agenda

Title of Meeting	145th Meeting of the Public Health Agency Board
Date	18 August 2022 at 1.30pm
Venue	Board Room, Tower Hill, Armagh

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 16 June 2022		Chair
4 1.35	Matters Arising		Chair
5 1.40	Chair's Business		Chair
6 1.50	Chief Executive's Business		Chief Executive
7 2.10	Finance Report	**PHA/01/08/22**	Director of Finance
8 2.30	Health Protection Update		Dr Farrell

committee updates

9 2.50	Update from Chair of Governance and Audit Committee	**PHA/02/08/22**	Mr Stewart
10 3.05	Update from Chair of Remuneration Committee		Chair

items for approval

11 3.10	Draft Annual Progress Report 2021-22 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order	**PHA/03/08/22**	Mr Wilson

items for noting

12 3.40	Performance Management Report	**PHA/04/08/22**	Mr Wilson
13 3.55	Update on Accommodation		Mr Wilson

closing items

14 Any Other Business
4.10

15 Details of next meeting:

Thursday 15 September 2022 at 1.30pm

Gransha Park House, Londonderry

HSC Public Health Agency

minutes

Title of Meeting	144th Meeting of the Public Health Agency Board
Date	16 June 2022 at 2.00pm
Venue	Stormont Hotel, Upper Newtownards Road, Belfast

Present

Mr Andrew Dougal	-	Chair
Mr Aidan Dawson	-	Chief Executive
Mr Rodney Morton	-	Director of Nursing and Allied Health Professionals
Mr Stephen Wilson	-	Interim Director of Operations
Ms Anne Henderson	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Dr Aideen Keaney	-	Director of Quality Improvement
Ms Tracey McCaig	-	Interim Director of Finance, SPPG
Ms Vivian McConvey	-	Chief Executive, PCC
Mr Robert Graham	-	Secretariat

Apologies

Dr Stephen Bergin	-	Interim Director of Public Health
Mr John Patrick Clayton	-	Non-Executive Director
Mr Brendan Whittle	-	Director of Social Care and Children, SPPG

55/22 **Item 1 – Welcome and Apologies**

55/22.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Stephen Bergin, Mr John Patrick Clayton and Mr Brendan Whittle.

56/22 **Item 2 – Presentation by Martin McCrory, Regional Peer Mentor Lead, PHA**

56/22.1 Mr Morton said that there is a need to activate the voice of lived experience and get people actively involved in shaping services. He advised that Mr Martin McCrory has now been appointed by PHA as a citizen with lived experience and he has taken on the role of regional peer mentor lead for PHA. On behalf of the Board, he welcomed Mr

McCrory to the meeting.

56/22.2 Mr McCrory told members his story and how he became involved as a service user and shared the benefit of his lived experience. He said that he started up a support group for visually impaired children and highlighted the importance of using ones experience to help others. He advised that the RNIB took over the running of the group.

56/22.3 After university, Mr McCrory advised that he took up a job in the community and voluntary sector and said that he learnt that services cannot be delivered without volunteers and it is beneficial to develop a service alongside service users and carers. He added that if a service needs to be reviewed or changed, the community and voluntary sector can be agile, but when he moved into the HSC he noted that it wasn't as agile. However, he reflected said that COVID-19 has shown that there can be agility.

56/22.4 Mr McCrory said that nobody wants to be defined as a service user or carer. He talked about how he had to be a carer for his wife for a three month period and how this gave him an insight about how to get care and support and how do you use your own experience of being a carer to help others. He said that there are service users and carers who want to help but there is a need to build skills, capacity and knowledge and make the process easier. He added that there is a need to look at remuneration guidance for service users and carers and also to look at the outcomes of what is being delivered by service users. He said that remuneration can help young people get involved and he commented that the voices for those in different Section 75 groups are rarely heard. He advised that his first priorities in this new role will be to look at remuneration and developing a network of peer support.

56/22.5 The Chair thanked Mr McCrory for his presentation. He asked which channel of communication he found to be most productive. Mr McCrory said that the best communication is through word of mouth. He explained that when PHA was advertising through social media for service user involvement there was a low uptake. He added that there is a need to have an effective and committed communications plan and he was grateful to the PHA for putting its money into service user engagement and recruiting this post.

56/22.6 Mr Morton said that there is a need to think about how to embed a social capital model. In terms of its business plan, he asked what PHA could be doing in terms of the preventative agenda, the early intervention agenda and the recovery agenda. He said that PHA has promoted a recovery model within mental health services. He noted that there has been a lot of discussion about networks and felt that there needs to be an imaginative way to support these types of initiatives.

56/22.7 Ms McConvey said that her background is working in the third sector, and the Patient Client Council is like a network of networks and its role is

about opening doors and getting people to the table. She said that there is work ongoing on the remuneration model, but she noted that it is the experience that people have on their CV that presents them with opportunities and there is not enough work being done to reach out. She added that there is a lot of knowledge out there but not enough is being done to bring it in-house. She said that the current model for engagement is not child friendly.

56/22.8 Mr Wilson said that he wished to acknowledge Mr McCrory's contribution to PHA over the years and he was pivotal in work around the dementia campaign and helped bring in that PPI perspective. He said that it is good to have Mr McCrory as part of the PHA team.

57/22 Item 3 – Declaration of Interests

57/22.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

58/22 Item 4 – Minutes of previous meeting held on 19 May 2022

58/22.1 The minutes of the Board meeting held on 19 May 2022 were **APPROVED** as an accurate record of that meeting.

59/22 Item 5 – Matters Arising

47/22.3 Direct Award Contracts

59/22.1 The Chief Executive advised that there had been discussion at the last Governance and Audit Committee about Direct Award Contracts (DACs) and although the number of these has increased, it is his wish that these are reduced. However, he acknowledged that they will always be there.

59/22.2 Ms Henderson asked if this situation is being compounded by the two senior planning managers working to support the pandemic response and asked if they have returned to their normal duties. Mr Wilson replied that there is a transition plan. The Chair suggested that one of the individuals will return to their role in July and the other in September. Ms Henderson asked if it is the Chief Executive's assessment that if these two individuals are back in post, the situation will improve. The Chief Executive commented that there is a need to change the culture and only use DACs as a last resort. Mr Stewart noted that the new Permanent Secretary will have expectations in that regard. The Chair said that staff should be trained and expected to meet targets. Ms McCaig noted that it will take some time for this current batch of DACs to run their course and there may even be requests for more DACs. Ms Henderson said that at least there is a plan in place to reduce the number. Mr Stewart commented that it is unfair to suggest that not having these two individuals in post is the sole reason for the amount of DACs, and said that there are also issues in terms of the resources to support public sector procurement. The Chair said he understood that

for PHA it is a planning issue. Mr Wilson explained that it is a partnership, and while PHA needs to get more planning expertise, it works in partnership with PALS, and PALS will struggle to fulfil the workload going forward.

60/22 **Item 6 – Chair's Business**

60/22.1 The Chair advised that he had circulated his Report and all matters contained therein were for members' information.

61/22 **Item 7 – Chief Executive's Business**

61/22.1 The Chief Executive reported that the COVID-19 spring booster vaccination programme has seen an 83% uptake in care homes and a 78/79% uptake among the over 75s receiving their booster through their GP. He said that there remains some work to do but he commended Dr Farrell and her team for the progress to date. With regard to contact tracing, he advised that the Service will cease at the end of June and that there is a celebration event taking place on 27 June which the Minister and Chief Medical Officer will be attending, and that Board members are also welcome to attend.

61/22.2 The Chief Executive advised that for 2021/22 PHA had receiving an unqualified opinion from External Audit for the annual accounts, and a satisfactory level of assurance from the Head of Internal Audit.

61/22.3 The Chief Executive noted that the Department of Health has now lifted its guidance with regard to working from home, and there is a draft policy being finalised for PHA staff whereby staff can apply to work from home up to 2 days a week. He said that this would be operationalised by September. He advised that this was to be discussed at the PHA staff engagement session on Tuesday, but it had to be postponed and is now taking place on 23 June. He added that there may be a procedure put in place for booking desks.

61/22.4 The Chief Executive reported that EY have presented their draft report on the refresh work and this will be discussed in more detail at the Programme Board meeting next week. He said that he had made a commitment with the Chair to have an extraordinary Board meeting to consider it.

61/22.5 The Chief Executive advised that PHA continues to work in other areas including monkey pox, Hepatitis, TB and refugees. He said that with regard to the new Integrated Care System (ICS) model, a workshop is being held at senior Departmental level to discuss this and it may take a year for this work to develop further. He reported that a date has been confirmed for the interviews for the Director of Public Health post.

61/22.6 Mr Stewart returned to the subject of staff working in the office and asked for an update about accommodation. The Chief Executive

advised that he and Mr Wilson had discussed this and a report will come to the Board in August. He added that a task and finish group looking at accommodation will be re-established which will also look at how regional offices are used given the new ICS model.

61/22.7 Ms Mann-Kler asked how PHA will monitor culture given the change for staff in coming back to the office. She asked whether feedback will be sought after 6 months. Ms McCaig advised that she has been speaking to Mrs Paula Smyth and that there is a plan to build on the framework around the Flexible Working Policy and this will be piloted over the first few months. She noted that there is an added complexity for PHA in that there is not enough accommodation for all staff, hence there will be a process for staff to apply to work from home, but any application will be considered alongside business needs. The Chief Executive said that as part of the review work EY have been conducting, there were 3 "Town Hall" sessions and as their work moves into the next phases, running more of these events will be a useful way of gauging the situation. The Chair said that it is important that staff have access to psychological support as some may find it difficult to readjust. Ms McCaig advised that there is a contract in place. The Chair noted that there is a contract with Inspire but he asked if staff were aware of it. Ms McCaig said that information with Inspire will be shared with staff as part of the implementation phase.

62/22 Item 8 – Finance Update

62/22.1 The Chair recorded his appreciation for the way in which the draft Financial Plan was presented. He said that it highlighted areas of which he was not previously aware and he commended Ms McCaig and her team for the Plan.

62/22.2 Ms McCaig said that she wished for it to be recorded formally that the Board approved the draft Plan and that there will be ongoing with a nominated Non-Executive Director regarding the unallocated funding.

62/22.3 Mr Irvine said that he was content to approve and approved that Ms Henderson be the nominated Non-Executive Director.

62/22.4 The Board **APPROVED** the draft Financial Plan.

63/22 Item 9 – Update on COVID-19

63/22.1 Dr Farrell presented the latest data in relation to COVID-19 and reported that the estimated number of people with COVID-19 is around 1 in 65 of the population. She showed that the number of positive cases reporting through lateral flow tests and PCR tests has increased slightly and she showed the breakdown of cases by age. She reported that there has also been an increase in the number of outbreaks within care homes.

63/22.2 Dr Farrell said that the current situation represents a "bump" which is not

entirely unexpected, but she noted that it has not resulted in increased levels of hospitalisation due to the high levels of vaccination. She added that it is important to keep pushing out the key messages.

63/22.3 Dr Farrell advised that PHA is dealing with other matters including monkey pox where she reported that the number of cases in Northern Ireland has remained small and all of the individuals concerned and their contacts have completed their isolation with no evidence of any onward transmission. She said that clinical pathways are in place and HSC staff are being required to have pre-exposure prophylaxis. She reported that across the UK the majority of cases is in London and in Northern Ireland the risk to the general public is low.

63/22.4 Dr Farrell reported that there are 22 confirmed cases of Hepatitis A-C among children, levels of which have not been seen before. She said that this has resulted in some children being very ill and having to be transported to Birmingham. She noted that there is no clear explanation for this numbers, but one particular virus has been identified in approximately two thirds of cases. She advised that in England there is a view that the number of cases has peaked.

63/22.5 Dr Farrell showed members an overview of the dashboard with information on the uptake of the spring booster vaccination. She explained that care homes vaccinations are being undertaken by community pharmacies so each home has been linked up with a pharmacy. She added that Trust staff are now going into care homes to administer vaccinations for those who have not yet received theirs. She said that the uptake is currently sitting at 87.7% but she hopes that will increase to over 90%. She noted that GPs have administered the most vaccines.

63/22.6 Dr Farrell noted that one group where vaccine uptake is low is among primary school children and she hoped that this situation will improve. She acknowledged that people are likely getting tired of receiving vaccinations. The Chair asked whether PHA needs to change or repeat its message. Dr Farrell said that there is a challenge, but she hoped the situation will improve.

63/22.7 Ms McConvey noted that although GPs have been successful at rolling out the vaccine, this is at a time when people are experiencing difficulty in getting access to a GP and she asked if this is taking GPs away from other work. Dr Farrell replied that she did not think that this was the case as GPs tend to carry out this work in dedicated sessions, but she acknowledged that there is a wider issue about access to GPs. Ms McConvey said she was seeking clarity that this work is not taking GPs away from other tasks, but Dr Farrell reiterated that there is no evidence to support that. The Chair said that the situation should be assessed. Mr Morton suggested that the impact is more on nursing activity within GP practices. The Chief Executive added that GP surgeries would run additional clinics, for example on Saturday mornings in addition to

normal services.

63/22.8 Ms Henderson thanked Dr Farrell for her presentation and commended the linkup between care homes and community pharmacies. She agreed that there is an issue in relation to access to GP services. Ms McCaig noted that the responsibility for primary care sits with SPPG and access to GPs is not a primary purpose of PHA. However, she acknowledged that there is an impact on people's health and wellbeing.

63/22.9 Ms Mann-Kler asked if COVID-19 will one day be labelled as a flu. Dr Farrell said that this would not happen. She explained that there are indications that the current strain of the virus is the most infectious of the new variant. She added that previously the virus was attacking the upper respiratory tract, but now it is working to attack the lower lungs. The Chair asked if people will need repeat vaccinations. Dr Farrell said that they would. The Chief Executive added that it will be for the Joint Committee on Vaccination and Immunisation (JCVI) to determine and PHA will act on its advice.

63/22.10 The Chair thanked Dr Farrell for her extensive and informative presentation.

64/22 Item 10 – Update from Chair of Governance and Audit Committee (PHA/01/06/22)

64/22.1 Mr Stewart advised that the minutes of the Governance and Audit Committee (GAC) meeting held on 11 April were available for members for noting, and said that the Committee had met on 11 June. He thanked GAC members for their continuing work.

64/22.2 On matters arising from those minutes, Mr Stewart reported that a letter seeking legal opinion on the issue of vaccinators has been sent to the Directorate of Legal Services. He said that there was no further update on Serious Adverse Incidents as an RQIA review is being carried out. He added that Ms McCaig had given an update on the situation with regard to overpayments to staff and these are presently being worked through.

64/22.3 Mr Stewart said that the Committee had received the latest Internal Audit Progress Report which contained the final report on the Board Effectiveness audit. He noted that the Northern Ireland Audit Office (NIAO) will be publishing a new guide on Board Effectiveness shortly. He advised that a report was also received on audits of Shared Services.

64/22.4 Mr Stewart reported that the Head of Internal Audit had submitted her report and PHA was given a satisfactory level of assurance, although notwithstanding the number of audits given a limited assurance during the year. He said that the satisfactory level was awarded due to PHA's previous track record and the progress it had made in implementing

recommendations from those audits where limited assurance was given. He advised that a general report giving information on all of Internal Audit's work across the HSC was issued to members and PHA is organisation number 15 within that.

64/22.5 Mr Stewart said that the Committee had received the Annual Report and Accounts and also the External Audit Report to those Charged with Governance where an unqualified audit opinion was given. He noted that there was one issue which related to a misstatement, but it was not considered to be material.

64/22.6 Mr Stewart advised that a report on DACs was presented which showed that the number of these had increased, but this was primarily due to certain contracts which were due to be re-tendered being extended following a Department request in the light of the forthcoming new drug and alcohol strategy.

64/22.7 Mr Stewart reported that Ms McCaig had informed the Committee of a new risk to be added to the Corporate Risk Register regarding a sub-contractor of the organisation which provides the HR and Payroll system going into administration. However, he advised that there is a contingency plan in place.

64/22.8 The Chair thanked Committee members for their work and he hoped that Internal Audit will not miss carrying out a future audit on Board Effectiveness as this should have been completed sooner. Ms McCaig advised that she had sent through a significant amount of evidence to Internal Audit and this showed that PHA's performance had improved, but there remains a lot of work to do including an action plan on what needs to be done and a record of what recommendations have been completed.

64/22.9 Ms Henderson noted that the issues raised by Internal Audit have been well documented and are set out clearly. She said that she hoped that these will be addressed so that in future the number of outstanding recommendations will be reduced.

64/22.10 Members noted the update from the Chair of the Governance and Audit Committee.

65/22 Item 11 – PHA Annual Report and Accounts 2021/22 (PHA/02/06/22)

65/22.1 Mr Wilson noted that the Board will have seen an earlier iteration of the Annual Report and the final draft version was brought to the Governance and Audit Committee last week. He said that Report gives a summary of PHA's performance over the last year and now includes the Accountability Report and financial statements. He noted that some minor changes have been made since last week. In terms of next steps, he advised that next year PHA intends to compile a user-friendly version of the Report. The Chair asked if it would be possible to have that

version designed by October 2022. He noted that the section containing biographies of Board members contained a lot of people, but Ms McCaig explained that anyone who was on the Board during the period of the Report has to be included.

65/22.2 Ms Henderson said that the Report is very clear but felt that no one will read it. Ms McCaig agreed and said that PHA has to prepare this Report to fulfil its obligations but added that the auditors provided good feedback saying it was testament to the work of PHA. Mr Stewart commented that reading the Report gives the sense that PHA is working above its statutory functions and thought should be given as to what is actually required to be reported on. Ms McCaig said that some of this is within PHA's control and suggested that the performance section could be halved in length and be more focused. She added that next year's Report should be significantly reduced. The Chair queried what type of Reports other countries are producing. The Chief Executive said that PHA tends to follow a traditional format and perhaps next year there will be an opportunity to adopt and change the Report into a different format.

65/22.3 Ms Mann-Kler agreed that there is work required to shorten the Report. She queried the staff turnover figure which was reported at 13%. Ms McCaig advised that this figure will be skewed by staff in the Contact Tracing Service and will settle down next year. Ms Mann-Kler suggested that this should be explained, but Ms McCaig said that it is possibly mentioned in the section around contact tracing. Professor Rooney also agreed that the work on the format of next year's Report should commence now as it disappointing that so much work is put into producing this Report for little return. She added that the Report contain lots of nuggets about pieces of work that PHA has been involved in.

65/22.4 Ms Henderson noted the number of off-payroll engagements, but it was noted that these mainly related to contact tracing. The Chair asked if these individuals were appointed directly. Ms McCaig said that they would have been, but noted that this is not something that PHA would do ordinarily.

65/22.5 Dr Farrell noted the COVID-19 timeline within the Report and commented that during the pandemic Northern Ireland was one of the few regions that continued to carry out kidney transplants.

65/22.6 The Chair thanked all those who were involved in preparing the Annual Report and Accounts.

65/22.7 The Board **APPROVED** the Annual Report and Accounts.

66/22 Item 12 – PHA Rural Needs Act Annual Report 2021/22 (PHA/03/06/22)

66/22.1 Mr Wilson explained that as a public body, PHA is required to take due regard to the needs of those who live in rural areas. He added that PHA

is also required to prepare an annual report and this Report gives a summary of the three assessments that were carried out. Following approval, he advised that the Report will sent to DAERA. He said that the three assessments carried out during 2021/22 were in the areas of suicide, early intervention and breast screening.

66/22.2 Mr Stewart commented that with the centralisation of services, there is an issue in terms of transport to access these centres and there needs to be liaison with Local Councils and other Departments. He added that not only is access an issue, but then there is the cost of fuel so there is a bigger picture that needs much closer examination. The Chair stated that for many years he had been concerned of how family members without their own transport would be able to access hospitals for visiting. The Chair suggested a possible solution might be to look at volunteer drivers. Ms Mann-Kler said that there needs to be a better joined-up transportation service. Dr Farrell commented that the public transport infrastructure outside of Belfast is not good. Mr Stewart said that unless these other issues, which are outside the remit of HSC, are dealt with, little progress will be made.

66/22.3 The Board **APPROVED** the Rural Needs Act Report for 2021/22.

67/22 Item 13 – Corporate Risk Register (PHA/04/06/22)

67/22.1 Mr Wilson advised that this is the Corporate Risk Register as at 31 March 2022. He explained that the risk outlined earlier in the meeting about the payroll provider service is not included given the timeline.

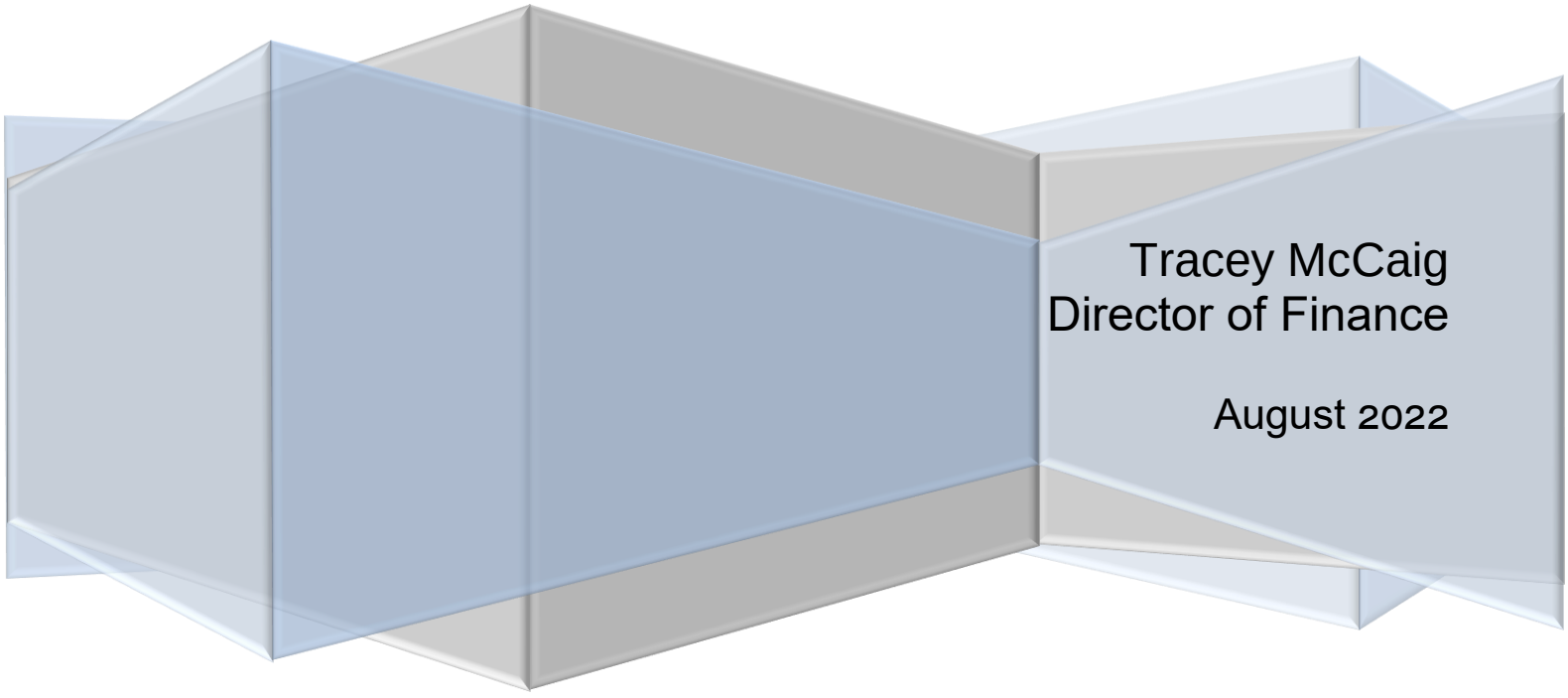
67/22.2 Mr Wilson reported that as at 31 March a new risk was added regarding DACs, and two risks were removed, one concerning the ability of third party providers to deliver commissioned services, which was an issue during COVID-19, and a risk regarding staff resilience. He added that a query had come up at GAC regarding the removal of the risk regarding staff resilience and it was felt that in the context of the PHA review, issues emanating from that risk will be taken forward by the re-established Organisational Workforce Development (OWD) group.

67/22.3 The Chief Executive said that the Register is currently out with Directors for review. He noted that the same format of the Register has been in use for quite some time and he felt that a number of risks could be collapsed together so there is a smaller number of risks. He added that it is important to remember that risks appear on the Register for a reason, and therefore there is a need to have an action plan in place, together with a timeline, for removing the risk. He said that there is need to find a way to remove the risk and noted that some of the risks have been on the Register for a long time.

67/22.4 Mr Stewart said that he supported the Chief Executive's views and said that this is an iterative process, but there remains some way to go. He noted that PHA is in the middle of a review and that does not feature on

	the Register, and nor do issues around funding. He suggested that these two areas should be added as part of the next review.
67/22.5	Ms Henderson commented that although this is the first time she has seen the Corporate Risk Register, she was aware of the issues around HR, DACs, procurement and screening. However, she expressed concern at some of the risks around IT and asked the Chief Executive for his observations on these. The Chief Executive said that there are always IT risks within the HSC and although there is a new project, Encompass, it has not helped yet in terms of developing some of the solutions needed, but hopefully this will happen over the next year. He added that BSO has appointed a Director of IT Shared Services. Mr Stewart said that IT issues with regard to screening have been reported on before and he noted that with some of these risks, there are issues that PHA cannot resolve by itself. He added that procurement is another example. The Chief Executive advised that he has agreed with the Chief Executive of BSO to have a half-day workshop where there will be a discussion around the interface between the two organisations, and areas such as HR and IT will strongly feature. He added that it has been agreed to have these workshops twice a year.
67/22.6	Ms McCaig advised that risk 65 will be removed as PHA achieved its target of breaking even.
67/22.7	The Board **APPROVED** the Corporate Risk Register.
68/22	**Item 14 – Any Other Business**
68/22.1	The Chief Executive advised that the Royal College of Nursing annual dinner and awards ceremony is taking place this evening and he is presenting the public health award.
68/22.2	The Chief Executive said that this year's annual Pride event is taking place shortly and PHA will be ensuring that it has a presence at the event.
68/22.3	With there being no other business, the Chair drew the meeting to a close.
69/22	**Item 15 – Details of Next Meeting** *Thursday 18 August 2022 at 2:00pm* *Board Room, Tower Hill, Armagh* Signed by Chair: Date:

Finance Report
June 2022



Tracey McCaig
Director of Finance

August 2022

Section A: Introduction/Background

1. The PHA Financial Plan for 2022/23 set out the funds notified as available, the risks and uncertainties for 2022/23 and summarised the opening budgets against the high level reporting areas. It also outlined how the PHA will manage the overall funding available and enable it to support key programmes of work that will help achieve its corporate priorities. It received formal approval by the PHA Board in the June 2022 meeting.

2. The Financial Plan identified a number of areas of projected slippage and how this was to be used to address in-year pressures and priorities.

3. On the basis of this approved Plan, this summary report reflects the latest position as at the end of June 2022 (month 3). Additional supporting detail is contained within Annex 1 of this report.

Section B: Update – Revenue position

4. The PHA has reported a year to date surplus at June 2022 of £0.9m (May 2022, £0.3m), against the annual budget position outlined in the Financial Plan for 2022/23.

5. In respect of the year to date surplus of £0.9m:
    - The annual budget for programme expenditure to Trusts of £43.4m has been allocated to trusts, with £10.9m expenditure reflected as at month 3 and a nil variance to budget shown.
    - The remaining annual programme budget is £49.2m. Programme expenditure of £5.6m has been recorded for the first three months of the financial year against a total profiled budget of £6.2m. These monthly budget profiles have been estimated mainly based on previous expenditure trends and an underspend to date has been reported of £0.6m (May 2022, nil). Underspends are noted in the areas of Health Improvement (£0.4m), primarily in the area of Smoking Cessation and other areas where expenditure is behind budget profile and within Health Protection (£0.2m) where a underspend in the area of seasonal flu has been reduced by spend

ahead of profiled budgets for other vaccinations. A small overspend is noted in the area of HSC Quality Improvement, which relates to expenditure just recently approved in principle by an internal funding review panel. Budgets will be adjusted to reflect this and other approvals in future reports.

- An underspend of £0.4m (May 2022, £0.3m) is reported in the area of Management & Administration, primarily in the areas of Public Health, Operations and Nursing & AHP, which reflects a high level of vacant posts in each area. Efforts continue to fill these posts as soon as possible, however a level of Management & Administration underspend has been forecast for the year and is part of the 2022/23 Financial Plan (£1.6m).
- There is annual budget of c£2.8m in ringfenced budgets, the main element of which relates to COVID funding for the Contact Tracing Centre for quarter 1 (£2.1m). A nil variance is reported on these areas as they are expected to breakeven against funded budgets. At this point additional funding is assumed for Vaccine management and it is also assumed that funding retractions will be progressed for any funding not required.

6. An assessment of slippage and pressures was undertaken for the purposes of finalising the 2022/23 Financial Plan and, at this point, there are no material changes to this position. Budgetholders are required to keep all programme budgets under close review and report any expected slippage or pressures at an early stage.

7. As a result of matters highlighted within the PHA Financial Plan, Board members have conducted an internal funding review panel in July 2022, to review PHA's pressures and priorities. Budget allocations resultant from this process, primarily to support non-recurrent pressures in year, will be reflected in future finance reports. These actions support the early progression of initiatives which address service pressures, have beneficial outcomes for service users and also enhances the management of the PHA financial position in year, supporting early planning in respect of the achievement of PHA's breakeven duty.

8. A forecast breakeven position has been reported for PHA (May 2022, £1.8m surplus) as a result of approvals in principle, in respect of PHA's pressures and priorities, by the internal funding review panel. Appropriate business cases can

now be progressed for these initiatives and the forecast breakeven position assumes business case approvals and full spend of the values approved in principle..

9. The month 3 position is summarised in the table below which summarises the year to date £0.9m surplus position and the forecast year end breakeven position.

Table 1: PHA Summary financial position - June 2022

	Annual Budget	Month 3 Budget	Month 3 Expenditure	Month 3 Variance	Projected year end surplus / (deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	13,233	3,308	3,308	0	
Health Protection	8,045	2,011	2,011	0	
Service Development & Screening	14,068	3,517	3,517	0	
Nursing & AHP	6,647	1,662	1,662	0	
Centre for Connected Health	1,416	354	354	0	
Other				0	
Programme expenditure - Trusts	**43,410**	**10,852**	**10,852**	**0**	**0**
Health Improvement	28,138	5,267	4,871	396	
Health Protection	10,085	440	275	165	
Service Development & Screening	4,115	324	281	44	
Research & Development	3,291	0	0	0	
Campaigns	1,514	23	18	5	
Nursing & AHP	838	54	54	0	
Centre for Connected Health	484	66	61	5	
Quality Improvement	0	0	36	(36)	
Other	788	0	1	(1)	
Programme expenditure - PHA	**49,252**	**6,174**	**5,597**	**576**	**(1,591)**
Subtotal Programme expenditure	**92,662**	**17,026**	**16,449**	**576**	**(1,591)**
Nursing & AHP	5,028	1,270	1,184	86	
Quality Improvement	635	149	127	22	
Operations	4,416	1,088	978	110	
Public Health	16,722	4,194	4,002	192	
PHA Board	388	95	111	(16)	
Centre for Connected Health	421	105	103	3	
SBNI	850	212	164	48	
Subtotal Management & Admin	**28,459**	**7,113**	**6,668**	**445**	**1,591**
Trusts	0	0	0	0	
PHA Direct	2,224	1,927	1,927	(0)	
Subtotal Covid-19	**2,224**	**1,927**	**1,927**	**(0)**	**0**
Trusts	142	35	35	0	
PHA Direct	130	0	0	(0)	
Subtotal Transformation	**272**	**35**	**35**	**(0)**	**0**
Trusts	0	0	0	0	
PHA Direct	322	55	146	(92)	
Other ringfenced	**322**	**55**	**146**	**(92)**	**0**
TOTAL	**123,939**	**26,156**	**25,226**	**930**	**0**

Note: Table may be subject to minor roundings.

Section C: Risks

10. The Financial Plan listed a number of assumptions, risks and uncertainties and the management of these elements are set out below.

11. **Impact of COVID-19 on Financial Planning:** The global pandemic and its impact on the HSC brings with it obvious challenges for predicting and managing budgetary resources as the service continues to respond during 2022/23. Whilst the cost of the Contact Tracing Service has been included for quarter 1 of the financial year, at this stage no significant assumptions have been made for any further requirements later in the financial year - should the service be required to restart to respond to any future changes in the COVID-19 landscape. The longer term requirements for the Vaccination Programme transfer to PHA are being worked through for this service and will be kept under close review.

12. **Demand led services:** An initial estimate of funding has been identified within the 2022/23 Financial Plan to enable pressures or strategic developments to pass though an approval process. This process has now concluded and the impact to the financial position updated, however operational managers will be required to ensure that the appropriate business case approvals are secured and steps are taken to ensure the expenditure is fully committed by the end of the financial year. Additionally, business as usual Programme expenditure will need to be monitored closely to ensure that other planned Programme expenditure is met. As in previous years, the PHA operational management will continue to review expenditure plans to identify any potential easements or inescapable pressures which may need to be addressed in-year.

13. **Annual Leave:** PHA staff are carrying a significant amount of annual leave, due to the demands of responding to the COVID-19 pandemic over the last two years. As at each financial year end, this is converted into a financial balance. This balance of leave will need to be managed to a more normal level during the year, and this may present some risk to the delivery of organisational objectives. An estimate of the partial release of the financial balance during 2022/23 has contributed toward the funding considerations of the internal funding review panel.

14. **Funding not yet allocated:** there are a number of areas where funding has not yet been released to the PHA. These include AfC and Non-AfC Pay uplift for 2022/23, however no funding or expenditure is currently being assumed for these areas. A small amount of funding is assumed in relation to normal business arrangements and does not present any significant risk to PHA.

15. Due to the complex nature of Health & Social Care, there will undoubtedly be further challenges with financial impacts which will be presented in year. PHA will continue to monitor and manage these with DoH and Trust colleagues on an ongoing basis.

Section D: Update - Capital position

16. The PHA has a current capital allocation (CRL) of £13.1m (May 2022, £13.1m). The majority of this (£12.0m) relates to Research & Development (R&D).

17. The overall summary position, as at June 2022, is reflected in the following table.

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	6,551	70	6,551	0
R&D - Trusts	8,208	0	8,208	0
R&D Capital Receipts	(2,759)	0	(2,759)	0
Subtotal HSC R&D	12,000	70	12,000	0
CHITIN Project:				
CHITIN - Other Bodies *	1,376	0	1,376	0
CHITIN - Trusts *	292	0	292	0
CHITIN - Capital Receipts *	(1,668)	0	(1,668)	0
Subtotal CHITIN	0	0	0	0
Other:				
Covid Wastewater	697	0	697	
Congenital Heart Disease Network	436	0	436	0
Subtotal Other	1,133	0	1,133	0
Total HSCB Capital position	**13,133**	**70**	**13,133**	**0**

** No CRL confirmation received for CHITIN to date, however expenditure and receipts net to zero so indicative values have been included for this area.*

18. R&D expenditure is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks,

clinical research facilities, clinical trials units and research networks. The element relating to ‘Trusts’ is allocated throughout the financial year, and the allocation for ‘Other Bodies’ is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

19. CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position.

20. PHA has received two smaller capital allocations in respect of the Congenital Heart Disease (CHD) Network (£0.4m), which is managed through the PHA R&D team, and for a COVID-19 Wastewater project (£0.7m) which is a QUB project analysing wastewater to help with the tracking of outbreaks of COVID-19. Both projects are a continuation of funding received by the PHA in 2021/22.

21. The capital position will continue to be kept under close review throughout the financial year.

Recommendation

22. PHA Board are asked to note the PHA financial update as at June 2022.

Public Health Agency

Annex 1 - Finance Report

2022-23

Month 3 - June 2022

PHA Financial Report - Executive Summary

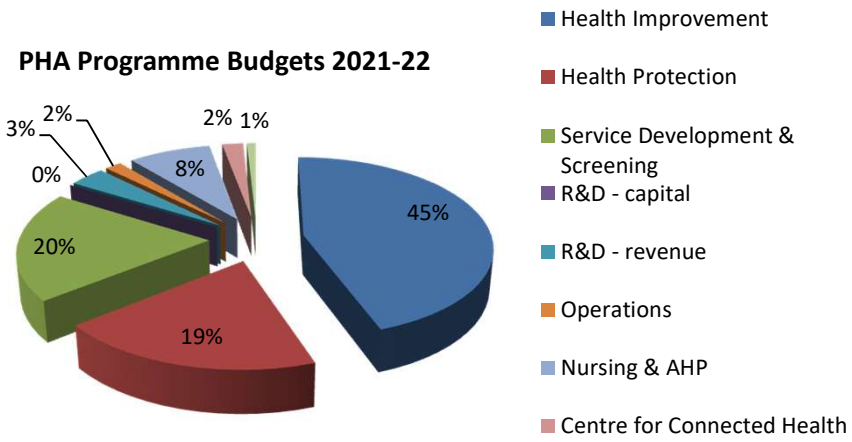
Year to Date Financial Position (page 2)

At the end of month 3 PHA is reporting an underspend of £0.9m against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6), with underspends on programme budgets primarily due to expenditure running behind profiled budget.

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.

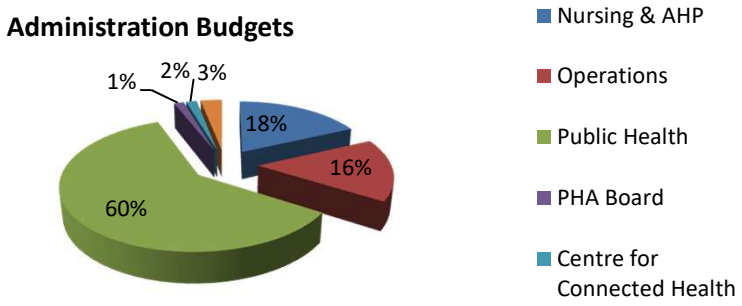


Administration Budgets (page 5)

Approximately half of the Administration budget relates to the Directorate of Public Health, as shown in the chart below.

A significant number of vacant posts remain within PHA, and this is creating slippage on the Administration budget.

Management is proactively working to fill vacant posts and to ensure business needs continue to be met.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year.

The Administration and Programme budgets are being continually reviewed in order to update the full year forecast. It is also assumed that Ringfenced areas will at a breakeven position at year end.

Public Health Agency
2022-23 Summary Position - June 2022

	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	43,410	49,252	2,818	27,566	**123,046**	10,852	6,173	2,017	6,923	**25,966**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	-	-	894	**894**	-	-	-	189	**189**
Total Available Resources	43,410	49,252	2,818	28,459	**123,940**	10,852	6,173	2,017	7,112	**26,154**
Expenditure										
Trusts	43,410	-	206	-	**43,616**	10,852	-	35	-	**10,887**
PHA Direct Programme *	-	50,844	2,612	-	**53,456**	-	5,597	2,074	-	**7,671**
PHA Administration	-	-	-	26,868	**26,868**	-	-		6,668	**6,668**
Total Proposed Budgets	43,410	50,844	2,818	26,868	**123,940**	10,852	5,597	2,109	6,668	**25,226**
Surplus/(Deficit) - Revenue	-	(1,591)	(0)	1,591	**0**	-	576	(93)	444	**928**
Cumulative variance (%)						***0.00%***	***9.34%***	***-4.59%***	***6.25%***	***3.55%***

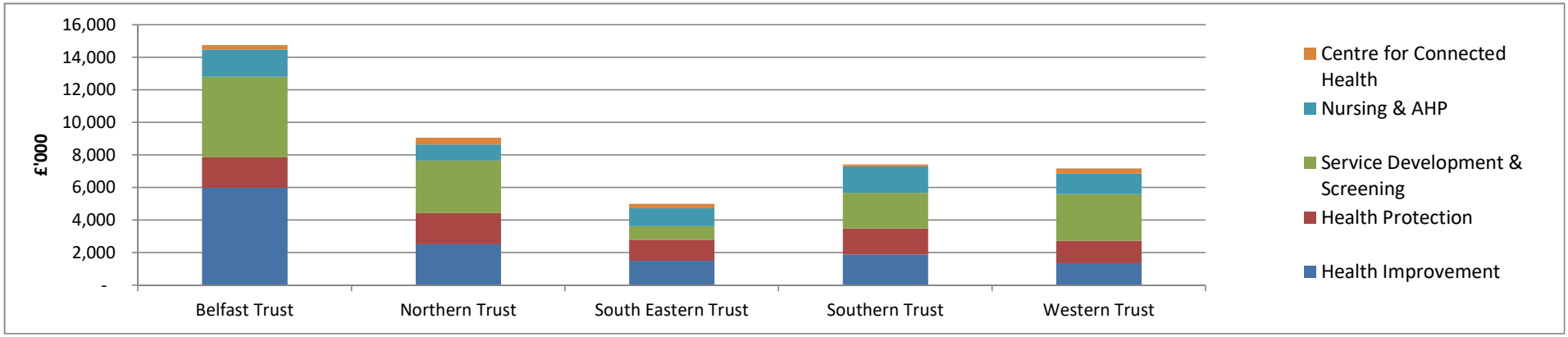
The year to date financial position for the PHA shows an underspend of £0.9m, which is resultant from PHA Direct Programme expenditure being behind profiled budgets and anticipated underspend within Administration budgets.

A year-end breakeven position is currently forecast with the underspend in Administration being used to fund projects within the Programme area of PHA.

** Please note that a number of minor rounding's may appear throughout this report.*

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

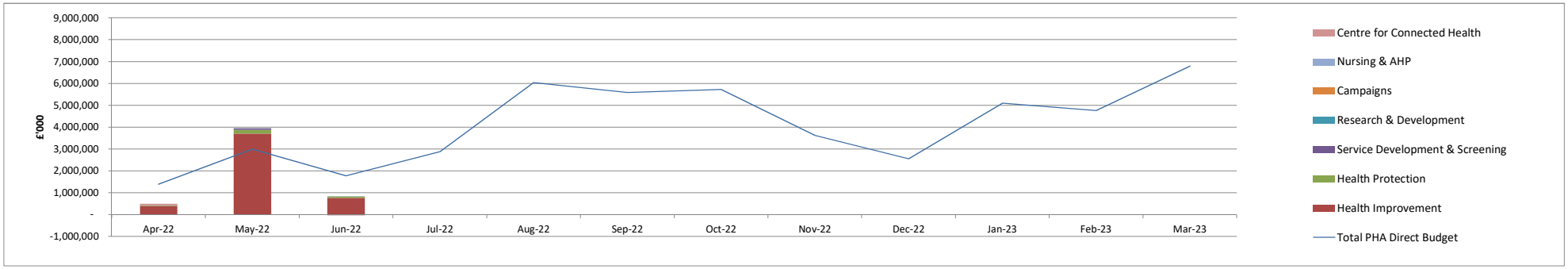
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	5,983	2,518	1,491	1,888	1,353	**13,233**	3,308	3,308	-
Health Protection	1,866	1,914	1,290	1,599	1,376	**8,045**	2,011	2,011	-
Service Development & Screening	4,949	3,221	854	2,186	2,858	**14,068**	3,517	3,517	-
Nursing & AHP	1,682	983	1,082	1,638	1,263	**6,647**	1,662	1,662	-
Centre for Connected Health	267	424	288	108	329	**1,416**	354	354	-
Total current RRLs	**14,747**	**9,059**	**5,004**	**7,420**	**7,179**	**43,410**	**10,852**	**10,852**	-
Cumulative variance (%)									***0.00%***

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date as funds previously held against PHA Direct budget have now been issued to Trusts.

PHA Direct Programme Expenditure



	Apr-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	1,268	2,538	1,461	2,241	3,766	1,313	3,387	2,645	474	3,226	2,850	2,970	**28,138**	5,267	4,871	396	*7.5%*
Health Protection	42	254	144	128	1,988	4,032	2,064	341	527	241	120	204	**10,085**	440	275	165	*37.6%*
Service Development & Scree	79	144	102	489	213	176	192	430	201	303	493	1,292	**4,115**	324	281	44	*13.5%*
Research & Development	-	-	-	-	-	-	-	-	1,000	1,000	1,000	291	**3,291**	-	-	-	*0.0%*
Campaigns	3	2	18	5	15	52	40	130	227	242	232	548	**1,514**	23	18	5	*20.5%*
Nursing & AHP	2	3	50	14	15	19	43	53	45	68	62	464	**838**	54	54	0	*0.4%*
Centre for Connected Health	-	61	5	-	41	0	7	27	83	19	6	234	**484**	66	61	5	*6.9%*
Quality Improvement	-	-	-	-	-	-	-	-	-	-	-	-	**-**	-	36	- 36	*#DIV/0!*
Other	-	-	-	-	-	-	-	-	-	-	-	788	**788**	-	1	- 1	*100.0%*
Total PHA Direct Budget	**1,393**	**3,001**	**1,779**	**2,877**	**6,039**	**5,592**	**5,733**	**3,626**	**2,556**	**5,100**	**4,762**	**6,792**	**49,252**	**6,174**	**5,597**	**577**	
Cumulative variance (%)																***9.34%***	
Actual Expenditure	**521**	**3,970**	**1,106**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,597**				
Variance	**873**	**(969)**	**673**										**577**				

The year-to-date position shows an underspend of approximately £0.6m against profile, primarily due to expenditure running behind profiled budgets. A year end overspend position is anticipated, reflecting the use of forecast underspend within Administration budgets.

Public Health Agency
2022-23 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000
Available Resources								
DoH Allocation	2,224	272	258	**2,754**	1,927	35	55	**2,017**
Assumed Allocation/(Retraction)	-			0	-	-	-	**-**
Total	2,224	272	258	**2,754**	1,927	35	55	**2,017**
Expenditure								
Trusts	-	142	-	**142**	-	35	-	**35**
PHA Direct	2,224	130	258	**2,612**	1,927	-	146	**2,074**
Total	2,224	272	258	**2,754**	1,927	35	146	**2,109**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**-**	**-**	**(92)**	**(92)**

PHA has received a COVID allocation totalling £2.2m to date, £2.1m of which is for Contract Tracing.
Transformation funding has been received for a Suicide Prevention project totalling £0.3m. This project is being monitored and reported on separately to DoH, and a breakeven position will be achieved for the year.

Other ringfenced areas include Safe Staffing, NI Protocol and funding for SBNI. An overspend at 30th June 2022 has been reported. This is due to anticipated funding for SBNI and Safe Staffing still awaited. It is expected that these areas will achieve a breakeven position for the year.

PHA Administration

2022-23 Directorate Budgets

	Nursing & AHP	Quality Improvement	Operations	Public Health	PHA Board	Centre for Connected Health	SBNI	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Annual Budget								
Salaries	4,867	623	3,268	16,399	322	379	619	**26,477**
Goods & Services	161	12	1,149	322	66	42	230	**1,982**
Total Budget	**5,028**	**635**	**4,416**	**16,722**	**388**	**421**	**850**	**28,459**
Budget profiled to date								
Salaries	1,229	145	801	4,113	78	95	155	**6,616**
Goods & Services	41	3	287	82	16	10	58	**497**
Total	**1,270**	**149**	**1,088**	**4,194**	**95**	**105**	**212**	**7,113**
Actual expenditure to date								
Salaries	1,153	122	697	3,909	98	96	143	**6,218**
Goods & Services	31	5	280	93	13	6	22	**450**
Total	**1,184**	**127**	**978**	**4,002**	**111**	**103**	**164**	**6,668**
Surplus/(Deficit) to date								
Salaries	77	23	104	204	(20)	(2)	12	**398**
Goods & Services	10	(2)	6	- 11	4	4	36	**47**
Surplus/(Deficit)	**86**	**22**	**110**	**192**	**(16)**	**3**	**48**	**445**
Cumulative variance (%)	*6.81%*	*14.54%*	*10.12%*	*4.59%*	*-16.88%*	*2.41%*	*22.68%*	***6.26%***

PHA's administration budget is showing a year-to-date surplus of £0.4m, which is being generated by a number of vacancies, including those resultant from funding received for Administration staff now made recurrent. Recruitment processes are being actioned. 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. The full year surplus is currently forecast to be £1.6m.

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

PHA Prompt Payment

Prompt Payment Statistics

	June 2022 Value	June 2022 Volume	Cumulative position as at June 2022 Value	Cumulative position as at June 2022 Volume
Total bills paid (relating to Prompt Payment target)	£2,890,136	440	£13,860,800	1,640
Total bills paid on time (within 30 days or under other agreed terms)	£2,656,379	426	£13,440,475	1,610
Percentage of bills paid on time	**91.9%**	**96.8%**	**97.0%**	**98.2%**

Prompt Payment performance for June shows that PHA achieved the 95.0% target on volume but fell below it on value. The year to date position shows that on both value and volume, PHA is achieving its 30 day target of 95.0%. Prompt payment targets will continue to be monitored closely over the 2022-23 financial year.

The 10 day prompt payment performance remains very strong at 90.2% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2022-23 of 70%.

HSC Public Health Agency

minutes

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	9 June 2022 at 10am
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Joseph Stewart	-	Chair
Mr Robert Irvine	-	Non-Executive Director *(via video link)*
Ms Deepa Mann-Kler	-	Non-Executive Director *(via video link)*

In Attendance

Mr Aidan Dawson	-	Chief Executive
Mr Stephen Wilson	-	Interim Director of Operations
Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services
Ms Tracey McCaig	-	Interim Director of Finance, SPPG *(via video link)*
Ms Andrea Henderson	-	Assistant Director of Finance, SPPG (*via video link*)
Mr David Charles	-	Internal Audit, BSO *(via video link)*
Mrs Catherine McKeown	-	Internal Audit, BSO *(via video link)*
Ms Christine Hagan	-	ASM (*via video link*)
Mr Roger McCance	-	NIAO *(via video link)*
Mr Robert Graham	-	Secretariat

Apologies

Mr John Patrick Clayton	-	Non-Executive Director

25/22	**Item 1 – Welcome and Apologies**
25/22.1	Mr Stewart welcomed everyone to the meeting and he particularly welcomed the Chief Executive to today's meeting. Apologies were noted from Mr John Patrick Clayton.
26/22	**Item 2 - Declaration of Interests**
26/22.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.
27/22	**Item 3 – Minutes of previous meeting held on 11 April 2022**
27/22.1	The minutes of the previous meeting, held on 11 April 2022 were

approved as an accurate record of that meeting.

28/22 **Item 4 – Matters Arising**

15/22.2 Attendance of Ms Martina Moore at PHA Board Meeting

28/22.1 Mr Stewart noted that Ms Martina Moore had been due to attend the PHA Board meeting in May, but this was deferred. Mr Wilson reported that the Agency Management Team (AMT) had received an update from Ms Moore and there was a further update at a joint meeting with SPPG on Tuesday. He advised that the senior management team of the Department of Health are due to have a workshop to review the scope of the Integrated Care System (ICS) work to ensure there is clarity about what is in scope and what is not. Therefore, he felt that it would be timely for the PHA Board to receive an update after this workshop has happened.

16/22.10 RQIA Review of Serious Adverse Incidents
16/22.14 Paper on Serious Adverse Incidents

28/22.2 Mr Stewart asked about the status of the RQIA Review of the Serious Adverse Incidents (SAI) process, and for an update on Action 1 relating to a paper that Mr Morton had previously prepared for the Board. Mr Wilson advised that there is no update as the report of the Review is currently with the Department and has not been shared yet with PHA.

16/22.28 Contact Tracing Service payments to staff

28/22.3 With regard to Action 2, Ms McCaig reported that the process with regard to dealing with overpayments is ongoing. She advised that there are a total of 44 overpayments being dealt with, some of which are for small amounts, some of which require further information as they may not be overpayments, and others which are being worked on but are very detailed and need to be dealt with on a case-by-case basis. She said that she would give a further update at the next meeting. Mr Stewart said that it was good to see that progress was being made.

17/22.15 Corporate Risk Register

28/22.4 Ms McCaig reported that the risk on the Corporate Risk Register regarding the ability to achieve a break even position will be removed at the next review, and added that there is now enhanced monitoring in place.

21/22 Governance Statement

28/22.5 Mr Stewart confirmed that actions 3 and 4 were complete. With regard to action 5, Mr Murray confirmed that a meeting of the Information Governance Steering Group has been arranged for 23 June.

29/22 **Item 5 – Chair's Business**

29/22.1 Mr Stewart advised that he had attended an On Board training session regarding Effective Audit Committees and had found it excellent. He said that there were some learning points that he would share with Non-Executive members. He commended the course to both Non-Executive and Executive Directors.

29/22.2 Mr Stewart reported that following the last Board meeting a letter has been drafted and sent to the Directorate of Legal Services to obtain further understanding about PHA's appointment of vaccinators.

30/22 **Item 6 – Internal Audit**

Internal Audit Progress Report [GAC/17/06/22]

30/22.1 Mrs McKeown advised that the latest Progress Report gives the outcome of the last audit assignment for 2021/22 which was the audit of Board Effectiveness where a limited level of assurance has been given. She said that as part of the audit a survey of Board members was carried out in October 2021 and the draft report included the findings of that survey. However, she advised that there was an agreement to re-run the survey and this final report contains the findings of the second survey.

30/22.2 At the time of fieldwork, Mrs McKeown reported that there was a limited level of assurance, with there being a need to enhance the relationships between the Executive and Non-Executive Directors, to improve performance management and to improve the quantity and quality of Board papers, all of which were issues highlighted in the first survey. She noted that the position was more positive following the second survey which showed that improvements had been made and by March 2022 there was evidence of better working relationships. She commented that one of the drivers for improvement was having a permanent Chief Executive and a full complement of Board members. She added that performance management reporting has been developed. While she said that the issues relating to the limited level of assurance being given have largely been addressed, there is a need for these changes to be embedded and consolidated.

30/22.3 Mrs McKeown said that there were 2 significant findings in the audit, the first of which related to the need for clarity in the roles and responsibilities of Executive and Non-Executive Directors. She advised that the second finding concerned information coming to the Board as at the time of fieldwork there was not a regular performance management report and this flagged the need for a strategic plan which includes a strong clear vision. She added that there was a lack of confidence around the adequacy and completeness of Board papers.

30/22.4 Mrs McKeown reported that there were 2 key findings, one of which

related to the lack of stability at Executive level in the organisation, and the other concerned the ALB self-assessment whereby the action plan did not pick up on an issue that had been identified. She noted that there has been a lot of discussion around this audit at Board level.

30/22.5 Ms Mann-Kler said that this audit was helpful in terms of seeing the measures which have been implemented between the first and second surveys. She agreed that there needs to be a period of time for this to bed in, but that PHA should be challenging itself to do more than simply meeting the recommendations. She said that there is a need to think of successive planning in the context of Board effectiveness.

30/22.6 Ms Mann-Kler noted the observation that an action had not been identified in the self-assessment regarding more frequent dialogue with the Sponsor Branch, but felt that this has happened. Similarly, she said that walkarounds are planned as part of future Board meetings. Mrs McKeown acknowledged that actions have been taken, but it was about having formal documentation and a specific action referenced in the action plan. Mr Stewart advised that the new Permanent Secretary is due to attend the Board meeting on 16 June, and that through the Programme Board which is overseeing the review of PHA, the Chair and Chief Executive would have frequent contact with the Chief Medical Officer (CMO) and Deputy Chief Medical Officer (DCMO). He added that the CMO and DCMO had met with the Board at a recent workshop and have offered to come back to speak to the Board if required. He said that formal accountability meetings have also been re-established. The Chief Executive commented that during the pandemic, PHA had held many meetings with its Sponsor Branch so accountability had increased, and he added that there were meetings with the Department at least 3 times a week. Mr Stewart said that PHA is on the cusp of a more positive relationship with the Department and that he is content. He agreed that the walkarounds are important as are the staff engagement sessions.

30/22.7 Mr Stewart thanked Mrs McKeown for the report. He said that despite the inadequacies, PHA has delivered way above its statutory functions during the pandemic. Ms McCaig commended Board members for their positive engagement during this audit and thanked Mr Graham for his work in forwarding the evidence to Internal Audit which showed where recommendations had been implemented. She also thanked Mrs McKeown and Mr Charles for their patience. The Chief Executive said that he wished to acknowledge that the transformation between the two audits did not happen by accident, and was due to the work of the Directors and the frank discussions that have happened to get the organisation to a better place. He said that by continuing to improve, the Board will become a more effective one.

30/22.8 Mr McCance advised that the Northern Ireland Audit Office (NIAO) will shortly be publishing an update to its Board effectiveness guide which will be of interest to members.

Shared Services Update [GAC/18/06/22]

30/22.9 Mrs McKeown said that this update represents audits carried out in BSO and although they are BSO reports, they are shared across the HSC.

30/22.10 Mrs McKeown advised that there is an annual audit in Payroll and this year, there is a satisfactory level of assurance being given around elementary processes, but a limited level in terms of 4 more complex areas. She added that there are 5 significant issues within the audit. She reported that a Payroll Quality Improvement Programme (PQIP) has been established which is looking at 8 strands, 4 of which are the areas where the limited assurance are given. With regard to previous recommendations, she reported that 8 have been fully implemented, leaving 10 partially implemented.

30/22.11 Mrs McKeown said that the next 2 audits were in relation to Recruitment Shared Services where a satisfactory level of assurance was given for processing activities, but a limited level in terms of wider processes, some of which are beyond BSO. She explained that the findings are a challenge for the system and HSC processes rather than the transactional element carried out by BSO. She added that this finding is in line with work going on across the region.

30/22.12 Mrs McKeown advised that an audit on Accounts Receivable had resulted in a satisfactory level of assurance.

30/22.13 Mr Stewart commented that this is a complicated report and his understanding is that there is a clunky IT system which does not meet the needs of its users, but that it is not used by users in line with their own procedures. Ms McCaig said that there is a link between these findings and the previous discussion about overpayments. Mr Stewart said that there is no sense of a path to get through this and the only solution may be to get a new system. Ms McCaig advised that work is ongoing the re-tendering of a new system, but the HSC needs to change how it does its end-to-end processes so there may not be any system that can be used unless the HSC adapts. She said she doubted that significant changes could be made to the current system and that the HSC will have to continue to manage. She acknowledged that it is a complex area, and it is challenging for Payroll staff. She said that while a new system may help, it will not resolve all of the issues.

30/22.14 Mr Stewart said that in his view, the recruitment processes in the HSC are too slow. He added that for any public sector procurement, there is a need to be precise about what you need to procure.

30/22.15 Members noted the Shared Services update.

Head of Internal Audit Annual Report [GAC/19/06/22]

30/22.16 Mrs McKeown presented the Head of Internal Audit Annual Report and

began by giving an overview of the KPIs which she advised were largely achieved although she drew attention to the target relating to the turnaround time between the issue of draft and final reports and said that this would be picked up with management.

30/22.17 Mrs McKeown advised that during 2021/22, audits were undertaken in 5 areas with 3 areas given a limited assurance, 1 area a satisfactory assurance and 1 given a split satisfactory/limited assurance. In total, she reported that there were 8 significant findings which are summarised in the Report.

30/22.18 Mrs McKeown said that her overall opinion for the year is that she is providing a satisfactory level of assurance but she explained the rationale for this, in that she acknowledged that management has taken action in the area of performance management and in implementing many of the recommendations in that audit and the Board effectiveness audit. She also noted the impact of the pandemic on the operations of the organisation, but she encouraged Directors to ensure that all outstanding audit recommendations are implemented and that governance processes are maintained as the organisation returns to normal. She added that she had also considered PHA's performance over the last 3 years in terms of the levels of assurances given to audits and this also contributed to giving an overall satisfactory opinion.

30/22.19 Mr Stewart thanked Mrs McKeown and said that he understood the process that led to her conclusion. Ms Mann-Kler echoed this, and said that she welcomed this report and the consideration given to the final recommendation. The Chief Executive said that he also welcomed the Report and said that it is useful to have Internal Audit to use as a barometer. He commented that it is necessary to be told the harsh realities in order to be steered back on course and that this Report will help to steer PHA through what has been a difficult period, not just for the PHA, but for the HSC as a whole, and he welcomed the satisfactory level of assurance given. He thanked Mrs McKeown for the co-operative manner with which the organisation has worked with Internal Audit.

30/22.20 Members noted the Head of Internal Audit Annual Report.

Internal Audit General Report [GAC/20/06/22]

30/22.21 Mrs McKeown advised that within the Report, PHA is organisation number 15. She said that this Report outlines the outcomes of all Internal Audit's work across the HSC and begins with an overview of the KPIs. She advised that in terms of assurance levels, 51% of audits across the HSC were given a satisfactory level of assurance, 15% a split between satisfactory and limited, 32% a limited level, 1% a split between limited and unsatisfactory and 1% an unacceptable level. She noted that while it is possible to compare performance across previous years, any comparison with 2020/21 is of limited value given the impact of

COVID-19. In terms of the audits where levels of assurance were split, 64% of these were deemed as "above the line", i.e. mainly satisfactory.

30/22.22 Mrs McKeown reported that the main areas of limited assurance across the HSC were contract management (29%), clinical governance and payments to staff (both 15%) and corporate governance (13%). Moving onto the levels of assurance given across all HSC bodies, she noted that the last year saw the lowest percentage of satisfactory audits since this report began to be compiled. She noted that a reason for this could be because Internal Audit is focusing on areas of risks so the likelihood of a limited audit is higher. She said that new risk areas are also being audited and while it cannot be used an excuse, she did note that the pandemic was impact in certain areas. She added that despite this, she was able to give an overall satisfactory level of assurance to all HSC organisations.

30/22.23 Mrs McKeown advised that a total of 19 Priority 1 recommendations were made to HSC bodies, 2 of which were for PHA. She reported that the level of follow up against previous audit recommendations was over 80% for the HSC as a whole. She said that while Internal Audit may provide a limited level of assurance, it is up to organisations to act on that and implement any recommendations.

30/22.24 Mr Stewart said that he would ensure that this Report is circulated to other PHA Board members for information.

30/22.25 Ms Mann-Kler commented that this is a useful Report and she noted that the number of limited assurance audits has increased. She said that there are certain themes emerging and that the Report provided useful intelligence.

30/22.26 Members noted the Internal Audit General Report.

31/22 Item 7 - Finance

Annual Report and Accounts incorporating Governance Statement and Letter of Representation [GAC/21/06/22]

31/22.1 Ms Henderson advised that Committee members had been furnished with the draft Annual Report and Accounts when it was submitted to the Department and NIAO on 6 May. She said that this is a final draft now that the audit process has been completed. She advised that the Report is broken down into three main sections, the performance report from pages 1-63, the accountability and governance section from pages 64-128 and the final accounts from pages 129-163.

31/22.2 Ms Henderson said that the performance section gives an overview of COVID-19 and sets out a timeline. She pointed out some minor changes which had been made from the draft version. She advised that the financial performance section shows that PHA received an allocation

of £134m and other income totalling £4m and that it met its break even target by finishing the year with a surplus of £94k. With regard to capital expenditure, she reported that there was an underspend of £8k against an allocation of £14m. She said that PHA achieved its prompt payment target with a performance of 98.6%, which represented an improvement on the previous year. In terms of information requests, she drew members' attention to the personal data incident in respect of Payroll data which had been reported in April 2022. She advised that this matter has been concluded with the Information Commissioner's Office and it has noted that there will be no further action, but there remains an ongoing investigation with regard to the employee.

31/22.3 Ms Henderson advised that the next section is on corporate governance and then there is the Directors' Report which provides information about Executive and Non-Executive Directors. She said that an amendment has been made to include Dr Brid Farrell as she had performed the role of Director of Public Health on occasions during the year. She advised that the next section outlines the statement of Accounting Officer responsibilities which is an important section.

31/22.4 Ms Henderson said that the largest section of this part of the Report is the Governance Statement which follows a standard format and contains information about business planning, risk, fraud and contains the assurances from Internal and External Audit. She said that the final section relates to the internal control divergences. In terms of changes to this section, she noted that Dr Farrell had been included in the list of attendees at Board meetings and that there was updated narrative regarding the Corporate Plan being rolled forward in line with Departmental instructions. She said a new section had been added regarding stakeholder involvement and in the assurance section a piece on whistleblowing has been included.

31/22.5 Ms Henderson said that members will be familiar with the different sources of independent assurance. She advised that there was some commentary on the Board Effectiveness audit now that it has been completed, and the overall opinion from the Head of Internal Audit has been included. In relation to the internal control divergences, she advised that some updates have been made to the section on previous control issues. For the section on finance, she noted that PHA has received wording from the Department, and in the section on staffing issues, the impact of COVID-19 on staff and being able to carry out normal business has been modified following comments from External Audit. She advised that a new divergence relating to the HRPTS system has been added and this references a new risk to PHA whereby a sub-contractor of the supplier of the software has gone into administration and there is a programme of work to respond to that.

At this point Mr Irvine left the meeting.

31/22.6 Ms Henderson advised that the next section is the Remuneration Report

	which gives details on staff, staff numbers and also off-payment engagements, of which PHA has 18 in the last year which reflects arrangements put in place during COVID-19. She said that no irregular expenditure had been recorded and that 2 losses of small value have been highlighted. She added that there are no contingent liabilities. She explained that the following pages are blank as they will contain the certificates from NIAO.
31/22.7	Ms Henderson said that the financial section begins with the main statements which show that PHA ended the year with a surplus of £94k. She advised that there were no particular issues to note in the balance sheet, cash flow statement or statement of changes in taxpayers' equity. She took members through the notes to the accounts, pointing out that note 1.20 has been updated following receipt of narrative from the Department. She reported that notes 2 and 3 give an overview of PHA's expenditure and show that there has been an increase in spending, mainly due to COVID-19 and contact tracing.
31/22.8	Ms Henderson reported that there were no other issues to note and that PHA achieved its break even target. She said that if members required any further information and wishes to suggest any changes, that these should be submitted as soon as possible so they can be incorporated into the final version which is going to the PHA Board on 16 June. She thanked NIAO and ASM for their professional approach to the audit and how it was conducted. She asked that members recommend the Report and Accounts to the Board for approval, subject to minor changes. She advised that following the Board the Chief Executive will sign off the Letter of Representation.
31/22.9	Mr Stewart expressed his appreciation for the work required to preparing the Report. He said that he would still like to see PHA tell its story in a different format.
31/22.10	Ms Mann-Kler said that the Report showed an amazing amount of work. She asked whether the Board or the Committee reviews complaints and FOI requests. She asked what the difference is between an FOI and a Subject Access Request. Mr Wilson replied that in terms of complaints, information on the number of complaints is brought to the Board and in terms of FOIs, he advised that there has been some discussion about publishing the responses to FOIs as this is done by other organisations. He said that there is some learning for PHA. Mr Stewart noted that the number of FOIs has escalated which puts a lot of pressure on the team dealing with the responses and he suggested that some may come in as press queries. Mr Wilson advised that press queries are picked up directly by the press team. The Chief Executive reported that the number of complaints is small, but added that, although not picked up here, the number of Assembly Questions has also increased placing a burden on staff.
31/22.11	Mr Stewart thanked Ms Henderson for the Report. He suggested that

attendance at Committee meetings should be included going forward.

31/22.12 The Chief Executive paid tribute to the work of Ms McCaig in putting together the final Report and Accounts.

31/22.13 Members **APPROVED** the Annual Report and Accounts which will be submitted to the PHA Board on 16 June.

32/22 Item 8 - External Auditor's Report to those Charged with Governance [GAC/22/06/22]

32/22.1 Ms Hagan began by thanking Ms McCaig, Ms Henderson and the rest of the finance team for their work in progressing the audit. She said that it is useful to have a good relationship and a good understanding of the organisation. She advised that she had met with the Chief Executive yesterday to discuss some concerns about the legal issue and those matters have been resolved.

32/22.2 Ms Hagan reported that PHA has received an unqualified audit opinion with no adjustments. She advised that one uncorrected misstatement had been identified but it was not for a material amount and it was her proposal that it should remain uncorrected. She said that there was no irregular expenditure and that this was a clean audit with no priority 1, 2 or 3 recommendations. She advised that there are a small number of checks and balances to sort and there will be a final check following receipt of the Shared Services reports.

32/22.3 Ms Hagan stated that ASM consider itself to be an independent and objective organisation for the purposes of this audit. She said that ASM is aware of the one issue relating to Payroll and felt that this has been disclosed appropriately and is included in the Letter of Representation. She advised that ASM has discharged its responsibilities with regard to the handling of personal data.

32/22.4 Ms Hagan said that there are 2 actions for the Committee today, the first is to review the findings of the audit and the Letter of Representation, and the second is to consider whether the uncorrected misstatement should be corrected.

32/22.5 Ms Hagan advised that there were no new matters as part of the scope of this audit and that the 2 significant risks identified in the Audit Strategy were addressed with on other risks identified during the fieldwork. She gave an overview of the findings of the audit, noting that from next year IFRS16 will be implemented. She added that no issues were raised in terms of PHA's ability to continue as a going concern, and no issues of irregularity were found. However, she highlighted that one loss had been disclosed. She noted that Internal Audit had provided some limited assurances. In terms of related parties, she reported that there were no significant matters and there was the one uncorrected misstatement.

32/22.6 Ms Hagan said that the 2 appendices to the Report contained the Letter of Representation and the Audit Certificate.

32/22.7 Mr Stewart said that he was pleased to see that PHA had received an unqualified audit opinion. He added that Committee members had received the draft Letter of Representation and were content with it. He advised that he did not consider the misstatement to be material. Ms McCaig explained that the issue is that calculation for holiday pay and sickness and would have been on PHA's books previously, but the amount has rolled over, and is now above the definition of "trivial". She added that it is a reasonable estimate of the position and she is content that it is left as is. She said that Mr McCance is aware of this issue across the HSC. Mr McCance advised that this is a regional issue and has been trivial for PHA in recent years. Mr Stewart said that he was content that matters were left as they are.

32/22.8 Members noted the draft Report to those Charged with Governance.

33/22 Item 9 – Corporate Governance

Update on Use of Direct Award Contracts [GAC/23/06/22]

33/22.1 Mr Wilson said that PHA's default position is to avoid the use of Direct Award Contracts (DACs), but they are required in extenuating circumstances. He reported that there are 58 DACs currently in place which represents an increase from 40. He explained that this was largely as a result of fulfilling a Department request to delay the re-tendering of a series of contracts relating to drugs and alcohol services and to await the publication of the new strategy. He added that the community and voluntary sector had made representations to the Department regarding this.

33/22.2 Mr Wilson said that the report contained an analysis of the different DACs, and that of the 19 assessed by PALS, 14 were rated "green", 2 were rated "amber", because the combined value of this and the previous DAC brought them close to the threshold, and the final 3 were rated "red". He explained that those rated "red" had exceeded the threshold and were sent to the Permanent Secretary for approval. He advised that the next section of the report contained a breakdown of the social care and light touch DACs.

33/22.3 Mr Stewart said that he was always uncomfortable with the use of DACs and he acknowledged that the Chief Executive held a similar view. The Chief Executive said that DACs should only be used as a last resort, and that there is too much of a reliance on them. He added that the pandemic has had an impact on this, but he has asked that there is now a concerted effort to move away from the use of DACs over the next 18 months, particularly in the area of health improvement. Mr Stewart said that he would support that, and hoped that going forward contracts would then be tendered in a timely fashion. He added that he had

sought assurance about the number of DACs rated "red" in the social care section, and it was explained to him that these were in place at the behest of the Department.

33/22.4 Mr Stewart asked for more information on the DAC for workforce development. Mr Wilson said that this relates to drug and alcohol services. Mr Murray advised that it is for ensuring that staff in the community and voluntary sector are up to date in terms of their training. He said that this is one contract which is normally tendered. Mr Stewart said that this needs to be closely monitored if the same organisations who are receiving other funding are also availing of this funding.

33/22.5 Members noted the update on the use of Direct Award contracts.

Gifts and Hospitality Register [GAC/24/06/22]

33/22.6 Mr Wilson presented the updated Register which he noted contained 3 items.

33/22.7 Members noted the Gifts and Hospitality Register.

34/22 Item 10 – SBNI Declaration of Assurance [GAC/25/02/22]

34/22.1 Mr Wilson said that the SBNI Declaration of Assurance covers the main areas across which the SBNI Chair is required to give PHA an assurance.

34/22.2 Members noted the SBNI Declaration of Assurance.

35/22 Item 11 – Any Other Business

35/22.1 Ms McCaig updated members on a matter relating to the HRPTS system. She explained that one of the sub-contractors to the contractor which provides the service has gone into administration. She said that this will be placed as a high risk on PHA's Corporate Risk Register. She indicated that significant work has been completed on the preparation of a contingency plan and a disaster recovery exercise has been completed. She advised that there remains a risk in terms of the payment of salaries.

35/22.2 Ms McCaig reported that there are indications that there will be a buyer, but the situation remains uncertain. In terms of PHA salaries, she advised that as these are quite stable, a calculation can be made based on a 13-week average if required.

35/22.3 Mr Stewart sought clarity as to whether this issue is on the Finance risk register or the PHA Corporate Risk Register. Ms McCaig explained that it is on both BSO and PHA's Corporate Risk Register and will be kept under constant review. She added that there are weekly updates from BSO. She commented that there is always a risk when there is an

	external provider providing this type of service.
35/22.4	With there being no other business, Mr Stewart thanked members for their attendance at today's meeting.
36/22.1	**Item 12 - Annual meeting with Auditors (External and Internal) without officers present**
36/22.1	This meeting will take place at a later date.
37/22	**Item 13 – Details of Next Meeting**
	Thursday 28 July 2022 at 10am *Fifth Floor Meeting Room (or via Zoom).* *12/22 Linenhall Street, Belfast, BT2 8BS* Signed by Chair: Date:

HSC Public Health Agency

item 11

Title of Meeting	PHA Board Meeting
Date	18 August 2022
Title of paper	Draft Annual Progress Report 2021-22 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order
Reference	PHA/03/08/22
Prepared by	Anne Basten and Karen Beattie, Equality Unit, BSO
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☒ For **Noting** ☐

Purpose

The purpose of this paper is to seek Board approval of the PHA's Annual Progress Report to the Equality Commission.

Summary

This report presents the statutory annual return to the Equality Commission for the period covering April 2021 to March 2022. It is due for consideration by the PHA Board at its August meeting.

The majority of outcomes demonstrate improvements in access to information (e.g. through engagement presentations to groups and organisations representing black and minority ethnic communities to communicate forthcoming law changes on organ donation; through developing and distributing materials & videos to support the rollout of the COVID-19 vaccination programme and encourage vaccine uptake within ethnic minority & migrant communities identified as lower uptake communities). At times, this has involved the PHA using its influence on others who can produce outcomes (e.g. as part of a tendered contract with PHA, the Women's Resource and Development Agency (WRDA) have strengthened links with Rainbow and Transgender NI, and adapted the content of their sessions to promote informed choice in cancer screening to ensure they are inclusive for individuals/groups across the whole spectrum of gender and gender identities).

Other outcomes relate to improved access and uptake of services (e.g. virtual clinics in relation to Hepatitis B screening were used for women with transport difficulties

especially during the COVID pandemic). Again, in some cases, this was achieved by the PHA using its influence on others (e.g. in relation to providing funding to 2 Councils in the Western Locality to develop and deliver Access Inclusion programmes for people with disabilities).

Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2021-22

Contact:

• Section 75 of the NI Act 1998 and Equality Scheme	Name: Stephen Wilson Telephone: 03005550114 Email: Stephen.Wilson@hscni.net
• Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above

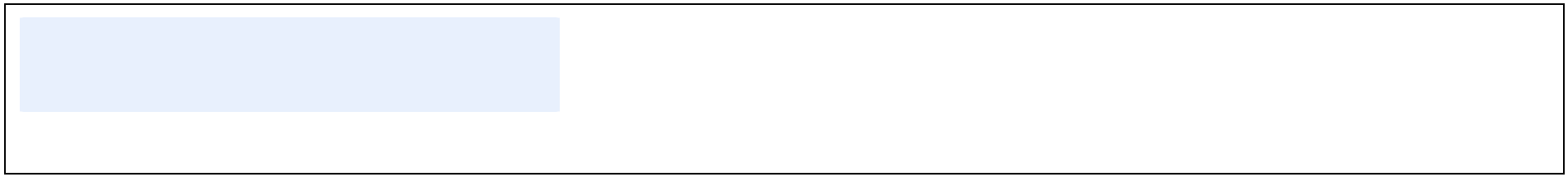
Documents published relating to our Equality Scheme can be found at:
http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

(ECNI Q28):
During 2021-22, we completed the Five-Year Review of Equality Scheme. The report can be found at:

PHA Five Year Review of Equality Scheme - June 2021.pdf (hscni.net)

Our Equality Scheme is due to be reviewed again by 31st March 2026.

Signature:



This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality, good relations and disability duties. This report reflects progress made between April 2021 and March 2022.

Contents

Chapter 1: Summary Quantitative Report

(ECNI Q15,16,19)
Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6) **2**	**Screened in** **0**	**Screened out with mitigation** **1**	**Screened out without mitigation** **1**	**Screening decision reviewed following concerns raised by consultees** No concerns raised by consultees on screening published in 2021-22
2. Number of policies subjected to Equality Impact Assessment.	1			
3. Indicate the stage of progress of each EQIA.	Physical Activity Referral Scheme (PARS): Consideration of Data/Assessment of Impacts/Consideration of Measures (STARTED 2020-21)			
4. Number of policy consultations conducted	1			
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	1			

(ECNI Q24)
Training

6. Staff training undertaken during 2021-22. (See also Chapter 2, Q6)

Course	**No of Staff Trained**	**No of Board Members Trained**
Equality Screening Training	7	0
Equality Impact Assessment Training	3	0
Total	**10**	**0**

eLearning: Making a Difference

Part 1 – All Staff	5
Part 2 – Line Managers	5

(ECNI Q27)
Complaints

7. **Number of complaints in relation to the Equality Scheme received during 2021-22**

0

Please provide detail of any complaints/grievances:

n/a

(ECNI Q7)
Equality Action Plan (see also Chapter 3)

8. **Within the 2021-22 reporting period, please indicate the number of:**

Actions completed:	3	Actions ongoing:	2	Actions to commence:	1

(ECNI Part B Q1)
Disability Action Plan (see also Chapter 4)

9. **Within the 2021-22 reporting period, please indicate the number of:**

Actions completed:	2	Actions ongoing:	0	Actions to commence:	4

Chapter 2: Section 75 Progress Report

(ECNI Q1,3,3a,3b,23)

1. **In 2021-22, please provide examples of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.**

Return to the Office / Hybrid working and Agile working was added as a standing item at all quarterly meetings of the equality forum which brings together representatives from each of the 11 regional HSC organisations. The aim was to facilitate the identification and consideration of the needs of staff in decision-making, in particular for staff with a disability and those who are carers; to share good practice; and to ensure engagement with staff members from various section 75 groups.

This included a presentation on the initial findings relating to staff with disabilities and caring responsibilities from the BSO Human Resources Working from Home Survey 2021. Members gave updates on what work was being done or decisions being made within their organisations in relation to agile and flexible working. The need for further in-depth analysis of equality findings in the survey and for assurance that New Ways of Working take account of these findings was recognised.

The PHA Chair also met with Disability Action in the context of the Disability Champions Network (which is chaired by Andrew Dougal, the PHA Chair, and brings together the Champions from the 11 regional HSC organisations) to hear about key considerations and best practice.

Table 1 below outlines examples of progress to better promote equality of opportunity and good relations[i].

The majority of outcomes demonstrate **improvements in access to information** (eg. through engagement presentations to groups and organisations representing black and minority ethnic communities to communicate forthcoming law changes on organ donation; through developing and distributing materials & videos to support the rollout of the COVID-19 vaccination programme and encourage vaccine uptake within ethnic minority & migrant communities identified as lower uptake communities). At times, this has involved the PHA using its influence on others who can produce outcomes (eg. as part of a tendered contract with PHA, the Women's Resource and Development Agency (WRDA) have strengthened links with Rainbow and Transgender NI, and adapted the content of their sessions to promote informed choice in cancer screening to ensure they are inclusive for individuals/groups across the whole spectrum of gender and gender identities).

Other outcomes relate to **improved access and uptake of services** (eg. virtual clinics in relation to Hepatitis B screening were used for women with transport difficulties especially during the COVID pandemic). Again, in some cases, this was achieved by the PHA using its influence on others (eg. in relation to providing funding to 2 Councils in the Western Locality to develop and deliver Access Inclusion programmes for people with disabilities).

In most cases, it is not possible to ascribe developments to one single factor of Equality Scheme implementation. New initiatives, such as in relation to COVID-19 vaccination uptake, are not necessarily an outcome of any equality screenings or Equality Impacts Assessments.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation. From this point of view, staff training and engagement and consultation are arguably the most important factors.

Changes resulting directly from equality screenings are reported in Chapter 7, the mitigation report. Those due to the implementation of Equality and Disability Action Plans are reported in Chapters 3 and 4.

Table 1:

	Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.
Persons of different religious belief	**Directorate of Operations** **Organ donation** The Department of Health's duty to promote organ donation is delivered via a 12-month rolling plan to raise awareness and understanding of, and support for organ and tissue donation and transplantation. The education and awareness plan targets a wide range of audiences to ensure as many people are aware of organ and tissue donation and transplantation. Within the plan, there are activities which target different age ranges within the population. This includes dissemination of information to all organisations and networks representing faith groups and churches. Following the Department of Health's public consultation on the introduction of a soft opt-out system for organ donation which ran from December 2020 – February 2021, an engagement plan was created to communicate widely on the proposed law change. Upon approval of the Organ and Tissue (Deemed Consent) Bill in February 2022, this plan has continued to communicate the forthcoming law change. Activities have included: • Engagement presentations to faith groups and churches

	• Dissemination of information to all organisations and networks representing faith groups and churches • A communications needs assessment was carried out in the form of a survey for groups, organisations and individuals to complete • Email and online information shared via NICVA and Community NI, Community Health Development Network and other partners to target all individuals in society. **Health Intelligence** A central function of Health Intelligence is to analyse data (eg from programme data, population-based surveys etc) and report findings to HSC colleagues internal/external to the Agency. In 2021/22, population-based surveys were conducted with samples representative of the NI general population. The population surveys were conducted to gauge public opinion on organ donation, and awareness of the Lifeline suicide prevention helpline. Data were analysed which included breakdowns for age, gender, religious and political affiliation. Findings were reported to HSC colleagues who use the information to make decisions about the future of services and/or interventions.
Persons of different political opinion	**Directorate of Operations** **Health Intelligence** Please see entry above (under 'Persons of different religious belief')

Persons of different racial groups	**Directorate of Public Health** **Health and Wellbeing Improvement** During 2021/22, Health Improvement Teams identified and implemented a range of support mechanisms and dissemination of key public health messages to address community health needs within ethnic minority and migrant communities. This included a particular focus on developing and distributing materials & videos to support the rollout of the COVID-19 vaccination programme and encourage vaccine uptake within ethnic minority & migrant communities (identified as lower uptake communities). This work was carried out through the Low Vaccine Uptake Working Group and involved significant contributions from the PHA Communications Team. A sample of the outputs are included below; **COVID-19 vaccination - a guide to the programme -** can be downloaded here COVID-19 vaccination - a guide to the programme and translations | HSC Public Health Agency (hscni.net) **COVID-19 vaccination - what to expect -** can be downloaded here COVID-19 vaccination - What to expect and translations | HSC Public Health Agency (hscni.net) Both of the above are available in 17 translations **BAME social media resources (including influencer videos in own language) -**

	https://www.publichealth.hscni.net/directorates/operations/communications-and-knowledge-management/communications/corporate-and-public ReachDeck is available on the PHA website to translate the information including PDFs into other languages. A guide has been produced for the site in 22 languages on using this tool. https://www.publichealth.hscni.net/publications/how-translate-information-pha-website-using-reachdeck The PHA has a 'Health Messaging' email service to help disseminate priority information resources to subscribers across Northern Ireland, including Ethnic Minority & Migrant support organisation. This service routinely promotes the availability of translated PHA information resources, to c800 subscribers. Through the Low Vaccine Uptake Working Group, Health Improvement staff led on the sharing of low vaccine uptake data with the 5 HSC Trusts and Community Pharmacy to influence the location of Vaccine Clinics (data shared on a monthly basis from July 2021 – Mar 2022) and encourage a targeted approach to low vaccine uptake areas & communities. Through the Low Vaccine Uptake Working Group, Health Improvement staff led on a range of engagements with the Food Processing sector, co-ordinating vaccine clinics by Trusts and/or Community Pharmacy in or near the workplaces. Between May and September 2021 there were 26 clinics across 14 sites and 5,695 total doses were administered (1st & 2nd doses combined).

	Screening Cancer screening – an Arabic translator was engaged by the Women's Resource and Development Agency (WRDA) to support the delivery of a number of sessions to promote informed choice in cancer screening, commissioned by the PHA. Resources for these sessions have been translated into Arabic and work is ongoing to develop standalone webinars in Arabic which can be made accessible to this community going forward. Infectious diseases in pregnancy screening programme – In December 2021 the 2018-2020 annual report was finalised. This report highlighted that • There had been a delay in the review of some women screening positive for hepatitis B due to the unavailability of specific interpreters, or women not attending for appointments especially in 2019-2020. • In 2018-2019, 81% of all women who screened positive for hepatitis B were seen within 6 weeks by hepatology services. • In 2019-2020, only 65% of all women who screened positive for hepatitis B were seen within 6 weeks by hepatology services. • Since hepatitis B is more prevalent in the western pacific regions of the world many of the women screened positive for hepatitis B would not have English as their first language, which can lead to problems accessing services and understanding the importance of attending appointments. The recommendations from this report were that there should be a process of continuous audit to: help identify potential barriers, for these women; help to improve service accessibility for all women; and ensure that all women are

	reviewed in a timely manner within the recommendations of the National standards. Actions taken include the following: • Virtual clinics were used for women with transport difficulties especially during the COVID pandemic. • Close liaison with hepatology services and maternity services meant that they were able to work together to ensure the necessary blood tests were taken to allow full assessment of the infectivity status of each woman. • Community support groups were utilised at times to help transport women to appointments if it was necessary to have face to face appointments. • In the absence of an appropriate interpreter the use of the “Big word” interpreting service meant that women could still be reviewed in a timely manner. • Hepatitis information leaflets are available in different languages to be sent to women screened positive for hepatitis. These leaflets outline the implications of hepatitis B for themselves and their baby and detail the steps we will take to ensure their own health is maintained, through referral to the hepatologist, and the steps we will take to protect their baby through a schedule of vaccinations after delivery. Results include the following: • Provisional data from 2020-2021 shows that 72% of all women who screened positive for hepatitis B were seen within 6 weeks by hepatology services.

	• Provisional data for the first 3 quarters in 2021-2022 shows that 91% of all women who screened positive for hepatitis B were seen within 6 weeks by hepatology services. • This is a great improvement and well above the national standard (acceptable level 70%, achievable level of 90%). • We will continue to monitor the data on a quarterly basis and take timely action should performance begin to fall again. However, it should be taken into account that the numbers are small so a few women not meeting the standards will affect the performance percentage greatly. **Directorate of Operations** **Organ donation** As per the entry under 'religious belief' above, education and awareness activities included • Engagement presentations to groups and organisations representing BAME communities • Dissemination of information to all organisations and networks representing a range of racial members of society.
Persons of different age	**Directorate of Nursing and Allied Health Professions (AHP)** **Nursing** From early in the onset of the COVID-19 Pandemic visiting into care homes in NI was severely restricted in order to protect care home residents who were viewed

	as among the most vulnerable in society; there were high numbers of deaths associated with COVID-19 among this sector. The impact of isolation from families and loved ones was shown to be extremely detrimental to the health and wellbeing of both and caused major challenges at all levels across the system including politically as the community protested to the severity of restrictions. The DoH asked this Directorate in the PHA to take forward work to put in place a plan that would support movement towards 'normalised' visiting into care homes. The work entailed the following: • Establishment of a Regional Working Group to include all relevant stake holders, Families/Independent Providers/Trusts/RQIA/HSCB/PCC/DoH/COPNI/3rd Sector Voluntary • Scoping Evidence • Completion of Risk/Benefit analysis • Survey of the Views of Residents/Families/Care Home Providers • Development of a Pathway – co-produced with all stake holders which was adopted by the DoH as Departmental Guidance. The Visiting with Care Pathway developed was a stepped approach to moving towards normalized visiting that was informed by a number of factors including: the views of residents/families/providers, the status of the virus in terms of community transmission levels, number of care home outbreaks,

	acuity/hospitalization rates for residents ill with covid-19 and deaths of care home residents from Covid-19. A 4 weekly review cycle was put in place which informed the Minister in terms of moving along the pathway towards normalized visiting. Difference this work made: • Resumed visiting into and out of care home in a way that was managed and safe for residents impacting significantly on the health and well-being of residents and their visitors. • Reduced pressure across the system from families who were very angry at the restrictions – complaints into COPNI, DoH. RQIA, PHA, PCC, HSCB, Trusts which had been extremely high reduce to practically zero. • This work was co-produced with families and residents whose views informed all decisions. • This work gave residents and families a clear voice and influence in decisions made. • The rights of older people in care homes to a 'family life' were resumed. The DoH, PHA Nursing and AHP team have created guidance for Care Home staff to reduce impacts of a resident experiencing a long lie after a fall. This includes a poster, Immediate Management of Fall protocol and guidance documentation. The Frailty Network alongside PHA AHP are leading on a Regional Falls in Care Homes project to increase resident wellbeing and reduce falls. This is currently

	still in testing phase. The baseline has been identified and it follows an Inter-professional approach with co-design at the heart. Care Opinion platform within District Nursing – District Nursing teams deliver person and family centred care in the person's home or in the community and assist people to make autonomous decisions about their care. The majority of people are over 65 years of age (83%). Service user feedback is critical and to facilitate this District Nursing launched a focused Care Opinion campaign on the 18th March 2021. This included the design of bespoke promotional material and campaign links. By 13th December 2021 100 stories had been published on Care Opinion in relation to the District Nursing services. Stories were shared by service users, relatives, carers and staff on behalf of service users. Care Opinion supports people to highlight what is important to them through open question of 'What's your story?' Feedback to date has been largely positive and in relation to 'what was good?' the 5 main themes of the stories shared related to care, staff, Nurses, support and caring. A report has been produced which presents the key messages identified and will inform and influence developments within the District Nursing service. **Directorate of Operations** **Organ donation** As per the entry under 'religious belief' above, education and awareness activities included

	• Development of schools resources for Primary and Post-primary pupils: these resources are currently in development with a Working Group of teachers • Use of initiatives such as Organ Donation Week to engage with young people, particularly Primary and Post-primary, with age-specific projects • Engagement presentations to Age NI, U3A • Dissemination of information to all organisations and networks representing youth and older members of society • Involvement of Age NI in the development of communications campaigns. **Health Intelligence** Please see entry above (under 'Persons of different religious belief') Likewise, a central function of Health Intelligence is to analyse data (eg from programme data and population-based surveys etc.) and evaluate programmes or interventions implemented by colleagues throughout the Agency and report findings to colleagues internal and external to the Agency. In 2021/22 Health Intelligence commissioned population-based surveys which included Smoking campaign baseline measures gauging public opinion on smoking restrictions in cars and age of sale of e-cigarettes. Evaluations have included the evaluation of campaigns such as FAST, Smoking, Obesity and COVID vaccination. As routine practice, analysis of data always includes gender, age, SEG and marital status breakdowns. Findings are shared with colleagues who use the information to make decisions about the future of such interventions.

	Health Intelligence moreover instigated a monthly survey programme to track public attitudes to Covid-19 and the measures put in place to mitigate its spread. As routine practice, analysis of data always includes gender, age, SEG and marital status breakdowns and findings are shared with colleagues internal and external to the Agency and provides support for the ongoing development of the vaccination programme, key messaging and communications. In light of low vaccine uptake among HSC staff, Health Intelligence carried out a survey inviting HSC Trust staff, Domiciliary Care Staff and Primary Care Providers to explore their views on the COVID-19 vaccination and any concerns they may have had about the vaccine. As routine practice, analysis of data always includes gender, age, SEG and marital status breakdowns and findings are shared with colleagues internal and external to the Agency. Findings helped inform key messaging on the vaccine to alleviate any concerns people may have and to increase uptake of the vaccine. In February 2022, Health Intelligence commissioned qualitative research to explore the perceptions and attitudes of the public towards the COVID vaccination programme and the announcement that all COVID legal restrictions would be replaced by guidance. Participants across different ages and genders were recruited to participate in focus groups. The findings have been shared with colleagues and used to inform the PHA vaccination programme and communication materials to overcome vaccine hesitancy. Health Intelligence commissioned qualitative research with people having experienced chronic homelessness for the Complex Lives Model in Belfast.

	Participants across different ages were recruited to their pathways and related factors into and out of homelessness and when being homeless with a particular focus on risk factors during adolescence and later adulthood. The findings and case studies originating from this work have been shared at a workshop with providers and wider services in the homelessness sector and will feed into the development and implementation of the Belfast Complex Lives approach. Health Intelligence prepares the compendium - The Director of Public Health's Core Tables - which contain a range of demographic information such as estimated home population figures and projections, births information, fertility rates, death rates, information on life expectancy, immunisation rates, infectious diseases and screening uptake rates. These are presented also for gender (where applicable) and age group. https://www.publichealth.hscni.net/directorates/operations/statistics
Persons with different marital status	**Directorate of Operations** **Health Intelligence** Please see entries above under 'age'.
Persons of different sexual orientation	**Directorate of Public Health** **Screening** As part of a tendered contract with PHA, the Women's Resource and Development Agency (WRDA) have strengthened links with Rainbow and Transgender NI, and adapted the content of their sessions to promote informed

	choice in cancer screening to ensure they are inclusive for individuals/groups within the LGBTQIA+ community. Sessions were provided to Rainbow Project staff, enabling them to gain information and knowledge on cancer screening which they can pass on to more vulnerable members of the LGBTQIA+ community who may not be willing to attend a session themselves.
Persons of different genders and gender identities	**Directorate of Public Health** **Screening** As part of a tendered contract with PHA, the Women's Resource and Development Agency (WRDA) have strengthened links with Rainbow and Transgender NI, and adapted the content of their sessions to promote informed choice in cancer screening to ensure they are inclusive for individuals/groups within the LGBTQIA+ community. **Directorate of Operations** **Health Intelligence** Please see entries above (under 'religious belief' and 'age').
Persons with and without a disability	**Directorate of Public Health** Access Inclusion programmes – To develop and embed excellent practice, achieve better health and wellbeing outcomes and reduce health inequalities for people with disabilities, in the Western Locality 2 Councils were funded to develop and deliver Access Inclusion programmes. The programmes work

	towards breaking down the economic, physical, social/attitudinal and communication barriers to social inclusion that impact on all aspects of health and wellbeing and ensure that people with disabilities can fully participate in civic life. **Screening** As part of a tendered contract with PHA, the Women's Resource and Development Agency (WRDA) engaged with the British Deaf Association (BDA) to plan and facilitate sessions on promoting informed choice in cancer screening for those people who are deaf or have a hearing impairment. WRDA staff worked closely with interpreters to plan these sessions and ensure delivery of information was accurate and accessible to everyone. They used easy read information guides and assisted BDA staff in creating signed promotional videos to encourage users to attend the sessions. As feedback from the sessions was positive, the BDA produced a video for users to highlight the benefits of attending these sessions and in-vision resources for each of the cancer screening sessions are now being produced. Each of these sessions will be pre-recorded by a BSL translator and an ISL translator as well as include subtitles. A working partnership has also been developed with RNIB to ensure that all sessions are accessible for those with a visual impairment. This has led to ongoing work with Deafblind UK (NI) to make appropriate adaptation to session Powerpoint resources.

	Deafblind awareness training was delivered to staff and community facilitators delivering the promoting informed choice in cancer screening programme. **Directorate of Nursing and Allied Health Professions (AHP)** **New Models of Prescribing - Physiotherapy Pilot** In 2019 a transformation project was established to enable prescribers working at the interface to issue prescriptions directly to patients, rather than asking GPs to implement their recommendations. The project considered new and transformative processes to improve access to medicines and pharmaceutical products. During 2020/21 pilot initiative was initiated. A project team was established to ensure effective oversight of the project. The pilot took place within the Southern and South Eastern Trust areas. Twenty physiotherapist prescribers are now writing HS21 prescriptions for patients to assist with management of lymphoedema, pain, musculoskeletal conditions, respiratory illnesses, neurological complaints and women's health issues across the two Trust areas. One of the benefits of the project is reduced delays in accessing medication that should be started quickly allowing the opportunity to access the right medicines, at the right time, from the right person. An example of how this has worked is that time to access made-to-measure compression garments for lymphoedema patients has reduced from 3-6 weeks to 1 week.

	For patients, the work has reduced unnecessary appointments, promoted faster recovery, and enabled patients to manage their own care. An evaluation of all the project is underway and work is continuing to enable a technical solution that would support wider commissioning and scale and spread to other HSC Trust areas. **Dysphagia NI** Continuing the work of Dysphagia NI over recent years, during 2021-22 the focus has been on providing staff with up-to-date guidance and information to reduce the risk of choking for adults with dysphagia (eating, drinking and swallowing difficulties), and building awareness of dysphagia among the public. A range of regional resources and guidance to support staff caring for people with Dysphagia were produced, including ECHO sessions for staff, information materials, newsletters and posters to raise awareness of eating, drinking and swallowing difficulties in community settings. In addition, a number of actions were taken regionally to support best practice, including the establishment of a dashboard for Speech and Language Therapy Dysphagia waiting times in order to monitor and identify preventative actions on an ongoing basis and a checklist for RQIA inspections of domiciliary care and day centres which was piloted during 2021-22 and reviewed for implementation during 2022-23.

	These actions contribute to ensuring regional consistency in protocols and care pathways, supporting a regional approach to dysphagia awareness and standardized best practice, with the impact of supporting patient safety and wellbeing by reducing the risk of choking for adults with dysphagia. **Directorate of Operations** **Health Intelligence** COVID vaccination publications material • Production of the range of COVID vaccination publications material in the following formats: easy read publications for those with learning disabilities, Braille*, large print accessible word documents, audio recordings, and BSL/ISL videos with sub-titles. *Braille versions of the COVID vaccination leaflets were produced and supplied to Trust vaccination centres following a request at one of the centres. RNIB also made their members aware Braille versions of the COVID vaccination leaflets were available on request. GPs and pharmacies also notified and could request. No requests were received via RNIB, GPs or pharmacy. COVID vaccination centres • Worked with RNID to produce a poster for vaccination centre staff on communicating with people who are deaf or have a hearing loss.
Persons with and without dependants	**Directorate of Operations** **Health Intelligence**

	Given the evidence of low uptake of the COVID vaccine among young people, Health Intelligence asked a number of questions, as part of the public attitudes Covid-19 monthly surveys, of parents/carers of children aged 5-11 and 12-17 to explore their views on children receiving the vaccine and any concerns they had. This was also further explored in the qualitative research were of the six focus groups, one group was of parents with primary school aged children (5-11 yr olds) and one group was of parents with secondary school aged children (12-17 yr olds). Findings were shared with colleagues and will be used to inform the PHA vaccination programme and communication materials to overcome vaccine hesitancy. Family Nurse Partnership (FNP) is a licenced, intensive, home visiting programme provided to teenage parents by trained Family Nurses. In 2021 Health Intelligence produced the Family Nurse Partnership (FNP) International Annual Report 2021 Appendices: FNP Analysis of data to 31st December 2020 (Health Intelligence, 2021). The appendices are included in FNP Annual Reports including the Regional International Annual Report and each of the HSC Trust Annual Reviews for the FNP Family Advisory Boards. The collection of FNP data is a licensing requirement to help monitor and improve programme quality and replication of the original evidence-based programme model. The FNP data reports are used to review progress and outcomes with respect to FNP fidelity goals and FNP objectives concerning maternal and child outcomes.

(ECNI Q4,5,6)

2. During the 2021-22 reporting period

(a) were the Section 75 statutory duties integrated within…?

	Yes/No	Details
Job descriptions	No	The requirement to assist the organisation with fulfilling the duties under Section 75 of the Northern Ireland Act 1998 and the disability duties has not been included to date.
Performance objectives for staff	No	

(b) were objectives and targets relating to Section 75 integrated into…?

	Yes/No	Details
Corporate/strategic plans	Yes	The PHA Corporate Plan 2017-2021, rolled over into 2021-22, includes five key outcomes. Two of these relate directly to Section 75 groups: 1. All children and young people have the best start in life 2. All older adults are enabled to live healthier and more fulfilling lives
Annual business plans	Yes	Against the Corporate Plan outcomes, a number of actions included in the Business Plan 2021-22 related to specific Section 75 groupings: “Expand the routine adult and child influenza vaccines to help manage the impact of the ongoing Covid-19 pandemic. The 2021/22 influenza programme will be targeted at: people aged

		50 years and over in the age based programme; School age children to year 12; and other at risk groups and HSCNI workers." "Establish a Health Inequalities Network to improve access to data, co-ordination of resources and implementation of evidence based practice in Health & wellbeing improvement" "Procurement of the new Regional Sexual Education service that meets specifications of diversity, communication methods and measurement of impact and implement in target areas"

(ECNI Q11,12,17)

3. **Please provide any details and examples of good practice in consultation during the 2021-22 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:**

Please see Table 2 below.

Table 2

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
Health and Wellbeing Improvement Pre-consultation for PHA	☒ Screening template ☐ EQIA report ☐ none	The PHA sought feedback from persons who have been bereaved by suicide, community and voluntary organisations	An 8-week pre-consultation process took place between February and April 2021. This	The zooms sessions worked very well and allowed individuals to participate at times that suited them.

commissioned services under Protect Life 2(PL2): A Strategy for Preventing Suicide and Self-Harm in Northern Ireland		with additional focus groups with a specific focus on ethnic minority community representatives and for LGBTQI+.	included a survey which was hosted via Citizen space along with a number of engagement events and focus groups. Due to COVID-19 restrictions, 8 consultation events were facilitated via Zoom. Information in relation to the pre-consultation process was advertised on the PHA website/social media and disseminated via PHA networks/contacts including: service providers, service users, community	

			and voluntary organisations, statutory bodies, PSNI and elected representatives. A video was also produced outlining the process which included subtitles.	

(ECNI Q21, 26)

4. In analysing monitoring information gathered, was any action taken to change/review any policies?

Yes - please see Table 3 below for further information.

Table 3

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
HSC Research & Development Evaluation of Building Research Partnership Training	Breakdown of demographic data of participants taking part	Parts of course were changed. Increased efforts were made to target participants from hard to reach groups.	Data still being monitored
HSC Research & Development	Analysis of demographic data of registrants	Increased efforts were made to target people from BAME community through PHA lead, community contacts,	Recruitment rates still low but acknowledged this was a UK wide problem. Efforts are ongoing through nationwide campaigns to improve reach

Vaccine Research Registry		aligning with UK recruitment campaigns.	and improve equality and diversity in all research studies.
Screening Promoting informed choice in cancer screening	Section 75 data collected from the attendees at promoting informed choice in cancer screening sessions (2020-21)	Data showed few service users from the LGBTQIA+ community. Service provider employed a project worker to engage with this target group. Enhanced engagement with stakeholder groups Rainbow, Transgender NI and HereNI. Adaption of content of sessions and resources, targeted promotion, sessions for Rainbow staff and volunteers	2021-22 monitoring showed 32+ service users identified as being from LGBTQIA+ community. Ongoing engagement and monitoring planned.

(ECNI Q22)

5. **Please provide any details or examples of where the monitoring of policies, during the 2021-22 reporting period, has shown changes to differential/adverse impacts previously assessed:**

There is no information to evidence that PHA undertook the monitoring of policies, during the 2021-22 reporting period, of policies previously screened or EQIAed.

Table 4

Policy previously screened or EQIAed	Did equality proofing show any additional needs/adverse impacts for any of the Section 75 groups?	Did you gather and analyse any equality monitoring information during 2021-22? (Please tick)	Did monitoring data show these adverse impacts had changed in 2021-22? Why do you think this is?

(ECNI Q25)

6. **Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:**

The PHA avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the training.

Screening Training Evaluations

The figures in bold below represent the percentage of participants who selected 'Very Well' or 'Well'. Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **94%**
- To develop an understanding of the benefits of screening: **95%**
- To develop an understanding of the screening process: **85%**
- To develop skills in practically carrying out screening: **83%**

EQIA Training Evaluations

Participants were asked: "Overall how well do you think you have achieved the following learning outcomes":

- To demonstrate an understanding of what the law says on EQIAs **94%**
- To demonstrate an understanding of the EQIA process **98%**
- To demonstrate an understanding of the benefits of EQIAs **96%**
- To develop skills in practically carrying out EQIAs **84%**

The figures in bold represent the percentage of participants who selected ‘Very well’ or ‘Well’.

(ECNI Q29)

7. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period?

During 2022-23 we will focus on:

- Developing and consulting on new Equality and Disability Action Plans, jointly with our partner organisations
- Implementing key commitments identified in our 5 Year Review of Equality Scheme report.

Appendix – Further Explanatory Notes

1 Consultation and Engagement

(ECNI Q10)
targeting – During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of the PHA-commissioned services under Protect Life 2: A Strategy for Preventing Suicide and Self-Harm in Northern Ireland. This is to inform our consultation documents.

(ECNI Q13)
awareness raising for consultees on Equality Scheme commitments – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication.

(ECNI Q14)
consultation list – During the year, we reviewed our consultation list every quarter.

2 Audit of Information Systems

(ECNI Q20)
We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.

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[i] This includes as a result of

- screening / Equality Impact Assessments (EQIAs)

- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.

Chapter 3: PHA Equality Action Plan Progress Report 2021-22

Equality Action Plan 2020-22 Report on progress made during 2021-22

This document summarises progress made during 2021-22 against the actions we identified in our Equality Action Plan. The plan is available on our website: http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

Any request for this document in another format or language will be considered.

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
1. 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 2022	NIMATS operational group End March 2022
What we did this year The NIMATS operational group reviewed the need and added value of including this field and concluded that the information currently recorded through the field of 'previous medical history' appears sufficient at present to record the needs of service users with a disability. The case for including an additional field on disability will be reviewed in the context of the introduction of encompass. **This action is closed off.**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
2. 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 2022
What we did this year After some delays the printing process of the leaflet, which was produced by the Cancer Screening Team and AAA Screening Team in engagement with Transgender NI and other advocacy organisations, was underway at the end of Mar 2022. The leaflet will allow the transgender community to be fully aware of which programmes they are eligible for and to make an informed choice about attending or opting out of these programmes. **We have completed this action.**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
3. 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 minorities** 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 did this year Provisional data collected from 1st April 2020 - 30th Sept 2021 shows no evidence of any women including BME women, who have screened positive for hepatitis B and who did not attend their review appointments at hepatology within 6 weeks. The data shows that 100% of all women screened positive for hepatitis B have			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
attended for their review appointment within 10 working days of result receipt. There doesn't appear to be any issues at present with BME women attending their review appointments, however we will continue to monitor any women who DNA appointments and consider equality issues which might have an influencing factor. During COVID some reviews by hepatology were done virtually making it easier for women to attend their reviews. **We have completed this action.**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
4. 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 did this year Almost 30,000 participants have been recruited to urgent Covid-19 studies in Northern Ireland including 215 children of HSC staff in the SARS-Cov-2 trial and 939 university students in the SPIT trial but more work needs to be done to target those from BAME communities in line with strategies identified through the national vaccine			

programme.

A study to evaluate PPI training in HSC R&D has been undertaken through analysis of Building Research Partnerships post course evaluations to identify barriers and facilitators to PPI.

Audit of HSC R&D award holders' annual and final reports against new Public Involvement Standards was undertaken to assess compliance and areas causing difficulty for researchers.

A PPI action plan has been developed as part of the NI Clinical Research, Recovery, Resilience and Growth Programme.

HSC R&D Division represented on several UK working groups to streamline PPI across the UK including in relation to payments and sign up to a Shared Statement of Commitment to Public Involvement in Research.

Recommendations for next phase of PPI in HSC Research have been provided in PPI and PIER action plans.

Work is ongoing to develop a new research register for NI.

Public Awareness Days for PPI have been delivered through the continuation of the Building Research Partnerships Programme and the provision of webinars to disseminate outputs from our CHITIN programme and with other partners including Evidence Synthesis Ireland, All Ireland Institute for Hospice and Palliative Care and the Dementia Analytics Research User Group. The Cross-border Healthcare Intervention Trials In Ireland Network (CHITIN) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The HITs will help prevent and cure illness and promote improved health and wellbeing in NI, RoI and Irish cross-border areas. There are 11 health and social care research trials covering a broad range of areas such as: Asthma, Stroke, Diabetes and Mental Health.

A public awareness campaign was undertaken to increase recruitment to the Panoramic Clinical Trial including

via BAME communities.

PIER (Public Involvement Enhancing Research) members have contributed to a training event on PPI for Research Ethics Committee members via ORECNI (31st March).

HSC R&D Division is now part of a UK wide working group to increase public awareness of and participation in research via the BePartofResearch website including the production of a quarterly newsletter with local stories and blogs.

Press releases have been issued to highlight local achievements in research e.g. adoption of the Novavax Vaccine following the successful trial run by NICRN with 482 participants.

Training for PIER (Public Involvement Enhancing Research) NI has continued online during the pandemic on a quarterly basis.

Attempts to recruit more people to PIER have not been successful and further work is needed to target younger people and those from BAME communities.

We still have some work to do to complete this action.

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
5. 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 2022
What we did this year The roll-out of the Making a Difference eLearning for all staff, which includes a dedicated scenario in relation to gender identity, continued during 2021-22. We updated the module to reflect changes in same-sex marriage legislation. No additional awareness and training initiatives were delivered to staff during the year. The BSO, as our provider of Human Resources as well as Equality services, contacted TransgenderNI during the year to explore the possibility of the organisation providing dedicated training to teams where a member of staff comes forward to disclose that they identify as transgender or non-binary. It is the intention to follow up on these efforts in 2022-23. **We have further work to do to complete this action.**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
6. 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 with experience of domestic violence.	**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 End March 2022
What we did this year: **We did not complete this action.**			

Conclusions

- In 2021-22, we completed 3 actions (Numbers 1,2,3).
- We didn’t do what we said we would do for 1 action (Number 6).
- We still have some work to do to complete 2 actions (Numbers 4,5).
- All of the actions in our action plan are at regional and at local level. Our action plan is a live document. We will tell the Equality Commission about any changes.

Chapter 3: PHA Disability Action Plan Progress Report 2021-22

Disability Action Plan 2020-2022 Report on progress made during 2021-22

This document summarises progress made during 2021-22 against the actions we identified in our Equality Action Plan. The plan is available on our website: http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

Any request for this document in another format or language will be considered.

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
What we did this year This action has not been progressed given the challenges and pressures associated with COVID and mass redeployment of staff. However the Assistant Director of AHPs has worked in partnership with RNID (formerly Action on Hearing Loss) over this period alongside a staff member from the Nursing and AHP Directorate to better understand the challenges for deaf people. This has involved putting support systems in place and to learn the sign alphabet and simple signs to improved everyday communication. The relationship between RNID has developed over this period. **We didn't do what we said we would do.**			

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
2. 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
What we did this year Unfortunately we have had to postpone this work until 2023-24 due to pandemic pressures. **We didn't do what we said we would do**			

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
3. 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 2022

What we did this year

During 2021-22 we held 2 Awareness Days, facilitated by the BSO Equality Unit. We asked staff which disabilities they wanted to know more about. They told us they wanted to know more about Dementia and Attention Deficit Hyperactivity Disorder (ADHD). Both sessions were held using Zoom.

We emailed staff to let them know about the Awareness Days. The information was also added to the Tapestry website http://tapestry.hscni.net/ .

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
On the Dementia awareness day, Dr Duffy who is the Consultant Lead Clinical Psychologist for Older People in the Northern Trust gave a presentation about Dementia, with a particular focus on caring for a loved one who has dementia. The other Awareness Day was about ADHD. Siobhan McErlane, a Specialist Health Visitor from the ADHD/ Behaviour Assessment Service in the Northern Trust gave a presentation. Siobhan talked about ADHD, from assessment and diagnosis to management of the condition. Videos of both of the days have been published on the Tapestry website. This way, staff who couldn't be part of the live sessions on the day, are able to watch the presentations whenever it suits them. We held a survey asking staff what they thought of the Awareness Days. 68% of those who responded reported knowing more about ADHD, including supporting a friend or family member or work colleague with ADHD. This figure was 61% in relation to Dementia. **This action has been completed.**			

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
4. 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.	Increases in Tapestry membership Yearly actions in Tapestry Action Plan completed	Agency Management Team with support from Equality Unit End March 2022

What we did this year

- During 2021-22, we tried to promote Tapestry in a number of different ways and to encourage staff to get involved. We sent emails to all staff to raise awareness. Tapestry gained a few new members who attended meetings and joined the Tapestry mailing list.
- Tapestry were approached by BSO HR to give input into many projects including user testing of the new HR portal and input into a new line manager resource which will now have a section on managing staff with disabilities due to suggestions put forward by members.
- Three Tapestry members presented at a system leadership conference which was attended by senior leaders across HSC. The members presented on the barriers they have faced in work and the things that have been put in place to address these. Tapestry was also promoted as a good practice example of supporting staff. A lot of questions were asked about all three presenters' experiences and they all contributed their differing experiences.

This action has been completed.

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
5. Disability Work Placements Create and promote meaningful placement opportunities for people with disabilities. Examine the scope for offering placements to participants working from home and accessing flexible working options for those with disabilities which may prevent them from travelling to office locations.	**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 2022
What we did this year We didn't offer any placements this year. **We didn't do what we said we would do.**			

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
6. 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
What we did this year We did not undertake this work. **We didn't do what we said we would do**			

Conclusions

- In 2021-22, we completed 2 actions (Numbers 3, 4).
- We didn’t do what we said we would do for x actions (Numbers 1, 2, 5, 6).
- All of the actions in our action plan are at regional and at local level. Our action plan is a live document. We will tell the Equality Commission about any changes.

HSC Public Health Agency

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

HSC Public Health Agency

PHA Equality and Disability Action Plans 2022-23

Section 75
Equality Action Plan
2022-23

Public Health Agency (PHA)

May 2022

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 2022-23.

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 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 (extended). 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 2022-23. 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 2022-23

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
1. 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) and participation 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 people including young people and those from ethnic minorities taking part in PPI activities and getting involved in research as participants.	Study to evaluate PPI in HSC R&D has been undertaken and reported. The PPI action plan developed as part of the NI Clinical Research, Recovery, Resilience and Growth Programme has been implemented in accordance with stated timeline. Recommendations for next phase of PPI in HSC Research have been provided. Numbers of people taking part in clinical trials and other research studies in Northern Ireland and in PPI activities including PIER, particularly from younger age groups and ethnic minorities where involvement is lower, have	Assistant Director HSC Research & Development End March 2023

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
		increased. Public Awareness Days for PPI including the launch of the NI CRRRG action plan, have been delivered in collaboration with partners including those agencies involved with BAME communities. The HSC R&D application for funding process will include questions on equality, inclusion and diversity.	
2. Roll out the Gender Identity and Expression Employment Policy [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Identify and pilot training available from organisations in the gender identity sector and put arrangements in place to access such training for teams where a member of staff comes forward to	**Gender** Transgender and non-binary staff feel more supported in the workplace.	Data collected from all staff who have drawn support through the policy indicates a positive experience.	Director of Human Resources End March 2023

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
disclose that they identify as transgender or non-binary.			

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

May 2022

Disability Action Plan 2022-23

Public Health Agency (PHA)

May 2022

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 Aidan Dawson – 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 Stephen Wilson. If you have any questions you can contact Stephen Wilson at:

Name: Stephen Wilson

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: stephen.wilson@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.

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.

This is some of 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 a series of disability awareness days for our staff. Each looked at different disabilities. Information about the days is available on the website of Tapestry, our staff disability network.
- We deliver training sessions on mental health awareness to our staff. Since 2015-16, we have delivered courses each year for staff and managers such as on mental health first aid, mindfulness and managing stress; and courses for staff who are carers.
- We developed a scenario focusing on disability issues in our 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 and 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 2022-23
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 RNID (formerly 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 2023
2. 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	Equality Unit End March 2023

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
		that they know more about people living with disabilities as a result of the awareness days.	
3. Tapestry Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its agreed priorities.	**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.	Increases in Tapestry membership or in participation at meetings	Agency Management Team End March 2023
4. 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 for 2022-23 Scheme Feedback through annual evaluation of scheme indicates that placement meets expectations.	Agency Management Team End March 2023
5. Mental Health Charter Sign up to Mental Health	**Promotion of positive attitudes** Staff with mental health conditions	Promotion of Charter Mark	Agency Management

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
Charter.	feel better supported in the workplace		Team End March 2023

Signed by:

_____	_____
Chair	Chief Executive
Date	Date

Public Health Agency

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

May 2022

Equality and Human Rights Screening Report

April 2021 – March 2022

These screenings can be viewed on the BSO website under:
http://www.hscbusiness.hscni.net/services/3086.htm

Policy / Procedure	Policy Aims	Date	Screening Decision
Anti-Fraud and Anti-Bribery Policy	This policy is intended to provide advice to all staff on their responsibilities to prevent and detect fraud or bribery and to report all cases of actual, suspected or potential of the same.	Jan-22	Screened out without mitigation
Decision to provide pregnant women with a folder to hold their Maternity Hand Held Record and associated documentation	Northern Ireland's regional Maternity Hand Held Record (MHHR) is based on an accumulation of evidence around best practice in maternity care. The purpose of the regional MHHR is to serve as a central repository for planning the delivery of care; and documenting communication with and interactions between members of the multi-disciplinary health care team, between the health care team and the woman to provide safe, person-centred care.	Sep-21	Screened out with mitigation

No concerns were raised by consultees on any of the screenings published in 2021-22.

Chapter 7: Mitigation Report

Equality and Human Rights Mitigation Report

April 2021 – March 2022

Decision to provide pregnant women with a folder to hold their Maternity Hand Held Record and associated documentation

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?***
Gender The target group are pregnant women. In placing consumers at the centre of maternity services and facilitating shared decision making, women are being increasingly encouraged to participate in writing and holding their own maternity records. There may be exceptions when it is not appropriate to file professional notes while the MHHR is being hand held e.g. records made by social services or psychologists, or sensitive information that the woman herself does not wish to be included in the MHHR. Each HSCT must have procedures in place that ensure that should the exceptions mentioned above occur, relevant staff are alerted to the existence of other documentation and the location of such documents/information. **Disability** Service users include women who may have mental health issues, and/ or those who have a physical disability. It is recognised that there may be occasions when a woman may choose not to hold her MHHR. Maternity staff may also consider that in some individual cases (e.g. for vulnerable	Equality issues will be reviewed and addressed as appropriate.

women) it may be more appropriate to retain the MHHR within the maternity unit where she is booked for confinement or in the community clinic. This should be discussed with the woman and noted on PAS. The clinician should check at each contact the woman is still content to carry the MHHR. To promote confidentiality, enhance continuity of communication and care, and maintain the safety and integrity of the record, local procedures need to be developed to ensure her MHHR is available for all appointments and if the woman unexpectedly present herself to the maternity unit outside 'normal working hours'. Those providing women with antenatal care have relevant skills and training, and experience of targeting groups as listed. Key health messages are designed with low literacy in mind. All entries in the MHHR must be unambiguous, with no jargon, meaningless phrases, or irrelevant speculation The health and wellbeing messages on the folder are delivered in simple, short sentences, supported by appropriate graphics. When women are given the written information to keep in the folder the midwife provides a verbal explanation of what they are and their purpose.	

Ethnicity A MHHR should still be initiated for any pregnant woman who presents at a Maternity Unit within Northern Ireland even though she is not 'booked' for delivery in any unit in Northern Ireland. If the woman is remaining in the HSCT area she should be given a 'booking' antenatal appointment and asked to bring the MHHR with her to this appointment. If the woman is not staying within Northern Ireland the MHHR should be retained by the unit and the woman provided with a photocopy of relevant sections of her MHHR for her to show her new care provider(s) and her pregnancy episode closed on the Patient Administration System (PAS). Also, the MHHR can be translated into minority languages if needed. Given that ethnic minorities may face additional barriers in accessing health services, the imagery used in the folder is designed to be as inclusive as possible, including people of different races and ethnic groups. In addition to feedback from maternity collaborative members (who are healthcare professionals working in maternity services), draft designs were also circulated to a service user Facebook group for comment. **Sexual orientation** Antenatal care is inclusive, regardless of sexual orientation. Given that people who are gay, bisexual or lesbian are more likely to report	

negative experiences of health care, language used in the leaflets and publications in the MHHR folder is reflective of all types of families and service users in Northern Ireland. Imagery used in the folder is androgynous, designed to be as inclusive as possible. In addition to feedback from maternity collaborative members (who are healthcare professionals working in maternity services), draft designs were also circulated to a service user Facebook group for comment. **Marital Status/ Dependant status** It is recognised that unmarried mothers or women without a partner in Northern Ireland can still face a stigma and negative stereotypes. Given that people who are single parents (especially younger single parents) are more likely to be subject to stigma and negative attitudes than those in traditional two-parent families, language used in the leaflets and publications in the MHHR folder is reflective of all types of families in Northern Ireland. Imagery used in the folder is androgynous, designed to be as inclusive as possible. In addition to feedback from maternity collaborative members (who are healthcare professionals working in maternity services), draft designs were also circulated to a service user Facebook group for comment.	

The service should promote social inclusion, addressing issues around disadvantage, sexual orientation, gender identity, ethnicity, disability and rural / urban communities. Health care providers will have policies for staff on child protection and guidelines for staff around disclosure and other sensitive issues. Health professionals will display non-judgmental attitudes when discussing sensitive issues.	

HSC Public Health Agency

item 12

Title of Meeting	PHA Board Meeting
Date	18 August 2022
Title of paper	Performance Management Report
Reference	PHA/04/08/22
Prepared by	Stephen Murray / Rossa Keegan
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to provide the PHA Board with a report on progress against the objectives set out in the PHA Annual Business Plan 2022/23.

2 Background Information

PHA's Annual Business Plan was approved by the PHA Board in May 2022. Against this plan 31 actions were developed against 9 priorities for 2022/23.

3 Key Issues

The attached paper provides the progress report, including RAG status, on the actions set out in the PHA Annual Business Plan 2022/23 Part A as at 30 June 2022.

Of the 31 actions across 9 Key Priorities

- No action has been categorised as red (significantly behind target/will not be completed)
- 7 actions have been categorised as amber (will be completed, but with slight delay)
- 24 actions have been categorised as green (on target to be achieved/already completed).

For the Business Plan Part B, it was agreed that any actions rated Amber or Red would be reported on by exception to the Board. As at 30 June 2022, 1 action has been categorised as amber as an exception report is included.

4 Next Steps

The next quarterly Performance Management Report update will be brought to the Board in November 2022.

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2022 – 2023 Part A

As at 30 June 2022

This report provides an update on achievement of the actions identified in the PHA Annual Business Plan 2022-23 Part A.

The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 31actions across 9 Key Priorities in the Annual Business Plan. Each action has been given a RAG status as follows:

Part A - 31 Actions, 24 Green, 7 Amber

	On target to be achieved or already completed		Will be completed, but with slight delay
	Significantly behind target/will not be completed		

Of the 31 actions 7 are current rated with an Amber RAG status.

The progress summary for each of the actions is provided in the following pages.

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
1a	Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed.	Vaccination Deliver the Spring booster programme by end of May 2022 and Autumn booster programme, as advised by DoH	Autumn booster and flu plan complete commencing early September. Developing training which will be shared with internal and external stakeholders.		Director of Public Health Brid Farrell / Jillian Johnston
1b		Testing and Contact Tracing Complete the transition of testing (pillar 1 and 2) and contact tracing by the end of June 2022.	Contact Tracing Service stood down from 30 June 2022		Director of Public Health Brid Farrell
			Test, Trace and Protect Transition Plan prepared for the removal of symptomatic testing for the general population. Taking account of ongoing surveillance data symptomatic LFD testing for the public has been extended until the end of August as a precautionary measure. Asymptomatic LFD testing remains for defined groups to help protect the vulnerable against the risk of infection and severe illness.		

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
1c		Infection Prevention and Control Review and plan for a refresh of the IPC guidance for Health care setting by February 2023	The IPC team have updated the NI IPC Manual. This is being kept under constant review. Work is also underway to update the IPC Regional Resource Framework. It is anticipated this work will be presented to AMT for Approval in September 2022		Director of NAHP Rodney Morton
2a	Implement the agreed action plan for 2022/23 that sets out the key programmes of work that will be progressed by PHA officers in meeting Ministerial, DOH and PHA Corporate priorities.	Quarterly update reports on PHA Business Plan to be provided to PHA Board	First Quarterly update report for Annual Business Plan provided to PHA Board in August 2022		Director of Operations Stephen Wilson
2b		90% of actions in the 22/23 Action Plan to be RAG rated as Green and exception reports to be provided to PHA board to address those rated Red/Amber.	Of the 53 items identified in the 22/23 Action Plan 52 are rated Green as at June 2022. (98%) Amber items to PHA Board in August 2022		All Directors Stephen Wilson to lead

		Key Priorities			
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
3a	Re-build and further develop services where access and performance have been adversely impacted during the pandemic,	Return bowel cancer screening programme to a 2-year screening interval by September 2022	The maximum delay within the programme was almost seven months. Managed catch-up ongoing with aim that by the end of August there will be no ongoing queued lists within the programme (return to 2-year screening interval).		Director of Public Health Brid Farrell / Tracy Owen
3b		Reinstate formal quality assurance visits in the breast screening programme by June 2022	These have been reinstated. A QA visit was made to the Northern HSC Trust on 23 June 22. The next visit will be to the Belfast (which also provides the breast screening service for the South Eastern HSC Trusts) in June 2023. The Western HSC Trust will be visited in June 2024 and the Southern in June 2025. Each trust will have a QA visit once every four years.		Director of Public Health Brid Farrell / Tracy Owen
3c		Establish a project structure for the implementation of primary HPV testing in cervical screening by June 2022.	The Project Implementation Team has been established and planning is underway.		Director of Public Health Brid Farrell / Tracy Owen

3d		Identification by June 2022 of potential additional support measures to enable full return of screening programmes.	• An options appraisal is being prepared in relation to recovery of the NI Abdominal Aortic Aneurysm (AAA) Screening Programme. Numerous limiting factors include staff capacity, training and accommodation limitations. BHSCT piloting additional weekend clinic for programme to inform this work. • The Diabetic Eye Screening Team within BHSCT, with assistance from PHA screening, has developed a recovery plan, setting out what will be needed in terms of additional capacity to screening the backlog of patients. This will be submitted to the PHA for onward consideration. Recurrent funding was requested for 2022-2025 period to continue the non-recurrent funding made available for 2020/21 and 2021/22. • The Infectious Diseases in Pregnancy Screening Programme, the Newborn Blood Spot Screening Programme and the Newborn Hearing Screening Programme continued to operate during the COVID-19 pandemic and are operating normally.		Director of Public Health Brid Farrell / Tracy Owen

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
3e		Increase uptake rates across all vaccination programme areas in 2022/23	• During the pandemic it was identified how stretched and pressured the Health Protection Service was, resulting in staff re-deployments from other PHA Directorates. • As a result, the Health Protection established the needed to recruit additional staff with the correct skill set that could support any future pandemics / outbreaks. • The HP enhanced service recruitment is on-going and about 90% complete, appointing roles from consultant level down to admin support roles.		Director of Public Health Brid Farrell / Jillian Johnston

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
4a	Shape and influence the design and implementation of the proposed new Integrated Care system and ensure the role of the Public Health Agency is embedded appropriately	PHA to be represented on all project Team implementation structures [KPIs to be reviewed in September when more clarity on ICS model]	DoH is currently in the process of reviewing the operational structures for developing the Integrated Care system and New Planning Model to support this. PHA has established an internal ICS Hub. The purpose of the Hub is to provide a central process and coordinating mechanism for PHA that enables joined up planning and corporate oversight for the organisation relating to the development of the ICS in Northern Ireland.		Director of Operations Stephen Wilson

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
4b	into the new planning and commissioning model being established	5 key public health areas to be identified for incorporation into ICS plans by end of September 2022 [KPIs to be reviewed in September when more clarity on ICS model]	The establishment of the ICS and new planning model has still to be finalised by DoH. PHA internal multi-disciplinary ICS Hub has met twice to date (June and July) and planning a workshop in August to consider PHA's representation, input and engagement in ICS partnerships and plans. Key public health areas will be identified and considered at this workshop.		Director of Public Health Brid Farrell / Heads of HI PHA will continue to work to identify 5 key Public Health areas to be included in ICS planning. ICS dev is currently delayed and so PHA will work within these timescales to incorporate their key areas once agreed in coming weeks.

5a	HSCQI will continue to support the rebuild of Health & Social Care by increasing QI knowledge and capability across the HSC System.	HSCQI has agreed a workplan to support the 'timeliness' theme with the Alliance by end of June 2022	In April 2022, it was agreed at the HSCQI Alliance meeting that a workshop would be held to showcase existing areas of best practice in relation to Timely Access to safe care, and identify and prioritise opportunities for regional scale and spread. HSCQI hosted a regional Timely Access to safe care "sharing learning with purpose" event on 17th June 2022, chaired by the HSCQI Alliance chair. This event showcased local improvement work underway within Trusts that is focused on improving timely access. This event highlighted existing and potential opportunities for regional collaboration leading to scale and spread. A regional workshop is planned with HSC QI Leads in July 2022, to draft the "timely access to safe care" project charter, which will in turn be tabled at the HSCQI Alliance meeting on 11th August 2022 for agreement/sign off. "Timely Access" to safe care is the programme theme for the 2022/23 Regional ScIL programme.		Director of HSCQI Aideen Keaney The project charter will be drafted at a workshop in July and presented to the Alliance for sign off in August

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
6a	Work with DoH to reshape and refresh the PHA and agree a new operating model that will deliver a re-focused professional, high quality public health service for the population of NI	Phase 1 of Review completed by end of June 2022	Phase 1 of the Review has been completed but the Report has not yet been finalised.		Chief Executive Aidan Dawson
6b		Quarterly newsletter to update staff on progress to be published (first issue September 2022)	This objective remains on target to be achieved.		Chief Executive Aidan Dawson
6c		Implementation of phase 2 of the review to commence by end of September 2022	The commencement of the implementation of Phase 2 remains on track to commence by the end of September.		Chief Executive Aidan Dawson
7a	PHA will place additional focus on staff welfare and wellbeing and	Organisational Workforce Development Plan drafted by end of October 2022	Work is underway through the OWD to develop a plan to support the PHA in the delivery of its strategic objectives. This action is on target.		Director of HR Robin Arbuthnot

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
7b	agree and implement a range of appropriate actions to help staff recover from the impact that the Covid 19 pandemic has had in both a professional and personal capacity	New appropriate policies and procedures to facilitate new working arrangements developed in partnership with staff side and BSO HR by Sept 2022	The Pilot Hybrid Working Scheme has been developed and will be presented to AMT on 10 August 2022. This action is on target.		Director of HR Robin Arbuthnot
7c		80% of Individual appraisals and personal development plans agreed by 29th July 2022 which clearly demonstrate the staff member's role in helping to contribute to the Agency's ABP key priorities. 100% by 30 September 2022 (subject to sickness absence, maternity and those seconded out of the PHA)	Appraisal documentation was approved by AMT in early June 2022 and a supporting training programme for managers delivered by BSO by end of June 2022. Appraisals are currently being undertaken by managers but the target of 80% achieved by 29th July has not been possible due to a combination of wider work pressures having to be prioritised and annual leave commitments. The target of 100% of appraisals being completed by 30th September is still on track to be achieved.		All Directors Stephen Wilson to co-ordinate update across Directorates. Reminder communication sent to all Directors for cascading to line managers.

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
7d		All temporary appointments to be reviewed by end of September 2022 and plan agreed for permanency of position.	Work is ongoing to review the group of temporary appointments in place. However it is unlikely that this will be concluded by the end of September and may slip into October.		Chief Executive /All Directors Aidan Dawson / Directors AMT to review position at end of September.
7e		Staff absence will be effectively managed and will perform in line with 2021/22 at 3.10% or better	Absence is currently 3.17% which is slightly above the 2021/22 level. Action is on target.		Director of HR Robin Arbuthnot
7f		Staff will have completed all mandatory training as required by the organisation. 90% compliance by end of March 2023	A list of mandatory training is being finalised and will be included as part of the on-going development and roll out of the Individual Appraisal system. Managers will be required to confirm staff completion rates by end of February 2023 and any areas of underperformance addressed by March 2023.		Director of Operations Stephen Wilson

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
8a	Ensure good financial governance and stewardship of PHA budgets and expenditure decisions and develop a new performance management framework for the organisation to establish clear processes of accountability and performance reporting across all levels of the organisation.	90% of Internal Audit recommendations from 2021/22 addressed and progress reported to GAC by October 2022	PHA follow up of Internal Audit recommendations in progress with requests to relevant Managers/Directorates issued. Aim for completion of mid-year position by late September /early October		Director of Operations / Director of Finance Stephen Wilson / Tracey McCaig
8b		100% of Internal Audit recommendations from 2021/22 addressed and progress reported to GAC by March 2023	Not yet due.		Director of Operations / Director of Finance Stephen Wilson / Tracey McCaig
8c		All Directorate Business Plans approved by 30 May 2022	Operations: Approved HSCQI: Approved NAHP: Pending Public Health: Pending		Director of Operations Stephen Wilson
8d		Delivery of a balanced Financial Plan by end of May 2022, taking into account budgetary uncertainties and agreed investment plan – approval by Board in June 2022	Complete		Director of Finance Tracey McCaig

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
8e		Budget holders to manage their agreed budgets to support the statutory breakeven target of +0.25% or circa 0.3m within 2022/23	Ongoing		Director of Finance Tracey McCaig
9a	Further improve the level of public and professional awareness, recognition and confidence in the PHA as the leading Public Health organisation in order to encourage wider engagement with and	Baseline public awareness levels of PHA (including role and functions) established through quantitative/qualitative research programme by end of August 2022 and 3% increase achieved by March 2023.	Remains on track		Director of Operations Stephen Wilson
9b		PHA media training development programme implemented, by end of Sept 2022	Commissioned media training sessions have resumed. A number of potential candidates have been invited to participate in future sessions, but the response rate has been limited.		Director of Operations Stephen Wilson Comms will work with senior management to seek solutions

	Key Priorities				
	Action from Business Plan:		**Progress**	**Achievability (RAG)** June 2022	**Mitigating actions where performance is Amber / Red**
9c	support for public health priorities.	Marketing strategy developed to maximise PHA Brand awareness including promotion of funded programmes and projects, by end of Dec 2022.	Remains on track		Director of Operations Stephen Wilson
9d		New digital communications strategy launched, targeting increased engagement with target audiences, by Feb 2023	Recruitment underway to appoint digital communications manager – on course		Director of Operations Stephen Wilson

HSC Public Health Agency

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2022 – 2023 Part B

As at 30 June 2022

This report provides an update on achievement of the actions identified in the PHA Annual Business Plan 2022-23 Part B.

The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 53 actions in the Annual Business Plan. Each action has been given a RAG status as follows:

	On target to be achieved or already completed		Will be completed, but with slight delay
	Significantly behind target/will not be completed		

Of these 53 actions 52 have been rated green, 1 as amber and 0 as red. Those actions rated red or amber are reported by exception in this report.

Outcome	Red	Amber	Green	Total
1) Managing Covid 19 Response	-	-	10	**10**
2) Health Protection	-	-	7	**7**
3) Improving Health and Social Wellbeing and addressing health inequalities	-	1	14	**15**
4) Shaping future health	-	-	13	**13**
5) Our organisation works effectively	-	-	8	**8**
Total	**-**	**1**	**52**	**53**

	Priority 3: **Improving Health and Social Wellbeing and addressing health inequalities** - *Increasing health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland.*			
	Action	**Progress**	**Achievability (RAG)** **June 2022**	**Mitigating actions where performance is Amber / Red**
26	Lead implementation of the current Breastfeeding Strategy 2013-2023 and support IPH with a review of the current Strategy to inform the development of a new Strategy for 2024 onwards.	Work has stalled temporarily due to retirement of previous Breastfeeding thematic lead		Director of Public Health Discussions are underway to ensure the post is filled ASAP