposed Start Date : _____

Duration : _____

3. Approval sought by the Researcher / Planner

Identify organisations or individuals from which assurances of co-operation will be required and whether these assurances have yet been given

Name of individual/organisation and contact name	Co-operation confirmed (Y/N)

Has this research been cleared by the Ethical Committee (where appropriate): _____
(copy of authorisation to be attached to this application)

Terms and Conditions of Support

The following are the Terms and Conditions under which the Public Health Agency (PHA) will consider supporting the proposed research:

4. GENERAL CONDITIONS

- 4.1 The Applicant will acknowledge the support of the PHA in any final report
- 4.2 The Applicant will provide the PHA with an opportunity to contribute to the design of the research
- 4.3 The Applicant will provide the PHA with a presentation of the findings of the research if requested to do so
- 4.4 The Applicant will comply with all Data Protection requirements and will exercise proper safeguards to prevent any breach of confidentiality and/or privacy. Any disclosed results of the research shall not be able to identify an individual without that individual's written consent.
- 4.5 Data made available by the PHA to the Applicant is done so in confidence solely for the purpose of the above research project.
- 4.6 Data made available by PHA to the Applicant directly will not be divulged to any individual not associated with the research
- 4.7 When the research project is concluded, all personal data will be entirely destroyed.
- 4.8 The Applicant will provide the PHA with a pre-publication draft of any report generated from the research prior to publication.

4.9 The Applicant will pay for any reasonable costs incurred by the PHA in supporting the research, including costs incurred by other organisations.

5. AGREEMENT (To be completed by the Researcher / Planner)

I agree to the terms and conditions laid out in this document.

Signed

Project Leader: _____

Organisation: _____

Date: _____

6. Declaration of Data Protection Co-ordinator and Data Custodian

I declare that the Public Health Agency's involvement in the above research complies with the Data Protection Act and that all notification requirements have been completed.

Signed: _____ **(Data Guardian)**

Date: _____

Signed: _____ **(Senior Operations Manager (Delivery))**

Date: _____

6.1 Chief Executive PHA (or Designated Deputy)

Signed: _____ **(Chief Executive/Deputy)**

Date: _____

Appendix 4

Procedure for dealing with subject access requests

Sample Letter

PHA Governance Department
ADDRESS

Dear Sir / Madam

The Data Protection Act **1998** (2018 when published) and GDPR gives everyone the right to seek access to their own personal information.

To request access to Health and Social Care records held by the Public Health Agency (PHA), please complete the attached 'application form' (2 pages). A letter of application is also acceptable (e.g. from a Solicitors office) but it should provide us with all necessary information to allow us to search for any relevant records.

Please include as much detail as possible about the records you are seeking e.g. type, location or any reference number you may have received from the PHA during previous correspondence.

The completed Application Form or letter of application should be returned along with;

- a) A valid form of identification (e.g. driving licence, birth certificate, ID card, passport. – originals will be returned)
- b) If the application is from someone other than the subject of the information, signed consent from the data subject
- e) ~~The relevant fee (see Application Form)~~

I am required to inform you that the **one month 40 days**, allowed under DPA **and GDPR**, to process your request will not commence until we receive **the applicable fee** and all necessary documentation as indicated above.

If you have any queries about completing this Application Form, or about our procedures for processing such requests, please do not hesitate to contact me at the address provided.

Should you wish to complain, **please contact**

Yours Sincerely



Application for access to personal Health and Social Care records

(The relevant fee and a valid form of identification should accompany all requests; see form for details of any documentation required to validate your application)

PART A

Your details (person to whom the information relates)

Surname	Forenames
Date of Birth	Other identifying Information
Address	
Tel / Contact Number	

If the details provided above are different from those that we may hold about you, please provide us with the following information

Previous Surname (1) _____ (2) _____

Previous Address (1) _____ (2) _____

Applicable dates _____

To help us identify the records you are seeking, please indicate what type of record you believe we may hold (eg Complaints records, Social Services records, Health records)

PART B I require access to the records in the following format: Fee required Please Tick

I only wish to view my records	Facilitated free of charge if the request is deemed appropriate
Printout of records held on computer systems	£no fee
A copy of Social Services Records (paper records only)	£no fee
A copy of Health care Records (paper records) and/or copies Of X-Ray film	£no fee

~~Note: A maximum of £50 is applicable for any combination of the above under the The Data Protection (Subject Access) (Fees and Miscellaneous Provisions) Regulations 2000 PHA does not apply fees in respect of Subject Access Requests~~

Part C Applicant’s details (if not the person to whom the data relates)

If you are applying to see records that are not your own, please provide details:

What is your relationship to the person to which the information relates

Your surname

Your Forenames

Your Address

Your Tel / Contact Number

(this is the address to which a reply or other correspondence will be sent, unless otherwise stated)

Please indicate below by ticking relevant box or deleting as appropriate

I have been asked to act on behalf of the person whose information is being sought and their written permission is included (Part E below)

I am acting in parental capacity as the person whose information is being sought is under 16 years of age and: is incapable of understanding the request* OR has consented to my making this request*

(*delete as appropriate)

The person is over the age of 16, however is incapable of understanding the request and I therefore act as his/her personal representative

The person is deceased and I am the next of kin

The person is deceased and I am his/her personal representative and attach legal documents confirming my position

PART D To be completed by the person requesting access to records

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to request access to the records detailed above.

Print Name(capitals)

Signed

____/____/____
Date

PART E To be completed by the person to whom the information relates to authorise release of records to the individual named at **PART C**

I hereby authorise the Public Health Agency to release the records detailed on this form to

_____ (representative named at **PART C**)

Signed _____
(person to whom information relates)

Date _____

Appendix 5

DATA PROTECTION PRINCIPLES, 1998 ACT

The principles of protection of personal data are contained within the Data Protection Act 1998. These impose specific requirements on PHA staff when handling Personal Data.

First Principle: Personal data shall be processed fairly and lawfully, and, in particular, shall not be processed unless:

- At least one of the conditions in Schedule 2 is met.
- In the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.

(NB: H&SS data are by nature sensitive data and consequently require grounds drawn from both schedules to justify processing. In legal terms, if data subject consent, explicit or otherwise, is lacking, then performance of functions under enactment of government functions or performance of a medical function may suffice.)

Second Principle: Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

Third Principle: Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

Fourth Principle: Personal data shall be accurate and, where necessary, kept up to date.

Fifth Principle: Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.

Sixth Principle: Personal data shall be processed in accordance with the rights of the data subjects under this Act.

Seventh Principle: Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to personal data.

Eighth Principle: Personal data shall not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

More detailed information on the Data Protection Act 2018 **when available can be obtained from** the Senior Operations Manager (Delivery) or the Information Commissioners website at www.ico.gov.uk

This policy also takes cognisance of the following GDPR principles:-

1. Transparency, fairness and lawfulness in the handling and use of personal data.
2. Limiting the processing of personal data to specified, explicit and legitimate purposes.
3. Minimising the collection and storage of personal data.
4. Ensuring accuracy of personal data and enabling it to be erased or rectified.
5. Limiting the storage of personal data.
6. Ensuring security, integrity and confidentiality of personal data.

Appendix 6

Individual Rights under GDPR

The GDPR provides the following rights for individuals:

1. The right to be informed

Individuals have the right to be informed about the collection and use of their personal data. This is a key transparency requirement under the GDPR.

Organisations must provide individuals with information including: the purposes for processing personal data, the retention periods for that personal data, and who it will be shared with. This is called 'privacy information'.

2. The right of access

Individuals have the right to access their personal data and supplementary information.

The right of access allows individuals to be aware of and verify the lawfulness of the processing.

3. The right to rectification

The GDPR includes a right for individuals to have inaccurate personal data rectified, or completed if it is incomplete.

An individual can make a request for rectification verbally or in writing.

4. The right to erasure

The GDPR introduces a right for individuals to have personal data erased.

The right to erasure is also known as 'the right to be forgotten'.

Individuals can make a request for erasure verbally or in writing.

The right is not absolute and only applies in certain circumstances.

5. The right to restrict processing

Individuals have the right to request the restriction or suppression of their personal data.

This is not an absolute right and only applies in certain circumstances.

When processing is restricted, you are permitted to store the personal data, but not use it.

An individual can make a request for restriction verbally or in writing.

6. The right to data portability

The right to data portability allows individuals to obtain and reuse their personal data for their own purposes across different services.

It allows them to move, copy or transfer personal data easily from one IT environment to another in a safe and secure way, without hindrance to usability.

7. The right to object

Individuals have the right to object to:

processing based on legitimate interests or the performance of a task in the public interest/exercise of official authority (including profiling);

direct marketing (including profiling); and

processing for purposes of scientific/historical research and statistics.

8. Rights in relation to automated decision making and profiling

The GDPR has provisions on:

automated individual decision-making (making a decision solely by automated means without any human involvement); and

profiling (automated processing of personal data to evaluate certain things about an individual). Profiling can be part of an automated decision-making process.

Appendix 7

The Caldicott Principles (Best Practice)

The principles for dealing with patient-identifiable information are:

- 1) Justify the purpose(s). Every proposed use of transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented with continuing uses regularly reviewed by an appropriate guardian.
- 2) Don't use personal confidential data unless it is absolutely necessary. Personal confidential data should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).
- 3) Use the minimum necessary personal confidential data. Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data transferred or accessible as is necessary for a given function to be carried out.
- 4) Access to personal confidential data should be on a strict need to know basis. Only those individuals who need access to personal confidential data should have access, and then, only to the specific data items they need. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.
- 5) Everyone with access to personal confidential data should be aware of their responsibilities. Action should be taken to ensure that those handling personal confidential data – both clinical and non-clinical staff – are made fully aware of their responsibilities and obligations to respect patient confidentiality.
- 6) Comply with the law. Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

- 7) The duty to share information can be as important as the duty to protect patient confidentiality. Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

*PHA Whistleblowing Policy***date** 11 June 2018**item** 12**reference** PHA/06/06/18**presented by** Mr Ed McClean, Director of Operations**action required** For approval**Summary**

Following the RQIA report on the 'Review of the Operation of Health and Social Care Whistleblowing Arrangements' (September 2016), the DoH developed a HSC Whistleblowing Framework and Model Policy (November 2017) (attached for reference). All HSC organisations are required to adopt the Model Policy, tailored to take account of their individual organisation's policies and procedures.

The attached PHA Policy and Procedure adopts the model policy.

The HSC Framework document also states that:

"All managers and designated contacts should be briefed on:

- *The value and importance of an open and accountable workplace;*
- *How to handle concerns fairly and professionally;*
- *How to protect staff who raise a genuine concern and where staff can get help or refer a concern;*
- *How to manage expectations of confidentiality;*
- *The importance of an alternative to line management if the usual channels of communication are unavailable; and*
- *How to brief their staff on arrangements.*

Senior managers and designated contacts who are given a specific role in the whistleblowing arrangements should receive training in the operation of their policy for raising concerns."

Training for senior managers and designated contacts (Directors, Designated NED and the Governance Team) will also be organised, in partnership with the HSCB.

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **APPROVE** the Whistleblowing Policy.



Public Health
Agency

WHISTLEBLOWING POLICY

May 2018

Version	1.0
Approved by AMT	
Approved by GAC	
Approved by PHA Board	
Review Date	May 2023

(Based on DoH 'Your Right to Raise a Concern' HSC Framework and Model Policy)

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1. Introduction

All of us at one time or another may have concerns about what is happening at work. The Public Health Agency (PHA) wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or *the PHA itself*, it can be difficult to know what to do.

The PHA recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you, which you think we should know about or look into, please let us know. The PHA has implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

2. Aims and Objectives

The PHA is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by the PHA;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the PHA is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

The PHA roles and responsibilities in the implementation of this policy are set out at **Appendix A.**

3. Scope

The PHA recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of the PHA, including permanent, temporary and bank staff, staff in training working within the PHA, independent contractors engaged to provide services, volunteers and agency staff who have concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think the PHA should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow the PHA grievance procedure or policy for making a complaint about Bullying and/or Harassment which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. Suspected Fraud

If your concern is about possible fraud or bribery the PHA has a number of avenues available to report your concern. These are included in more detail in the PHA Fraud Policy, Fraud Response Plan and Bribery Policy and are summarised below.

Suspicious of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Senior Manager
- Head of Department
- Directors
- Fraud Liaison Officer (FLO)

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.repporthealthfraud.hscni.net These avenues are managed by Counter fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for the PHA or under its control. The PHA expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

5 The PHA commitment to you

5.1 Your safety

The PHA, the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). The PHA will not tolerate the harassment or victimisation of anyone who raises a genuine concern.

The PHA expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

It does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and the PHA reserves the right to take disciplinary action if appropriate.

5.2 Confidentiality

With these assurances, the PHA hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to a member of staff in the Governance Team.

The PHA is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for

example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

5.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice).

6. Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in Section 7. You should also remember that you do not need to have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

6.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager. But where you do not think it is appropriate to do this, you can use any of the options set out below.

If raising it with your line manager does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- Your Director
 - Director of Operations
 - Director of Nursing and AHP
 - Director of Public Health
- the designated advisor (AD Planning & Operational Services)

If you still remain concerned after this, you can contact:

- Director of Operations (Senior Designated Officer with responsibility for whistleblowing)
or
- Chief Executive
or
- Designated Non-Executive Director

All these people have been trained in receiving concerns and will give you information about where you can go for more support. Advice for managers responding to a concern is outlined in Appendix B.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see paragraph 7 below).

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

6.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation.

Advice is also available through the independent charity Public Concern at Work (PCaW) on 020 7404 6609.

6.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

7. Raising a concern externally

The PHA hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, the PHA would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, the PHA recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health;
- A prescribed person, such as:
 - General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council
 - The Regulation and Quality Improvement Authority;
 - The Health and Safety Executive;
 - Serious Fraud Office,
 - Her Majesty's Revenue and Customs,
 - Comptroller and Auditor General;
 - Information Commissioner
 - Northern Ireland Commissioner for Children and Young People
 - Northern Ireland Human Rights Commission

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Public Concern at Work (or your union) will be able to advise you on such an

option and on the circumstances in which you may be able to contact an outside body safely.

8. The Media

You may consider going to the media in respect of your concerns if you feel the PHA has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. The PHA reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by the Communications Department on behalf of the PHA. Staff approached by the media should direct the media to this department in the first instance.

9. Board oversight

The PHA board and the Department of Health will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and want you to feel free to speak up. The Chair has nominated a non-executive director (Ms Deepa Man-Kler) with responsibility for the oversight of the organisation's culture of raising concerns.

10. Review & Reporting

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

We will provide regular reports to senior management and to our Governance and Audit Committee on our whistleblowing caseload and an annual return to the Department of Health setting out the actions and outcomes.

Instances of whistleblowing should be reported to the Whistleblowing Advisor, to enable the production of the annual report.

11. Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to the PHA listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

12. Equality, Human Rights & DDA

This policy has been screened for equality implications as required by Section 75, Schedule 9 of the Northern Ireland Act (1998). No significant equality implications have been identified, and therefore an Equality Impact Assessment is not required.

13. Alternative Formats

Every effort will be made to provide information in an alternative format if written format is not accessible to a member of staff.

Roles and Responsibilities

The Public Health Agency

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue.
- To share learning, as appropriate, via organisations shared learning procedures

The Non-Executive Director (NED)

- To have responsibility for oversight of the culture of raising concerns within their organisation

Directors

- To take responsibility for ensuring the implementation of the whistleblowing arrangements

Managers

- To take any concerns reported to them seriously and consider them fully and fairly
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required
- To seek advice from other professionals within the PHA where appropriate

- To invoke the formal procedure and ensure the Whistleblowing Advisor or Director of Operations is informed, if the issue is appropriate
- To ensure feedback/ learning at individual, team and organisational level on concerns and how they were resolved

Whistleblowing adviser

- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through all management levels
- To intervene if there are any indications that the person who raised a concern is suffering any recriminations
- To work with managers and HR to address the culture in the organisation and tackle the obstacles to raising concerns as appropriate.

This list is not intended to be exhaustive or restrictive

All Members of Staff

- To recognise that it is your duty to draw to the PHA attention any matter of concern
- To adhere to the procedures set out in this policy
- To maintain the duty of confidentiality to patients and the PHA and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical / Dental Council.

Role of Trade Unions and other Organisations

All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Social Care Council for Northern Ireland.

ADVICE FOR MANAGERS RESPONDING TO A CONCERN

1. Thank the staff member for raising the concern, even if they may appear to be mistaken;
2. Respect and heed legitimate staff concerns about their own position or career;
3. Manage expectations and respect promises of confidentiality;
4. Discuss reasonable timeframes for feedback with the member of staff;
5. Remember there are different perspectives to every story;
6. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
7. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager. (Note: Any such conflict must be considered, and acted on, by the manager);
8. Managers should bear in mind that they may have to explain how they have handled the concern;
9. Feed back to the whistleblower and those identified as the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;
10. Consider reporting to the board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed; and

11. Record-keeping - it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

PHA PROCEDURE FOR RAISING A CONCERN

Step one (Informal)

If you have a genuine concern about what you believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with your Line Manager. This may be done verbally or in writing.

You are entitled to representation from a trade union/ fellow worker or companion to assist you in raising your concern.

Step two (informal)

If you feel unable to raise the matter with your Line Manager, for whatever reason, please raise the matter with our designated adviser (Assistant Director Planning & Operational Services).

Or

Director of Operations

Director of Public Health

Director of Nursing/AHP

They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the board any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

Director of Operations

or

Chief Executive

or

Designated Non- Executive

Step four (formal)

You can raise your concerns formally with the external bodies listed at paragraph 7:

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and

properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of the PHA to take forward the investigation in conjunction with the Agency if appropriate

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the PHA Whistleblowing Policy.

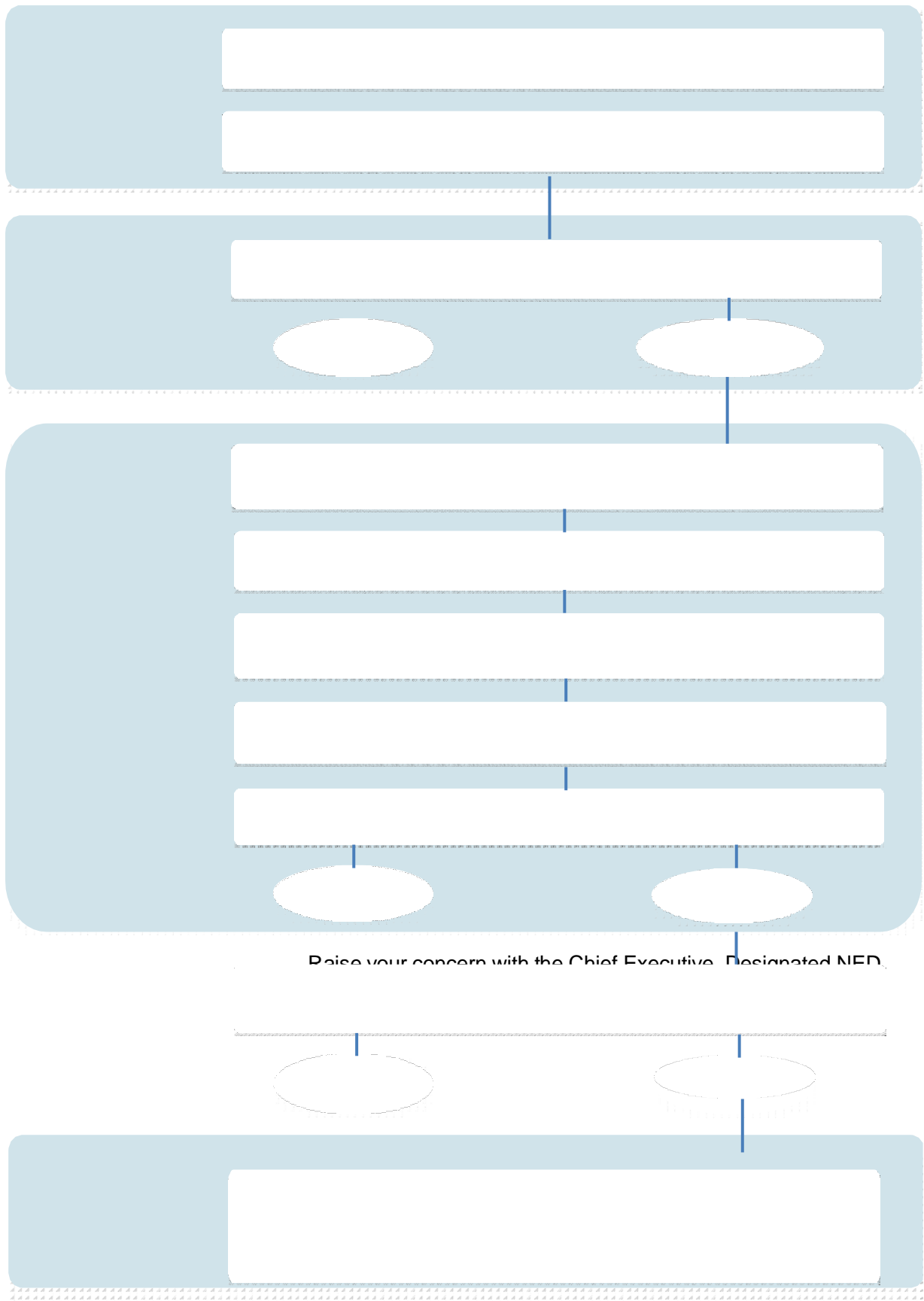
Communicating with you

We welcome your concerns and will treat you with respect at all times. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. We will share the outcome of the investigation report with you (while respecting the confidentiality of others).

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. The final outcome and 'lessons learned' will be documented and approved as final by the responsible Director. In addition the relevant professional Executive Director will independently assess the findings and recommendations for assurance that the matter has been robustly considered and appropriately addressed.

APPENDIX D: FLOWCHART
Raising Concerns & Whistleblowing Process



YOUR RIGHT TO RAISE A CONCERN (WHISTLEBLOWING)

HSC FRAMEWORK & MODEL POLICY

2 November 2017

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INTRODUCTION

1. Health and social care services exist to promote the health, wellbeing and dignity of patients and service users and the people who deliver these services want to do the best for those they serve.
2. Encouraging staff to raise concerns openly as part of normal day-to-day practice is an important part of improving the quality of services and patient safety. Many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. When concerns are raised and dealt with appropriately at an early stage, corrective action can be put in place to ensure safe, high quality and compassionate care.
3. The importance of raising concerns at work in the public interest (or “whistleblowing”) is recognised by employers, workers, trade union and the general public. Working in partnership with Trade Unions, staff associations and employee representatives is an important part of ensuring fairness and promoting awareness of the policies, procedures and support mechanisms which a good employer will have in place¹.

DEFINING WHISTLEBLOWING

4. Whistleblowing is defined as “when a worker reports suspected wrongdoing at work”². The wrongdoing is often related to financial mismanagement, such as misrepresenting earnings and false accounting, but can also have more immediate consequences such as those highlighted in the Mid Staffordshire Report (2013)³.

¹ Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health & Social Care (NHS, 2014)

² Government Whistleblowing Policies National Audit Office (2014)

³ Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)

5. Staff can report things that are not right, are illegal or if anyone is neglecting their duties. This might include, for example, concerns around:
 - patient safety;
 - health and safety at work;
 - environmental damage; or
 - a criminal offence (e.g. fraud).

6. Whistleblowing can also be broadly defined as simply ‘raising a concern’⁵. People outside the organisation, including stakeholders, suppliers and service users, can also raise concerns through the HSC Complaints Procedure. However, whistleblowing is different from making a complaint or raising a grievance. Whistleblowers can often act out of a feeling of fairness or ethics rather than a personal complaint. As Public Concern at Work (PcAW) states, it is important to note that:

*“....the person blowing the whistle is usually not directly, personally affected by the danger or illegality. Consequently, the whistleblower rarely has a personal interest in the outcome of any investigation into their concern – they are simply trying to alert others. For this reason, the whistleblower should not be expected to prove the malpractice. He or she is a messenger raising a concern so that others can address it”.*⁴

WHY DOES WHISTLEBLOWING MATTER?

7. Staff who are prepared to speak up about malpractice, risk, abuse or wrongdoing should be recognised as one of the most important sources of information for any organisation seeking to enhance its reputation by identifying and addressing problems that disadvantage or endanger other people⁵.

⁴ [Where's whistleblowing now? 10 years of legal protection for whistleblowers, PCaW, March 2010](#)

⁵ Whistleblowing in the Public Sector: A good practice guide for workers and employers, published jointly in November 2014 by Audit Scotland, the National Audit Office, the Northern Ireland Audit Office and the Wales Audit Office, with the support of Public Concern at Work

8. It is important for individuals to feel safe and listened to when raising concerns. An open approach to whistleblowing promotes the values of openness, transparency and candour and encourages employees to treat patients and service users with dignity, respect and compassion.
9. From the employer's point of view, there are good business reasons for listening to staff who raise concerns, as it gives an opportunity to stop poor practice at an early stage before it becomes normalised and serious incidents take place.
10. From the staff members' perspective, the freedom to raise concerns without fear means that they have the confidence to go ahead and "do the right thing". It is part of encouraging staff to reflect on practice as a way of learning¹.

SCOPE

11. This Framework and Model Policy has been developed in response to the recommendations arising from the Regulation and Quality Improvement Authority's (RQIA) Review of the Operation of Health and Social Care Whistleblowing Arrangements⁶. The Model Policy, to be adopted by all HSC organisations in Northern Ireland, is set out at **ANNEX A**. HSC organisations may tailor the Model Policy to take account of their individual organisation's policies and procedures.
12. This Framework and Model Policy applies to **all staff** (employees, workers⁷) involved in the work of an HSC organisation. It does not apply to patients and clients or members of the public who wish to complain or raise concerns about treatment and care provided by the HSC organisation or about issues relating to the provision of health and social care. These will be dealt with under the organisation's **HSC Complaints Procedure**.

⁶ [Review of the Operation of Health and Social Care Whistleblowing Arrangements \(RQIA, 2016\)](#)

⁷ Definitions set out in Articles 3(3) and 67K of the [Employment Rights \(Northern Ireland\) Order 1996](#)

13. This Framework and Model Policy is for staff to raise issues where the interests of others or the organisation are at risk. If a member of staff is aggrieved about their personal position they must follow the local grievance procedure or policy for making a complaint about Bullying and/or Harassment.
14. All cases of suspected, attempted or actual fraud raised under this policy should be handled promptly in line with the organisation's **Fraud Response Plan**.

AIMS

14. The aim of this Framework and Model Policy is to ensure that under the terms of the Public Interest Disclosure (Northern Ireland) Order 1998 a member of staff is able to raise legitimate concerns when they believe that a person's health may be endangered or have concerns about systematic failure, malpractice, misconduct or illegal practice without fear of retribution and/or detriment.
15. If a member of staff has honest and reasonable suspicions about issues of malpractice/wrongdoing and raises these concerns through the channels outlined in the model policy, they will be protected from any disciplinary action and victimisation, (e.g. dismissal or any action short of dismissal such as being demoted or overlooked for promotion) simply because they have raised a concern under this policy.
16. This Framework and Model Policy aims to improve accountability and good governance within the organisation by assuring the workforce that it is safe to raise their concerns.
17. The benefits of encouraging staff to report concerns include⁵:
 - identifying wrongdoing as early as possible;
 - exposing weak or flawed processes and procedures which make the organisation vulnerable to loss, criticism or legal action;

- ensuring critical information gets to the right people who can deal with the concerns;
- avoiding financial loss and inefficiency;
- maintaining a positive corporate reputation;
- reducing the risks to the environment or the health and safety of employees or the wider community;
- improving accountability; and
- deterring staff from engaging in improper conduct.

KEY PRINCIPLES & VALUES

Distinction between grievance & whistleblowing concerns

18. Whistleblowing concerns generally relate to a risk, malpractice or wrongdoing that affects others, and may be something which adversely affects patients, the public, other staff or the organisation itself. A grievance differs from a whistleblowing concern as it is a personal complaint regarding an individual's own employment situation. A whistleblowing concern is where an individual raises information as a witness whereas a grievance is where the individual is a complainant. Grievances are addressed using the HSC Grievance Policy.

Raising a concern openly, confidentially, or anonymously

19. In many cases, the best way to raise a concern is to do so openly. Openness makes it easier for the organisation to assess the issue, work out how to investigate the matter, understand any motive and get more information. A worker raises a concern confidentially if they give their name on the condition that it is not revealed without their consent. If an organisation is asked not to disclose an individual's identity, it will not do so without the individual's consent unless required by law (for example, by the police). A worker raises a concern anonymously if they do not give their name at all. If this happens, it is best for the organisation to assess the anonymous information as best it can, to establish whether there is substance to the concern and whether it can be addressed.

Clearly if no-one knows who provided the information, it is not possible to reassure or protect them.

Malicious claims & ulterior motives

20. There may be occasions when a concern is raised either with an ulterior motive or maliciously. In such a case, and as set out in the model policy at Annex A, the organisation cannot give the assurances and safeguards included in the policy to someone who is found to have maliciously raised a concern that they also know to be untrue. Such situations should be handled carefully. The starting point for any organisation is to look at the concern and examine whether there is any substance to it. Every concern should be treated as genuine, unless it is subsequently found not to be. However, if it is found that the individual has maliciously raised a concern that they know is untrue, disciplinary proceedings may be commenced against that individual.

LEGAL FRAMEWORK

21. The Public Interest Disclosure (Northern Ireland) Order 1998⁸ (the Order), allows a worker to breach his duty as regards confidentiality towards his employer for the purpose of 'whistleblowing'. It was introduced in the interest of the public, to protect workers from detrimental treatment or victimisation from their employer if they raise a genuine concern, whether it is a risk to patients, financial malpractice, or other wrongdoing. These are called "qualifying disclosures". A "qualifying disclosure" means any disclosure of information which, in the reasonable belief of the worker making the disclosure, tends to show one or more of the following circumstances:

- where criminal activity or breach of civil law has occurred, is occurring, or is likely to occur;
- where a person has failed, is failing or is likely to fail to comply with any legal obligation he is subject to;
- where a miscarriage of justice has occurred, is occurring or is likely to occur

⁸ [ThePublicInterestDisclosure\(NorthernIreland\)Order1998](#)

- where the health and safety of any individual has been, is, or is likely to be endangered;
- where the environment has been, is being or is likely to be damaged;
- where information indicating evidence of one of the above circumstances is being or is likely to be deliberately concealed.

22. A qualifying disclosure is made by the worker:

- to his employer, or where the worker reasonably believes that the relevant failure relates solely or mainly to the conduct of a person other than his employer or any other matter for which a person other than his employer has legal responsibility, to that other person;
- to a legal adviser for the purpose of obtaining legal advice;
- to the Department of Health or the Minister for Health;
- to a person prescribed by an Order⁹ made by the Department for the Economy for the purposes of Article 67F of the Employment Rights (Northern Ireland) Order 1996.¹⁰ The worker should reasonably believe that the relevant failure falls within any description of matters in respect of which that person is so prescribed and that the information disclosed, and any allegation contained in it are substantially true.

23. If the worker makes a disclosure to a person other than his employer or to a person not noted above, it will be a qualifying disclosure in accordance with the Order provided the following conditions are met:

- the worker reasonably believes the information disclosed and any allegation contained within it are substantially true;
- the disclosure is not made for personal gain;
- the worker must act reasonably, taking into account the circumstances;

In addition one, or more, of the following conditions must be met:

- the worker reasonably believes he will suffer a detriment if he makes the disclosure to his employer; or

⁹ [PublicInterestDisclosure\(PrescribedPersons\)\(Amendment\)Order\(NorthernIreland\)2014](#)

¹⁰ The Employment Rights (Northern Ireland) Order 1996 as amended by the Employment Act (Northern Ireland) 2016

- in the case where there is no prescribed person as noted above, the worker reasonably believes that it is likely that evidence relating to the relevant failure will be concealed or destroyed if he makes a disclosure to his employer; or
- the worker has previously made the disclosure to his employer or a prescribed person.

24. In determining whether it is reasonable for the worker to make the disclosure, regard shall be had, in particular, to:

- the identity of the person to whom the disclosure is made;
- the seriousness of the relevant failure;
- whether the conduct is continuing or likely to occur in the future;
- whether the disclosure is made in breach of a duty of confidentiality owed by the employer to any other person;
- whether any previously made concern was acted upon;
- whether the worker followed any procedure laid down by the employer.

25. It should be noted that a disclosure of information is not a qualifying disclosure if the person making the disclosure commits an offence by making it

26. The Order covers all workers including temporary agency staff, student nurses and student midwives, persons on training courses and independent contractors who are working for and supervised by a HSC organisation. It does not cover volunteers. It also makes it clear that any clause in a contract that purports to gag an individual from raising a concern that would have been protected under the Order is void.

HANDLING CONCERNS

27. To enable a whistleblowing policy to work in practice and to avoid unnecessary damage, it is important to ensure that policies authorise all staff, not just health and medical professionals, to raise a concern, and identify who they can contact.

28. Legal protection is very important if staff are to be encouraged to raise a concern about wrongdoing or malpractice. However, it is vital that employers develop an open culture that recognises the potential for staff to make a valuable contribution to the running of public services, and to the protection of the public interest.
29. Where an individual is subjected to a detriment by their employer for raising a concern or is dismissed in breach of the Order, they can bring a claim for compensation under the Order to an Industrial Tribunal.
30. Managers can lead by example, by being clear to staff as to what sort of behaviour is unacceptable, and by role modelling the appropriate behaviours themselves. They should encourage staff to ask them what is appropriate if they are unsure before - not after - the event. If wrongdoing or a potential risk to patient safety is found, it should be taken seriously and dealt with immediately.

IMPLEMENTING LOCAL POLICY

31. It is important that all HSC organisations are committed to the principles set out in their whistleblowing arrangements and can ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation. To achieve this, it is necessary to ensure buy-in and leadership from management, and Trade Union engagement.
32. Within each organisation, an appropriate senior manager should be appointed to take responsibility for ensuring implementation of the whistleblowing arrangements. This could be the clinical governance lead, the nursing or medical director, or responsible officer. HSC organisations should also consider appointing an appropriate number of advisors/advocates to signpost and provide support to those wishing to raise a concern. In addition, each organisation should appoint a non-executive board member to have responsibility for oversight of the culture of raising concerns within their organisation.

33. As an employer, HSC organisations must take all concerns raised seriously. However, it may not be necessary to carry out a formal investigation in each case. Employers should consider a range of possibilities depending on the nature of each case⁵:
- explaining the context of an issue to the person raising a concern may be enough to alleviate their concerns
 - minor concerns might be dealt with straightaway by line management
 - a review by internal audit as part of planned audit work might be sufficient to address the issue e.g. through a change to the control environment
 - there may be a role for external audit in addressing the concerns raised and either providing assurance or recommending changes to working practices
 - there may be a clear need for a formal investigation.
34. Having considered the options it is important that employers clearly document the rationale for the way forward. The HSC organisation's local policy should make it clear whose responsibility it is to decide on the approach to be adopted.
35. If necessary, the HSC organisation can also seek advice and guidance from the relevant prescribed person.
36. Once local arrangements are in place, it is important to ensure all staff are aware of them, and this can be achieved in a number of ways: through hard copy correspondence with staff, communication by email and/or via organisations' intranet sites, through team briefings and inductions, or the message appearing on payslips. It is also important to ensure that the policies are accessible.

BRIEFING & TRAINING

37. Many concerns will be raised openly with line managers as part of normal day-to-day practice. Good whistleblowing arrangements should do nothing to undermine this. It is important that this is made clear to both staff and managers.

38. All managers and designated contacts should be briefed on:

- the value and importance of an open and accountable workplace;
- how to handle concerns fairly and professionally;
- how to protect staff who raise a genuine concern and where staff can get help or refer a concern;
- how to manage expectations of confidentiality;
- the importance of an alternative to line management if the usual channels of communication are unavailable; and
- how to brief their staff on arrangements.

39. Senior managers and designated contacts who are given a specific role in the whistleblowing arrangements should receive training in the operation of their policy for raising concerns.

AUDIT, REVIEW & REFRESH

40. A well-run organisation will periodically review its whistleblowing arrangements to ensure they work effectively and that staff have confidence in them. The following points can sensibly be considered to assure the organisation that the arrangements meet best practice. Monitoring the arrangements in line with this checklist will also help the organisation demonstrate to regulators that their arrangements are working:

- arrange regular feedback sessions to evaluate progress and collect data on the nature and number of concerns raised;
- check the procedures used are adequate to track the actions taken in relation to concerns raised and to ensure appropriate follow-up action has been taken to investigate and, if necessary, resolve problems indicated by whistleblowing. Is there evidence of constructive and timely feedback?
- have there been any difficulties with confidentiality?
- have any events come to the organisation's attention that might indicate that a staff member has not been fairly treated as a result of raising a concern?

- look at significant adverse incidents/incident management systems or regulatory intervention - could the issues have been picked up or resolved earlier? If so, why weren't they?
- compare and correlate data with information from other risk management systems;
- find out what is happening on the ground - organisations should consider including a question about awareness and trust of arrangements in any future local staff surveys;
- organisations should seek the views of trade unions/professional organisations, as employees might have commented on the whistleblowing arrangements or sought their assistance on raising or pursuing a whistleblowing concern;
- organisations could also consider other sources of information, including information from exit interviews, the Order or other legal claims;
- key findings from a review or surveys should be communicated to staff. This will demonstrate that the organisation listens and is willing to learn and act on how its own arrangements are working in practice;
- refresh whistleblowing arrangements regularly. Regular communication to staff about revised arrangements is also recommended;
- although volunteers are not covered by the Order, the application of this Framework and Model Policy should be considered in the handling of their concerns; and
- think about reporting good news - success stories encourage and reassure everybody.

REPORTING & MONITORING

41. Concerns raised by staff are an important source of information for HSC organisations. It is important that they capture key aspects so that the value of their whistleblowing arrangements can be determined and lessons learned where appropriate.
42. In addition to individual case files HSC organisations should maintain a central register of all concerns raised, in a readily accessible format. Any system for

recording concerns should be proportionate, secure and accessible by the minimum necessary number of staff.

43. An analysis of whistleblowing caseload should be reported regularly to senior management and the HSC organisation's Audit Committee. In addition, an annual return on caseload, actions and outcomes should be made available to the Department of Health. These will help inform those charged with governance that arrangements in place for staff to raise concerns are operating satisfactorily or will highlight improvements that may be required. HSC organisations should consider reporting on the effectiveness of their whistleblowing arrangements in their annual report⁵.

ANNEX A: MODEL POLICY

1. Introduction

All of us at one time or another may have concerns about what is happening at work. The *[name of HSC organisation]* wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or *[name of HSC organisation]* itself, it can be difficult to know what to do.

The *[name of HSC organisation]* recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you of which you think we should know about or look into, please let us know. The *[name of HSC organisation]* has implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

2. Aims and Objectives

[Name of HSC organisation] is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by the *[name of HSC organisation]*;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the *[name of HSC organisation]* is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

The *[Name of HSC organisation]* roles and responsibilities in the implementation of this policy are set out at **Appendix A**.

3. Scope

The *[name of HSC organisation]* recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of the [*name of HSC organisation*], including permanent, temporary and bank staff, staff in training working within the [*name of HSC organisation*], independent contractors engaged to provide services, volunteers and agency staff who have concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think [*name of HSC organisation*] should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow the [*name of the HSC organisation's*] local grievance procedure or policy for making a complaint about Bullying and/or Harassment which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. Suspected Fraud

If your concern is about possible fraud or bribery [*name of HSC organisation*] has a number of avenues available to report your concern. These are included in more detail in the [*name of HSC organisation's*] Fraud Policy, Fraud Response Plan and Bribery Policy and are summarised below.

Suspensions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Senior Manager
- Head of Department
- Director of Finance
- Fraud Liaison Office (FLO)

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.reporthealthfraud.hscni.net These avenues are managed by Counter fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The [*name of HSC organisation's*] Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for the [*name of HSC organisation's*] or under its control. The [*name of HSC organisation*] expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

5 [Name of HSC organisation] commitment to you

5.1 Your safety

The [name of HSC organisation], the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). The [name of HSC organisation] will not tolerate the harassment or victimisation of anyone who raises a genuine concern.

The [name of HSC organisation] expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

It does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and the [name of HSC organisation] reserves the right to take disciplinary action if appropriate.

5.2 Confidentiality

With these assurances, the [name of HSC organisation] hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to a member of staff in [name of Directorate and contact details].

The [name of HSC organisation] is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for

example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

5.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice).

6. Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in Section 7. You should also remember that you do not need to have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

6.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager (or lead clinician or tutor). But where you do not think it is appropriate to do this, you can use any of the options set out below.

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- the designated advisor/ advocate [insert details]
- the HR or Governance Team (whichever is appropriate) [insert details]

If you still remain concerned after this, you can contact:

- the [name] Director with responsibility for whistleblowing [insert details] or

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see paragraph 7 below).

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

6.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation.

Advice is also available through the independent charity Public Concern at Work (PCaW) on 020 7404 6609.

6.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

7. Raising a concern externally

The [name of HSC organisation] hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, the *[name of HSC organisation]* would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, the *[name of HSC organisation]* recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health;
- A prescribed person, such as:
 - General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council
 - The Regulation and Quality Improvement Authority;
 - The Health and Safety Executive;
 - Serious Fraud Office,
 - Her Majesty's Revenue and Customs,
 - Comptroller and Auditor General;
 - Information Commissioner
 - Northern Ireland Commissioner for Children and Young People
 - Northern Ireland Human Rights Commission

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

8. The media

You may consider going to the media in respect of their concerns if you feel the [name of HSC organisation] has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. The [name of HSC organisation] reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by the [insert name of Department] on behalf of the [name of HSC organisation]. Staff approached by the media should direct the media to this department in the first instance.

9. Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to the [name of HSC organisation] listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

10. Appendices

Appendix A – Roles and Responsibilities

Appendix B – Procedure

Appendix C – Advice for Managers

11. Equality, Human Rights & DDA

[The [*name of HSC organisation to confirm*] This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the [*name of HSC organisation*] to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories.

The policy has been **screened out** without mitigation or an alternative policy proposed to be adopted.]

12. Personal & Public Involvement (PPI)/Consultation Process

[*name of HSC organisation to confirm*]

13. Alternative Formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

14. Sources of advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.

15. Policy Sign Off

Lead Policy Author
Director of HR

Date
Date

Roles and Responsibilities

The [name of HSC organisation]

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously
- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue.
- To share learning, as appropriate, via organisations shared learning procedures

The non executive director (NED)

- To have responsibility for oversight of the culture of raising concerns within their organisation

Senior Manager

- To take responsibility for ensuring the implementation of the whistleblowing arrangements

Managers

- To take any concerns reported to them seriously and consider them fully and fairly
- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required
- To seek advice from other professionals within the [name of HSC organisation] where appropriate

- To invoke the formal procedure and ensure [*name of Directorate*] is informed, if the issue is appropriate
- To ensure feedback/ learning at individual, team and organisational level on concerns and how they were resolved

Whistleblowing adviser/ advocate

- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through all management levels
- To intervene if there are any indications that the person who raised a concern is suffering any recriminations
- To work with managers and HR to address the culture in an organisation and tackle the obstacles to raising concerns

This list is not intended to be exhaustive or restrictive

All Members of Staff

- To recognise that it is your duty to draw to the [*name of HSC organisation*] attention any matter of concern
- To adhere to the procedures set out in this policy
- To maintain the duty of confidentiality to patients and the [*name of HSC organisation*] and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical / Dental Council.

Role of Trade Unions and other Organisations

All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Social Care Council for Northern Ireland.

EXAMPLE PROCEDURE FOR RAISING A CONCERN

Step one (Informal)

If you have a genuine concern about what you believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with your Line Manager (lead clinician or tutor). This may be done verbally or in writing.

You are entitled to representation from a trade union/ fellow worker or companion to assist you in raising your concern.

Step two (informal)

If you feel unable to raise the matter with your Line Manager (lead clinician or tutor), for whatever reason, please raise the matter with our designated adviser/ advocate.

[name]

[contact details]

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the board any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

[name]

[contact]

Step four (formal)

You can raise your concerns formally with the external bodies listed at paragraph 7:

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and

properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of the [name of HSC organisation] to take forward the investigation in conjunction with the Agency if appropriate

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the [*name of HSC organisation*] Whistleblowing Policy.

Communicating with you

We welcome your concerns and will treat you with respect at all times. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. We will share the outcome of the investigation report with you (while respecting the confidentiality of others).

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. The final outcome and 'lessons learned' will be documented and approved as final by the responsible Director. In addition the relevant professional Executive Director will independently assess the findings and recommendations for assurance that the matter has been robustly considered and appropriately addressed.

Board oversight

The [*name of HSC organisation*] board and the Department of Health will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and want you to feel free to speak up. The Chair has nominated a non-executive director with responsibility for the oversight of the organisation's culture of raising concerns.

Review & Reporting

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

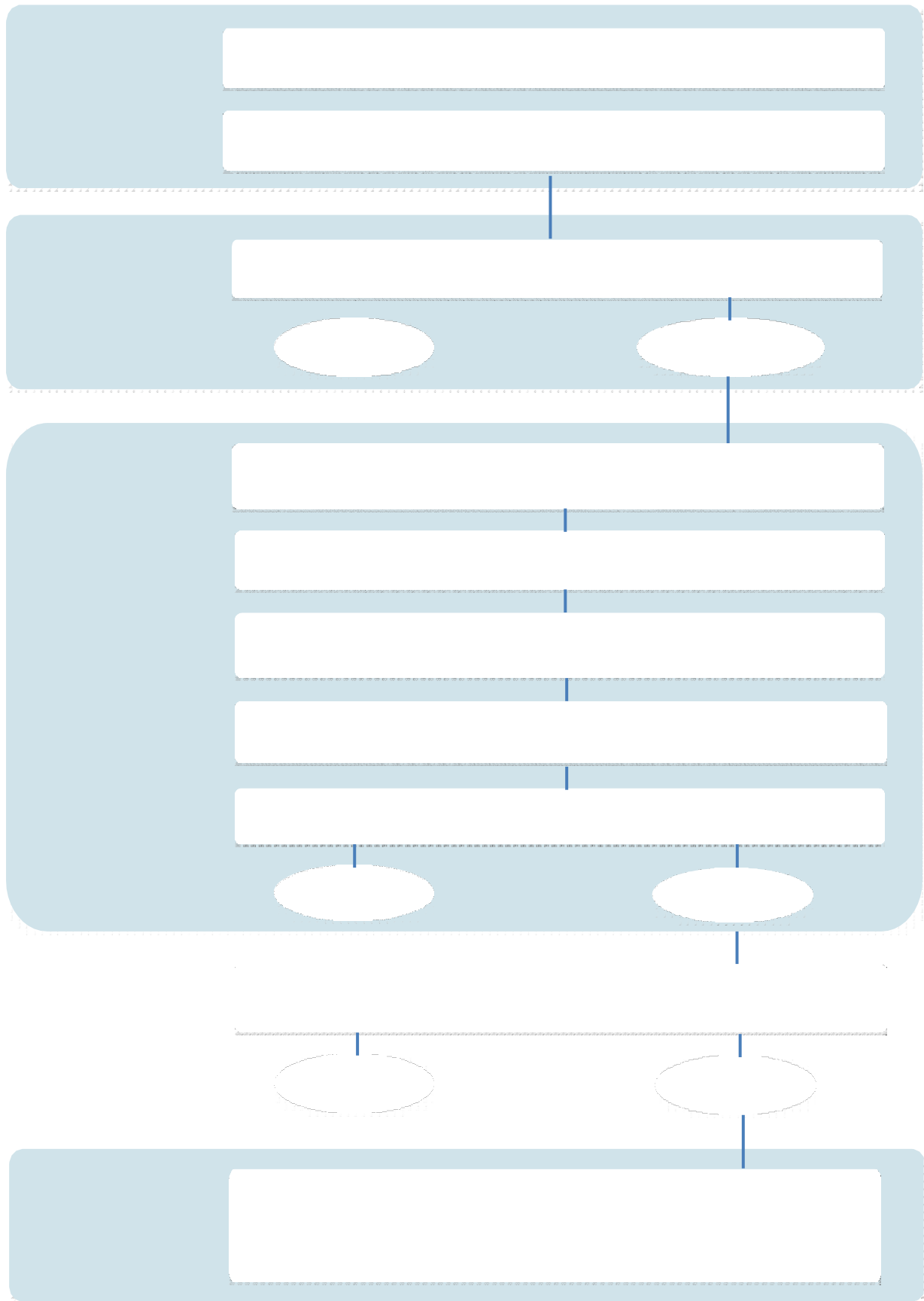
We will provide regular reports to senior management and to our Audit Committee on our whistleblowing caseload and an annual return to the Department of Health setting out the actions and outcomes.

ADVICE FOR MANAGERS RESPONDING TO A CONCERN

1. Thank the staff member for raising the concern, even if they may appear to be mistaken;
2. Respect and heed legitimate staff concerns about their own position or career;
3. Manage expectations and respect promises of confidentiality;
4. Discuss reasonable timeframes for feedback with the member of staff;
5. Remember there are different perspectives to every story;
6. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
7. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager. (Note: Any such conflict must be considered, and acted on, by the manager);
8. Managers should bear in mind that they may have to explain how they have handled the concern;
9. Feed back to the whistleblower and those identified as the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;
10. Consider reporting to the board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed; and

11. Record-keeping - it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

ANNEX B: FLOWCHART
Raising Concerns & Whistleblowing Process



*PHA Rural Needs Policy***date** 11 June 2018**item** 13**reference** PHA/07/06/18**presented by** Mr Ed McClean, Director of Operations**action required** For approval**Summary**

The Rural Needs Act (Northern Ireland) 2016 came into operation for Government Departments and District Councils on 1 June 2017 and for public authorities including the **Public Health Agency (PHA) on 1 June 2018**.

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

The PHA now has a statutory duty to:

- Have due regard to the economic and social needs of people in rural areas when developing, revising, adopting or implementing policies, strategies, plans or service developments;
- Complete the Rural needs Annual Monitoring Return for submission to DAERA and inclusion in the PHA Annual Report.

The PHA’s Policy on Rural Needs will assist staff understand their responsibilities under the Act and provide guidance and templates for completing a Rural Needs Impact Assessment and the associated monitoring and reporting requirements.

Equality Impact Assessment

Screening of technical policy attached.

Recommendation

The Board is asked to **APPROVE** the PHA Rural Needs Policy

Rural Needs Policy

Version 4.0 May 2018

	Approved by	Date
Version	AMT	
	GAC	
	PHA Board	
Review due		May 2023

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Appendices

- A – Definition of Rural
- B – Rural Needs Impact Assessment Template
- C – Guidance Notes on Rural Need Impact Assessment
- D – Rural Needs Annual Monitoring Return (for completion by Operations Directorate)
- E – Guidance, Advice, Information and Frequently Asked Questions

1 Introduction and Background

The legislation

1.1 The Rural Needs Act (Northern Ireland) 2016 ('the Act') came into operation for Government Departments and District Councils on 1 June 2017 and for public authorities including the **Public Health Agency (PHA) on 1 June 2018**. Following a review, the Department of Agriculture, Environment and Rural Affairs (DAERA) has produced revised guidance which is reflected in this policy.

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

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

2 Aims of the PHA Rural Needs Policy are;

2.1 To assist PHA staff understand their statutory responsibilities under the Act, and to provide guidance on undertaking a proportionate Rural Needs Impact Assessment as a mechanism for ensuring rural needs are appropriately taken into account.

2.2 To set out the steps and templates required for undertaking a Rural Needs Impact Assessment and the roles and responsibilities of those involved.

2.3 To ensure that evidence of the consideration of the Act is produced along with the associated monitoring and reporting requirements.

3 PHA's responsibilities under the Act

3.1 The PHA has two main duties under the Act;

- Have due regard (by undertaking a Rural Needs Impact Assessment) to the economic and social needs of people in rural areas when developing, adopting, implementing or revising

policies, strategies and plans, and designing and delivering public services.

- Complete the Rural Needs Annual Monitoring Return for inclusion in the PHA's Annual Report and forward a copy to DAERA for publication in the Rural Needs Annual Monitoring Report.

4 Definitions of 'Rural' and 'Rural Needs'

4.1 In order to identify and consider 'rural needs', the PHA must have a clear understanding of how it classifies whether an area is urban or rural in relation to a policy, strategy or plan being developed, adopted, implemented or revised or a public service being designed or delivered. The accepted definitions of 'rural' are set out in **Appendix A**.

4.2 The Act defines rural needs as 'the social and economic needs of persons in rural areas.'

4.3 It is important to be clear what this means and to be able to distinguish between a 'need' and something that is desirable. In general terms, a 'need' can be considered to be something that is essential to achieve a standard of living comparable with that of the population in general. For example, it can relate to the ability to access key public services such as health and education, the ability to access suitable employment opportunities and the ability to enjoy a healthy lifestyle.

5 Duty to have Due Regard to Rural Needs

5.1 The PHA has a duty to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.

5.2 This means that the PHA must consciously consider the social and economic needs of persons in rural areas and ensure that this consideration is exercised in such a way that it appropriately influences the activity which is subject to the due regard duty.

5.3 What the PHA is required to do in order to fulfil its due regard duty will depend on the particular circumstances and will be determined on a case by case basis. The level of 'regard' that is 'due' will depend on the relevance of rural needs to the decision or function in question. The

greater the relevance and potential impact for people in rural needs, the greater the regard required by the duty.

5.4 A Rural Needs Impact Assessment is the process recommended by DEARA to assist public authorities including the PHA in fulfilling their due regard duty.

5.5 Where a public authority chooses not to undertake a Rural Needs Assessment it should have a rationale for departing from the guidance and ensure that when adopting the alternative approach it fulfils the due regard duty.

6 Who carries out the Rural Needs Impact Assessment

6.1 The responsibility for undertaking the Rural Needs Impact Assessment rests with the respective senior manager who is leading on the development, adoption, implementation or revision of the policy, strategy plan, or service development.

6.2 As a matter of good practice, and to ensure that the process is robust, s/he will involve others with relevant knowledge and experience in the exercise.

7 When is the Rural Needs Impact Assessment undertaken

7.1 Rural Needs should be taken into account from the very start of the decision-making process when developing, adopting, implementing or revising policies, strategies and plans, and designing and delivering public services. The Rural Needs Impact Assessment should therefore be undertaken in tandem with the policy process itself to ensure that rurality considerations inform the decision-making from the beginning of the process.

8 Undertaking a Rural Needs Impact Assessment

8.1 In order to evidence the consideration given by the PHA to rural needs, the senior manager should follow the six step Rural Needs Impact Assessment process, ensuring that the associated template is completed.

(Appendix B – Rural Needs Impact Assessment Template &

Appendix C - Guidance notes).

8.2 The level of analysis undertaken in the template should be proportionate to both the scale of the potential impact of the policy, strategy, plan or public service and its relevance to people in rural areas.

8.3 The senior manager will ensure that the Rural Needs Impact Assessment accompanies the policy, strategy or plan throughout its approval process to allow for comments during any consultation. If comments received from consultees require changes to be made to the document, these will be implemented before final approval of the policy, strategy, plan or service.

8.4 The following flowchart summarises the process for ensuring that the PHA can demonstrate that it effectively takes rural needs into account.

Development of initial or amendment of existing policy, strategy or plan

Step 1 – Define the Issue - be clear about the outcomes the policy or programme is designed to deliver. This may mean doing things differently in rural areas so that the policy can be successful in achieving its outcomes whilst not unfairly disadvantaging rural areas.

Step 2 - Understand the situation - Carry out detailed context analysis to assess any differential impact on rural areas. This may include engaging with rural stakeholders, reviewing rural evidence base and assessing wider policy context.

Policy, strategy or plan **does** impact on rural areas or communities (intentionally or unintentionally).

Step 3 – Develop & Appraise Options - Having carried out a detailed analysis of the context, the policy holders should be able to identify the potential impact of the policy in rural areas. Consider options to address any identified gaps or other ways in which the proposed policy, strategy or plan may have a negative impact on rural areas.

Step 4 – Preparing for delivery Complete rural needs impact assessment (RNIA) template & submit for internal review & approval.

Prepare (revised) policy, strategy or plan including amendments or mitigating actions.

Step 5 - Carry out public consultation on preferred option if required.

If necessary, consider additional mitigating actions, amend rural needs impact assessment and finalise policy, strategy or plan.

Step 6 – Monitoring & Reporting – Register kept of all PHA RNIA's which will be used to complete the annual monitoring return to be included in PHA Annual Report and sent to DAERA for publication and laid before the NI Assembly.

Policy, strategy or plan **does not** impact on rural areas or communities

Further issues affecting rural areas/communities identified

9 Annual Monitoring and Reporting requirements

9.1 The Act requires the PHA to monitor and report annually on how it has met its duty to have due regard to rural needs, by:

- Completing the Rural Needs Annual Monitoring Return (Appendix D), and submit annually to DAERA, for inclusion in their Rural Needs Monitoring Report. This report will be laid before the Northern Ireland Assembly and published.
- Including information from the Rural Needs Annual Monitoring Return in the PHA Annual Report.

9.2 In order to compile the Annual Monitoring Return, all completed Rural Needs Impact Assessments should be forwarded to the PHA Planning and Operational Services team **[insert email address when confirmed]** by the lead senior manager.

9.3 The Planning and Operational Services team will record the relevant information on a central data base, which will be used to complete the Rural Needs Annual Monitoring Return.

9.4 All information on Rural Needs Impact Assessments (or other evidence that rural needs have been taken into account) should also be retained for each policy, strategy, plan or service as evidence that due regard has been paid to rural needs by the relevant senior manager. These documents should be retained in line with the PHA's records management policy.

10 Training and Information

10.1 An Introduction to Rural Proofing e-learning package has been developed by the Rural Development Council on behalf of DAERA, to help public authorities including the PHA understand and fulfil their obligations under the Rural Needs Act. The e-learning training package can be found at <http://www.rdc.org.uk/public/RuralProofing/story.html>

10.2 Other sources of additional guidance and support as well as frequently asked questions are listed in **Appendix E**.

11 Roles and Responsibilities

11.1 PHA Board

The **PHA Board** is responsible for seeking assurance that any policy, strategy, plan or service development submitted to the Board for decision has been Rural Needs Impact Assessed and for approving the Rural Needs Annual Monitoring Return.

11.2 The Chief Executive

The **Chief Executive** is accountable to the PHA Board for the development, implementation, maintenance and review of the PHA's Rural Needs Policy in accordance with the Act including any good practice or guidance that has been or may be issued by the DAERA.

11.3 Agency Management Team

AMT Members will ensure that the Act is implemented across the PHA. Members are collectively responsible for:

- Ensuring that an appropriate rural needs impact assessment has been completed when developing, adopting, implementing or revising policies, strategies and plans, and designing and delivering public services.
- Providing assurance to the PHA Board

11.4 Directors

Director of Operations

The Director of Operations is the lead executive Director with responsibility for ensuring that the PHA has effective and appropriate processes and systems to ensure that the PHA takes due regard of rural needs, provides an annual return to DAERA and includes the relevant information in the PHA Annual Report.

All Directors

All Directors are responsible for:

- Ensuring that all lead officers in their Directorate are aware of this policy and their obligation to complete a Rural Needs Impact Assessment.
- Providing assurance to the Chief Executive and the PHA Board that policies and decisions in their area of responsibility have been Rural Needs Impact Assessed, that the associated documentation has been completed and copies shared with the Operations Directorate.

Assistant Directors

All Assistant Directors are responsible for supporting their Director:

- Ensuring that staff within their function are aware of this policy and the requirement to complete a Rural Needs Impact Assessment;
- Ensure that all Rural Needs Impact Assessment documentation has been completed and is shared with the Operations Directorate for inclusion in the Annual Return.

11.5 The **lead officer** is responsible for:

- Making themselves aware of the Act, using the sources listed in section 10, completing the e-learning programme and attending any training that may be arranged;
- Carrying out the Rural Needs Impact Assessment exercise, taking account of the 6 steps, and for completing the associated documentation;
- Deciding who else to involve in the process;
- Ensuring that the policy or decision is finalised, taking account of the Rural Needs Impact Assessment;
- Ensuring that a copy of the completed Rural Needs Impact Assessment template is forwarded to the Operations Directorate as soon as possible once it has been completed alongside the decision-making process;

11.6 Assistant Director Planning and Operational Services

The Assistant Director is responsible for:

- Ensuring the maintenance of a register of policies and decisions that have been assessed along with completed Rural Needs Impact Assessments;
- Providing an annual monitoring return to DAERA for inclusion in their Rural Needs Act Annual Monitoring Report;
- Ensuring that the relevant information is included in the PHA Annual Report.

12. Equality and Human Rights

This policy has been screened in accordance with the PHA's statutory duty and is not considered to require a full impact assessment.

13. Alternative Format

Every effort will be made to provide information in an alternative format if written format is not accessible to a member of staff.

Equality and Human Rights Screening Template

The PHA is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

For advice & support on screening contact:

Anne Basten

Equality Unit
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ
028 95363961
email: Equality.Unit@hscni.net

SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template .

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

PHA Rural Needs Policy

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The Rural Needs Act (Northern Ireland) 2016 came into operation for Government Departments and District Councils on 1 June 2017 and for public authorities including the **Public Health Agency (PHA) on 1 June 2018.**

The purpose of the Act is to ensure that public authorities have '**due regard**' to the social and economic needs of people in rural areas and to provide a mechanism for ensuring greater transparency in relation to how public authorities consider rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services. The Act seeks to help deliver fairer and more equitable treatment for people in rural areas which will deliver better outcomes and make rural communities more sustainable.

Aims of the Policy are:

To assist PHA staff understand their statutory responsibilities under the Act, and to provide guidance on undertaking a proportionate Rural Needs Impact Assessment as a mechanism for ensuring rural needs are appropriately taken into account.

To set out the steps and templates required for undertaking a Rural Needs Impact Assessment and the roles and responsibilities of those involved.

To ensure that evidence of the consideration of the Act is produced along with the associated monitoring and reporting requirements.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

PHA Staff

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

Rural Needs Act (NI) 2016 – Department of Agriculture, Environment and Rural Affairs (DAERA)

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

Staff Monitoring Data

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>	
Gender	Male	19.49%
	Female	80.51%
Age	16-24	0.00%
	25-29	4.33%
	30-34	11.19%
	35-39	14.08%
	40-44	16.97%
	45-49	20.58%
	50-54	16.97%
	55-59	11.91%
	60-64	3.25%
>=65	0.72%	
Religion	Perceived Protestant	6.50%
	Protestant	37.91%
	Perceived Roman Catholic	2.89%
	Roman Catholic	39.35%
	Neither	1.81%
	Perceived Neither	0.00%
	Not assigned	11.55%

Political Opinion	Broadly Nationalist	1.44%
	Other	6.50%
	Broadly Unionist	2.17%
	Not assigned	85.20%
	Do not wish to answer	4.69%
Marital Status	Divorced	2.17%
	Mar/CP	61.73%
	Other	0.36%
	Separated	0.72%
	Single	21.30%
	Unknown	13.00%
	Widow/R	0.72%
	Not assigned	0.00%
Dependent Status	Yes	9.39%
	Not assigned	83.03%
	No	7.58%
Disability	No	81.23%
	Not assigned	17.69%
	Yes	1.08%
Ethnicity	Not assigned	70.04%
	White	29.96%
	Other	0.00%
	Black African	0.00%
	Indian	0.00%
	Chinese	0.00%
Sexual Orientation	Do not wish to answer	2.17%
	Not assigned	84.12%
	Opposite sex	11.91%
	same sex	1.81%

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	Needs and Experiences
Gender	N/A
Age	N/A
Religion	N/A
Political Opinion	N/A
Marital Status	N/A
Dependent Status	N/A
Disability	Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy
Ethnicity	Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy
Sexual Orientation	N/A

2.3 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

N/A

2.4 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
N/A	N/A

2.5 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	N/A	N/A
Political Opinion	N/A	N/A

Ethnicity	N/A	N/A
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(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Major impact	
Minor impact	
No further impact	x

Please tick:

Yes	
No	x

Please give reasons for your decisions.

This policy is technical in nature and has no impact on equality of opportunity and/or good relations for people with the equality and good relations categories.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
N/A	N/A

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
N/A	N/A

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	N/A
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	N/A
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	N/A
Article 5 – Right to liberty & security of person	N/A
Article 6 – Right to a fair & public trial within a reasonable time	N/A
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	N/A
Article 8 – Right to respect for private & family life, home and correspondence.	N/A
Article 9 – Right to freedom of thought, conscience & religion	N/A
Article 10 – Right to freedom of expression	N/A
Article 11 – Right to freedom of assembly & association	N/A
Article 12 – Right to marry & found a family	N/A
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	N/A
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	N/A
1 st protocol Article 2 – Right of access to education	N/A

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No
N/A	N/A	N/A	N/A

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

N/A

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
N/A	N/A	N/A

Approved Lead Officer: _____

Position: _____

Date: _____

Policy/Decision Screened by:

Business Unit and contact details _____

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

**Please forward completed template to:
Equality.Unit@hscni.net**

Template updated January 2015

Any request for this document in another format or language will be considered. Please contact us (see contact details provided above).

Appendix A - Definitions of ‘rural’

Default Definition of ‘Rural’

The default definition of “rural” used in Northern Ireland is that developed by the Inter-Departmental Urban-Rural Definition Group. Initially proposed in 2005 and amended in the Review of the Statistical Classification and Delineation of Settlements, NISRA, March 2015, this definition classifies those settlements with populations of less than 5,000 together with the open countryside as rural. **Settlements have been classified into a number of bands (see Table 1), with bands A-E classified as urban and bands F-H classified as rural.**

Table 1: Settlement Development Limit Classification

Classification	Population
Band A – Belfast	280,211 (2011 census)
Band B – Derry City	83,125 (2011 census)
Band C – Large Town	>18,000
Band D – Medium Town	10,000 - 17,999
Band E – Small Town	5,000 - 9,999
DEFAULT URBAN-RURAL SPLIT	
Band F – Intermediate Settlements	2,500 - 4,999
Band G – Village	1,000 - 2,499
Band H – Open Countryside	<1,000 and open countryside

Source: Adapted from Table 2 of the Review of the Statistical Classification of Settlements

Alternative Definitions of ‘Rural’

Whilst a default definition of rural is provided, the review also recommended that a prescriptive urban-rural definition should not be given. Rather, it was advised that users should consider defining urban and rural areas in ways which are appropriate for different projects and programmes.

Where a public authority including the PHA is considering using an alternative to the default definition in respect of a policy, strategy, plan or public service, it should seek to ensure that the elements contained within the alternative definition are restricted to those incorporated in the official settlement classification set out in the Review of the Statistical Classification and Delineation of Settlements, NISRA, March 2015. Only alternative definitions of rural based on populations bands, 20 and 30 minute drive times to service centres, and drive times to Belfast/Derry should be used. Any definition based on alternative or substitute components would not conform to the official classification.

In instances where a public authority including the PHA uses a definition of rural other than the default definition in respect of a policy, strategy, plan or public service, it should provide details of the alternative definition used, together with a clear rationale for using the alternative definition, on the Rural Needs Impact Assessment Template.

20 and 30 Minute Drive-Time Limits

The Review of the Statistical Classification and Delineation of Settlements, NISRA, March 2015, expanded the classification to include a service provision element by categorising rural areas based on their drive time from a town centre of a settlement with a population of 10,000 or more (a large service centre). Using this approach, areas have been classified as being either “within” or “outside” of 20-minute or 30-minute drive times of their nearest town centre. Approximately 93% of Northern Ireland’s population live within 30 minutes drive-time of the town centre of a settlement containing a population of at least 10,000.

The full report of the 2015 review is available on the NISRA website at www.nisra.gov.uk/publications/settlement-2015-documentation.

Appendix B - Rural Needs Impact Assessment (RNIA) Template

SECTION 1 - Defining the activity subject to Section 1(1) of the Rural Needs Act (NI) 2016

1A. Name of Public Authority.

Public Health Agency

1B. Please provide a short title which describes the activity being undertaken by the PHA that is subject to Section 1(1) of the Rural Needs Act (NI) 2016.

1C. Please indicate which category the activity specified in Section 1B above relates to.

Developing a	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>
Adopting a	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>
Implementing a	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>
Revising a	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>
Designing a Public Service	<input type="checkbox"/>		
Delivering a Public Service	<input type="checkbox"/>		

1D. Please provide the official title (if any) of the Policy, Strategy, Plan or Public Service document or initiative relating to the category indicated in Section 1C above.

1E. Please provide details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service.

1F. What definition of 'rural' is the PHA using in respect of the Policy, Strategy, Plan or Public Service?

Population Settlements of less than 5,000 (Default definition).

Other Definition (Provide details and the rationale below).

A definition of 'rural' is not applicable.

Details of alternative definition of 'rural' used.

Rationale for using alternative definition of 'rural'.

Reasons why a definition of 'rural' is not applicable.

SECTION 2 - Understanding the impact of the Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Yes No If the response is **NO** GO TO Section **2E**.

2B. Please explain how the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas.

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas differently from people in urban areas, please explain how it is likely to impact on people in rural areas differently.

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Rural Businesses

Rural Tourism

Rural Housing

Jobs or Employment in Rural Areas

Education or Training in Rural Areas

Broadband or Mobile Communications in Rural Areas

Transport Services or Infrastructure in Rural Areas

Health or Social Care Services in Rural Areas

Poverty in Rural Areas

Deprivation in Rural Areas

Rural Crime or Community Safety

Rural Development

Agri-Environment

Other (Please state)

If the response to Section 2A was YES GO TO Section 3A.

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

SECTION 3 - Identifying the Social and Economic Needs of Persons in Rural Areas

3A. Has the PHA taken steps to identify the social and economic needs of people in rural areas that are relevant to the Policy, Strategy, Plan or Public Service?

Yes No If the response is **NO** GO TO Section **3E**.

3B. Please indicate which of the following methods or information sources were used by the PHA to identify the social and economic needs of people in rural areas.

Consultation with Rural Stakeholders	<input type="checkbox"/>	Published Statistics	<input type="checkbox"/>
Consultation with Other Organisations	<input type="checkbox"/>	Research Papers	<input type="checkbox"/>
Surveys or Questionnaires	<input type="checkbox"/>	Other Publications	<input type="checkbox"/>
Other Methods or Information Sources (include details in Question 3C below).			<input type="checkbox"/>

3C. Please provide details of the methods and information sources used to identify the social and economic needs of people in rural areas including relevant dates, names of organisations, titles of publications, website references, details of surveys or consultations undertaken etc.

3D. Please provide details of the social and economic needs of people in rural areas which have been identified by the PHA?

If the response to Section 3A was YES GO TO Section 4A.

3E. Please explain why no steps were taken by the PHA to identify the social and economic needs of people in rural areas?

SECTION 4 - Considering the Social and Economic Needs of Persons in Rural Areas

4A. Please provide details of the issues considered in relation to the social and economic needs of people in rural areas.

SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service

5A. Has the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, been influenced by the rural needs identified?

Yes No If the response is **NO** GO TO Section **5C**.

5B. Please explain how the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, has been influenced by the rural needs identified.

If the response to Section **5A** was **YES** GO TO Section **6A**.

5C. Please explain why the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or the delivery of the Public Service, has NOT been influenced by the rural needs identified.

SECTION 6 - Documenting and Recording

6A. Please tick below to confirm that the RNIA Template will be retained by the PHA and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

I confirm that the RNIA Template will be retained and relevant information compiled.

Rural Needs Impact Assessment undertaken by:	
Grade:	
Directorate:	
Signature:	
Date:	
Rural Needs Impact Assessment approved by:	
Grade:	
Directorate:	
Signature:	
Date:	

Appendix C – Guidance Notes on Rural Needs Impact Assessment

There are six steps involved in completing a Rural Needs Impact Assessment. The level of analysis undertaken in a Rural Needs Impact Assessment should be proportionate to both the scale of the potential impact of the policy, strategy, plan or public service and its relevance to people in rural areas.

A Rural Needs Impact Assessment Template (RNIA Template) is the document which should be completed when a Rural Needs Impact Assessment is carried out. A copy of the RNIA Template is attached at **(Appendix B)**.

Step 1: Defining the Activity

1.1 The first step in completing a Rural Needs Impact Assessment is to define the activity being undertaken.

1.2 The PHA should be clear on the nature of the activity which they are undertaking and ensure that it is one which falls within the scope of the Act. The Act only applies to the development, adoption, implementation and revising of policies, strategies and plans and to the design and delivery of public services. If the activity that the PHA is engaged in does not fall within the scope of section 1(1) of the Act, then no Rural Needs Impact Assessment is required to be carried out. If necessary the PHA should seek their own legal advice on whether a particular activity is subject to the duty imposed under section 1(1) of the Act.

1.3 The PHA should also have a clear understanding of the aims and/or objectives of the proposed policy, strategy, plan or public service.

1.4 The PHA should also be clear on what definition of rural they are using in relation to the policy, strategy, plan or public service. Details of the default definition of rural proposed in the Report of the Inter-Departmental Urban-Rural Definition is provided in **(Appendix A)**.

1.5 If a definition other than the default definition is chosen to be used then the PHA should detail clearly the alternative definition of rural being used and provide a clear rationale for using the alternative. Guidance on the use of alternative definitions of rural is also provided in **(Appendix A)**.

Step 2: Understanding the Impact

2.1 The second step of a Rural Needs Impact Assessment is understanding the impact that the policy, strategy, plan or public service is likely to have on people in rural areas. In considering the impact the PHA should consider both the direct and indirect impacts and both the positive and negative impacts.

2.2 If the PHA intends a particular policy, strategy, plan or public service to deliver similar outcomes for people in rural areas as in urban areas, then it should be aware of how rural areas differ from urban areas and that a policy, strategy, plan or public service may have a different impact on people in rural areas, or be experienced differently by people in rural areas, due to rural circumstances.

2.3 If a proposed policy, strategy, plan or public service is intended to have a different impact on people in urban areas than in rural areas then the PHA should have a clear rationale as to how it is intended to have a different impact.

2.4 It may be that the proposed policy, strategy, plan or public service is intended to be entirely urban focussed and is not intended to impact on people in rural areas. If so, the PHA should be clear as to why no equivalent is being introduced in rural areas. In general the PHA's functions cover both urban and rural areas and if a policy, strategy, plan or public service is intended to only relate to people in urban areas, the PHA should seek to identify whether people in rural areas have a corresponding need.

2.5 For policies, strategies, plans and public services which are wholly or mainly aimed at rural communities, consideration should be given to whether there are variations across rural communities. It should be borne in mind that rural areas are not homogeneous and that there can be a large degree of variation which will be affected by rural circumstances such as proximity to services, transport links and infrastructure.

2.6 Where a policy, strategy, plan or public service is an area-based one and is intended to have the same impact across a region, consideration should be given to whether there are potential local circumstances which will result in a different outcome.

2.7 Where the PHA is unclear as to the potential impact on people in rural areas it should seek to determine the impact by utilising the evidence and information available to it. Where the PHA does not have

access to the necessary evidence and information then it should seek to gather it. Details of potential sources of guidance, advice and information is provided in **(Appendix E)**.

Step 3 Identifying Rural Needs

3.1 The third step of a Rural Needs Impact Assessment is to identify the social and economic needs of people in rural areas that are relevant to the policy, strategy, plan or public service.

3.2 It is important to be clear what a 'need' is and to distinguish between a need and something that is desirable. In general terms a 'need' can be considered to be something that is essential to achieve a standard of living comparable with that of the population in general. For example it can relate to the ability to access key public services such as health and education, the ability to access suitable employment opportunities and the ability to enjoy a healthy lifestyle.

3.3 The social and economic needs of people in rural areas may include the needs of people living in rural areas, people working in rural areas, people operating businesses in rural areas and people visiting rural areas for the purposes of tourism or recreation.

3.4 In seeking to identify rural needs the PHA should consider to what extent the policy, strategy, plan or public service will meet the social and economic needs of people in rural areas and whether the outcomes delivered for people in rural areas will be similar to the outcomes delivered for people in urban areas.

3.5 Examples of the types of questions which should be considered in seeking to identify rural needs might include the following:

- Is appropriate infrastructure in place to enable people in rural areas to access the service?
- Will people in more remote rural areas be able to access the service?
- Could it cost people in rural areas disproportionately more to access the service?
- Could there be a disproportionate effect on people in rural areas who rely on public transport services?
- Could there be a disproportionate effect on people in rural areas who don't have access to high quality broadband?

- Could there be a disproportionate effect on people in rural areas whose access to mobile communications is variable or limited in areas.
- Could the policy, strategy, plan or public service have a different outcome for people in rural areas due to lower population densities
- Could there be a disproportionate effect on people operating businesses in rural areas?
- Will the policy, strategy, plan or public service affect people travelling to rural areas for tourism or recreation purposes?
- Could there be a disproportionate effect on people in rural areas who have to travel longer distances to avail of employment opportunities?
- Could there be a disproportionate effect on people in rural areas who require access to childcare facilities?
- Will the policy, strategy, plan or public service affect certain groups of people in rural areas disproportionately e.g. seasonal workers, farmers and farm families or older people, younger people or people with disabilities who do not have access to transport?
- Are there pockets of hidden poverty or deprivation within rural areas which need to be taken account of in determining the effects of the policy, strategy, plan or public service on people in rural areas?

3.6 In seeking to identify the social and economic needs of people in rural areas public authorities will normally be required to gather evidence and information. Information on rural needs can be obtained through various sources including the following:

- Consultation with rural stakeholders;
- Consultation with public sector or other organisations;
- Published statistics or research papers;
- Surveys or questionnaires.

3.7 The PHA may also hold data relevant to the policy, strategy, plan or public service which can be utilised. Details of potential sources of guidance, advice and information are provided in **(Appendix E)**.

3.8 The guidance recommends that, where appropriate, public authorities should seek to engage with rural stakeholders early in, and during, the process of developing, adopting, implementing or revising policies, strategies and plans and designing and delivering public services.

Step 4: Considering Rural Needs

4.1 The fourth step of the Rural Needs Impact Assessment is the consideration of the social and economic needs of people in rural areas as they relate to the policy, strategy, plan or public service.

4.2 In considering rural needs it is important to determine any potential barriers to the delivery of a fair and equitable outcome for people in rural areas taking into account the characteristics of rural areas, and to consider how these barriers can be mitigated or overcome.

4.3 When considering rural needs the PHA should also seek to ensure that a policy, strategy, plan or public service does not indirectly impact on rural areas in ways that are likely to disadvantage people in rural areas compared to people in urban areas.

4.4 Examples of the types of questions which should be reflected upon when considering rural needs include the following:

- Could the costs of providing or accessing the service be disproportionately higher in rural areas?
- Is there a need to implement a different delivery model in rural areas e.g. mobile services or virtual services?
- Is there an opportunity to work in partnership with other public authorities or service providers to achieve greater efficiency or economies of scale?
- Is there an opportunity to avail of local facilities e.g. community facilities, local libraries, rural post offices, rural schools etc.?
- Is an exemption or reduction on levies appropriate for rural areas e.g. rates relief on ATMs?
- Is an equitable proportion of the funding programme being allocated to rural areas?
- Is there a need to align with public transport services or timetables?
- Is there a need to have a rural specific dimension tailored to meet the particular circumstances pertaining to rural areas?
- Could there be a role for the voluntary and community sector in helping to deliver more equitable outcomes for people in rural areas?

4.5 The level of consideration required should be proportionate to the relevance of the policy, strategy, plan or public service to people in rural areas and the impact it is likely to have on rural needs.

Step 5: Influencing the Outcome

5.1 The fifth step of the Rural Needs Impact Assessment deals with influencing the policy, strategy, plan or public service.

5.2 Having considered the social and economic needs of people in rural areas, the PHA should consider how the rural needs identified should be taken account of in the development, adoption, implementation or revising of the policy, strategy or plan or in the design or delivery of the public service. The ways in which rural needs can be taken account of will vary according to the nature of the policy, strategy, plan or public service and the circumstances pertaining to rural areas.

5.3 In determining how a policy, strategy, plan or public service should take account of rural needs, public authorities should always seek to ensure fair and equitable treatment of people in rural areas and be aware that a 'one size fits all' approach may not be appropriate.

5.4 The PHA should also be open to new and innovative ideas and approaches when considering how to take account of rural needs.

5.5 Case Studies showing examples of how rural needs have been taken into account in the development of policy, delivery of public services etc. are available on the "Rural Needs" page of the DAERA website see, **(Appendix E)**.

5.6 Once the development, adoption, implementation or revision of a policy, strategy or plan has been completed, the PHA should continue to monitor the situation to ensure that the policy, strategy or plan continues to take account of rural needs. The same approach should apply in relation to the design and delivery of public services.

Step 6: Documenting and Recording

6.1 The PHA should ensure that all information relevant to the Rural Needs Impact Assessment is documented on the RNIA Template **(Appendix B)**. The amount of detail recorded should be proportionate to the potential impact and relevance of the activity being undertaken.

6.2 RNIA templates should be signed of and approved by the relevant Lead Senior Manager.

6.3 A copy of the completed RNIA should be forwarded to the Operations Directorate who will collate the information and complete the

Rural Needs Annual Monitoring Return (**Appendix D**). A copy should also be retained with the relevant policy/strategy/plan file by the lead manager.

6.4 Any other information which helps demonstrate how the PHA has fulfilled its due regard duty should also be documented and retained.

6.5 There is no specific requirement within the Act to consult in relation to rural needs. However, if a public consultation is being undertaken on the policy, strategy, plan or public service, it is recommended that the completed RNIA Template be included as part of the public consultation documentation.

6.6 If the policy, strategy, plan or public service is to be amended following the public consultation, then the RNIA Template should be reviewed and revised as necessary to ensure that any further action to take account of rural needs is properly documented and recorded.

Appendix D – Rural Needs Annual Monitoring Return

Information to be compiled by Public Authorities under Section 3(1)(a) of the Rural Needs Act (NI) 2016.

(To be completed and included in public authorities' own annual report and submitted to DAERA for inclusion in the Rural Needs Annual Monitoring Report).

Name of Public Authority:

Public Health Agency

Reporting Period:

April 20 to March 20

The following information should be compiled in respect of each policy, strategy and plan which has been developed, adopted, implemented or revised and each public service which has been designed or delivered by the public authority during the reporting period.

<i>Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016¹.</i>	<i>The rural policy area(s) which the activity relates to².</i>	<i>Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service³.</i>

NOTES

1. This information should normally be contained in section 1B of the RNIA Template completed in respect of the activity.
2. This information should normally be contained in section 2D of the RNIA Template completed in respect of the activity.
3. The information contained in sections 3D, 4A & 5B of the RNIA Template should be considered when completing this section.

Appendix E - Guidance, Advice, Information & Frequently Asked Questions

For advice in relation to the ‘Guide to the Rural Needs Act (Northern Ireland) 2016 for Public Authorities (Revised):

Sustainable Rural Communities Branch

Department of Agriculture, Environment and Rural Affairs

Dundonald House

Upper Newtownards Road

Ballymiscaw

Belfast

BT4 3SB

Tel: 028 9052 4107 / 028 9076 5869

Website: www.daera-ni.gov.uk

Email: rural.needs@daera-ni.gov.uk

For online versions of the DAERA guidance and templates and for other related information please go to the “Rural Needs” page of the DAERA website:

www.daera-ni.gov.uk/articles/rural-needs

For help on statistics:

Northern Ireland Statistics and Research Agency (NISRA)

Colby House

Stranmillis Court

Belfast

BT9 5RR

Tel: 028 9038 8400

Website: www.nisra.gov.uk

Email: info@nisra.gov.uk

For access to the ‘Introduction to Rural’ e-learning package, please click on the link <http://www.rdc.org.uk/public/RuralProofing/story.html>

Rural Stakeholder Organisations

A list of rural stakeholder organisations is maintained on the “Rural Needs” page on the DAERA website <https://www.daera-ni.gov.uk/articles/rural-needs>

Rural Statistics

DAERA’s Rural Statistics pages (<https://www.daera-ni.gov.uk/topics/statistics/rural-statistics>) contains rural/urban comparisons across a range of social and economic issues. These pages host information collected from the census, and from surveys and administrative databases across government with a rural/urban classification applied to the data.

NISRA’s Neighbourhood Information Service (NINIS)

Detailed profiles for specific geographic areas can be accessed using NISRA’s Neighbourhood Information Service (NINIS) at www.ninis2.nisra.gov.uk. The website is continually updated and provides valuable information on a range of key public statistics.

Frequently Asked Questions

1. Which activities does the due regard duty under section 1 (1) of the Rural Needs Act (NI) 2016 apply to?

Section 1(1) of the Rural Needs Act (NI) 2016 (‘the Act’) requires public authorities to have due regard to rural needs when developing, adopting, implementing or revising a policy, strategy or plan and when designing or delivering a public service. If the PHA is unclear as to whether the activity which it is engaged in falls within the scope of the Act then it should seek its own legal advice on the matter.

2. Does a Rural Needs Impact Assessment need to be carried out in respect of every policy, strategy, plan and public service?

Section 1(1) the Act requires public authorities to have due regard to rural needs when developing, adopting, implementing or revising a policy, strategy or plan and when designing or delivering a public service. If the activity which the PHA is engaged in falls within the scope of section 1(1) of the Act, then the guidance recommends that a Rural

Needs Impact Assessment is carried out and an RNIA Template completed. Prudent public authorities should follow the guidance otherwise in the event of a legal challenge; they may face the prospect of having to demonstrate good reasons for not following it. The level of analysis undertaken in a Rural Needs Impact Assessment should be proportionate to both the scale of the potential impact of the policy, strategy, plan or public service and its relevance to people in rural areas. If the PHA choose not to undertake a Rural Needs Impact Assessment, then it should have a clear rationale for not doing so and should ensure that in taking an alternative course of action, the due regard duty is fulfilled.

3. How detailed does a Rural Needs Impact Assessment (RNIA) Template need to be?

The RNIA Template has been designed to ensure that information relevant to each stage of the Rural Needs Impact Assessment process is captured. The documenting of this information will help to provide evidence that the due regard duty has been complied with. It should therefore contain sufficient information to demonstrate that the Rural Needs Impact Assessment process has been undertaken appropriately. Proportionality and relevance are core concepts. It follows that the more relevant the policy, strategy, plan or public service has for people in rural areas the greater the amount of detail that should be included. If a policy, strategy, plan or public service has little or no relevance for people in rural areas then less detail will be required than if a policy, strategy, plan or public service is very relevant.

4. If a policy, strategy, plan or public service does not have an impact on people in rural areas - can it be 'screened out'?

The process for undertaking a Rural Needs Impact Assessment does not include an option to 'screen out'. If the PHA concludes that a policy, strategy, plan or public service does not have an impact on people in rural areas, and that there are no rural needs to have due regard to, then this should be documented in the RNIA Template and retained as evidence that the impact on people in rural areas has been considered. If a particular policy, strategy, plan or public service is intended to be entirely urban focussed then public authorities should also consider whether there is an equivalent need among people in rural areas that should be addressed.

5. At what stage should the Rural Needs Impact Assessment be carried out?

The undertaking of a Rural Needs Impact Assessment should be an integral part of the development, adoption, implementation or revising of a policy, strategy or plan or the design or delivery of a public service. It should therefore be part of the ongoing process. It is not appropriate to wait until the activity has been completed before undertaking the Rural Needs Impact Assessment. It is therefore good practice to begin completing the RNIA Template early in the process and add additional information throughout the process.

6. Who is responsible for approving or quality assuring Rural Needs Impact Assessment (RNIA) Templates?

Public authorities are responsible for ensuring that Rural Needs Impact Assessments are undertaken to a satisfactory standard and that the RNIA Templates contain sufficient information to help demonstrate how the due regard duty has been fulfilled. DAERA does not have an approval or quality assurance role. However DAERA can provide advice and guidance on the process.

7. Does undertaking a Rural Needs Impact Assessment mean that the due regard duty under section 1(1) of the Rural Needs Act (NI) 2016 has been fulfilled?

No. The duty on public authorities under section 1(1) of the Act is to have due regard to rural needs. The guidance recommends that public authorities should undertake a Rural Needs Impact Assessment and complete a RNIA Template as a way of helping to ensure that the due regard duty has been fulfilled. However public authorities need to consider on a case by case basis what is required in order to fulfil the due regard duty and there should not be an automatic presumption that by undertaking a Rural Needs Impact Assessment (or completing an RNIA Template) the due regard duty has been fulfilled. If the PHA is unclear it should seek its own legal advice.

8. If the delivery of a public service is outsourced or contracted out, does the PHA still have to carry out a Rural Needs Impact Assessment?

Section 1(1) of the Act requires public authorities to have due regard to rural needs when delivering public services. The duty to have due regard cannot be devolved and therefore responsibility for ensuring that due regard is given to rural needs in relation to the delivery of the public service remains with the PHA even where it is outsourced or contracted out. The guidance recommends that a Rural Needs Impact Assessment is carried out (and an RNIA Template completed) in respect of the

delivery of public services and therefore the PHA should ensure that a Rural Needs Impact Assessment is undertaken in respect of any public services outsourced or contracted out.

9. Who is responsible for undertaking a Rural Needs Impact Assessment in respect of cross-cutting policies or strategies involving multiple public authorities?

Each public authority listed in the Schedule to the Act has a duty to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services. This will apply to any cross-cutting policy, strategy, plan or public service which a public authority contributes to. Where a public authority is required to have due regard to rural needs in respect of its element of a cross cutting policy or strategy, then it should undertake a Rural Needs Impact Assessment (and complete a RNIA Template) in respect of that element. Where the nature of a particular cross cutting policy or strategy is such that the completion of a single RNIA Template is appropriate, then responsibility for completing this should normally lie with the lead public authority.

10. Does the Rural Needs Act (NI) 2016 require the same level of service to be provided in rural areas as urban areas?

No. The Act aims to help deliver fairer and more equitable treatment for people in rural areas by requiring public authorities to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services. It is important to be clear what a 'rural need' is and to be able to distinguish between a 'need' and something that is desirable. In general terms, a 'need' can be considered to be something that is essential to achieve a standard of living for people in rural areas comparable with that of the population in general. In having due regard to rural needs the PHA should consider all relevant information and ensure that the policy, strategy, plan or public service is influenced appropriately.

11. Can the Rural Needs Impact Assessment (RNIA) Template be amended?

The Rural Needs Impact Assessment process has been designed to assist Public Authorities in complying with their duty under section 1(1) of the Act. The RNIA Template provided at Appendix 1 has been designed to ensure that information relevant to each stage of the Rural Needs Impact Assessment process is captured. The documenting of this

information will help to provide evidence that the due regard duty has been complied with. This guidance therefore recommends that the RNIA Template provided at Appendix 1 is used. Where the PHA chooses to use an amended version of the RNIA Template it should ensure that it captures all relevant information.

12. What is the information contained in the Rural Needs Impact Assessment (RNIA) Template used for?

The RNIA Template is used to record information relating to the Rural Needs Impact Assessment. A properly completed RNIA Template should contain sufficient information to help demonstrate that the due regard duty under section 1 (1) of the Act has been fulfilled. The information on the RNIA Template should be used to compile the information required under section 3(1)(a) of the Act. This information should be included in the PHA's own annual report and in the Rural Needs Annual Monitoring Return which is sent to DAERA for inclusion in its Rural Needs Annual Monitoring Report.

*Annual Progress Report 2017/18 to the Equality Commission on
implementation of Section 75 and the duties under the Disability
Discrimination Order*

date 11 June 2018

item 14

reference PHA/08/06/18

presented by Mr Ed McClean, Director of Operations

action required For approval

Summary

This report presents the statutory annual return to the Equality Commission for the period covering April 2017 to Mar 2018. It is due for consideration by PHA board at its June meeting. A number of points are drawn to the attention of AMT members.

Format of the Report

Following comments from PHA board members last year, the Equality Unit engaged with the Equality Commission to explore options for improving the readability of the report. As a result, we have streamlined the reporting format, reducing the number of questions from 32 to 13 to minimise overlaps, within the parameters set by the Commission.

As in previous years, the progress reports for the Equality and Disability Action Plans are written as stand-alone documents, as are the updated plans themselves. The plans were approved by AMT in April. While they will form part of the composite return to the Commission they have not been included in these papers, to avoid duplication.

The 2017-18 Progress Report

The report illustrates a wide range of initiatives with tangible outcomes for individual Section 75 groups. The following types of outcomes can be identified:

- improvements in **access to information**
(eg. through the translation of leaflets on the Newborn Screening Programme for parents not fluent in English)
- improved **access and uptake of services**
(eg. through alerting men who DNA-ed two AAA screening appointments in the previous screening year to new venues when these are available)
- development of **new tailored services or policies** to meet particular needs
(eg. through the tendering of Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse)

- improvements to the **quality and experience of mainstream services** for particular equality groupings (eg. through the Regional Hospital Passport for people with learning Disability).

Two further types of impacts emerge that will act as enablers of producing tangible outcomes for people in the equality groupings in future:

- improvements in the **availability of equality data** for service planning or policy development (eg. through the definition of outcomes and establishment of baseline data relating to the Health and Wellbeing of Travellers)
- **workforce related impacts** (eg. delivery of training for staff working with adults with learning Disability in the context of the implementation of the Regional Audits and Learning Disabilities: Personal and Sexual Relationships Operation Protocol).

With regards to the mechanics of Equality Scheme implementation, substantive work was undertaken in conjunction with HSCB in relation to two Equality Impact Assessments (Review of Breast Assessment Services, NI Diabetic Eye Screening Programme). Challenges remain in relation to the following elements:

- Progress on equality screenings and their publication has again been less evident this year: only five policy screenings were published (compared to 14 screenings in 2015-16);
- Targeting of equality groupings and integration of equality issues in engagement and consultation exercises does not appear to take place as a matter of course;
- Monitoring of policies equality screened previously is still rare.

In conclusion, it is proposed that renewed efforts in 2018-19 are taken to:

- carry out equality screenings and ensuring their timely publication
- identifying stakeholder and service user engagement exercises planned for 2018-19 with a view to integrating the targeting of Section 75 groups and integrating equality questions into this engagement and
- undertaking monitoring for policies screened.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **APPROVE** the PHA report for the Equality Commission.

Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2017-18

Contact:

<ul style="list-style-type: none">Section 75 of the NI Act 1998 and Equality Scheme	Name: Edmond McClean Telephone: 03005550114 Email: edmond.mcclean@hscni.net
<ul style="list-style-type: none">Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above

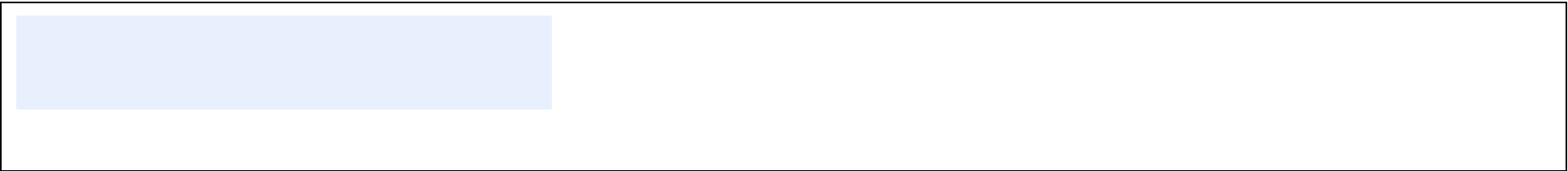
We receive support services on the implementation of our Section 75 and Section 49A duties from the Equality Unit at the Business Services Organisation. For further information you can contact our equality advisor: Anne Basten, Equality, Diversity and Human Rights Manager, Business Services Organisation, Anne.Basten@hscni.net 028 9536 3814

Documents published relating to our Equality Scheme can be found at:
<http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

(ECNI Q28):

Our Equality Scheme is due to be reviewed by April 2021.

Signature:



This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality, good relations and disability duties. This report reflects progress made between April 2017 and March 2018.

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Chapter 1: Summary Quantitative Report

(ECNI Q15,16,19)

Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6)	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees
2. Number of policies subjected to Equality Impact Assessment.	2			
3. Indicate the stage of progress of each EQIA. <ul style="list-style-type: none"> • Northern Ireland Diabetic Eye Screening Programme • Review of Breast Assessment Services (jointly with HSC Board) 	Stage Consideration of Data/Assessment of Impacts/Consideration of Measures Consideration of Data/Assessment of Impacts/Consideration of Measures			
	0	5	0	No concerns raised

4. Number of policy consultations conducted	6
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	1

(ECNI Q24)

Training

6. Staff training undertaken during 2017-18. (See also Chapter 2, Q6)

Course	No of Staff Trained	No of Board Members Trained
Equality Impact Assessment Training	1	0
Total	1	0

eLearning: Discovering Diversity

Module 1 to 4 – Diversity	37
Module 5 – Disability	7
Module 6 – Cultural Competencies	6

eLearning: Making a Difference

Part 1 – All Staff	10
Part 2 – Line Managers	1

**(ECNI Q27)
Complaints**

7. Number of complaints in relation to the Equality Scheme received during 2017-18

Please provide detail of any complaints/grievances:

**(ECNI Q7)
Equality Action Plan (see also Chapter 3)**

8. Within the 2017-18 reporting period, please indicate the number of:

Actions completed:	<input type="text" value="14"/>	Actions ongoing:	<input type="text" value="3"/>	Actions to commence:	<input type="text" value="2"/>
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**(ECNI Part B Q1)
Disability Action Plan (see also Chapter 4)**

9. Within the 2017-18 reporting period, please indicate the number of:

Actions completed:	<input type="text" value="7"/>	Actions ongoing:	<input type="text" value="3"/>	Actions to commence:	<input type="text" value="1"/>
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Chapter 2: Section 75 Progress Report

(ECNI Q1,3,3a,3b,23)

1. In 2017-18, please provide examples of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Table 1 below outlines examples of progress to better promote equality of opportunity and good relations¹.

The majority of outcomes demonstrate improvements in **access to information** (eg. through the translation of leaflets on the Newborn Screening Programme for parents not fluent in English). Others relate to improved **access and uptake of services** (eg. through alerting men who DNA-ed two AAA screening appointments in the previous screening year to new venues when these are available). A further group of examples highlight the development of **new tailored services or policies** to meet particular needs (eg. through the tendering of Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse). Likewise, some of the work will serve to improve the **quality and experience of mainstream services** for particular equality groupings (eg. through the Regional Hospital Passport for people with learning Disability).

Two further types of impacts can be identified from the examples provided in Table 1. Both are enablers of producing outcomes for people in the equality groupings. The first relate to improvements in the **availability of equality data** for service planning or policy development (eg. through the definition of outcomes and establishment of baseline data relating to the Health and Wellbeing of Travellers). The second of these are **workforce related** (eg. delivery of training for staff working with adults with learning Disability in the context of the implementation of the Regional Audits and Learning Disabilities: Personal and Sexual Relationships Operation Protocol).

In most cases, it is not possible to ascribe developments to one single factor of Equality Scheme implementation. New initiatives, such as the Gender Identity Employment Policy for instance, are not necessarily an outcome of any equality screenings or Equality Impacts Assessments.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation. From this point of view, staff training and engagement and consultation are arguably the most important factors.

Changes resulting directly from equality screenings are reported in Chapter 7, the mitigation report. Those due to the implementation of Equality and Disability Action Plans are reported in Chapters 3 and 4.

Table 1:

	<p>Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.</p>
<p>Persons of different religious belief</p>	<p>Development of Equality Monitoring Data (Relating to all of the nine Section 75 categories)</p> <p>Facilitated by the BSO Procurement and Logistics Service, we took action to proactively promote equality of opportunity with regards to our contracts with recruitment agencies. Together with our HSC partners, we included in the most recent tender specific requirements for bidders to demonstrate how they promote equality with reference to: training their staff; gathering feedback from agency workers; their provisions on making reasonable adjustments for agency workers; and outreach work to attract a diverse range of agency workers. The tender specification also included requirements relating to the collection of equality monitoring data for all nine equality groupings and for auditing. This will enable us in future to monitor the diversity of agency workers placed with us and, where necessary, to engage with recruitment agencies in relation to measures to address under-representation and the user experience of specific equality groupings.</p> <p>Similarly, we introduced equality monitoring forms for people who participate in our Disability Placement Scheme, capturing all nine equality groupings. This will enable us to see how diverse the group of people being placed with us are and where necessary work with the provider to take further outreach measures.</p>
<p>Persons of different political opinion</p>	<p>Screening</p> <p>AAA Screening Programme - An annual mailing continues to take place to all</p>

	<p>men who DNA-ed two appointments in the previous screening year, alerting them to new venues when these are available – in the past this has resulted in an average of 10% uptake rate. This increases potential for men to attend screening if they have the choice of a new screening location which is closer to them or in an area they can more easily access.</p>
<p>Persons of different racial groups</p>	<p>Screening</p> <p>Antenatal Screening - “Protecting You and your baby” leaflets: Whilst updating this leaflet we realised that it was not available in other languages. Funding was made available and the translation of the leaflet was requisitioned. It is now in the process of being translated into the top 12 most common languages. This will ensure that women from ethnic minority cultures will receive written information in their own language about Antenatal screening offered.</p> <p>AAA Screening Programme - In Spring 2017 the main information leaflet and three results leaflets (for men diagnosed with a small, medium or large AAA) were made available on the PHA main website in the following languages: Chinese Complex, Chinese Simple, Portuguese and Polish. The general invitation leaflet is also available in Slovak and Lithuanian. A link also directs site visitors to translations of the English AAA Screening Programme’s invitation, surveillance (small and medium AAA) and referral (large AAA) leaflets in the following languages: Arabic, Bengali, Farsi, Gujarati, Punjabi, Urdu, French, Kurdish, Malayalam, Tamil and Nepalese. This enables individual to read information in first language without need for interpreting service or interpreter in first instance.</p> <p>Cancer Screening Programmes - Breast Screening carried out a recent assessment of top 5 languages in each Trust area to be able to address demand</p>

for leaflet translations. All primary care providers have been informed re leaflet translations and where to source these. This helps support different ethnic groups to be fully informed in relation to cancer screening.

Newborn Screening Programmes - Taking account of the most recently published HSC Interpreting Service Annual Report (2016-17), both the Newborn Hearing Screening Programme (NHSP) and the Newborn Blood Spot Screening Programme (NBSP), procured leaflets to align with the so-called 'top 10' requested translations in Northern Ireland. For the NHSP, leaflets were produced in Arabic and Bulgarian and for the NBSP, a leaflet was produced in Hungarian.

Health and Wellbeing Improvement

Mental Health

The regional BME Mental Health Pilot project, entitled 'The 1 +1 Project...You are not alone' has been extended for a year, pending the commissioning of services to achieve the outcomes of the Protect Life 2 Strategy.

This pilot project is an initiative to design and develop an evidence based service to support and promote the mental and emotional wellbeing of minority ethnic communities in Northern Ireland .The target group are individuals in the minority ethnic community experiencing depression, including those 'self-medicating' with alcohol, prescription or recreational drugs. As part of the project, three bilingual mental health support workers have been appointed. Based on demographic requirements, they are located in Dungannon (Portuguese), Ballymena / Ballymoney (Polish) and Belfast (Chinese). Information leaflets on the project have been developed in a range of languages including Portuguese, Polish and Chinese. The role of the support worker is to help the individual talk through their

problem, find the support they need and provide consistent support throughout the journey to recovery of emotional well-being. This pilot was completed on 31st March 2018. An evaluation report is due by November 2018 which will help inform the specification for future services.

Travellers

During 2017/18 members of the Regional Traveller Health and Wellbeing Forum participated in a review of the work using Outcomes Based Accountability training to assist in clarifying processes and outcomes required to improve the Health and Wellbeing of Travellers.

Three workshops have taken place to date and members agreed on the following outcomes:

1. Every Traveller child has the best Start in Life
2. Travellers live long, healthy lives
3. Travellers feel respected and included by society.

Data is currently being gathered to establish a baseline for each of the outcomes and next steps includes engaging with Travellers on these issues.

Substance Misuse

Following consultation with substance misuse treatment providers, the PHA in 2016/17 has had the 'Alcohol and You' resource translated into 8 languages (Arabic, Portuguese, Mandarin, Cantonese, Russian, Lithuanian, Polish and Romanian) to ensure access to this resource for foreign language speakers. The resource has again been made available to statutory, voluntary & community services in 2017/18 and is also available on the PHA website. Work also

	<p>commenced in late 2017/18 to develop Portuguese translations of information materials in regards to Low Threshold and Naloxone services – it is anticipated that these will become available in 2018/19.</p>
<p>Persons of different age</p>	<p>Research and Development</p> <p>Outputs from the first projects to complete in the dementia research programme were launched in November 2017. The titles of these projects included <i>‘Pain assessment and management for patients with advanced dementia nearing the end of life’</i>; <i>‘Promoting Informed Decision Making and Effective Communication through Advanced Care Planning for People with Dementia and their Family Caregivers’</i> and <i>‘Risk Communication in Dementia Care’</i>. Outputs included published leaflets on the ‘Communication of Risk’ for staff and carers and ‘Providing Comfort Care to People with Dementia During the Last Days of Life’, as well as the final reports, peer reviewed papers, and conference presentations to key stakeholders in practice. Leaflets are being widely disseminated throughout the HSC and being well received by HSC professionals and service users.</p> <p>Screening</p> <p>Cancer Screening Programmes - Programme staff are currently working with Cancer Research UK local facilitators to support primary care providers in targeting lower uptake groups such as younger age range for cervical screening.</p> <p>AAA Screening Programme - Programme staff continues to engage with community groups and attend a wide range of events to promote the programme across the region; most recently staff have attended two events held in conjunction with Volunteer Now and the bowel cancer screening programme at Windsor Park and the Kingspan Stadium. Both of these events resulted in 20</p>

self-referrals from men aged over 65, who would not automatically be called for screening.

Health and Wellbeing Improvement

A range of services have been commissioned / procured to deliver alcohol and drug services across NI as part of a regional tendering programme. These include:

- **Community Based Services for Young People** who are identified as having Substance Misuse difficulties - This service provides step 2 treatment services including psychotherapeutic interventions (talking therapies) for children and young people, aged 11-25 years, across Northern Ireland including structured family support. This includes ensuring referral pathways are in place to allow children and young people to seamlessly move between services.
- **Drug and Alcohol Mental Health Service (DAMHS)** - This service provides step 3 treatment services for children and young people with drug and /or alcohol issues which are beyond the scope of community based services as a result of complex co-morbid mental health issues. This includes the delivery of formal psychological therapies (motivational enhancement therapy, cognitive behavioural therapy, family therapy) and drug therapies where appropriate. The service is based / integrated within each of the HSC Trusts' Child and Adolescent Mental Health Services (CAMHS).
- **Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse** - This Northern Ireland wide service provides therapeutic interventions and support to children affected by parental substance misuse as part of a multi-agency care plan through working directly with the young people and indirectly with non-substance misusing

parents/carers. The service also provides support for families, engages with other services who work with these children and families and provides specialist advice and support to front line workers working with families affected by Hidden Harm.

- Targeted Prevention services for Young People - This service develops and delivers age appropriate drug & alcohol life skills/harm reduction programmes for young people in the age ranges of 11-13, 14-15 and 16+ years across Northern Ireland. These programmes are targeted / delivered to young people identified as being at risk of substance misuse (universal substance misuse education is delivered via schools).
- Youth Engagement services - Eight Youth Engagement services for young people aged 11 – 25 years (formerly called One Stop Shops) are available across Northern Ireland. The service provides up to date objective information about personal health and wellbeing issues (including drugs and alcohol), choices, where to find help / advice and support to access services when they are needed. The service has been independently evaluated and this process used to inform the development of the service.
- Workforce Development Services - This regional service develops and delivers a range of training courses to support the implementation of the PHA/HSCB Drug and Alcohol Commissioning Framework, ensuring there is a pathway for alcohol and drug workers from all sectors to achieve a recognised qualification in substance misuse. It provides mentoring and support to those staff that require additional support to undertake specific tasks following training. A significant number of the training programmes are aimed at practitioners who work / care for children and young people. Those providers of services are required to address the needs of S75 groups within their service provision. A

	<p>process has been put in place to allow the PHA to monitor the uptake of these services from Section 75 groups annually.</p> <ul style="list-style-type: none"> • Workplace Health and well-being services for all ages - The PHA commissioned workplace health service asks employers to identify and address the health and wellbeing needs of their workers. Action is then undertaken to provide information and adopt policies which are supportive of employees and the wider community. Workplace health programmes address the needs of employees and plans action based on the health needs of particular age groups, with the specific needs of the ageing workforce considered.
<p>Persons with different marital status</p>	<p>Screening</p> <p>AAA Screening Programme - Each year our annual Service User Event invites screen-detected men, and a companion/partner to attend a morning workshop to learn more about the programme and help with ongoing improvements. This means men are able to bring along any companion of their choosing to support them at this event.</p>
<p>Persons of different sexual orientation</p>	<p>Communications</p> <p>We produced posters to warn of an outbreak of Hep A in the MSM community (Men who have sex with men). These were produced for targeted venues.</p> <p>Health and Wellbeing Improvement</p> <p>Lesbian, Gay, Bi-sexual (LGB) men and women</p> <p>The PHA has commissioned The Rainbow Project to provide a range of services</p>

across Northern Ireland for LGB clients, including:

- Providing counselling, group work sessions and personal development courses to individuals who are LGB
- Distribution of safer sex packs to Men who have Sex with Men at sites and venues
- Providing workshops for health professionals on LGB Health and Social Wellbeing issues
- Providing 'rapid testing' for HIV and syphilis for Men who have Sex with Men.

The PHA also commission Rainbow to:

- Provide 1-1 personal development courses for LGB communities in southern area;
- Provide befriending for a minimum of 20 individuals who identify as LGB from southern area;
- Provide training for befriending volunteers and drop in facility in Newry area;
- Provide over 180 counselling sessions for lesbian or bi-sexual women in Northern Ireland;
- Provide over 80 interventions for lesbian and bi-sexual women;
- Provide over 180 counselling sessions for gay and bi-sexual men;
- Provide over 100 interventions for gay and bi-sexual men;
- Provide over 20 awareness raising sessions;
- Deliver a personal development programme in the West which 14 clients attended.
- A work shop was delivered for the first time in Ballynahinch to promote

	<p>positive mental health among LGBT people and 9 clients attended.</p> <ul style="list-style-type: none"> • A workshop was delivered in the Northern Area looking at Relationships with 19 people attending. • 10 Outreach clinics in Belfast. <p>The Rainbow Project also delivered the following during 2017-18 in the Southern area:</p> <ul style="list-style-type: none"> • 1 personal development programme delivered. 10 people started the programme with 6 completing. • 6 LGB volunteer befrienders trained in mindfulness; • 41 befriending sessions delivered to LGBT within southern area; • 42 drop in sessions were provided by Newry Rainbow Centre these sessions included signposting/ gender identity training to staff. • SAIL provided mentoring and befriending to 17 families of Transgender people across southern locality. <p>The actions below relate to both LGB people and Transgender people. It is recognised that gender identity is a separate matter from sexual orientation.</p> <p>The 11th Annual Outburst Queer Arts Festival ran for 10 days from November 9–18 2017 and attracted audiences of approximately 8000 over 400 direct participants. The Public Health messages related to LGB&T sexual health and well-being including emotional health and well-being.</p> <p>A radio campaign to promote www.lgbt.org which provides support for LGB&T individuals and families.</p>
Persons of different genders and gender	Research and Development

<p>identities</p>	<p>Persons of transgender were facilitated to take part in our Building Research partnership workshop as a couple. This included the provision of a hearing loop facility for one partner and ensuring that they were not separated in the small groups.</p> <p>Screening</p> <p>AAA Screening Programme - AAA Screening is a male-only based population screening programme due to the findings from evidence based research and clinical trials. These established that inviting men aged 65 to attend for a scan provided the best screening outcomes and was most cost-effective, while men over the age of 65 are encouraged to self-refer for screening. Women were found to be 6 times less likely to develop AAAs and tended to do so 10 years later than men. Recent research into the potential for screening women continues to support the current rationale for male-only AAA screening. Links have previously been made with organisations working with the Transgender community to ensure persons of different genders and gender identities have access to relevant information on how to access AAA screening. Attempts by the Programme Team to establish a dedicated screening clinic at Knockbracken for members of the transgender community could not be progressed due to PID constraints.</p> <p>Cancer Screening Programmes - Bowel screening programme staff attended Men's Health Event promoting the programme and encouraging uptake. The Bowel screening 'the facts' leaflet has been adapted to remove gender specific wording. Work is currently on-going between cancer screening staff, BSO, ITS and transgender groups in relation to digital identification of gender on screening systems. Regional screening transgender leaflet is being developed for AAA and cancer screening programmes. This will allow the transgender community to be</p>
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fully aware of their choices and implications in terms of attending or opting out of these programmes.

Health and Wellbeing Improvement

Men's Health - Groundwork NI was funded by the PHA in 2017/18 to support the development of 60 Men's Sheds across all District Council areas. Groundwork NI has provided practical support towards their establishment and development by hosting network meetings. The aims of the men's shed programme is to:

- Promote collaborative learning, knowledge transfer and social interaction
- Improve health and wellbeing
- Reduce feelings of social isolation and loneliness
- Increase access to local health services and support network.

SAIL provided mentoring and befriending to 17 families of Transgender people across southern locality.

The actions below relate to both LGB people and Transgender people. It is recognised that gender identity is a separate matter from sexual orientation. The 11th Annual Outburst Queer Arts Festival ran for 10 days from November 9–18 2017 and attracted audiences of approximately 8000 over 400 direct participants. The Public Health messages related to LGB&T sexual health and well-being including emotional health and well-being. A radio campaign to promote www.lgbt.org which provides support for LGB&T individuals and families.

	<p>Gender Identity and Expression Employment Policy</p> <p>Together with our HSC partners we reviewed the outcome of the consultation that we held on our draft policy. Taking all comments received into account, we finalised the policy and produced a consultation report. The policy was approved by our Agency Management Team in October 2017. Both the policy and its equality screening can be accessed on our website:</p> <p>By the end of March work was under way to establish a regional task and finish group to support the implementation of the policy, including through the development of checklists for staff and a training plan. The group involves senior staff from Human Resources and Equality.</p>
<p>Persons with and without a disability</p>	<p>Research and Development</p> <p>Outputs from the final projects to complete under our Bamford Implementation Research Programme in Mental Health and Learning Disability were launched in October 2017 at an event attended by the Children’s Commissioner and Commissioner for Mental Health, DoH (NI) who both spoke at this event. The titles of the projects included ‘<i>Supporting Older Adults with a Learning Disability and their Ageing Family Carers. A Family Community Support Model</i>’ and ‘<i>Improving Mental Health Pathways and Care for Young People in Transition to Adult Services</i>’. The event was attended by health and social care professionals and service users & carers as well as representatives from the voluntary sector. The final reports were disseminated and made available on our website.</p> <p>Nursing – Mental Health and Learning Disability</p> <ul style="list-style-type: none"> • Regional Hospital Passport for people with Learning Disability has been developed and distributed throughout Northern Ireland. Individuals with

Learning Disability and their carers were involved in the development of the resource and were also involved in the launch event in May 2017.

- A Personal and Public Involvement Grant was provided to TiLLI ('Tell it Like it is') to work with people with Learning Disability and their carers to develop an easy read resource that can be used as part of the evaluation of the Passport.
- TiLLI was involved in delivering awareness training to BSO Staff involved in logistics and provided a "roving mic" service at three regional events organised by the PHA during 2017-18. Reports on these events were provided by the group which included reflections from people with learning disability involved in interviewing participants at the events.
- Recovery Colleges offer a range of education and training to support individuals with lived experience of mental health and all programmes are co-produced and co-delivered.
- Feedback received from 10,000 voices has been used to inform the ongoing monitoring of services for people with mental health and learning disability.
- Peer Consultants in Mental Health were appointed in 4 Trusts as part of the ImROC programme.

Communications

We produced a range of resources that have improved access to information for people with a disability

- Dementia resources to support families and people with a dementia at various

stages of the condition.

- Interactive online version of a regional HSC hospital passport for people with a learning disability in contact with hospitals. This uses photos used under license from Photo symbols.
- Leaflet on improving physical activity in children and young people with physical disabilities.
- Printed further copies of 'I can cook it!' the community nutrition programme rolled out by HSC Trusts for people with a learning disability.
- Funded the production of three resources for people with a learning disability on Abdominal Aortic Aneurysm, prostate health and menopause. This was in partnership with the HSC Board and the learning disability facilitators in HSC Trusts.
- Shared our artwork for a poster on '10,000 more voices' as part of work the PHA were doing with the British Deaf Association in deaf clubs in Northern Ireland.

Screening

Newborn Blood Screening - An 'easy read' guide, developed by Public Health England, was shared with health and social care professionals relating to the newborn blood spot screening test. This is a valuable support tool for patients who may have learning disabilities.

Cancer Screening Programmes - Vulnerable groups: Robust processes have been agreed and documented between the PHA, the South Eastern HSC Trust

and the Prison Healthcare team regarding the provision of cancer screening services to people in custody. This will enhance the call/recall, result recording and on-going investigation pathway.

AAA Screening Programme - In May 2017, the PHA launched the AAA Screening Easy Read Leaflet at the Servite Priory Dungannon. This has made more easily accessible version of the general information leaflet available in hard copy form for men with learning disabilities. Work is also ongoing to address the needs of individuals with range of physical disabilities. Screening venues are available with access to hoist facilities for men who require this. Ambulance transportation is organised as required. Double appointment slots are available for men with specific requirements where notified to the programme in advance. Some materials are also available in Braille.

Health and Wellbeing Improvement

- The development of a regional accident prevention initiative to specifically include learning disability. The Risk Avoidance and Danger Awareness Resource (RADAR) centre received support from PHA to develop their facility and train staff to ensure people with learning disability will be able to have equal access to the full range of opportunities available.
- The implementation of the Regional Adults and Learning Disabilities: Personal and Sexual Relationships Operational Protocol. This joint work with Trusts and PHA has resulted in the delivery of Level 1 and Level 2 training for staff working with and supporting adults with learning Disability. This will ensure that services for adults with a learning disability provide the opportunity for people to enjoy personal and sexual relationships while protecting vulnerable adults from abuse.

<p>Persons with and without dependants</p>	<p>Health and Wellbeing Improvement</p> <p>One of the key objectives of the Commissioning Framework for Alcohol and Drugs 2013-16 was to improve access and consistency of service provision irrespective of circumstances or geographic location of residents in Northern Ireland.</p> <p>Based on the outcomes of the Framework, the Public Health Agency (PHA) currently commission / fund a wide range of drug and alcohol services focused on meeting the drug and alcohol needs of children, young people, adults and families / carers across Northern Ireland. These include Tier / Step 1, 2 & 3 services across the voluntary, community and statutory sectors (in support of Making Life Better and NSD for Alcohol & Drugs – phase 2). Please refer to the category of ‘age’ for further information on a range of these that have particular relevance for dependants. In addition, this also includes:</p> <ul style="list-style-type: none"> • Adult Step 2 services - These services provide step 2 treatment services including psychotherapeutic interventions (talking therapies) to adults with substance misuse difficulties/problems. These services will also provide support to family members affected by someone else’s substance misuse.
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(ECNI Q4,5,6)

2. During the 2017-18 reporting period

(a) were the Section 75 statutory duties integrated within...?

	Yes/No	Details
Job descriptions	Yes	Since December 2017 Section 75 is mentioned in all new job descriptions. Further work in relation to the wording of the requirements is scheduled for 2018-19.
Performance objectives for staff	No	In order to ensure that staff fulfil Section 75 duties in relation to screening and EQIAs, these have been integrated into PHA business processes. This includes, for example, a check box on the coversheet for all papers going to the PHA Agency Management Team, which requires the author to give assurance that an equality assessment has been undertaken, where relevant.

(b) were objectives and targets relating to Section 75 integrated into...?

	Yes/No	Details
Corporate/strategic plans	Yes	The PHA Corporate Plan 2017-2021 includes five key outcomes. Two of these relate directly to Section 75 groups: 1. All children and young people have the best start in life Associated actions include, for example: Implement a range of interventions and programmes that support parents and carers to provide a safe and nurturing

		<p>home environment, and address issues that adversely impact on children and young people.</p> <p>2. All older adults are enabled to live healthier and more fulfilling lives</p> <p>Associated actions include, for example: Promote inclusive, intergenerational physical and mental health messages and initiatives that enable longer, healthier and more fulfilling lives</p>
Annual business plans	Yes	<p>In the Business Plan for 2017-18, the Agency specified a range of objectives directly related to promoting equality and good relations for Section 75 groups. These included, for example:</p> <p>Undertake an evaluation of the participant impact of the Women’s Resource and Development Agency promoting informed choice programme (in cancer screening) in Section 75 groups</p> <p>Produce an AAA screening video detailing what happens when men attend for an initial scan, including information on how to access screening for minority groups (e.g. LD men, physically disabled etc.).</p> <p>Achieve uptake targets for seasonal influenza vaccinations for children aged 2-4 years and the primary school programme set by DoH.</p>

	<p>Implement with partners the PHA approach to healthy ageing including; reducing social isolation; signposting and referral services; falls prevention; and health and wellbeing improvement programmes.</p> <p>Monitor, co-ordinate and promote the work of Recovery Colleges in NI and increase opportunities for co-production.</p> <p>Identify and address inequalities in the AAA Screening Programme through awareness raising sessions amongst Men's Sheds and other relevant voluntary groups and participation in the development of a UK Health Inequalities Toolkit</p> <p>Commission and monitor uptake of stop smoking services in line with KPIs, in particular with young people, pregnant smokers and disadvantaged adults.</p>
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(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2017-18 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Please see Table 2 below.

Table 2

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
Nursing and Allied Health Professions Early Intervention Transformation	<input type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input checked="" type="checkbox"/> none	Full Section 75 consultation list (i.e. each of the equality groupings)	<ul style="list-style-type: none"> • Online questionnaire • Paper based questionnaire • Offered one to 	Engagement through the use of various surveys both online and hard copy has enabled us identify areas for improvement and key themes arising throughout

<p>Programme</p>			<p>one meetings</p> <p>Greatest number of responses were received in hard copy.</p>	<p>the projects. Surveys have been introduced at various stages to service users and to those delivering the service which has enabled us to collect qualitative and quantitative data from different perspectives. It has also allowed us to see how well the programmes are being received and the difference they are making.</p> <p>It appears that engagement in the form of short hard copy questionnaires are the most effective in response rate data collection.</p>
<p>Screening</p> <p>Pre-consultation of the service delivery model for the NI Diabetic Eye Screening Programme</p>	<p><input type="checkbox"/> Screening template</p> <p><input type="checkbox"/> EQIA report</p> <p><input checked="" type="checkbox"/> none</p>	<ul style="list-style-type: none"> • On PHA website • People living with diabetes via Diabetes UK user groups • Distributed to NIDESP 	<ul style="list-style-type: none"> • Documentation and questionnaire on PHA website • Attendance at Local Commissioning Group 	

(NIDESP)		clinics and HES clinics (ie those with eye disease)	meetings open to public <ul style="list-style-type: none"> • Questionnaires to Diabetes UK users, NIDESP participants • Presentation at PCDS <p>Most responses were from professionals with vested interest in potential options. Those from members of the public were users of the programme, therefore from clinic and Diabetes UK questionnaires</p>	
Research and Development Review of R&D	<input type="checkbox"/> Screening template <input type="checkbox"/> EQIA report	People with a disability and people without People with	Survey Monkey and workshop	Reiterated importance of including PPI as strategic priority and further need to develop PPI in our

Infrastructure	<input checked="" type="checkbox"/> none	dependents and people without		processes and the value of involving public in consultations of this type alongside professional partners.
Personal and Public Involvement Personal and Public Involvement Action Plan	<input checked="" type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input type="checkbox"/> none	Full Section 75 consultation list (ie. voluntary sector organisations relating to each of the nine equality groupings)	We received responses from HSC PPI staff and service users who are involved in PPI work, these were mainly email responses with some verbal feedback.	This was a narrowly focused PHA operational consultation and was of most relevance to staff and service users and carers who are currently engaged with PPI activity. We undertook a wider consultation as this was best practice. In future we will consider if this was a necessary step for an Action Plan rather than a strategy document.
Health and Wellbeing Improvement Community Development Framework developed by the	<input type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input checked="" type="checkbox"/> none	Invitation to the engagement events were widely promoted through existing networks, Council databases and	12 community engagement events were scheduled from September – November 2017, one in each council area as	Having engaged with 391 participants at local level throughout the process and a further 122 at the second symposium, the draft framework has been reviewed and updated to reflect the comments

<p>Transformation Implementation Group Community Development Workstream</p>		<p>social media. Although we did not specifically target any Section 75 groups we had representation from BME, Travellers, Older peoples networks and LGB&T</p>	<p>well as 2 regional symposia held in Belfast.</p>	<p>expressed by the participants.</p>
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<p>Protect Life 2 Stakeholder engagements</p>	<p><input type="checkbox"/> Screening template</p> <p><input type="checkbox"/> EQIA report</p> <p><input checked="" type="checkbox"/> none</p>	<p>Invitations were forwarded to all local protect life implementation groups as well as any local networks. Service users, providers, trusts, c&v, bereaved families. The social media platform was also used to invite members of the public along to the events. There was a minimum of 2 events per trust area with WHSCT requesting 3rd workshop.</p>	<p>11 Protect Life Stakeholder engagement events took place in March 2018 throughout the 5 Health and Social Care Trust areas as part of implementation of Protect Life (suicide prevention) strategy and the procurement of related services. There were 346 individuals who attended these sessions with a further 37 completing online responses.</p>	<p>The engagement events were broadly welcomed and will alongside evidence base and strategy objectives help form the design of future services to be commissioned under Protect Life.</p>
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(ECNI Q21, 26)

4. In analysing monitoring information gathered, was any action taken to change/review any policies?

Yes - please see Table 3 below for further information.

Table 3

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
<p>Research and Development</p> <p>Building Research Partnerships Course</p>	<p>Data from equality monitoring forms submitted from attendees showed that from 2012-2016, 76% of those who attended were female and 32% were male. Only a third were service users but charities represented included RNIB, Diabetes NI, Tor Bank School and NICHs. Analysis also showed that the majority of people who are attending</p>	<p>Have made concerted efforts to involve under-represented groups through advertisement via PCC and voluntary sector and provide appropriate adaptations for those with special needs e.g. special chairs; hearing loops; large print outputs;</p>	<p>Number of people attending with particular needs has increased and satisfaction with course appears to be high.</p> <p>Efforts will continue to widen participation in the course in 2018/2019.</p>

	<p>the course are not full time carers, from an underrepresented group or with a disability. In terms of declaring a particular religion or gender, if not heterosexual or Christian, most people preferred not to say.</p>		
<p>Health and Wellbeing Improvement</p> <p>Alcohol and Drugs services</p>	<p>Information continues to be gathered from commissioned / procured services using the regional Impact Measurement Tools (IMT), quarterly performance monitoring reports and annual evaluation reports.</p> <p>The PHA's Performance Monitoring Reports (PMRs), which are completed by service providers on a quarterly basis, require providers to document the accessibility of their services and provide details of any actions taken to address any barriers to client engagement.</p>	<p>The IMT, quarterly performance monitoring reports and annual evaluation reports aid good practice and identifying services to meet the needs of section 75 groups – specific actions included the commencement of the development of Portuguese translations of information materials in regards to Low Threshold and Naloxone services – it is anticipated that these will become available in 2018/19.</p>	<p>Increased understanding of and accessibly to drug and alcohol services.</p>

	<p>Service Providers are also required to document 'trends of note', e.g. increased use of services by a particular group. The annual report submitted to the PHA by service providers also requires them to submit a summary of their Service User Profile for the year. The Regional Impact Measurement Tool, which is administered by the Public Health Information and Research Branch within the Department of Health, collects information on clients using PHA-funded substance misuse services. This tool collects information on the gender, ethnicity, country of birth, number of dependents, religion, sexual identity, marital status, employment status and long-term medical conditions of service users. This information is analysed by the Public Health Information & Research Branch of the Department of Health and</p>		
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	provided to the PHA in the form of an annual report. A further report for 2017/18 is due to be published in October 2018.		
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(ECNI Q22)

5. Please provide any details or examples of where the monitoring of policies, during the 2017-18 reporting period, has shown changes to differential/adverse impacts previously assessed:

Yes - please see Table 4 below for further information.

Table 4

Policy previously screened or EQIAed	Did you gather and analyse any equality monitoring information during 2017-18? (Please tick)	What were the adverse impacts at the point of screening or EQIA?	What changes to these occurred in 2017-18, as indicated by the equality monitoring data you gathered?
PHA Corporate Plan 2017-2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PHA Annual Business Plan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Personal and Public Involvement Strategy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

(ECNI Q25)

6. Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

The PHA avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the Equality Impact Assessment Training.

Participants were asked: “Overall how well do you think you have achieved the following learning outcomes ?”

- To demonstrate an understanding of what the law says on EQIAs **100%**
- To demonstrate an understanding of the EQIA process **100%**
- To demonstrate an understanding of the benefits of EQIAs **83%**
- To develop skills in practically carrying out EQIAs **83%**

The figures in bold represents the percentage of participants who selected ‘Very well’ or ‘Well’.

This year also saw the launch of a new e-Learning resource on equality awareness. The resource, called ‘Making a Difference’, was developed along with HSC regional equality colleagues, led by the Belfast HSC Trust. The aim of ‘Making a Difference’ is to show how staff can make a difference by:

- Promoting positive attitudes to diversity
- Ensuring everyone is treated with respect and dignity
- Behaving in a way that is in keeping with HSC values and equality and human rights law.

‘Making a Difference’ now forms part of mandatory training for all staff in our organisation.

(ECNI Q29)

7. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period?

We anticipate the following areas to be focused upon:

- equality screenings and their timely publication
- progression of EQIAs to consultation stage
- monitoring, including of policies screened
- engagement with Section 75 groups as part of pre-consultation exercises and collection of equality information by this means.

Appendix – Further Explanatory Notes

1 Consultation and Engagement

(ECNI Q10)

targeting – During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of the Gender Identity and Expression Employment Policy. This is to inform our consultation documents.

(ECNI Q13)

awareness raising for consultees on Equality Scheme commitments – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication. In any EQIA reports we explained our commitments relating to Equality Impact Assessments. We did the same when we held consultation events, such as in relation to our Equality Action Plan, and in the action plan document itself.

(ECNI Q14)

consultation list – During the year, we reviewed our consultation list every quarter.

2 Audit of Information Systems

(ECNI Q20)

We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.

ⁱ This includes as a result of

- screening / Equality Impact Assessments (EQIAs)
- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.

Chapter 3: Equality Action Plan Progress Report



Equality Action Plan 2013 – 2019: Report on the progress we made during 2017-18

June 2018

This document summarises progress made during 2017-18 against the actions we identified in our Equality Action Plan. The plan covers the period 2013-19 and is available on our website: <http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

Any request for this document in another format or language will be considered.

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Theme 1: Provision of Accessible Information

Action Point	Progress to end Mar 2018 and Comments	Outcomes for Section 75 groups
<p>Monitor and review resources for positive images of equalities communities</p>	<p>The publications team were involved in development of accessible information in 2017/18 and found alternative sources for images, eg</p> <ul style="list-style-type: none"> • Leaflets produced in support of the Dementia Together NI initiative contained images of people with a disability (image library). • Interactive online version of a regional HSC Hospital Passport for people with learning disability in contact with hospital. We used licensed photos from Photo Symbols to produce the document. • In a joint project with HSCB and led by learning disability facilitators in Trusts, PHA funded material (designed externally) on prostate health, AAA, and menopause. • In partnership with Belfast HSC Trust, PHA is developing a leaflet on improving activity in children and young people with physical disabilities. Vector art illustrations from photo library were adapted by in-house designer. <p>The development of a HSC image library has not been progressed by the Physical and Sensory Disability Strategy Information Workstream.</p>	<p>A wider range of Section 75 groups are reflected in our publication materials meaning a greater visibility and more positive portrayal.</p>

Theme 2: Cancer Screening

Action Point	Progress to end Mar 2018 and Comments	Outcomes for Section 75 groups
<p>Monitor delivery of Women's Resource and Development Agency (WRDA) contract</p>	<p>Targets for 2017-18 were:</p> <ul style="list-style-type: none"> • Number of awareness sessions delivered (126) • Number of promotional events held (5) • Number of Community Facilitators recruited and trained to Level 3 Certificate in Learning and Development (30) <p>WRDA delivered the required number of awareness sessions and attended the required number of promotional events. There has been a delay in recruiting community facilitators this year due to staff absence within WRDA.</p>	<p>Raised awareness and understanding of cancer screening programmes in people with reduced access to services as a result of poverty and marginalisation.</p> <p>PHA conducted an impact evaluation of this work for Quarters 1-3 of 2016-17. There were overall improvements in respondents' awareness, understanding, and willingness to participate in cancer screening for each of the three programmes. e.g. analysis of the Breast educational awareness programme data revealed that prior to the session, only 54% of women currently check their breasts; post session 97% of respondents reported that they will now regularly check their breasts.</p>

<p>Meet with gender identity groups (to discuss the issues around transgender people's awareness of and access to the cancer screening programmes)</p>	<p>The Business Services Organisation (BSO) IT Services agreed to take the lead on this piece of work in the context of reviewing the recording of gender on IT systems in Health and Social Care. Meetings have taken place with transgender groups and concerns documented re how their records are currently managed within HSC.</p> <p>Work is under way to draft proposals how the transgender community could in future be identified and managed on HSC electronic systems. A workshop took place in February 2018 chaired by BSO with a range of HSC stakeholders.</p>	<p>n/a</p>
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Theme 3: Childhood Immunisation

Action Point	Progress to end Mar 2018 and Comments	Outcomes for Section 75 groups
<p>Continue to offer a one stop shop for new migrants that will include a range of services including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service).</p>	<p>NINES continue to see asylum seeker, refugee and other new arrived children that have not registered with primary care. They screen for TB disease and infection, test for HIV, Hepatitis B and C. They establish their vaccination history against the UK schedule</p> <p>Positive results are referred to secondary services.</p> <p>Children are registered with the Child Health System to enable them to receive vaccinations.</p> <p>Plans are also progressing to enable staff to opportunistically vaccinate children with an incomplete vaccination history.</p> <p>They also receive referrals for TB screening and BCG from primary care and school nursing for migrants at greater risk for TB</p> <p>The Southern NINES is operational and the Belfast NINES has continued to provide their service since April 2012.</p>	<p>The Belfast NINES is developing Patient Group Directions to enable staff to deliver childhood vaccinations. The staff are attending update vaccination training in June 2018.</p>

Theme 4: Migrants

Action Point	Progress to end Mar 2018 and Comments	Outcomes for Section 75 groups
<p>Continue the delivery of a new entrant service in the Southern HSC Trust locality and continue to offer existing service in the Belfast HSC Trust locality these include a range of programmes including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service) and supporting the integration of Syrian Refugees into NI society</p>	<p>The NINES continues to offer support to new entrants to NI (i.e. to those not yet registered with a GP).</p> <p>Through NI’s Vulnerable Persons Relocation Scheme the Syrian Refugees are given a medical assessment before they come to NI. When they arrive they are immediately assigned to GP practices in their designated location.</p> <p>The primary role of NINES is to support migrants and asylum seekers who are not yet registered with a NI GP practice. Therefore NINES support for Syrians arriving under VPRS has not been required.</p>	<p>Improvement in equity and quality of care offered to migrants; prompt identification of need and early intervention/onward referral will help ensure that risks identified are minimised; reduction in inappropriate attendances at Emergency Care.</p>
<p>Through partnership working across the sectors explore how best to support improved access to English classes.</p>	<p>A report has been produced outlining the recommendations from a conference which took place on 28 February 2017 on Partnership Approaches to Accessing English.</p> <p>With TEO’s agreement, this report has been forwarded for consideration by the Racial Equality Subgroup.</p> <p>PHA and other partners will continue to prioritise</p>	<p>Improved knowledge and understanding of the issues and challenges relating to accessing English classes in NI including examples of good practice to help inform future action.</p>

	improved access to English classes during 2018/19.	
Based on the findings of the evaluation of the Stronger Together Network to commission a provider to establish an enhanced minority ethnic health and social wellbeing improvement collaborative network with an interest in protecting and improving the health and social wellbeing of ethnic minority communities in Northern Ireland, to achieve more effective and efficient use of available expertise and resources, by exchanging information; sharing knowledge and good practice; supporting and promoting training and capacity building; helping to identify health and social wellbeing needs, issues, challenges and constraints.	Due to a delay in the procurement process, it was not possible to commission the enhanced network. The procurement process which will commence during 2018/19	Improved co-ordination between agencies, in meeting the health and social wellbeing needs of minority ethnic communities.
Continue to implement a pilot service to support the mental health and emotional wellbeing needs of ethnic minority	Due to a delay in the procurement of mental health and suicide prevention services, the mental health pilot service has been extended for a year up to the end of March 2019	Increased knowledge of effective approaches relating to promoting minority ethnic mental health and emotional

communities across Northern Ireland.		wellbeing.
Continue to work with key agencies and organisations across the sectors to review, develop and implement an annual regional action plan to address minority ethnic health and social wellbeing issues	Annual Action plan developed and being implemented	Co-ordinated, cross-sectoral action undertaken to address identified minority ethnic health and social wellbeing needs.

Theme 5: Lesbian, Gay, Bisexual and Transgender

Action Point	Progress to end Mar 2018 and Comments	Outcomes for Section 75 groups
Elearning - Engage with key stakeholders and promote the programme	The PHA continued with the ongoing promoting of e-learning programme. The programme has been promoted at various PRIDE events.	Reduction in stigma and discrimination by increasing awareness, understanding and skills and create a safe environment for people who are lesbian gay bisexual or transgender.
HSC LGB&T Staff Forum - Continue to support the forum and maintain its dedicated website	The HSC LGB&T Staff Forum hosted information stands at a number of PRIDE events across the province.	LGB& T people feel valued within the workplace of HSC.
Deliver on recommendations from the PHA staff survey which was carried out as part of the Diversity Champion programme.	No further progress during this year.	n/a
Commission services to support the mental health and emotional wellbeing needs of Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families	The contracts with SAIL in respect of Transgender Individuals and their Families and Rainbow in respect of Lesbian and Bisexual Women & Gay + Bisexual Men Targets have reached and exceeded in the Intervention element of the Contract and over performed in counselling and awareness sessions. All actions were completed by March 2018.	Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families are supported to improve their mental health and emotional wellbeing

	Additional slippage was provided in 17/18 to address the additional training needs.	needs.
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Theme 6: Personal and Public Involvement (PPI)

Action Point	Progress to end Mar 2018 and Comments	Outcomes for Section 75 groups
<p>Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.</p>	<p>80% of funded projects involve people from Section 75 groups</p>	<p>Supported progression of Section 75 groups to the shortlisting and final stages of funding.</p>
<p>Identify gaps in PPI research, theory & practical application.</p> <p>Commission research with a focus on lessons to be extrapolated & shared across the HSC.</p> <p>Publish research and implement recommendations as part of the PHA PPI Action Plan</p>	<p>Personal and Public Involvement (PPI) and its impact: Monitoring, measuring and evaluating the impact of PPI in Health and Social Care in Northern Ireland was published in 2017. The research team included a carer representative. In addition focus groups included members of Section 75 groups including people with a disability, carers and older people.</p>	<p>Created opportunities for people from Section 75 groups to be actively involved in public life.</p>

Theme 7: PHA as an employer

Action Point	Progress to end Mar 2018 and Comments	Outcomes for Section 75 groups
<p>Explore regional work on NHS “Working Longer” initiative</p> <p>Engage with staff to find out about staff preferences for working on beyond previous retirement age and suggestions for additional support</p>	<p>On our behalf, the Business Services Organisation have participated in a regional working group convened by the Department of Health. During 2017-18, this included scoping options for initial work across HSC organisations.</p>	<p>n/a</p>
<p>Work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for staff from a range of Section 75 groups</p>	<p>A second draft has been produced. Further work to complete the guide will be undertaken in 2018-19.</p>	<p>n/a</p>
<p>Monitor staff completion figures for Section 75 data.</p> <p>Continue to encourage staff to complete equality data section on HR system via self-service</p>	<p>We monitor diversity data and completion figures quarterly.</p> <p>In the context of work on disability and carers, including our Disability Awareness Days, we continued to encourage staff to complete the respective data on the HR system.</p>	<p>Ultimately, the aim is that robust data is in place to allow assessment of impacts on staff and developing targeted actions to address equality issues.</p>

Theme 8: Board composition

Action Point	Progress to end Mar 2018 and Comments	Outcomes for Section 75 groups
Approach Office for Public Appointments or Public Appointments Unit to welcome thoughts on the matter and seek advice on how greater diversity can be achieved	We made contact with the Office of the Commissioner of Public Appointments in Northern Ireland. In the first place, we were looking to source the most recent figures on applicants and those who are appointed.	n/a



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Telephone: 0300 555 0114
Website: www.publichealth.hscni.net

June 2018



Disability Action Plan 2013-2018

Public Health Agency (PHA)

What we did between April 2017 and March 2018

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

You can find our Disability Action Plan on our website:
<http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>1. Put in place contractual arrangements for the production of materials in alternative formats.</p> <ul style="list-style-type: none"> • Undertake a scoping exercise by type of format based on current and best practice in UK • Where appropriate undertake tender exercise and put contracts in place. 	<p>Alternative accessible formats are more readily available</p>	<p>Arrangements are in place to support staff in procuring materials in alternative formats</p> <p>Contracts in place where appropriate</p>	<p>BSO Equality Unit end Mar 2018</p>
<p>Relevant Duty: Encourage participation of disabled people in public life.</p>			
<p>What we did this year</p> <ul style="list-style-type: none"> • The Equality Unit at the Business Services Organisation represented us on a tender exercise led by the Central Procurement Directorate. The tender included a Lot on the provision of materials in alternative formats. No submissions were received for the Lot meaning that it is not possible for us to put a contract in place. 			

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
2. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring. Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system).	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	Increase in completion of disability monitoring information by staff to 90% Prompt issued to staff on a regular basis.	PHA end Mar 2018

Relevant Duty: Promote positive attitudes towards disabled people.

What we did this year

- At the end of March 2018, 1.08% of our staff had declared on our HR IT system that they have a disability. There is virtually no change in this figure compared to previous years. 17.69% of staff hadn't said whether or not they have a disability. There may therefore be more people working with us who have a disability but haven't declared that they do on the system. We want to keep working to reduce this number in order to have a more realistic picture of our workforce. At each of our disability awareness days we encourage staff who have a disability to declare that they do, so that we can put in place any reasonable adjustments they may need and so they can avail of the support available.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs.	Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet)/ >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	PHA end Mar 2018 Equality Unit end Mar 2018

Relevant Duty: Promote positive attitudes towards disabled people.

What we did this year

- The themes for our awareness days are chosen by a group of staff who volunteer to be involved in organising the days. The days are run across all the 11 regional HSC organisations. This year the group decided to focus on diabetes and dyslexia. The Equality Unit wrote an article for staff highlighting the two themes chosen. It also asked staff who want to get involved to get in touch.
- At the Diabetes Awareness Day in November we had speakers from Diabetes UK in central locations in Belfast and Derry/Londonderry. We also put up information stalls in some of our office locations where staff could pick up leaflets. We also sent round information to all our staff.
- On the Awareness Day on Dyslexia we distributed a number of materials to staff. We used emails and ran a feature on our intranet. The information included a computer simulation. It showed how a piece of text may appear on screen to a person who has Dyslexia. We also shared links to videos where people talk about

what it is like for them to be living with Dyslexia.

- At the end of the year we ran a short survey with staff about the awareness days. Most who took part in the survey knew about the Awareness Days (70%). Also, most people said they now knew more about dyslexia (66%) and diabetes (59%). More than half said they now knew how to help a colleague with dyslexia (55%) and diabetes (51%).

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>4. Mental Health and Learning Disability: Raise awareness of carers supports and help identify need to support employees of PHA who also hold the role as carer to someone with a disability.</p>	<p>Staff awareness and knowledge is strengthened</p>	<p>Awareness raising materials and correspondence circulated to staff</p> <p>Staff feedback</p>	<p>Director of Nursing, Midwifery and AHPs end Mar 2018</p>

Relevant Duty: Promote positive attitudes towards disabled people. Encourage participation of disabled people in public life.

What we did this year

- Work by the Mental Health and Learning Disability team relevant to promoting positive attitudes and encouraging participation in public life evolved during the year to focus instead on increasing awareness amongst staff in general hospital settings of the needs of people with Learning Disability (see further information on the Regional Passport in Chapter 2 of the Annual Progress Report to the Equality Commission). Through the Regional Passport people with learning disability using general hospital settings will be empowered and less dependent on their family/carers.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>5. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.</p> <p>Health Protection: Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting.</p>	<p>Increased staff and Board Member awareness of the range of disabilities and needs.</p>	<p>All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms</p> <p>Meeting minutes</p>	<p>PHA end Mar 2018</p> <p>Assistant Director Health Protection end Mar 2018</p>
<p>Relevant Duty: Promote positive attitudes towards disabled people.</p>			
<p>What we did this year</p> <ul style="list-style-type: none"> The BSO Equality Unit (on our behalf), together with the Health and Social Care Trusts completed work on a new eLearning module on equality awareness. The module called ‘Making a difference’ includes a number of scenarios that involve people with a disability and asks staff to think through how best to support the individuals. We have made it mandatory for all our staff to complete the module. Since then, 10 members of PHA staff have completed it. During the year, seven members of PHA staff completed the dedicated eLearning module on disability that 			

is part of our Discovering Diversity programme.

- **Health Protection:**

We invited a member of Tapestry to speak at our Health Protection staff meeting in June 2017. The individual raised awareness about what Tapestry does and how to link in with the network on any issues relating to disability or carers of a person with a disability. We haven't yet made contact with a disability organisation to invite an external speaker.

(3) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>6. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.</p> <ul style="list-style-type: none"> • 10,000 Voices: Proactively target disability groups to advise of the initiative and how they can become involved (issue press releases; send information leaflets and posters to groups) Facilitate their involvement (make surveys accessible to people with a disability) • HSC Research & Development: Disseminate specifically to relevant disability organisations information 	<p>Better engagement of people with a disability (adults and children where relevant) in key areas. People with a disability are encouraged and empowered to participate in public life.</p>	<p>Opportunities provided in key areas. Annual review of progress to Equality Commission</p> <p>Correspondence in relation to the initiative, how to get involved and contact details will regularly be sent to a list of disability organisations</p> <p>Correspondence circulated to list of disability organisations and via PCC newsletter</p>	<p>For 10,000 Voices: Assistant Director of Nursing, Safety Quality and Patient Experience</p> <p>For HSC Research & Development: Assistant Director HSC Research and Development</p> <p>For Health Protection: Assistant Director Health</p>

<p>on 'OK TO ASK' Campaign being undertaken to encourage members of the public including those with disability to participate in research and clinical trials to mark Clinical Trials Day on May 20.</p> <ul style="list-style-type: none"> HSC Research & Development: Provide Personal and Public Involvement training to encourage and provide guidance to researchers on how to involve service users and carers as partners in the research process and to raise awareness of research with service users including those with disability and members of the public. Training for researchers and service users and carers provided through workshops and master 		<p>Training materials provided to each participant and available on website</p>	<p>Protection end Mar 2018</p>
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<p>classes facilitated by researchers as well as service users with disabilities. Training materials provided to give guidance on how to involve and support service users and carers including those with special needs at training days and on website.</p> <ul style="list-style-type: none"> • HSC Research & Development: Offer opportunities to participate in funding panels for 2018 Doctoral Fellowship Scheme and the 2017 Enabling Awards Scheme and other opportunities as they arise including CHITIN. • HSC Research & Development: Offer opportunities to participate in project 		<p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members</p> <p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group</p>	
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<p>steering groups and interview panels for particular research projects as a research partner.</p> <ul style="list-style-type: none"> HSC Research & Development: Involve carers and service users with disability as speakers at relevant conferences e.g. Launch of Bamford and Dementia Research Projects. HSC Research & Development: Survivors of cancer and carers will deliver Building Research Partnership Course in 2 one day workshops to encourage research collaborations between researchers and service users to be held in May and October 2017. Health Protection: 		<p>members</p> <p>List of speakers</p> <p>List of facilitators will demonstrate involvement of people with a disability</p>	
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<p>Liaise with disability organisations and involve them in the planning process for any HP events e.g. Health Protection Symposium 2016.</p> <ul style="list-style-type: none"> • Health Protection: Ensure that active consideration is given to those with disabilities when organising local/regional Health Protection events e.g. PHA stand at the Balmoral Show (Health Protection are displaying Hand Hygiene related events on this stand) • Health Protection: Liaise with Communications Team to ensure that internal/external events etc. are advertised. Ensure that Health Protection has access to 		<p>Minutes of meetings and correspondence with disability organisations</p> <p>Engagement with people with a disability</p> <p>Correspondence circulated to list of disability organisations</p>	
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e-mail circulation lists for disability organisations.			
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Relevant Duty: Encourage participation by disabled people in public life.

What we did this year

- **Nursing – 10,000 Voices:**

During the year we engaged extensively with the Royal National Institute of Blind People (RNIB) and the British Deaf Association (BDA) who were involved in improvement work in Trusts.

- **Research and Development:**

A number of events were held within the Trusts including the Cancer Centre to raise awareness of the importance of research with the public including people with disability to mark International Clinical Trials Day on May 20th. In addition literature was disseminated at the Building Research Partnerships Course in April 2017.

- Training materials for Personal and Public Involvement training have been regularly updated on the website to provide guidance for researchers and service users.

- We involved service users in all of the funding panels we ran during the year. The Enabling Award Scheme itself didn't run in 2017-18, hence we could not provide an opportunity to be involved in it. We invited a service user to speak at the launch of the Bamford projects and included the individual on the programme. Unfortunately, they had to pull out due to personal circumstances.

- Members of our PIER group took part in funding panels to evaluate applications to our doctoral fellowship scheme and our CHITIN scheme, a cross border initiative to fund trials in healthcare interventions in border regions. Members of PIER were joined by 2 representatives from ROI. In addition PIER members were invited to take part in university steering groups in the Dept of Pharmacy and General Practice, QUB and in

Ulster University. Opportunities were also provided for them to join the steering committee of the NI Clinical Research Network.

- Survivors of cancer and carers delivering Building Research Partnership Course in 2 one-day workshops to encourage research collaborations between researchers and service users: two workshops were facilitated by one facilitator and 2 co-facilitators who are survivors of cancer or a carer. The workshops were attended by 32 researchers and 11 service users with a range of conditions including autism, me and fibromyalgia and diabetes
- **Health Protection:**
We did not progress these actions during the year.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
7. Promote and encourage staff to participate in Tapestry, the disability staff network, in the delivery of its action plan.	Better involvement of staff with a disability in decision-making. Better support for staff with a disability	Features on Intranet	Agency Management Team end March 2018

Relevant Duty: Encourage participation by disabled people in public life.

What we did this year

- In February we ran a feature on CONNECT, our intranet, to let staff know about Tapestry, its latest work and the dates of its meetings. We also issue pop ups before every quarterly meeting of the network to all staff.
- During the year, Tapestry focused its work on exploring how staff and line managers could better tap into

existing support. Speakers from both the Department for Communities and the voluntary sector provided briefings to the network on existing Employment Support Programmes. They explained how the Programmes work and how staff and line managers can access support from Workable NI and Access to Work.

- Members of the network also developed suggestions how line managers could better be supported in putting in place appropriate reasonable adjustments in cases where a member of staff discloses to them that they have a disability.
- With the help of colleagues from BSO IT Services, Tapestry also put a lot of work into developing a website. The plan is for the website to go live before the summer of 2018.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
8. Develop a shadowing scheme for Board members and other key public life positions in engagement with the Public Appointments Unit and with people with a disability.	Develop capacity of people with a disability to participate in public life positions.	Shadowing scheme terms of reference; people with a disability have participated.	Operations and Chief Executive's Office end Mar 2018

Relevant Duty: Encourage participation by disabled people in public life.

What we did this year

- We made contact with the Office of the Commissioner of Public Appointments in Northern Ireland to get

more recent figures on applicants and those who are appointed. We looked into what schemes already exist that aim to encourage a more diverse range of people to apply for public appointments. We found a number of schemes in Northern Ireland, the UK and elsewhere, although none of these focused on people with a disability.

- We also contacted Disability Action. Over the next few months we want to speak to people from the disability sector, the Office of the Commissioner of Public Appointments and the Public Appointments Unit in the Department of Health about whether they think there is enough diversity in public appointments. We will also ask them how interested they think different groups of people are in taking part in public appointments and why this might be, as well as any strategies they think could improve different peoples' participation in public life.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
9. Involve disabled people in delivery and review of this plan.	Better engagement by people with a disability (adults and children where relevant).	Feedback forms from engagement (and roundtable sessions, where appropriate)	BSO Equality Unit

Relevant Duty: Encourage participation by disabled people in public life.

What we did this year

- As this report shows, we involve people who have a disability in the delivery of most actions in this plan. We have developed some new actions for 2018-19. People with a disability, in particular our staff network, played a big role in developing these. We will review this plan more widely when it comes to its end, to inform the development of our new plan. We will involve people with a disability in this work.

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
10. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice, making use of voluntary expertise in this area.	People with a disability gain meaningful work experience.	Provide increased number of placements. Placement participants feedback from evaluations Managers feedback from evaluations	BSO Equality Unit BSO Human Resources Agency Management Team end Mar 2018
Relevant Duty: Encourage participation by disabled people in public life AND promote positive attitudes.			
<p>What we did this year</p> <ul style="list-style-type: none"> • One person with a disability started with us on a placement in December 2017. The person left early on in their placement as they had managed to get a paid job with another organisation. • Also, one of the people who completed a placement with us a few years ago told us that they have started in a paid job. 			
Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
11. Encourage disabled people to apply for employment opportunities	Greater numbers of people with a disability	Increase in disability marked on equal opportunities monitoring	PHA end Mar

<p>and remain in the workforce (for example attend career fairs, include welcoming statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions).</p>	<p>apply and remain in the PHA workforce.</p>	<p>forms and HRPTS Information pack for applicants with a disability developed and in use.</p>	<p>2018</p>
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Relevant Duty: Encourage participation by disabled people in public life.

What we did this year

- Through our training on “How to get that job” we help participants of the disability placement scheme get ready to apply for jobs with us and our partner organisations in Health and Social Care. This year, we also invited their support officers to the training so they know more about jobs and recruitment in Health and Social Care. This way, they can keep encouraging and supporting participants once their placement with us ends. The idea is also that support officers can do the same for any other people with a disability who they support.
- As part of our Disability Awareness Days – where we focus on sensitising staff to the needs of colleagues with a particular disability – we always include signposting information for staff who themselves have this particular condition. This includes information on support services. We also encourage that they let their line manager know that they have a disability so that we can put support in place to make sure everything is in place to help the individual fulfil their full potential and to encourage them to remain in the workforce.

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.
- We report on progress against our Disability Action Plan to our Board and Agency Management Team (the people at the top of our organisation) every year.

(6) Encourage Others

- We include questions relating to the two duties in our equality and human rights screening form. The screening form is completed for all policies and decisions. This includes work that other organisations will do for us, for example, contracts that we have with voluntary sector organisations for health and wellbeing promotion work.

(7) Monitoring

- During the year, we spoke to three groups of people involved in our work placement scheme, together with our Health and Social Care partner organisations. These are the people who were on a placement with us, their Employment Support Officers and their Placement Managers. From these focus groups we evaluate how the scheme went this year. It also helps us to make changes to the scheme where we need to. Also, for the first time this year, we asked all participants to complete an equality monitoring form. We want to see whether we are successful at offering placement opportunities to a diverse range of people and, if not, which groups we want the provider to reach out to specifically.

(8) Revisions

- In July 2017 we published our updated plan. It included some changes from the year before.
- Then between February and March, we looked at our plan again to make further changes. Some of these drew on learning from our partner organisations in Health and Social Care. We published our updated plan on our website in April 2018.

(9) Conclusions

- We completed seven actions (#1,2,3,7,9,10,11).
- We didn't do what we said we would do under one action (#4).
- We still have some work to do to complete three actions (#5,6,8).
- All of the actions in our action plan are at regional and at local level.
- Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.



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June 2018



Section 75

Equality Action Plan

2013 – 2019

Public Health Agency (PHA)

Updated April 2018

If you need this document in another format or language please get in touch with us. Our contact details are at the back of this document.

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Appendix: Examples of groups covered under the Section 75 categories

Introduction

In 2010 the Equality Commission for NI asked the Public Health Agency (PHA) to develop an action plan outlining actions to promote equality of opportunity and good relations and address inequalities.

Our action plan outlines actions related to our functions and takes account of our Equality Scheme commitments relating to Section 75 of the Northern Ireland Act 1998. Our Equality Scheme is available on our website: www.publichealth.hscni.net

The law requires us when we carry out work that we promote equality of opportunity across nine equality categories; age, gender, disability, marital status, political opinion, caring responsibilities, sexual orientation, religion and ethnicity. The appendix provides examples of groups covered under these categories. It also requires us to consider good relations in relation to political opinion, religion and ethnicity.

In all our reviews and updates of this plan, we have given consideration to existing priorities and new and emerging priorities. This plan will remain a 'live' document and as such will be reviewed every year. When we have completed an action we take it off our plan. This way, our updated plan shows the actions we still need to complete.

Some of our partner organisations in Health and Social Care, such as the Business Services Organisation and the Patient and Client Council, developed and consulted on new plans in 2017-18. We have drawn on the learning from this work and have added a number of new actions. We want to deliver on these jointly with our partner organisations in Health and Social Care.

This document presents the updated action plan for 2018-19.

We monitor progress on our plan and report on this every year, as part of the Annual Progress Report on Section 75 implementation to the Equality Commission.

We will undertake a wider review following the pending reconfiguration in Health and Social Care. We will involve Section 75 equality groups and individuals in this review.

The actions in this plan are reflective of the outcomes and associated actions defined in the PHA's Corporate Plan 2017-2021. Each theme in the action plan includes a reference to the relevant outcome and associated actions, for ease of reference.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.
- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.
- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.
- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.
- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.
- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.

- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

Addressing inequalities in health and wellbeing is at the core of our work. As we face a difficult economic climate, inequalities may worsen over the coming period. For this reason, the PHA will redouble its efforts, working with partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective resources.

What is in our Equality Action Plan?

The following table outlines our key actions for the coming year. It does not reflect all of our work to address inequalities in health and wellbeing. Rather, it presents a set of priority actions relating to the nine categories under Section 75. This document is also available on our website: www.publichealth.hscni.net

The PHA Equality Action Plan 2013-2019

<p>Theme 1: Portraying Diversity Link to Corporate Plan: '3. All individuals and communities are equipped and enabled to live long healthy lives'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • opportunity to ensure that images we use in information resources portray diversity 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>Monitor and review resources for positive images of equalities communities</p>	<p>Positive images promote inclusion and recognise equality and diversity of the equalities communities we work with</p>	<p>Images reflect diversity Feature in CONNECT to raise awareness of need to be inclusive with images</p>	<p>Public and Professional Information Manager</p>	<p>end Mar 2019</p>

Theme 2:

Cancer Screening

Link to Corporate Plan:

‘3. All individuals and communities are equipped and enabled to live long healthy lives’

Key inequalities and opportunities to promote equality and good relations:

BME Groups - There are a number of factors that can influence participation by some BME groups in cancer screening, including:

- Divergence in perceptions held by screening staff and migrant ethnic groups regarding cancer screening.
- Suspicion of authority.
- The degree of knowledge about screening.
- The type of health care in individuals’ native countries, i.e. no experience of these types of programmes.
- Lack of access to primary care.

Learning Difficulties - Cancer screening uptake is lower amongst the population of people with learning difficulties than among those in the general population. Barriers to accessing cancer screening include:

- communication issues, including literacy problems;
- consent issues;
- physical health;
- inability to undergo screening due to physical limitations

LGB&T - Lesbian women are less likely to participate in preventive health care, including breast and cervical cancer screening than heterosexual women. There is an assumption that they do not need to undertake cervical screening. Transgender people need to have access to relevant and up to date information on accessing gender-specific health screening programmes.

Physical and Sensory Disability - A key issue affecting those with sensory and/or physical disabilities is the availability of accessible information. The bowel cancer screening test kit is completed by individuals at home. Due to the nature of the test (collecting a stool sample) individuals with a physical or sensory disability will have difficulty accessing the screening programme.

Evidence

- People from these minority groups may have problems accessing or understanding information about cancer screening and in some cases the methods of screening may create obstacles for some individuals. The PHA does not have data of uptake of cancer screening by individuals from section 75 groups. Our data collection is not specific enough. There is anecdotal evidence that uptake of cancer screening is lower amongst some section 75 groupings.

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Monitor delivery of Women's Resource and Development Agency (WRDA) contract	The promotion of informed choice with regards to the cancer screening programmes in section 75 groups	(2018-19 targets to be agreed) <ul style="list-style-type: none"> • Number of awareness sessions delivered • Number of promotional events held • Number of Community Facilitators recruited and trained to Level 3 Certificate in Learning and Development 	WRDA/ QARC	Contract to June 2018

New transgender screening leaflet to be adapted for NI from Public Health England and NHS Wales leaflet and to be included within Communications schedule	Transgender people are in a position to make an informed choice about their participation in cancer screening	Leaflet has been produced in collaboration with gender identity groups	QARC	end Mar 2019
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<p>Theme 3:</p> <p>Childhood Immunisation</p> <p>Link to Corporate Plan: '1. All children and young people have the best start in life'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • Whilst childhood immunisation uptake levels are generally very good in Northern Ireland and above the UK average there is variation in uptake. Lower levels occur in some areas of deprivation and also in some groups e.g. the Traveller community and some ethnic minority groups, such as those from the Roma community. There can also be problems with some recent migrants accessing vaccination services. <p>Evidence</p> <ul style="list-style-type: none"> • Vaccination uptake figures and reports from professionals working with affected groups. • NICE Public Health Guidance 21: Reducing differences in uptake of immunisations in children and young people aged under 19 years. <p>This guidance identifies the following groups as being at risk of not being fully immunised:</p> <ul style="list-style-type: none"> ○ those who have missed previous vaccinations (whether as a result of parental choice or otherwise) ○ looked after children ○ those with physical or learning disabilities ○ children of teenage or lone parents ○ those not registered with a GP ○ younger children from large families ○ children who are hospitalised or have a chronic illness ○ those from some minority ethnic groups ○ those from non-English speaking families ○ vulnerable children, such as those whose families are travellers, asylum seekers or are homeless. <ul style="list-style-type: none"> • Outbreaks of measles associated with imported cases from Romania across the United Kingdom and Ireland
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	<ul style="list-style-type: none"> • Department of Health (2017), <i>the health status of Roma</i> outlines that: the Roma community often suffer poorer health and unhealthier living conditions compared to majority populations, including living in extended families, being socially isolated, and overcrowding. Roma children are particularly affected by a range of barriers in obtaining health services, with significant differences in child vaccination rates reported 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>Commission a qualitative study, through the use of focus groups, to establish reasons why the Roma community decline or accept vaccination for themselves and their children.</p>	<p>To gain an understanding of the barriers to vaccination for the Roma community and to explore ways to overcome them, with a focus on measles and the MMR vaccine</p>	<ul style="list-style-type: none"> • Select provider to deliver qualitative study • Recruit participants for intended focus groups • Carry out six focus groups with selection of male and female adults from Roma community • Analyse findings and complete written report • Provide recommendations on development of interventions to improve vaccination uptake 	<p>External provider and Health Protection Directorate PHA</p>	<p>End March 2019</p>

<p>Theme 4:</p> <p>Migrants (relevant to both duties under Section 75)</p> <p>Link to Corporate Plan: ' 3. All individuals and communities are equipped and enabled to live long healthy lives'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • For migrants, having little or no English is considered to be one of the most significant barriers to accessing health and social care and other key services. There is a need to improve our knowledge and understanding of the challenges relating to this issue. There is a need for more partnership working among all key stakeholders, in particular with migrant groups; and • for a more co-ordinated approach in addressing migrant health and social wellbeing issues across NI. <p>Evidence:</p> <ul style="list-style-type: none"> • Health and Social Needs among Migrants and Minority Ethnic Communities in the Western area (Jarman, 2009); • Barriers to Health: migrant health and wellbeing in Belfast. A study carried out as part of the EC Healthy and Wealthy Together project (Johnston, Belfast Health Development Unit 2010); • Health Protection Issues Affecting Immigrants – A Literature Review (Veal and Johnston 2010 unpublished). • Poverty and ethnicity: key messages for NI (Joseph Rowntree Foundation,2016)
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Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Review delivery of the Northern Ireland New Entrant Service (NINES) to reflect the findings of the	Action taken to address the gaps in service identified by the evaluation with particular reference to immunisation and mental health	NINES will continue to offer holistic services to new entrants, including families	Belfast Trust and Southern HSCTrust	end Mar 2019

service evaluation undertaken in 2017	issues.	and children.	working with PHA and HSCB	
Through partnership working across the sectors explore how best to support improved access to English classes.	Improved knowledge and understanding of the issues and challenges relating to accessing English classes in NI including examples of good practice to help inform future action.	Action plan developed to implement the recommendations of the 2017 report on Partnership Approaches to Improving Access to English Classes	Cross – sectoral task and finish sub group of the Regional ME Steering Group	end Mar 2019
Undertake stakeholder consultation and other preparations for procurement of the Stronger Together Regional Minority Ethnic Health and Social Wellbeing Network for sharing of information, good practice and capacity building	Improved co-ordination between agencies, in meeting the health and social wellbeing needs of minority ethnic communities.	Enhanced network established with members comprising stakeholders and network users from across HSC and ethnic minority groups across Northern Ireland.	To be commissioned	end July2019
Evaluation of the regional pilot programme to promote mental and emotional wellbeing for ethnic minority communities in NI	Increased knowledge of effective approaches relating to promoting minority ethnic mental health and emotional wellbeing.	Evaluation report produced including recommendations for future service delivery	South Tyrone Empowerment Programme	end Mar 2019

			(STEP)	
Continue to work with key agencies and organisations across the sectors to review, develop and implement an annual regional action plan to address minority ethnic health and social wellbeing issues	Co-ordinated, cross-sectoral action undertaken to address identified minority ethnic health and social wellbeing needs	Annual Action plan developed and being implemented	Regional ME Steering Group	Annually by end Mar 2019

<p>Theme 5: Lesbian, Gay, Bisexual and Transgender</p> <p>Link to Corporate Plan: ' 3. All individuals and communities are equipped and enabled to live long healthy lives'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <p>Employment generally</p> <ul style="list-style-type: none"> • atmosphere and culture of discrimination, exclusion, homophobia and heterosexism (language, jokes, comments, graffiti) • lack of confidence in reporting and disciplinary procedures • lack of visibility of LGB&T people in the health and social care workplace <p>Services</p> <ul style="list-style-type: none"> • research in England on LGB&T experience of healthcare suggests numerous barriers including homophobia and heterosexism, misunderstandings and lack of knowledge, lack of appropriate protocols, poor adherence to confidentiality and the absence of LGB&T -friendly resources • LGB&T people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people. Other issues include; access to services and attitudes. Issues regarding Older LGB&T in communal facilities, with concerns around negative responses on the grounds of their sexuality from institutions when life changing events occur for example, loss of independence through hospitalisation, going into residential home or having home carers. <p>Research</p> <ul style="list-style-type: none"> • To date very little general LGB&T health research has been published in Northern Ireland <p>Evidence</p> <ul style="list-style-type: none"> • publications summarised and referenced in: PHA (2011): Health Intelligence Briefing on Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues HSC (2010): Section 75 Emerging Themes across Health and Social Care. Section 9
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	<ul style="list-style-type: none"> The Rainbow Project (2011) Through Our Eyes: Experiences of Lesbian, Gay and Bisexual People in the Workplace. 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
eLearning				
engage with key stakeholders	Increased capacity of staff working across HSC settings to better meet the needs of the LGB&T population.	E-learning programme promoted to staff working across HSC Settings by e-mail and on intranet sites.	Hilary Parke/Maria nne Ireland	end March 2019
Promote e-learning programme.		E-Learning programme used as part of induction programme and ongoing Equality and Diversity Training.	Human Resources	
		Use of programme monitored and feedback from learners used to inform changes.	Hilary Parke with Staff Forum	
		Link to training publicised on dedicated LGB&T website.		
		E-learning programme promoted as part of KSF requirements for all staff.	Human Resources	

HSC staff forum				
Continue to support the HSC LGB&T Staff Forum.	LGB&T staff working within HSC organisations feels valued, equal and are empowered to contribute to effect change in the organisation. HSC organisations visibly demonstrate their commitment to promoting equality for LGB&T staff	Promotion of Forum continues through information stalls at HSC locations, posters in workplaces, articles in staff and union bulletins.	Hilary Parke	end Mar 2019
Maintain a dedicated website for the Forum.				
Mental Health and Emotional Wellbeing				
Commission services to support the mental health and emotional wellbeing needs of Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families.	<p>Individuals who identify as LGB&T will have access to services to help address their mental health and emotional wellbeing needs.</p> <p>Transgender individuals and their families will have access to support.</p> <p>Sexual Orientation and Gender identity training will be available across all HSC localities.</p> <p>Increase awareness, understanding and skills and support developments to reduce stigma and discrimination by increasing public awareness, understanding and skills to create a safe and open environment for people who are</p>	<p>The Annual Action Plan will include the following:-</p> <p>Rainbow will provide a minimum of 45 interventions to support Gay and Bisexual men across Northern Ireland.</p> <p>Rainbow will provide a minimum of 45 interventions to support Lesbian and Bisexual women across Northern Ireland</p> <p>SAIL will provide a minimum of 45 interventions to support transgender individuals and their families across Northern</p>	Hilary Parke	end of March 2019

	<p>lesbian, gay, bisexual and transgender.</p> <p>Ensure LGB+T individuals have access to services, help and support that will help maintain and improve their health & wellbeing.</p>	Ireland		
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<p>Theme 6: Personal and Public Involvement</p> <p>Link to Corporate Plan: '5. Our organisation works effectively'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • Work to embed the culture of Personal and Public Involvement (PPI) within this, and other HSC organisations. Strategically promote and enhance the concept and culture of personal and public involvement. <p>Evidence</p> <ul style="list-style-type: none"> • Research on service user and carer involvement and experience throughout HSC 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.</p>	<p>Section 75 groups will have an opportunity to become engaged in PPI activity through PHA funding.</p>	<p>25% of PPI Projects will involve Section 75 groups.</p>	<p>PHA PPI Team</p>	<p>end March 2018</p>
<p>PHA to review accessibility of information provided on the Engage website.</p>	<p>Ensure that relevant information is available in accessible formats and appropriate formatting and technology is used.</p>	<p>Engage website meets appropriate guidelines for accessible websites.</p>	<p>PHA PPI Team</p>	<p>End Mar 2019</p>

<p>Theme 7: PHA as an employer Link to Corporate Plan: '5. Our organisation works effectively'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • need to raise the capacity of our staff to play a positive role in implementing the gender identity and expression employment policy effectively • possibly opportunity to better promote equality for carers and older staff in relation to their information needs • opportunity to strengthen the capacity of line managers to meet the needs of their staff • lack of comprehensive staff equality data <p>Evidence</p> <ul style="list-style-type: none"> • feedback from engagement and consultation on the gender identity and expression employment policy • feedback from staff; submission from Older People's Advocate 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Gender Identity				
Roll out the Gender Identity and Expression Employment Policy	Staff who identify as transgender and non-binary feel more supported in the workplace	Training Plan developed Records of awareness raising initiatives delivered	Operations & Human Resources	end Mar 2019
Carers				
Provide information for staff on available policies and measures that might meet	Staff who are carers feel more supported in the workplace	Information leaflets are provided	Operations & Human Resources	end Mar 2019

their needs; including sign-posting to relevant support organisations.				
Older people				
<p>Link in with regional work on NHS “Working Longer” initiative</p> <p>Engage with staff to find out about support needs for working on beyond previous retirement age and suggestions for additional support</p>	<p>PHA staff are in a position to make informed choices in relation to working beyond previous retirement age</p> <p>Older staff who are choosing to work on are supported</p>	engagement has taken place	Operations & Human Resources	end Mar 2019
Meeting section 75-related needs of staff				
Work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for staff from a range of Section 75 groups	<p>Increased capacity of line managers to identify and respond to the range of Section 75 needs of their staff</p> <p>staff feel that their needs are being met</p>	resource produced	Human Resources	end Mar 2019
Section 75 monitoring				
<p>Monitor completion figures</p> <p>Encourage staff to complete</p>	robust data is in place to allow assessment of impacts and	quarterly downloads completed	Human Resources	end Mar 2019

equality data section on HR system via self-service	developing targeted actions	prompts issued to staff		
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<p>Theme 8: Board composition Link to Corporate Plan: '5. Our organisation works effectively'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • lack of comprehensive data on the Section 75 profile of members of HSC boards; indications that some groups are under-represented (including ethnic minorities, younger people, people with a disability) <p>Evidence</p> <ul style="list-style-type: none"> • no robust information available; submission from Older People's Advocate 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>Approach Office for Public Appointments or Public Appointments Unit to welcome thoughts on the matter and seek advice on how greater diversity can be achieved</p>	<p>the Agency uses its influence to promote diversity</p>	<p>Engagement undertaken</p>	<p>Operations</p>	<p>end Mar 2019</p>

Appendix Examples of groups covered under the Section 75 categories

Please note, this list is for illustration purposes only, it is not exhaustive.

Category	Example groups
Religious belief	Buddhist; Catholic; Hindu; Jewish; Muslim, people of no religious belief; Protestant; Sikh; other faiths.
Political opinion	Nationalist generally; Unionists generally; members/supporters of other political parties.
Racial group	Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.
Men and women generally	Men (including boys); Transgender people; Transsexual people; Women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995. This includes people affected by a range of rare diseases.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.



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For text relay please prefix with 18001
Website: www.publichealth.hscni.net

Updated April 2018



Disability Action Plan 2013-2019

Public Health Agency (PHA)

Updated April 2018

If you need this document in another format or language please get in touch with us. Our contact details are at the back of this document.

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Introduction

The Public Health Agency has to follow the law which says that in our work we have to

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

The law also says that we have to develop a disability action plan. We have to send this plan to the Equality Commission. The plan needs to say what we will do in our work to make things better for people with disabilities.

As Andrew Dougal and Valerie Watts – Chair & Chief Executive of the Public Health Agency – have stated we want to make sure we do this in a way that makes a difference to people with a disability. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from this plan in the yearly plans we develop for the organisation as a whole. These are called ‘corporate’ strategies or ‘business’ plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our plan.

We will let our staff know what is in our plan. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Ed McClean.

When you have any questions you can contact Ed McClean at:

Name: Ed McClean

Title: Director of Operations

Address: 4th floor (South), 12-22 Linenhall Street, Belfast, BT2 8BS

Telephone number: 03005550114 prefix with 18001 for Text

Relay

Email: Edmond.mcclean@publichealth.hscni.net

Every year we write up what we have done of those actions we said we would take. We send this report to the Equality Commission. We also publish this report on our website:

<http://www.publichealth.hscni.net/>

We have a look at the plan every year to see whether we need to make any changes to it. If we need to, we write those changes into the plan. Before we make any big changes we talk to people who have a disability to see what they think.

When we finish an action we take it off the plan for the next year. That way we keep our plan up to date. It shows what we still have to do.

Who is included in our plan?

Our plan relates to the following key areas:

- People with physical disabilities;
- People with sensory disabilities (such as sight loss or hearing loss);
- People with autism or Asperger's Syndrome; people with dyslexia; people with learning disabilities;
- People with mental health conditions (such as depression); and,
- People with conditions that are long-term (such as cancer or diabetes).

It also covers people who are included in more than one of these areas. We have other equality laws that require us to promote equality of opportunity across a number of diverse categories. In our plans we need to also think about other factors such as caring responsibilities, age, gender, sexual orientation, ethnicity and marital status.

How we developed this plan

In starting off to develop this plan we looked at what we have done so far to make a difference for people who have a disability. We then read up on what the Equality Commission said would be good to do. This was after they had looked at what other organisations

have done. All this helped us think about what else we could do to make a difference.

We thought it was important to involve people who have a disability in developing our plan. So we invited any of our staff who have a disability to be part of a small group to work on this. We also said that any of our staff who are interested could join.

We then invited disability groups to a meeting to find out what they thought about our ideas. We also asked them whether there was anything else we could do.

The plan then went to public consultation, to get the views of the general public on what we are proposing.

We reviewed our plan in 2015 following comments received by the Equality Commission for Northern Ireland.

We updated our plans again in 2017-18. Some of our partner organisations in Health and Social Care, such as the Business Services Organisation and the Patient and Client Council, developed and consulted on new plans. We have drawn on the learning from this work and have added a number of new actions. We want to deliver on these jointly with our regional partner organisations in Health and Social Care.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.

- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.
- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.
- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.
- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.
- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.
- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

How people can be involved in our work

There are a number of ways in which people can be involved in the work of the Public Health Agency. This includes:

- Focus groups in the development and evaluation of relevant public information campaigns, for example on flu or bowel cancer screening
- People with a disability and carers are involved in commissioning work on older people (represented on reference group)
- Neurological Conditions Network
- Reference group for regional guidance on the use of observations and therapeutic engagement
- HSC Research and Development: Evaluation Panels for research applications (such as in relation to learning disability and mental health needs).

What we have done up to now

This is some of what we have done already to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

Promoting positive attitudes towards disabled people

- Images and photographs of events include people with a disability whenever they participate in these.
- For information targeted at people with a disability efforts are taken to include photographs of them.
- Disability issues are covered in much of PHA's communication due to its remit (for example reports on PHA conferences such as on brain injuries).
- On our behalf, the Equality Unit in the Business Services Organisation have developed a resource and checklist for staff on how to positively portray people with a disability in their work.

- The Equality Unit have developed a signposting resource for all staff on support available in the community. It includes information and contact details for a number of disability organisations. We update this resource every year.
- To date, we have held nine disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing Loss and deafness, Learning disabilities, Cancer, Arthritis and Musculoskeletal conditions, Diabetes and Dyslexia.
- Mental Health training sessions for staff (pilots delivered in 2011-12, “Mood Matters” sessions delivered in 2012-13; six-week course “Life Skills” offered during 2012-13; in 2015-16, 2016-17 and 2017-18 we delivered courses for staff and managers on mental health first aid, mindfulness and managing stress; and courses for staff who are carers)
- We developed a module on disability on for inclusion in the eLearning “Discovering Diversity” training package. This resource is available to all Health and Social Care staff.
- In Equality Screening Training we look at how the disability duties can be considered in practice. Whenever staff take decisions they must write down what they have done or plan to do to promote the disability duties in their decision.

Encourage the participation of disabled people in public life

- We set up a disability network for staff in the PHA and the other 10 regional Health and Social Care organisations. Part of the role of this network is to raise disability issues with decision makers in our organisation.
- We participate in a disability work placement scheme together with the 11 regional Health and Social Care organisations. So far, we have offered 5 placements for people with a disability in the PHA.
- Along with our partner organisations and led by the Equality Unit, we have put in place a process for publishing equality screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing the quarterly screening reports. We

ask people for their thoughts and suggestions on our screenings.

- When we evaluate training that the Equality Unit delivers we include a question on the needs of trainees with a disability. This helps us to find out whether we need to make any further adjustments.
- We let our staff, service users and the public know that they can ask for materials in other formats such as in large print or as a CD.
- HSC Research and Development: We have held consultation exercises with surviving patients and carers with cancer as part of Cancer Conference, in May 2015.
- Two people living with and beyond cancer facilitated the delivery of the Building Research Partnerships course in April and November 2015.
- HSC Research and Development: Personal and Public Involvement workshops held for research pharmacists at National pharmacy research Conference were co-facilitated by service users, in April 2015.
- HSC Research and Development: We involved carers and service users with a disability as speakers at the annual social care conference in February 2016.
- Service users with dementia, learning disability, mental health issues and their carers have been involved in the steering groups for the Bamford and Dementia Research Programmes. Persons with dementia and young people who are care leavers are also involved on two of these projects as peer researchers.
- We have produced an Accessible Formats Policy. It says how we decide which documents we produce in a range of different formats. We have put together practical tips for staff, for example on how to get different formats done.

What we are going to do

In the table below we list all the actions that we will do. We also say when we will do them.

What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

(1) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	Increase in completion of disability monitoring information by staff to 90%	PHA end Mar 2019
2. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs	Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	PHA end Mar 2019

<p>3. Mental Health and Learning Disability: Increase awareness amongst staff in general hospital settings of the Regional Hospital Passport and the need to make reasonable adjustments for people with Learning Disability</p>	<p>Increased awareness amongst staff in general hospital settings of the needs of people with Learning disability. People with learning disability using general hospital settings will be empowered and less dependent on their family/carers.</p>	<p>Awareness raising materials and correspondence circulated to staff</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience end Mar 2019</p>
<p>4. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.</p> <p>Health Protection: Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting.</p>	<p>Increased staff and Board Member awareness of the range of disabilities and needs.</p>	<p>All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms</p> <p>Meeting minutes</p>	<p>PHA end Mar 2019</p> <p>Assistant Director Health Protection end Mar 2019</p>

(2) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>5. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.</p> <ul style="list-style-type: none"> 10,000 Voices: Proactively target disability groups to advise of the initiative and how they can become involved (issue press releases; send information leaflets and posters to groups) Facilitate their involvement (make surveys accessible to people with a disability): 2018-19 work plan will focus on physical and 	<p>Better engagement of people with a disability (adults and children where relevant) in key areas. People with a disability are encouraged and empowered to participate in public life.</p>	<p>Opportunities provided in key areas. Annual review of progress to ECNI</p> <p>Correspondence in relation to the initiative, how to get involved and contact details will regularly be sent to a list of disability organisations</p>	<p>For 10,000 Voices: Assistant Director of Nursing, Safety Quality and Patient Experience</p> <p>For HSC Research & Development: Assistant Director HSC Research and Development</p> <p>For Health Protection: Assistant</p>

<p>raise awareness of research with service users including those with disability and members of the public. Training for researchers and service users and carers provided through workshops and master classes facilitated by researchers as well as service users with disabilities. Training materials provided to give guidance on how to involve and support service users and carers including those with special needs at training days and on website.</p> <ul style="list-style-type: none"> • HSC Research & Development: Offer opportunities to participate in funding panels as they arise, 		<p>Panel members listed on website Equality monitoring forms issued for panel and steering</p>	
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<p>including the doctoral fellowship scheme and Enabling Awards, depending on schemes being run.</p> <ul style="list-style-type: none"> HSC Research & Development: Offer opportunities to participate in project steering groups and interview panels for particular research projects as a research partner as requests are submitted (e.g. from universities). HSC Research & Development: Involve carers and service users with disability as speakers at relevant conferences/workshops e.g. Launch of Dementia 		<p>group members</p> <p>PIER Request Forms Feedback Forms List of members</p> <p>List of speakers Agendas Copies of presentations Handouts e.g. dissemination of personal comments from service users</p>	
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<p>Research Projects.</p> <ul style="list-style-type: none"> HSC Research & Development: Survivors of cancer and carers will deliver Building Research Partnership Course in 2 one day workshops to encourage research collaborations between researchers and service users to be held in April and October 2019. Course will be advertised to people with a disability and arrangements made to facilitate their involvement. 		<p>List of facilitators will demonstrate involvement of people who have survived cancer but maybe living with difficult symptoms or disability.</p> <p>List of applicants and attendees</p> <p>Circulation List</p> <p>Minutes of meetings and correspondence with disability organisations</p> <p>Arrangements made to accommodate people with a disability e.g. loop systems/special diets/wheelchair access</p> <p>Equality forms issued and collated</p>	
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<ul style="list-style-type: none"> • Health Protection: Liaise with disability organisations and involve them in the planning process for any HP events e.g. Health Protection Symposium 2016. • Health Protection: Ensure that active consideration is given to those with disabilities when organising local/regional Health Protection events e.g. PHA stand at the Balmoral Show (Health Protection are displaying Hand Hygiene related events on this stand) • Health Protection: Liaise with Communications Team to ensure that 		<p>Minutes of meetings and correspondence with disability organisations</p> <p>Engagement with people with a disability</p> <p>Correspondence circulated to list of disability organisations</p>	
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internal/external events etc. are advertised. Ensure that Health Protection has access to e-mail circulation lists for disability organisations.			
6. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	Better involvement of staff with a disability in decision-making. Better support for staff with a disability.	Communication issued to staff, promoting the network and encouraging their involvement Features on intranet.	Agency Management Team (AMT) end Mar 2019
7. Explore the scope for developing a shadowing scheme for Board members and other key public life positions in engagement with the Office of the Commissioner for Public Appointments, the Public Appointments Unit and with people with a disability.	Develop capacity of people with a disability to participate in public life positions.	Engagement undertaken with key stakeholders	Director of Operations and Chief Executive's Office end Mar 2019
8. Involve disabled people in delivery and review of this plan.	Better engagement by people with a disability (adults and children where relevant).	Feedback forms from engagement (and roundtable sessions, where appropriate)	AMT with support from BSO Equality Unit end Mar 2019

(3) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>9. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice and making use of voluntary expertise in this area.</p>	<p>People with a disability gain meaningful work experience.</p>	<p>At least 1 placement offered by PHA every year</p> <p>Feedback through annual evaluation of scheme indicates that placement meets expectations.</p>	<p>Agency Management Team with support from BSO Equality Unit end Mar 2019</p>
<p>10. Provide information for line managers for when a member of staff declares their disability</p> <ul style="list-style-type: none"> • update Guidance on Reasonable Adjustments • include the above in training for managers, such as absence management training. 	<p>Staff members who declare their disability are better supported in the workplace</p>	<p>Guidance on Reasonable Adjustments updated and shared with line managers</p> <p>Nature of training sessions for managers in which information has been included</p> <p>Feedback from staff who have a disability indicates satisfaction with support provided</p>	<p>BSO Director of Human Resources with support from BSO Equality Unit end Mar 2019</p>
<p>11. Promote use of employment support</p>	<p>People with a disability are supported to access</p>	<p>Number of cases where employment support</p>	<p>BSO Director of</p>

<p>programmes, such as Access to Work, by staff and line managers.</p>	<p>employment opportunities and remain in employment with the PHA.</p> <p>Line managers and staff draw on existing expertise and resources provided through government programmes.</p>	<p>programmes are drawn on</p>	<p>Human Resources with support from BSO Equality Unit end Mar 2019</p>
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The Equality Unit in the Business Services Organisation (BSO) will support staff in the implementation of this action plan.

Signed by:

Chair

Date

Chief Executive

Date



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You can also email us through our website on:

<http://www.publichealth.hscni.net/contact-us>

Updated April 2018

Chapter 6: Equality and Human Rights Screening Report



Equality and Human Rights Screening Report

April 2017 – March 2018

These screenings can be viewed on the PHA website under:
<http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

Policy / Procedure	Policy Aims	Date	Screening Decision
Hospital Passport for people with learning disabilities	The Hospital Passport is a communication tool to help a person with learning disability communicate aspects of their health and social care abilities and needs. The purpose of the Passport is to provide information to help staff make reasonable adjustments that may be required so that they can provide safe and effective care for people with learning disability who are in contact with general hospitals.	Mar-17	screened out with mitigation
Public Health Agency Corporate Plan 2017-2021	Corporate Plan 2017-2021 details its purpose, focus, outcomes and direction for the period 2017-2021. The Corporate Plan also provides a basis for the organisation's annual business plan which outlines its work programme aimed at promoting the highest standards of practice,	Jul-17	screened out with mitigation

	education and professional development of nurses and midwives to facilitate the delivery of safe, effective, compassionate, person-centred services.		
Gender Identity and Expression - Employment Policy	The policy is aimed at creating a workplace where the dignity of and respect for transgender and non-binary people is protected and promoted.	Oct-17	screened out with mitigation
Retendering of the Youth Engagement Service (formerly known as One Stop Shops)	This Service provides a wide range of interventions and acts as a hub where young people have opportunities to socialise in an alcohol and drug-free environment and avail of information, advice and support on a range of issues from relevant services both on-site and off-site, with the support of staff of the Youth Engagement Service.	Nov-17	screened out with mitigation
Tapestry (our Disability Staff Network) Communication and Information	This screening refers to the accessibility and inclusiveness of all communication, information and	Jun-17	screened out with mitigation

Screening	materials developed by Tapestry, including the content, format and design.		
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No concerns were raised by consultees on any of the screenings published in 2017-18.

Chapter 7: Mitigation Report



Equality and Human Rights Mitigation Report

April 2017 – March 2018

Hospital Passport for people with learning disabilities

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Some feedback received on the pilot version of the passport related to the overall length of the document and some of the images used were felt to be unsuitable.</p> <p>Changes were made to the layout and design of the Passport based on the feedback received at testing.</p> <p>Some of the photographs were changed to take on board suggestions from those involved in testing the Passport.</p> <p>Earlier versions of the Passport had different section colours to distinguish each section and the move to a different topic. On testing feedback received suggested that those completing the document would be drawn to red section as they might perceive this to be more important than other sections of the Passport.</p> <p>The section colours were changes to one colour thus helping those completing the document to view each section as having equal value.</p> <p>Individuals from ethnic minority groups may identify as having a learning disability.</p>	<p>Where a need for translation is identified during implementation of the Passport consideration will be given to translating the passport into different languages.</p> <p>Monitoring data available will be reviewed to provide evidence regarding to all Section 75 Groups.</p> <p>Feedback from individuals with learning disability and their carers will be collated to help inform any necessary changes to future editions of the Passport to ensure accessibility of the document.</p>

Public Health Agency Corporate Plan 2017-2021

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The Corporate Plan development included ensuring that it fully reflected the PHA role in reducing health inequalities. Some of these explicitly aim to address key equality issues.</p> <p>Following consultation on the draft Corporate Plan and Equality Screening, amendments were made to strengthen the focus on reducing health inequalities</p> <p>Using our Communication department's expertise in public information the Corporate Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff.</p> <p>When preparing the Plan we took the opportunity to review the purpose, vision and values to ensure its continued relevance to our work and our population.</p> <p>An easy read version of both the draft consultation plan and the final plan was developed</p>	<p>The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout the four years and will be closely monitored through a variety of established performance monitoring systems.</p> <p>Information will be gathered throughout the consultation period to further screen and consider the potential impact.</p> <p>The Corporate Plan will be widely accessible and will be available in alternative formats including an easy read version which will be developed with the final version of the Plan.</p> <p>As actions are taken forward in line with the outcomes of the Corporate Plan, equality issues will be reviewed and addressed as appropriate. Service leads have been reminded to keep under constant review the need for screening at an early stage when planning.</p> <p>Service leads will be asked during development of each Annual Business Plan to review the need for screening at an early stage in planning and to consider and identify the actions, strategies and policies they will be progressing</p>

	<p>that will be screened and/or impact assessed.</p> <p>We will also continue to implement the actions detailed in our action plan which accompanies our Equality Scheme 2013-18.</p> <p>Ultimately, however, we remain committed to equality screening, and if necessary equality impact assessing, the policies we develop and decisions we take.</p>
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Gender Identity and Expression - Employment Policy and Guidance

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>We actively encouraged those from the transgender and non-binary community to provide their input in the development of this policy. We listened to the needs of trans employees and encourage them to provide input in the establishment of awareness raising and training events. Reference was made to existing policies in order to determine ways of changing them making them more inclusive of the needs of transgender and non-binary people.</p> <p>Disability – for any transgender and non-binary staff who have a disability reasonable adjustments will be considered in line with our obligations under the Disability Discrimination Act</p> <p>Age – information on the differences in the experience of ‘passing’ depending on the age of transitioning will be included in awareness raising for staff.</p> <p>Marital status – information for transgender staff on the need to nominate partners for pensions following divorce will be provided</p> <p>Religion – the need for dignity and respect to guide behaviour regardless of religious belief will be underlined in awareness and training for staff</p>	<ul style="list-style-type: none"> • Increase the avenues of support for transgender employees undergoing gender reassignment. • For those who have completed the gender reassignment process on-going support will be provided. • Awareness raising sessions will be provided to employees and HR staff who work in close proximity with transgender and non-binary employees. These sessions will be conducted with the utmost sensitivity respecting privacy of transgender and non-binary employees. • Any incidents of workplace bullying or harassment on the basis of gender identity will be dealt with in the same way as other equality categories. • Provide support to transgender and non-binary employees with caring responsibilities and where possible ensure that flexible working patterns are offered.

Retendering of the Youth Engagement Service (formerly known as One Stop Shops)

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The specification for these services going forward includes a requirement for service providers to consult with young people and provide recreational services and educational programmes that attract equal numbers of service users of both genders. As with previous provision of these services under the name 'One Stop Shop', the YES Network will be used to ensure service providers have access to training around equality issues and to support from specialist organisations.</p>	<p>Uptake of services by gender will be monitored by PHA.</p>

Tapestry (our Disability Staff Network) Communication and Information Screening

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Tapestry will adopt a set of common communication and information principles:</p> <p>These principles will be added to the Terms of Reference of Tapestry – also attached as Appendix 1 to this screening template.</p>	

*Performance Management Report – Corporate Business Plan Targets for
Period Ending 31 March 2018*

date 11 June 2018

item 15

reference PHA/09/06/18

presented by Mr Ed McClean, Director of Operations

action required For noting

Summary

The attached paper provides the year-end progress report, including RAG status, on the actions set out in the PHA Annual Business Plan 2017/18.

Of the 86 actions:

3 actions have been categorised as red (significantly behind target/were not completed)

13 actions have been categorised as amber (will be completed/completed, but with slight delay)

70 actions have been categorised as green (on target to be achieved/already completed).

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **NOTE** the Performance Management Report.



PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in The Annual Business Plan 2017 – 2018

As at 31 March 2018

This report provides a year end update on achievement of the actions identified in the PHA Annual Business Plan 2017-18.

The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 86 actions in the Annual Business Plan. Each action has been given a RAG status as follows:

	On target to be achieved or already completed		Will be completed, but with slight delay
	Significantly behind target/will not be completed		

Of these 86 actions 70 have been rated green, 13 as amber and 3 as red.

Outcome	Red	Amber	Green	Total
1) All children and young people have the best start in life	2	4	7	13
2) All older adults are enabled to live healthier and more fulfilling lives	0	1	9	10
3) All individuals and communities are equipped and enabled to live long healthy lives	1	3	20	24
4) All health and wellbeing services should be safe and high quality	0	4	18	22
5) Our organisation works effectively	0	1	16	17
Total	3	13	70	86

The progress summary for each of the actions is provided in the following pages.

Actions with a red RAG status.

1. All children and young people have the best start in life					
	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
11	Increase the places available (teen clients) on the Family Nurse Partnership Programme	Places on FNP remain static (maximum of 100 per HSCT at any given time). Findings from FNP Revaluation report will be presented to key HSC decision makers over the next few months.			M Hinds Funding request made to DoH but not yet identified.
13	Review the CAMHS service model and structures linking with the i-thrive Framework	A second workshop was planned for December 2017 to discuss and agree how the I-Thrive framework could be used to help develop a outcomes focused CAMHS service model in Northern Ireland. Consideration was also to be given to how this might help improve existing CAMHS services and enhance the focus on CH&YP across each of the 5 Trust areas.			M Hinds No further progress has been made in year. A second workshop planned for December 2017 was postponed and has been rescheduled for 24 May 2018.

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
6	Plan for the introduction of variable screening intervals within the Diabetic Eye Screening Programme to commence by 1 April 2018	Due to the significant changes required in order to do this safely, including the potential need to change the model of service delivery, this will not be possible until after April 2019.			Dr Harper This is being overseen and managed by a Modernisation Programme Board and Team

Actions with an amber RAG status

1. All children and young people have the best start in life					
	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
3	Achieve uptake targets for seasonal influenza vaccinations for children aged 2-4 years and the primary school programme set by DoH.	<p>The objective is GREEN for the school flu immunisation programme with an uptake rate of 76.5% against a target of 75%.</p> <p>The objective is AMBER for the 2-4 year olds flu immunisation programme with an uptake rate of 50.6% against a target of 60%.</p>			<p>Dr Harper</p> <p>The immunisation programme has now finished for 2017-2018, but work is underway to improve uptake rates in 2018-2019.</p>
4	Expand the Newborn Blood Spot Screening Programme to cover additional inborn errors of metabolism, in compliance with ministerial policy statement and advice of the UK National Screening Committee.	A Business case for procurement of a Tandem Mass Spectrometer has been approved by PHA AMT (27 Feb 2018).			<p>Dr Harper</p> <p>Recurrent funding confirmed by DoH. Draft allocation letter prepared. Transaction arrangements currently being agreed with PHA Finance (29 May 2018)</p>

1. All children and young people have the best start in life

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
8	Implement the Early Intervention Transformation Programme (EITP) Work Stream One	<p>EITP WS1 targets have been reduced for 2018/19 due to workforce challenges and the project starting a year later than expected. Antenatal group based care and education programmes are on target to meet 32 Groups per Trust. 157 completed and 103 ongoing (Dec 17);</p> <p>3+ Review delivered to 50% of pre-school children (n=approx.11000 children), 100% of DE funded preschools have a named health visitor. Other outcomes include:</p> <ul style="list-style-type: none"> • 316 midwives trained in Solihull Programme (March 2018), 12 midwives completed Train the Trainer and a further 12 are due to complete in May 2018 • 78% of participating midwives report feeling more confident in supporting parents to achieve positive parent-infant relationships (March 2018) • 282 preschools provided with additional contacts within 5 working days of school request to respond to health issues (September 2017) • 108 teachers surveyed with 75% indicating improved partnership working • To date 1,815 parents have completed a Survey Monkey questionnaire on the 3+ review; 80.94% of parents think the review was a good experience 			<p>M Hinds</p> <p>Meetings with Trust Assistant Directors, Heads of Service and EITP Implementation Managers will be taking place over the next few weeks in relation to sustainability of Group Based Antenatal Care & Education and 3+ Review. Letters were issued to Trust AD's on 1 May 2018.</p>

1. All children and young people have the best start in life

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
9	Work with HSC Trusts to strengthen universal health visiting and school nursing services	<p>Close collaboration with HSCT Heads of Service ongoing in an effort to increase child health promotion programme compliance as a priority in the context of workforce challenges. CHPP on all HSCT corporate risk registers. Additional investment in eCAT planned to facilitate improved data collection and analysis in relation to service provision and gaps; A revised Regional school health profile has been piloted and work has commenced to raise the profile of the school nursing service and to consider expansion of their public health nursing role.</p> <p>PHA and HSCB have developed a bid for transformational funding to pilot a 'whole school' approach to increasing health appraisals for looked after children and promoting the health and wellbeing of the school community.</p>			<p>M Hinds</p> <p>Workforce monitoring (monthly) and delivery of CHPP contacts monitoring (3 monthly) ongoing. All student health visitors completing course in October 2017 have been offered permanent health visiting positions. Plans being put in place to increase capacity through the introduction of a part time course.</p>

2. All older adults are enabled to live healthier and more fulfilling lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
6	Roll out the CLARE model, building capacity of local people to support vulnerable adults to live independently in caring and responsive communities.	CLARE continues to connect isolated individuals to community and voluntary supports across North Belfast. The project received total number 82 referrals with 139 people receiving a service. An active volunteer base of over 40 has provided a total of over 900 hours support.			Dr Harper The Big Lottery application, to extend to other parts of Belfast, was unsuccessful however a subsequent meeting has been scheduled by the Big Lottery to look at exploring the SDS element of the project across Belfast

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
2	Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB.	<p>Quarterly meetings of the Steering Group continue; the three Forum groups continue to work on the delivery of their respective action plans. Update reports provided to Steering Group bi-annually.</p> <p>Ongoing implementation of the Regional Hospital Passport for people with Learning Disability.</p> <p>GAIN Draft Best-Practice Statements in relation to people with learning disability in general hospitals circulated to the Steering group for comment. A workshop to explore the role of the acute liaison nurses in general hospital settings in other parts of the UK and to consider the benefit of investing in appointment of acute liaison nurses to support people with Learning Disability using general hospital services in Northern Ireland took place November 14.</p> <p>Report on the workshop was presented to the Steering Group and Regional Bamford Group meeting in December.</p>			<p>M Hinds</p> <p>Further progress will require additional funding or reconfiguration of existing funding for Learning Disability.</p>

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
15	Commence procurement of a range of services to address priorities identified in The Suicide Prevention Strategy (Protect Life 2) and Action Plan, with the development of service specifications by 31 March 2018.	<p>Eleven stakeholder engagement events were carried out recently to inform the future procurement of PL related services. (A minimum of two in each trust area and a third in the western area due to demand; a further workshop has been planned for Belfast in mid-May.)</p> <p>At the end of March 346 individuals and groups had attended the workshops with online opportunity to input remaining open until 20th April.</p> <p>The three workgroups and project board will continue to guide the process with the next step to gather findings from the stakeholder events and develop papers for AMT with further consultation planned to inform communities of the pending service design.</p>			<p>Dr Harper</p> <p>Progress is delayed as Protect Life 2 has not been launched by DoH.</p> <p>PHA will continue to liaise with DoH and progress procurement planning as far as possible until Protect Life 2 is launched.</p>

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
16	Design and deliver a range of communication programmes including mental health promotion, obesity prevention, smoking cessation, cancer awareness and dementia awareness to ensure people are better informed about health matters and have access to relevant information.	<p>Dementia campaign developed, produced and launched 4th September and ran until 31 December (TV, radio, outdoor, press, other print materials and digital). This campaign was not impacted by the pause because of funding from Atlantic Philanthropies.</p> <p>The campaign is currently being evaluated via a survey with a representative sample the NI population.</p> <p>Bowel cancer campaign developed and produced but not implemented because all PICs paused by the DoH due to financial pressures.</p> <p>New smoking campaign development, production and implementation not undertaken because all PICs paused by the DoH due to financial pressures.</p> <p>No PHA PIC activity undertaken for mental health and obesity.</p>			<p>E McClean</p> <p>Key messages are being disseminated via other available communication channels including PR, social media and digital platforms.</p> <p>The quit kit continues to be promoted across a range of settings and the PHA is working with partners to encourage support for its campaign messaging.</p> <p>PHA is developing an initiative with pharmacy based stop smoking services to market support available to smokers trying to quit.</p> <p>Note – PHA is supporting Safefood childhood obesity campaign.</p>

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
2	<p>Develop and take forward regional service improvement initiatives within Mental Health Services, including:</p> <p>Mental Health KPIs – Absconding & Psychological Therapies – ensure the necessary arrangements are in place to provide evidence of compliance with agreed mental health KPI's across the five HSC Trusts. The purpose being to measure and monitor the contribution of nurses and midwives to the patients'/clients' experience of care.</p>	<p>Anti-Absconding KPI has completed Year One baseline. In July 2017 following review of Year One Baseline data, two changes have been made to the reporting template as follows: Trusts now report the number of people that have absconded (as well as the number of incidents of absconding) and the charts audited (5 per month) must include all those who have absconded during that period.</p> <p>A regional learning event was held on October 17. The aim of the event was to share the learning from year one of the implementation of the Anti-Absconding KPI Bundle, provide an update on progress from year one of implementation of the anti-absconding care bundle in all 5 Trust areas and share learning and reflect on the experiences of front line staff, service users and carers.</p>			<p>M Hinds</p> <p>Audit of Mental Health Nurse Psychological Therapies training will be completed by end of April. Findings from the report will be used to inform the development of the KPI.</p>

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
13	Continue to work with Trust colleagues to reduce 15% in the number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection across the HSCNI economy.	<p>Between 01/04/2017 to 28/02/2018 there have been 322 cases of CDI across the HSCNI economy. The target for the 17/18 year is 269 cases against a baseline of 309 cases on 16/17 year. On the current trajectory this target will not be achieved.</p> <p>The PHA has led the NI delivery of two major European point prevalence surveys: PPS and Long-term care facilities Point Prevalence Survey (HALT-3). This data will be used to inform the development of future interventions and has been shared with participating organisations.</p> <p>The Health Protection Service also continues to provide assistance to the Trusts in the management of HCAI incidents and outbreaks including provision of epidemiological expertise and taking the lead on relevant areas such as community interventions required.</p> <p>Regular feedback on CDI performance is provided to Trust senior management on a regular basis through the Target Monitoring reports.</p>			<p>Dr Harper</p> <p>Activities undertaken include: developing educational materials about treating urinary tract infections to complement the SAPG UTI decision aid; hosting HCAI & AMS peer learning events; developing arrangements for Trusts to provide data on an ongoing basis for an interim antimicrobial use dashboard; full implementation of surveillance of Gram-negative bloodstream infection and antimicrobial consumption; series of public engagement events on resistant infections including event at W5 and delivery of E bug teaching materials in primary schools; further development of point of care infection testing in primary care.</p>

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
16	Test new district nursing models of care, for a regional community nurse-led model of care prototype	<p>Proposal to establish Neighbourhood District Nursing teams has been developed and has been submitted to DoH TMG and TIG</p> <p>Neighbourhood Nursing prototype not started.</p>			<p>M Hinds</p> <p>Awaiting for funding approval to implement prototype</p>
20	Continue to take forward the Implementation plan for the Respiratory Service Framework.	<p>The end of Year 2 report was submitted to DoH, and returned to PHA for amendments in February 2018. A request for deferral of a mid-year report was turned down by the DoH. Production of a meaningful report will however be challenging, given the very tight timescale and with respiratory service providers in particular affected by high levels of patient need during a long winter. The need for investment in many respiratory services remains and is rising.</p>			<p>Dr Harper</p> <p>PHA, HSCB and HSCTs are working to quantify and prioritise resources required. A proposal for an Interstitial Lung Disease Network has been prepared for submission to the Elective Care Reform Board, and RQIA is funding an Adult Asthma Audit that will allow reporting of some KPIs.</p>

5. Our organisation works effectively

5. Our organisation works effectively					
	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
10	Design and develop a new PHA Communications strategy to support and enable the delivery of key Corporate priorities	Communications strategy development has been deferred in line with the Departmental 'pause' of Public Information campaigns.			E McClean Communications strategy development has been deferred in line with the Departmental 'pause' of Public Information campaigns.

Actions with a green RAG status.

1. All children and young people have the best start in life					
	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
1	Develop an AHP Neonatal Network	The appointment of Neonatal AHP staff has progressed further and there is an established AHP Neonatal Network aimed at developing and embedding a consistent service model within Neonatology across the region linking and communicating progress to the Regional Neonatal Network.			M Hinds
2	Maintain and improve vaccination programmes for children and young people by working with HSCNI organisations throughout 2017/18.	Working in collaboration with HSCB, a letter was sent to all practices across NI to inform them of their annual immunisation uptake for pre-school children and the number of children they had waiting for an immunisation appointment. This letter also included suggestions on how uptake could be improved. New hexavalent immunisation programme also rolled out and started at the end of September 2017.			Dr Harper
5	Implement the Breastfeeding strategy through the Breastfeeding Strategy Implementation Steering Group (BSISG) and Action Plan.	<p>Significant progress has been made against the 4 Strategic outcomes of the Breastfeeding Strategy. The draft Strategy mid-term review is being finalised by the Breastfeeding Strategy Implementation Steering Group.</p> <p>-Actions undertaken in Q3 and Q4 include: Increased membership of the Breastfeeding Welcome Here Scheme with 663 members by end of March 2018. PHA is also working with NI</p>			Dr Harper

1. All children and young people have the best start in life

Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
		Sep	Mar	
	<p>Libraries to secure membership across all libraries by May 2018.</p> <p>A total of 9 UNICEF Training courses with places for 150 staff were provided in 17/18.</p> <p>HSC Trusts and Sure Starts are provided with ongoing support to achieve and maintain Baby Friendly Initiative accreditation. BHCST Health Visiting services achieved Stage 1 accreditation.</p> <p>Appointment of Neonatal Infant Feeding Leads in all 5 Trusts.</p> <p>The Human Milk Bank has been supported to update pasteurising equipment and to implement an electronic tracking system.</p> <p>Online training for Pharmacists has been developed by the Northern Ireland Centre for Pharmacy Learning and Development.</p> <p>A research seminar was held on 10th November supported by the Northern Ireland Public Health Research Network and Doctoral Midwifery Research Society.</p> <p>A stakeholder event was held to launch the Public Information Campaign on 31st January in Girdwood Hub, supported by an estimated number of almost 100 professionals, volunteers and service users.</p>			

1. All children and young people have the best start in life

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
6	Develop and launch a new Breastfeeding Public Information Campaign to normalise breastfeeding and create supportive environments	<p>The breastfeeding campaign, “Not Sorry Mums”, launched on 1 February 2018 and ran on a range of media, including TV, radio, outdoor (eg supermarket point of sale and bus terminals), digital and a range of online ads, until 31 March 2018.</p> <p>The digital element of the campaign worked well in terms of engagement and driving traffic through to the campaign website www.notsorrymums.info. Visits to the website increased from 4,560, when no advertising was running, to over 9,000, in both February and March, when campaign advertising was running.</p> <p>The campaign has contributed to an increase in enquiries about the Breastfeeding welcome here scheme resulting in a rise in the number of businesses registering for the Breastfeeding welcome here scheme.</p> <p>A survey of 1,120 adults aged 16 and over was carried out following the campaign. 141 of females surveyed plan to get pregnant within the next two years; are pregnant currently or have given birth within the past six months.</p>			E McClean

1. All children and young people have the best start in life

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<p>The results reflected that the campaign had a positive impact on respondents' views of breastfeeding and intentions to breastfeed.</p> <p>The TV ad for the campaign won bronze, Drum Roses Awards 2018 prestigious UK advertising awards</p>	Amber	Green	
7	Implement and evaluate 5 pilot Early Intervention Support Service (EISS), under work stream two, Early Intervention Transformation Programme and support associated research	<p>All 5 EISS services commissioned in 5 Trust localities based on local engagement with Outcomes Groups and other stakeholders and agreement on target wards. Each service delivered annual support target of 140 families.</p> <p>All service staff have been trained in line with the specified evidence based practice such as Solihull Approach and Motivational Interviewing. All 5 services meet to review best practice and practice based learning.</p> <p>5 locality stakeholder engagement events were undertaken to enable facilitated conversations with referral agencies, Family Support Hubs and delivery organisations.</p> <p>Draft report on research commissioned from QUB to enable a comparison between parents receiving was completed by March 2018. The research includes qualitative findings as well as cost benefit analysis.</p>	Green	Green	Dr Harper

1. All children and young people have the best start in life

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
10	Complete the Family Nurse Partnership Evaluation	The revaluation team presented to PHA Board in December 2017. A composite report of all the Revaluation papers has been prepared and will be presented to AMT in May 2018. Further dissemination of the papers / findings will follow this process.			M Hinds
12	Continue to support the work of the Maternity and Paediatric Collaboratives, agreeing and addressing priority issues which maximise the impact of safety.	<p>Maternity Collaborative: Learning session held in June 2017 in collaboration with the neonatal network, with a follow up Advisory Group meeting in October 2017.</p> <p>The collaborative has linked with the NIMACH office to support a series of confidential enquiry panels and in the roll out of the Perinatal Institutes Standardised Clinical Outcome Review tool to all Trusts to undertake structured reviews of perinatal deaths.</p> <p>Subgroups have continued to take forward work including, the development and roll out of a revised intrapartum CTG evaluation sticker; implementation of a revised Early Warning Score chart; standardised administration dose and dilution of Syntocinon developed and implemented in all Trusts; and changes to maternity hand held record being tested.</p>			M Hinds

1. All children and young people have the best start in life

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<p>Paediatrics</p> <p>Trusts continue to progress work on handover and the use of structured communication tools.</p> <p>Other work includes the review of PEWS charts, to standardise medical/nurse education/training in medication safety, and review of paediatric drug chart.</p>			

2. All older adults are enabled to live healthier and more fulfilling lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
1	Lead the development of an App for lymphoedema self-monitoring, self-management and self-referral	<p>Limb volume and BMI limb volume calculators have been developed and clinically tested (including service user feasibility studies). An app specification has been developed, working with the University of Ulster, and trialled, with feedback incorporated into second prototype.</p> <p>Plans have progressed to launch and publish the development of the app.</p> <p>Identified actions for 2018/19 include exploring the potential of a PhD project and to identify funding for implementation.</p>			M Hinds
2	<p>Lead, in conjunction with other PHA departments and external stakeholders, an Older People's Co-Ordination Group which will focus on public health approaches to promoting health and wellbeing for older people focusing on four key areas:</p> <ul style="list-style-type: none"> • Falls prevention and early intervention • Promoting continence • Mild Cognitive Impairment (MCI) • Prevention of social isolation 	<p>The Falls Sub Group has scoped all the Falls pathways regionally.</p> <p>A frailty workshop, March (approx. 100 attendees), to look at future direction for frailty work.</p> <p>Age NI were commissioned to undertake a service user survey (700 views captured). The results were presented at the workshop.</p> <p>The next phase of the work will be taken forward in 2018/19.</p> <p>A Multi-disciplinary training course on of the management of continence was developed and piloted. 62 staff attended. 96% of attendees stated they would recommend this training to colleagues and would change their practice as a result of the training.</p>			M Hinds

2. All older adults are enabled to live healthier and more fulfilling lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<p>Work is currently underway in partnership with NISCC and domiciliary care providers to develop an education programme for staff on the management of continence in domiciliary care settings.</p> <p>Work is in progress in partnership with the NHSCT identify, assess and manage continence in the acute setting.</p> <p>An aide memoire, has been devised in partnership with AHPs and Age NI to prompt staff to consider if an older person is lonely and to support them in taking appropriate action</p>			
3	Protect the health of older adults through immunisation programmes.	Uptake for the flu vaccine programme (2017/18) in those over 65 years was 72%. Same uptake as same period in 2016-17. Promotion messages were also issued through voluntary organisations for the elderly, and CMO letter to care homes reminding about importance of vaccine.			Dr Harper

2. All older adults are enabled to live healthier and more fulfilling lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
4	Influence future practice and policy in the care of older people, through the launch of reports from commissioned research in mental health & learning disability and dementia and follow-up knowledge exchange processes with key stakeholders.	<p>The first three projects to complete in the Dementia Research Programme were launched at the Dementia NI Celebratory Event in November 2018, attended by staff, patients and carers. The projects examined advanced care planning in nursing homes, a model to improve the assessment and management of pain in people with dementia at the end of life and the communication of risk.</p> <p>Leaflets on Advanced Care Planning and Communication of Risk for HSC professionals and patients and carers, disseminated widely following the event, have been well received by HSC staff and service users.</p>			Dr Harper

2. All older adults are enabled to live healthier and more fulfilling lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
5	Implement with partners the PHA approach to healthy ageing including; reducing social isolation; signposting and referral services; falls prevention; and health and wellbeing improvement programmes.	<p>PHA commissions a wide range of health and wellbeing improvement programmes across the region to meet the needs of older people</p> <ul style="list-style-type: none"> • An Age Friendly event was delivered in partnership with Department of Communities and Age NI, November 2017. Follow up event on 17th May. • All 5 HSCTs now have a Falls Coordinator in post; • Strength and balance training is available in each trust area with 700 participants 17/18. • Home Safety Officers operate in each locality with 2500 checks delivered. • Falls Awareness talks will be delivered to 3000+ participants across the year. • 8-12 week strength & balance programmes (in partnership with HSCTs, Councils & C&V sector) delivered to 650 older people during 2017/18 			Dr Harper
7	Work with HSCB on the EC funded SUNFRIL project, to design an integrated model for prevention and management of frailty; validate, test and assess its potential for adoption/replication in different EU contexts; co-ordinate, disseminate/educate and evaluate	<p>Results of the SUNFRIL project were presented at the Final Conference in Bologna in February 2018 with NI representation from Clinical Education Centre.</p> <p>The project has been completed and final reports submitted to the EU Commission.</p> <p>The learning and recommendations has been disseminated to local partners, the PHA's Older People Co-ordination Team</p>			E Ritson

2. All older adults are enabled to live healthier and more fulfilling lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
8	Lead work with HSCB and Trusts to start delivering Phase Two of the Dementia E-Health and Data Analytics Pathfinder Programme for Northern Ireland including the implementation of a Patient Portal for Dementia Patients.	<p>User engagement underway with patients/carers and clinical teams to define requirements and establish governance arrangements. Work ongoing within BSO ITS to facilitate technical requirements.</p> <p>Project implementation team established, with HSCT, patients, carers, 3rd sector groups and GP representatives.</p> <p>Development of the Dementia App has commenced with a number of engagement meetings held with people with dementia through Dementia NI across NI. Technical implementation plan completed and kept under review.</p> <p>Other areas of work include monitoring of QUB research project as well as programme support for GP Intelligence Platform (GPIP).</p>			E Ritson
9	In conjunction with HSCB, lead the implementation of the Delivering Social Change Dementia Programme	This project completed March 2018. Outcomes have all been met and in some cases exceeded expectation. An evaluation report has been produced and processes are in place to discuss recurrent funding requirements			M Hinds

2. All older adults are enabled to live healthier and more fulfilling lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
10	Enable early diagnosis and treatment through screening programmes for breast, cervical and bowel cancers, abdominal aortic aneurysm and diabetic eye disease.	Population screening programmes for adults are operating well. Within diabetic eye screening the programme is currently exploring the need for significant change through a modernisation programme.			Dr Harper

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
1	Lead on the development of the Promoting Good Nutrition (PGN) strategy implementation plan in the community	<p>Focuses on older people (>65) in receipt of services in the community.</p> <p>Two task groups:</p> <p>(1) Prevention (focusing on information, public awareness and access to food);</p> <p>(2) Malnutrition screening and intervention (focusing on care homes and district nursing teams, aiming to ensure MUST screening for all patients receiving a comprehensive health & social care needs assessment, with appropriate nutrition care planning)</p> <p>PGN resources to be updated to support implementation.</p>			M Hinds

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
3	Monitor, co-ordinate and promote the work of Recovery Colleges in NI and increase opportunities for co-production.	<p>The Recovery College Model has been identified by DoH as a model of good practice with regards to co-production and co-design. PHA launched the Sensemaker Re-Audit report at a Regional Learning event and submitted to DoH.</p> <p>PHA involved in supporting the rollout of the CAWT Recovery College initiative across Northern Ireland and ROI. This additional investment will build on existing Recovery College model in each of the 5 Trusts and enhance provision in areas in Northern Ireland and the Border Counties where there is currently limited provision.</p> <p>Recruitment of coordination staff is now complete.</p>	Amber	Green	M Hinds
4	Protect the health of the NI population through emergency planning, ensuring that plans are tested robustly.	Update of the PHA:HSCB:BSO JERP complete. Regional table top exercise to test Mass Casualty Framework for NI completed in December 2017.	Green	Green	Dr Harper
5	Develop and introduce an AMR surveillance system for NI.	Two epidemiologists are now in post for the antimicrobial use and resistance surveillance programme. The team launched its first antimicrobial use and resistance annual report on 13 November 2017. The team will work towards accessing and analysing more detailed data, and reporting, sharing and acting on the more detailed information produced.	Green	Green	Dr Harper

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
7	Work with prison healthcare colleagues to develop robust processes for offering and facilitating participation in cancer screening programmes for people in custody.	Protocols for offer, testing and follow up of eligible people in custody have been agreed for the three cancer screening programmes (bowel, cervical and breast). Documentation to support operational processes is being finalised.			Dr Harper
8	Identify and address inequalities in the AAA Screening Programme through awareness raising sessions amongst Men's Sheds and other relevant voluntary groups and participation in the development of a UK Health Inequalities Toolkit.	<p>Awareness Raising Sessions amongst Men's Sheds and Voluntary Groups continues, facilitating self-referrals and ongoing programme promotion.</p> <p>Monthly meetings have been held with English, Scottish and Welsh colleagues to develop a UK Health Inequalities toolkit.</p> <p>The toolkit is due to go live on the PHE.GOV website on May 10th/11th 2018.</p>			Dr Harper
9	Provide leadership and drive progress on improvement of HCAI & AMS across HSCNI through delivery of the work programme of the regional HCAI & AMS improvement Board (established July 2016). 17/18 Action Plan agreed by 22 June 2017.	A comprehensive programme of work is underway including communication and engagement with the public, primary care and secondary care. Action plan in place.			Dr Harper

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
10	Lead and implement programmes which tackle poverty (including fuel, food and financial poverty) and maximise access to benefits, grants and a range of social inclusion services for vulnerable groups.	<p>Tackling fuel poverty for vulnerable target groups including the procurement of the regional PHA Keep Warm Pack Scheme and a range of locality based work relating to energy efficiency and fuel poverty support. Approximately 7,614 packs were distributed to adults and children vulnerable to the impacts of fuel poverty during 2017/18. A further 750 packs were purchased to support Syrian Refugees.</p> <p>Addressing food poverty through support for the regional Fareshare food redistribution model (providing approximately 500,000 meals annually) as well as locality work to improve access to healthier affordable choices for those most at risk through building community capacity, skills and knowledge.</p> <p>Improving incomes and benefit maximisation for vulnerable clients through the provision of targeted benefit entitlement advice for those with underlying health needs. Approximately 1,613 vulnerable clients were supported through the Northern and Southern locality Advice 4 Health projects resulting in over £944k income/benefit maximisation.</p>			Dr Harper

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
11	Work with others to promote use of outdoor green space as part of regeneration and health and social wellbeing improvement at neighbourhood level. Take forward regional procurement of community gardens and allotment programmes.	Community gardens and allotments projects are continuing to be delivered on a regional basis. Discussions are underway to consider community gardens and allotment programmes as part of the community development procurement planning.			Dr Harper
12	Continue to consolidate the new drug and alcohol services tendered and commissioned under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011-17 and the PHA/HSCB Drug and Alcohol Commissioning framework 2013-16. This includes the development of appropriate referral care pathways and ensuring a consistent approach to performance monitoring.	Seven drug and alcohol services are available in each Trust locality and/or regionally with consistent models of delivery to agreed standards including: <ol style="list-style-type: none"> 1. Drug & Alcohol Co-Ordination Team Connection Services 2. Prevention and Harm Reduction life-skills programmes for vulnerable young people 3. Support, Care, Facilitation and Harm Reduction Services for People who are misusing Substances 4. Regional Workforce Development Programmes 5. Community-based services for young people who are identified as having substance misuse difficulties 6. Community based intervention services for adults and family members affected by substance misuse. 7. Therapeutic services for children, young people and families affected by parental substance misuse 			Dr Harper

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<p>The contracts for these services have now been extended for a further 2 years to June 2020 in line with the tender.</p> <p>Improved health outcomes for some of the most vulnerable groups in NI is being monitored by the Regional Impact Measurement Tool (IMT), collecting data on health outcomes of service users across a range of services and analysed by DoH. An annual report is circulated to stakeholders.</p> <p>Step up and step down referral pathways are now in place between adult tier 2 community based services and tier 3 Trust Addiction Services. A similar model is now in place for Young People tier 2 community based services and tier 3 Trust DAMHS/CAMHS services.</p>			
13	Commission & implement a new means of testing for blood borne viruses with people who inject drugs and are at increased risk (Dry Blood Spot Testing) across all 5 Trust areas.	<p>IPTs for each of the 5 Trusts to deliver this service, are now approved.</p> <p>Each of the services submit quarterly performance management reports on progress in relation to targets and outcomes. End of year monitoring is due to be submitted by the Trusts by 30 April 2018</p>			Dr Harper

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
14	Commission and monitor uptake of stop smoking services in line with KPIs, in particular with young people, pregnant smokers and disadvantaged adults.	<p>In 2016/17, 18,637 individuals enrolled in Stop Smoking Services across Northern Ireland, 58.3% of whom remained quit at 4 weeks. The data for the 2017/18 year will be available in July 2018.</p> <p>Brief Intervention Training in key staff groups remains a priority with 100% of respiratory specialist nurses trained, 100% of staff proving pre-op assessment clinics trained and 92% of health visitors trained to date. Training is also being rolled out to optometrists and dentists. An online Brief Intervention Training Programme has been developed to support access for staff unable to be released during working hours.</p> <p>All pregnant women CO monitored at booking clinic, and offered support to stop smoking. Almost 42,000 pregnant women have been CO monitored since September 2016 (with 49 refusals over this period).</p> <p>No Smoking Day in March 2018, included a pilot initiative with 25 pharmacy providers across NI – 5 per Trust area. An evaluation is being completed and will be used to inform future resources to support increased footfall to Pharmacy based Stop Smoking Services</p>			Dr Harper

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	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
17	<p>Continue to lead work on the implementation of the eHealth and Care Strategy objectives:</p> <ul style="list-style-type: none"> • Supporting People; • Using Information and Analytics; and • Fostering Innovation; which will contribute to the development of a regional EHCR. 	<p>Good progress is being made in promotion of self-care with the provision of information on health conditions on NIDirect. Supporting people through the use of remote monitoring following end of RTNI contract are being implemented through a number of solutions.</p> <p>The dementia pathfinder programme has established a dementia data research group to identify projects to develop use of data and analytics. Plans to establish a digital collaborative will ensure continued service improvement and sharing of good practice.</p> <p>The Dementia Data Analytics Research User Group has met with membership drawn from Trust clinicians, GPs, Academia, Health Informatics staff and voluntary and community organisations.</p>			E Ritson

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	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
18	Develop proposals for Departmental consideration for the future provision of telecare and telehealth services	<p>Business Case to secure funding for safe exit from the contract has been approved. All Telehealth patients were discharged from the service by 31 October.</p> <p>Engagement with internal and external stakeholders continuing – potential alternative services have been identified for Weigh to a Healthy Pregnancy and Oncology Dietetics. Regional contracts have been secured for the InHealthCare system (initially to expand the successful SHSCT pilot on undernutrition in nursing homes across other Trusts, but with capacity to cover other clinical areas) and for the Florence clinical text messaging service. Work is progressing with Trusts to roll these out. Work also continues to develop a specification for a replacement Telecare service when the current contract ends in March 2019.</p>			E Ritson
19	Seek opportunities to develop and utilise innovative technologies to improve health and wellbeing including leading the NI input to EIP AHA; EU and other sources of funding and working collaboratively with HSCNI and other key stakeholders.	<p>Support ongoing for eHealth activities within Interreg VA Cross Border projects. PHA participated in PLACE-EE meeting in Skelleftea, Sweden in February 2018. Participation in MAGIC Technical review with selected suppliers in Chieti, Italy in February 2018.</p> <p>Continued engagement with Interreg VB and H2020/3HP/ National Contact points on future funding calls and initial development of bids.</p>			E Ritson

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
20	Publish information relating to 500 health conditions on NIdirect platform (HSC online), in user friendly format, including signposting to appropriate HSC support	A-Z of health conditions publication schedule is on target. Further user testing to be completed in October in advance of formal launch of the site. SOC for Regional DoS to be considered by Steering Group June 2018 in advance of progressing any procurement activity.			E Ritson
21	Lead the implementation of the Regional Palliative Care work plan for 17/18, including: <ul style="list-style-type: none"> • Develop and implement early identification protocol in primary care; • Develop operational process, documentation and education programme to support advance care planning (ACP); • Develop the keyworker function; • Complete interdisciplinary Specialist Palliative Care (SPC) workforce review. 	The early identification protocol is being progressed. The public information on Advance Care Planning 'Your Life Your choice – Plan Ahead' 2 nd edition has been published with a number of events across the region to promote it. The Regional Advance Care Planning (ACP) Clinical Summary form has regionally been agreed for use for adults across all care settings and issued for implementation. An ACP operational document has been developed and issued for implementation. ACP level 2 training resource (multi professional) has been agreed. Over 600 people have been trained across sectors.			M Hinds

3. All individuals and communities are equipped and enabled to live long healthy lives

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
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		Keyworker function paper has been developed and issued for implementation. Interdisciplinary specialist Palliative Care (SPC) workforce review is progressing with report due summer 2018.			
22	In collaboration with DoH and Diabetes UK enhance the Diabetes knowledge and skills of District Nurses and General Practice Nurses in line with the DoH Diabetes Framework	Confirmation received on the 9/10/17 indicating that Project Echo NI application has been approved for 2017-2019. The first training day for the Project Echo Diabetes Network for District Nursing and General Practice Nurses was held on 20th March with 26 attendees.			M Hinds
23	Work in collaboration with DoH, Diabetes UK, HSC Trusts, users and education providers to agree diabetes nursing competencies for district nursing and general practice nursing.	Diabetes Competence Assessment Tool developed for District Nursing and General Practice Nursing. Diabetes Education Specification for General Practice Nurses/ District Nurses in Northern Ireland 2017/18 developed. General Practice Foundation programme has been developed which will take account of the above Tool and Specification. The CEC delivered a 4 day diabetes programme (Jan-Feb 2018) for General Practice Nurses. 17 participants attended. 82% rated the programme as excellent. Evaluations indicated increased confidence and awareness in a number of domains.			M Hinds

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	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
24	In collaboration with the DoH, DoJ, HSCB and HSC Trusts provide Public Health leadership and professional nursing advice to the Joint Health Care & Criminal Justice Strategy. Work alongside YJA, PSNI and HSCB colleagues to identify health care specifications for professional staff in Police Custody	<p>The Regional Commissioning/Planning Programme for Prison Healthcare and Associated Services team for prison healthcare has been reconstituted.</p> <p>A work plan has been agreed for HSCB/PHA and wider teams. A draft workforce plan template has been circulated in relation to vulnerable people in prison.</p> <p>A Regional Task and Finish Group has been established sponsored by DoH and DOJ and co-chaired by PHA and PSNI. The purpose of the group is to oversee the development of a proposal to implement an evidenced based regional service model for the provision of health care in PSNI custody suites across Northern Ireland</p> <p>A draft specification has been developed for the service which will be tested as a pathfinder in Musgrave custody suite.</p> <p>About Me (participation journal) provided to Woodlands staff for use with residents. The purpose of this journal is to support young people within Woodlands to participate in their care plans</p>			M Hinds

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
1	<p>Enhance improvement capacity in NI through:</p> <ul style="list-style-type: none"> • Support for Scottish Fellowships; • In partnership with the Health Foundation, recruit Q members and build our local network under the branding of the Improvement Network Northern Ireland (INNI); • Continue to build capacity and capability in under graduate and post graduate education; • Working with key partners in support of the development of the Improvement Institute for Northern Ireland 	<p>Scottish Quality & Safety Fellows: In 2017/18 six NI applicants were successful in gaining places on cohort 10 of the Fellowship – two funded by the Safety Forum. 1 HSCB, 2 BHSCT and 1 NHSCT.</p> <p>Q programme HSC Safety Forum is the link partner with the Health Foundation. Recruitment process for cohort 4 held over summer months attracting over 90 new members meaning that NI now has 122 Q members. Q welcome event hosted in January 2018 with follow-up event in March 2018.</p> <p>Lectures on medical undergraduate curriculum on patient safety for first, third and fourth year medical students in August/September 2017.</p> <p>Medical Student select component 12 week module completed in 2018.</p> <p>HSC Safety Forum staff provided support for Improvement Institute event in June 2017 and December 2017 and are participating in communities of practice</p>			M Hinds

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
3	Roll out the Clinical Nurse Specialist (CNS) Workforce Expansion Plan across NI HSC Cancer Services (Phase 2)	The CNS workforce plan, underpinned by a six year tapered funding model (2016) partnership between HSCB and charitable organisations, identified a phased expansion of the CNS workforce across NI Cancer Services culminating in 2021. Non-recurring funding for Phase 3 (2018/19) has been agreed. Charitable partners have committed significant extra funding resource to bring forward some of the CNS posts from phases 3 and 4 within Trusts based on clinical need.			M Hinds
4	Oversee the Acute Oncology Nursing Service (AONS)	PHA staff continue to work with Acute Oncology Nursing staff regarding service delivery issues and training requirements.			M Hinds
5	Influence and strengthen public health principles by developing and sustaining nursing and midwifery workforce priorities and plans to inform regional policy. Including delivering on agreed workplan for the regional policy for Nursing and Midwifery workforce ('Delivering care') and identifying workforce and service delivery requirements for specialist palliative care services.	Implementation of Delivering Care Phase 1 is ongoing with a target of the 4,819.62 WTE nursing staff across Acute Medical and Surgical Wards in all 5 HSCTs. The HSCTs' expenditure reflects the use of Bank and Agency staff to meet the shortfall where recruitment has been a challenge. The September 2017 returns reflected an uplift from the March position of 4,464.16 WTE. Templates have been sent out to the Trusts to complete their returns for March 2018.			M Hinds

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
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		<p>The staffing models for Phase 2 Emergency Department; Phase 3 District Nursing; and Phase 4 Health Visiting have been approved and endorsed by the Chief Nurse's Office as part of the policy framework. The calculations on the required gap for these subsequent phases have been completed by the HSCB/PHA Monitoring Team. The HSCB/PHA await confirmation from DoH for funding allocations for the implementation of Phase 2, 3 and 4 over a phased period.</p> <p>Phase 5 Mental Health, Phase 6 Neonatal, Phase 7 Primary Care and Phase 8 Independent Sector are all underway,</p>			
6	Implement the General Practice (GP) Nursing Framework, including addressing workforce capacity within primary care settings, through the development of ANP roles; rolling out regional education and training programmes, co-design with users, carers and communities.	<p>The PHA have:</p> <ul style="list-style-type: none"> Established a regional network for GPNs across Northern Ireland Liaised with universities in Northern Ireland on the development of GPN Education Programmes Maximised the opportunities and minimise duplication to provide education locally, e.g. Practice Based Learning Days, GPN networks/forums with GP Federations. Developed proposals for a GPN Education plan for the next 2 years 			M Hinds

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<ul style="list-style-type: none"> A business case and summary paper for the DoH policy framework, Delivering Care have been developed identifying the need for additional GP nurses and healthcare assistants to meet the increasing demand and pressures faced in general practice. Funded a bespoke foundation course for GPNs and HCAs, delivered by the CEC (Sept 2017 – March 2018), providing consistent regional training to meet the requirements for the complex and changing service needs of patients in primary care settings. GPNs and HCAs identified the topics which needed to be covered in the programme. 141 GPNs/HCAs accessed the training and positively evaluated it. 			
7	Design and manage projects and programmes that directly impact on nursing workforce, recruitment and retention. Effective and methodical execution of programme and project management of nurse led initiatives including a public health focus. Plan and implement the Burdett grant across NI.	<ul style="list-style-type: none"> 11 wards participating in project across the 5 HSCTs Lead Project Nurse appointed, providing professional leadership and support to all the wards and nursing staff across the 5 HSCTs to ensure that the aims, objectives and agreed outcomes of Retain are progressed and delivered. Project Steering Group provides oversight and receives updates from the 5 Trust Implementation Groups. 			M Hinds

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<ul style="list-style-type: none"> • Baseline and endpoint data (qualitative and quantitative) has been analysed for each of the 11wards. This data has been shared with ward managers and Trust project leads and action plans developed. The data has also informed the individual ward's training programme. • Age NI Peer Facilitators have been recruited, trained and are engaged in the delivery of the action learning sets with the wards' nursing staff and nursing students in the pre-registration nursing programme. • Project Retain has been highlighted at HSCT's recruitment fairs; initial feedback has been positive. The project has also been highlighted and discussed as good practice at a number of regional workforce planning meetings. 			
8	Implement the comprehensive patient and client experience programme, monitor the agreed key regional priorities for 2017/18 and continue to roll out 10,000 Voices in a range of areas e.g. Unscheduled Care and Discharge.	<p>During 2017/18 each HSCT has designed and piloted an Always Event to improve the experience of those using HSC services, as follows:</p> <ul style="list-style-type: none"> • BHSCT – Noise at night • SHSCT – Communication • SEHSCT – Pain management 			M Hinds

4. All health and wellbeing services should be safe and high quality

Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
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	<ul style="list-style-type: none"> • WHSCT – Family presence • NHSCT – Mealtime matters • NIAS – Respect & attitude <p>Plans to scale and spread these throughout the region during 2018/19 are underway.</p> <p>10,000 Voices has been rolled out in a range of areas including:</p> <ul style="list-style-type: none"> - Unscheduled care, patient and staff experience - NIAS - CAMHS/Autism - Eyecare services - Adult safeguarding - Care of experience in relation to discharge - Experience in relation to delirium - Experience in relation to bereavement - Generic survey <p>Report for 10,000 Voices survey on Unscheduled Care completed and learning shared. Survey continues.</p> <p>10,000 voices for Discharge has been completed, and the Draft Regional report and action plans being shared with Trust colleagues for identified learning. The final report will be completed by end May.</p>			

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
9	Continue to gain assurance on progress with regional safety and quality priorities through Quality Improvement Plans and Key Performance Indicators; and provide advice and support to Trusts on the implementation of these key priorities	<p>The PHA has continued to provide advice and support to the HSC Trusts on a range of Quality Improvement priorities throughout 2017/18 including:</p> <ul style="list-style-type: none"> - Falls prevention - Pressure Ulcer prevention - VTE Risk assessment - MUST - NEWS - Omitted medications <p>The HSC Trusts provide quarterly progress updates with identified targets to PHA/HSCB through a dedicated sharepoint site.</p>			M Hinds
10	Provide a strategic role in the management of and learning from SAI process including leading the development of Learning Matters newsletter, development of thematic reviews and contributing to the SAI Bi-annual learning report.	<p>The PHA continues to work with HSCB in the management and identification of learning from SAIs. Regular specialist SAI review meetings have been held in which regional learning has been identified and a source for dissemination has been agreed. A number of thematic reviews have been commissioned and multi-disciplinary teams have been established to complete the reviews.</p> <p>During 2017/18 a thematic review relating to choking on food has been disseminated to the HSC.</p> <p>A regulated services edition of learning matters newsletter has been developed and disseminated.</p>			M Hinds

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
11	Continue to oversee the implementation of the Q2020 Strategy including providing advice and support to the task streams and co-ordinate the development of the Annual Quality report.	<p>The PHA has continued to oversee the implementation of Q2020 Strategy. Regular meetings have been held with task leads to support progress. During 2017/18 this included:</p> <ul style="list-style-type: none"> - Supporting staff involved in SAIs and other incidents - Faculty development for Human Factors and Simulation based education - Development of Always Events for NI - Strengthening our response to adverse incidents - Developing professional leadership within the HSC - Preventing the reoccurrence of the 3 main categories of never events <p>The PHA, working with HSCB, have co-ordinated the development of the PHA/HSCB Annual Quality report which was published on World Quality Day, November 2017. Plans for 2018/19 annual quality report are underway.</p>			M Hinds
12	Undertake an evaluation of the participant impact of the Women's Resource and Development Agency promoting informed choice programme in Section 75 groups	Initial brief evaluation identified areas for further analysis. This is being taken forward in collaboration with Health Intelligence colleagues in 2018/19.			Dr Harper

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	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
14	Lead on the oversight of the implementation of PPI policy across HSC	<p>The PHA continues to provide leadership on the implementation of PPI policy across the HSC, primarily through work undertaken via the HSC PPI Forum. This has included the identification and sharing of good practice, collaborative working on the development of resources such as Engage and training programmes and the undertaking of regional PPI monitoring programmes.</p> <p>The PHA PPI team also provide professional Involvement advice and guidance to a range of HSC organisations and to a number of the Transformation Workstreams and other strategic work areas including work on Co-Production.</p>			M Hinds
15	Lead on the analysis of Speech and Language Therapy intervention for patients with dysphagia/swallowing difficulties; implement and identify actions.	<p>This work is being taken forward within the multiagency and multidisciplinary Adult Dysphagia Regional Steering Group, led by the PHA, with workstreams focusing on:.</p> <ul style="list-style-type: none"> • Dysphagia awareness • Dysphagia identification • Dysphagia assessment and management • International Dysphagia Diet Standardisation Initiative implementation <p>Each has developed workplans with key priorities and actions; progress reports will be brought to the regional steering group.</p>			M Hinds

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
17	Deliver training on PPI in research for researchers and members of the public and facilitate opportunities for patients and public to be involved as partners and co-designers in the research process.	<p>A third Building Research partnership workshop was held in October 2017. 17 participants attended, including academics/HSC professionals (65%) and service users (23%).</p> <p>Participants learned about the importance of PPI in research and practical ways to implement it. Of 16 who completed evaluations, 14 would recommend the event and 13 rated it as excellent. Positive comments were also made in respect of individual feedback received, group work and materials.</p> <p>A further 3 training days have been provided to PIER, and opportunities provided for involvement in 2 funding panels, including CHITIN.</p>			Dr Harper
18	Work with the HSCB to finalise a Cancer Services Indicator Framework and to publish achievement against key indicators on a rolling programme basis. (Staff and financial resource dependant.)	A Cancer Services Indicator Framework was forwarded to the Department in Autumn 2017, and is currently being considered by DoH.			Dr Harper

4. All health and wellbeing services should be safe and high quality

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
19	Work with the HSCB to take forward the Cardiovascular Services Framework. (NB Cardiovascular services framework is due for review, however possibility of 1 year extension to March 2018)	Extension of the CVSF to March 2018 was agreed by Departmental Service Framework Programme Board. Year 4 mid-year Progress Report was developed for submission to Programme Board. The next meeting of the Departmental Programme Board meeting will be 12 th June 2018.			Dr Harper
21	Support the implementation of the Northern Ireland Diabetes Strategic Framework through the newly formed regional diabetes network.	The Diabetes Network has been established and workstreams are taking forward work in relation to prevention, inpatient services and primary care. Proposals for specific service change and/or investment will be brought forward through the Network.			Dr Harper
22	Support the stroke modernisation program and the planned consultation on the organisation and delivery of stroke care.	The pre-consultation on modernising stroke services has been completed and the Stroke Task and Finish Group worked with patient representatives, relevant charities, GPs and Trusts to consider the feedback from this and advise on the way forward. The output from the pre-consultation work was completed in January 2018. A final consultation document on Modernising Stroke Care will be prepared for consideration by TIG in 2018.			Dr Harper

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
1	Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency.	Substantive compliance was achieved in all 15 Controls Assurance Standards applicable to the PHA.			E McClean
2	Test and review the PHA Business Continuity Management Plan to ensure arrangements are in place to maintain services to a pre-defined level in the event of a business disruption.	A desk top exercise to test the PHA Business Continuity Plan took place in February 2018. The Plan was subsequently reviewed, updated, approved and issued.			E McClean
3	Ensure appropriate resilience measures are in place to support the Public Health Agency and specifically Health Protection during outbreaks and emergency responses throughout NI during 2017-18.	The HSC Joint Emergency Response Plan (JERP) has been updated along with the PHA Outbreak Response Plan. These plans are supported by the PHA EP 2018-2019 training programme.			Dr Harper
4	Work with DoH in reviewing and updating the Public Health Act (Northern Ireland) 1967.	PHA continues to contribute to the Department-led review of the Public Health Act, through input to the Project Team. Meetings however have been paused pending further discussions in the DoH.			Dr Harper
5	Conduct a consultative review of the HSC R&D Infrastructure	<p>The second stage of the review has been carried out with the R&D network via one to one interviews and a workshop.</p> <p>The event was attended by 55 stakeholders including researchers, clinicians and service users.</p>			Dr Harper

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<p>The 9 themes identified in part one of the evaluation together with suggested priorities for action were shared with attendees who were asked to identify any further priorities as well as KPIs.</p> <p>Stakeholders largely agreed with the proposed priorities. New priorities and KPIs were identified and will be combined with the findings from part one of the review to inform the development of an Implementation Plan. Some work has already progressed e.g. to improve the clarity of information on the website.</p>			
6	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas through the organisation of a series of events on key topic areas bringing a wide range of stakeholders together	<p>The NIPHRN remains active, with circulation of relevant funding calls, workshops and seminars to members, and communication across the network to support discussions for researchers wishing to set up further Research Development Groups (RDGs). The database currently has 407 members (46% academic, 18.9% Practitioners, 14.7% Statutory and 20.1% community/third sector).</p> <p>It has overseen the formation of 25 RDGs in PHA priority areas to date, including one formed in the past 6 months. Overall, 19 of these RDGs have led to research proposals which have been submitted for funding.</p>			Dr Harper

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<p>Of these 19 proposals, 7 have been subsequently funded, 5 were not funded, 6 have been archived, and one (Mental Health Research Network) has been recently submitted.</p> <p>Of the 5 proposals that were not funded, 3 will potentially be re-submitted including Mental Health & Stroke (the WISER study).</p> <p>The NIPHRN will be hosting a planned mental health session on the 22nd May 2018, aiming to garner potential research bids (aligned to recent funding calls) with a potential focus on mental health/suicide prevention.</p> <p>The NIPHRN showcase event planned for December 2017 had to be postponed; a further event, with NIHR guest speakers is now planned for autumn/winter 2018.</p>			
7	Continue to take forward implementation of the PHA Procurement Plan	<p>The Youth Engagement Tender has been completed. 7 of the 8 lots have been awarded; a new tender for the final lot will be re-issued as soon as possible.</p> <p>Work is progressing with planning the re-tendering of services linked to the Protect Life 2</p>			E McClean

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		<p>Strategy but final timescales for completion will be subject to approval of the new strategy by DoH.</p> <p>A PID for the progression of the Healthy Places's tender has been approved and a Project Steering group is now in place to take this work forward.</p> <p>In line with audit recommendations, PHA has continued to</p> <ul style="list-style-type: none"> • develop processes and skills to continue to take forward the implementation of the procurement plan. • review the timescales of the implementation of the plan based on the ability and capacity of key contributors. 			
8	Build organisational knowledge and capacity of Outcome Based Accountability (OBA)	<p>Further to initial introductory OBA training in 2016/17, 10 people attended an OBA train the trainer programme in October 2017, supporting the use of OBA in 2 areas of work from the outset of planning (older people and Protect Life 2).</p> <p>PHA is working with Department colleagues in respect of PFG OBA report cards.</p>			E McClean

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
9	Produce an AAA screening video detailing what happens when men attend for an initial scan, including information on how to access screening for minority groups (e.g. LD men, physically disabled etc.).	The AAA Screening video has now been produced and had its first showing at the 2018 AAA Screening Service User Event on 26 th April. It is hoped to have a launch later in the year and invite relevant stakeholders to this including representatives from minority groups and HSC professionals representing these groups.			Dr Harper
11	Support high quality and appropriate governance arrangements and processes to support the efficiency and effectiveness of the AHP, nursing and midwifery workforce	The PHA HSC AHP Assurance Framework was developed in partnership with the HSCTs, to provide professional assurance that systems and processes are in place to support AHPs to provide safe, effective and high quality care to people who use our health and social care services. Trusts have completed an AHP assurance template for period ending September 2017 and a regional summary report has been submitted to DoH.			M Hinds
12	Work to embed PPI into our culture and practice.	The PHA have worked to address the 5 PPI standards in the structure and operation of the organisation. A lead Director and Non-Executive Director for PPI have been identified. Three professional involvement staff support the PHA to embed PPI in its culture and practice, and also provide PPI leadership across the HSC. Each PHA Division has identified a lead officer with responsibility for PPI.			M Hinds

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
		Increasing numbers of staff are availing of PPI e-Learning. A small funding programme to support the integration of PPI into programmes and projects of work has been rolled out in the PHA and a monitoring programme to assess progress in PPI in the organisation has been undertaken with the final report anticipated to be brought to a Board meeting, early summer.			
13	Work with each of the Local Councils and their Community Planning Partnerships to develop, agree and begin implementation of action plans to take forward each of the community plans	<p>PHA continues to play a key role in community planning strategy and delivery.</p> <ul style="list-style-type: none"> • PHA is represented on all 11 Community Planning Partnerships; • All Councils have established a Community Planning Health and Wellbeing subgroup, including representation from the PHA; • All Community Plans reflect the 4 key areas agreed by the HSC; • Action Plans are currently being developed; • Joint Chief Executive meetings are held; • PHA has established and facilitated the HSC Community Planning Forum (meeting twice per year) 			E McClean

5. Our organisation works effectively

	Action from Business Plan:	Progress	Achievability (RAG)		Mitigating actions where performance is Amber / Red
			Sep	Mar	
14	Lead and coordinate regional implementation of Making Life Better (MLB)	A series of meetings have been held with colleagues in the DoH to shape and agree new structures to support the implementation of MLB. Discussions have been held with Chief Executives of HSC organisations and a wider MLB workshop is scheduled for June 2018.			C Harper
15	Meet DoH financial, budget and reporting requirements	All deadlines in relation to Monthly monitoring to the DoH have been met and the year-end annual accounts completed.			P Cummings S Christie
16	Continue to support and develop staff during a period of organisational change, including relevant communication with staff	Chief Executive met with all staff on September 15th and subsequent email updates issued, including circulation of letter from R Pengelly January 2018. A coaching training and awareness programme was launched in January 2018.			V Watt
17	Continue to ensure that equality screening is undertaken and published and that policies screened are monitored.	Equality Unit continues to deliver one-to-one screening support on request, delivers training, provides support on monitoring on request, and facilitates the publication of quarterly screening reports. Screening training was delivered in October 2017 and January 2018; EQIA training was delivered in November 2017 Quarterly screening reports were published for Q1, 2 and 3; preparations for publication of Q4 report are under way.			All

*Personal and Public Involvement Update***date** 11 June 2018**item** 16**reference** PHA/10/06/18**presented by** Mrs Mary Hinds, Director of Nursing, Midwifery and AHPs**action required** For noting

Summary

Twice yearly the PHA is required to provide update reports on the progress of Personal & Public Involvement (PPI) to the Board. The attached paper represents the Board update report on PPI for the period December 2017 to May 2018.

Whilst the PPI team have been progressing with their normal work-plan during this period, there are a few things worthy of particular note in the last 6 months, which are highlighted in the attached update report.

Of particular note has been the investment in training that we have made, with the team having commissioned, designed, organised and or delivered a range of initiatives. The numbers of people taking up the involvement e-learning programme is encouraging, as is the establishment of the new service user & carer e-learning programme and the first ever Involvement Leadership Programme in partnership with the Leadership Centre.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **NOTE** the Personal and Public Involvement update.

(DRAFT)

Personal and Public Involvement (PPI)

PHA Board Update June 2018



Involvement Leadership Programme 2018

Context and Background

Personal and Public Involvement – What is it?

PPI is the active and effective involvement of services users, carers and the public in health and social care services. Involvement can range from one to one clinical or social care interactions with service users and carers, in regard to their own health, through to larger engagements to assess needs, partnership working to co-design services and influence commissioning priorities and policy development.

The rationale for PPI – Why do it?

Under the HSC (Reform) Act (NI) 2009, PPI is a legislative requirement. The HSC has a statutory duty to involve and consult service users and carers in the planning, development, delivery and evaluation of services. People have a right to be involved in and consulted with on decisions that affect their health and social care. Meaningful Involvement helps to:

- effectively identify need;
- increase efficiency through tailoring services and agreeing priorities;
- improve quality, safety and patient experience;
- reduce complaints and SAIs;
- encourage self-responsibility for health and social well-being.

Co-Production

There has been a move towards embracing the concept of Co-production over the last 18 months or so. Co-production is a highly person centred approach which enables people to work together on an equitable basis to achieve positive changes in HSC services. It is deeply rooted in connecting people and realising value through peoples combined strength, knowledge and expertise.

Co-production is recognised as being the pinnacle of the involvement continuum and is something we have been encouraged to actively strive



towards in the commissioning, planning and delivery of HSC services. The Department of Health (DOH) has now moved to bring policy responsibility for PPI, Co-production and related areas such as Patient and Client Experience together in the same Directorate under the leadership of the Chief Nursing Officer. This should help to bring further clarity of direction and will help foster further synergies in the drive to ensure that the HSC is a truly person centred service.

The PHA's role

In the 2012 PPI Policy Circular, the DHSSPS confirmed and assigned to the PHA, primary responsibility for the leadership of the implementation of this key policy area across the HSC system. It requires the PHA to provide the DOH with assurances that HSC bodies and in particular Trusts, meet their PPI Statutory and policy responsibilities. Additional responsibilities confirmed/assigned also included:

- ensuring consistency and co-ordination in approach to PPI;
- the identification and sharing of best PPI practice across HSC;
- communication and awareness raising about PPI;
- capacity building and training;
- development of the Engage website;
- monitoring of and reporting on PPI;
- provision of professional advice and guidance.



Progressing PPI

The PPI team continue to drive the integration of involvement into HSC culture and practice using the PPI standards as the basis for our work. We undertake this work through the:

- Regional HSC PPI Forum which PHA co-chair with a service user/carer;
- PHA internal PPI Leads Group.

A PPI Action Plan for the PHA is now in place for 2018 – 2020 which includes actions to be taken forward by the Regional HSC PPI Forum.

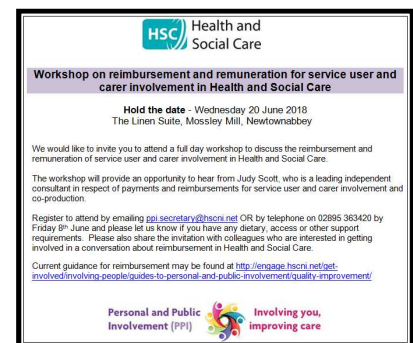
In the last six month period, work has been focused on the areas highlighted in this report.

Provision of professional involvement advice and guidance

In line with Delivering Together, a number of Transformation work streams have been established to progress key areas of work within HSC. We have been working closely with these and other strategic initiatives to support effective and meaningful involvement. This includes:

- Primary Care Multi-Disciplinary Teams
- Reform of Adult Social Care
- Unscheduled Care
- Provision of Healthcare in Criminal Justice
- E-health
- Western Health and Social Care Trust – Learning Development Involvement Strategy.

Reimbursement and remuneration for service user and carer involvement in HSC is a major issue. The PHA will lead a workshop on this on 20th June to review reimbursement practice and to examine issues connected to matters associated with recompense which will be presented to the DOH for consideration.

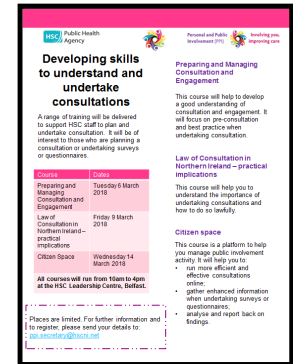


The flyer is titled "Workshop on reimbursement and remuneration for service user and carer involvement in Health and Social Care". It is from HSC Health and Social Care. The date is Wednesday 20 June 2018, at The Linen Suite, Mossley Mill, Newtownabbey. It invites attendees to discuss reimbursement and remuneration of service users and carers. The workshop will feature Judy Scott, an independent consultant. Registration is via email to pqi.secretary@hscni.net or by phone on 02895 363420 by Friday 8th June. A link to current guidance is provided at <http://engage.hscni.net/get-involved/involving-people/guides-to-personal-and-public-involvement/quality-improvement/>. The footer includes the logos for "Personal and Public Involvement (PPI)" and "Involving you, improving care".

Training

There has been a big push by the PPI team to support staff across HSC by the commissioning and delivery of Involvement training. This has involved:

- co-designing with staff, service users and carers the first **Involvement Leadership Programme**. This was co-produced with HSC staff, service users and carers and delivered in early 2018.
- commissioning, organising and hosting specialist training such as **Preparing and Managing Consultations & The Law of Consultation in Northern Ireland**.
- specialist training on involvement techniques including **Citizen Space**.
- delivering an **Introduction to PPI** and **Practical Skills for PPI** as part of the **Engage & Involve training programme**.



In total, **97** people availed of this face-to-face training in the period from December 2017 to May 2018.

In addition, we can confirm that across the HSC system, some **1,578** staff have now completed the E-learning programme and this continues to grow.



Developing Skills Training 2018

Communication / information sharing

A communications plan is in place for PPI. This provides a structured approach to help raise awareness of PPI and wider involvement activity. A big focus of our work is to continue to raise awareness of Involvement and Co-production. During this period we have:

- developed a PPI Annual Report for 2018/19.
- hosted a stand at the NICON 2018 conference.
- hosted a stand at the PCC Membership Scheme events in April and May 2018.
- shared information at the Royal College of Nursing Congress in May 2018.
- published articles in Connect, InPHA newsletter and had regular presence on social media including tweets.



NICON 2018 conference

Engage- www.engage.hscni.net

Engage continues to grow as a central resource for involvement. The Engage Steering Group has agreed to include a live twitter feed on the home page of the website. A new hashtag has been agreed, #engageHSC will now be used to promote Engage and also involvement in HSC. We have now established Google analytics for Engage to record the number of users and gain data on how people are using the website. From the start of March to mid-May 2018 we know that we have had 800 users access the site. Engage will also be part of the N.I. Direct website.



Engage has also been accepted as a poster presentation at the King's Fund Digital Health and Care Congress in July 2018. The presentation

has been co-developed with the Engage Steering Group and will be co-hosted with a service user and carer representative.

Monitoring

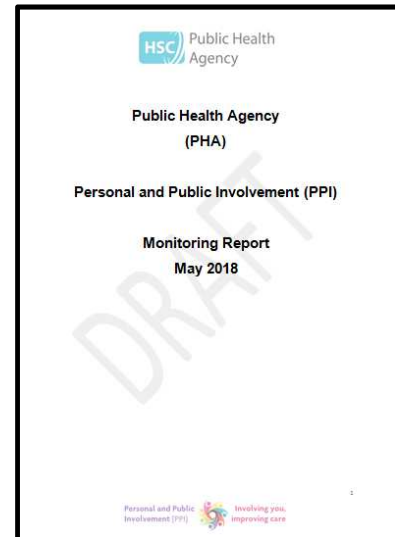
Our normal round of formal involvement monitoring of Trusts which would have been completed around this time has been postponed whilst discussions take place with the new involvement policy leadership now based in the CNO's office. Communication will still be maintained with Trusts in the interim, in respect of progress against recommendations from the previous monitoring exercise.

The PHA has itself had in place an internal monitoring mechanism for involvement for the last couple of years. This year however, this was independently conducted by an external team comprised of Trust lead Involvement professionals and service user & carer members of the Regional HSC PPI Forum.

The PHA has just received the internal PPI monitoring report. Overall the report is a positive reflection of the work being progressed by the PHA in this area, both internally and in regards to regional responsibilities. Key themes within the report address issues of leadership, governance, opportunities and support for involvement, training and monitoring in line with the standards.

Within these, were a range of recommendations such as:

- the need to examine involvement training and developmental support for Board members,
- the costing and funding of the PPI Action Plan,
- the need for PPI to be incorporated into staff appraisals.



Some of the recommendations touch on areas where the Patient Client Council has responsibility and these will require further consideration and discussion with them to ascertain how best to progress these.

We have also recently been subjected to an Internal Audit Inspection conducted by BSO colleagues. We have been given some insight in to the findings of this report and it would appear that it is quite positive in nature. There will however be a series of recommendations that need to be considered. It is anticipated that this report should be received by the PHA in the next week or so.

Together these reports indicate that the PHA has demonstrated effective and meaningful leadership in involvement and has put in place and developed valuable foundations, tools and support for involvement internally and across the HSC system. There are areas identified where improvement could be made and also recommendations about how and where more could be achieved by both the PHA and the wider system.

A more detailed update will be shared with the Board at a future date, once both reports have been formally received and reviewed.

UK wide Standards for Involvement in Research

The PHA has been a key partner in this UK wide partnership. The standards developed through the Regional HSC PPI Forum acted as a 'pathfinder' in the development of involvement standards for research. The involvement standards have been endorsed by the National Institute

The standards

- INCLUSIVE OPPORTUNITIES:** We offer public involvement opportunities that are accessible and that reach people and groups according to research needs.
- WORKING TOGETHER:** We work together in a way that values all contributions, and that builds and sustains mutually respectful and productive relationships.
- SUPPORT & LEARNING:** We offer and promote support and learning that builds confidence and skills for public involvement in research.
- COMMUNICATIONS:** We use plain language for timely, two way and targeted communications, as part of involvement plans and activities.
- IMPACT:** To drive improvement, we capture and share the difference that public involvement makes to research.
- GOVERNANCE:** We involve the public in our governance and leadership so that our decisions promote and protect the public interest.

of Healthcare Research (NIHR) and were launched in April in London and Cardiff. The next stage of the roll out of the standards will be to test them in practice. The Cerebral Palsy Register managed by the School of Nursing at Queen's University Belfast, were successfully selected as

one of the ten projects to 'test' the standards within the research field. We look forward to working with the QUB team to progress this work which involves the establishment of a Cerebral Palsy Involvement Group across the province.

Conclusion

There is a real sense of momentum for change. The leadership of the PHA and the work, knowledge, skills and dedication of the PPI team has been recognised as being instrumental in pushing this forward and making progress. There has however been an unprecedented level of demand for support from the system for advice, guidance and support in regards to embedding involvement into their work.

Recognising this and also the drive towards co-production, there have been proposals submitted into the Transformation fund. It is anticipated that investment will be brought to bear in terms of supporting involvement and other forms of partnership working. As per the joint letter from the CNO and CMO this will be complimentary to and build upon the good work, infrastructure and mechanisms already in place to advance and embed PPI into the culture and practice of Health and Social Care

