HSC Public Health Agency

agenda

Title of Meeting	120th Meeting of the Public Health Agency Board
Date	19 March 2020 at 1.30pm
Venue	Meeting Rooms, Linum Chambers, Bedford Street, Belfast

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 20 February 2020		Chair
4 1.30	Matters Arising		Chair
5 1.35	Chair's Business		Chair
6 1.40	Chief Executive's Business		Chief Executive
7 1.50	Update on COVID-19	**PHA/01/03/20**	Professor van Woerden
8 2.10	Finance Report	**PHA/02/03/20**	Mr Cummings

committee updates

9 2.20	Update from Chair of Governance and Audit Committee	**PHA/03/03/20**	Mr Drew

items for approval

10 2.30	Updated PHA Equality and Disability Action Plans 2020-22	**PHA/04/03/20**	Mr McClean

items for noting

11 2.50	HSC R&D Division Annual Report	**PHA/05/03/20**	Professor van Woerden

closing items

12 Any Other Business
3.10

13 Details of next meeting:

Thursday 23 April 2020 at 1.30pm

Meeting Rooms, Linum Chambers, Bedford Street, Belfast, BT2 7ES

HSC Public Health Agency

minutes

Title of Meeting	119th Meeting of the Public Health Agency Board
Date	20 February 2020 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair
Mrs Valerie Watts	-	Interim Chief Executive
Mr Edmond McClean	-	Interim Deputy Chief Executive / Director of Operations
Dr Adrian Mairs	-	Acting Director of Public Health
Mr Rodney Morton	-	Director of Nursing and Allied Health Professionals
Alderman William Ashe	-	Non-Executive Director
Mr John-Patrick Clayton	-	Non-Executive Director
Mr Leslie Drew	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director
Alderman Paul Porter	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Professor Hugo van Woerden	-	Director of Public Health Designate
Mr Paul Cummings	-	Director of Finance, HSCB
Ms Marie Roulston	-	Director of Social Care and Children, HSCB
Mr Robert Graham	-	Secretariat
Ms Jenny Redman	-	Boardroom Apprentice

Apologies

Dr Aideen Keaney	-	Director of Quality Improvement

15/20	**Item 1 – Welcome and Apologies**
15/20.1	The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney.
16/20	**Item 2 – Declaration of Interests**
16/20.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

17/20	**Item 3 – Minutes of previous meeting held on 23 January 2020**
17/20.1	The minutes of the previous meeting, held on 23 January 2020, were approved as an accurate record of that meeting.
18/20	**Item 4 – Matters Arising**
18/20.1	There were no matters arising.
19/20	**Item 5 – Chair's Business**
19/20.1	The Chair thanked Mr Stewart and Professor Rooney for their assistance in finalising the job description and personnel specification for the post of PHA Chief Executive, which is being advertised from tomorrow.
19/20.2	The Chair advised that following the PHA Board workshop that was held yesterday, an action plan was being finalised and would be issued to members as soon as possible. He advised that another workshop has been arranged for 7 May.
20/20	**Item 6 – Chief Executive's Business**
20/20.1	The Interim Chief Executive welcomed Professor Hugo van Woerden to the meeting as he will be taking up the role of Director of Public Health in March.
20/20.2	The Interim Chief Executive invited Dr Mairs to give members a briefing on COVID-19.
20/20.3	Dr Mairs advised that on 31 December 2019, the World Health Organisation (WHO) was informed of a case of pneumonia in Wuhan, China which was identified as a novel coronavirus on 7 January 2020. He explained that it was novel as it had jumped from animals to humans, and that this was the third time in recent years when this had happened following SARS in 2002/03 and MERS-CoV in 2012. He said that on 30 January 2020, WHO declared a public health emergency of international concern as this had become a high consequence infectious disease. He advised that any case needs to be treated in a specialist unit and that there are currently no such units in Northern Ireland with patients having to be transferred to England. He informed members that the strain has been officially termed as SARS-CoV2, or more commonly COVID-19.
20/20.4	Dr Mairs said that the main issue relates to identifying individuals who have travelled from China or other affected countries, and those who display symptoms of the virus. He noted that the number of cases in China has increased due to a change in the definition of a case, but there have been issues in terms of quality assuring the data. He went on to explain that the virus is transmitted through coughing and sneezing, and that it is also airborne. As of 10am on 20 February, he

	said that there were 74,576 cases in China and 1,154 cases outside China with more than 2,000 fatalities in China and 6 outside of China. He said that there appeared to be a slowing down of the number of cases within China, but this was not yet the case outside China. He noted that another country has reported cases with 5 in Iran. Within the UK, he advised that there have been 9 positive cases to date, but none in Northern Ireland from 35 cases tested. He explained that on average, there are almost 100 contacts per case in England to follow up, and that the reproductive ratio is currently 2-3, but that the aim would be to get this number below 1. He said that Northern Ireland is currently in "containment" mode.
20/20.5	Mr Drew questioned whether WHO should be taking more of a lead role. Dr Mairs said that WHO is providing much of the information, guidance and advice and it currently has a team in Wuhan. Mr McClean sought clarity on the terms "global emergency" and "pandemic". Dr Mairs said that a pandemic would be declared if it were worldwide, but to date there have been no cases in South America. Ms Mann-Kler asked if there were any cases in the Republic of Ireland. Dr Mairs said there had not been any cases. The Chair asked about co-ordination with the Republic of Ireland. Dr Mairs explained that there are links with the Republic of Ireland and that they are involved in the series of telephone meetings that take place on a daily basis. He added that PHA would take its advice from Public Health England and this ensures that there is a consistency of approach.
20/20.6	Alderman Porter raised an issue about being able to identify those individuals, particularly nurses, who may have travelled home to an affected country and then travelled back to Northern Ireland. He also asked if the testing and if contact tracing is done once people have been tested. Dr Mairs explained that tests are only carried out on those individuals displaying symptoms and contact tracing will not commence unless there is a positive test. He explained that up until last week all samples were sent to Colindale in England, but there is now a facility for testing in the Belfast Trust. He added that if an individual tests positive they would be transferred to a specialist unit in England.
20/20.7	Mr Drew asked whether WHO would take the lead if it became a pandemic in terms of planning. Dr Mairs explained that countries will have their own plans and that Northern Ireland is currently using the flu pandemic plan as it does not have a coronavirus plan. He added that the Civil Contingencies Group would also have a role, but that the real test will be when the first positive case reaches Northern Ireland.
20/20.8	The Interim Chief Executive assured members that this issue is a top priority and that the Chief Medical Officer has written to her on a number of occasions seeking assurances from HSCB and PHA as to the arrangements being put in place. She said that staff in both organisations are working extremely hard in this containment phase. Mr Drew said that the Board passes on its appreciation to those staff for the

work they are doing.

20/20.9 Dr Mairs outlined the series of meetings that take place each day. He explained that there is a number of sub-groups of HSC Silver which have been established, and that these include a group looking at PPE (Personal and Protective Equipment), surge planning capacity, contact tracing as well as sub-groups on human resources and social care. Mr Drew asked about BSO and the supply of face masks as demand is struggling to meet supply. Dr Mairs acknowledged that there are issues in this area.

20/20.10 Mr Clayton asked about communication with the public and getting the message out that people should stay at home if they display symptoms. He also asked if PHA is liaising with the Home Office or authorities in the Republic of Ireland about advice for travellers. Dr Mairs said that there are signs at Dublin Airport giving advice to people travelling to Northern Ireland. He advised that on Wednesday 12 February, there was a briefing with media outlets and that the message is being promulgated, but as yet there has not been a mass media campaign. Mr McClean said that communications are being led by the Department of Health. Dr Mairs said that it is important to get the message out to not only the public, but to GPs.

20/20.11 Dr Mairs explained that HSC Sliver is presently co-chaired by HSCB and PHA with 2 individuals from each organisation fulfilling the role. He said that at this stage the focus has been on the health protection response, but once the focus is mitigation it is more of an issue for the wider service. The Chair asked whether consideration had been given to asking travellers to complete landing cards. Dr Mairs said that this has been talked about.

20/20.12 The Chair expressed his thanks to Dr Mairs and the team for all of their work and efforts to date. He appreciated that this has been a drain on resources. Dr Mairs said that there are a lot of staff engaged in this work, including non-health protection staff which is having an impact on daily work. However, he assured members that certain areas of work are being protected, including general health protection work, screening and work on mental health and suicide prevention.

20/20.13 The Interim Chief Executive moved on to update members on a range of other matters. She noted that the Northern Ireland Assembly has been re-established and she wished Minister Swann well and said that transforming the health service will be his priority and will take a concerted effort. She noted that there been a period of industrial action and she paid tribute to the HSC staff across the system for their dedication, hard work and compassion in going about their work. She noted that the Minister has agreed to commit to pay parity with England and to look at safe staffing.

20/20.14 The Interim Chief Executive advised that drafting of the legislative

	provisions to facilitate the closure of the Health and Social Care Board is continuing with a draft Bill expected in April. She said the timelines have been revised and that Royal Assent will be required on the Bill by July 2021 if the closure is to happen on 31 March 2022.
20/20.15	The Interim Chief Executive advised that interviews have taken place for a new Chair of HSCB, and that interviews are scheduled to take place shortly for five new Non-Executive Directors of HSCB.
20/20.16	The Interim Chief Executive advised that she had attended the 'Mid and East Antrim Agewell Partnership (MEEAP) "Sharing Our Learning" event on 21 January and was delighted to announce additional funding for a partnership programme that provides community-based care for frail older people in the area. She explained that the IMPACT Agewell programme is an example of good partnership working between GP practices, community pharmacists, the Northern Trust, commissioners and the community/voluntary sector to prescribe alternative care to people over 70. She added that the additional money, to be made available over five years, will allow the programme to be rolled out on a phased basis to all 26 GP practices in the Mid and East Antrim area.
20/20.17	The Interim Chief Executive said that she had attended the launch of a new regional service HSC Northern Ireland Adoption and Foster Care. She added that part of the Strategy is to focus on busting the myths on foster care, and that 21 February is "Care Day", the world's biggest celebration of children and young people with care experience. She said that the theme of this year's Care Day is "Reimagining".
20/20.18	The Interim Chief Executive informed members that the Deputy Chief Executive, Ed McClean, attended the launch of "Conflict to Peace – Our Community Trust" prepared by the Resurgam Community Development Trust in Lisburn. She explained that this charted a journey of a community in times of conflict to one with a well-developed community infrastructure which focuses on youth initiatives, men's education, environmental schemes, encouraging enterprise, as welcome project focused on migrants from across the EU as well as Early Intervention and Health Development programmes. She added that the late Chris Totten, who was the PHA Health Improvement lead in the south-eastern area was credited with bringing very constructive advice which helped move this community on from years of unrest. She advised that the event was attended by the Minister for Communities, Deirdre Hargey, Allison Morris, security correspondent for the Irish News and Professor Pete Sherlow as well as Sir Jeffery Donaldson MP and that each speaker credited the work and journey of Resurgam as a model and exemplar for others in similar situations elsewhere.
20/20.19	The Interim Chief Executive updated members on a project that Deirdre McNamee, Public Health Nurse Consultant, has recently been working on to improve access to Breast Screening for women with Learning Disability. She explained that the project focused on two GP Practices

	where women with Learning Disability were identified in advance in order to provide an Easy Read appointment letter and a number of reasonable adjustments were made by the Screening Team to encourage attendance and uptake of Breast Screening. She said that training was also provided to the Screening Team, carers and support staff and two open mornings were hosted at the mobile screening unit to encourage women with learning disability and their carers/support staff to come along, meet the staff and see around the unit and explain what happens during the screening procedure. She highlighted the key outcomes and said that thanks to funding from the Burdett Trust, the next phase of this programme will see the project spread across the whole of the Southern Trust.
20/20.20	Professor Rooney asked if there is any update in terms of the arrangements for the Chief Executive of HSCB. The Interim Chief Executive advised that the Chair of HSCB, together with one of the Non-Executive Directors, had met with the Minister and the Permanent Secretary, but she was not yet clear on the outcome of those meetings. She said that based on the proposed future operating model, it was likely that a civil servant will fill the role and added that work on a business case for the new model is about to commence. Professor Rooney asked about engagement with the PHA Board, but the Interim Chief Executive said that it would be for the two new Chief Executives to work on the relationship between the two organisations.
20/20.21	Mr Clayton declared an interest in his role as working for Unison. He said that trade unions are currently balloting their members with regard to the pay deal, and that this should come to a conclusion next week. He said that he would welcome further clarity on the legislative timeframe and he felt there is still a lack of clarity in terms of the future operating model and that this had been discussed as part of the Board workshop that had taken place yesterday. Mr Drew asked if there was any further clarity regarding whether the social care and children's services would transfer to PHA. The Interim Chief Executive said that this remains the intention, but there is no timeline.
20/20.22	Alderman Porter sought assurance that with regard to fostering, there are linkages between health and other government departments, e.g. education and he cited a recent case he had been involved in. Mrs Roulston said that health and education do work closely together.
	At this point Ms Roulston left the meeting
21/20	**Item 7 – Finance Report (PHA/01/02/20)**
21/20.1	Mr Cummings informed members that the latest Finance Report shows that PHA is operating with a surplus of £1.1m, and that this is mainly emanating from the management and administration budget due to the number of staff vacancies. He said that programme expenditure levels are remaining consistent. The Chair asked if this surplus would be

returned to the Department, and Mr Cummings advised that it will, in order to relieve wider HSC pressures. Mr Drew sought confirmation that PHA is forecasting a break even position, and Mr Cummings said that this was the case.

21/20.2 Ms Mann-Kler asked whether the underspend would allow an opportunity to re-profile the workforce. Mr Cummings advised that by doing so, that would relinquish the opportunity to replace those posts that are vacant. He added that there is a small number of posts which have been vacant for a long time, and that posts can take between 6 and 9 months to fill. Dr Mairs added, that previously there had been issues with regard to public health consultants, but there is now only one vacant post. The Chair remarked that if one of the successful applicants had not declined the offer of a post there would now be a full complement of public health consultants in the Agency.

21/20.3 Alderman Porter noted that the issue of filling posts has been ongoing for a number of years and said there should be better forward planning. With regard to programme expenditure, he questioned whether the Trust spending on health protection and health improvement is biased towards certain Trust areas. Mr Cummings agreed that the allocation to Trusts does not follow the capitation formula. However, he assured members that PHA did have plans for how to utilise its underspend, but it was not granted permission from the Department to do so due to the wider HSC pressures.

21/20.4 Mr Stewart said that he agreed with Ms Mann-Kler's point, and said that following the workshop yesterday the Non-Executive Directors need to contribute to a plan to addressing staffing issues.

21/20.5 The Chair noted that some of the Trust programmes have been in place for a number of years and perhaps there was an opportunity to review these. Mr Cummings that is an option, but to stop specific programmes would be challenging.

21/20.6 The Board noted the Finance Report.

22/20 Item 8 – Surveillance of Antimicrobial Use and Resistance in Northern Ireland, Annual Report, 2018 (PHA/02/02/20)

22/20.1 The Chair welcomed Mr Chris Nugent to the meeting and following a brief introduction by Dr Mairs, Mr Nugent gave members an overview of the Report.

22/20.2 Mr Nugent advised that this was the third Report about antimicrobial resistance and antibiotic consumption. He highlighted that there has been a reduction in two E. coli and K. pneumonie bloodstream infections, and in terms of resistance to Piperacillin-tazobactam, this has decreased for E. coli, but increased for K. pneumonie. With regard to antibiotic use, this has reduced slightly overall thanks to efforts from

	pharmacy colleagues, but still remains at 80% in primary care. He added that there has been a slight increase within secondary care.
22/20.3	The Chair commended the use of an executive summary in the Report, and for the clear diagrams. He suggested that there could be diagrams showing trends in the summary. It was, however, noted that there are trend diagrams throughout the rest of the Report.
22/20.4	Mr Stewart said that his overall impression is that there has been a reduction, but it is a small reduction and he noted that PHA is continuing its existing approach and questioned whether PHA should be considering new initiatives. Mr Nugent advised that, in terms of public engagement, there has been a mass media campaign to raise awareness. He added that there are targets set by the Department of Health in secondary care as part of a national action plan. Dr Mairs said that there is a study that looks at the factors affecting antibiotic prescribing, and that it has been one of the few areas that PHA has been able to carry out a campaign. He said that there is a separate action plan which looks at antibiotic stewardship that looks at both humans and farming. Mr Morton added that the work on new multi-disciplinary teams (MDTs) has seen changes in prescribing practice.
22/20.5	The Interim Chief Executive noted that this Report is for data across the HSC system, but that it is possible to buy antibiotics online. Dr Mairs said that the PHA would have no means of monitoring this.
22/20.6	Mr Clayton noted that the highest 20% prescribing practices receive correspondence from the Chief Medical Officer seeking information on this. He asked whether the patients in these practices fit a certain profile or whether a tailored intervention is required. Dr Mairs said that perhaps certain practices are linked to nursing homes and added that PHA carried out a separate piece of work which related to nursing homes and within nursing homes patients may be taking antibiotics for longer than required. He said that HSCQI is carrying out work in this area.
22/20.7	The Chair said that this area is a major public health issue. Dr Mairs advised that members can sign up to become antibiotic guardians.
22/20.8	Alderman Porter asked whether it can be monitored if a specific doctor is prescribing a high number of antibiotics and they move practice, would this be picked up. Mr Cummings said that practices would hold data on individual doctor's prescribing. Mr Morton added that there is monitoring across the HSC system.
22/20.9	The Board noted the Surveillance of Antimicrobial Use and Resistance in Northern Ireland, Annual Report, 2018.
	At this point Mr Cummings left the meeting.

23/20	**Item 9 - Family Nurse Partnership Reports (PHA/03/02/20)**
23/20.1	The Chair welcomed Ms Deirdre Webb to the meeting. He invited Mr Morton to introduce the Report.
23/20.2	Mr Morton said that Family Nurse Partnership is one of PHA's flagship programmes and it is proud of its achievements and the difference it is making to young people, which is an element of one of PHA's corporate objectives, "Giving every child and young person the best start in life."
23/20.3	Ms Webb began by apologising for bringing two reports at the same time. She said that the next report will be brought to the Board in September 2020. She advised that through Transformation funding it has been possible to recruit 10 new nurses, which has increased the capacity of the programme, but these data would not appear in these Reports.
23/20.4	Ms Webb said that FNP is targeting the right families, with 70% of clients living in deprived areas and the remaining 30% in private rentals. She said that 85% of the families have an annual income of £13k or less, and that the programme aims to target vulnerable young girls. She noted that there has been a dramatic drop in the teenage pregnancy rate, and that in 2018 there were 374 clients on the programme. She also noted that there are good breastfeeding rates, low attendance rates at A&E and vaccine uptake rates are over 90%. She went on to say that child development has improved with only 15% requiring additional instruction, and that for mothers, they are living better lives.
23/20.5	Mr Morton said that many young mothers have now re-entered education and are gaining employment which in turn is improving the lives of their children. She added that there are excellent testimonies from the mothers and that this programme, although intense, is making a real difference to their lives.
23/20.6	Professor Rooney asked about perinatal mental health. Ms Webb said that the programme is well supported with psychological input. She said that there has recently been a change from using HADS scores to GAS scores as a measure of wellbeing. Mr Morton added that there is also a matrix to look at adverse childhood experiences.
23/20.7	Mr Drew said that he supported the programme, but in his capacity as Chair of the Governance and Audit Committee, he has some concerns following the recent Internal Audit report which had given limited assurance, primarily in the area of governance. He said that he would not want to see the good work of the programme overshadowed. Ms Webb said that of the eight recommendations, four have been fully implemented and will be signed off by Internal Audit, but there are two that will not be able to be delivered, one of which relates to the IT system as the original business case cannot be located. She advised that in relation to the IT system, an options appraisal is being

undertaken and she has been working with counterparts in Public Health England. She suggested that the best way forward may be a UK-wide database, but it will take 2/3 months to sign off on this. She pointed out that the license for the current IT system is due to expire in 2021. Mr Drew asked about attendance at the Family Advisory Group meetings. Ms Webb advised that she has recently met with Directors of Nursing, and that terms and reference and a revised membership have been agreed, and she has received an assurance regarding attendance at future meetings. Mr Morton suggested that an update report could be completed to assure the Governance and Audit Committee of the progress that has been made.

23/20.8 Mr Clayton said that this was an excellent report with a large amount of data and asked if there was any way of making it more concise. He added that it is clearly a programme that is making a difference to people's lives. Ms Webb said that it is the intention to make the report more user friendly and through working with the communications team she will aim to produce a summary version. She added that this year is the 10th anniversary of the Programme. Mr Morton said that he hopes to look at this type of report and change the focus to show how a particular initiative has improved experience, improved core outcomes and how it supports staff to practice and think differently and to make a difference. Ms Webb advised that there is a 1-page OBA card which gives data on the programme.

23/20.9 Ms Mann-Kler said that this is an incredible initiative which looks to break the cycle of deprivation. She asked about the ambition of the programme and whether it is meeting all the needs it can, and if it requires further funding. She suggested sharing stories from the programme, perhaps via animation to protect the confidentiality of those on the programme. Ms Webb said that "Storytell" is used to capture experience, and added that it is powerful to get feedback from a young person who has availed of the programme. She said that the ambition of the programme is to be able to offer it to every teenage mother because at the moment it is only offered to about 60%. She said that she would like to be able to offer the programme to Looked After Children in the 18-25 age group, and to parents with a learning disability, but she acknowledged that it is not a programme for everyone.

23/20.10 Alderman Porter noted that the programme is 10 years old, and asked if there were any key indicators of progress. Ms Webb advised that some sites have carried out longitudinal studies, and there is evidence of improved health of individuals who have been on the programme. Mr Morton said that there are discussions with the Chief Nursing Officer about developing a research programme, but this has not yet been finalised. The Chair asked where the funding for this would come from, but Mr Morton advised that this had not yet been secured.

23/20.11 The Board noted the Family Nurse Partnership Reports for 2017 and 2018.

24/20	**Item 10 – Any Other Business**
24/20.1	There was no other business.
25/20	**Item 11 – Details of Next Meeting**
	Thursday 19 March 2020 at 1:30pm *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS* Signed by Chair: Date:

Public Health Agency

Finance Report

2019-20

Month 10 - January 2020

PHA Financial Report - Executive Summary

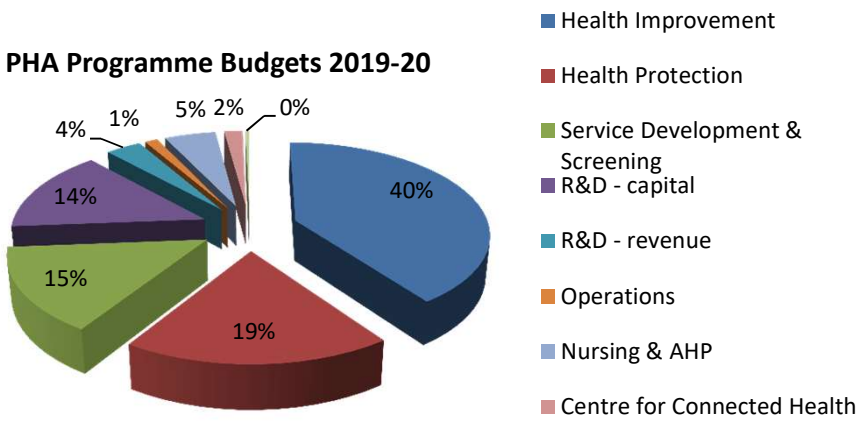
Year to Date Financial Position (page 2)

At the end of month 10 PHA is reporting an underspend (£1.3m) against its profiled budget. This underspend is primarily the result of year-to-date underspends on Administration budgets due to vacant posts (see page 5).

Budget managers continue to be encouraged to closely review their profiles and financial positions to ensure the PHA meets its breakeven obligations at year-end.

Programme Budgets (pages 3&4)

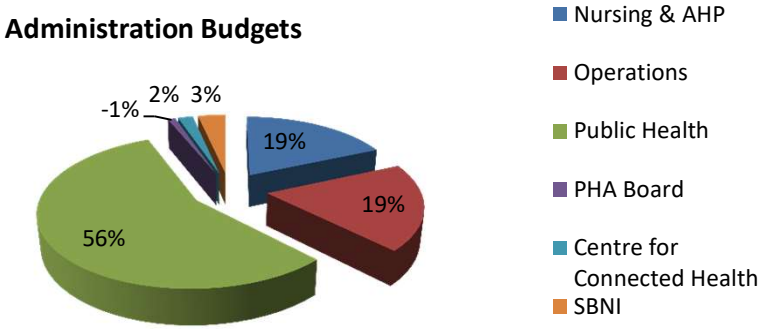
The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.



Administration Budgets (page 5)

The chart below illustrates the relative size of the Directorates, with over half of the Administration budget relating to the Directorate of Public Health.

A significant number of vacant posts remain within PHA, creating slippage on the Administration budget. Management has been proactively working to fill vacant posts throughout the year to ensure business needs are met, however this continues to be a challenge and vacancy levels have actually increased during 2019-20.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year. Considerable slippage has arisen in Administration budgets due to vacancies across the Agency, however a number of non-recurrent programmes are being progressed to utilise this funding in line with PHA priorities. Ringfenced funds, including Confidence and Supply Transformation Funds, are being monitored closely to ensure full spend by year end.

Public Health Agency
2019-20 Summary Position - January 2020

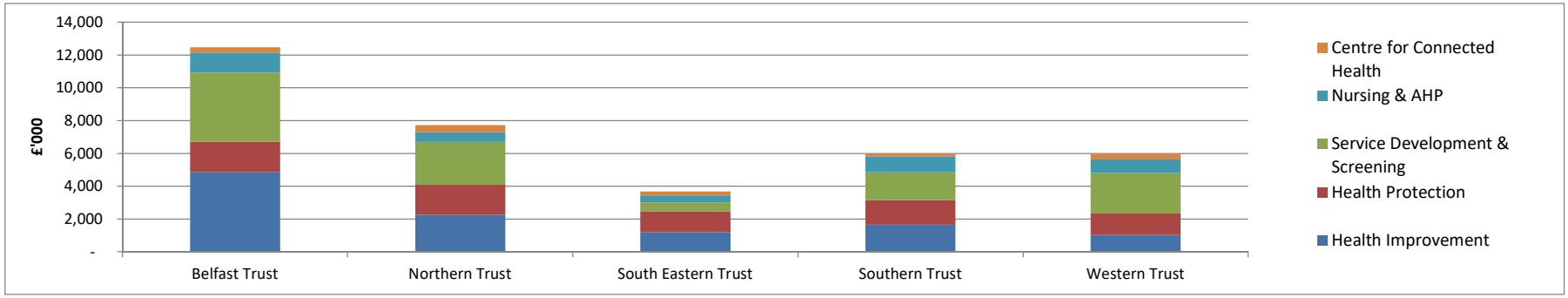
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	36,003	43,079	9,884	20,345	**109,308**	30,002	33,297	7,844	16,944	**88,087**
Assumed Retraction					**-**					**-**
Revenue Income from Other Sources	-	91	-	700	**791**	-	91	-	576	**667**
Total Available Resources	36,003	43,170	9,884	21,045	**110,102**	30,002	33,387	7,844	17,520	**88,753**
Expenditure										
Trusts	36,003	-	4,940	-	**40,943**	30,002	-	4,117	-	**34,119**
PHA Direct Programme *	-	43,835	5,001	-	**48,836**	-	33,235	3,634	-	**36,869**
PHA Administration	-	-	-	20,323	**20,323**	-	-		16,498	**16,498**
Total Proposed Budgets	36,003	43,835	9,941	20,323	**110,102**	30,002	33,235	7,752	16,498	**87,486**
Surplus/(Deficit) - Revenue	-	(665)	(57)	722	**-**	-	152	93	1,022	**1,267**
Cumulative variance (%)						***0.00%***	***0.46%***	***1.18%***	***5.83%***	***1.43%***

The year to date financial position for the PHA shows an underspend of £1.3m, which consists primarily of year-to-date underspends on Administration budgets due to vacancies (see page 5).

The Department of Health has informed PHA that it will be required to fund the first 1% of the 2019-20 pay award, which is due to be paid in March. This will reduce the Administration underspend to £0.7m at year-end, and a number of non-recurrent programmes are being progressed to utilise this funding in line with PHA priorities and ensure the organisation achieves its breakeven obligation.

** PHA Direct Programme includes amounts which may transfer to Trusts later in the year*

Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	NIMDTA Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	4,870	2,248	1,194	1,650	1,022	-	-	**10,984**	9,153	9,153	-
Health Protection	1,834	1,835	1,280	1,511	1,322	-	-	**7,782**	6,485	6,485	-
Service Development & Screening	4,228	2,618	538	1,698	2,457	-	-	**11,538**	9,615	9,615	-
Nursing & AHP	1,226	596	431	958	840	-	-	**4,051**	3,376	3,376	-
Centre for Connected Health	317	431	244	174	335	-	-	**1,500**	1,250	1,250	-
Other	39	30	28	28	22	-	-	**147**	122	122	-
Total current RRLs	**12,514**	**7,759**	**3,714**	**6,018**	**5,997**	**-**	**-**	**36,003**	**30,002**	**30,002**	**-**
Cumulative variance (%)											***0.00%***

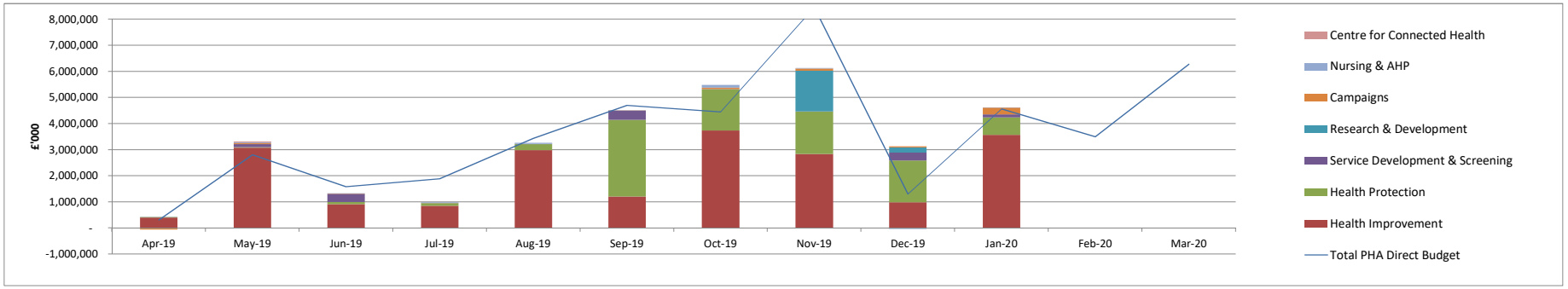
	Belfast Trust £'000	Northern Trust £'000	South Eastern £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	NIMDTA Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / £'000
Ringfenced	**1,056**	**1,282**	**792**	**755**	**962**	**93**	**-**	**4,940**	**4,117**	**4,117**	**-**
											0.00%

The above table shows the current Trust allocations split by budget area. All funding issued to Trusts is assumed to have been spent in line with profile.

The Other line relates to general allocations to Trusts for items such as the Apprenticeship Levy and Inflation.

Ringfenced funds allocated to Trusts have been assumed at breakeven.

PHA Direct Programme Expenditure



	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	149	2,369	963	1,972	3,013	1,063	3,068	4,752	202	3,036	2,230	3,586	**26,403**	20,587	20,460	127	*0.6%*
Health Protection	38	353	79	(249)	164	3,084	1,376	1,915	783	1,346	289	701	**9,879**	8,889	8,890	(1)	*0.0%*
Service Development & Screening	2	65	517	112	132	527	(22)	129	289	(320)	226	560	**2,219**	1,434	1,566	(133)	*-9.3%*
Research & Development	-	-	-	-	-	-	-	1,563	-	206	-	1,442	**3,211**	1,769	1,769	-	*0.0%*
Campaigns	23	23	23	23	23	23	(84)	47	31	268	685	90	**1,177**	402	438	(36)	*-8.9%*
Nursing & AHP	-	-	-	1	101	-	107	44	1	29	72	230	**585**	282	224	59	*100.0%*
Safeguarding Board	-	-	-	-	-	-	-	-	-	-	-	-	**-**	-	-	-	*0.0%*
Centre for Connected Health	-	-	-	25	-	-	-	-	-	-	-	144	**169**	25	25	-	*100.0%*
Other	-	-	-	-	-	-	-	-	-	-	-	(474)	**(474)**	-	(137)	137	*100.0%*
Total PHA Direct Budget	**212**	**2,810**	**1,583**	**1,885**	**3,433**	**4,698**	**4,445**	**8,451**	**1,306**	**4,565**	**3,502**	**6,279**	**43,169**	**33,388**	**33,235**	**153**	
Cumulative variance (%)																***0.46%***	
Actual Expenditure	**265**	**3,398**	**1,365**	**1,011**	**3,302**	**4,497**	**5,500**	**6,171**	**3,134**	**4,593**	**-**	**-**	**33,235**				
Variance	**(52)**	**(588)**	**218**	**874**	**131**	**200**	**(1,055)**	**2,281**	**(1,828)**	**(28)**			**153**				

Ringfenced Budgets	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000
Profiled Ringfenced PHA Direct Budget	-	-	572	331	397	253	604	793	181	597	-	-	**3,728**	**3,728**	**3,634**	**95**
																2.54%
Actual Expenditure	(38)	461	134	364	405	182	540	768	268	550	-	-	**3,634**			
Variance	**38**	**(461)**	**437**	**(33)**	**(8)**	**71**	**64**	**25**	**(87)**	**48**	**-**	**-**	**95**			

The year-to-date position shows an approximate breakeven position, with underspend on a number of Health Improvement budgets being offset by expenditure ahead of profile on Service Development & Screening budgets.

The budgets and profiles are shown after adjusting for retractions and new allocations from DoH.

In 2019/20 an amount of £1.9m has been recurrently removed from the programme budgets. This consists of £1m of savings initially allocated against the administration budget (£0.5m in each of the two years 18/19 and 19/20) and a further £0.9m 2018/19 programme savings target, achieved non-recurrently last year and now applied recurrently. DoH have given the PHA permission to vire the £1m administration savings against programme budgets. In effecting this reduction the PHA continues to seek to protect, where possible, core programmes that are central to PHA and Departmental priorities. In addition the organisation will utilise on an in-year basis the surplus which is forecast to arise in the administration budget to further address programme priorities.

PHA Administration
2019-20 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget							
Salaries	3,784	2,770	11,657	243	339	444	**19,238**
Goods & Services	172	1,316	417	53	58	291	**2,307**
DoH retraction				(500)			**(500)**
Total Budget	**3,956**	**4,087**	**12,074**	**(204)**	**397**	**735**	**21,045**
Budget profiled to date							
Salaries	3,142	2,315	9,705	203	283	370	**16,017**
Goods & Services	144	1,119	339	(387)	48	240	**1,503**
Total	**3,286**	**3,434**	**10,044**	**(184)**	**331**	**610**	**17,520**
Actual expenditure to date							
Salaries	2,797	2,144	9,171	90	300	359	**14,861**
Goods & Services	205	948	352	(46)	25	152	**1,637**
Total	**3,002**	**3,093**	**9,522**	**44**	**325**	**512**	**16,498**
Surplus/(Deficit) to date							
Salaries	345	171	534	113	(17)	10	**1,156**
Goods & Services	(61)	170	(13)	(341)	23	88	**(134)**
Surplus/(Deficit)	**284**	**341**	**521**	**(228)**	**6**	**98**	**1,022**
Cumulative variance (%)	*8.64%*	*9.93%*	*5.19%*	*124.02%*	*1.86%*	*16.13%*	***5.83%***

PHA's Administration budget is showing a year to date surplus, which has been generated by a number of long standing vacancies. Although efforts continue to fill vacant posts as far as possible, this has proved to be challenging, and the surplus on the salaries budget continues to be high. In it's opening allocation letter, DoH required PHA to meet the cost of the first 1% of the 2019-20 pay award, so the impact of this is expected to reduce the year-end surplus to around £0.7m. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year (see page 2).

An amount of £0.5m was surrendered to DoH in January as a contribution to in-year pay pressures across the HSC, and this has been held centrally against the PHA Board G&S budget.

SBNI budget is ringfenced and any underspend will be returned to DoH prior to year end.

January 2020

Public Health Agency
2019-20 Capital Position

	Annual Budget				Year to Date			
	Programme		Mgt & Admin		Programme		Mgt & Admin	
	Trust £'000	PHA Direct £'000	£'000	Total £'000	Trust £'000	PHA Direct £'000	£'000	Total £'000
Available Resources								
Capital Grant Allocation & Income	7,319	6,138	-	**13,456**	6,099	4,095	-	**10,194**
Expenditure								
Capital Expenditure - Trusts	7,319			**7,319**	6,099			**6,099**
Capital Expenditure - PHA Direct		6,138		**6,138**		2,697		**2,697**
	7,319	6,138	-	**13,456**	6,099	2,697	-	**8,796**
Surplus/(Deficit) - Capital	-	-	-	-	-	**1,398**	-	**1,398**
Cumulative variance (%)								

PHA has received a Capital budget of £13.5m including income in 2019-20, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure of £8.8m is shown for the year to date, and a breakeven position is anticipated for the full year.

PHA Prompt Payment

Prompt Payment Statistics

	January 2020 Value	January 2020 Volume	Cumulative position as at 31 January 2020 Value	Cumulative position as at 31 January 2020 Volume
Total bills paid (relating to Prompt Payment target)	£4,248,177	548	£47,568,180	5,578
Total bills paid on time (within 30 days or under other agreed terms)	£3,962,724	514	£46,476,181	5,231
Percentage of bills paid on time	**93.3%**	**93.8%**	**97.7%**	**93.8%**

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 95.0%, although performance on volume is below target cumulatively in January. Overall PHA is making progress on ensuring invoices are processed promptly, and efforts to maintain this good performance will continue for the remainder of the year.

The 10 day prompt payment performance remained strong at 93.4% by value for the year to date, which significantly exceeds the 10 day DoH target for 2019-20 of 60%.

HSC Public Health Agency

minutes

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	9 December 2019 at 2.00pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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

In Attendance

Mr Ed McClean	-	Interim Deputy Chief Executive / Director of Operations
Miss Rosemary Taylor	-	Assistant Director, Planning and Operational Services
Mr Paul Cummings	-	Director of Finance, HSCB
Ms Jane Davidson	-	Head Accountant, HSCB
Mr David Charles	-	Internal Audit, BSO
Mr Simon McKeown	-	ASM
Mr Roger McCance	-	NIAO
Mr Robert Graham	-	Secretariat

Apologies

Mr John Patrick Clayton	-	Non-Executive Director

		Action
57/19	**Item 1 – Welcome and Apologies**	
57/19.1	Mr Drew welcomed everyone to the meeting. Apologies were noted from Mr John Patrick Clayton.	
58/19	**Item 2 - Declaration of Interests**	
58/19.1	Mr Drew asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
59/19	**Item 3 – Minutes of previous meeting held on 3 October 2019**	
59/19.1	The minutes of the previous meeting, held on 3 October 2019 were **approved** as an accurate record of that meeting.	

	These minutes will be brought to the PHA Board on 23 January for noting.
60/19	**Item 4 – Matters Arising**
	47/19.4 Family Nurse Partnership Audit
60/19.1	Mr Drew asked if there was any update following the FNP audit. Mr Charles said that Internal Audit will be carrying out a follow up review of the recommendations in February/March 2020 and will then report back. Mr McClean assured members that the recommendations are begin addressed thoroughly. Miss Taylor added that she had been liaising with Mrs Quinn and Ms Webb and that there will be an FNP Report coming to a future PHA Board meeting.
	47/19.17 NIAS PPI Self-Assessment
60/19.2	Miss Taylor confirmed that a self-assessment has been received from the Northern Ireland Ambulance Service and is currently being assessed.
	49/19.8 Workshop on Risk Management
60/19.3	Mr Drew proposed that this workshop take place in the first quarter of next year.
61/19	**Item 5 – Chair's Business**
61/19.1	Mr Drew advised that he had received the BSO Annual Assurance letter for 2018/19. He noted that while there had been improvements in terms of payroll, there remained further work to be done. In terms of information governance, he said that there were some issues in relation to training. Mr Stewart said that this was also an issue in PHA. Miss Taylor advised that while there has been an improvement in the PHA, there is still work to be done. She said that Assistant Directors receive lists showing if their staff have completed the training or not to follow up with individuals.
61/19.2	Mr Drew said that there were also some issues in relation to Information Asset Registers, but Miss Taylor pointed out that this related specifically to BSO, and that there is a process in PHA for Registers to be reviewed.

62/19	**Item 6 – Internal Audit** *Internal Audit Progress Report [GAC/45/12/19]*
62/19.1	Mr Charles began by seeking members' consent to defer an audit relating to Screening until 2020/21 and instead conducting an audit of IT Security. He explained that there are currently staffing issues within the Screening team, and a number of recent personnel changes. Furthermore, a review by the Department of Health is about to take place. Members confirmed that they were content with the rationale to defer this audit.
62/19.2	Mr Charles advised that an audit of Risk Management and the Assurance Framework had been completed and that a satisfactory level of assurance was being provided. He said that although there were no significant findings, the audit highlighted a need for there to be closer links between the Risk Register and the Assurance Framework. He added that as part of the next review, a mapping exercise should be carried out to ensure all assurances are included. He noted some instances where assurances had not been provided as outlined in the Framework.
62/19.3	In terms of the Risk Register, Mr Charles noted that the PHA does not bring its Directorate risk registers to the Board. He said that all the recommendations in the audit had been accepted by management.
62/19.4	Mr Stewart said that it was important that the Directorate risk registers were brought to the Board. Mr Drew agreed saying that they should be brought on a rotational basis.
62/19.5	Ms Mann-Kler noted that 36% of staff had not completed risk management training, and she asked what could be done to ensure there is a culture of risk management embedded in the organisation. Miss Taylor explained that risk management training should be done on a 3-yearly basis, and there is some analysis to be undertaken in terms of determining which staff have not completed the training. Mr Stewart suggested that the training should be tailored to make it relevant to each staff member's role. Ms Mann-Kler said that she understood that rationale, but felt that a high level overview of responsibility in relation to risk management is important. Mr Drew said that training should be completed as soon as possible after induction.
62/19.6	Members noted the Internal Audit Progress Report.

	Shared Services Audits [GAC/46/10/19]
62/19.7	Mr Charles presented the latest Shared Services audit. He said a limited assurance had been provided in terms of Payroll. He explained that this audit had looked at implementation of previous recommendations, and while some improvements had been made, further work was required.
62/19.8	Ms Mann-Kler asked how it was possible for staff to be paid below the National Living Wage. Mr Cummings explained that this may be due to the system operating under a previous Circular prior to the introduction of the living wage.
62/19.9	Mr Charles said that audits in relation to accounts payable and accounts receivable had both resulted in a satisfactory level of assurance being provided.
62/19.10	Members noted the Internal Audit Mid-Year Follow Up Report.
63/19	**Item 7 – Corporate Governance**
	Corporate Risk Register (as at 30 September 2019) [GAC/47/12/19]
63/19.1	Miss Taylor advised that one new risk, relating to industrial action, has been added to the Corporate Risk Register following the review for the period up to 30 September 2019. She added that no risks have been removed, and the status of other risks remains unchanged.
63/19.2	Members noted the Corporate Risk Register.
	Review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority [GAC/48/12/19]
63/19.3	Mr McClean said that the PHA Standing Orders had been updated to reflect changes in the structure of PHA with the appointment of a new Director and any other changes are, for the most part, straightforward. Ms Davidson added that, for the Standing Financial Instructions, the key change is updating references to Single Tender Action to Direct Award Contracts, and the updating of the procurement limits.
63/19.4	Members **APPROVED** the review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority, which will be brought to the PHA Board on 23 January.

	Business Continuity Management revised Plan and Policy [GAC/49/12/19]
63/19.5	Mr McClean advised members that PHA had recently conducted a "walk through" of its Business Continuity Plan with AMT, and that following that exercise, minor changes had been made to the Plan. Mr Drew noted that the Plan had been reviewed in anticipation of issues relating to EU Exit and he felt the Plan to be robust.
63/19.6	Mr Stewart said that there was no explicit reference with the Plan or Policy to state that the PHA Board would be informed if the Plan was activated. Mr McClean assured members that in the event of the Plan being activated the Board would be informed immediately.
63/19.7	Members **APPROVED** the Business Continuity Management Plan and Policy which will be brought to the PHA Board on 23 January.
	Whistleblowing Update [GAC/50/12/19]
63/19.8	Miss Taylor gave members an overview of an investigation relating to a recent whistleblowing allegation and the learning which emanated from this investigation.
63/19.9	Members noted the Whistleblowing update.
64/19	**Item 8 – Finance**
	Fraud Liaison Officer Update Report [GAC/51/12/19]
64/19.1	Mr Cummings presented the latest Reports and advised that there were no new cases of fraud. He said that there was one issue outstanding following the National Fraud Initiative data match exercise.
64/19.2	Mr Cummings advised that following Fraud Awareness Week there had been a presentation by Counter Fraud Services at a recent joint HSCB SMT/PHA AMT meeting.
64/19.3	Members noted the Fraud Liaison Officer Update Report.
65/19	**Item 9 – Information Governance Action Plan Update [GAC/52/12/19]**
65/19.1	Miss Taylor presented the update as at 30 September and said that most of the actions are on track, but some are rated "amber". She said that these relate to issues around training as discussed earlier in the meeting.

65/19.2	Miss Taylor said that the one action rated "red" relates to Personal Data Guardian (PDG) training. She explained that this training only takes place once a year and that the Director of Public Health, who fulfils this role, was unable to attend. However, she advised that one of her senior managers had attended. Mr Drew asked why the Director of Public Health is the PDG. Mr Cummings said that it is normal practice for this role to fall to a medical professional. Mr McClean added that he is the Senior Information Risk Officer (SIRO) so cannot also act as PDG.
65/19.3	Mr Drew asked if the training would be completed next year. Miss Taylor said that the new post holder should complete the training when they take up post and that the training normally takes place in May. Mr Stewart asked if the training is generic, and could it not be completed elsewhere. Miss Taylor said that it is organised by the Department of Health, and that there are some slight differences from a Northern Ireland perspective.
65/19.4	Miss Taylor said that one further issue from the update relates to contracts and GDPR, but she said that work is ongoing in this area.
65/19.5	Members noted the Information Governance Action Plan update.
66/19	**Item 10 – Direct Award Contracts – Report for 1 April to 30 September 2019 [GAC/53/10/19]**
66/19.1	Miss Taylor said that this Report is presented to the Committee twice a year. She advised that PHA has amended its Direct Award Contract process in line with the revised procurement control limits.
66/19.2	Miss Taylor advised that 14 DAC applications have been made, which represents a slight increase, but she explained that this is mainly due to confidence and supply funding initiatives and transition to a new technology procurement framework. She said that 13 of the 14 applications were rated "amber" with the other rated as "red".
66/19.3	Ms Mann-Kler asked why the threshold for the application rated "red" had been exceeded. Miss Taylor said that this initiative has been running for several years and should be reviewed as part of PHA's mental health and suicide prevention work. Miss Mann-Kler asked when this would happen. Miss Taylor said that planning for these services is currently underway. Mr McClean added that those involved in this work should be cognisant of timescales. He assured

	members that he would report back the concerns of the Committee to the relevant officers.
66/19.4	Members noted the update on Direct Award Contracts.
67/19	**Item 11 – Any Other Business**
67/19.1	There was no other business.
68/19	**Item 12 – Details of Next Meeting**
	Friday 28 February 2020 at 10am *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast.* Signed by Chair: Leslie Drew Date: 28 February 2020

HSC Public Health Agency

item 10

Title of Meeting	PHA Board Meeting
Date	19 March 2020
Title of paper	Updated PHA Equality and Disability Action Plans 2020-22
Reference	PHA/04/03/20
Prepared by	BSO Equality Unit
Lead Director	Ed McClean
Recommendation	For **Approval** ☒ For **Noting** ☐

1 Purpose

The PHA Board is being asked to approve the updated PHA Equality and Disability Action Plans for the period 2020-22.

2 Background Information

These two Plans are statutory documents as outlined below:

- PHA Equality Action Plan 2020-22 (relating to the duties under Section 75 of the Northern Ireland Act 1998)
- PHA Disability Action Plan 2020-22 (relating to the duties under the Disability Discrimination (Northern Ireland) Order 2005).

3 Key Issues

All directorates in PHA were asked to identify potential new actions for inclusion in the Plans. The attached Plans are a collation of all the information received.

4 Next Steps

Following approval these Plans will be submitted to the Equality Commission.

Section 75
Equality Action Plan
2020-2022

Public Health Agency (PHA)

Updated April 2020

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.

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.

In 2017, when our plan came towards its end, we spoke to the Equality Commission about what we should best do. This is because in late 2015, the Minister for Health announced that there would be important changes in Health and Social Care that would affect us. The Health and Social Care Board would be closed and the Public Health Agency would be impacted by this in important ways. We agreed with the Equality Commission that we would extend our plan until those changes have been made; we would develop and consult on a new plan after that; and, in the meantime, we would update the plan every year to make sure we keep making things better for people across the nine equality categories.

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 for our plan. We have updated our actions and have added a number of new actions. We want to deliver on several of these jointly with our partner organisations in Health and Social Care.

This document presents the updated action plan for 2020-22.

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 two years. 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 Public Health Agency (PHA) Equality Action Plan 2020-2022

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
1. Newborn Hearing Screening programme (NHSP) [Link to Corporate Plan: Outcome #1. All children and young people have the best start in life] Develop new NHSP leaflets for service users.	**Ethnicity** Ensure NHSP resources are accessible for those whose first language is not English. Use of ethnically diverse imagery in redevelopment of the NHSP leaflet. Plain English will be used so that the messages contained within NHSP leaflets are clear and easily understood.	NHSP leaflets have been redeveloped	Assistant Director Public Health/Screening End March 2021
2. Northern Ireland Maternity System (NIMATS) [Link to Corporate Plan: Outcome #3. All individuals and communities are equipped and enabled to live long healthy lives] Add new fields to NIMATS to record if a pregnant woman has a disability.	**Disability** Quantitative data will be available on the numbers and types of disabilities amongst pregnant women to help inform future work. Staff will be more aware of patient needs.	Fields added to NIMATS Fields completed by the hospital midwives. Quantitative data available by 2021	NIMATS operational group End March 2021

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
3. Northern Ireland Cancer and Abdominal Aortic Aneurysm (AAA) Screening Programmes [Link to Corporate Plan: Outcome #3. All individuals and communities are equipped and enabled to live long healthy lives] Work with transgender groups to produce a regional screening transgender leaflet for cancer (i.e. breast, bowel and cervical) and AAA.	**Gender** Transgender people are in a position to make an informed choice about their participation in cancer and AAA screening	Leaflet has been produced in collaboration with gender identity groups	Assistant Director Public Health/Screening End March 2021
4. Regional Antenatal Infection Screening Programme [Link to Corporate Plan: Outcome #3. All individuals and communities are equipped and enabled to live long healthy lives] Look at the numbers & ethnicity of women diagnosed with hepatitis B who do not attend for review appointments and try to improve attendance for Black and Minority Ethnic (BME) women.	**Ethnic minority** Examine barriers preventing BME women attending review appointments and look at ways to address these.	Data collection and analysis of ethnicity of women who attend/do not attend review appointments Increased numbers of BME women attending for review appointments within 10 working days as per National standard Target ≥97%	Regional Antenatal Screening Co-ordinator End March 2022

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
5. Cancer Prevention [Link to Corporate Plan: Outcome #1. All children and young people have the best start in life] Explore uptake rates for HPV vaccination programmes throughout NI for both post-primary boys and girls.	**Gender** Maintain high uptake of HPV vaccines in girls and ensure high uptake of new programme for boys is also achieved in line with that achieved for the girls. Monitor uptake at school level and target appropriate interventions at those with lower uptake.	Collection and analysis of vaccination uptake data for: - Boys and girls - School location.	Assistant Director of Health Protection End March 2021
6. HSC Research & Development (R&D) Division [Link to Corporate Plan: Outcome #4. All health and wellbeing services should be safe and high quality] Investigate barriers to Personal and Public Involvement (PPI) in HSC Research, especially for those who are less likely to take part in research and PPI, such as younger people, and those from ethnic minority groups.	**Age and ethnic minority** Increase the number of young people and ethnic minorities taking part in PPI activities.	Study to evaluate PPI in HSC R&D has been commissioned/undertaken Recommendations for next phase of PPI in HSC Research have been provided A new membership scheme has been established Public Awareness Days for PPI have been developed	Assistant Director HSC Research & Development End March 2022

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
7. Roll out the Gender Identity and Expression Employment Policy [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Deliver awareness and training initiatives to relevant staff.	**Gender** Transgender and non-binary staff feel more supported in the workplace.	Feedback from staff who have drawn support through the policy indicates a positive experience.	Director of Human Resources with support from Equality Unit End March 2021
8. Supporting staff who are carers [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Deliver promotional campaign raising awareness of carer's support and policies available.	**Dependent status** Staff who are carers feel more supported in the workplace.	Awareness of support and policies available for staff who are carers has increased.	Director of Human Resources with support from Equality Unit End March 2021
9. Domestic violence [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Undertake awareness raising relating to new support mechanisms (developed by BSO) to support staff	**All section 75 categories** Staff with experience of domestic violence feel better supported.	Feedback from staff who have drawn support through the mechanisms indicates a positive experience.	Director of Human Resources with support from Equality Unit End March 2021

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
with experience of domestic violence.			

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; Non-binary 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.

Public Health Agency
4th floor South, 12-22 Linenhall Street, Belfast, BT2 8BS
Telephone: 0300 555 0114 prefix with 18001 if using Text Relay
For text relay please prefix with 18001
Website: www.publichealth.hscni.net

Updated April 2020

Disability Action Plan 2020-2022

Public Health Agency (PHA)

Updated April 2020

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.

Introduction

The Public Health Agency is committed to best practice with regards to our staff and service users that have a disability. We aim to be recognised as leaders in Health and Social Care for equality and diversity. The law 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' plans 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. If 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 developing this plan we looked at what we have done so far to make a difference for people who have a disability. We also read what the Equality Commission said would be good to do. 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 going to do.

We reviewed our plan in 2015 following comments received by the Equality Commission for Northern Ireland. This plan covered the time from 2015-18.

In 2017, when our plan came towards its end, we spoke to the Equality Commission about what we should best do. This is because in late 2015, the Minister for Health announced that there would be important changes in Health and Social Care that would affect us. The Health and Social Care Board would be closed and the Public Health Agency would be impacted by this in important ways. We agreed with the Equality Commission that we would extend our plan until those changes have been made; we would develop and consult on a new plan after that; and, in the meantime, we would update the plan every year to make sure we keep making things better for people with a disability.

How we have updated this plan

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 for the updated plan for 2020-22.

We have updated the actions that relate to working with us and have added a new action. We want to deliver on these together with our partner organisations in Health and Social Care. We have also updated actions that relate directly to what we do. Some of them seek to encourage greater participation of people with a disability in what we do. Through others we promote positive attitudes towards people with a disability.

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 many ways in which people can be involved in the work of the Public Health Agency. This includes, for example:

- Focus groups in the development and evaluation of relevant public information campaigns, for example on flu or bowel cancer screening
- Project Retain – putting the voice of older people at the heart of nursing care
- HSC Research and Development: sitting on research funding awards panels or taking part in research steering groups.

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 13 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, Dyslexia, Multiple Sclerosis, Autism, Fibromyalgia, and on mild to moderate mental health conditions.

- We deliver training sessions on mental health awareness to our staff. Since 2015-16, we have delivered courses each year 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 for inclusion in the eLearning "Discovering Diversity" training package. This resource is available to all Health and Social Care staff. We also developed a scenario focusing on disability issues in our new eLearning "Making a Difference". All our staff have to complete this training.

- 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 decisions.

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 10 other regional Health and Social Care organisations. This means we offer 26-weeks work placements for people who have a disability.

- 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 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 have adopted 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.

- 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.

- Nursing: we have involved people with a learning disability in developing the Regional HSC Hospital Passport. The passport is for people with a learning disability to complete (with or without help) and present to staff every time they have contact with a general hospital. It gives staff important information on the person and how they prefer to communicate, their medical history and any support they might need while in hospital.

- HSC Research and Development: we have held consultation exercises with surviving patients and carers with cancer as part of Cancer Conference.

- HSC Research and Development: we have run workshops for patients and members of the public to explore issues

related to becoming and being a member of the public involved in research and the role of researchers in facilitating this involvement. This course is called Building Research Partnerships.

- 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 have also been involved on some of these projects as peer researchers.

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. The Equality Unit in the Business Services Organisation (BSO) will support us in the implementation of this action plan.

Public Health Agency (PHA) Disability Action Plan 2020-2022
What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
1. Allied Health Professionals Commission Action on Hearing Loss to deliver deaf awareness training to staff in the PHA.	**Promotion of positive attitudes** Ensure that staff are aware of challenges faced by people who are deaf, and what they can do to support someone who is deaf. Promotion of positive attitudes towards people who are deaf.	Training delivered for Nursing; Allied Health Professionals (AHP); Personal And Public Involvement (PPI); 10,000 Voices; and Patient Experience teams Training sessions evaluated	Assistant Director of Allied Health Professions, Personal and Public Involvement and Patient Experience End March 2022

2. HIV infection in pregnancy: Northern Ireland guidelines for the management of women and their babies Engage with HIV positive women who have experienced childbirth recently to review the new HIV guidelines and suggested changes to service provision.	**Participation in public life** Participation of HIV positive women in development of regional guidelines and care pathway across NI. Improvements in service provision for all low risk HIV positive women by offering antenatal care and delivery in local units. Promotion of positive attitudes towards HIV positive women through staff training.	Engagement with Positive Life members. Updated guidelines circulated to all Trusts. Awareness sessions delivered to all Trusts about the management of HIV positive mothers and their babies.	Regional Antenatal Infection Screening Programme Co-ordinator End March 2021
3. Northern Ireland Diabetic Eye Screening Programme Work alongside service-users to develop the new service delivery model for the NI Diabetic Eye Screening programme.	**Participation in public life** Ensure people with diabetes are involved in the planning of the change to the service. This co-production will improve the service for people with diabetes.	Engagement with service users on key aspects of service delivery, including: • location of fixed sites across NI • communication strategies for different groups of patients.	Assistant Director Public Health/Screening End March 2022

4. Staff Awareness Days Raise awareness of specific barriers faced by people with disabilities	**Promotion of positive attitudes** Staff are better equipped to identify and meet the needs of colleagues and service users with a disability	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.	Equality Unit End March 2021
5. Tapestry Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	**Participation in public life** Staff with a disability feel more confident that their voice is heard in decision-making. Staff with a disability feel better supported.	Feedback from Tapestry members	Agency Management Team with support from Equality Unit End March 2022

6. Disability Work Placements Create and promote meaningful placement opportunities for people with disabilities.	**Promotion of positive attitudes** People with a disability gain meaningful work experience. Staff are better equipped to identify and meet the needs of colleagues and service users with a disability	At least one placement offered by PHA every year Feedback through annual evaluation of scheme indicates that placement meets expectations.	Agency Management Team with support from Equality Unit End March 2021
7. Mental Health Charter Sign up to Mental Health Charter and to Every Customer Counts.	**Promotion of positive attitudes** Staff with mental health conditions feel better supported in the workplace	Promotion of both Charter Marks	Agency Management Team with support from Equality Unit End March 2022

Signed by:

_____	_____
Chair	Chief Executive
Date	Date

4th floor (South), 12-22 Linenhall Street, Belfast, BT2 8BS
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Textrelay: 18001 03005550114
You can also email us through our website on:
http://www.publichealth.hscni.net/contact-us

Updated April 2020

Equality, Good Relations and Human Rights Screening

This organisation is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

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 or 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 or none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

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.

For advice on screening please contact: staff in the Equality Unit Business Services Organisation, equality.unit@hscni.net or Telephone 028 9536 3961

As part of the audit trail documentation needs to be made available for all policies as decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) Information about the Policy or Decision

1.1 Title of policy or decision

Disability Action Plan updated 2020-22

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)**

This Disability Action Plan represents our organisation's responsibilities under the Disability Discrimination Act (1995) as amended by the Disability Order 2006. This law requires us to carry out our functions giving due regard to two specific duties. These duties are: to promote positive attitudes towards disabled people and promote the participation by disabled people in public life. The purpose of this action plan is to outline some key actions that we are going to deliver upon to make a difference to people with disabilities including staff and people who use our services, and where relevant, their carers.

In developing the action plan we paid particular attention to:

- Physical disabilities;
- Sensory disabilities;
- Autism Spectrum Disorder; Dyslexia; Cognitive Impairment; Learning disability
- Mental health conditions; and,
- Long-term conditions.

We also considered the equality categories as covered by Section 75 of the NI Act 1998.

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

Those most immediately impacted by this plan are people who are in need of or use health and social care services as well as staff and those considering to apply for jobs with us.

Those impacted also include members of the public.

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

Legal requirements under the Human Rights Act 1998 and the European Convention on the Rights of People with Disabilities also have a bearing.

(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.

Working Groups within a number of Health and Social Care Organisations made up of staff with disabilities and those with an interest in disabilities including carers were active in its development.

Direct engagement with a range of community and voluntary groups representing disability was a useful resource in the identification of issues – Engagement Event November 2012.

Census 2011 data.

Staff equality data Dec 2019

Research Reports.

In the development of the disability action plan information from a range of previous consultations and activity were considered where issues in relation to disability issues were raised.

Previous screening and equality impact assessment analysis where disability issues were highlighted.

Previous work in relation to organisations who developed first generation Disability Action Plans.

Engagement outcomes from work on Disability Action Plans.

Reports from various disability organisations for example RNIB, Action on Hearing Loss, Disability Action, Mencap, Carers Northern Ireland. Older Person's Organisations and Children and Young People's Organisations.

Report by Equality Commission on their review of first generation Disability Action Plans

http://www.aware-ni.org

www.alzheimers.org.uk

Tapestry – our Disability Staff Network – were closely involved in the development of actions relating to staff.

We likewise drew on information we gathered when we co-facilitated a HSC-wide consultation event, led by our colleagues in the HSC Trusts, on equality and disability action plans in early 2017.

We also drew on learning from the other regional HSC organisations as they developed and consulted on new plans in late 2017, jointly facilitated by the Equality Unit in the Business Services Organisation.

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	***What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	18% of all people living in private households in NI have some degree of disability. When broken down this means that 21% of adults and 6% of children have a disability. (Northern Ireland Statistics and Research Agency (NISRA) in its 2007) report on disability indicated that: There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males; • Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females; • 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age. Around 21% of all people living in private households within Northern Ireland have some degree of disability. Of this figure 12% indicated that they are limited a lot by their disability and 9% indicated that they are limited (by their disability) 'a little'. Figures from the Census 2011 show that there is a higher

<table>
<tr><td></td><td>prevalence of females whose activities are ‘limited a lot’ – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy.

It is recognised that some people who have a disability will identify as transgender or non-binary.

PHA staff data:
<table><tr><td>Male</td><td>18.94%</td></tr><tr><td>Female</td><td>81.06%</td></tr></table></td></tr>
<tr><td>Age</td><td>Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+);

As the population ages, so does the likelihood of having a disability that limits the day to day activities ‘a lot’. Figures from 2011 census of people who are limited a lot by their disability are as follows within the following categories;

Male
0-15 – 3%
16-44 – 5%
45 – 64 – 16%
65 and over – 33%

Female
0 – 15 – 2%
16 – 44 – 5%
45 – 64 – 17%
65 and over – 38%

Overall there are greater proportions of older people with a disability.

PHA staff data:
<table><tr><td>16-24</td><td>1.24%</td></tr><tr><td>25-29</td><td>4.04%</td></tr><tr><td>30-34</td><td>11.49%</td></tr><tr><td>35-39</td><td>10.87%</td></tr><tr><td>40-44</td><td>17.08%</td></tr><tr><td>45-49</td><td>21.74%</td></tr><tr><td>50-54</td><td>15.22%</td></tr></table></td></tr>
</table>

<table>
<tr><td></td><td>
<table>
<tr><td>55-59</td><td>11.80%</td></tr>
<tr><td>60-64</td><td>5.28%</td></tr>
<tr><td>>=65</td><td>1.24%</td></tr>
</table>
</td></tr>
<tr><td>Religion</td><td>Not available broken down by disability

PHA staff data
<table>
<tr><td>Perceived Protestant</td><td>4.66%</td></tr>
<tr><td>Protestant</td><td>30.75%</td></tr>
<tr><td>Perceived Roman Catholic</td><td>2.17%</td></tr>
<tr><td>Roman Catholic</td><td>33.54%</td></tr>
<tr><td>Neither</td><td>1.86%</td></tr>
<tr><td>Perceived Neither</td><td>0.00%</td></tr>
<tr><td>Not known</td><td>27.02%</td></tr>
</table>
</td></tr>
<tr><td>Political Opinion</td><td>Not available broken down by disability

PHA staff data
<table>
<tr><td>Broadly Nationalist</td><td>1.55%</td></tr>
<tr><td>Other</td><td>6.83%</td></tr>
<tr><td>Broadly Unionist</td><td>1.86%</td></tr>
<tr><td>Not known</td><td>85.40%</td></tr>
<tr><td>Do not wish to answer</td><td>4.35%</td></tr>
</table>
</td></tr>
<tr><td>Marital Status</td><td>Not available broken down by disability

PHA staff data
<table>
<tr><td>Divorced</td><td>1.24%</td></tr>
<tr><td>Married/Civil Partnership</td><td>50.00%</td></tr>
<tr><td>Other</td><td>0.93%</td></tr>
<tr><td>Separated</td><td>0.62%</td></tr>
<tr><td>Single</td><td>16.15%</td></tr>
<tr><td>Unknown</td><td>30.43%</td></tr>
<tr><td>Widow/er</td><td>0.62%</td></tr>
</table>
</td></tr>
<tr><td>Dependant Status</td><td>Based on the most recent information from Carer’s Northern Ireland, the following facts relate to carers:
- 1 in every 8 adults is a carer
- 2% of 0-17 year olds are carers, based on the 2011 Census
- There are approximately 220,000 carers in Northern Ireland
- One quarter of all carers provide over 50 hours of care per week
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person
- 64% of carers are women; 36% are men.</td></tr>
</table>

<table>
<tr><td></td><td>It may be concluded that a considerable share of people with a disability are carers themselves.

PHA staff data
<table><tr><td>Yes</td><td>9.63%</td></tr><tr><td>Not known</td><td>84.16%</td></tr><tr><td>No</td><td>6.21%</td></tr></table></td></tr>
<tr><td>Disability</td><td>The term disability covers a wide range and combination of conditions. Multiple needs are evident across sensory, physical and learning disability groups

It is however estimated that between 17 – 21% of our population have a physical disability or sensory impairment, affecting 37% of households.

21% adults and 6% children have a disability

1 in 7 people in Northern Ireland have some form of hearing loss

There are 5, 000 sign language users who use British Sign Language (BSL) or Irish Sign Language (ISL)

(Source: Royal National Institute for Deaf People (2005), Deaf People Missing Out on Vital Services, RNID London

There are 57, 000 blind people or people with significant visual impairment.

In Northern Ireland there are approximately 16,500 persons with a learning disability. An indication of the extent of the disability is reflected in the sub-groupings that are traditionally used; - mild, moderate, severe and profound learning disabilities (Equality Commission NI, 2006).

http://www.equalityni.org/archive/tempdocs/LiteratureRev(F)l.doc

In Northern Ireland mental health needs are 25% higher than the rest of the UK.

Over 10,000 people have the language disorder called aphasia. This usually affects both the understanding and production of spoken and written language.

The 2011 Census marked the first time that the question was included focusing on a request for type of disability to be stated.</td></tr>
</table>

This question endeavoured to align the responses in so far as possible with the list of activities and disabilities that were used in the Northern Ireland Survey of Activity and Limitation Disability (NISALD) 2009-2007.

The breakdown of the various long - term Disability Issues follows in the table below- as outlined in the 2011 Census.

Type of long – term condition	**Percentage of population with condition %**
Deafness or partial hearing loss	5.1
Blindness or partial sight loss	1.7
Communication Difficulty	1.6
Mobility of Dexterity Difficulty	11.4
Learning, intellectual, social or behavioural difficulty.	2.2
An emotional, psychological or mental health condition	5.8
Long – term pain or discomfort.	10.1
Shortness of breath or difficulty breathing	8.7
Frequent confusion or memory loss	2.0
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy).	6.5
Other condition	5.2
No Condition	68.6

Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk / info@nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is almost 106,000 people in Northern Ireland and approximately the population of Derry/Londonderry. Yet little information on rare disease in Northern Ireland is available for the effective planning and delivery of care and support.

A disease is “rare” if it affects fewer than 5 people per 10,000. There are over 6,000 rare diseases, with others being defined all the time. These range from the very rare to relatively well-

<table>
<tr><td></td><td>recognised conditions such as Motor Neurone Disease, Spina Bifida, or Muscular Dystrophy. While each individual's condition is rare, these are not minority issues.

PHA staff data<table><tr><td>No</td><td>61.18%</td></tr><tr><td>Not known</td><td>36.96%</td></tr><tr><td>Yes</td><td>1.86%</td></tr></table></td></tr>
<tr><td>Ethnicity</td><td>In the general population the 2011 Census indicated that 1.8% (32, 000) of the usual resident population belonged to minority ethnic groups, this figure has more than doubled since 2001 (0.8%).

This has implications for those who are from ethnic minorities or those from different racial backgrounds as they represent a greater proportion of the population since the 2011 census. Consequently assumptions have to be made in relation to an increase in the numbers with dual needs of disability and ethnicity.

(see also qualitative issues in section 2.4)

Figures from the 2011 Census provide the prevalence of disability among the following ethnic groups
Percentage of those whose disability limits their day to day activities a lot
All – 12%
Irish Traveller – 20%
White other – 12%
Chinese – 3%
Indian – 3%
Pakistani – 6%
Bangladeshi – 4%
Other Asian – 2%

Considering the 2011 Census figures for the ethnic composition of the General Population alongside those of People whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population.

White – 98.21% (1, 778, 449) – 99.40%
Chinese – 0.35% (6, 338) – 0.10%
Irish Traveller – 0.07% (1, 268) – 0.12%</td></tr>
</table>

<table>
<tr><td></td><td>
Indian – 0.34% (6, 157) – 0.08%
Pakistani – 0.06% (1, 087) – 0.03%
Bangladeshi – 0.03% (543) – 0.01%
Other Asian – 0.28% (5, 070) – 0.03%
Black Caribbean – 0.02% (362) – 0.01%
Black African – 0.13% (2354) – 0.03%
Black Other – 0.05% (905) – 0.02%
Mixed – 0.33% (5976) – 0.10%
Other – 0.13% (2354) – 0.08%

PHA staff data

<table>
<tr><td>Not assigned</td><td>73.91%</td></tr>
<tr><td>White</td><td>25.78%</td></tr>
<tr><td>Other</td><td>0.31%</td></tr>
</table>
</td></tr>
<tr><td>Sexual Orientation</td><td>
Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual issue assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4)
This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.

PHA staff data

<table>
<tr><td>Do not wish to answer</td><td>1.86%</td></tr>
<tr><td>Not known</td><td>84.16%</td></tr>
<tr><td>Opposite sex</td><td>12.42%</td></tr>
<tr><td>same sex</td><td>1.55%</td></tr>
</table>
</td></tr>
</table>

2.3 (a) Qualitative Data in relation to actions in action plan

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.

In the following table, we have listed those actions from our plan where we consider multiple needs to be relevant.

Action Measure	**Multiple Needs**
Allied Health Professions Commission Action on Hearing Loss to deliver deaf awareness training to staff in the PHA.	Staff who work part-time (who in the main tend to be female) and staff who are carers may have particular needs as to the timing of training sessions.
HIV infection in pregnancy: Northern Ireland guidelines for the management of women and their babies Engage with HIV positive women who have experienced childbirth recently to review the new HIV guidelines and suggested changes to service provision.	Some HIV positive women may not be fluent in English and have particular communication needs.

Northern Ireland Diabetic Eye Screening Programme Work alongside service-users to develop the new service delivery model for the NI Diabetic Eye Screening programme.	Service users who are carers may have particular needs as to the timing and method of engagement.
Staff Awareness Days Raise awareness of specific barriers faced by people with disabilities.	Prevalence of some disabilities differs between and within some of the equality groupings, such as by age, gender and disability. In a similar way, the experience of barriers may differ, including that of black and minority ethnic people who have a disability, carers, those identifying as gay, lesbian and bisexual, and those identifying as transgender or non-binary.
Tapestry Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	The staff network needs to be accessible to people with a range of disabilities, including sensory disabilities and learning disabilities who may have particular needs as to the way the network operates. Staff with hidden disabilities, in particular younger staff, may be more reluctant to become involved if they have concerns about negative attitudes and negative implications for their chances of career progression.
Disability Work Placements Create and promote meaningful placement opportunities for people with disabilities	It is likely that unemployment rates will differ depending on the type of disability. Likewise, some people with a disability may face double marginalisation from the labour market, such as depending on their age, sexual orientation, ethnicity or gender identity. The placement scheme will need to take account of the range of disabilities, to

	ensure fair access to the scheme. People with sensory loss may have particular communication needs, both in relation to accessing the scheme (such as accessibility of information materials) and to the day-to-day operation of the placement.

2.4 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.

These have been identified in 2.3 above

Department of Works and Pensions - carried out research on diversity and disability http://research.dwp.gov.uk/asd/asd5/summ2003-2004/188summ.pdf
People varied as to whether, and how, they felt they had experienced disadvantage resulting from their disability, gender, age, ethnicity or sexuality. The causes of such discrimination were widely assumed to be ignorance, fear and a lack of awareness on the part of those responsible.
Reactions were mixed around the concept of 'multiple' disadvantage. It had the most resonance for African, Caribbean and gay and lesbian disabled people. The extent to which people had felt able to overcome disadvantage was attributed to their access to personal, emotional, practical or financial resources

2.5 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?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Work Placements • We work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups. • Ensuring that reasonable adjustments are at the heart of placements.	Awareness Days • Work to feature specific disabilities will take into consideration the need to include a range of age groups, ethnic groups and genders when testimonials and case studies are selected. • Information distributed to staff will take on board the needs of both staff with a particular

Tapestry Disability Staff Network • We ensure that the way the forum operates allows people with a range of disabilities and from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats and choosing accessible venues). • Accessible formats and inclusiveness integrated into Terms of Reference • Strict confidentiality provisions apply	disability and staff who are carers. • This is important for the selection of disabilities to be featured and the information distributed, including support services in the community signposted to. Work Placements • We will work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups. • Provider to monitor diversity of participants and consider outreach measures to address under-representation • Provisions for Information materials in accessible formats; provision of interpreters at events.

2.6 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)

Group	***Impact***	***Suggestions***
Religion	N/A	
Political Opinion	N/A	
Ethnicity	N/A	

(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)

Please tick:

Major impact	
Minor impact	X
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

No	

Please give reasons for your decisions.

The development of this Disability Action Plan is a statutory requirement in its own right. Actions identified all relate to good practice and positive action. We consider that the Plan takes account of the diverse needs of people with a disability and their carers identified to date, based on their multiple identities. Review of its implementation through agreed processes and through reports to Agency Management Team, Boards and the Equality Commission will keep this issue live and profiled.

(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?

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
People with a disability have been involved in the development of the Disability Action Plan and will continue to be involved in its delivery– through Tapestry, our Disability Staff Network.	Implementation of the disability action plan

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?

How does the policy or decision currently promote positive attitudes towards disabled people?	***What else could you do to promote positive attitudes towards disabled people?***
See actions relating to awareness raising (such as the Disability Awareness Days)	Implementation of the Disability Action Plan

(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	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	yes
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	yes
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1st protocol Article 2 – Right of access to education	

If you have answered no to all of the above please move onto to 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 any legal issues?* Yes/No
	Not interference Cross cutting impact. The intent of the Disability Action Plan is the positive promotion of Human Rights.		No

** 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.

Giving cognisance of human rights based approach in the implementation and monitoring arrangements associated with the disability action plan.

(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
See action plan under performance indicators for details on quantitative and qualitative equality monitoring for individual actions. Staff equality data to improve the information data set in relation to employment is key. Specific equality monitoring data on disability work placements.	Monitoring data in relation to actions as specified within the plan	Monitoring data from review of the disability action plan to consider human rights issues.

Approved Lead Officer:	Rosemary Taylor
Position:	Assistant Director Planning and Operations
Policy/Decision Screened by:	Anne Basten, Equality Unit, Business Services Organisation
Signed: Date:	February 2020

Any request for this document in another format or language will be considered. Please contact us at **equality.unit@hscni.net** or on 028 9536 3961 or at BSO Equality Unit, 2 Franklin Street, Belfast BT2 8DQ

HSC Public Health Agency

item 11

Title of Meeting	PHA Board Meeting
Date	19 March 2020
Title of paper	HSC R&D Division Annual Report
Reference	PHA/05/03/20
Prepared by	Dr Janice Bailie
Lead Director	Professor Hugo van Woerden
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to bring the latest report outlining the work of the Research and Development division to the PHA Board for noting.

2 Background Information

This paper is an update on the Research and Development Strategy Implementation Plan was as at November 2019. The Strategy has five key objectives, and actions to deliver on these are set out in the plan, which is updated at regular quarterly business planning meetings and shared on a six-monthly basis with the HSC R&D Strategic Advisory Group, and annually with the PHA Board. .

The HSC R&D Fund was allocated in 2018-19 from capital funds, and remained unchanged in value, standing at a baseline value of £10.3m. Additional slippage of £895k was received at year end and distributed across a number of ongoing awards to alleviate pressures in future financial years and add value to existing studies. Total funding of £15.29m was available including external income and the NIHR contribution of £3.38m (from revenue budget).

As stated in previous reports, the HSC R&D Fund remains lower per capita than other parts of the UK by a factor of approximately three-fold, therefore HSC R&D Division continues to seek to augment the fund through partnership initiatives and actively encourages and facilitates researchers to make applications to major funders (see actions under Objective 2 in the Implementation Plan).

The 2018-19 year-end budget outturn, including income, is summarised in Annex 2, and shows break even at £726 under the total spend of £15.3m. Annex 3 details

new funding awards made during this reporting period, and an illustration of the spend profile is included at Annex 4.

3 Key Issues

This report details the annual business of HSC R&D Division between November 2018 & November 2019, including budgetary expenditure and year-end outturn, funding split and a summary of the activity under the various work strands.

4 Next Steps

Work will continue around the various work strands with further progress reports being brought to the PHA Board.

HSC R&D Division Annual Report

2018-19 Financial Year with Update to November 2019

An update to the R&D Strategy Implementation Plan at November 19 is attached at Annex 1. The Strategy has five key objectives, and actions to deliver on these are set out in the plan, which is updated at regular quarterly business planning meetings and shared on a six-monthly basis with the HSC R&D Strategic Advisory Group, and annually with the PHA Board. Two meetings of the Strategic Advisory Group took place during this period – November 2018 & September 2019.

Budget 2018-19

The HSC R&D Fund was allocated in 2018-19 from capital funds, and remained unchanged in value, standing at a baseline value of £10.3m. Additional slippage of £895k was received at year end and distributed across a number of ongoing awards to alleviate pressures in future financial years and add value to existing studies. Total funding of £15.29m was available including external income and the NIHR contribution of £3.38m (from revenue budget).

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Research Portfolio

The sections below summarise status of each work 'strand' during the reporting period (key to strands and an updated funding breakdown also provided in Annex 2):

Career Development (CDV)

HSC R&D Division recognises the need to invest in training for future health and social care researchers, both in general and also where there are specific skills gaps. A number of Doctoral, Post-Doctoral, Senior Researcher and Clinician Scientist Fellowship programmes have historically been managed by the National Institute of Health Research (NIHR) in England, which are highly competitive and awarded only to high calibre candidates. In 2018-19, NIHR changed their model to simplify the options into pre- and post-doctoral stages (covering all levels to senior researcher), and introduced a second submission deadline per year. Researchers from Northern Ireland can apply to these schemes, and if successful, their award is funded from the HSC R&D Fund. There were no successful applicants to the NIHR Fellowship awards during 2018-19, but a number of applications are in the pipeline for evaluation and submission at present. During this reporting period, the Programme Manager responsible for this scheme attended as an observer at the NIHR Panel meeting, and as a result HSC R&D Division is now in discussion with a team from North West England who provide a pre-doctoral and bridging schemes for those in the NHS applying to these schemes, and may extend this support to NI researchers. This work contributes to Actions 1.1 & 1.3.2 in the Implementation Plan.

Commissioned Research (COM)

The Dementia Care commissioned call http://www.research.hscni.net/dementia-care-commissioned-call-2013-2014 was a £2m fund created through a partnership between HSC R&D Division and The Atlantic Philanthropies. A highlight of this period was a launch event for the 7 Dementia Care projects fronted by CMO, at which the projects were presented by the research teams and outputs and impacts discussed with a broad audience including policy makers and professionals. Artwork created through one of the projects was displayed at the event. A full evaluation of this scheme from the priority-setting exercise, through the call and throughout the projects was conducted by McClure Watters and is available on the HSC R&D website at the following link: https://research.hscni.net/external-evaluation-dementia-reports-published An infographic created to illustrate the outputs and impacts of this research featured in a presentation to the Strategic Advisory Group and the PHA Board during September 2019. One of the outputs, a play called 'The Songbirds', illustrating the experiences of a couple following one partner's diagnosis of dementia, has been performed for a number of audiences and a further performance is scheduled for the Christmas meeting of our Public Involvement Enhancing Research (PIER) Group in December 2019.

Further opportunities to commission relevant research are being explored.

The Opportunity-Led Commissioned funding scheme is a further opportunity for HSC R&D Division to leverage funding into Northern Ireland. This scheme allows researchers to request additional funding from HSC R&D Division, to match funding obtained from another source (up to 50% of the total value of a study may be requested). This work contributes to Action 4.2 in the Implementation Plan.

Dissemination (DIS)

Dissemination of the results of research remains a key priority for HSC R&D Division. Within this strand the HSC R&D Division and the Health Research Board have historically offered a series of short training courses and 2-year part-time Fellowships under the Cochrane Programme. The Cochrane Library is also free to access for all citizens on the Island of Ireland, thanks to contributions from HSC R&D Division and the Health Research Board. In consultation with the HRB, their Board and HSC R&D Strategic Advisory Group, a call was launched in 2017-18 to re-structure systematic review support in Ireland, including the Cochrane Programmes but on a broader scale. The award was made to a bid to set up Evidence Synthesis Ireland led from RoI, with a Co-Director from Northern Ireland and is now up and running. The Centre incorporates support for Cochrane short courses and Fellowships, previously administered by HSC R&D Division and HRB alongside other systematic review courses and support.

Support continues for the other work streams previously detailed under this strand, including the Workshops & Conferences support scheme, the HSC Innovations service (report presented at September 2019 Strategic Advisory Group), and the annual ResearchFish data collection process is also included under this work strand. Results from the ResearchFish data collection were included in the Outputs and Impacts presentation at the PHA Board meeting in September 2019 and indicated an ongoing average return on investment greater than 5-fold. This is in keeping with the figure of

£4.14 for each £1 invested in health and social care research from the HSC R&D Fund, which was reported in the McClure Watters independent review in 2012.

Education and Training (EAT)

The annual Doctoral Fellowships scheme ran again during 2018-19, with four Fellowship awards being offered, which are now underway. This year, four trainees have been offered the GP Research Training awards, with two funded by HSC R&D Division and two by NIMDTA. This work contributes to action 1.3 in the Implementation Plan.

A long-running Memorandum of Understanding between Northern Ireland, Ireland and the United States is the Ireland- Northern Ireland- National Cancer Institute (NCI) Cancer Consortium. Under this MoU, Northern Ireland researchers are able to access three places per year on each of two NCI summer courses, the Cancer Prevention and Molecular Cancer Prevention Courses, which run in the National Cancer Institute in Baltimore. Also see action 2.5.3 in the Implementation Plan.

Responsive mode funding (RES)

Knowledge exchange is an important mechanism to allow the diffusion of research findings into practice, policy and, where appropriate, enterprise. HSC R&D Division, as part of their implementation of the R&D strategy, continues to review the support provided for Knowledge Exchange, with a view to increasing competence and capability in this important area, however, budgetary limitations have currently resulted in no further awards being funded during 2018-19. Although some national schemes to which NI researchers have access (including, for example, the NIHR Health Services and Delivery Research scheme), operate in this space, the R&D Team is exploring options for further work in this area (See action 5.1.3 in the Implementation Plan).

Special Initiatives and Strategic Links (SPI and STL)

These two work strands currently consume the most significant proportion of the HSC R&D Fund, and the key changes in this period will be detailed below:

Infrastructure Support in HSC Trusts and Universities

A full consultative review of the research infrastructure funded from the HSC R&D Fund commenced in 2017-18, and is now completed, as outlined in the Implementation Plan under action 1.3.4. Through this consultation re-structuring of the R&D Governance and Management system is underway, as well as a merger of the NI Clinical Research Network and Cancer Trials Network, with the adoption of a cluster model. Both of these re-structuring exercises are intended to increase efficiency and performance and are also aligned more closely to UK wide structures.

Support for UK Schemes (SUS)

This work strand covers a small number of contributions to UK-wide consortia, as well as payment for services from the Health Research Authority in the UK-wide work on research governance. This work is led for Northern Ireland by the Assistant Director of R&D on behalf of DoH and the HSC. The AD attends meetings and leads policy decision-making in partnership with the other three UK nation leads. A number of the Trust R&D Managers are involved in the operational work to translate the policy decisions into practice, and local meetings are regularly convened with all five Trusts and the Universities to discuss, (see actions 3.1 and 3.2).

Two further work strands, Recognised Research Groups (RRG) and Core Funded Units (CFU), are no longer active.

Cross-Border Healthcare Intervention Trials in Ireland Network (CHI)

The CHITIN Programme has now been added as a full workstrand within the R&D portfolio, but is not funded from the DoH allocation. This €8.8m INTERREG VA project, funded through EU structural funds, supports the delivery of 11 trials of novel healthcare interventions throughout Northern Ireland and in the border counties of the Republic of Ireland and represents a major partnership with the Health Research Board, Ireland. The full complement of trials is now underway and recruiting and the CHITIN Advisory Group has met on three occasions. The CHITIN programme has an active web page and social media profile which has created some new opportunities for dissemination of the work of HSC R&D Division, led by the Communication Manager supported by the CHITIN award, and has attracted some media interest (Annex 1; Section 2.4.1 and 5.2.3 & 5.2.4). During the period, a Senior Industry Manager joined the CHITIN team, and will interface with other initiatives described to help bring additional commercial research activity to the INTERREG defined area.

General

A number of cross-cutting or underpinning activities are ongoing that do not appear in the sections above.

- During 2019-20, a significant milestone was the introduction of the Annual Research Activity Report for the five HSC Trusts, which replaced the Research Governance Controls Assurance Standard. In the first year, 2019-20, Trusts were required to submit a developmental report, with the first full report required during 2020-21 (action 1.2.2).
- Links have been established to support the development of research within the social work and social care professions. On account of the integrated system for health and social care in place in NI, the AD of HSC R&D Division is now Chairing a new UK-wide Social Care Research Group established in October 2019 to consider commonalities and approaches to the management and support of social care research UK-wide. (actions 1.4.1. and 1.4.2).
- HSC R&D Division continues to develop relationships with key commercial sector partners such as InvestNI. During this reporting period, HSC R&D Division has been working with both Universities and Invest NI towards a new initiative, Health Innovation Research Alliance NI (HIRANI), which has been launched during 2019. HIRANI will act as an entry point for businesses wishing to work with academia and/or HSC in NI, and hopes to encourage increased inward investment in clinical trials and collaborative research.
- HSC R&D Division has also been involved with QUB, in writing the bid for an Institute for Research Excellence in Advanced Clinical Healthcare (iREACH), which would see a co-location of a large amount of the R&D funded infrastructure under a single roof, again aiming to provide an attractive setting for commercial investment in health and social care research.
- HSC R&D Division is a partner in two Horizon 2020-funded awards – most active during this period was the project 'Securing the adoption of personalised health in regions' (SAPHIRE). R&D Division leads two work packages in this project, which aims to foster collaborative research projects between EU member states and beyond in the area of personalised health (see Annex 1, Section 2.4.1). In October 2019, HSC R&D Division led and hosted an international SAPHIRe workshop, fronted by CMO and the Director of R&D, at which nine EU regions showcased personalised health interventions at various stages of adoption and implementation and discussed how this had been achieved. HSC R&D Division is also a partner in the Transfer of Organisational innovations for Resilient, Effective, equitable, Accessible, sustainable and Comprehensive Health Services and Systems (To-REACH)

Consortium. Funding and work on this project has been extended for a further year and will now complete during 2020-21.

- Personal and Public Involvement in research has been an important part of the work of HSC R&D Division for almost 10 years, and a vibrant group, 'Public Involvement Enhancing Research' (PIER), is co-chaired by a PPI representative and Dr Gail Johnston, Programme Manager in HSC R&D Division. This contributes to actions under 4.1 of the Implementation Plan.
- A number of collaborative initiatives with the Health Research Board are underway and this trend is set to continue during future years. This contributes to action 3.5.
- Work is also ongoing to scope and develop a research training programme for novice and experienced researchers as well as research governance and support staff (see action 1.1.1).
- HSC R&D Division also works alongside the Honest Broker Governance Board and the Administrative Data Research Centre to facilitate research using routinely collected health data (action 4.3).
- R&D Division maintains a dedicated website and issues regular bulletins to the research community (action 1.1.3).

2019-20 Year to date

Budget

Following discussion with DoH, an increase in baseline budgetary allocation for 2019-20 of £12m was welcomed by HSC R&D Division. The annual subscription to participate in the NIHR programmes of £3.211m was also confirmed. Additional income from R&D Division activities (not including CHITIN award), is estimated at £528k. The R&D Fund is on target to break even.

HSC R&D Implementation Strategy - Quarterly Update (November 2019)

Objectives should be coloured red (significant delay) amber (slightly behind schedule) or green (on track) to signify progress lll

OBJECTIVE 1.

To support research, researchers and the use of evidence from research to improve the quality of both health and social care and for better policy making

Actions	Timescale	Responsible Officer/Institution	Update Colour	Progress Update
1.1 Engage with HSC organisations to raise awareness of the value of research skills for productive professional employees, and encourage capacity building through education and training to foster a research-active workforce for the HSC				
1.1.1 Develop a research training programme to enhance staff capability and skills, and commission annual training schedule to enable staff to develop the required competencies	By April 2017	Janice Bailie		Options for training requirements for various needs are being explored, including online training provided by Health Research Authority (England) and shared training with the Universities for alternatives to Good Clinical Practice training. **New for November 2018:** Training programme in progress for R&D governance staff as a priority, examples include Attribution of costs of R&D (AcoRD) online training, study-wide review, leadership days. **New for November 2019:** Training in new governance processes such as 'Capacity & Capability' and Schedule of Events Cost Attribution Template (SoECAT). Other research training opportunities will be scoped for the remainder of the period. Some researcher training being provided through INTERREG CHITIN programme.

1.1.2 Establish a structured framework to support HSC professionals towards the development of post-doctoral and senior research careers	By December 2018	Naomh Gallagher		Exploring the possibility of contacting alumni from Doctoral Fellowships and others, and arranging events or workshops to establish a community of past awardees. Also looking at how NI National Institue of Health Research (NIHR) Fellowship award holders could be integrated into NIHR lists and events. **New for November 2019:** Online survey conducted to assess the awareness, understanding and opinion of the Doctoral Fellowship programme - posted on website https://research.hscni.net/sites/default/files/HSC%20RD%20Doctoral%20Fellowship%20Award%20SchemeFeedback%20-%20Results.pdf. Some changes to the scheme have been made in response to the survey results. Programme Manager visited the NIHR Fellowships Panel meeting as observer and we have begun to explore a partnership with colleagues from Research Northwest towards a pre-Doctoral programme with the potential to work towards a future post-Doctoral bridging scheme.
1.1.3 Raise awareness through regular R&D updates in various formats for the HSC community to highlight research successes	Weekly e-mail. Quarterly web features, other media	All		Regular updates to website and email newsletter are main vehicles, but other avenues also used eg PHA internal mailing list. **New for November 2018:** infographics/leaflets now available and stands booked for events NHS R&D Forum in May 2019 and PHA Conference in November 2018. **New for November 2019:** A powerpoint presentation 'Outcomes and Impacts of Research funded by HSC R&D Division', has been delivered to a range of audiences to raise awareness of the value of R&D investment. This has received some very positive feedback, which we intend to build upon by sharing more broadly and updating with further examples on a regular basis. The addition of a dedicated communications manager as part of the R&D team through the INTERREG CHITIN project has contributed to greater awareness of the work of HSC R&D Division.
1.2 Encourage HSC organisations to support staff to undertake research relevant to their clinical responsibilities				

1.2.1 Establish a bi-annual meeting with each Trust with R&D Director and responsible Executive Director to review research activity & capacity development	By September 2016	Ian Young		Regular meetings with Trust R&D Directors. **New for November 2018:** Further meetings to be sought following implementation of new reporting process. **New for November 2019:** See 1.2.2 for status of new reporting process.
1.2.2 Agree and establish a formal process for HSC Trusts at executive level to report on research activity through appropriate metrics	By September 2016	Ian Young		Discussed at R&D Director's meetings. **New for November 2018:** A Research Activity Report template, incorporating the UK-wide agreed metrics, will be issued to Trusts from Chief Scientific Advisor for first reporting year 2018-19. This will replace the former Research Governance Controls Assurance Standard. **New for November 2019:** Trusts were required to submit their first 'developmental' activity report in June 2019. Full reporting will be required in 2019-20.
1.3 Provide funding support at all levels for HSC relevant research, with appropriate involvement of HSC professionals				
1.3.1 Continue to provide funding to support early-stage research projects within HSC	Annual	Janice Bailie		R&D Director's (Discretionary) Fund - £50,000 per Trust each year, allows start-up funding to be provided for small scale projects or may be used for support posts at discretion of R&D Directors - reports are provided on annual basis to provide detail of awards made. **New for November 2019:** Director's fund reports reviewed and investment continued.

1.3.2 Invest in appropriate education and training & career development awards programmes	Annual	Sorcha Finnegan/Gail Johnston		Investment has continued in HSC R&D Doctoral Fellowship awards as well as some specialist clinical Fellowship schemes (Wellcome-Irish Clinical Academic Training scheme and Centre for Cancer Research & Cell Biology Clinical Fellowship scheme, also supporting NIHR awards (doctoral, post-doctoral, career development, senior fellowship and clinical scientist awards and specialist GP Academic Research Training scheme for early-stage research training in primary care). **New for November 2018:** New awards in pipeline include a Fellowship associated with Health Data Research UK (HDR-UK). Also considering future investment in Health Economics Fellowships following recent completion of the second fellow. **New for November 2019:** Considering specific skills gaps in the digital space.
1.3.3 Continue with existing researcher-led award schemes and establish new schemes where appropriate	Ongoing cycle	All		Owing to budget limitations, most of the investment in researcher-led awards is currently through the Opportunity-led scheme. Researchers who have secured or are making funding applications to other funders can approach HSC R&D Division to partner fund up to 50% of the overall value of the award. **New for November 2018:** Recent examples funded include funding for staffing in a Person-centred Connected Health Living Lab at Ulster University, co-funded with Department for Economy, co-funding with Invest NI of the Centre for Precision Medicine at QUB, and some smaller scale co-funded projects, for example to explore understanding of palliative care through the NI Life & Times survey. **New for November 2019:** Further examples of opportunity-led awards. 10 awards made since last report. Examples include CONVINCE Stroke Trial; Genetic Links to Anxiety and Depression (UK-wide study; NI arm supported); Survery of Attitudes to Breasfeeding in NI; Reminiscence for Dementia Care (follow on from original jointly funded with The Atlantic Philanthropies) and 2x nursing-led Person-centred care planning studies.

1.3.4 Continue to provide funding for necessary underpinning R&D infrastructure	Ongoing	All		Investment in infrastructure (ie skilled research professionals), has consumed the largest proportion of HSC R&D Fund over the last 10 years. The individual elements of the infrastructure can be fully- or partially-funded by HSC R&D Division, and information on each can be viewed at the following link: http://www.research.hscni.net/infrastructure Currently the funded infrastructure is under review, and new initiatives have been delayed in 2017-18 due to issues with budget allocation. **New for November 2018:** Review is now complete and work is ongoing to consult on proposed new structures and workplan to effect change. **New for November 2019:** Submission of business cases for restructuring of Research Governance and the clinical Research Networks pending in December and January.
1.3.5 Identify sources of funding for protected time for HSC professionals to prepare research funding applications and participate in studies	By April 2018	All		Funding built into some programmes, but limited on account of budgetary constraints - additional funding has been built into the new funding bid for 2018/19 - 2020/21. **New for November 2018:** Funding awarded for 17/18 to Northern Ireland Biobank in support of Consultant Pathologist PAs and technical support time. **New for November 2019:** Protected time for 1.0 WTE pathologist supported by HSC R&D as part of PATHLead Innovate UK opportunity-led award.
1.4 Engage specifically with social work, social care and public health to develop mechanisms to support and foster research in these areas				
1.4.1 Ensure appropriate representation for social care and public health on HSC R&D Division strategic and operational groups	By December 2015	Janice Bailie/All		Social Care and Public Health representatives added to membership of R&D Strategic Advisory Group. Appropriate representation on operational groups eg Child Development Research Workstream; NI Public Health Research Network groups. **New for November 2019:** New UK-wide Social Care Research Group set up October 2019, Chaired by HSC R&D and with membership from HSCB.

1.4.2 Identify support needs for social work & social care researchers and work with relevant colleagues to address these through specific funding schemes or other measures	By Sept 2016	All		Child Care Research Forum funded, encouraged to join NI Public Health Research Network; able to access advice from R&D team, Assistant Director to attend strategic meetings. Input was provided to the development and dissemination of an ESRC Innovation in Social Care funding call on mental health launched July 2018. **New for November 2019:** Further discussion has been taking place with the ESRC on new investment in knowledge transfer hubs for social care and on 10/09/19, the ESRC, as part of UKRI, and the Health Foundation have announced £15 million to develop a unique Centre focused on Adult Social Care. The Centre will aim to increase the use of high quality research evidence to improve and support innovation within adult social care. From October 2019, the partners will be inviting suitably qualified and experienced teams to express their interest in applying to be the leadership team for the new Centre and manage its establishment, development and delivery.
1.4.3 Ensure strategic alignment of the activities of the NI Centre of Excellence for Public Health with HSC R&D Division priorities, through active partnership	Ongoing	All		Professor Frank Kee, Centre of Excellence Director now member of R&D Strategic Advisory Group; R&D Division team part of Centre of Excellence Executive Management Committee and Board; members of R&D Division team attend and input to events and away days. **New for November 2018:** Input has been provided to the final report to the UKCRC funding partnership and scientific conference to mark the successful delivery and closure of the second quinquennium. Investment now confirmed from HSC R&D Fund for ongoing support to NI Cohort for Lifestyle and Ageing (NICOLA) study. **New for November 2019**: Support provided through opportunity-led scheme for a number of funding applications from the CoE team members working towards sustainability.

1.4.4 Support the development of public health research in Northern Ireland through the Northern Ireland Public Health Research Network (NIPHRN) action plan, specific funding schemes or other measures	From October 2015	Nicola Armstrong		Ongoing activity in support of NI Public Health Research Network to produce applications to funders such as National Institute of Health Research and others; workshop programme in place for funding opportunities and creation of collaborations in breastfeeding research. **New for November 2019:** The Director of the network transferred from QUB to UU and the NIPHRN Co-ordinator, Dr Anita Yakkundi, took up post in mid-August 2019. A work plan has been devised to induct Dr Yakkundi and to get the network fully functioning after a period of reduced capacity in the absence of a co-ordinator.

OBJECTIVE 2.

To compete successfully for R&D funding, and optimise local funding, to deliver returns on investment for health and wellbeing, academia and commerce

Actions	Timescale	Responsible Officer/Institution	Update Colour	Progress Update
2.1 Aim to increase the HSC R&D Fund to align with the average per capita level of other UK health research funds				
2.1.1 Work with key stakeholders to increase the value of the HSC R&D Fund budget	By April 2018	All		Budget bid 2018-2021 submitted for increased funding (£14-£16m); ongoing efforts to agree partnership funding. **New for November 2019:** HSC R&D Fund baseline increased to £12m. 10-year capital priority bids submitted and included in future capital plan, based on an ongoing baseline of £12m.
2.2 Bid for funds to continue investment in the NIHR Evaluation, Trials and Studies UK funding streams, providing access to additional research funds for Northern Ireland				
2.2.1 Provide support for researchers to prepare bids through Enabling Research Awards Scheme and other mechanisms	Ongoing	Julie McCarroll		Scheme initially not been re-opened due to lack of certainty around NIHR Evaluation, Trials and Studies investment; **New for November 2019:** now aim to revise the scheme and re-open Q4 2019/20 (pending business case approval).
2.2.2 Submit business case to DoH for continuation of investment in NETSCC programmes	By Sept 2016	Janice Bailie/Julie McCarroll		Continued investment confirmed in writing by Seamus Camplisson (date).
2.3 Seek co-funding from other Government Departments eg Department for the Econony (DfE), to support health-relevant research initiatives				
2.3.1 Explore potential funding streams eg NIHR i4i and work with relevant stakeholders towards co-investment	By April 2018	Janice Bailie		Ongoing; discussed with Wales and in context of Life Sciences Northern Ireland. Funding required of around £0.5m per annum for NI to access this scheme, so not possible at present.
2.4 Increase the focus on relevant EU funding streams and facilitate HSC researchers to access EU opportunities				

2.4.1 Work within relevant networks to review the communication of relevant EU funding opportunities across the HSC, universities and other potential partners	Ongoing	Janice Bailie/Julie McCarroll/ Rhonda Campbell/Sorcha Finnegan		Liaising with Horizon 2020 (H2020) Northern Ireland Contact Points and contributing to networking and dissemination activities. Workshop in mid-November to promote 2018 calls. **New for November 2018:** Content of update emails from H2020 Contact Points being revised for upload to HSC R&D Division website and link included in e-newsletter. Attendance at H2020 NICP Network meetings ongoing. HSC R&D Division, PHA also beneficiary of three EU funding awards, Transfer of Organisational innovations for Resilient, Effective, equitable, Accessible, sustainable and Comprehensive Health Services and Systems.(To-REACH; H2020; €40k); Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN; INTERREG VA programme; €8.8m; launch September 2018) and most recently Securing Adoption of Personalised Health in Regions (SAPHIRE; H2020; €380k). **New for November 2019:** HSC R&D Division aiming to construct a bid for potential new PEACE Plus funding stream. Involvement with H2020 NI contact points network continues.
2.4.2 Support and participate in at least 2 events annually to promote EU funding opportunities	Ongoing	Janice Bailie/Julie McCarroll		(1) Health Information Day held on 14 November 2017; (2) Meaningful Integration of Data, Analytics & Services (MIDAS) workshop (H2020; SE Trust partner) being supported and information disseminated; **New for November 2018:** (3) TO-REACH national stakeholder event held on 17 April 2018 (4) Facilitation at H2020 Personalised Medicine and Digital Health Innovation event 11 September 2018. **New for November 2019:** (5) SAPHIRe workshop held in October 2019.
2.4.3 Monitor and report on EU funding awards bringing funds into HSC to OFMDFM via DoH	Ongoing	Janice Bailie/Julie McCarroll		Reports provided to DoH NI upon request.
2.5 Adopt a partnership approach, identifying and investing in research funding initiatives and consortia that can bring health, social and financial benefits to Northern Ireland				
2.5.1 Review existing partnership investment eg US-Ireland Partnership awards; Ireland-Northern Ireland NCI partnership programme	Ongoing	All		Review ongoing, investment continued. **New for November 2018:** Interest in US-Ireland partnership scheme has been strong. Negotiation with Medical Research Council, who have increased their co-investment in the Northern Ireland costs of US-Ireland to £175k per award.

2.5.2 Explore opportunities for new partnership investments	Ongoing	All		Currently planning new investments in funding consortia to create opportunities for NI researchers to compete/participate - Joint Programme in Neurodegenerative Disease - 9 projects funded including one led from NI - a research team from recent Dementia Care Commissioned funding call (joint funding HSC R&D Division and Atlantic Philanthropies); Health Data Research UK (HDR-UK) - investment in new UK-wide initiative to maximise the use of health data in research; UK-Prevention Research Partnership - consortium of funders to follow on from the National Prevention Research Initiative. **New for November 2018:** Anticipate funding opportunities from HSC R&D Division participation in two EU Co-ordination and Support Actions. **New for November 2019:** Joint investment in CONVINCE Stroke study with The Stroke Association.
2.5.3 Review membership of and investments through funders fora eg National Cancer Research Institute, Experimental Medicine Funders Group, Antimicrobial Resistance Funders Forum, National Prevention Research Initiative	Ongoing	All		Discontinued investment in National Awareness and Early Detection Initiative (final stage); continued with National Cancer Research Institute; Experimental Medicine Funders Group - further funding committed; Anti-Microbial Resistance Funders Forum - no funding committed as yet but involvement continued; National Prevention Research Initiative re-launched as UK-Prevention Research Partnership with new investment planned', all decisions in consultation with Strategic Advisory Group. **New for November 2019:** Part of HDR-UK Alliance - funding opportunities continue to be available to NI researchers from this small investment. Invitations to join national Mental Health Funders group and also Public Health funders group.

2.5.4 Develop co-funding arrangements with charitable funders to develop and fund research programmes in key areas	At least one new co-funding programme per year	All		One Opportunity-led proposal likely to lead to a project co-funded with Alzheimer's Society UK. One Opportunity-led project to allow the opening of a Movember study in Northern Ireland funded. **New for November 2018:** Meeting held with new NI Director of Stroke Association, initially to explore potential for Stroke Association lectureship - now hoping to co-fund extension of H2020-funded Colchicine for Prevention of Vascular Inflammation in Non-cardio Embolic Stroke (CONVINCE) trial along with HRB and Stroke Association. Have re-opened discussions with Muscular Dystrophy UK, re co-funding of Doctoral Fellowship, and exploring potential avenues for co-funding in Rheumatology with British Rheumatology Society and Versus Arthritis. **New for November 2019:** CONVINCE trial supported in partnership with HRB and Stroke Association.
2.6 Develop effective relationships with industry and representative organisations to ensure productive research partnerships				
2.6.1 Review outputs from HSC Innovations service and ensure activity is fit for purpose	Quarterly meetings and annual reports to Strategic Advisory Group	Janice Bailie/Julie McCarroll		**New for November 2018:** Quarterly update meetings with Assistant Director on-going; presentation to March 2018 Strategic Advisory Group meeting; progress report received October 2018 and currently undergoing review. **New for November 2019:** Update report presented to Strategic Advisory Group, September 2019. New format for reporting devised.

2.6.2 Work with key stakeholders to develop industry forum, establish meeting programme and at least one annual event co-supported with industry and representative groups eg ABPI, Biobusiness	Quarterly / Annually	All		Clinical Innovation Collaborative's annual conference incorporated into the European Association of Precision Medicine Conference 2017 with dedicated sessions; continue to work with Invest NI, QUB Business Alliance and UU Innovation and Impact. **New for November 2018:** Attendance of 2 PMs at QUB "Who wants to hire you?" event for post-docs; attendance at INI / Innovate UK Knowledge Transfer Network event on R&D and Life & Health Science business. **New for November 2019:** Senior Industry Manager in post as part of INTERREG CHITIN programme - new monthly 'Pulse' event from October 2019. Other regular meetings with industry ongoing.
2.6.3 Develop metrics and agree annual targets for industry-sponsored or -collaborative clinical trials activity in Northern Ireland HSC	By October 2016	Janice Bailie/Ian Young		Professor Ian Young discussing in context of replacement for Research Governance Controls Assurance Standard; impacted by UK wide metrics discussions initiated September 2017. **New for November 2018:** Annual Research Activity Report template (replacing Controls Assurance Standard), will capture these metrics. **New for November 2019:** See 1.2.2 for status of new reporting process.
2.6.4 Work with key stakeholders to scope and establish a Northern Ireland Health Innovation & Life Sciences Hub, with appropriate governance arrangements	By October 2016	Janice Bailie/Ian Young		Now termed Life Sciences NI. Discussions reached an advanced stage with Departments of Health and Economy; InvestNI and PHA. Funding awarded through DoH Transformation Fund; Legal advice being sought as to how we can proceed particularly considering the political situation. **New for November 2018:** Progress stalled for prolonged period, but fresh impetus has been generated by new QUB Vice Chancellor and closer working relationships between Universities, with Life & Health Sciences Cluster being proposed for NI. **New for November 2019:** New organisation established Health Innovation Research Alliance Northern Ireland (HIRANI), soft launch NICON 2019, full launch BIO2019 Philadelphia. Health is a key stakeholder and Director of R&D is a Board member. In-kind contribution to activities within health to be established through HSC R&D Industry Engagement Unit.

2.6.5 Participate in strategic and operational management groups for Precision Medicine Catapult to help maximise the performance of the Northern Ireland Centre of Excellence	From September 2015	Janice Bailie		National investment replaced by local investment; HSC R&D Division plans shared funding model with QUB/Invest NI. **New for November 2018:** funding letter issued. **New for November 2019:** Successful funding bid to Innovate UK for PATHLead project, additional investment from HSC R&D Fund via Opportunity-led scheme for pathologist time.

OBJECTIVE 3. To support all those who contribute to health and social care research, development and innovation by enhancing our research infrastructure, benefitting from local, national and international partnerships				
Actions	**Timescale**	**Responsible Officer/Institution**	**Update Colour**	**Progress Update**
3.1 Commission an independent review of HSC infrastructure currently supported through the HSC R&D Fund to ensure it continues to be fit for purpose				
3.1.1 Identify independent review Panel, organise review process and report	By April 2017	Gail Johnston/ All		Initial consultation carried out April 2017, results collated and proposed forward plan devised. **New for November 2018:** Review workshop held February 2018. A Change Manager was appointed in May 2018, who is progressing some of the national changes associated with the approvals process. An options appraisal has been completed and report with recommendations shared with Directors of R&D, before full consultation to proceed. **New for November 2019:** Work ongoing to finalise business case for updated approvals process including central approvals facility by January 2020. Workshop held to discuss future structure of clinical and cancer research networks, and finalised business case submitted to Department of Health.
3.1.2 Undertake relevant re-structuring of HSC R&D infrastructure in response to review recommendations	By April 2018	All		Interim arrangements for delivery of research approvals in process as above. **New for November 2018:** some elements implemented, including e-submission of all Intergrated Research Application System (IRAS) forms, effecting simultaneous submission for ethics and R&D processes. **New for November 2019:** Further local changes implemented, including introduction of UK-wide Local Information Pack as part of IRAS submission, and move to local confirmation of capacity and capability in place of research permissions, also in line with other regions of the UK. Also introduction of updated and new UK-wide documentation for costing both commercial and non-commercial research studies respectively.

3.1.3 Monitor delivery of infrastructure on targets and objectives	Ongoing from April 2018	All		A draft implementation plan has been developed informed by results from phase 1 and 2 of infrastructure review. **New for November 2019:** Reporting on targets incorporated into new research activity report, with first full reporting period completed June 2020.
3.2 Work with the other UK Health Departments to ensure research governance systems that facilitate UK-wide working within an effective governance environment				
3.2.1 Monitor HSC R&D permissions metrics – work towards time for approval to be at least equivalent to that in England	By Sept 2016	Ian Young/Janice Bailie		Local metrics made publicly available on HSC R&D Divison website - UK-wide metrics discussions initiated September 2017 - timelines acceptable but not yet possible to compare directly with national figures as not yet consistent for any of the 4 nations; timing of UK-wide discussions outwith R&D Division control. **New for November 2019:** National metrics discussions still ongoing, targets for new governance process will be in line with UK-wide metrics.
3.3 Support identified areas of research strength by pursuing the creation of funding streams for new elements of research infrastructure such as Biomedical Research Unit(s) (BRUs)				
3.3.1 Consider opportunities for partnership investment in the development of Biomedical Research Unit(s) and other new elements of research infrastructure which are judged to be internationally competitive through peer review	Ongoing	All		Biomedical Research Unit discussions on hold dependent on political situation. **New for November 2018:** Identifying new opportunities for investment e.g. Strength in Places fund, City Deals. **New for November 2019:** Involved in joint bid with QUB and Trusts for Belfast Region City Deal - Institute for Research Excellence in Advanced Clinical Healthcare (iREACH) - for submission to DoF January 2020 and Treasury April 2020.
3.4 Support implementation of key national initiatives, including the 100,000 Genomes Project and the Precision Medicine Catapult (PMC)				
3.4.1 Participate in strategic and operational management groups for 100,000 Genomes Project, working with relevant partners towards the mainstreaming of genomic medicine	From Oct 2015	Ian Young/Julie McCarroll		100K Genomes Project underway; PHA part of project steering group (Chair Ian Young as Chief Scientific Advisor); involved in facilitative role in operational matters as needed. **New for November 2019:** Project Steering Group currently considering proposals for transition of the project to the care pathway.

3.5 Build on existing partnerships and form new relationships with key partners on the island of Ireland to maximise the benefits of cross-border working				
3.5.1 Develop at least one new collaborative funding initiative in Ireland with the Health Research Board or other key stakeholders in RoI (eg Science Foundation Ireland)	By Sept 2016	All		CHITIN INTERREGVA project partners; two co-funded posts in All-Ireland Institute of Hospice & Palliative Care; **New for November 2018:** Centre for Evidence Synthesis; Wellcome-Irish Clinical Academic Training (ICAT) Programme. **New for November 2019:** CONVINCE Stroke Trial, joint award with HRB and The Stroke Association.

OBJECTIVE 4. **To increase the emphasis on research relevant to the priorities of the local population**				
Actions	**Timescale**	**Responsible Officer/Institution**	**Update Colour**	**Progress Update**
4.1 Ensure service users and the public are appropriately and effectively involved throughout all HSC research processes				
4.1.1 Ensure Personal and Public Involvement in all funding schemes and monitor through reporting processes	Ongoing	Gail Johnston		HSC R&D Division Public Involvement Enhancing Research (PIER) group involvement in monitoring PPI in annual and final reports to be implemented with reports shared across group. **New for November 2019:** Initial analysis of data collected via ResearchFish has been analysed to inform future progress. This is also helping to inform a closed question set for future responses.
4.1.2 Provide annual training programme for R&D PPI representatives, researchers and service users	Ongoing	Gail Johnston		Annual PIER training programme continues. Building Research Partnerships workshop held x 2 per year for researchers and service users.
4.1.3 Share learning from PPI activity with UK and others	Ongoing	Gail Johnston		HSC R&D Division represented on 2 inter-governmental working groups and 1 international best practice groups convened by NIHR. **New for November 2018:** A poster based on work with NI Cancer Research Consumer Forum (NICRCF) will be presented at International Impact Conference in November 2018. **New for November 2019:** National Standards for PPI launched at PPI Fest in November, with plenary by a PIER representative.
4.1.4 Lead and participate in initiatives to encourage participation in research such as the 'It's OK to Ask' campaign, and 'Join Dementia Research'	Ongoing	Gail Johnston		**New for November 2018:** NIHR leaflet for this year's I am research campaign was adapted for local use and disseminated on International Clinical Trials day to align with NHS at 70 campaign. Public awareness raising continues with the on-going photo caption campaign. **New for November 2019:** Campaign 'Be Part of Research' launched in May 2019, through several events and a media interview with PIER representatives and R&D Programme Manager. In discussion with the Patient Client Council regarding the potential to include a question on willingness to participate in research on their membership registration form.

4.2 Commission relevant research informed by robust priority-setting exercises				
4.2.1 Review and refine research priority-setting process, identify and carry out up to one process every two years in line with strategic needs	By Sept 2016	All		Discussions on-going with social work colleagues and TinyLife; National Cancer Research Initiative James Lind Alliance Priority setting exercise on Living with and Beyond Cancer; part of National Stakeholders Advisory Group (previously HTA PRAMG).
4.2.2 Allocate or secure partnership funding for up to one commissioned research call every two years	By Sept 2017	Janice Bailie/Ian Young		Group convened to discuss possible needs-led call around prescription drug abuse. **New for November 2018:** Research questions being identified, and partner funding being sought. **New for November 2019:** Draft research questions prepared, working towards funding call.
4.3 Facilitate and maximise the use of health and other data routinely collected by the public sector for the benefit of Northern Ireland service users and the public				
4.3.1 Participate in the Honest Broker Governance Board and Working Groups	Ongoing	Nicola Armstrong		Active participation in both groups.
4.3.2 Ensure appropriate governance and management of the NI Administrative Data Research Centre through appropriate representation at strategic management level	Ongoing	Ian Young/Nicola Armstrong		Part of strategic and working groups.
4.4 Monitor and report the outputs and impacts of research supported by the HSC R&D Fund, ensuring it aligns with relevant policy drivers and draws in additional funding for research led by Northern Ireland researchers				
4.4.1 Conduct data collection, analysis and reports through ResearchFish and participation in quinquennial UK Health Research analyses	Ongoing	Naomh Gallagher/Nicola Armstrong		Data collection on ResearchFish ongoing. **New for November 2018:** infographic based on ResearchFish outputs under development to demonstrate outputs and impact of R&D funding. Contribution to the PPI Question Set analysis and evaluation subgroup. Planning for next ResearchFish data collection in 2019. **New for November 2019:** Working with UK-wide stakeholders towards next UK Health Research Analysis which is due for publication autumn 2019; preparing for next ResearchFish data collection in 2020. Powerpoint presentation on Outputs and Impacts of R&D funded research delivered to PHA Board and Strategic Advisory Group, September 2019. Data includes multiple year figure for return on investment gathered from ResearchFish.
4.4.2 Report to DoH on the return on NETSCC investment	Bi-annually	Julie McCarroll/Janice Bailie		Report to be prepared.

OBJECTIVE 5.

To disseminate research findings in such a way as to promote understanding and knowledge, support and best practice, stimulate further research and celebrate achievement

Actions	Timescale	Responsible Officer/Institution	Update Colour (RAG)	Progress Update
5.1 Support effective dissemination of research findings and use mechanisms of knowledge exchange to drive the adoption of evidence-informed practice and policy				
5.1.1 Provide funding for workshops and conferences	Annually	All		Open scheme depending on budget availability
5.1.2 Provide funding for Cochrane Fellowships	Annually	Gail Johnston		**New for November 2018:** Award for new CBES model incorporating Cochrane training has been made to an all Ireland consortium and will commence in December 2018. Contract has been agreed with HRB. **New for November 2019:** Former Cochrane short courses and revised Cochrane Fellowships programme now managed through the new Evidence Synthesis Ireland Centre, which has extended the scope of systematic review activity in both Northern Ireland and RoI
5.1.3 Provide funding for Knowledge Exchange awards	Bi-ennially	Clive Wolsley		All Awards have now completed. No plans in place to re-open the scheme. Knowledge Exchange Hubs proposed but would require significant new increased investment. A post in the All Ireland Institute of Hospice & Palliative care, jointly funded with HRB, addresses this area. Investment in the NIHR funding streams gives access to the Health Services and Delivery Research awards, which allows access to funding in this space, but the R&D team are considering other options. New for November 2019: Considering extension of the joint-funded knowledge exchange post in the All Ireland Institute of Hospice & Palliative Care
5.1.4 Require all funded proposals to include a dissemination strategy	Ongoing	All		Letters of offer now include requirement for dissemination strategy in Project Management Plan; also looking at introducing Pathway to Impact Plan. **New for November 2019:** Examples from reports will now be used to contribute to the annual Outcomes and Impacts of HSC R&D funded research presentation
5.2 Develop a communication strategy and media profile for HSC R&D Division to ensure relevant messages about HSC-funded research are effectively disseminated				

5.2.1 Develop and publish communication strategy in partnership with relevant stakeholders	By June 2016	Gail Johnston		Strategy still in draft, awaiting outcome of infrastructure review and input from new comms staff
5.2.2 Introduce consistent branding of HSC R&D activity and recognition of outputs, to promote public awareness of the value of undertaking and participating in HSC research	By Sept 2016	All		Continue to signpost researchers to the acknowledgement guidance on HSC R&D Division website and ensure awardees registered; influenced by outcome of infrastructure review. **New for November 2018:** Leaflets have been developed to increase awareness of HSC R&D and NICRN. **New for November 2019:** HSC R&D Division represented Northern Ireland at the NHS R&D Forum, including input at 4 Nations workshops and plenary sessions from R&D funded research governance staff, and are booked to attend again in 2020.
5.2.3 Develop relationships with relevant media partners and schedule media reports on HSC R&D-funded research	By April 2017	All		**New for November 2018:** CHITIN comms support has taken forward in the context of CHITIN project. Launch of CHITIN project with video on new web pages: http://www.research.hscni.net/chitin and some radio interviews scheduled. **New for November 2019:** Regular media slots arranged to highlight CHITIN programme have also raised general awareness of HSC R&D Division, bringing added value from the INTERREG investment.
5.2.4 Regular R&D updates in various formats for HSC community to raise awareness and highlight positive stories	Ongoing	All		Some excellent work on case studies has been done but limited capacity; **New for November 2018:** new comms support taking forward via CHITIN programme. **New for November 2019:** Powerpoint presentation on Outputs and Impacts of R&D funded research delivered to PHA Board and Strategic Advisory Group, September 2019. This will become an annual report. Also disseminated within PHA and across R&D community.

HSC R&D Division Year end position 2018-19

CAPITAL POSITION

DoH Allocation	11,433,994
Income (Capital Receipts)	254,801
TOTAL CAPITAL BUDGET	11,688,795
TOTAL HSC R&D CAPITAL SPEND	11,688,069
Difference	-726

Breakdown of HSC R&D Capital Spend

Total CRL	7,370,501
EITP	51,194
Other Bodies (inc universities)	4,266,374
TOTAL Spend on Outturn	**11,688,069**

REVENUE POSITION

DoH Allocation NIHR NETSCC	3,384,000
TOTAL HSC R&D REVENUE SPEND	-
Difference	3,384,000

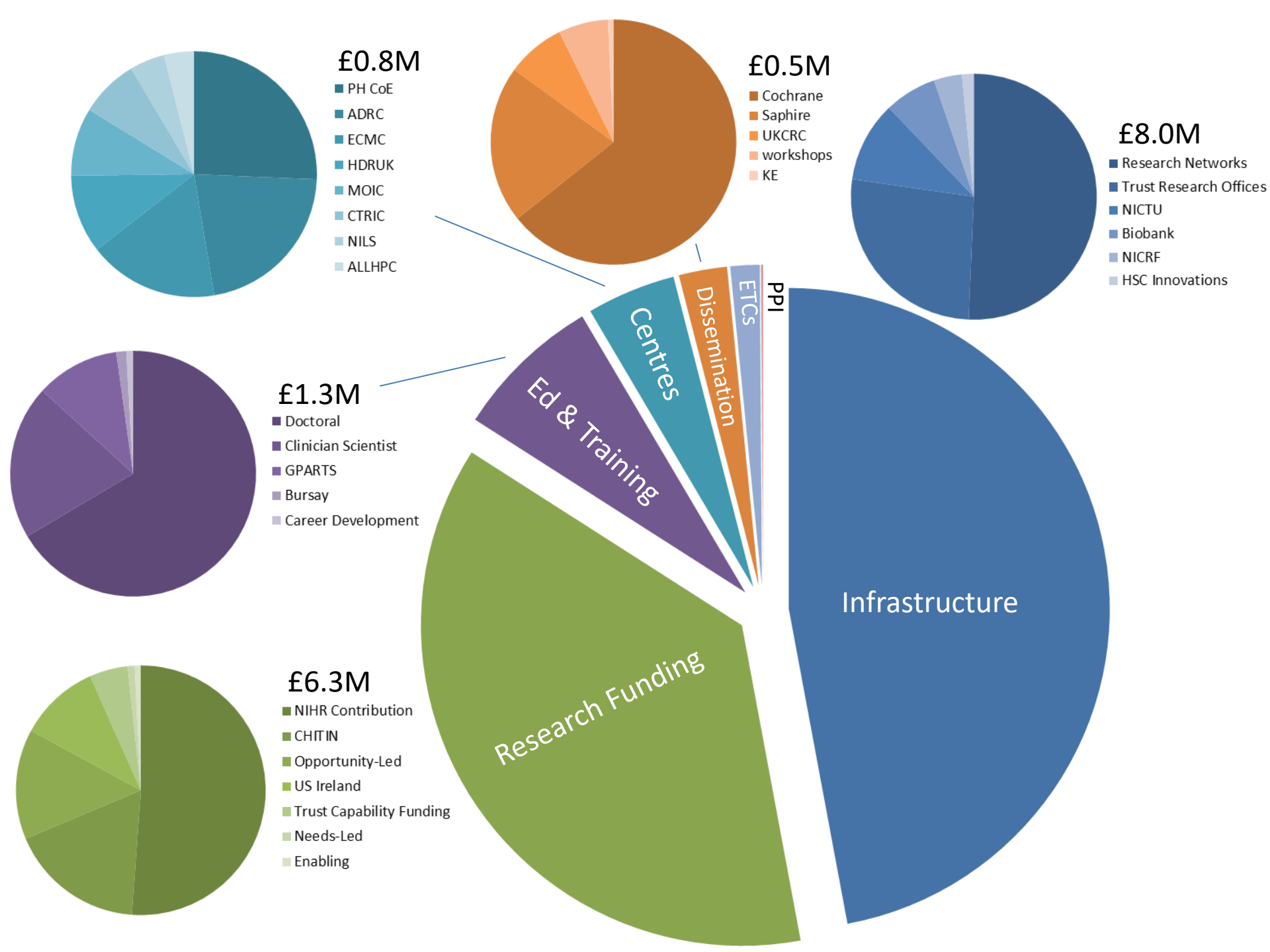
OVERALL POSITION

Revenue & Capital allocation	15,072,795
Total HSC R&D Spend	11,688,069
Difference	3,384,726

Annex 3: 2018-19 Projects

File Reference	Research Title	Project Start Date	Project End Date	Total Value of Project (£)	Host Institution
COM/5415/18	Opportunity Led: Precision Medicine Centre of Excellence	01.09.18	31.08.23	406,832	Queen's University Belfast
COM/5423/18	Opportunity Led: Women and Maternity Care Providers' Experiences and Perceptions of Home Birth Service Provision in Northern Ireland	21.05.18	20.05.19	3,886	Queen's University Belfast
COM/5432/18	Opportunity Led: Ulster's Connected Health Living Lab	01.09.18	31.08.20	195,842	Ulster University
COM/5451/18	Opportunity Led: Tracing the Longitudinal Belfast Youth and Development Study Cohort - A feasibility Study	14.7.18	31.07.19	44,845	Queen's University Belfast
COM/5459/18	Opportunity Led: Informing the development of an evidence based public health approach: public awareness of palliative care and advance care planning	01.10.18	30.09.19	46,752	Ulster University
COM/5480/18	Opportunity Led - Development of a patient and family initiated escalation of care scheme to detect and refer patient deterioration in hospital-PPI Reference Group (QUB)	01.11.18	31.03.21	905	Queen's University Belfast
COM/5515/18	Opportunity Led - Colchicine for prevention of Vascular Inflammation in Non-cardio embolic stroke (HRB)	01.12.18	30.11.23	349,748	Health Research Board
COM/5516/19	Opportunity Led - Creation of Northern Ireland Complex Disease Bioresource (NICDB) and initiation of Genetic Links to Anxiety and Depression Northern Ireland (GLAD-NI) Study (UU)	01.02.19	31.03.20	119,500	Ulster University
COM/5519/19	Opportunity Led - Recording Care through the PACE Framework: Research Evaluation of an Innovative Approach to Person-centred care planning	01.09.19	28.02.21	56,143	Queen's University Belfast
COM/5535/19	Opportunity Led - Experimental Cancer Medicine Centre (ECMC): Support for Clinical Trial Development - C0C7 and IAP Inhibition (QUB)	01.06.19	31.03.20	50,000	Queen's University Belfast
COM/5537/19	Opportunity Led - Florence Nightingale Foundation Research Scholarship (UU)	01.04.19	31.12.20	8,000	Western Health & Social Care Trust
COM/5541/19	Opportunity Led - Public Attitudes to Breastfeeding (QUB)	01.07.19	31.12.20	65,309	Queen's University Belfast
COM/5542/19	Opportunity Led - PathLEAD: Pathology image data lake for Education, Analytics and Discovery (QUB)	01.09.19	31.08.22	136,874	Queen's University Belfast
COM/5559/19	Opportunity Led - Develop, test and evaluate an online resource of patient experience narratives before and afetr surgery for oral cancer	01.10.19	31.03.22	20,554	Ulster University
COM/5561/19	Opportunity Led - Developing and testing the InspireD reminiscence app as a stand-alone support for people living with dementia and their families	01.11.19	11.05.20	85,883	Ulster University
EAT/3789/08	NCI Summer Cancer Prevention Courses 2019 - 6 places (3 x Principles and Practice of Cancer Prevention and Control; and 3 x Molecular Prevention) were allocated to Northern Ireland applicants	Annual Summer Cancer Course		23,596	Personal Awards - mixed
EAT/5304/16	Wellcome Irish Clinical Academic Training (ICAT) Programme	01.08.18	31.08.26	1,280,119	Queen's University Belfast
EAT/5322/16	2017 Doctoral Fellowship: Improving engagement with Cardiac Rehabilitation using innovative approaches developed through Experience Based Co-Design	13.08.18	12.02.22	178,663	Queen's University Belfast
STL/5363/17	Joint call for multinational research projects on HSC for Neurodegenerative Diseases (JPND) (3 year contribution to a National Funding pot)	01.04.19	03.03.22	125,000	Alzheimer's Society
EAT/5382/17	2018 Doctoral Fellowship: Developing an ICU swallowing intervention to improve outcomes following prolonged intubation in cardiac surgical patients: a feasibility study	01.09.18	31.08.21	223,793	Queen's University Belfast
EAT/5383/17	2018 Doctoral Fellowship: Endodontic infections and CardiOvascular disease risk (ECO): A prospective study of a possible link?	05.09.18	06.06.22	176,582	Queen's University Belfast
EAT/5389/17	2018 Doctoral Fellowship: The effect of dental and salivary gland radiation dose on the occurrence of post-radiotherapy dental disease in patients with head and neck cancer	01.09.18	31.08.23	165,097	Queen's University Belfast
EAT/5470/18	2018 GPARTS - The Mental Health Detention Process in the Community (Funded and managed)	01.08.18	13.11.20	89,707	Queen's University Belfast
EAT/5471/18	2018 GPARTS - Linkage of primary and secondary healthcare records to identify the prevalence, characteristics and clinical outcomes of patients with Severe Asthma in Northern Ireland (Funded and Managed)	01.08.18	25.10.20	82,501	Queen's University Belfast

EAT/5473/19	2018 GPARTS - Challenges for the rural primary care team in caring for patients with Dementia (Managed but not funded)	01.08.18	31.07.20	0	Queen's University Belfast
EAT/5494/18	Doctoral Fellowship - Understanding risk factors, treatment choices and survival rates for the rising number of young-onset colorectal cancer patients (QUB)	06.08.19	05.08.22	214,552	Queen's University Belfast
EAT/5495/18	Doctoral Fellowship - A data mining approach to understanding heart failure: Retrospective and real time analysis of Northern Ireland heart failure databases to enhance patient outcomes (UU)	01.08.19	01.08.22	222,340	Ulster University
EAT/5496/18	Doctoral Fellowship - Investigating lymphoid-like structures in the pathogenesis of Multiple Sclerosis (QUB)	01.10.19	03.10.22	229,042	Queen's University Belfast
EAT/5498/18	Doctoral Fellowship - Clinical, genetic and molecular correlations in aggressive pituitary adenomas (QUB)	07.08.19	02.08.22	209,851	Queen's University Belfast
EAT/5532/19	2019 GPARTS Award - Research Title not yet known (funded and managed)	07.08.19	03.08.21	82,257	Queen's University Belfast
EAT/5533/19	2019 GPARTS Award - Research Title not yet known (funded and managed)	07.08.19	01.08.21	82,792	Queen's University Belfast
EAT/5534/19	2019 GPARTS Award - Research Title not yet known (not funded but managed)	07.08.19	03.08.21	0	Queen's University Belfast
EAT/5551/19	2019 GPARTS Award - Research Title not yet known (not funded but managed)	07.08.19	03.08.21	0	Queen's University Belfast
STL/5460/18	US Ireland Partnership - Study Of Queuosine Salvage And Function In Eukaryotes: A Forgotten Micronutrient (QUB)	05.08.19	04.08.23	425,448	Queen's University Belfast
STL/5461/18	US Ireland Partnership - Food-Based Biomarkers, Diet Quality, And Cardiometabolic Health (QUB)	01.09.19	31.08.24	533,000	Queen's University Belfast
STL/5481/18	Health Data Research UK: UKRI Innovation Infrastructure (HDR UK) (QUB)	01.04.18	31.03.23	250,000	Medical Research Council
	EU INTERREG - CHITIN PROJECTS				
CHI/5424/18	A randomized controlled trial (RCT) of mirror box therapy in upper limb rehabilitation with sub-acute stroke patients	01.12.2018	30.04.2022	669,317	Ulster University
CHI/5425/18	Pragmatic Lifestyle Pregnancy and Post pregnancy Intervention for Overweight Women with Gestational Diabetes Mellitus: a randomised controlled clinical trial (PAIGE2)	01.05.2019	31.05.2022	806,506	Belfast Health & Social Care Trust
CHI/5426/18	Anticipatory Care Planning Intervention for Older Adults at Risk of Functional Decline: A Primary Care Feasibility Study	21.09.2018	30.11.2020	503,199	Queen's University Belfast
CHI/5427/18	The Walking In ScHools (WISH) Trial: a cross-border trial to evaluate a walking intervention in adolescent girls	01.04.2019	31.05.2022	669,047	Ulster University
CHI/5429/18	The feasibility of a walking intervention to increase activity and reduce sedentary behaviour in people with serious mental illness	01.02.2019	30.04.2021	356,925	Ulster University
CHI/5430/18	MY COMRADE PLUS: A pilot cluster randomised controlled trial, for patients with multimorbidity, of the MultimorbiditY COllaborative Medication Review And DEcision Making intervention (MY COMRADE), practice based pharmacists (PBP's) or PBP's plus an adaptation of MY COMRADE	01.01.2019	30.06.2021	531,025	National University of Ireland Galway
CHI/5431/18	A randomised pilot study of a theory-based intervention to improve appropriate polypharmacy in older people in primary care (PolyPrime)	01.09.2018	31.08.2021	682,014	Queen's University Belfast
CHI/5433/18	Improving mental health among at-risk young people in a challenging border region	01.04.2019	31.03.2022	734,804	Ulster University
CHI/5434/18	Delivery of a habit-based intervention '10 Top Tips for a Healthy Weight' to overweight or obese pregnant women on the Island of Ireland: a feasibility study exploring integration into existing antenatal care pathways	01.09.2018	31.08.2021	634,131	Queen's University Belfast
CHI/5435/18	BRAIN-Diabetes: Border Region Area lifestyle Intervention study for healthy Neurocognitive ageing in diabetes	01.01.2019	31.05.2022	675,257	Queen's University Belfast
CHI/5436/18	The use of digital technologies to enhance adherence and inhaler technique and guide treatment among patients with severe asthma	01.01.2019	30.09.2021	699,952	Royal College of Surgeons Ireland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