

92nd Meeting of the Public Health Agency Board

Thursday 20 April 2017 at 1:30pm

Conference Rooms 3+4, 12/22 Linenhall Street, Belfast

standing items

- | | | | |
|------|--|---------------------|-----------------|
| 1 | Welcome and apologies | | Chair |
| 1.30 | | | |
| 2 | Declaration of Interests | | Chair |
| 1.30 | | | |
| 3 | Minutes of Previous Meeting held on 16 February 2017 | | Chair |
| 1.30 | | | |
| 4 | Matters Arising | | Chair |
| 1.30 | | | |
| 5 | Chair's Business | | Chair |
| 1.35 | | | |
| 6 | Chief Executive's Business | | Chief Executive |
| 1.40 | | | |
| 7 | Financial Performance Report | PHA/01/04/17 | Mr Cummings |
| 1.50 | | | |

presentation

- | | | | |
|------|--|--|-----------|
| 8 | Presentation by Sustrans on Active School Travel Programme | | Dr Harper |
| 2.00 | | | |

items for approval

- | | | | |
|------|--|---------------------|------------|
| 9 | PHA Corporate Plan 2017-21 | PHA/02/04/17 | Mr McClean |
| 2.20 | | | |
| 10 | PHA Assurance Framework 2017-19 | PHA/03/04/17 | Mr McClean |
| 2.35 | | | |
| 11 | PHA Corporate Business Continuity Plan | PHA/04/04/17 | Mr McClean |
| 2.45 | | | |
| 12 | PHA Data Protection / Confidentiality Policy | PHA/05/04/17 | Mr McClean |
| 2.55 | | | |

items for noting

- | | | | |
|------------|---|---------------------|------------|
| 13
3.05 | Governance and Audit Committee Update <ul style="list-style-type: none">• Minutes of meeting of 3 February 2017• Verbal briefing of meeting of 12 April 2017• GAC Annual Report | PHA/06/04/17 | Mr Coulter |
| 14
3.20 | Update on Community Planning | PHA/08/04/17 | Mr McClean |

closing items

- | | | | |
|------------|--|--|-------|
| 16
3.30 | Any Other Business | | Chair |
| 17
3.35 | Details of next meeting:
<i>Tuesday 16 May 2017 at 1:30pm</i>
<i>Conference Rooms 1+2, 12/22 Linenhall Street, Belfast</i> | | |

91st Meeting of the Public Health Agency Board

Thursday 16 February 2017 at 1:30pm

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

Present

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

In Attendance

Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Mr Robert Graham	- Secretariat

Apologies

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC

1/17 | Item 1 – Welcome and Apologies

1/17.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Paul Cummings and Mrs Joanne McKissick.

2/17 | Item 2 - Declaration of Interests

2/17.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

3/17 | Item 3 – Minutes of previous meeting held on 15 December 2016

3/17.1 The minutes of the previous meeting, held on 15 December 2016, were **approved** as an accurate record of the meeting.

4/17 Item 4 – Matters Arising

135/16.4 AAA Screening Programme

4/17.1 Mr Coulter confirmed that Ms McDevitt had forwarded to him details of screening programmes in the Lisburn area. He said that to date, his experience of engaging with the programme had been extremely positive.

129/16.5 Lifeline

4/17.2 The Interim Chief Executive advised members that she had raised the issue of the Lifeline contract with the Permanent Secretary and advised him that PHA was awaiting a decision on a proposed way forward.

129/16.1 Outcomes based Accountability

4/17.3 The Chair asked that members respond to the e-mail regarding Outcomes Based Accountability. He said that three dates had been arranged for members.

132/16.7 Connected Health Spend

4/17.4 Mr McClean advised in response to a question at the December meeting that information will be forwarded to members by e-mail.

133/16.9 PPI and Appraisals

4/17.5 Mrs Hinds said that she had discussed this with Hugh McPoland, as there are ongoing discussions looking at the appraisal process as a whole.

5/17 Item 5 – Chair’s Business

5/17.1 The Chair thanked Board members for their engagement to date with the Board Effectiveness programme. He said that he had attended a seminar organised by the Institute of Directors on the effective Board and the challenge function.

5/17.2 The Chair said that he had attended the launch of the ARTiculate programme, which is funded by both PHA and Arts NI. He advised that this programme complements existing PHA work and uses arts as a tool to improve the confidence and self-reliance of individuals who may be predisposed to self-harm. He added that this programme is an important element of the Protect Life Strategy.

6/17 Item 6 – Chief Executive’s Business

6/17.1 The Interim Chief Executive informed members that as part of one of the workstreams of the Transformation Implementation Group, the PHA PPI team, led by Michelle Tennyson, has been working in partnership with the

- Patient and Client Council and service users to develop for the Chief Nursing Officer guidance on co-production and co-design. She invited Mrs Hinds to say more on this.
- 6/17.2 Mrs Hinds advised that there is a draft paper which has been developed with social workers, carers and colleagues in both PHA and PCC, and that there will be an additional piece of work which the CNO will undertake to bring all of this together. Ms Mann-Kler asked if this co-production piece was specific to nursing. Mrs Hinds said that it will be generic. Ms Mann-Kler asked what the difference was between co-production and co-design. Mrs Hinds said that PHA is working to a definition and that the Executive Office has a definition and that it will be up to the CNO to develop one definition.
- 6/17.3 Ms Mann-Kler asked about a link with Outcomes Based Accountability. Mrs Hinds explained that OBA is not an engagement tool, but it is central to this piece of work in terms of defining, “what does good look like?”.
- 6/17.4 The Interim Chief Executive advised members that the consultation on the new Corporate Strategy for the period 2017/21 is due to close soon. She outlined how PHA has been engaging with the public during the period of the consultation, including the facilitation of two public workshops. She explained that a report of the consultation will be written up and an updated Strategy brought to the next meeting of the Corporate Strategy Project Board. She added that it is intended that there will be a Board workshop to consider the final draft Strategy before it is brought to the PHA Board for formal approval in April.
- 6/17.5 The Interim Chief Executive informed members that the lease for Ormeau Baths had ended and the lease for Alexander House was about to end, and therefore PHA staff had vacated these two offices and moved into new accommodation in Linum Chambers, with a small number having moved into Linenhall Street. Councillor Ashe said that it was his understanding that all PHA staff would be brought together into one location. The Interim Chief Executive explained that there is not the room to do this at the moment. Mr McClean added that PHA has signed a flexible lease for a period of up to five years. He said it remained PHA’s aim to have all its staff together, but this is an interim arrangement in advance of any future restructuring.
- 6/17.6 Alderman Porter said that it was important for PHA to have its own building in order to have its own identity and grow the brand. The Interim Chief Executive said that the point made about growing the PHA brand is important and advised members that she has been asked to develop the operating model for the new enhanced PHA and that once this is agreed, we will know the direction of travel.
- 6/17.7 Mr Coulter asked whether the SIB’s policy will ameliorate the risk that PHA has on its Corporate Risk Register with regard to property management, and if it will assume a role vis-à-vis 12/22 Linenhall Street.

Mr McClean confirmed that the acquisition of Linum Chambers both addressed accommodation pressures and facility management issues. He noted, however, that there was no leeway on the fourth floor in Linenhall Street and it would be difficult to accommodate any increase in staff. He also noted that the equitable use of space throughout the building had been raised by the Interim Chief Executive at a recent AMT meeting.

- 6/17.8 The Interim Chief Executive said that work is continuing with the implementation of the Minister's vision for health and social care. She said that the Minister chaired the first meeting of the Transformation Advisory Board last week and that the Transformation Implementation Group is continuing to meet with a range of workstreams being established and taken forward by individual workstream leads.
- 6/17.9 The Interim Chief Executive advised that the Department of Health had published its elective care plan, and that HSCB and PHA had inputted into its development. She added that the Department's consultation on reconfiguration criteria had closed. With regard to the HSC restructuring, the Interim Chief Executive said that the Permanent Secretary had written to her regarding moving this work forward. She said that the strategic leadership role of the Department of Health is to be enhanced and a single regional body established and that Trusts will work in partnership with local providers.
- 6/17.10 The Interim Chief Executive informed members that the Permanent Secretary has established two interim transitional Director posts in Finance and Performance Management, and that these posts will be filled by Paul Cummings and Michael Bloomfield from HSCB who will carry out these roles in addition to their existing roles, with this interim work being completed by 31 March 2017. She added that, as mentioned earlier, she has been asked to develop the operating model for the regional body and will be consulting on this. The Chair said that this is an awesome responsibility to be placed on the Interim Chief Executive and that she may wish to seek external assistance or independent expertise. The Interim Chief Executive said that she has been ably supported by her executive colleagues.
- 6/17.11 Ms Mann-Kler asked what the Interim Chief Executive's reading of the current situation is. The Interim Chief Executive said that this is an excellent opportunity for PHA, and it may be worthwhile having a Board workshop to look at this. She said that there is a lot of work required to develop the draft model and to conduct an impact analysis. She added that she has not been informed that the PHA is closing, unlike the HSCB, but rather its operating model will change.

7/17 Item 7 – Financial Performance Report (PHA/01/02/17)

- 7/17.1 Mr McClean presented the Financial Performance Report, and said that PHA remains on target to achieve a break even position at the year end. He advised that PHA is working with the Department of Health to use some additional non-recurrent funding on a range of initiatives.
- 7/17.2 Mr McClean gave an overview of some key areas. He said that the new self-harm contract has so far shown a slow uptake in 2 Trust areas. He added that the Lifeline contract is operating at expected levels of activity, and that R&D is performing well, although this expenditure is now classed as capital. With regard to the administration budget, Mr McClean advised that this is showing a surplus, but that some of this surplus will contribute to covering dilapidation costs for Ormeau Baths and Alexander House. He finished his overview by noting that the prompt payment performance continues to be good.
- 7/17.3 Mr Drew sought clarity on the terms of the extension of the Lifeline contract. Dr Harper confirmed that the extension is until March 2018 and that the costs will remain the same. The Chair noted that the Lifeline budget is currently 60% utilised at this stage of the year. Mr McClean said that demand can fluctuate with an increase over the winter months, but he assured members that any underspend is utilised in areas directly relating to suicide prevention.
- 7/17.4 Mr Coulter noted that approximately one-third of the underspend is in relation to screening. Dr Harper acknowledged that this is unusual, and said that PHA had planned for and obtained additional funding for bowel cancer screening, but due to issues regarding vacancy control, recruitment and delays in getting the staff in post, this underspend has arisen. However, she added that the investment will be required to keep the programme going.
- 7/17.5 Mr Coulter said that he found it difficult to understand the re-classification of R&D expenditure as capital, but he asked how the budget has come to be £658k over budget. Mr McClean said that there had been an opportunity to get funds issued early in the financial year, and he expected the budget to come in on target.
- 7/17.6 Mr Coulter asked when PHA would expect to hear about whether there will be any further reductions in its overall budget. Mr McClean said that there is no information on this as yet but noted that any further reduction will be critical in terms of carrying out core functions. The Interim Chief Executive advised that she has received correspondence from the Department regarding costs of administrative staff and in response to PHA's response regarding savings scenarios, the Department had requested further detail. She advised that a meeting is taking place at the Department early next week to look at the financial shortfall for 2017/18 across the HSC and she expects that all bodies will be asked to make

- further savings. She noted that PHA is currently consulting on its new Corporate Strategy, and will require resources to be able to complete the objectives outlined in the Strategy.
- 7/17.7 The Chair added that it was important to note that projects carried out by others on behalf of PHA will have administration costs, and that administration staff are critical. Dr Harper said that confirmation of funding is sometimes not obtained until later in the year.
- 7/17.8 Alderman Porter asked how often PHA has returned funding. Mr McClean said that on occasions PHA has returned funding to assist with wider funding pressures. Alderman Porter said that it is difficult to ask for additional funding when you cannot spend all of your current funding. Mr McClean noted that PHA was anticipating a break-even position.
- 7/17.9 Members noted the Financial Performance Report.
- 8/17 Item 8 – Review of PHA Standing Orders and Standing Financial Instructions / Review of PHA Scheme of Delegated Authority (PHA/02/02/17)**
- 8/17.1 Mr McClean advised that the PHA's Standing Orders and Standing Financial instructions follow a template widely used across the HSC and that the main changes made during this review related to terminology. He said that there had been a fuller discussion at the recent Governance and Audit Committee, but that the Committee had approved the changes.
- 8/17.2 Mr Coulter agreed with Mr McClean's overview and said that the committee would recommend approval, contingent on a further discussion taking place regarding the schemes of delegation, with particular reference to procurement and the renewal of contracts. He suggested that Mr Cummings should be in attendance and that this would be more appropriate at a Board workshop.
- 8/17.3 The Chair added that the terms of reference for the Remuneration Committee also needed to be reviewed.
- 8/17.4 Members **APPROVED** the review of Standing Orders and Standing Financial Instructions and the updated Scheme of Delegated Authority.
- 9/17 Item 9 – Annual Quality Improvement Plan Report 2015/16 (PHA/03/02/17)**
- 9/17.1 Mrs Hinds informed that HSC Trusts are required to submit Quality Improvement Plans to PHA which allow PHA to monitor compliance rates and progress against targets. She highlighted five key areas which form the basis of this Report and said that she wished to focus on one area at today's meeting, that of pressure ulcers.
- 9/17.2 Mrs Hinds explained that the issue of pressure ulcers is a significant one,

and is a fundamental measure of the quality of care for patients. She said that they are distressing and that most are preventable and explained to members the SKIN bundle of interventions. She advised that the focus of PHA's work with each Trust was to establish a baseline and to implement the bundle with particular emphasis on Grade 3 and 4 pressure ulcers. She added that all incidents are analysed and that the data compares favourably with other regions of the UK with 95% levels of compliance and the use of root cause analysis to embed a culture of learning.

- 9/17.3 Mrs Hinds advised that the report presented today is for the year 2015/16, but that the first two quarters of 2016/17 have shown further improvement with a 6% reduction across the region. She introduced Mary McElroy to the meeting, who is heavily involved in this work.
- 9/17.4 Mr Mahaffy asked whether the current work is focused on only acute settings, and if there are plans to widen this into social care. Ms McElroy said that the initial focus has been on in-patient settings, but it will be moving into social care settings and there is a plan to undertake a pilot in some of the larger nursing homes. Alderman Porter said he would also like to see if there is a correlation in data with private sector settings, and he suggested that in some instances, the pressure ulcer may have started from another setting, before the patient comes into an acute setting. Ms McElroy said that in this report all Grade 3 and 4 ulcers were examined to see if they developed within the acute setting.
- 9/17.5 Mr Coulter said that he was pleased to see the levels of compliance. He added that it would be useful to look at community settings and suspected that there could be an issue where ulcers may develop from patients being in their own homes. He asked about the Equality Impact Assessment of this work. Mrs Hinds said that although you could argue that the focus may be on older people, the service itself is open to everyone.
- 9/17.6 Mr Coulter noted that one of the recommendations within the Report is to carry out an assessment within 6 hours of admission. Mrs Hinds said that nurses would be expected to carry out an initial assessment as soon as possible, not only at the time of admission, but during the course of any patient's stay.
- 9/17.7 Ms Mann-Kler said that the report was very informative, but noted that 38% of the pressure ulcers were deemed to be avoidable. She asked if this figure was being reduced, and how learning was being shared with frontline staff. Ms McElroy said there has already been a 10% reduction in avoidable pressure ulcers this year, and that there are learning events organised for staff.
- 9/17.8 Ms Mann-Kler said that the thematic reviews of Serious Adverse Incidents are very important for learning. Mrs Hinds said that there is a report being prepared on falls and she would bring this to a future meeting. She added that PHA has been doing work with an organisation in England

which has produced a leaflet called “Your Turn”. Ms Mann-Kler asked about public awareness. Mrs Hinds said that PHA has been working with Age NI.

9/17.9 Mr Drew said that he would also like to see some analysis of this in residential settings. He added that he was pleased to see that there is an e-learning tool, but he expressed concern about the cost of falls to the NHS. The Chair echoed this, and asked how PHA can ensure that the leaflets and other materials reach the right people. Ms McElroy said that PHA is working with trade unions and the Northern Ireland Social Care Council.

9/17.10 Members **APPROVED** the Annual Quality Improvement Plan Report.

10/17 Item 10 – Governance and Audit Committee Update (PHA/04/02/17)

10/17.1 Mr Coulter advised that the minutes of the Governance and Audit Committee meeting of 6 October were available for members for noting. He said that at the most recent meeting of the Information Governance Steering Group, he had raised the issue of compliance with training. He noted that there was an issue with regard to the reliability of the data but there were concerns. He said that there is a robust Information Governance Action plan, but he felt that this was an area of weakness, and places PHA at risk.

10/17.2 Mr Coulter moved on to give an overview of the meeting of the Committee which took place on 3 February. He said that the Committee had considered each of the seven risks currently on the Corporate Risk Register. He added that there were no new risks and no risks had been deleted, and that of the seven risks, none fell into the categories of catastrophic or high. Mr Coulter said that there was a need to review some of the risks as they had been on the register for a lengthy period of time.

10/17.3 Mr Coulter said that the Committee had reviewed the Gifts and Hospitality Policy and had considered the changes to the Standing Orders and Standing Financial Instructions. He added that that members had also looked at the timetable for the Annual Report and Accounts, had considered the update on fraud, and noted the external audit strategy.

10/17.4 Mr Coulter said that the Committee had looked at the Internal Audit progress report and that there had been limited assurance given on a recent audit of travel expenses and car parking. He said that a satisfactory level of assurance had been given to an audit on risk management. He added that the latest Single Tender Actions had been reviewed.

10/17.5 Mr Coulter advised that the final item considered was the AHP Assurance Framework, and that the key issue for the Committee was around compliance. He said that personal development cannot suffer in an

adverse financial climate because of the consequence for patient safety.

10/17.6 Members noted the update from the Chair of the Governance and Audit Committee.

11/17 Item 11 – Performance Management Report – Corporate Business Plan Targets for the period ending 31 December 2016 (PHA/05/02/17)

11/17.1 Mr McClean explained that the 90 targets on the Report are from either Departmental or PHA business plan objectives. He said that 77 of the 90 targets are rated as “green” and 13 rated as “amber”. The Chair asked whether “green” meant achievable. Mr McClean said that “green” indicated that it would be achieved by the end of the financial year.

11/17.2 The Chair noted that the objective relating to Lifeline was now rated “amber”. Dr Harper explained that this relates to the delay in the timescales. The Chair asked how long a procurement exercise would take once a decision was made, and Dr Harper said that it would take between 9 and 15 months.

11/17.3 Ms Mann-Kler said that it would be useful if all of the objectives rated “red” or “amber” were placed at the front of the report with some commentary. Mr Coulter added that it would be important to include text, where relevant, if an objective cannot be achieved due to factors outside PHA’s control. The Interim Chief Executive said that the comments made would be taken on board.

11/17.4 Members noted the Performance Management Report.

12/17 Item 12 – Any Other Business

12/17.1 There was no other business.

13/17 Item 13 – Date and Time of Next Meeting

Thursday 20 April 2017 at 1:30pm

Conference Rooms 3+4, 12/22 Linenhall Street, Belfast

Signed by Chair:



Date: 20 April 2017

Public Health Agency

Finance Report

2016-17

Month 11 - February 2017

Public Health Agency
2016-17 Summary Position - February 2017

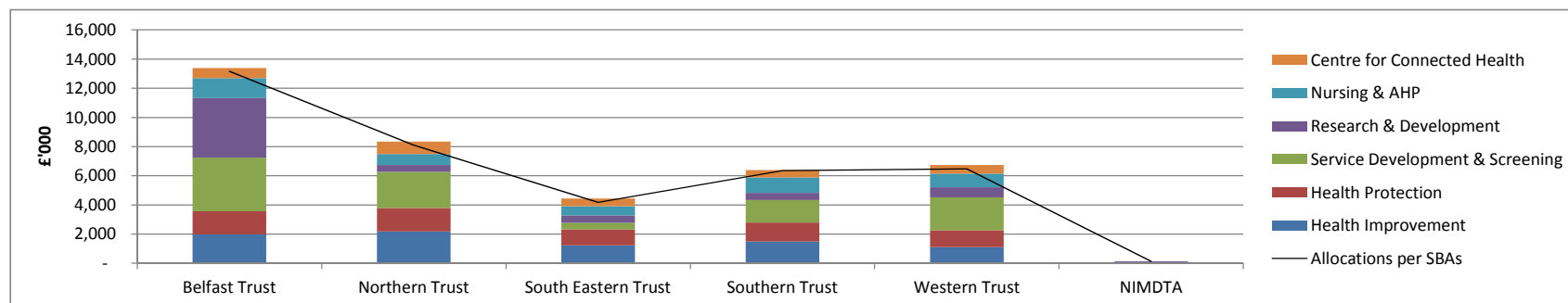
	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust £'000	Non-Trust £'000	£'000	£'000	Trust £'000	Non-Trust £'000	£'000	£'000
Available Resources								
Departmental Revenue Allocation	33,019	44,927	18,295	96,242	30,268	38,658	16,618	85,543
Revenue Income from Other Sources	-	70	496	566	-	52	431	483
Capital Grant Allocation & Income	6,394	6,817	-	13,212	5,861	3,842	-	9,702
Total Available Resources	39,413	51,816	18,791	110,020	36,128	42,553	17,049	95,730
Expenditure								
Trusts	39,413	-	-	39,413	36,128	-	-	36,128
Non-Trust Programme *	-	51,621	-	51,621	-	40,769	-	40,769
PHA Administration	-	-	18,890	18,890	-	-	16,830	16,830
Total Proposed Budgets	39,413	51,621	18,890	109,923	36,128	40,769	16,830	93,728
Surplus/(Deficit) - Revenue	-	195	(99)	97	-	1,702	219	1,920
Surplus/(Deficit) - Capital	-	-	-	-	-	82	-	82

* Non-Trust Programme includes amounts which may transfer to Trusts later in the year

As advised in the opening Budget paper, revised Departmental guidance means the vast majority of PHA's Research & Development (R&D) expenditure will now be funded from a DoH capital budget (CRL), rather than a revenue budget (RRL) as was previously the case. Total CRL allocations received for R&D now total £11.4m, with additional receipts of £1.0m bringing the total to £12.4m. As a result of this change the majority of R&D programme will no longer form part of PHA's revenue breakeven requirement. However, total funds and expenditure will be shown within the Finance Reports in a combined manner, but the individual CRL and RRL breakeven targets will be monitored and highlighted separately.

The year to date financial position for the PHA shows an underspend against profiled budget of approximately £2.0m, mainly due to spend behind profile on Revenue Budgets (RRL) within Health Improvement (including the demand-led Lifeline contract) and Campaigns (see page 3). It is currently anticipated that the PHA will have a small surplus on its full year budget but will remain comfortably within its 0.25% breakeven threshold.

Programme Expenditure with Trusts

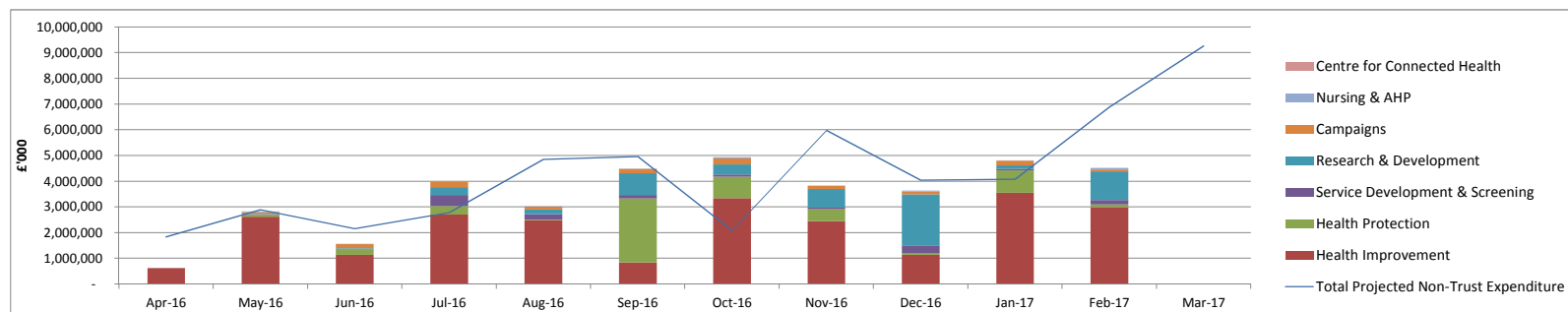


	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIMDTA £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Current Trust RRLs										
Health Improvement	1,975	2,184	1,235	1,491	1,107	-	7,991	7,326	7,326	-
Health Protection	1,596	1,601	1,083	1,307	1,160	-	6,748	6,185	6,185	-
Service Development & Screening	3,679	2,483	465	1,536	2,252	-	10,415	9,547	9,547	-
Research & Development	4,091	472	507	499	692	132	6,393	5,861	5,861	-
Nursing & AHP	1,353	755	626	1,058	933	-	4,726	4,332	4,332	-
Centre for Connected Health	681	845	520	508	586	-	3,140	2,878	2,878	-
Total current RRLs	13,375	8,339	4,437	6,400	6,730	132	39,412	36,128	36,128	-
Opening Allocations	13,375	8,339	4,437	6,400	6,730	132	39,412			

The above table shows the current Trust allocations split by budget area. These amounts are primarily Revenue Resource Limits (RRL) but also include the Capital Resource Limit (CRL) for Research and Development.

During the current month, an exercise to re-align budgets between Trust and Non-Trust has been carried out, and profiles have been amended accordingly. This explains the year to date breakeven position. A breakeven position is also anticipated for the full year.

Non-Trust Programme Expenditure



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total	YTD Budget	YTD Spend	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Projected Expenditure																
Health Improvement	1,246	2,368	1,389	1,582	2,674	1,658	834	3,853	826	2,693	4,010	2,323	25,456	23,134	21,844	1,289
Lifeline	225	225	225	225	225	225	225	225	225	225	225	225	2,700	2,475	2,032	443
Health Protection	27	29	25	275	611	2,493	1,259	667	648	653	540	1,475	8,701	7,225	7,790	(565)
Service Development & Screening	217	148	392	157	102	375	(23)	68	375	127	(114)	425	2,246	1,822	1,833	(11)
Research & Development	8	8	8	372	1,002	21	(193)	957	1,660	8	1,994	4,114	9,957	5,843	5,762	82
Campaigns	115	115	115	115	187	165	1	242	237	242	251	292	2,081	1,788	1,423	365
Nursing & AHP	4	4	4	49	49	11	(64)	18	23	76	80	346	599	253	243	10
Safeguarding Board	-	-	-	-	-	12	-	-	-	-	-	12	24	12	-	12
Centre for Connected Health	-	-	-	-	-	-	-	-	-	-	-	21	21	-	-	-
Other	-	-	-	-	-	-	50	(50)	50	50	(100)	28	28	-	(158)	158
Total Projected Non-Trust Expenditure	1,842	2,897	2,157	2,775	4,850	4,959	2,088	5,980	4,045	4,074	6,885	9,261	51,814	42,553	40,769	1,784
Actual Expenditure	620	2,914	1,663	4,127	3,040	4,795	5,229	4,571	4,169	5,003	4,638	-	40,769			
Variance	1,222	(18)	494	(1,351)	1,810	165	(3,140)	1,409	(124)	(929)	2,247	-	1,784			

The Non-Trust Programme budgets show the opening budgets plus additional allocations received subsequently. The total Non-Trust budget for the year has increased by £0.5m during the month, primarily due to an allocation of £0.4m from DoH for the voluntary and community sector.

Expenditure is £1.8m behind profile for the year to date as a result of a significant underspend in month 11. The underspend is primarily in the Health Improvement area (including Lifeline - £1.7m), with a further £0.4m in Campaigns offset by expenditure ahead of profile in Health Protection. Budget managers should review variances closely throughout the remainder of the year to ensure PHA meets its breakeven obligations, particularly as there is £9.3m profiled in month 12.

The PHA is still projecting a small surplus for the full year (£0.2m), which is being carefully managed to offset a small pressure in the Management & Administration budget.

PHA Administration
2016-17 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget							
Salaries	2,803	3,354	9,215	452	333	417	16,574
Goods & Services	101	1,351	399	31	49	287	2,218
Total Budget	2,904	4,705	9,614	483	382	704	18,792
Budget profiled to date							
Salaries	2,536	3,073	8,422	404	298	373	15,106
Goods & Services	92	1,232	360	29	45	186	1,943
Total	2,628	4,305	8,782	433	343	558	17,049
Actual expenditure to date							
Salaries	2,622	3,002	8,475	206	299	373	14,976
Goods & Services	102	1,228	347	(23)	14	186	1,854
Total	2,724	4,229	8,822	183	313	558	16,830
Surplus/(Deficit) to date							
Salaries	(86)	71	(52)	198	(1)	(0)	130
Goods & Services	(10)	4	12	52	31	0	89
Surplus/(Deficit)	(96)	75	(40)	250	30	(0)	219

The total PHA funding allocation from the DoH in 2016-17 has been reduced by 10%, which equates to £1.6m. Although this reduction has initially been set against Commissioning funds by the DoH as an interim measure, the PHA Investment Plan requires the Administration budgets to deliver a contribution towards this reduction to enable PHA to achieve breakeven in-year.

The Administration savings target is based on anticipated savings as a result of restructuring following the VES 2015-16 process, the implementation of which is estimated to generate a net £0.4m after funded other pressures and priorities. Salaries budgets have been updated in line with these plans.

The year-to-date salaries budgets of both Nursing and Public Health remain under some pressure, mainly due to incremental drift and in-year costs of 2015-16 VES posts. The surplus in the PHA Board cost centre relates mainly to a £200k allocation for Making Life Better against which there has been minimal expenditure to date. A significant cost is anticipated at year end relating to the transfer of staff to new premises in Linum Chambers, and this is expected to fully utilise the year to date surplus and leave a small deficit for the year. All Directorate surpluses and deficits are being closely managed to enable the overall PHA budget to breakeven in 2016-17.

PHA Prompt Payment

Prompt Payment Statistics

	February 2017 Value	February 2017 Volume	Cumulative position as at 28 February 2017 Value	Cumulative position as at 28 February 2017 Volume
Total bills paid (relating to Prompt Payment target)	£5,072,125	591	£50,424,573	5,176
Total bills paid on time (within 30 days or under other agreed terms)	£4,863,064	560	£48,682,669	4,863
Percentage of bills paid on time	95.9%	94.8%	96.5%	94.0%

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 95%, although on volume performance is slightly below target at 94.8%. PHA has made good progress on ensuring invoices are processed promptly, and efforts to maintain this good performance will continue for the remainder of the year.

The 10 day prompt payment performance remained strong at 88.2% by value for the year to date, which significantly exceeds the 10 day DHSSPS target for 2016-17 of 60%.

*PHA Assurance Framework 2017-19***date** 20 April 2017**item** 10**reference** PHA/03/04/17**presented by** Mr Ed McClean, Director of Operations**action required** For approval**Summary**

The PHA's Assurance Framework provides the systematic assurances required by the PHA board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

Background

Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

The PHAs Assurance Framework is designed to meet these duties. It provides the systematic assurances required by the PHA Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

Review

As per the reporting arrangements documented within the Assurance Framework 2017-2019, a review is required on a bi-annual basis.

The Assurance Framework has been circulated to each PHA Directorate, Finance colleagues within HSCB, and Equality and HR colleagues within BSO. The following amendments have been made:

Page	Paragraph / Dimension	Amendment
		DHSSPS replaced with DOH throughout document.

		The Agency's business Plan date updated from 2016/17 to 2017/18 throughout document.
		PHA Corporate Strategy 2011-15 extended to cover 2016-17, amended to read "PHA Corporate Plan 2017 – 21" throughout document.
3&4	Paragraph 5 onwards	5 key outcomes added as set out in the Corporate Plan 2017/21. Original 4 outcomes and following paragraph removed.
7	Dimension 1 Corporate Objective	Link to Corporate Objective updated to read "5 – Our organisation works effectively."
8	Dimension 1 Corporate Strategy	Corporate Strategy renamed Corporate Plan. Action to remove Gaps updated to read; "Following consultation the corporate plan 2017-21 will be approved by board April 2017 prior to submission to DOH."
8	Dimension 1 Annual Business Plan	Gaps in Controls Assurances added; "Approval delayed in line with corporate plan" Action to remove Gaps added; "To be approved by Board April 2017 prior to submission to DOH"
12	Dimension 1 Equality Scheme and subsequent review	Reports to AMT and Board, Frequency updated to read; "Reviewed within 5 years of submission of Scheme (27/04/2011) or its most recent review (01/04/2016) or on request by ECNI"
13	Dimension 1 Article 55 Review (Report to Equality Commission on staffing Composition)	Gaps in Controls Assurances added; "Review due April 2016 delayed" Action to remove Gaps added; "BSO HR have advised report will be submitted early April 2017"
19	Dimension 2 Corporate Objective	Link to Corporate Objectives amended to read; "Corporate Objective 1 – All children and young people have the best start in life Corporate Objective 2 – All older adults are enabled to live healthier and fulfilling lives Corporate Objective 3 – all individuals and communities are equipped and enabled to live long healthy lives Corporate Objective 4 – All health and wellbeing services should be safe and high quality"

19	Dimension 2 Learning Lessons from Serious Adverse Incident Reporting	Reports to Governance and Audit Committee, Sentence added and highlighted " <u>Frequency to be confirmed</u> "
21	Dimension 2 Healthcare Associated Infections (HCAI) Report	Removed
22	Dimension 2 Nursing Assurance Framework	Reports to the Board Removed
23	Dimension 2 Allied Health Professions Assurance Framework	Reports to the Board Removed
25	Dimension 3 Corporate Objective	Link to Corporate Objective amended to read; "5 Our organisation works effectively"
28	Dimension 3 PHA Capital Expenditure in excess of £50,000	PHA Capital Expenditure in excess of £50,000 text added: Or £1.5m for R&D capital expenditure
31	Dimension 4 Corporate Objective	Link to Corporate Objectives amended to read: Corporate Objective 1 – All children and young people have the best start in life Corporate Objective 2 – All older adults are enabled to live healthier and fulfilling lives Corporate Objective 3 – All individuals and communities are equipped and enabled to live long healthy lives Corporate Objective 4 – All health and wellbeing services should be safe and high quality Corporate Objective 5 – Our organisation works effectively
32	Dimension 4 Public Health Update Reports:	Removed

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **APPROVE** the PHA Assurance Framework 2017-19.



Assurance Framework 2017-2019

Review as at **April 2017**

INTRODUCTION

The PHA has a duty to carry out its responsibilities within a system of effective control and in line with the objectives set by the Minister. It must also demonstrate value for money, maximizing resources to support the highest standards of service.

A key element of a system of effective control is the management of risk. It is vital the PHA discharges its functions in a way which ensures that risks are managed as effectively and efficiently as possible to meet corporate objectives and to continuously improve quality and outcomes. This means that equal priority needs to be given to the obligations of governance across all aspects of the organization whether financial, organisational or clinical and social care and for governance to be an integral part of the organisation's culture. Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

In order to meet these duties, the PHA has prepared this Assurance Framework. The framework will provide the systematic assurances required by the PHA Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

BACKGROUND

In April 2009, DHSSPS issued 'An Assurance Framework: *A Practical Guide for Boards of DHSSPS Arm's Length bodies*'. The Framework guidance is intended to help the boards of HSC organisations improve the effectiveness of their systems of internal control, by showing how the evidence for adequate control can be marshalled, tested and strengthened within an Assurance Framework.

The HSC Paper Performance and Assurance Roles and Responsibilities (MIPB 74/09) issued in April 2009, sets out performance and assurance roles and responsibilities in relation to four key HSC domains and identifies the key functions and associated roles and responsibilities of ~~DHSSPS~~ DoH, HSCB, PHA, BSO, Trusts and other Arm's Length Bodies.

In September 2011 the ~~then~~ DHSSPS produced a Framework Document to meet the statutory requirements placed upon it by the Health and Social Care (Reform) Act (NI) 2009. The Framework Document describes the roles and functions of the various health and social care bodies and the systems that govern their relationships with each other and the Department. The Framework Document outlines the four performance and assurance dimensions previously introduced in the MIPB 74/09 paper.

STRATEGIC CONTEXT

The PHA is governed by Statutory Instruments: HPSS (NI) Order 1972 (SI 1972/1265 NI14), the HPSS (NI) Order 1991 (SI 1991/194 NI1), the Audit and Accountability (NI) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009.

The primary functions of the PHA can be summarised under 3 broad headings:¹

- Improving health and social well-being and reducing health inequalities;
- Health protection;
- Professional input to commissioning of health and social care services and providing professional leadership.

In carrying out these functions the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social well-being. The PHA also has a range of statutory duties in the area of Public Health, Supervision of Midwives and PPI under the duty to Involve and Consult. It is also responsible for the commissioning and quality assurance of existing and new screening programmes. In discharging these duties the Agency shall maintain the highest standards of decision-making. The detail of these duties is set out in various legislation, regulations or other guidance documents.

The Agency's Business Plan ~~2016/17~~ 2017/18 sets out the key priorities that will be taken forward by the PHA that will help to improve health and social wellbeing and protect the health of the community. The priorities and targets set have been shaped by the Departmental priorities and the longer term goals that have been set out in the PHA Corporate ~~Plan 2017 - 21 Strategy 2011-15 (extended to cover the period 2016/17 in line with DHSSPS advice.)~~ The Business Plan is focused around the ~~4-5 key outcomes~~ goals as set out in the ~~Corporate Plan 2017-21 Strategy 2011-15 (extended to cover 2016-17)~~. These are:

- All children and young people have the best start in life
 - All older adults are enabled to live healthier and fulfilling lives
 - All individuals and communities are equipped and enabled to live long healthy lives
 - All health and wellbeing services should be safe and high quality
 - Our organisation works effectively
-
- Protecting Health
 - Improving Health and Wellbeing

¹ DHSSPS Framework Document September 2011

- ~~Improving quality & Safety of Health and Social Care Services~~
- ~~Improving Early Detection of Illness~~

~~In working to deliver these goals, the PHA has identified a number of common themes that shape how the organisation takes forward its work and these have been reflected in the Business Plan 2016/17 under the following sections:~~

- ~~Using evidence, fostering innovation & reform~~
- ~~Developing our people and ensuring effective processes~~

PHA ASSURANCE FRAMEWORK

The PHA assurance framework is based broadly around the four HSC performance and assurance dimensions as set out in the DHSSPS Framework Document (September 2011) namely:

1. Corporate Control – the arrangements by which the PHA directs and controls its functions and relates to stakeholders.
2. Safety and Quality – the arrangements for ensuring that health and social care services are safe and effective and meet patients’ and client’s needs.
3. Finance – the arrangements for ensuring the financial stability of the PHA, for ensuring value for money and ensuring that allocated resources are deployed fully in achievement of agreed outcomes in compliance with the requirements of the public expenditure control framework.
4. Operational Performance and Service Improvement – the arrangements for ensuring the delivery of Departmental targets and required service improvements.

The Framework Document states that “each HSC body is locally accountable for its organisational performance across the four dimensions and for ensuring that appropriate assurance arrangements are in place. This obligation rests wholly with the body’s board of directors. It is the responsibility of boards to manage local performance and to manage emerging issues in the first instance.”

The PHA Assurance Framework must also link with its corporate objectives and risks. An effective Assurance Framework provides a clear, concise structure for reporting key information to boards, and should be read alongside the corporate risk register to provide structured assurance about how risks are managed effectively to deliver agreed objectives.

The following tables form the basis of the Assurance Framework and have been structured according to the [DHSSPS DOH](#) performance and assurance dimensions, with a link to the relevant corporate objectives and primary risks.

This Assurance Framework provides the organisation with a simple but comprehensive method for effectively managing the principal risks to meet its objectives. It also provides a structure for acquiring and examining the evidence to support the Governance Statement and the Mid-Year Assurance Statement.

LINKS TO OTHER PHA POLICIES AND DOCUMENTS

The following policies and documents should be read in conjunction with the PHA Assurance Framework:

- PHA Risk Management Strategy and Policy
- PHA Corporate Risk Register
- PHA Corporate [Plan 2017-21](#) ~~Strategy 2011—2015 (extended to cover 2016-17)~~
- PHA Annual Business Plan [2017/18](#) ~~2016/17~~
- PHA Governance Framework

REVIEW AND APPROVAL

The Assurance Framework will be reviewed on a bi-annual basis. It will be brought to the Governance and Audit Committee and the PHA board on an annual basis for approval.

Dimension 1: Corporate Control

The dimension of 'corporate control' encompasses the policies, procedures, practices and internal structures which are designed to give assurance that the PHA is fulfilling its essential obligations as a public body. For that reason, most of the requirements reflect those in place across the wider public sector; however, there are a number that have been instituted specifically for the field of health and social care, notably the statutory duty of care created by Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, and the statutory duty to Involve and Consult with the recipients of health and social care created by sections 19 and 20 of the HSC (Reform) Act (NI) 2009.

The staple public sector requirements include the existence of appropriate board roles, structures and capacity; compliance with prescribed standards of public administration, national or regional policy on procurement and pay, operation of a professional internal audit service and corporate and business planning approvals. The accounting officer letter of appointment **will** spells out the principles underlying many of these obligations, while the letters appointing chairs and non-executive members of the board **will** also gives due emphasis to this aspect of the appointees' duties.

The table below highlights the corporate control requirements for the PHA along with how the PHA meets each obligation by way of providing assurances to the board and its Committees.

DIMENSION 1 - PHA Corporate Control Arrangements

Link to Corporate Objectives:

Corporate Objective 5 – Our organisation works effectively – ~~6 – Developing our People and ensuring effective processes~~

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Governance Statement signed by Chief Executive	All risks on Corporate Risk Register	AMT	Approval	Annual	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual		
Mid Year Assurance Statement signed by the Chief Executive	All risks on Corporate Risk Register	AMT	Approval	Annual	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual		

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Corporate Strategy Plan	All risks on Corporate Risk Register	AMT	Approval	3-4 years				Approval	3-4 years	Delayed to align with the NI Assembly term, as per DOH advice.	Current strategy extended to cover 2016/17. Process in place to develop new strategy. Following consultation the corporate plan 2017-21 will be approved by board April 2017 prior to submission to DOH.
Annual Business Plan	All risks on Corporate Risk Register	AMT	Approval	Annual				Approval	Annual	Approval delayed in line with corporate plan	To be approved by board April 2017 prior to submission to

Principal Area/ Function/ Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
											DOH
An Assurance Framework to strengthen board-level control and assurance and strengthen the Governance Statement	All risks on Corporate Risk Register	AMT	Approval	Bi-Annual	Governance & Audit Committee	Approval	Bi-Annual	Approval	Annual or more frequently if required		
Report on compliance with controls assurance standards	All risks on Corporate Risk Register	AMT	Noting	Annual	Governance & Audit Committee	Noting	Annual	Noting	Annual		

Principal Area/ Function/ Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Corporate Risk Register (supported by Directorate Risk Registers)	All risks on Corporate Risk Register	AMT	Approval	Quarterly	Governance & Audit Committee	Scrutiny and Approval	Quarterly	Noting	Annual or more frequently if required		
PHA Annual Report	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommendation to the board	Annual	Approval	Annual		
Governance & Audit Committee Annual Report	N/A				Governance & Audit Committee	Approval	Annually	Noting	Annual		
Response to DHSSPS DOH consultation proposals	N/A							Approval	As Required		

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Sealing of Documents	N/A							Approval	As Required		
Review of Standing Orders and Standing Financial Instructions	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual		
Register of Board Members Interests	N/A							Noting	Annual		
Gifts and Hospitality Register	N/A	AMT	Noting	Annually	Governance & Audit Committee	Noting	Annually				

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Equality Scheme and subsequent review	N/A	AMT	Approval	Reviewed within 5 years of submission of Scheme (27/04/2011) or its most recent review (01/04/2016) or on request by ECNI				Approval	Reviewed within 5 years of submission of Scheme (27/04/2011) or its most recent review (01/04/2016) or on request by ECNI		
Equality Action Plan	N/A	AMT	Approval	Every 5 years (after 31/3/13)				Approval	Every 5 years (after 31/3/13)		
Disability Action Plan	N/A	AMT	Approval	Every 5 years (after 31/3/13) or on request by ECNI				Approval	Every 5 years (after 31/3/13) or on request by ECNI		

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Report on progress in respect of Equality and Disability duties under Section 75 of the NI Act 1998 and Disability Section 49A of the Disability Discrimination Order (DDO) 2006	N/A	AMT	Approval	Annual				Approval	Annual		
Article 55 Review (report to Equality Commission on staffing composition)	N/A	AMT	Approval	Three-yearly				Approval	Three-yearly	Review due April 2016 delayed.	BSO HR have advised report will be submitted early April 2017

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Information Governance Strategy 2015-2019	N/A	Information Governance Steering Group	Approval	Four-yearly	Governance & Audit Committee	Approval	Four-yearly	Approval	Four-yearly		
Information Governance Progress Reports	N/A	Information Governance Steering Group	Noting	Quarterly	Governance & Audit Committee	Noting	Quarterly	Noting	Annually		
PPI (update report)	N/A	AMT	Approval	Bi-annual				Approval	Bi-annual		
Remuneration of Executive Directors	N/A				Remuneration & Terms of Service Committee	Approval	Annual				

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Absence Report (in Annual Report)	N/A							Noting	Annual		
Approval of New/Revised PHA Strategies and Policies	N/A	Relevant Sub Committee & AMT	Approval	As Required	Relevant Committee	Approval	As Required	Approval	As Required		
Business Continuity Plan (Annual Review)	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommend to PHA board for approval	Annually	Approval	Annually		
Joint Annual Report on Emergency Preparedness Plan	N/A	AMT	Approval	Annually	Governance & Audit Committee	Noting Approval	Annually	Approval	Annually		

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Internal Audit Reports	All Risks on Corporate Risk Register				Governance & Audit Committee	Noting	Quarterly				
Mid Year & End of Year Head of Internal Audit Report	N/A				Governance & Audit Committee	Noting	Bi-annually				
Internal Audit Plan	All risks on Corporate Risk Register				Governance and Audit Committee	Approval	Annual				
Minutes of Governance and Audit Committee	N/A				Governance & Audit Committee	Approval	Quarterly	Noting	Quarterly		

Principal Area/ Function/ Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Minutes of Remuneration and Terms of Service Committee	N/A				Remuneration & Terms of Service Committee	Approval	Bi-Annually	Noting	Bi-Annually		
Chief Executive Report	N/A							Noting	Monthly		

DIMENSION 2 – Safety and Quality

The second dimension covers the arrangements whereby the PHA ensures that health and social care services, are safe and effective and meet people's needs. This covers a broad field and applies to all programmes of care and to infrastructure.

In addition to the numerous operational/professional requirements that concern or touch on safety and quality, there are more general requirements with which compliance is demanded. In the latter category, those issued by **DHSSPS DOH** include the Quality Standards², Care Standards, and applicable Controls Assurance standards. The most notable, being the statutory duty of quality created under the HPSS (Quality, Improvement and Regulation) (NI) Order 2003.

The table below highlights the safety and quality functions required by the PHA. It also shows how the PHA meets each obligation by way of providing assurances to the board and its Committees.

² The Quality Standards for Health and Social Care: Supporting good governance and best practice in the HPSS (DHSSPS, March 2006)

DIMENSION 2 - PHA Safety and Quality Assurance Arrangement

Link to Corporate Objectives: **Corporate Objective 1 – All children and young people have the best start in life** ~~1 – Protecting Health~~
Corporate Objective 2 – All older adults are enabled to live healthier and fulfilling lives ~~3 – Improving Quality & Safety~~
Corporate Objective 3 – all individuals and communities are equipped and enabled to live long healthy lives
Corporate Objective 4 – All health and wellbeing services should be safe and high quality

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Learning lessons from Serious Adverse Incident reporting		AMT Bi-annual learning Report)	Approval	Quarterly (bi-annual report and statistical analysis report presented in alternate quarters)	Governance & Audit Committee (Quarterly Analysis and Learning Report) Frequency to be confirmed	Noting	Biannual	Approval	Biannual		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Implementation of RQIA and other independent review recommendations relevant to PHA	N/A	AMT	Noting	6 Monthly				Noting	6 Monthly		
Director Public Health Annual Report	N/A							Noting	Annually		
Statutory Midwifery Supervision – Compliance with Statutory requirements	Storage of files and documents pending the removal of statutory Supervision of Midwives on the 31 st March 2017	AMT	Approval	Annually for Audit reports and complaints and incidents in relation to Midwives practice, inclusive of status, outcomes and learning.				Noting	Annually		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Complaints		AMT	Approval	Annually or more frequently if required	Governance & Audit	approval	Annually or more frequently if required	Noting	Annually		
Patient & Client Experience Standards and PCE updates.		AMT	approval	Bi-annual				noting	Annually		
Quality Improvement Plans – Performance Management Report		AMT	Approval	Bi-annually				Approval	Annually		
Healthcare Associated Infections (HCAI) report	N/A	AMT	Approval	Quarterly				Noting	Quarterly		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Connected Health Updates	N/A							Noting	Three per annum		
AHP Strategy	N/A	AMT	Noting	Bi-annual							
Family Nurse Partnership Annual Report	N/A	AMT	Approval	Annual				Approval	Annual		
Nursing Assurance Framework	N/A	AMT	Noting	Annual				Noting	Annual		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Allied Health Professions Assurance Framework	N/A	AMT	Noting	Annual				Noting	Annual		
PPI monitoring report	N/A	AMT	Noting	Annual				Noting	Annual		

DIMENSION 3 - FINANCE

Appropriate financial accountability mechanisms are necessary to:

- Ensure that the optimum resources are secured from the Executive for Health and Social Care
- Ensure the resources allocated by Minister/Department deliver the agreed outcomes and represent value for money
- Deliver and maintain financial stability
- Facilitate the delivery of economic, effective and efficient services by rewarding planned activity that maximises effectiveness and quality and minimises cost
- Facilitate the development of innovative and effective models of care

The table below highlights the PHA finance requirements. It also identifies how the PHA meets each obligation by way of providing assurances to the board and its Committees.

DIMENSION 3 - PHA Finance Assurance Arrangement

Link to Corporate Objectives: **Corporate Objective 5 – Our organisation works effectively 6–
Developing our People & Ensuring Effective Processes**

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Finance Report from Director of Finance (HSCB)	N/A	AMT	Review and Noting	Monthly				Review and Noting	Monthly		
DOH Monitoring Returns (Monthly 2-12) Including info on HSC Financial Position, Capital Resource Limit and Expenditure, Non-Current Assets,	N/A	Senior Finance Team	Review and noting	Monthly (2-12)				Prompt pay figures now reported as part of the board report	Monthly		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Provisions and Prompt Payment statistics											
Response to Budget Proposals prepared by PHA contributed to by the Finance Dept contribution to development of Joint Commissioning Plan	N/A	AMT	Approval	Annual				Approval	As determined by DoH		
PHA Financial Plan (consistent with DoH principles of 'Promoting Financial Stability')	N/A	AMT	Approval	Annual				Approval	Annual		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Annual Report and Accounts GAC and PHA board full accounts and supporting financial excerpt in Annual Report. AMT summary financial statements	N/A	AMT	Noting (Primary statement only at draft submission stage)	Annual	Governance & Audit Committee	For review of full draft and Recommendation to the board	Annual	Approval	Annual	Not formally presented to AMT prior to The Board due to time constraints	Financial Report shared in advance and full accounts shared at Board and with GAC members and CX when draft complete. Issues discussed as necessary
External Audit Report to Those Charged with Governance	N/A	AMT	Noting and provision of responses to recommendations.	Annually	Governance & Audit Committee	Review and Noting of recommendations and appraisal of management responses	Annual	Noting	Annual	Not formally presented to AMT prior to The Board due to time constraints	Discussed with AMT officers for management responses

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
External Audit Progress Report	N/A				Governance & Audit Committee	Review and Noting	Quarterly				
Fraud Prevention and Detection Report	N/A				Governance & Audit Committee	Noting	When appropriate – not less than 1 per annum				
Use of External Management Consultants	N/A	AMT	Noting	Annually or more frequently as required.							
PHA Capital Expenditure in excess of £50,000 or £1.5m for R&D capital expenditure	N/A	AMT	Approval or recommendation to board	As required				Approval or recommendation on to DoH/DoF dependant on delegated limits	As Required		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Disposal of PHA Assets in excess of £50,000	N/A	AMT	Recommendation to Board	As required				Approval	As Required		

DIMENSION 4 - Operational Performance and Service Improvement

Performance management and service improvement arrangements are those that are necessary to ensure the achievement of Government and Ministerial objectives and targets.

The table below highlights the PHA requirements identifying how the PHA meets each obligation by way of providing assurances to the board and its Committees.

DIMENSION 4 - PHA Operational Performance and Service Improvement Assurance Arrangement

Link to Corporate Objectives: **Corporate Objective 1 – All children and young people have the best start in life**
~~2 – Improving Health & Wellbeing~~
Corporate Objective 2 – All older adults are enabled to live healthier and fulfilling lives
~~4 – Improving Early Detection~~
Corporate Objective 3 – All individuals and communities are equipped and enabled to live long healthy lives
~~5 – Using Evidence, Fostering Innovation & Reform~~
Corporate Objective 4 – All health and wellbeing services should be safe and high quality
Corporate Objective 5 – Our organisation works effectively

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal Area/ Function/Reporting Arrangements	Principal Risks	Reports to Sub-Committee of the Board			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Performance Report (including commission direction targets and corporate objectives)	N/A	AMT	Noting	Quarterly				Noting	Quarterly		

Commissioning Plan	N/A	AMT	Approval	Annually				Approval	Annual		
PEMS report	N/A							Noting	Biannually or more frequently as required.		
Public Health Update Reports: Health Improvement Health Protection Service Development & Screening Research & Development	N/A							Noting	Annually		

*PHA Data Protection / Confidentiality Policy***date** 20 April 2017**item** 12**reference** PHA/05/04/17**presented by** Mr Ed McClean, Director of Operations**action required** For approval**Summary**

The PHA Data Protection/Confidentiality Policy has been reviewed in line with the scheduled review date. However, as new data protection requirements are expected under the General Data Protection Regulations (GDPR) due to come into effect mid-2018, a light-touch review has been undertaken at this time.

The main changes to the policy are:

- Terminology updated – e.g. DoH, USB safe-sticks, cross cut shredder;
- Equality section moved and amended in line with standard wording;
- Appendices updated to remove out of date information

The revised Policy was approved by the PHA Information Governance Steering Group (IGSG) on Wednesday 29 March 2017 and by the Governance and Audit Committee on 12 April 2017.

Once approved by PHA board, the updated policy will be shared with all staff.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **APPROVE** the PHA Data Protection / Confidentiality Policy.

Data Protection/Confidentiality Policy

Version	1.3
Date version 1.2 approved by IGSG	07/05/2015
Date version 1.2 approved by AMT	02/06/2015
Date version 1.2 approved by PHA board	18/06/2015
Scheduled review date	28/02/2017
Review completed	20/03/2017
Reviewed policy approved by IGSG	29/03/2017
Reviewed policy approved by AMT	
Reviewed policy approved by PHA board	
Scheduled review date	31/03/2019

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1.0 INTRODUCTION

1.1 Data Protection policy – Background

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

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

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

1.2 Purpose of the Policy

This policy aims to clarify why it is necessary to share information, how personal information may be shared and when personal information may be shared. It also addresses the need to make patients, clients and staff aware of the ways in which their information might be used and emphasises the use wherever possible of anonymised information setting out the circumstances in which

information may be passed on for other purposes or as a legal requirement.

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

This policy should be read by staff in conjunction with all Information Governance and ICT Security policies. These can be accessed on the PHA Connect site.

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

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

1.3 Governing Principles

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

- 1 The use to which Personal Information is to be put within or from an organisation should be clearly defined, justified and regularly reviewed
- 2 Personal data items should not be included in transfers of information within or between organisations unless it is

absolutely necessary and there is a robust business need and sufficient security measures employed to protect the transfer

- 3 Only the minimum amount of identifiable information should be transferred or be accessible as is necessary for any given, specified and approved function or purpose.
- 4 Only those individuals who need access to personal information should have access to it, and limited to what they need to see for their particular business need.
- 5 Managers and 'Information Asset Owners' should take such actions as are necessary on an on-going basis to ensure that all staff are made fully aware of their contractual and legal responsibilities and obligations to respect and protect individuals personal information from unauthorised use, disclosure, loss or destruction.
- 6 Every use to which personal data is put, should be lawful and comply with all relevant applicable guidance
- 7 No personal information should be transferred within or between organisations unless adequate, robust and approved security mechanisms are in place
- 8 When collecting personal data from data subjects, PHA should inform the subject as to the proposed use or uses the data is to be put, who it is to be shared with, how it will be secured and how long it will be retained.
- 9 Personal Information will, when no longer required, be permanently and verifiably destroyed.

Compliance with this policy will ensure;

- That the data collection is lawful and complies with the Data Protection Act 1998 Fair Processing Provisions and the Data Protection (Processing of Sensitive Personal Data) Order 2000.
- That data access is restricted to those with legitimate need to view the data.
- That all records systems, both electronic and manual, are secured and that all information held is a minimum data set, is collected and processed for specific purposes, is held only as long as is necessary for the purpose for which it was collected,

is processed fairly and lawfully and is disposed of in a way which continues to protect confidentiality.

- That personal information is shared with those staff who have a legitimate relationship with the service user, are involved in the management and/or delivery of Health and Social Care Services or are regulated and registered Health and Social Care Professionals.

1.4 Definitions

“Personal Data” - The term “personal information” applies to personal data/ information, as is defined in law, about living individuals held in whatever form by or for Health and Social Care organisations, agents or staff. Personal data is data which relates to a living individual who can be identified from those data. This definition covers the obvious such as medical and staff records in addition to personal ‘non-health’ information such as a patient or client’s name and address or details of his or her financial or domestic circumstances. It relates to both computerised and manual records and can be held in different formats, and include, for example, CCTV images microfiche, audio recording or still photographic images.

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

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

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

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

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

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

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

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

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

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

1.5 Further Information

Further information regarding any aspect of data protection and use of personal information can be found on the

Information Commissioner's Office website:
(<http://www.informationcommissioner.gov.uk/>)

The PHA Governance Manager will also be able to provide information about this policy.

2.0 BASIC PRINCIPLES

- 2.1 Every person, irrespective of Nationality, whose information is held by the PHA for Northern Ireland, is afforded certain rights under the United Kingdom Data Protection Act 1998 / Directive EU 95/46. The PHA is legally obliged to respect and maintain these rights in both practice and policy.
- 2.2 All PHA staff are legally bound by a Common Law duty of confidence to maintain confidentiality of information and abide by the principles of the Data Protection Act 1998.
- 2.3 Information provided in confidence may not be used for a purpose other than that for which it was collected or be passed to anyone else without the consent of the provider of the information (Data Subject). If occasion arises where it is proposed that personal information be used for another purpose, then expert opinion should be sought before any additional processing takes place.
- 2.4 Patients, clients and staff should, where it is reasonable and practicable to do so, be informed in advance of the uses to which their information may be put. (Fair Processing Notices)
- 2.5 Patients and clients' right to refuse the use of their information must be respected (except in exempted circumstances where this is required by law).
- 2.6 The PHA is required to comply with all legislation and guidance relating to the protection and use of personal information
- 2.7 Access to, and release of personal information will be strictly controlled; where possible anonymised and aggregate information will be used. Only the minimum data required will be processed by the PHA.

- 2.8 Personal information will be held only for as long as it is required for the purpose for which it was collected. It will be disposed of in a manner that continues to protect confidentiality. Patients, Clients and Staff should be informed at the outset, the period that their information will be retained for.
- 2.9 Contractors with access to personal information held by, or on behalf of, the PHA are required to comply with this policy and have in place their own complementary policies and procedures that will provide the same or greater protection to information processed on behalf of the PHA (see 1.3). The PHA will require that Contractors or Agents acting at the direction of the PHA provide assurances and evidence of this requirement. Where it is deemed necessary, the PHA will require Contractors or Agents to implement certain organisational and/or technical measures to enhance their existing information security measures. Contractors or Agents will also be expected to follow PHA good practice developments in information security, and amend their own processes to meet PHA expectations.

3.0 PROTECTION AND USE OF INFORMATION

3.1 Uses and restrictions

- 3.1.1 Patients, clients and staff should be advised in advance of the uses to which the information they provide may be put. This may be verbally, in written form on standard documentation used to collect information or on literature on protection and use of personal information designed specifically for this purpose. These are known as 'Fair Processing Notices'.
- 3.1.2 Personal information may in appropriate circumstances * be used for:
- The delivery of personal care and treatment, including needs assessment and Service Planning
 - For assuring, improving or auditing the quality of care and treatment delivered by HSC.

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

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

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

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

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

- 3.1.5 The PHA will not and does not permit personal details to be released or sold on for fundraising or commercial marketing purposes.
- 3.1.6 The PHA does not permit external Agents or Contractors to pass on information to third parties unless the purpose is legitimate and the PHA has agreed to that sharing.
- 3.1.7 The PHA is obliged by law to comply with requests from the Comptroller and Auditor General Northern Ireland to provide information in an electronic format relating to PHA staff for the purpose of Data Matching exercises conducted under the National Fraud Initiative. These powers are based on amendments to the Audit and Accountability Order (Northern Ireland) 2003, at Articles 4A and 4G respectively.

3.2 Collection, Retention and Disposal of Information

- 3.2.1 Data subjects will be advised of the uses to which their information may be put. This should take the form of information to patients and clients as laid out in the then DHSSPS “Code of Practice on Protecting the Confidentiality of Service User Information” (January 2012). They will also be advised on request of the rights of access which apply to certain records under the Data Protection Act 1998.
- 3.2.2 Information sharing between HSC bodies may require a signed Data Access Agreement between the parties. It is recommended that such an agreement is in place for those information flows regularly shared, for example, between the PHA and their Providers. A sample Data Access Agreement is included (Appendix 1).
- 3.2.3 Information sharing between HSC bodies and non-HSC bodies must also be covered by a Data Access Agreement.

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

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

- Identifying all the data within their area of responsibility;

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

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

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

Please note: As a general statement, it is not permitted for PHA personal data or PHA business information to be held on unencrypted desktop or laptop computers. Such information should be held on a dedicated records management system, a dedicated server or at a sufficiently secure location to mitigate against the risk of a loss or theft of that equipment and to ensure there are regular backups of that data to maintain business continuity. It is recognised that business needs will occasionally

dictate that sensitive information is held on laptops or desktops. Staff should seek advice from the Governance Manager to ensure adequate alternative safeguards are in place on these occasions.

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

All redundant, faulty or obsolete PHA removable storage media, such as ‘SafeStick’ USB devices or external hard drives which did or which may have contained sensitive or valuable information during their life cycle, should be returned to the BSO Information Security Team (ITS) for complete and verifiable destruction rendering them unusable. An

INFRA call should be logged to facilitate this type of equipment disposal. Officers responsible for the formal disposal of media should ensure that a disposal certificate is sought from any contractor employed to carry out this task. Further information on this area can be found in the PHA Waste Management Policy.

3.3 Processing and Presentation

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

3.3.5 Information labelling and handling.

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

The document “Code of Practice on Protecting the Confidentiality of Service User Information” was issued by the then DHSSPS in 2012. Care should be taken to meet its requirements. This document can be found at the following web address:

<https://www.health-ni.gov.uk/publications/code-practice-protecting-confidentiality-service-user-information>.

3.4 Disclosure

- 3.4.1 Disclosure of personal information will be on a strictly “need to know” basis and in accordance with the uses detailed in 3.1 and where necessary, in consultation with the Information Asset Owner
- 3.4.2 Information disclosed will be the minimum dataset, sufficient to carry out the task.
- 3.4.3 All requests made to the PHA by an individual, other than from a member of PHA staff, seeking access to their own personal information should be forwarded to the Governance Manager at Tower Hill who will process the request in accordance with relevant statutory obligations.
- 3.4.4 Where information has been sought for research purposes by external organisations/individuals, a Data Access application should be issued and returned before an informed decision is taken on appropriateness of disclosure (Appendix 3).
- 3.4.5 For some guidance in relation to the risks associated with information requests, refer to the Department’s revised “Code of Practice on Protecting the

Confidentiality of Service User Information” (January 2012).

- 3.4.6 In line with guidance laid down in the PHA’s ICT Security Policy and various protocols operating within the PHA, disclosure of any information must be via media appropriate to the sensitivity of the information concerned. Security measures such as passwords and encryption must be employed when transferring or storing personal (or corporately sensitive data) and that transfer or storage must be authorised by the department’s nominated Information Asset Owner. You should refer to the Information Governance Leaflets titled ‘Information Transfers: Your Options’ and ‘Information Security Leaflet’ for advice. Further advice can be sought from the Governance Manager or the Business Services Organisations Information Security Department (BSO ITS).

3.5 Data Access Requests

Data subjects (individuals whose information we hold) have the right to see or request a copy of data which is held about them, whether this be computerised or manual. The current maximum charge applicable for access is £10 for records held on computer and £50 for paper records or other media (e.g. X-ray). These charges are defined by the ‘Data Protection (Subject Access) (Fees and Miscellaneous Provisions) Regulations 2000’. Having considered the findings of Caldicott 2, and being mindful that an individual’s financial circumstances should not restrict their ability to exercise their rights to access their information there are no applicable fees in respect of requests for access to personal information under section 7 ‘subject access provisions’ of the Data Protection Act 1998.

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

3.6 Information for Statistics and Research

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

3.7 Human Resources Records

Personal information is collected for recruitment purposes, for salaries and wages, for maintenance of the employment relationship between the PHA and its staff and to ensure that the PHA complies with its HR policies and procedures. HR policies are available on the PHAs Connect site. It is important to recognise that any staff information held by managers (manual or electronic) should be afforded the highest levels of privacy and security. It should be noted, that rights afforded to the individual under the Data Protection Act 1998, extend to employees of the PHA and these rights are not lessened by virtue of the employer / employee relationship. (Note: The PHA is a Public Authority as defined by the Freedom of Information Act 2000. In certain circumstances, information relating to employees public role within the PHA may be disclosed, for example, on receipt of a Freedom of Information request.)

3.8 Audit Records

The PHA is required to provide access to all its records to

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

3.9 Responsibilities of Staff and Contractors

- 3.9.1 All staff are bound contractually to protect the confidentiality of information to which they have access in the course of their employment.

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

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

3.10 Out of the Office

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

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

3.11 Breaches of policy

- 3.11.1 All staff, contractors and agents are reminded that they are bound by a Common Law duty of confidence in the protection and use of personal

patient, client and staff information. All staff contractors and agents should be aware of and abide by the contents of this policy.

- 3.11.2 Any suspected breach of this Policy must be reported to the Governance Manager immediately, or by contacting another member of the Governance Team. The incident can then be assessed and appropriate immediate and remedial corrective action can be taken to contain the breach. (Please refer to PHA Data Breach Response Policy)**

4.0 PHA RESPONSIBILITIES

4.1 Management Arrangements

- 4.1.1 The PHA has approved this policy document in recognition of its responsibilities in relation to the protection and use of personal information as governed by the Data Protection Act 1998.
- 4.1.2 The PHA requires that Management make appropriate arrangements to ensure communication of this policy to all levels of staff within the organisation, and ensure that staff receive and attend training courses relating to this particular subject.
- 4.1.3 Any queries arising in relation to this policy should be directed to the Governance Manager.

4.2 Resources

- 4.2.1 The PHA will consider the use of resources in developing materials to inform patients, clients and staff of the uses to which their information will be put and to their rights of access where appropriate.
- 4.2.2 Training to communicate the responsibilities laid out in this and associated policy documents and

practical measures that can be taken to comply with the contents will be provided for all PHA staff in formats that meet the identified need with emphasis on e-learning packages.

- 4.2.3 Practical guidance for compliance with this policy and the ICT Security Policy will be provided for all staff. This information will also be provided on Hardcopy and through the PHAs Connect site and through e-learning packages accessible via staff computers.
- 4.2.4 It is envisaged that all new staff will be informed of their responsibilities in relation to this policy and the ICT Security Policy as part of the PHA induction to the organisation. All Managers will be responsible for ensuring staff are familiar with both policies and are aware of their responsibilities in relation to their particular business activity.
- 4.2.5 Periodically, internal audit will review the PHA's arrangements for adequately protecting and appropriate usage of personal information.
- 4.2.6 The Governance Manager will make arrangements for periodic 'audits' of the main PHA buildings to ensure that all staff are familiar with and abiding by the contents of the policy and its associated guidance. Reports on these audits will be prepared for consideration by the relevant directing committees of the PHA.
- 4.2.7 Contractors will be made aware of the contents of this policy and their associated responsibilities through the HSC standard contract clauses.

4.3 Ensuring Adherence

- 4.3.1 Through effective communication, the PHA requires that staff act responsibly and within the confines of this policy document. However, breaches will be dealt with as serious matters and the PHA will not hesitate in exercising its rights in such situations.

- 4.3.2 Contractors working with or on behalf of the PHA will be informed that they too are bound by the principles laid down in this policy and the relevant clauses included in all contracts.

4.4 Equality and Human Rights Screening

- 4.4.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to them.
- 4.4.2 Using the Equality Commission's screening criteria, no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.
- 4.4.3 This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.
- 4.4.4 This policy has been included in the PHA's Register of Screening Documentation and maintained for inspection whilst it remains in force.
- 4.4.5 This document can be made available on request in alternative formats and in other languages to meet the needs of those who are not fluent in English.

4.5 Review of policy

This policy will be periodically reviewed and updated to ensure that it is in line with current guidance and legislation relating to protection and use of patient and client information. This policy will be reviewed no later than March 2019, or once the General Data Protection Regulations have been incorporated into UK legislation (expected May 2018).

Appendix 1

PHA DATA ACCESS AGREEMENT FORM (DAA)

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

Appendix 2

Retention of Records

The retention and disposal of PHA records must be in line with both the PHA's Records Management Policy and the corresponding Retention and Disposal Schedule. The Retention and Disposal Schedule is based on the then DHSSPS publication 'Good Management, Good Records (2013)' and outlines minimum retention periods for records created in the PHA. The Schedule also details the final action for PHA records by identifying those which need to be transferred to the Public Record Office for Northern Ireland (PRONI) and those which can be destroyed once they have been retained for the sufficient period of time.

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

Appendix 3



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

1. Personal Details – Researcher / Planner

Surname : _____

Forenames : _____

Postal Address : _____

Postcode: _____

Organisation : _____

Telephone No. : _____

Fax No. : _____

Email : _____

2. Project Details

Title of Project : _____

Project purpose: _____

/ background _____

Proposed Start Date : _____

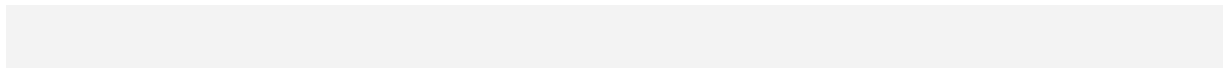
Duration : _____

3. Approval sought by the Researcher / Planner

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

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

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



Terms and Conditions of Support

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

4. GENERAL CONDITIONS

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

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

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

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

Signed

Project Leader: _____

Organisation: _____

Date: _____

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

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

Signed: _____ **(Data Guardian)**

Date: _____

Signed: _____ **(Governance Manager)**

Date: _____

6.1 Chief Executive PHA (or Designated Deputy)

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

Date: _____

Appendix 4

Procedure for dealing with subject access requests

Sample Letter

PHA Governance Department
ADDRESS

Dear Sir / Madam

The Data Protection Act 1998 (DPA), gives everyone the right to seek access to their own personal information.

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

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

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

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

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

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

Yours Sincerely



Application for access to personal Health and Social Care records

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

PART A

Your details (person to whom the information relates)

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

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

Previous Surname (1) _____ (2) _____

Previous Address (1) _____ (2) _____

Applicable dates _____

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

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

I only wish to view my records Facilitated free of charge if the request is deemed appropriate

Printout of records held on computer systems £no fee

A copy of Social Services Records (paper records only) £no fee

A copy of Health care Records (paper records) and/or copies Of X-Ray film £no fee

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

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

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

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

Your surname

Your Forenames

Your Address

Your Tel / Contact Number

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

Please indicate below by ticking relevant box or deleting as appropriate

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

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

(*delete as appropriate)

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

The person is deceased and I am the next of kin

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

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

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

Print Name(capitals)

Signed

_____/_____/_____
Date

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

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

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

PHA

Data Protection Policy

Signed _____
(person to whom information relates)

Date _____

Appendix 5

DATA PROTECTION PRINCIPLES, 1998 ACT

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

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

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

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

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

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

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

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

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

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

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

More detailed information on the Data Protection Act 1998 is available from the Information Governance Manager or the Information Commissioners website at www.ico.gov.uk

Appendix 6

The Caldicott Principles (Best Practice)

The principles for dealing with patient-identifiable information are:

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

the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

MINUTES

**Minutes of the Governance and Audit Committee
Thursday 3rd February 2017 at 10:00am,
Fifth Floor Meeting Room, 12/22 Linenhall Street,
Belfast, BT2 8HS**

PRESENT:

- Mr Brian Coulter - Chair
- Mr Leslie Drew - Non-Executive Director
- Mr Thomas Mahaffy - Non-Executive Director
- Ms Deepa Mann-Kler - Non-Executive Director

IN ATTENDANCE:

- Mr Ed McClean - Director of Operations
- Miss Rosemary Taylor - Asst. Director, Planning and Operational Services
- Mr Paul Cummings - Director of Finance, HSCB
- Ms Tracey McCaig - Head Accountant, HSCB
- Mrs Catherine McKeown - Internal Audit, BSO ASM
- Mr Brian Clerkin - ASM
- Mr Brian O'Neill - NI Audit Office
- Mr Robert Graham - Secretariat

APOLOGIES:

None

		Action
1/17	Item 1 – Welcome and Apologies	
1/17.1	The Chair welcomed everyone to the meeting. There were no apologies.	
2/17	Item 2 - Declaration of Interests	
2/17.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
3/17	Item 3 – Minutes of previous meeting held on 6 October 2016	
3/17.1	The minutes of the previous meeting, held on 6 October 2016,	

were approved as an accurate record of the meeting, subject to an amendment in paragraph 62/16.8. Mrs McKeown advised that the Internal Audit definitions are not used across the UK.

4/17 Item 4 – Chair’s Business

4/17.1 There was no Chair’s Business

5/17 Item 5 – Matters Arising

62/16.9 Reclassification of Internal Audit Reports

5/17.1 Ms Mann-Kler asked if previous Internal Audit recommendations will be re-classified. Mrs McKeown said that this option was being kept under consideration, but advised that all year-end audits will be completed following the old classifications.

65/16.4 Child Death Overview Function

5/17.2 Ms Mann-Kler asked if there was any update in terms of the transfer of the Child Death Overview function to PHA. Mr McClean said that he was not aware of any further progress on this. The Chair added that his interest is to understand the nature and workload implicit in this transferred activity to PHA.

6/17 Item 6 – Corporate Governance

Corporate Risk Register as at 30 December 2016 [GAC/01/02/17]

6/17.1 Miss Taylor presented the updated Corporate Risk Register and said that no new risks had been added, and that no risks had been deleted since the previous review.

6/17.2 Ms Mann-Kler asked, with regard to Risk 26 around market testing, whether there were any skills available within the HSC that PHA could utilise. Miss Taylor said that this was an issue across the sector. Mr Cummings advised that he sits on a regional Procurement Board chaired by the Permanent Secretary and that there is a 3/5 year strategy to assure compliance with EU procurement regulations. He pointed out that with Brexit some of this legislation may no longer apply, but this is yet to be determined. He added that the new regulations have not led to

efficiencies, but increased costs.

- 6/17.3 Mr McClean said that PHA has a 5-year Procurement Plan which is being worked through on a phased basis in line with PHA's investment priorities. He added that there have been changes in terms of support arrangements provided by BSO, but in his opinion, the key issue is not the procurement itself, but in the planning processes within regional organisations. He said there is a gap in translating the aspirations of organisations into the requirements of the specifications that form the core of the procurement exercise.
- 6/17.4 Mr McClean advised that last year, PHA carried out its own in-house review of procurement capacity and capability and that there were some gaps that needed to be addressed.
- 6/17.5 Ms Mann-Kler asked about any key messages for the health sector. Mr McClean said that undertaking procurement exercises requires a cultural change in terms of being able to translate requirements into a specification, and how to ensure that there are tangible benefits for a community's health and wellbeing.
- 6/17.6 Mr Drew noted that there was no reference within the risk to the possibility of legal challenge. Mr McClean said that PHA and BSO are very mindful of legal challenge and try to minimise any obvious flaws that could be subject to challenge. Mr Cummings said that the risk of legal challenge is a different risk, and that this risk relates to the timing of procurement exercises, not the process itself.
- 6/17.7 The Chair said that there remains an issue for non-Executives in understanding the information presented within this risk and how up to date that information is. He added that it is a valid point that there should be a reference to legal challenge. With regard to capacity, he asked whether this meant a reduction in the number of staff. Mr McClean explained that some key staff have been lost, particularly in the area of Health Improvement, but he added that in his opinion, PHA is ahead of the game, but that there is scope for improvement.
- 6/17.8 Mr Mahaffy asked whether there was training in procurement to ensure that all specifications have been screened from an equality and human rights perspective. Mr McClean said that

staff do receive such training. Mr Mahaffy asked if PHA was confident that guidelines are adhered to. Mr McClean said that he was confident about this.

- 6/17.9 The Chair asked whether it was within PHA's risk appetite to have a 5-year plan to cope with all procurement requirements. Mr McClean said that was reasonable and pointed out that there are capacity issues for the community and voluntary sector in terms of how many procurement exercises they can deal with at one time. He added that PHA would work closely with providers. The Chair asked whether there should be a fuller discussion on this given that this task had already been on the Register for a period of five years. Mr McClean said that there is usually a fuller discussion at the PHA Board meeting when the updated Procurement Plan Report is brought to the Board. Mr Cummings added that PHA is operating under the Regional Procurement Board social care procurement plan.
- 6/17.10 Ms Mann-Kler asked about Risk 30 regarding the Lifeline contract, and options for a client relationship management system. Miss Taylor explained that a new information system needs to be developed that both PHA and the service provider can use. Ms Mann-Kler asked if this would improve communication. Miss Taylor said that it would allow different providers to share information and PHA to monitor the contract.
- 6/17.11 Mr Drew asked about a risk to service provision and continuity. Miss Taylor said that PHA would need to receive a decision regarding the future contract very soon. Mr Drew said that it was highly unlikely that there will be a new service provider in place by March 2018. The Chair agreed, and asked what could happen, given the current political situation. Mr McClean said that there will always be a Minister, but that issues of service continuity are flagged up with the Department of Health, and that PHA will maintain the existing arrangements until there is a decision made. He added that PHA had raised this issue at its most recent Sponsorship Review meeting with the Department.
- 6/17.12 With regard to Risk 34, Ms Mann-Kler noted that it is not a new situation for PHA to not have a confirmed budget for the year ahead. The Chair noted that PHA has some additional responsibilities with regard to unscheduled care, but he asked what demands this placed on PHA staff. Mr Cummings

explained that there are weekly meetings which involve PHA and HSCB staff, and that there are ongoing discussions with regard to the funding of these posts.

- 6/17.13 Members considered Risk 35 relating to property asset management. Ms Mann-Kler noted that there are resource issues for PHA in this area. Miss Taylor advised that PHA is in the process of moving out of Ormeau Baths and Alexander House and that this will greatly reduce the number of contracts it has to manage as most of PHA staff will be located on premises managed by HSCB. She added that this may result in the level of risk being reduced.
- 6/17.14 Ms Mann-Kler asked whether there will be further implications for PHA in terms of future efficiencies and how this may impact on Risk 36 which relates to service development and screening staffing issues. Mr McClean said that Dr Carolyn Harper would be able to provide fuller detail, but it was his understanding that existing staff are being used to cover key areas and there is a recruitment exercise under way. Mr Drew asked if there was a risk to the public. Mr McClean explained that these individuals do not provide a service on the ground, but are responsible for the planning of programmes. Mr Drew asked what would happen in the event of further delays. Mr McClean said that PHA is monitoring this risk closely.
- 6/17.15 The Chair noted that the progress on PHA's Performance Management report with regard to the Diabetic Retinopathy Screening Programme is currently rated as "amber". Mr McClean said that PHA has been trying to recruit, but that there have been no applicants for the posts.
- 6/17.16 Ms Mann-Kler asked whether Risk 37 relating to PHA's web development and web maintenance functions would be reduced or actioned in due course. Mr McClean advised that PHA's recent experience of external contracts in this area has not been satisfactory. He said that the previous PHA staff were fully embedded in this work, but that the salary that the HSC pays is much less than the private sector. He said that despite some initial difficulties, arrangements are more satisfactory now, however there are no financial savings for PHA. Ms Mann-Kler asked whether the HSC transformation programme would impact on this. Mr McClean said that the Department of Health had

been undertaking a review of communications, but that this would form a small area of that. He added that going forward; this is a very important element of PHA's business. Mr Drew agreed that PHA should have its own in-house expertise so it can provide immediate communication to the general public.

6/17.17 Ms Mann-Kler asked about Public Health England. Mr McClean said that their web presence is not as big as that of PHA, and that it operates within the main UK Government web portal whereas PHA has different sites for different areas.

6/17.18 With regard to Risk 38 concerning the review of functions and reorganisation, Ms Mann-Kler asked if there was any further progress given the current political situation. Mr McClean said that the Transformation Implementation Group (TIG) meetings are continuing to take place, as well as the various workstream reporting to the main group.

6/17.19 Members noted the Corporate Risk Register.

Gifts and Hospitality Register [GAC/02/02/17]

6/17.20 Miss Taylor advised that the Gifts and Hospitality Register update was for the full year 2015/16 and the year 2016/17 for the period up to 30 September 2016. She noted that the number of gifts declared was small, but assured members that there is a process in place.

6/17.21 Members noted the Gifts and Hospitality Register.

Review of Standing Orders [GAC/03/02/17]

Review of Standing Financial Instructions [GAC/04/02/17]

Review of PHA Scheme of Delegated Authority [GAC/05/02/17]

6/17.22 Mr McClean advised that with regard to Standing Orders, the main change at the most recent review was the updating of the name of the Department of Health, and some other minor typographical changes.

6/17.23 Mr Drew asked about delegated limits as he noted that the Board does not approve contracts, and cited the example of the Lifeline contract extension. Mr Cummings said that it was important to differentiate between what is strategic and what is operational.

Mr Drew said that some of the amounts of money involved are substantial. Mr Cummings said that PHA Standing Orders comply with Departmental guidance on the levels of delegated limits. Ms McCaig said that a separate discussion, outside of Standing Orders, would be more appropriate to deal with areas the Board felt they should be more involved in.

6/17.24 Mr Drew said that he felt uncomfortable that, given the size of the Lifeline contract, that there was no discussion and that the Board was not involved in the decision to extend the Lifeline contract. Mr Cummings said that the Board has been extensively involved in the discussions around Lifeline.

6/17.25 Mr McClean said that PHA has sought to ensure that the Board is kept informed of progress, in terms of both departmental and ministerial expectations. He noted that at this stage there are no alternative providers. The Chair suggested that keeping members informed by e-mail would be appropriate. Mr McClean agreed to take that suggestion on board.

6/17.26 Ms Mann-Kler said that she was also surprised to find out about the contract extension, given the complexities of the contract. Mr McClean said that there are significant mechanisms in place within the PHA to monitor this.

6/17.27 Members approved the Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority and these will be brought to the PHA Board on 16 February for approval. The Chair noted that this recommendation to PHA Board for approval is contingent upon a further recommendation from GAC that Board should review the levels of delegation applying to Board with particular reference to contracts awarded and renewal thereof.

7/17 Item 7 – Information Governance Action Plan Update [GAC/06/02/17]

7/17.1 Miss Taylor advised that the Information Governance Steering Group had received this update in January 2017. She said that the format of the Plan will be reviewed going forward.

7/17.2 Miss Taylor said that there is a lot of work ongoing, and that PHA is currently completing the Information Management Controls

- Assurance Standard self-assessment. She added that a major piece of work on small cell size publication had been completed.
- 7/17.3 Miss Taylor advised that the review of Information Asset Register had been marked as “amber” as this work had not been completed as scheduled by IAOs. Information Asset Registers are, however, reviewed by IAOs. She said that, with regard to an electronic records management system, this work was being put on hold given the potential for reorganisation as part of the wider HSC transformation.
- 7/17.4 Miss Taylor said that the work programme of the Records Management Working Group had been delayed due to the vacancy in the Information Governance Manager post, but was now moving forward. She said that SIRO and IAO training was being provided in March for all Information Asset Owners. She finished her update by noting that there were some issues to be resolved with the Leadership Centre in terms of the data available on the uptake of e-training.
- 7/17.5 Mr Drew recalled that the Data Breach Response Policy, which the Committee had previously reviewed, was robust. He asked if there was a single Information Register. Miss Taylor explained that there are Information Asset Registers for each directorate. Mr Drew asked how many FOI requests the PHA would receive. Miss Taylor said that the number of requests may vary, and that the number of requests does not always indicate the complexity of the request.
- 7/17.6 The Chair said that he had two issues with regard to training, the first being the compliance rates, and the second being the reliability of the data. He asked whether compliance could be incorporated as part of staff appraisal. Mr McClean said that this could be looked at.
- 7/17.7 Ms Mann-Kler asked about third party contracts and how PHA ensures that they fulfil their requirements. Miss Taylor said that social care contracts are reviewed annually.
- 7/17.8 Members noted the Information Governance Action Plan update.

8/17 Item 8 – Finance

Fraud Liaison Officer Update Report [GAC/07/02/17]

8/17.1 Ms McCaig advised that there was no further update with the one current open fraud case. She said that she had enclosed, for information, a copy of the Annual Theft and Fraud Report for all departments across Northern Ireland. Ms Mann-Kler said that this report was very helpful.

8/17.2 Members noted the Fraud Liaison Officer update report.

Timetable for the Annual Accounts and Report Process 2016/17 [GAC/08/02/17]

8/17.3 Mr Cummings presented the timetable for the development of the Annual Report and Accounts, but noted that the period between Easter and the May Day holiday will reduce the number of working days for his staff to complete the accounts. He said that he was having discussions with the Department of Health to obtain a resolution. Mr Clerkin said that while it is ultimately for the Department to decide when the accounts must be ready, he would be more content to receive a completed set of accounts shortly after the deadline, rather than incomplete accounts on the deadline.

8/17.4 The Chair asked if there would be an impact for the Governance and Audit Committee, and when it can meet to consider the accounts. Ms McCaig said that the timetable for GAC meetings should be unaffected.

8/17.5 Members noted the proposed timetable for the Annual Accounts and Report process.

9/17 Item 9 – External Audit: PHA Audit Strategy 2016-17 [GAC/09/02/17]

9/17.1 Mr Clerkin advised members that ASM will conduct the audit on behalf of the Northern Ireland Audit Office. He outlined the approach that will be taken to the audit, and highlighted a presumed risk in material misstatement, and other risks, including the ability to break even, and the reliance on third party organisations. He also pointed out that although PHA's R&D funding is classified as capital expenditure, it will not be treated

as such under the Accounting Standards.

9/17.2 Members noted the PHA Audit Strategy.

10/17 Item 10 – Internal Audit Progress Report [GAC/10/02/17]

10/17.1 Mrs McKeown said that Internal Audit had conducted an audit into travel expenses, including car parking, and had provided a limited assurance. She noted that PHA staff have access to car parking spaces, but often they are not fully utilised and staff claim for on-street parking. She said that guidance should be issued.

10/17.2 Mrs McKeown advised that the study of a sample of travel claims had shown over-claiming, with home to base mileage not always deducted. She said that there are a number of Priority Two recommendations, but that management have accepted all recommendations.

10/17.3 Mrs McKeown informed members that an audit of risk management had been completed with a satisfactory level of assurance provided. She advised that there was one Priority Two recommendation which related to controls and implementation dates.

10/17.4 The Chair asked about the numbers of agency staff working in PHA. Miss Taylor said that the number is small, and that most are admin and clerical staff.

10/17.5 Members noted the Internal Audit progress report.

11/17 Item 11 – Single Tender Action Register [GAC/11/02/17]

11/17.1 Miss Taylor advised that Single Tender Action (or Direct Award Contract) register is for the period up to 30 September 2016. She explained that any DAC must be signed off by the appropriate Assistant Director or Director and then sent to PALS before coming back for Chief Executive or Director of Operations approval. She added that DACs over a certain limit must be approved by the Permanent Secretary.

11/17.2 Miss Taylor said that the number of DACs is low, with only five recorded, three of which are rated as green and two of which are rated as amber. She explained that the two rated as amber

relate to the appointment of locum consultants in PHA, on the advice of BSO HR.

11/17.3 Members noted the Single Tender Action register.

12/17 Item 12 – AHP Assurance Framework [GAC/12/02/17]

12/17.1 In the absence of Mrs Tennyson, Mr McClean said that the Framework has been updated following on from previous iterations that the Committee will be familiar with. The Chair noted that the Department will be developing a regional framework to supersede the PHA framework and asked if PHA will have a role. Mr McClean anticipated that PHA would have a role.

12/17.2 The Chair raised a concern about compliance with training, but he conceded that this may be due to capacity issues, or it may be a management problem. Mr McClean said that Mrs Tennyson may be able to elaborate further on this at a future meeting.

12/17.3 Members noted the AHP Assurance Framework.

Note - The agenda included by mistake an Item 13 which related to an issue not related to the Governance and Audit Committee.

13/17 Item 14 – Any Other Business

13/17.1 Ms Mann-Kler advised members that she has agreed to take on the role of Non-Executive Director lead for whistleblowing.

13/17.2 Mr Cummings advised members that Ms McCaig would shortly be leaving the Health and Social Care Board to take up a post in the Northern Health and Social Care Trust. Members congratulated Ms McCaig on her appointment.

14/17 Item 15 – Date and Time of Next Meeting

Date: Wednesday 12 April 2017
Time: 9:30am
Venue: Fifth Floor Meeting Room
Belfast
BT2 8BS

Signed by Chair: Brian Coulter

Date: 12 April 2017

Report from the Governance and Audit Committee 2016/17

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

Membership

The GAC comprises four non-executive members, as follows:

Mr Brian Coulter - Chair
Mr Leslie Drew
Mr Thomas Mahaffy
Ms Deepa Mann-Kler

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

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

Meetings

The GAC met on the following dates during 2016/17:

3 June 2016
6 October 2016
3 February 2017
12 April 2017

Attendance

Mr B Coulter (Chair)	3 (+ April)
Mr T Mahaffy	1 (+ April)
Mr L Drew	3 (+ April)
Ms D Mann-Kler	3 (+ April)

Terms of Reference

The GAC terms of reference are included in the PHA Standing Orders, and are reviewed annually. The GAC last reviewed its terms of reference at its meeting on 3 February 2017. No changes were made to the terms of reference.

Activities

Key elements of the work of the GAC during 2016/17 are set out below. The GAC:

- considered the PHA Statutory Accounts, Governance Statement and Annual Report and recommended their approval to the PHA Board;
- reviewed the External Auditor's Report to those charged with governance and management's response. There were no priority 1 or 2 recommendations made by the External Auditor in the 2015/16 Report to those Charged with Governance, to be followed up and reported on during the year.
- considered the PHA Mid-Year Assurance Statement and recommended approval to the PHA Board;
- considered the updated PHA Assurance Framework 2015-2017 and 2017-2019 and recommended approval to the PHA Board;
- considered and approved the quarterly reviews of the PHA Corporate Risk Register;
- approved the internal audit work plan for 2015/16 and considered the reports on each piece of work, which were as follows:

<i>System reviewed</i>	<i>Assurance received</i>
Financial Review	Satisfactory
Travel Expenses	Limited
Management of Health and Social Wellbeing Improvement Contracts	Satisfactory (Vol orgs – 5 satisfactory; 1 limited)
Risk Management	Satisfactory
Centre for Connected Health	Satisfactory – control over CCH Limited – corporate oversight and review of outcomes
Learning from Serious Adverse Incidents and from falls 2016/17	Satisfactory

The committee also received and considered the internal audit mid-year and end of year follow-up reports showing progress on the implementation of recommendations.

- had oversight of the process for self-assessment of compliance with Controls Assurance Standards, and received the internal audit report on external verification of the assessment of the following specified standards as required by the DOH:

<i>Standard verified by internal audit</i>	<i>Self-assessed score</i>	<i>Compliance achieved</i>
Governance	89%	Substantive
Financial Management	88%	Substantive
Risk Management	88%	Substantive
Emergency Planning	91%	Substantive
Human Resources	85%	Substantive

- Considered and approved PHA policies, including Access to Information Policy, Data Breach Incident Policy and Freedom of Information Internal Review Procedures;
- received the annual report on the PHA Gifts and Hospitality Register;
- regularly reviewed the Information Governance Action Plan progress report;
- considered and approved the updated PHA Business Continuity Plan;
- reviewed regular Fraud Liaison Officer reports and approved the Fraud and Bribery Policy and Response Plan review;
- received a report on the changes to funding streams and implications (R&D) and the HSC(F) 52/2016 Revision of Delegated Limits;
- received reports on the use of Direct Award Contracts (DACs) within the PHA;
- considered the revised PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority (SODA) and recommended them to the PHA Board for approval;
- received the PHA Emergency Preparedness and Response Annual Report;
- received the Declaration of Assurance from the Safeguarding Board for Northern Ireland (SBNI);
- received the AHP Assurance Framework

The GAC also received a summary report of the BSO Shared Services internal audit reports, as the PHA is a customer of BSO Shared Services. Given the level of assurances received as at 31 March 2016 (including unacceptable assurance for the Recruitment shared service and limited assurance for the Payroll shared service), the GAC requested that the BSO provide assurances to the PHA on actions being taken to address the issues identified. Mr L McIvor, Chief Executive, BSO attended the GAC meeting in October 2016, and provided an update on the actions taken to address the findings and recommendations. Internal Audit also reported on improvements in Shared Services in their mid-year audits.

The GAC also reviewed itself against the Audit Committee Self-Assessment checklist, with no significant changes from the previous year. GAC members approved the Self-Assessment at their meeting in June 2016.

The GAC met with internal and external auditors, without PHA or HSCB officers present, at its June 2016 meeting.

Reporting

The chair of the GAC brings regular reports to the PHA board on discussions and approvals at the previous GAC meeting, with a verbal report of the most recent meeting, and presentation of approved minutes from the previous meeting. The chair also highlights any items requiring attention or escalation to the PHA board as appropriate. He also has regular meetings with the Chief Executive and the PHA Chair. The GAC chair also attends the DOH regional forum for audit committee chairs.

Conclusion

The GAC is satisfied in respect of the reliability and integrity of the assurances provided and of their comprehensiveness in meeting the needs of the PHA board and the Accounting Officer. The GAC is also of the opinion that a sound system of internal governance is in place, and that the assurances available are sufficient to support the PHA board and the Accounting Officer in the decisions taken by them and in their accountability obligations.

The GAC looks forward to continuing its work in 2017/18, building on relationships with Executive Directors, PHA officers and internal and external auditors to ensure continuing robust governance across the PHA.

B Coulter
Chair
Governance and Audit Committee

Date

*Update on Community Planning***date** 20 April 2017**item** 14**reference** PHA/07/04/17**presented by** Mr Ed McClean, Director of Operations**action required** For noting**Summary**

This paper provides an update on community planning to date and PHA's contribution to this process across the 11 councils.

PHA and Local Government have always worked closely together to improve health and wellbeing and so Community Planning has been and continues to be a key area of work for PHA.

The approaches taken to and timescales for the development of the plans differ across each council. Consistency however, is seen in the approach and inputs to and efforts made by PHA throughout the process and the continuation of good relationships between PHA and Local Councils.

Within the past year, work has focused on the development and now agreement of the final community plans (by April 2017) and we have also worked towards alignment of these with Making Life Better and the new draft Programme for Government.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to note the continuing work within community planning and the expected next steps over the next 12/18 months.

Update on Community Planning

Context

Local Government has always been an important partner for the PHA in working to address the wider determinants of health inequalities and to improve and protect health and social well-being more generally. This relationship has been given added focus with the PHA identified as one of the statutory partners that each of the 11 Councils must work with in taking forward Community Planning under the Local Government (Northern Ireland) Act 2014.

Process to date

As a statutory partner, the PHA has been very involved in the development of community planning and community plans over the last 18 months work with the requirement to have these in place by April 2017.

Early steps very much centred on the establishment of community planning governance arrangements eg Strategic Partnership boards (these sought input from Chief Executive/Director level tiers of statutory partner organisations) and thematic or action planning tiers (typically informing leads for functional or thematic areas within partner organisations).

Five Plans have reached completion at the time of writing: Fermanagh and Omagh; Ards and North Down; Mid and East Antrim; Armagh, Banbridge and Craigavon and; Newry, Mourne and Down. The approach to and timescales given for final approvals also vary across each of the councils.

A summary table of the content of the current community plans and the alignment with MLB and PfG is attached at Appendix 1.

Each plan concentrates on the outcomes to be achieved for the population through partnership working and implementation of each plan will require the development of an action or delivery plan focussing on the achievement of these outcomes.

The approaches taken to and timescales for the development of the plans have differed somewhat across Councils. Each Plan has as its focus usually three broad areas: Social (including health and well-being), Economic and Environment and at this stage give a high level sense of the outcome areas, partners involved, and indicators and measures that will be used to assess achievement.

PHA, working closely with HSC and other partners, has agreed four broad areas within each community plan that align with the work outlined in Making Life Better and in the draft Programme for Government Delivery Plan (for indicators 2,3,4 and 7) under the social (or equivalent) outcome area:

- Early years and early interventions
- Age-friendly

- Physical activity and healthy weight
- Mental health and wellbeing

In terms of developing the community planning process, PHA:

- has emphasized the opportunity to align Programme for Government, Making Life Better and Community Planning to address more effectively some of the local health and social-wellbeing challenges and inequalities within local communities. This shared focus on agreed outcomes and actions is promising and provides the opportunity for improved outcomes and better collaborative working;
- supported work initially undertaken with Newry, Mourne and Down Council to apply an Outcomes Based Accountability to the emerging community planning work in that area and encouraged this approach with other Councils and partners;
- has worked with Council and NISRA staff to ensure indicators and measures are meaningful and relevant to identifying population needs and change over time, as well as ensuring alignment with those used in Making Life Better and in the draft Programme for Government
- has also produced a Health Intelligence Briefing on the 'health relevant' indicators currently used across all 11 community plans and their alignment with MLB and PfG, A copy of this is attached at annex A.
- has provided OBA training for PHA Staff and is embedding OBA processes within its planning and monitoring including the corporate and annual business planning arrangements and monitoring of key indicators.

In terms of immediate next steps, the emphasis is very much turning towards the development of detailed actions and delivery plans to support the implementation of the higher level Community Plans.

It is expected this will take up to 18 months across the 11 Councils and will be subject to further iteration in the light of experience and implementation.

Action linked to Community Planning

PHA has taken a number of practical steps to progress the application of community planning as well as the implementation and delivery of MLB and PfG as appropriate within these processes.

These include:

- supporting a number of practical 'on the ground' demonstration projects that would seek to apply best practice, evidence based initiatives rooted in meeting identified needs in the sphere of mental health, early intervention, physical activity and age friendly communities). For example Healthy Lives, Hearty Lives was supported in Mid Ulster Council and the implementation of

- Age Friendly Communities is currently supported within Ards & North Down and Lisburn & Castlereagh councils;
- developing a number of place-based initiatives in partnership with Councils that, based on evidence and information on population needs, will build a clear link and proper alignment between PFG, MLB and community planning
 - Implementing the Age-Friendly Cities and Communities Project across Ards & North Down and Lisburn and Castlereagh and Mid and East Antrim
 - The Healthy Towns Initiative and Future Foyle Arts Project promoting arts and inclusion for people with disabilities in Derry City and Strabane
 - Active Travel in Belfast City Council and Derry City and Strabane
 - Development of a Take 5 programme for schools, communities and workplaces in Antrim and Newtownabbey and for older adults in Fermanagh and Omagh
 - Development of a comprehensive Healthy Eating and Activity Strategy to tackle obesity and other prevalent issues in Mid and East Antrim.
 - Implementation of an ageing well initiative and the development and delivery of a Healthy Towns and Villages initiative in Mid Ulster.
 - Also progressing work around air quality, fuel poverty, home safety and accident prevention, mental health and wellbeing, self-harm, implementation of the 5 ways to wellbeing and addressing drug and alcohol misuse.

Community planning offers many potential positives and opportunities including:

- New relationships and deeper engagement with a wider set of stakeholders with the potential from deeper networking, increased understanding of each other's work and of learning and best practice
- Clearer outcomes shared across partners and sectors
- Good understanding of collaborative gain – the benefits of working more effectively together
- Clearer communication
- Positive engagement with communities
- Information and expertise sharing

There are also a number of challenges of which we must be cognisant:

- Capacity and the logistics for statutory partners and their involvement in all 11 council planning processes in particular if there is greater emphasis on working at the level of 101 District Electoral Areas
- Financial constraints may mean at best static resources however this throws the emphasis on working more effectively together

- Capacity to flex resources toward local community plan priorities may be problematic in the short term
- Management of expectations in terms of better outcomes as community planning is a long-term transformative process
- Building in evaluation as well as sharing experience across all Councils.

Health Intelligence briefing

High level outcome indicators from the District Council community plans (February 2017).

Table one below provides a summary of the indicators identified by councils from the community plans (February 2017). These are roughly classified under the following groups i.e. mortality, morbidity, physical activity and leisure, mental health, poverty, children, other lifestyle, healthcare usage, education and other. They have been codified further as to whether they are Programme for Government (PfG) and Making Life Better (MLB) indicators. Where appropriate, links to the appropriate document and/or indicator have been embedded in the table with endnotes for further explanation.

Most councils have selected *PfG* indicators for preventable deaths and some life expectancy indicators, as well as *PfG* indicators for educational attainment, poverty and some measure of air quality.

There is a fair degree of variation in the indicators selected for physical activity. This reflects the lack of good information at council level for physical activity as this data tends to be survey driven.

The area that seems to be causing most problems is that of mental health. The *PfG* indicator, ‘% population with GHQ12 scores ≥ 4 (signifying possible mental health problem)’ is currently not available at council level and most councils are using mood and anxiety medication prescription rates in preference. This is an area which needs further development. From discussions with councils there is also interest in the development of a mental wellbeing indicator rather than using a mental ill health indicator and going forward this may link to the work on emotional resilience and trust. NISRA are committed to developing *PfG* indicators on satisfaction with HSC services, a respect index and % children at appropriate stage of development in their immediate pre-school year. This later will be a key indicator around early years and is in the Children and Young Peoples’ strategy 2017-2027.

A small number of indicators have been identified but are not as yet well-defined and these will need to be explored in more detail going forward.

The focus to date has been on indicators at a high level against the strategic outcome areas in community plans. As councils and partners move into more detailed planning at district electoral level and/or programme level we are likely to see increased demands for more local and timely data.

Some of the choices reflect the inequality data at council level that was available at that point. The sub-regional health inequalities document ordered their indicators in terms of the inequality gap between most deprived and the council average. This tends to bring alcohol and drug admissions and deaths as well as teen pregnancies to the fore. The focus on the inequality gap can sometimes risk less attention is paid to the scale of the issue and potential population impact and both scale and inequalities need to be considered.

Some *MLB* indicators are not included in any council planning document. This tends to reflect either a regional focus, small numbers or perhaps a perception that these are not key joint planning outcome indicators. These include –

- Amount invested in Public Health
- Number of people with one or more long term conditions attending structured patient education/ self-management programmes
- Proportion of mothers smoking during pregnancy in NI and the most disadvantaged areas
- Proportion of mothers breastfeeding on discharge and differential between NI average and most deprived
- Number of children dying before their first birthday per 1,000 live births
- The teenage birth rate for mothers under the age of 17-NI and most deprived areas
- Disability free life expectancy between NI average and most disadvantaged areas for men and women
- Gap in life expectancy between males and females

Table 1: High level outcome indicators from Council Community Plans

		Antrim & Newtownabbey	Armagh, Banbridge & Craigavon	Belfast	Causeway Coast & Glens	Derry & Strabane ¹	Fermanagh & Omagh	Lisburn & Castlereagh	Mid & East Antrim	Mid Ulster	North Down & Ards	Newry, Mourne & Down
Mortality	Gap in life expectancy ²		✓	✓			✓		✓	✓	✓	
	Healthy life expectancy at birth ³			✓						✓		
	% of babies born at low birth weight ⁴					✓	✓	✓		✓	✓	✓
	Preventable deaths ⁵		✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Suicide rate ⁶											✓
	% people registered with hypertension ⁷	✓					✓					
Morbidity	% people with commonly recorded medical conditions								✓			
	Cancer rate											✓
	Heart disease rate											✓
	Accidents rate											✓
	People with life limiting illness											✓
	% 65+ population reporting good health						✓		✓			✓
Physical activity & leisure	% of population who meet recommended levels of activity ⁸					✓						
	% of people who participate in sport or physical activity on at least 1 day/ week ⁹		✓		✓				✓			
	% of people who are physically active on at least 3 occasions/ week										✓	
	Proportion of adults participating in moderate exercise at least 5 days/ week				✓							
	N of miles & usage of cycle lanes, footways & footpaths				✓		✓				✓	
	No of people in urban areas who live within 1km of quality green space										✓	
	% of residents using sustainable methods of travel								✓			
	% of all journeys made by walking, cycling or public transport ¹⁰			✓	✓		✓			✓		
	Access to sustainable & affordable transport incl. walking & cycling routes, public transport services ¹¹	✓										
	% of residents accessing the natural environment at least 1/ week								✓			
	The proportion of people who are engaged with sports &/or leisure/ time devoted							✓				✓
% of people who volunteer ¹²	✓		✓	✓	✓	✓	✓				✓	
Mental health	% of people with GHQ12 scores ≥ 4 ¹³						✓ ¹⁴			✓		
	Proportion of people who rank themselves as having high levels of wellbeing ¹⁵			✓								
	Level of mental wellbeing						✓ ¹⁶					✓ ¹⁷
	% Standardised Prescription Rate- Mood & Anxiety ¹⁸	✓			✓	✓	✓					
	Attendance at or admission to hospital for self-harm										✓	
	Mental health referrals & support requests in under 16s									✓		
Drug related, mental health and behavioural admissions						✓				✓		

Poverty	% of households in fuel poverty											✓															
	Proportion of social housing dwellings classified as non-decent homes ¹⁹											✓															
	% of children living in low income families ²⁰										✓																
Children	% population living in relative poverty (& absolute) ²¹	✓				✓	✓	✓	✓		✓																
	% pre-school children at the appropriate stage of development ²²	✓									✓	✓															
	% children (P1 & Y8) obese ²³	✓									✓	✓															
Other Lifestyle	Children aged 0-4 registered with dentist ²⁴											✓															
	% adults obese ²⁵	✓									✓	✓															
	Smoking rates ²⁶	✓										✓															
Healthcare usage	Alcohol admissions ²⁷	✓					✓	✓				✓															
	Quality & sustainable day care											✓															
	Independent living provision for adults with learning disabilities											✓															
	Current services waiting lists & access times (primary, social care, elective, acute provision)											✓															
	Users accessing non acute services locally											✓															
	Emergency Ambulance response times											✓															
	Standardised admission rates due to circulatory disease, respiratory disease											✓															
	N older people hospitalised due to a fall											✓															
Education	N adults receiving personal care at home ²⁸										✓																
	Proportion of primary pupils achieving at the expected levels in KS2 ²⁹										✓	✓															
Other	Proportion of school leavers achieving at least 5 GCSEs or other measure ³⁰										✓ ³¹	✓ ³²	✓ ³³	✓ ³⁴	✓	✓	✓ ³⁵	✓	✓	✓ ³⁶	✓						
	Disability access																					✓					
	People dependent on carers																					✓					
	Level of social contact (elderly)																					✓					
	% of older people living independently																					✓					
	Health inequality gaps																					✓					
	Employees working very long hours																					✓					
	Workplace health																					✓					
	Road accident casualties per 10k of the population ³⁷																					✓					
	Any air quality/pollution ³⁸																					✓ ³⁹	✓ ⁴⁰	✓	✓	✓ ⁴¹	✓

Purple: Programme for Government indicator Turquoise: Making Life Better indicator Orange: both indicators Green: Miscellaneous indicator

- ¹ Not available online yet
- ² Gap between highest and lowest deprivation quintile in healthy life expectancy at birth (*Programme for Government* indicator). Differential between NI average and most disadvantaged areas for men and women (*Making Life Better* indicator)
- ³ Healthy life expectancy at birth: *Making Life Better* and *Programme for Government* indicator (p12 consultation document)
- ⁴ The proportion of babies born at a low birth weight: *Programme for Government* indicator
- ⁵ Reduce preventable deaths/ preventable mortality (*Making Life Better* and *Programme for Government* indicator & NI Health & Social Care Inequalities Monitoring System, Department of Health)
- ⁶ Crude suicide rate in Northern Ireland and the most disadvantaged areas (*Making Life Better* indicator): p153 document [https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf]
- ⁷ N of patients with established hypertension and % of GP registered patients with established hypertension: *Making Life Better* indicator: p154 [https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf]
- ⁸ Citizen's Survey
- ⁹ Continuous Household Survey, Department for Communities
- ¹⁰ % of all journeys which are made by walking/cycling/public transport: *Programme for Government* indicator
- ¹¹ Proportion of non-car journeys
- ¹² Proportion of respondents having volunteered in the past year: *Making Life Better* indicator; Social planning dimension: p156 [https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf]
- ¹³ % of population with GHQ12 scores ≥ 4 (signifying possible mental health problem): *Programme for Government* indicator
- ¹⁴ Fermanagh and Omagh cite requirement for 'a better indicator for mental health'
- ¹⁵ Population mental and emotional wellbeing (as measured on the Warwick Edinburgh Mental Wellbeing Scale- WEMWBS): *Making Life Better* p153 [https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf]
- ¹⁶ Fermanagh and Omagh cite requirement for 'a better indicator for mental health'
- ¹⁷ Newry, Mourne and Down do not explicitly outline health specific indicators p18
- ¹⁸ Prescriptions per 1,000 population
- ¹⁹ Proportion of social housing dwellings classified as non-decent homes: *Making Life Better* indicator; Environment/ Social planning dimension and *Programme for Government* indicator: p155 [https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf]
- ²⁰ *Giving every child the best start in life*: Percentage of children in low-income groups before housing costs: *Making Life Better* indicator
- ²¹ Percentage of the population living in absolute and relative poverty (before housing costs): *Programme for Government* indicator & Percentage of individuals in low-income groups before housing costs *Making Life Better* indicator
- ²² % children at appropriate stage of development in their immediate pre-school year, no measurement annex as data development is required: *Programme for Government* indicator
- ²³ *Making Life Better* indicator
- ²⁴ *Giving every child the best start in life*: Dental and GP registrations title
- ²⁵ Percentage of adults surveyed classified as obese, and proportion in the most disadvantaged areas. *Making Life Better* indicator
- ²⁶ Proportion of adults who smoke and proportion in most deprived areas: *Making Life Better* indicator
- ²⁷ Alcohol related admissions to hospital/ proportion of adults who consume alcohol above weekly sensible drinking limits for men and women: IAD (Health Survey) *Making Life Better* indicator
- ²⁸ Number of adults receiving personal care at home or self-directed support for personal care, as a % of the total number of adults needing care (Data Development Agenda for *Programme for Government*)
- ²⁹ *Giving every child the best start in life*: Qualifications and students: *Making Life Better* social planning dimension & Assessment in Communication and using mathematics: *Programme for Government* indicator
- ³⁰ At A*-C or equivalent, including GCSE English and Maths: *Making Life Better* social planning dimension and *Programme for Government* indicator
- ³¹ % working age population (aged 16-64) with no qualifications
- ³² % of the workforce in employment qualified to level 1 and above, level 2 and above, level 3 and above, and level 4 and above (Labour Force Survey, NISRA)
- ³³ Belfast uses various: proportion of population who have attained level 2 or above, gap between percentage of school leavers and percentage of free school meals school leavers achieving at level, proportion of school leavers entering employment, education or training, proportion of children who have reached attainment at key stage 2 (up to 11 years) 2 or above, including English and Maths
- ³⁴ Causeway Coast and Glens uses qualification Levels (16-64 years Population) – (Labour Force Survey) and % school leavers achieving at Level 2 or above including English and Maths (DoE Qualifications and Destinations of School Leavers)
- ³⁵ Lisburn and Castlereagh uses: Gap between % non-Free School Meals Entitlement (FSME) school leavers, % FSME school leavers achievements % of care leavers who, aged 19, are in education, training or employment, proportion of workforce in employment qualified to all levels
- ³⁶ North Down and Ards uses: % of care leavers who, aged 19, were in education, training or employment, no of people of different ages engaging with further education, gap between % of non-FSME school leavers and % of FSME school leavers achieving at level 2 or above inc. English and maths
- ³⁷ Number killed or seriously injured (KSI) casualty numbers per capita
- ³⁸ *Making Life Better* indicator; various types used by various councils (consult planning document for detailed information)
- ³⁹ Air quality
- ⁴⁰ Air quality: annual mean concentration of NO2 (DAERA NI Environmental Statistics), Air Quality Monitoring Statistics (Causeway Coast & Glens BC), % Low Carbon Homes, % Greenhouse Gas Emissions (GHG) for NI (National Atmospheric Emissions Inventory NAEI : DAERA)
- ⁴¹ Greenhouse gas emissions
- ⁴² Urban air quality

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