agenda

Title of Meeting	128th Meeting of the Public Health Agency Board
Date	17 December 2020 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.30	Minutes of Previous Meeting held on 19 November 2020		Chair
4 1.35	Matters Arising		Chair
5 1.40	Chair's Business		Chair
6 1.45	Chief Executive's Report		Chief Executive
7 1.55	Finance Report	**PHA/01/12/20**	Director of Finance
8 2.05	Update on COVID-19 To include: - Presentation on Digital Self Trace		Chief Executive

committee updates

9 2.45	Update from Chair of Governance and Audit Committee	**PHA/02/12/20**	Mr Stewart

items for approval

10 2.55	Draft Annual Progress Report 2019-20 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order	**PHA/03/12/20**	Miss Taylor

11 3.20	PHA Assurance Framework	**PHA/04/12/20**	Miss Taylor

items for noting

12 3.30	R&D Annual Reports 2018/19 and 2019/20	**PHA/05/12/20**	Dr Bergin
13 3.50	Director of Public Health Annual Report	**PHA/06/12/20**	Dr Bergin

closing items

14 Any Other Business
4.05

15 Details of next meeting:

Thursday 21 January 2021 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS

HSC Public Health Agency

minutes

Title of Meeting	127th Meeting of the Public Health Agency Board
Date	19 November 2020 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair
Mrs Olive MacLeod	-	Interim Chief Executive
Mr Rodney Morton	-	Director of Nursing and Allied Health Professionals (*via video link*)
Professor Hugo van Woerden	-	Director of Public Health (*via video link*)
Alderman William Ashe	-	Non-Executive Director (*via video link*)
Mr John-Patrick Clayton	-	Non-Executive Director (*via video link*)
Ms Deepa Mann-Kler	-	Non-Executive Director (*via video link*)
Alderman Paul Porter	-	Non-Executive Director (*via video link*)
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Ms Christine Frazer	-	Assistant Director of Finance, HSCB *(via video link)*
Miss Rosemary Taylor	-	Assistant Director, Planning and Operational Services (*via video link*)
Ms Andrea Henderson	-	Assistant Director of Finance, HSCB *(via video link)*
Ms Marie Roulston	-	Director of Social Care and Children, HSCB *(via video link)*
Mr Robert Graham	-	Secretariat

Apologies

Dr Aideen Keaney	-	Director of Quality Improvement

113/20	**Item 1 – Welcome and Apologies**
113/20.1	The Chair welcomed everyone to the meeting. Apologies were noted from Dr Aideen Keaney.
114/20	**Item 2 – Declaration of Interests**
114/20.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

115/20 **Item 3 – Minutes of previous meeting held on 15 October 2020**

115/20.1 The minutes of the Board meeting held on 15 October 2020 were **APPROVED** as an accurate record of that meeting, subject to an amendment in paragraph 102/20.2 proposed by Mr Stewart. He proposed that the sentences, "He went on to say that Mr Cummings had advised that various business cases have been submitted and that he had given an overview of the level of oversight and the records that in place of the decisions that were taken regarding these. Mr Clayton noted that there had been discussion about the status of one of the business cases and that it had to be revised so he suggested that there should be an update at each Board meeting on the status of the business cases." should be replaced with, "He went to on to say that Mr Cummings was confident that there was a clear audit trail of those business cases of which he had oversight but that some may have been subject to revision subsequently and he was unable to comment upon them. Mr Clayton noted that there had been discussion about the status of some of the business cases and that some had been revised and it was therefore important that the Board be regularly advised as to their status."

116/20 **Item 4 – Matters Arising**

109/20.2 Manual for Board Members

116/20.1 Professor Rooney asked if the new handbook for Board members was available. The Chair advised that he did not know when it would be available but he agreed to raise this at the next Duty of Candour meeting which is taking place on 26 November **[Action – Chair]**.

117/20 **Item 5 – Chair's Business**

117/20.1 The Chair began his Report by updating members on senior level recruitment in the organisation. He advised that the role of temporary Director of Operations has been advertised internally and is due to close later this week. In terms of the recruitment of a permanent Chief Executive he advised that he has been pressing the Department of Health concerning this matter.

117/20.2 The Chair reported that he had circulated a letter to all PHA staff thanking them, on behalf of the Board, for their work to date during the pandemic.

117/20.3 The Chair referred to an article he had read about learning from the pandemic in the Taiwan which he thought may be of interest. He said that Taiwan had achieved great success in curtailing the virus, normal life had resumed and the country was expected to have a GDP growth.

117/20.4 Professor Rooney asked if there was any progress in terms of appointing a Deputy Director of Public Health. The Interim Chief Executive advised that the post of Director of Public Health is about to

be advertised, but she would wish to wait until the outcome of the review by Dr Ruth Hussey before deciding on the need for a Deputy, but it would be her view that this post is required. She added that she would discuss this with Professor van Woerden during his exit interview. The Chair noted that the role of the Director of Public Health and Medical Director vis-à-vis its responsibilities to both PHA and HSCB is determined in statute.

118/20 **Item 6 – Chief Executive's Business**

118/20.1 The Interim Chief Executive presented her Report and said that it showed members the volume of work with which the organisation is dealing. She drew attention to the increasing volume of FOI requests and Assembly Questions (AQs) and said that additional resource has been obtained for that team. Rather than go through the Report, she asked members if they had specific queries they wished to raise.

118/20.2 Professor Rooney asked whether there is a formula to determine the number of staff required for contact tracing. The Interim Chief Executive advised that PHA uses a model devised by the European Centre for Disease Control whereby up to 45 minutes is allocated for each call to an index case. She said that forecasts are done based on Professor Ian Young's modelling. She noted that the number of daily cases has reduced slightly since the restrictions were put in place, but not drastically. She advised that the contact tracing centre can easily deal with up to 500 cases a day, but the hospital system cannot cope with the current numbers. Professor Rooney asked if staff are then stood down if not required. The Interim Chief Executive explained the centre operates a core of full time staff as well as a number of part time staff and Trust bank staff. Professor Rooney asked if PHA is happy with the current set up. The Interim Chief Executive said that she would like to see an increased uptake in the digital self-trace service as England is currently achieving an uptake of 40%. She said that there is a meeting taking place regarding this on Friday.

118/20.3 The Interim Chief Executive advised that BBC Spotlight are putting together a programme on the contact tracing operation and comparing the programme here with that of Wales. She said that discussions are required with the modelling team to determine if more staff will be needed, but she advised that the maximum capacity of the centre in County Hall has been reached. She added that PHA has been able to recruit staff for the centre through the HSC Workforce Appeal, but that these staff would require extensive training before they would be able to work remotely. She said that it would be important for all medical staff to be onsite in the same office. She advised that at present PHA is reaching up to 90% of the index cases.

118/20.4 Mr Clayton said that he was pleased to see that PHA is directing people to AdviceNI, but he sought clarity on the status of the paper on future options for contact tracing which had been issued to members following

	the briefing held on 29 October. The Interim Chief Executive advised that the paper is with the Chief Medical Officer (CMO) and has not been progressed. She confirmed that the staff in the contact tracing centre are directing individuals to support mechanisms, should these be required.
118/20.5	Ms Mann-Kler noted that PHA had submitted a report to the Health Committee on the impact of COVID-19 on care homes and asked if there was any further outcome. The Interim Chief Executive advised that a piece of work had been carried out at the request of the Permanent Secretary and it has been determined that the increased number of discharges from hospitals into care homes had not contributed to the number of outbreaks in homes. Ms Mann-Kler asked if PHA would get sight of the report, but the Interim Chief Executive advised that PHA has not been notified when it will be published, but that it will be placed in the public domain.
118/20.6	Ms Mann-Kler said that she would be keen to understand the issues relating to the flu vaccine which featured in the media on Monday. The Interim Chief Executive advised that in August the CMO issued a direction regarding this year's vaccination programme. By way of background, she explained that PHA had undertaken its planning for the flu vaccine programme in January so the vaccines were ordered before the COVID-19 pandemic. However, she said being mindful that a pandemic was coming, additional supplies were ordered as it was anticipated that there would be greater demand. In total, she advised that 1.15 million vaccines were ordered and that these were due to arrive in tranches and that the CMO's letter had stated that practices should only store sufficient supplies for one week.
118/20.7	The Interim Chief Executive said that the first group of people to be vaccinated were those in the over 65 category, but as uptake was greater than expected PHA made a decision to slow down the number of vaccines being released into the system. On 16 October, she said that a letter was issued to GPs advising them of this but also that more vaccines were due to arrive in mid-November. Following this, she advised that PHA received a letter from Dr Alan Stout requesting a meeting and that Dr Gerry Waldron, Dr Margaret O'Brien and Dr David Irwin attended a meeting at which they were asked what the situation was and why there not enough vaccines. She said Dr Waldron informed them that the CMO's letter had explained how the programme should run and that the first tranche would arrive on 16 November and a follow up the following week.
118/20.8	The Interim Chief Executive advised that she was surprised to then see the media coverage on Monday. She explained that the GPs were informed that there may not be enough doses of the vaccine for those over the age of 65, but that the vaccine for those under the age of 65 would be suitable. However, she noted that the correspondence from the CMO did not specifically state this. She said that today the portal

has now reopened for practices to order the vaccine but said that any practices with an oversupply should be sharing their excess with other practices. He reiterated that she was disappointed that this had been played out in the public domain. Ms Mann-Kler asked if there was anything that could have been done differently. The Interim Chief Executive felt that there was not. Mr Stewart said that he had always thought that there would be an issue with regard to supply, and was confused that the GPs had not foreseen this.

118/20.9 Alderman Porter asked whether PHA was content with the modelling it used and if the extra supplies ordered had resulted in an increased uptake among HSC staff and in the care home sector. He added that he would have liked to have known about the issue earlier. The Interim Chief Executive advised that Trusts were seeing an uptake of up to 40% and she assured members that enough vaccines have been ordered. Professor van Woerden said that staff in the public health directorate were also surprised at how the story unfolded and he thought the only explanation was there had been a misunderstanding.

119/20 Item 7 – Finance Report (PHA/01/10/20)

119/20.1 Ms Frazer began her Report by welcoming Ms Andrea Henderson to the meeting. She explained that Ms Henderson has recently been appointed as an Assistant Director of Finance within HSCB and she will be providing support to PHA.

119/20.2 Ms Frazer reported that PHA is currently sitting with a year to date surplus of £1.778m with a projected year end surplus of £1.85m. She said that surplus has arisen due to the unique circumstances of COVID-19 and many "business as usual" services being downturned. She advised that the Department of Health has commenced an in-year monitoring exercise so may take back some of PHA's surplus. She explained that Ms Henderson will be working with the Executive Directors in the PHA to clarify the totality of the projected surplus.

119/20.3 Ms Frazer noted that some PHA staff have been redeployed to assist with COVID-19 related work, but the budget has not been reclassified to take account of this but she said that AMT has asked for a desktop exercise to be completed to get a sense of the financial resource that has gone into the COVID-19 response. She advised that within the Finance Report there is now a separate line detailing COVID-19 expenditure but it is a high level figure. She explained that PHA has received an additional £2.4m, primarily for the child flu vaccine, and she is anticipating another £4m for contact tracing and screening bids. She said that £600m of COVID-19 funding is sitting with the Department of Finance and that the Department of Health has bid for £560m of funding (including £527m of revenue bids) and it is assumed that PHA will receive the funding that is has requested. She added that Ms Henderson will work with PHA colleagues to refine PHA's bids and to ensure that any monies allocated are spent.

119/20.4 Ms Frazer said that there is a separate line in the Report relating to Transformation funding and she was confident that this money would be spent across a range of programme. Finally, she said that AMT had discussed the management and administration budget at its most recent meeting and an exercise will be commencing shortly to review those budgets in advance of the next financial year.

119/20.5 Mr Stewart thanked Ms Frazer for the report and while he noted the comments that PHA should receive the COVID-19 funding for which it has submitted bids, PHA is continuing to spend money in advance of any approved allocation. He added that if PHA's surplus continues to grow that money could be moved across to cover the bids. Ms Frazer reiterated that she was confident that all of the bids submitted by PHA will be covered. She acknowledged that funding has been spent in advance of an allocation, but this was done for safety reasons and there are templates in place so PHA should be covered. Mr Stewart asked whether the projected surplus will continue to grow and if this will provide a comfort blanket for COVID-19 expenditure. Ms Frazer said that she did not think that there would be an issue with resources this year and if there are ways in which PHA can redeploy its funding, these will be looked at but first of all she is aiming to ensure that all expenditure has been categorised correctly and any surplus reported to the Department so that it can be used elsewhere across the HSC.

119/20.6 Professor Rooney said that it will be useful to see the breakdown of costs associated with COVID-19, and also the review of the management and administration budget. The Chair noted that the budget cannot be revamped in-year but he said that the footnotes at the bottom of each page were useful. He asked for more information about returning funding to the Department. Ms Frazer said that the Department is asking all HSC organisations to review their budgets, but PHA does not have to return any funding unless it is certain that it cannot be spent. The Chair asked if the Board will be kept informed of any decision to return funding and Ms Frazer confirmed that this would be the case. Professor van Woerden said that it is frustrating that PHA cannot spend its funding and gave an example of the temporary cessation of screening programmes. The Chair asked for examples of any projects that were halted or not commissioned due to COVID-19. Professor van Woerden highlighted homelessness as an example.

119/20.7 Alderman Porter urged PHA to ensure that it reallocated any surplus funding to the voluntary and community sector and he cited the example of the Healthy Living Centre in Lisburn as a project that would welcome additional funding. Ms Frazer assured Alderman Porter that AMT is consistently reviewing its budget and that Health Improvement is an area that is being looked at. Alderman Porter also pointed out that there is a discrepancy in funding outside of the Belfast area. Professor van Woerden noted that Ms Rogers had joined the meeting for the next item, but suggested that she could update the Board on the work of Health Improvement is involved in. Ms Rogers said that she took on board the

concerns raised by Alderman Porter but advised that there is a Healthy Living Co-ordinator who is working to bring a lot of organisations in that network together. She also made reference to the small grants scheme that PHA administers where £1m of funding is available for programmes around emotional wellbeing. She added that each month the Health Improvement team reviews all of its services to see which can and which cannot be delivered by community groups. She highlighted the fact that face-to-face services and some support services cannot be delivered at this time. She said that the Health Improvement team is looking at the reset agenda and connects with each of its contract holders on a monthly basis. She added that PHA also has close links with community planning partnerships.

119/20.8 Ms Frazer advised that this was her last meeting and that Mr Lindsay Stead will attend the next PHA Board meeting. The Chair thanked Ms Frazer for her report and her input at the meeting.

119/20.9 Members noted the Finance Report.

120/20 Item 8 – Update on COVID-19

Self-Isolation Support Pathways

120/20.1 Ms Rogers began her presentation by saying that a challenge had been identified whereby staff in the contact tracing centre were identifying people who required additional support but they did not know where to signpost them to and the issues these people were raising covered a range of areas including food poverty, finance, isolation, stress and wellbeing issues.

120/20.2 Ms Rogers advised that the Department for Communities has commissioned Advice NI to facilitate a Regional COVID Helpline to support the public to access services to address these challenges. She added that PHA has been supporting Advice NI to produce a leaflet in 15 languages detailing the service. She said that one of the key priorities for the Health Improvement Team has been to facilitate the joining up of services in a more holistic way to better meet complex client needs.

120/20.3 Ms Rogers reported that PHA has recently launched its Digital Self-Trace service and through engagement with Health Improvement Division, this service has been further enhanced to ensure individuals receive additional information on useful support services. Furthermore, she said that a protocol has been established between the Contact Tracing Centre and Advice NI, facilitated by Health Improvement Division, to enable the contact tracing centre staff to fast track referrals to Advice NI, when additional support needs are identified through the contact tracing call and to enable individuals to access practical support to self-isolate. She advised that data is collected weekly and reported to the AMT Huddle on Monday mornings.

120/20.4 Ms Rogers said that these developments support smarter working for both the Regional Helpline and the Contact Tracing Centre, and facilitate more efficient use of limited resources as staff in the contact tracing centre can focus on contact tracing instead of trying to figure out what services they can refer onto and the regional advice helpline can direct issues about COVID-19 back to PHA as appropriate.

120/20.5 Ms Rogers advised that this specific collaboration began on 2 November and 92 staff in the contact tracing centre have been trained to date in signposting people to Advice NI (totalling 31 hours of training to date). In addition, she said that training is also being provided for those staff in terms of "self-care" appreciating the challenging nature of the work they are doing. She added that all Contact Tracing Centre staff will complete Psychological First Aid (30 mins online programme) as part of their induction and ongoing training to support self-care. In addition, she said that over 81,500 people across Northern Ireland have completed the online stress control programme with 98%-99% giving a positive evaluation. She explained that this training will continue to be offered and promoted to contact tracing centre staff. The Chair said that he was pleased to hear about all of this work.

120/20.6 Ms Rogers said that consideration has also been given to how to work with those individuals for whom English is not their first language. She added that by involving Health Improvement staff, Incident Management Teams have been able to facilitate a more bespoke response to outbreaks in work and community environments with a higher proportion of migrant and BAME workers where English is not their first language and also with Travellers. She advised that this has included engagement of specific PHA contracted organisations and PHA staff in the tailored responses.

120/20.7 Professor Rooney said that she welcomed this presentation as she had been concerned that PHA was focusing more on contact tracing rather than supporting those who have to self-isolate. She asked if any data was being collected on the impact of self-isolation. Ms Rogers advised that she and Ms Fiona Teague had met with Ms Sharon Russell from the Department for Communities (DfC) on data collection – the Advice NI service is commissioned directly by DfC and data collection protocols are already in place and data will be made available to PHA on the services accessed by individuals and the outcomes of this support.

120/20.8 Professor Rooney said that it would be helpful to know if people are more likely to adhere to the self-isolation request, having received support. Ms Rogers acknowledged that there are practical reasons why some people are unable to self-isolate e.g. to obtain food supplies, medicines, for childcare reasons, zero hours contracts & income needs etc. By fast tracking these individuals to Advice NI, where they have been able to be identified, practical support can be activated quickly. She described it as a process of "joining up the dots" between existing services rather than trying to develop new services. Ms Rogers advised

	that she would look at options to address Professor Rooney's suggestions about impact of the interventions in relation to adherence to self- isolation advice.
120/20.9	Professor Rooney asked how people can be made aware that these services exist and how can they get the leaflet that was seen in the presentation. Ms Rogers advised that the Department for Communities would push this out through their normal communication methods and PHA would use its social media channels and community planning partnerships – this promotional work is already underway across NI. She added that through the digital work led by Ms Jennifer Lamont, links have also been inserted on the messages that go out to people who are asked to self-isolate.
120/20.10	Mr Clayton also welcomed the initiative as this was also an issue he was concerned about. He said that he would like to see evidence of how much this has helped and its impact in supporting people during the pandemic. He asked about people who are in a situation where they cannot afford not to work and if they can get advice about sick pay. Ms Rogers said that the income matter is being addressed via the Department for Communities, and that they are currently implementing steps to address this. She said that if there is an outbreak, for example in a facility where people are employed on zero hours contracts, that there are links with the Department for Communities so that appropriate support can be activated rapidly. She said that there are hardship funds available, which can be used to facilitate workers on zero hours contracts to self-isolate and to bridge the time gap between people becoming unemployed and being able to access benefits. She explained that this element of wraparound support is provided by DfC, via Advice NI and other agencies e.g. SVDP, Citizens Advice, therefore it is important for PHA to keep DfC updated on any emerging trends or potential outbreak situations so they can rapidly activate their elements of the bespoke response to complement the PHA's Health Protection and Health Improvement roles. She added that Trade Unions are also actively involved in this issue and developing solutions and responses.
120/20.11	Ms Mann-Kler said that this work adds value to what PHA does and she reiterated the points made by other members about being able to monitor the impact and asked about how PHA can continue to monitor the effectiveness of this work, and also how it can be improved.
120/20.12	Ms Rogers advised that the particular initiative presented to the Board today is a new process and has only really commenced this week now that staff are trained. She said that the data coming out of the contact tracing centre and the data provided by Advice NI will show how this service is evolving. Furthermore, she advised that the Department for Communities will be funding local initiatives, but this has not yet been finalised or agreed. She said that it is important that there are links through the community planning partnerships and also noted that there are multiple organisations setting up helplines at present which can be

challenging to influence and causes confusion for local residents.

120/20.13 Alderman Porter suggested that they may be individuals who do not make contact with the advice helplines when they are self-isolating and sought assurance that there are no barriers in place in case a situation arises where there is not enough support available to meet the demand. Ms Rogers said that PHA sees its role as a health improvement organisation and as such, it aims to promote the different networks of safe and high quality supports that are available. She suggested that it is important to share the concept that it is everyone's responsibility to make people aware of the support that is available to them and this approach is being embraced by Community Planning Partnerships. She assured members that if PHA identifies an increase in demand for support which exceeds the supply, this would be raised as appropriate, including with the Department for Communities. She added that PHA has been promoting the Regional COVID Helpline through its social media.

120/20.14 The Chair said that it is important to use the data to get messages out and he suggested that the Research and Development team could be involved in this. He said that this was an area about which he had become increasingly anxious. However, he said that this this presentation had considerably allayed his fears.

120/20.15 Professor Rooney said that when discussing social determinants, cross-departmental working is important. She noted that the Department for Communities has recently announced an extension to the Active Ageing Strategy and said that this area of work represented an opportunity to advertise cross-departmental working. Ms Rogers agreed to look at this Strategy extension and advised that there is an Age Friendly Co-ordinator working in each Local Council area, funded via PHA, and they are engaged in implementation of Active Ageing. She agreed that it is good to see departments working together.

120/20.16 The Chair thanked Ms Rogers for her presentation and contribution to the meeting.

Launch of Digital Self Trace Platform for Contact Tracing (PHA/02/11/20)

120/20.17 The Interim Chief Executive advised that she wished to inform the Board that PHA has launched a digital self-trace platform to help with its contact tracing work. Ms Mann-Kler said that it was a succinct paper and she asked how success would be measured. The Interim Chief Executive responded saying that in England, over 40% of individuals are completing digital self-trace so she would wish to achieve a higher success rate. She noted that the number of positive cases has not been decreasing as much as PHA would like.

120/20.18 Mr Clayton noted that the paper refers to a proxy service and asked for

more information on this. The Interim Chief Executive advised that NI Direct could potentially do this, but PHA needs to do more promotion of the digital self-trace. Professor van Woerden advised that workshops take place every Friday looking at digital self-trace and external work is being commissioned to look at feasibility testing.

120/20.19 Ms Mann-Kler said that there needed to be more time dedicated to look at this as the discussion felt rushed. The Interim Chief Executive suggested that Ms Lamont could attend a future meeting and deliver a presentation on this initiative, by which stage it will have been operational for a few weeks. This suggestion was **AGREED [Action – Interim Chief Executive]**.

121/20 Item 9 – Update on Self-Harm (PHA/03/11/20)

121/20.1 Professor van Woerden presented the update saying that it was important that members are aware of the variations internationally in the definition of suicide, highlighting that deaths defined as "accidental" now fall outside the definition of suicide. The Chair recalled that at one point the suicide rate in Northern Ireland was twice as high as that of England, but has now reduced and he asked whether this was due to reclassification. Professor van Woerden advised that the reclassification of suicide has not yet taken effect and he cited societal changes in Northern Ireland as a factor in this decrease.

121/20.2 Ms Mann-Kler thanked Professor van Woerden for the paper. She noted that there is an approach to minimise press coverage about self-harm but queried if a balance needs to be struck as this is an important issue and needs to be discussed openly. She also asked about funding and if the current commissioning models fit service users' needs as there appear to be many different services operating in this area. Professor van Woerden felt that the approach to commissioning was reasonable and he agreed that there was a need to de-stigmatise self-harm, particularly among teenagers. He acknowledged that this is an area of intense media interest, and it is appropriate not to amplify the issue. In terms of the infrastructure around this area, he said that different Government departments may look to consolidate their strategies when it comes to funding areas around emotional wellbeing.

121/20.3 Mr Clayton suggested that higher incidence of suicide is likely to be linked to areas of deprivation and asked whether resources are being targeted into this areas and if there are more targeted interventions. Professor van Woerden agreed that there is a link with deprivation and also Adverse Childhood Experience (ACEs). He said that there is a need to create emotional support for children and assist with parenting skills. He noted that there is an intense focus on specific groups of families, but he was not certain whether the focus was on the right families. Mr Morton added that there is an Adverse Childhood Experience Committee and Board which he and Mrs Roulston sit on which oversees some of the work that Professor van Woerden was

	referring to. He advised that there are other frameworks that are in place in addition to the work being done by the Health Improvement team in PHA. Mrs Roulston agreed that there is a lot of work going on in this area and she suggested it may be useful to do a more in-depth presentation on this at a future meeting or workshop.
121/20.4	The Board noted the update on self-harm.
122/20	**Item 10 – Any Other Business**
122/20.1	There was no other business.
123/20	**Item 11 – Details of Next Meeting**
	Thursday 17 December at 1:30pm
	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 7ES
	Signed by Chair:
	Date:

Public Health Agency

Finance Report

2020-21

Month 7 - October 2020

PHA Financial Report - Executive Summary

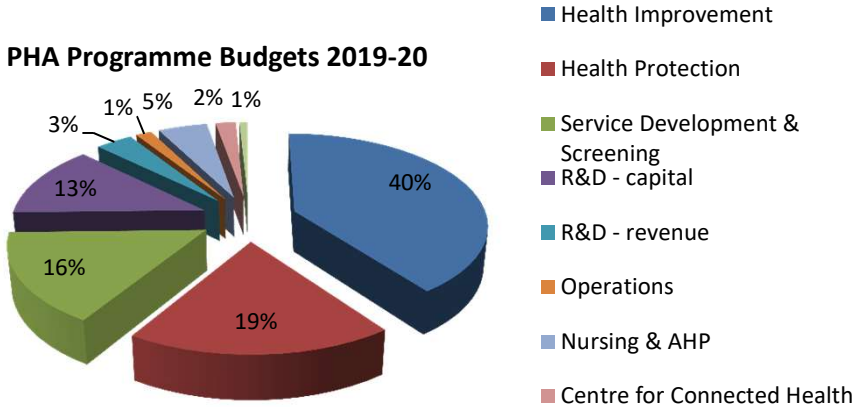
Year to Date Financial Position (page 2)

At the end of month 7 PHA is reporting an underspend of £0.5m against its profiled budget. This underspend is the result of a year-to-date underspend in Administration budgets due to vacant posts and different working arrangements (see page 6), offset by some expenditure ahead of profile on Programme budgets.

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

Programme Budgets (pages 3&4)

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

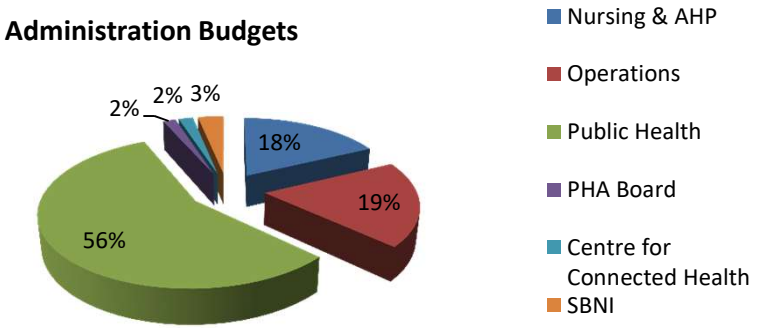


Administration Budgets (page 5)

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

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

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



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year. Slippage is expected to arise from Administration budgets in particular. In previous years this has been used to fund a range of in-year pressures and initiatives, however the impact of COVID-19 has reduced the potential to absorb this slippage in 2020-21. Discussions are on-going with the Department in the respect of the overall HSC financial position, and the forecast position reported above reflects these discussions.

Public Health Agency
2020 -21 Summary Position - October 2020

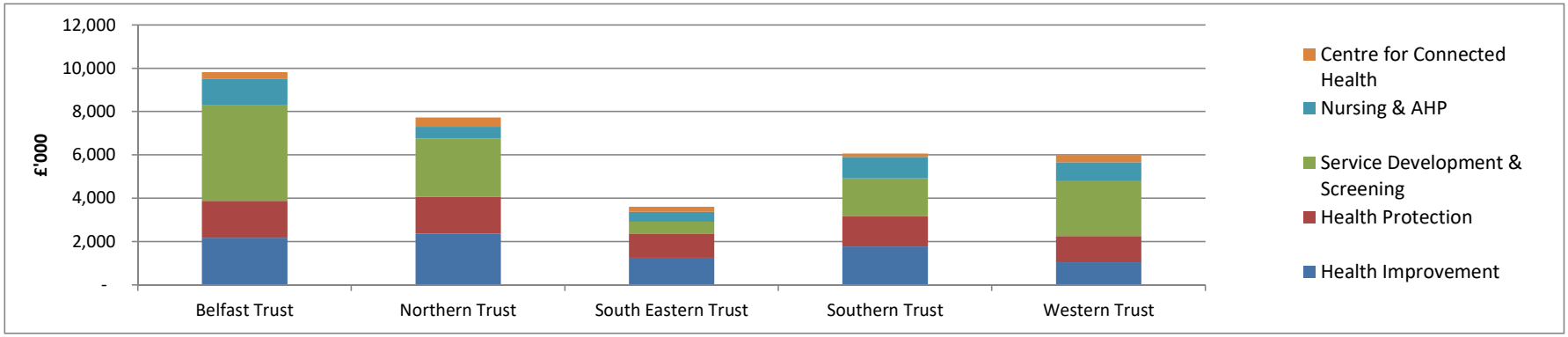
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	33,747	48,900	13,222	22,089	**117,957**	19,685	24,348	2,291	12,668	**58,992**
Revenue Income from Other Sources	-	23	-	850	**873**	-	23	-	449	**471**
Total Available Resources	33,747	48,923	13,222	22,939	**118,830**	19,685	24,371	2,291	13,118	**59,464**
Expenditure										
Trusts	33,747	-	965	-	**34,711**	19,685	-	522	-	**20,208**
PHA Direct Programme *	-	50,128	12,257	-	**62,385**	-	24,543	1,732	-	**26,275**
PHA Administration	-	-	-	21,734	**21,734**	-	-		12,474	**12,474**
Total Proposed Budgets	33,747	50,128	13,222	21,734	**118,830**	19,685	24,543	2,254	12,474	**58,956**
Surplus/(Deficit) - Revenue	-	(1,205)	-	1,205	**-**	-	(172)	37	644	**508**
Cumulative variance (%)						***0.00%***	***-0.71%***	***1.61%***	***4.91%***	***0.85%***

The year to date financial position for the PHA shows an underspend of £0.5m, which consists primarily of year-to-date underspends in Administration budgets, offset by expenditure ahead of profile on some PHA Direct budgets.

A year-end breakeven position is currently forecast. A forecast surplus is anticipated on the Administration budget, with the impact of COVID-19 restricting the potential to utilise this funding on Programme priorities as in previous years. Discussions are on-going with the Department in the respect of the overall HSC financial position, and the forecast position reported above reflects these discussions.

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

Programme Expenditure with Trusts

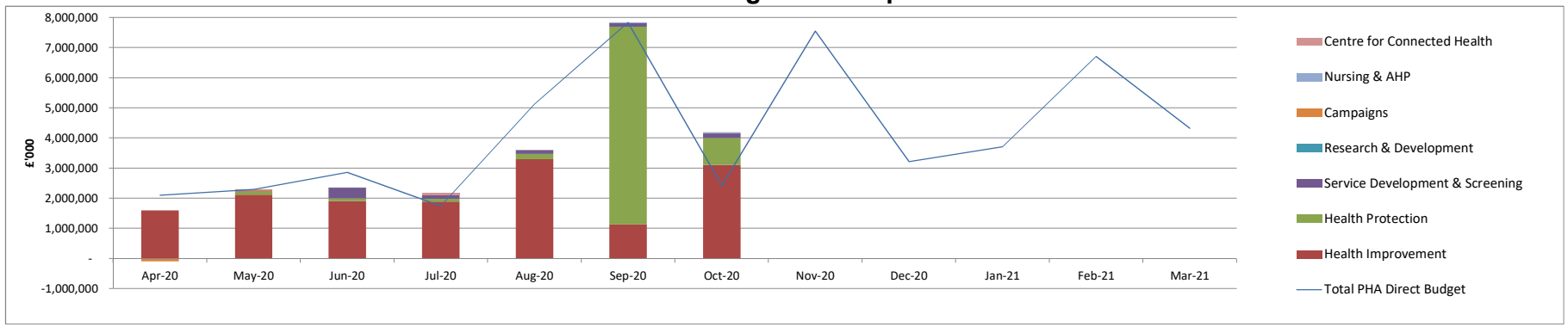


Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	2,184	2,374	1,252	1,773	1,050	**8,633**	5,036	5,036	-
Health Protection	1,697	1,686	1,121	1,393	1,208	**7,105**	4,145	4,145	-
Service Development & Screening	4,408	2,702	555	1,751	2,538	**11,954**	6,973	6,973	-
Nursing & AHP	1,241	544	446	990	868	**4,089**	2,385	2,385	-
Centre for Connected Health	295	423	241	165	326	**1,450**	846	846	-
Other	152	122	56	91	95	**516**	301	301	-
Total current RRLs	**9,978**	**7,851**	**3,670**	**6,164**	**6,084**	**33,747**	**19,685**	**19,685**	-
Cumulative variance (%)									***0.00%***

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

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

PHA Direct Programme Expenditure



	Apr-20 £'000	May-20 £'000	Jun-20 £'000	Jul-20 £'000	Aug-20 £'000	Sep-20 £'000	Oct-20 £'000	Nov-20 £'000	Dec-20 £'000	Jan-21 £'000	Feb-21 £'000	Mar-21 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	2,096	2,096	2,096	1,239	4,555	972	1,209	6,152	564	980	4,370	3,243	**29,572**	14,263	15,047	(784)	*-5.5%*
Health Protection	-	100	160	192	186	6,577	917	916	888	487	270	283	**10,975**	8,132	7,926	206	*2.5%*
Service Development & Screening	-	95	562	215	364	215	215	364	215	215	391	352	**3,203**	1,666	1,158	508	*30.5%*
Research & Development	-	-	-	-	-	-	-	-	1,125	1,125	1,211	-	**3,461**	-	-	-	*0.0%*
Campaigns	-	-	-	10	20	45	60	85	350	539	332	30	**1,471**	135	- 36	171	*126.9%*
Nursing & AHP	-	-	39	14	4	27	19	39	39	39	139	156	**518**	105	83	22	*21.3%*
Centre for Connected Health	-	-	-	70	-	-	-	-	38	330	-	-	**437**	70	70	0	*0.2%*
Other	-	-	-	-	-	-	-	-	-	-	-	262	**262**	-	296	(296)	*100.0%*
Total PHA Direct Budget	**2,096**	**2,291**	**2,857**	**1,740**	**5,130**	**7,836**	**2,420**	**7,557**	**3,219**	**3,715**	**6,714**	**4,325**	**49,899**	**24,371**	**24,543**	**(172)**	
Cumulative variance (%)																***-0.71%***	
Actual Expenditure	**1,504**	**2,380**	**2,394**	**2,219**	**3,594**	**7,874**	**4,577**	**-**	**-**	**-**	**-**	**-**	**24,543**				
Variance	**592**	**(89)**	**463**	**(479)**	**1,535**	**(38)**	**(2,157)**						**(172)**				

The year-to-date position shows an overspend of approximately £0.2m. This is the result of activity in a number of Health Improvement areas progressing earlier than anticipated. The large spend in Health Protection in recent months relates to the prioritisation of the Flu vaccination programme in both adults and children this year.

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

An full-year overspend of approximately £0.2m is expected to arise on PHA Direct budgets. Ideally these programmes would provide the capacity to overspend to a greater degree and absorb the underspend expected on Administration budgets, however due to the impact of COVID-19 on service delivery levels this is unlikely to be an option in 2020-21, and therefore represents a risk which will be kept under close review.

Public Health Agency
2020-21 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	Transformation £'000	DAERA & EITP £'000	£'000	Covid £'000	Transformation £'000	DAERA & EITP £'000	£'000
Available Resources								
DoH Allocation	2,363	4,072	311	**6,747**	467	687	162	**1,316**
Assumed Allocation	6,475	-	-	**6,475**	975	-	-	**975**
Total	8,838	4,072	311	**13,222**	1,442	687	162	**2,291**
Expenditure								
Trusts	751	145	68	**965**	437	85	-	**522**
PHA Direct	8,087	3,927	243	**12,257**	1,005	602	125	**1,732**
Total	8,838	4,072	311	**13,222**	1,442	687	125	**2,254**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**-**	**-**	**37**	**37**

PHA has received a COVID allocation of £2.4m to date, which is primarily for Child Flu Vaccine. As at October £0.5m has been incurred against these allocations, with the expenditure expected during quarters 3 & 4. A further £6.5m is expected to be received from DoH on the basis of COVID bids submitted to date, and this funding is included in the full year position shown above. The costs incurred at present are the initial costs in relation to Track & Trace and the costs associated with providing an enhanced Health Protection service during the pandemic.

A number of Transformation projects are also on-going, and separate ringfenced funding has been received for these totalling £4.1m. These projects are being monitored and reported on separately to DoH, and are currently expected to breakeven for the year.

The Other category includes EITP and DAERA ringfenced funds, which are also expected to breakeven at this stage.

PHA Administration

2020-21 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	3,890	351	2,957	12,345	304	348	467	**20,662**
Goods & Services	149	18	1,322	408	54	58	269	**2,277**
Total Budget	**4,039**	**369**	**4,279**	**12,753**	**359**	**406**	**735**	**22,939**
Budget profiled to date								
Salaries	2,203	190	1,724	7,198	133	203	272	**11,923**
Goods & Services	87	10	771	198	32	34	61	**1,193**
Total	**2,291**	**201**	**2,495**	**7,396**	**165**	**237**	**333**	**13,117**
Actual expenditure to date								
Salaries	2,188	216	1,597	7,037	143	217	236	**11,634**
Goods & Services	76	2	620	51	17	2	73	**840**
Total	**2,264**	**218**	**2,217**	**7,088**	**160**	**219**	**309**	**12,474**
Surplus/(Deficit) to date								
Salaries	16	(26)	128	161	(11)	(14)	36	**290**
Goods & Services	11	9	151	147	15	32	(12)	**353**
Surplus/(Deficit)	**27**	**(17)**	**279**	**308**	**4**	**18**	**25**	**643**
Cumulative variance (%)	*1.17%*	*-8.52%*	*11.16%*	*4.16%*	*2.72%*	*7.41%*	*7.39%*	***4.90%***

PHA's administration budget is showing a year-to-date surplus of £0.6m, which is being generated by a number of long standing vacancies. Although efforts continue to fill vacant posts as far as possible, this has proved to be challenging, and the surplus on the salaries budget continues to be high. In addition in 2020-21 many staff are largely working from home, and this has driven a downturn in Goods & Services expenditure in areas such as travel and courses, which is expected to lead to increased slippage at year-end. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be £1.2m.

DoH has required PHA to meet the cost of the first 1% of the pay award in each of the last 2 years (2019-20 and 2020-21). The impact of this is currently being masked by high levels of vacancies.

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

Public Health Agency
2020-21 Capital Position

	Annual Budget				Year to Date			
	Programme		Mgt & Admin		Programme		Mgt & Admin	
	Trust £'000	PHA Direct £'000	£'000	Total £'000	Trust £'000	PHA Direct £'000	£'000	Total £'000
Available Resources								
Capital Grant Allocation & Income	7,996	4,113	-	**12,109**	4,664	2,091	-	**6,756**
Expenditure								
Capital Expenditure - Trusts	7,996			**7,996**	4,664			**4,664**
Capital Expenditure - PHA Direct		4,113		**4,113**		710		**710**
	7,996	4,113	-	**12,109**	4,664	710	-	**5,374**
Surplus/(Deficit) - Capital	-	-	-	-	-	**1,381**	-	**1,381**
Cumulative variance (%)								

PHA has received a Capital budget of £12.1m including income in 2020-21, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure of £5.4m is shown for the year to date, and a breakeven position is anticipated for the full year.

PHA Prompt Payment

Prompt Payment Statistics

	October 2020 Value	October 2020 Volume	Cumulative position as at 31 October 2020 Value	Cumulative position as at 31 October 2020 Volume
Total bills paid (relating to Prompt Payment target)	£6,283,097	443	£32,797,259	2,603
Total bills paid on time (within 30 days or under other agreed terms)	£6,265,149	418	£32,223,558	2,378
Percentage of bills paid on time	**99.7%**	**94.4%**	**98.3%**	**91.4%**

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 95.0%, although performance on volume is just below target in October. Cumulatively to date PHA are not achieving the 95% target on volume and further efforts will require to be made in order to achieve the 95% target for year end.

The 10 day prompt payment performance remained strong at 80.4% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2020-21 of 70%.

To:	PHA Board
From:	Lindsay Stead, Interim Director of Finance HSCB
Date:	10 December 2020
Subject:	PHA estimated Covid funding requirement
Status:	Noting

The following analysis provides a summary of the current estimated PHA Covid funding requirement, with a comparison against the estimated position previously reported to the PHA Board.

As the summary illustrates, the costings for a number of areas are continually being updated, based on the latest information received. AMT are briefed accordingly.

				Position as at: 10/12/20		
	Original estimated funding	**PHA Finance Report (month 6)**	**PHA Finance Report (month 7)**	**Funding received**	**Funding assumed**	**Total Estimated Funding Requirement**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Flu Vaccinations	2.241	2.241	2.241	2.241	1.500	3.741
Contact Tracing	4.522	2.622	4.509	0.122	4.387	4.509
Enhanced Health Protection	0.343	0.430	1.697		1.697	1.697
IPC Nursing Support	0.277	0.277	0.160		0.160	0.160
PPE Costs for C&V sector			0.230		0.230	0.230
Screening	1.898	0.840				0.000
Misc. other bids / estimates	0.880					0.000
Total	**10.161**	**6.411**	**8.837**	**2.363**	**7.974**	**10.337**

Members will note that the 2020/21 Covid funding requirement, included in the October 2020 Finance report, of £8.837m has now been updated to £10.337m based on additional assumed funding of £1.5m in respect of Flu vaccinations.

HSC Public Health Agency

minutes

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	1 October 2020 at 10.00am
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Joseph Stewart	-	Chair
Mr John Patrick Clayton	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director

In Attendance

Miss Rosemary Taylor	-	Assistant Director, Planning and Operational Services
Mr Paul Cummings	-	Director of Finance, HSCB *(via video link)*
Ms Jane Davidson	-	Head Accountant, HSCB *(via video link)*
Mrs Catherine McKeown	-	Internal Audit, BSO *(via video link)*
Ms Christine Hagan	-	ASM *(via video link)*
Mr Roger McCance	-	NIAO *(via video link)*
Mr Robert Graham	-	Secretariat
Mr Darren Moan	-	Department of Health

Apologies

None

		Action
37/20	**Item 1 – Welcome and Apologies**	
37/20.1	Mr Stewart welcomed everyone to the meeting. There were no apologies.	
38/20	**Item 2 - Declaration of Interests**	
38/20.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
39/20	**Item 3 – Minutes of previous meeting held on 1 July 2020**	
39/20.1	The minutes of the previous meeting, held on 1 July 2020 were **approved** as an accurate record of that meeting.	

40/20 **Item 4 – Matters Arising**

33.20/5 Procurement

40/20.1 Mr Stewart said that a proposal regarding the establishment of a sub-Committee to the PHA Board looking at procurement had still to be considered, and will be raised at the next Board meeting.

33.20/7 Planning Staff

40/20.2 In response to a query from Mr Stewart, Miss Taylor confirmed that the second senior planning manager has now taken up post.

41/20 **Item 5 – Chair's Business**

41/20.1 Mr Stewart said that he had no Chair's Business.

42/20 **Item 6 – Internal Audit**

Progress Report [GAC/17/10/20]

42/20.1 Mrs McKeown presented the progress report and advised that the Financial Review audit is currently under way. She pointed out that the line indicating "Regional Orgs CAS Review" was an error and in fact related to Internal Audit's offer of support during COVID-19, but that PHA had not taken up this offer. She informed members that the annual audit of Risk Management has recently been completed and is currently with management for comments, but that a satisfactory level of assurance had been given.

42/20.2 Members noted the Progress Report.

Mid-Year Follow up on IA outstanding recommendations 2020/21 [GAC/18/10/20]

42/20.3 Mrs McKeown advised that of 65 outstanding recommendations, 45 had now been fully implemented with the remaining 20 partially implemented. She noted that the 20 recommendations partially implemented were spread across a range of audits. She highlighted that there were three outstanding recommendations from an audit of screening that was carried out in 2017 and four outstanding from an audit of the Family Nurse Partnership (FNP) programme in 2019/20. She added that for approximately half of the recommendations, the delay in their implementation was due to factors relating to COVID-19 and the other half were from audits that had only recently been

	completed.	
42/20.4	Mr Clayton noted that there appeared to be some audits where there has not been progress in implementing recommendations and while some of this delay could be attributed to COVID-19, he pointed out that some of these were in audits that were conducted in previous years, for example procurement, and he said that this needed to be kept under review, particularly if there is a second wave.	
42/20.5	Ms Mann-Kler said that in relation to the outstanding actions in the population screening audit, some of relate to areas that PHA has control over, but a number depend on Trusts taking actions. She added that it is important the PHA progress those actions that are within their remit as soon as possible so that the required governance and quality assurance is in place; this will also help to mitigate as best as possible against any unintended consequences as a result of COVID-19. Mr Stewart expressed concern about the number of outstanding recommendations and felt that in not all of them could a delay in their implementation be attributed to COVID-19. He highlighted a recommendation in the screening audit where PHA is awaiting access to data from Trusts and said that the Trusts' non-completion of this is impacting on PHA.	
42/20.6	Miss Taylor acknowledged the comments made regarding COVID-19 and explained that many of the staff have been focusing on COVID-19 related work and have not had the opportunity to follow up, or provide a full report for the Internal Audit review. She noted that with regard to the R&D audit, there has been some progress, but she agreed to follow up with Dr Janice Bailie to get more detail on this. She assured members that the Screening team has been following up on some of the outstanding issues with Trusts. Mrs McKeown agreed with Miss Taylor's assessment that there has been some progress and while she acknowledged that the regional Screening Programme Board has been established, there remains an expectation that there should be an overarching framework. Mr Stewart said that there may be a rationale for asking the relevant Director to come along to the Committee and explain why there are delays.	Miss Taylor
42/20/7	Ms Mann-Kler asked how PHA is faring in terms of its implementation of recommendations compared to other HSC organisations. Mrs McKeown said that while she did not have the data to hand, she acknowledged that COVID-19 is having an impact across all organisations, but she hoped that by the year end, the percentage of recommendations that have been fully implemented will	

	have increased.	
42/20.8	Mr Stewart proposed that the recommendation emanating from the travel audit be closed, as PHA has taken this as far as they can, and the remaining element is outside of the PHA control. Members approved this proposal.	
42/20.9	Mr Stewart noted that many of the implementation dates are listed as February 2021 and he sought assurance as to how realistic this date is. Miss Taylor said that the date links to the next follow-up review. Mrs McKeown agreed to review the dates. Mr Stewart said that he would feel better informed if a recommendation was not going to be implemented until a later date that this more realistic date should be recorded, provided there was a rationale outlining why this was going to be the case. Mr Clayton agreed that having more realistic dates would be helpful.	Mrs McKeown
42/20.10	Members noted the Internal Audit Mid-Year Follow up Report. *IA Audit General Report 2019/20 [GAC/19/10/20]*	
42/20.11	Mrs McKeown presented the report which she said gave high level findings across the HSC. She advised that there had been a drop in the turnaround time in terms of issuing reports across the HSC. She explained that this was due to management responses being delayed because of issues such as COVID-19 and industrial action, as well as the volume of limited opinions which took longer for management to respond to.	
42/20.12	In terms of the range of assurances across the sector, Mrs McKeown advised that 69% were either satisfactory or partially satisfactory and limited with the remaining 31% being limited or unacceptable. She drew members' attention to a chart showing how these percentages compare over the last five years. She said that this showed a reduction in the number of satisfactory audits.	
42/20.13	Mrs McKeown said that the next section of the report looked at the areas where limited or unacceptable levels of assurance had been given. She added that the remainder of the report gave an analysis comparing different HSC organisations.	
42/20.14	Mr Stewart thanked Mrs McKeown for what he said was a comprehensive and interesting report. Ms Mann-Kler commented that this was report was useful from a corporate governance perspective and she was pleased to note that	

	whistleblowing is being looked at as she and Miss Taylor had recently met to discuss the recent guidance that had been issued by NIAO.	
42/20.15	Mr Clayton said that it was interesting to compare PHA's performance against other HSC bodies. He said that he was particularly interested in the trends relating to the decrease in audits with a satisfactory level of assurance and the increase in those audits with a limited or unacceptable level of assurance. He asked if it would be possible to get some further data on this relating specifically to PHA. Mrs McKeown agreed to compile this.	Mrs McKeown
42/20.16	Members noted the Internal Audit General Report.	
43/20	**Item 7 – Finance** *Fraud Liaison Officer Update Report [GAC/20/10/20]*	
43/20.1	Mr Cummings advised members that there is one new case of suspected fraud which is a case that impacts across a number of Government departments. He said that the PSNI investigation remains ongoing.	
43/20.2	Mr Cummings advised that the National Fraud Initiative data matching exercise for 2020/21 will commence shortly. He said that the outcome of the 2018/19 exercise was also contained within the report.	
43/20.3	Mr Clayton asked about PHA's potential exposure with regard to the new suspected fraud case. He asked what the potential sum was. Ms Mann-Kler also asked about PHA's allocation to this group. Ms Davidson said that PHA's level of exposure is low compared to other funders and the contract is currently under review. She advised that Ms Lyn Benson in HSCB Finance is dealing with the case along with BSO Legal Services. Mr Cummings assured members that the issue relates to potential overfunding.	
43/20.4	Members noted the Fraud Liaison Officer Update Report.	
44/20	**Item 8 – Corporate Governance** *Corporate Risk Register (as at 31 August 2020) [GAC/21/10/20]*	
44/20.1	Mr Stewart said that the Corporate Risk Register should be listed on the agenda as being "for approval". Miss Taylor agreed and said that following today's meeting the updated	

	Register will be brought to the October Board meeting.
44/20.2	Miss Taylor presented the Register and advised that this Register is for the period up to 31 August 2020 and that since the previous iteration, two new risks have been added, one relating to HSCQI funding, and one about PHA leadership. She added that one risk, relating to emergency planning, has had its rating reduced from “high” to “medium”.
44/20.3	Mr Stewart proposed that members go through each risk individually and pick up any issues.
44/20.4	Mr Stewart began with risk 26 relating to procurement. He noted the change in the review date and asked whether this was achievable. Miss Taylor advised that this is an ongoing area of risk, but advised that there is an ongoing review of the procurement plan.
44/20.5	On risk 39, relating to cyber security, Ms Mann-Kler noted that COVID-19 has placed an additional reliance on PHA’s IT systems and if extra measures or controls have been put in place from a security perspective. Miss Taylor advised that over the last couple of years there has been a lot of work undertaken across the HSC in terms of the strengthening the IT infrastructure and that any new developments are undertaken taking account of cyber security requirements. Ms Mann-Kler said that COVID-19 has presented a potential vulnerability so it is important that high standards are maintained.
44/20.6	Mr Clayton asked if the regional desktop exercise has been carried out. Miss Taylor advised that she had been unable to attend the last meeting of the Cyber Security Programme Board so she was uncertain of the timescales for undertaking it. She added that the IT and emergency planning staff have been diverted to COVID-19 work so they may not have been able to plan an exercise as yet.
44/20.7	In terms of emergency planning (risk 46), Mr Clayton noted that there had been an action relating to sharing the learning from the first wave of COVID-19 with further staff training to take place. However, he noted that this is due to be completed by December and suggested that this should be pushed forward given the second wave has potentially already commenced. Miss Taylor said that clarification was being sought from HR regarding payment issues and that this will be discussed at the regional HR Directors’ Group. In terms of the review dates, she said that actions are reviewed as part of the regular cycle. Mr Clayton reiterated that it seemed unusual to conduct an internal review at this

	time. Miss Taylor acknowledged that there are a lot of unknowns.
44/20.8	Mr Stewart said that for risk 47, relating to the PHA Intranet, he was concerned that there was not a fixed date for when the new Intranet will be rolled out. Miss Taylor said that she would speak to Mr Stephen Wilson concerning this. Mr Stewart asked if the issue lay with PHA or does it relate to the architecture of the site. Miss Taylor said that the main issue is capacity within both PHA and BSO ITS to carry out this work.
44/20.9	Ms Mann-Kler said that in relation to risk 48 concerning the PHA website, it is more important than ever that PHA has an effective website. She asked if the website is currently fit for purpose and when the business case for its redevelopment will be approved. Miss Taylor assured members that the website is being kept up to date and that PHA balances the information it presents with that that is available on the Department of Health website and on the NI Direct website. She advised that the approval of the business case lies with the Department of Health. She said that PHA is working with the digital team at the Department but its focus recently has been on the development of the digital components of the 'Test, Track and Protect' strategy (including the contact tracing information system and the proximity app). Ms Mann-Kler asked whether the business case makes reference to the fact that issue features on PHA's Corporate Risk Register and therefore should be prioritised. Miss Taylor said that it is unlikely that this has been referenced on the template that was submitted, but will have fed into the content of the business case. Ms Mann-Kler said that the website is a critical element of PHA's work and should be fit for purpose. Miss Taylor assured members that Mr Wilson is very keen to see the website developed.
44/20.10	Mr Clayton noted that the arrangements for the maintenance of the website sit outside PHA so there is an opportunity to improve this arrangement. He said that the PHA Board needs to understand what barriers there are given that a new procurement exercise may be required to be undertaken. He added that as there is a digital hub within the Department of Health, there is the opportunity to carry out a review and that their input would be welcome.
44/20.11	Mr Stewart moved onto risk 49 which concerns the allocation and expenditure of COVID-19 monies in advance of allocations being secured. He said that this was a particular issue not unique to PHA, but he was concerned as to how it would be viewed by the auditors as the Treasury

	Orange Book is very clear in this regard. He added that although business cases have been submitted, they may be approved but funding may not follow.
44/20.12	Mr McCance said that the auditors are conscious that these are unusual times and while there may not be the same level of paperwork and approvals, auditors would expect to see some form of paper trail to offer assurance that any approach taken has been a robust one. Mr Stewart asked if NIAO has issued any guidance in this area. Mr McCance said that no guidance has been issued but ultimately it is up to Accounting Officers. Mrs McKeown endorsed what Mr McCance said and agreed that internal audit would be seeking assurance that there is an audit trail.
44/20.13	Mr Cummings assured members that when the Gold/Silver/Bronze emergency planning arrangements were in place, HSCB completed a forensic review of every decision that was made and there are file notes detailing every request made and the expenditure that would be incurred. He added that since these arrangements were stood down, his staff are now reviewing the 155 business cases that have been submitted across the HSC for COVID-19 related expenditure. He advised that many of these business cases do not affect the PHA and will be forwarded to the new Regional Management Board for approval.
44/20.14	Mr Cummings advised that PHA is continuing to spend money with approximately 28 new staff taking up post in the contact tracing centre over the last week. He reiterated that prior to the end of the emergency planning arrangements, all financial matters had been handled properly, but added that the business cases were subject to change and he had not had complete sight of them all.
44/20.15	Ms Mann-Kler asked how many of the business cases apply to PHA and added that it would be helpful to understand the status of these business cases given this is a rapidly changing situation where costs are increasing. She cited that the original business case for contact tracing was based around 50 cases per day, but numbers are now sitting at around 350. Mr Cummings said that this would need to be raised directly with the Interim Chief Executive. Miss Taylor advised that one of her staff is involved in reviewing one of the business cases and factoring in the additional costs around staffing and accommodation. Mr Stewart said that based on the discussions, he would raise his concerns with the Interim Chief Executive.
44/20.16	Mr Stewart said that any issues relating to risk 50 on

	procurement during COVID-19 will have been picked up as part of the discussion on risk 49.	
44/20.17	Mr Stewart said that elements of risk 51 on contact tracing had also part of that earlier discussion. He asked why engagements with MLAs is identified as a control and if this related to helping people understand the system and getting accurate information out. Miss Taylor said that it is about getting confidence in the system and MLAs being able to put out key messages.	
44/20.18	Mr Stewart moved onto risk 52 relating to information governance. He noted that this risk covered areas such as remote working and data security. Miss Taylor advised that this risk also relates to the contact tracing service and ensuring that there are Data Protection Impact Assessments (DPIAs) for different elements of that programme. She added that there has been extensive engagement with the Information Commissioner's office regarding these and she would be happy to share these with members. In terms of remote access and working from home, she said that PHA is aware of the potential issues so information was shared with all staff about IT security and data security and this is re-issued periodically. She assured members that there are adequate physical security arrangements for the contact tracing centre as it is located in County Hall and staff entering the building do so via the front desk reception and security. She added that all of the contact tracing information is held on a secure system. Mr Clayton asked who is responsible for this system. Miss Taylor explained that BSO ITS are involved and there is also a link with the digital team at the Department of Health. Miss Taylor **agreed** to share the DPIA for the Contact Tracing Service.	Miss Taylor
44/20.19	Mr Stewart said that he had no issues to raise on risk 53 which concerns corporate priorities.	
44/20.20	Mr Stewart noted that matters concerning risk 54 on the ability of third parties to deliver commissioned services had been covered earlier in the meeting.	
44/20.21	Mr Stewart moved onto risk 55 relating to public health staffing issues and noted that actions are being taken. Mr Clayton asked why there was a particular focus on this directorate rather than across the organisation as a whole. He noted that there have been developments within the public health directorate but he was concerned there could be gaps in other teams. He added that with the instruction that people should work from home if they can, he sought assurance that PHA could function over the winter months.	

	Miss Taylor advised that originally this risk had covered the PHA as a whole, but when it was reviewed in June, it was felt that the remaining high risk issues were in public health, and particularly within the health protection team. She added that another area where COVID-19 is having an impact is in the communications team so a business case has been submitted to the Department of Health for additional resources for that team. Mr Clayton noted that there has been a sustained period of 7-day working and issues with staff being able to take leave. He noted the focus on the public health directorate but felt that these issues related to the organisation as a whole. Miss Taylor agreed that resilience will be an issue going forward. Mr Stewart suggested that this should to be discussed by the Executive Team. Miss Taylor agreed that an additional risk could possibly be added regarding this.	Miss Taylor
44/20.22	Mr Stewart moved onto the new risks and began with risk 56 relating to HSCQI. He felt that there was too much narrative and that the focus of the risk should be on the fact that PHA took on the functions of HSCQI without funding.	
44/20.23	Mr Stewart noted that the narrative in risk 57 relating to PHA leadership should now include that the Director of Public Health will be retiring in December. He asked if members were content with how the risk is presented. Mr Clayton said that he was pleased that this risk is now included as it will be one of the main issues facing the PHA Board over the coming months. Ms Mann-Kler said that it was clearly worded, but she noted that one of the areas highlighted in the recent Muckamore review was the lack of continuity in the leadership team and therefore this risk concerned her greatly. She added that PHA is facing one of the most challenging periods it has ever faced and this has coincided with many changes at Executive level and there remains no clarity with regard to the recruitment of a permanent Chief Executive. She noted that the Director of Public Health is due to retire and there has been no update on any interim arrangements yet. Mr Stewart said that he was pleased that this risk was now on the Register but added that the PHA Chair should be asked to write to the Permanent Secretary outlining the risks to the Agency at present and the need to get posts filled at senior level on a permanent basis. Mr Clayton agreed that would be a welcome step.	
44/20.24	Mr Stewart suggested that there may be a risk for PHA in terms of its ability to deliver on its statutory functions in light of the proposed changes to the HSC Framework. Mr Clayton said that he had intended to raise this as he has concerns not only about PHA's ability to discharge its	

	functions, but also as to what those functions are. He also expressed concern that the PHA Chair has not received a response to the letter he wrote to the Permanent Secretary on this matter in July 2020. Ms Mann-Kler echoed Mr Clayton's views regarding the letter and said that, particularly in the time of a pandemic, PHA should not be in a situation where there is a lack of clarity about its responsibilities and how these are discharged. She asked whether this issue has been flagged up by other HSC bodies. Mr Cummings said that he was aware that the Non-Executives Directors of HSCB had similar concerns and had not yet received a response to their letters on the matter. He suggested that the PHA Chair should use a forum where there are other HSC Chairs in order to raise this matter as he thought that there had been discussions on this previously.
44/20.25	Mr Stewart noted that in addition to the Corporate Risk Register, members had received a copy of the Operations Directorate Risk Register.
44/20.26	Miss Taylor advised that the directorate register contained a risk on web hosting which had previously featured on the Corporate Risk Register but had been de-escalated. She said that two new risks had been added, one about increasing demands on ICT and the other around the capacity of the information governance team given its increased workload at this time.
44/20.27	Mr Stewart asked whether there had been any assistance offered from the HSC Leadership Centre in terms of resources or internships given the pressures on PHA staff. Miss Taylor advised that some staff had come in to provide additional support in relation to project management. She added that in terms of information governance, approval had been given for a temporary appointment and that following a recruitment exercise an individual has been appointed, but a start date is not yet known. Mr Clayton sought clarity on the reference to internships. Miss Taylor said that in the light of recent recruitment exercises PHA was not likely to need to approach the Leadership Centre for additional support for information governance. With regard to interns, she explained that consideration had been given to offering position to interns who had recently finished their internship within the HSC, but again this may no longer need to be considered.
44/20.28	Mr Stewart commented that it would be useful to review the directorate risk registers going forward in order to give the Committee assurance that risk is being taken seriously

	across the organisation.
44/20.29	Members **APPROVED** the Corporate Risk Register.
45/20	**Item 9 – Information Governance Verbal Update**
45/20.1	Miss Taylor advised that there has been an increase in the number of FOI requests being submitted to the PHA with a total of 62 requests for the period from 1 April to 20 September, compared to 22 for the same period last year. She added that 60% of the requests are COVID-19 related. Mr Stewart noted that even if the requests do not relate to the work of the PHA there is still a requirement to respond to them. Miss Taylor added that many of the staff who need to provide the responses to the FOIs are fully immersed in COVID 19 work, resulting in slower turnaround times.
45/20.2	Ms Mann-Kler asked if the requests tend to be repetitive. Miss Taylor said that there may be similarities, but rarely would be exactly the same; additionally some of the queries can be quite complex and require legal assistance. Ms Mann-Kler asked what areas are covered by the requests and if they relate to people not being able to source specific information. Miss Taylor advised that queries can relate to nursing homes, care homes, testing, but also about decisions that have been made. Ms Mann-Kler asked if the queries provide a useful insight into areas where there are potentially gaps in terms in information that is being communicated to the public. Miss Taylor said that this may apply in some cases, but in many cases the requests are detailed and are seeking a lot of information, some of which may be personally identifiable, which could not be shared, and require input from the governance team to consider the relevant FOI exemptions.
45/20.3	Mr Clayton asked if these requests are separate from press queries. Miss Taylor advised that press queries are dealt with through a separate process, however some press queries may come in as FOIs. Mr Clayton asked if particular types of queries could be headed off. Miss Taylor said that Mr Stephen Wilson's team does maintain an open dialogue with media outlets.
45/20.4	Miss Taylor highlighted other information governance work, including work on the DPIAs relating to different elements of the contact tracing programme. She said that there have been weekly meetings with the Information Commissioner's Office (ICO) regarding these. She added that a number of Data Sharing Agreements, Data Access Agreements and a Section 255 agreement regarding the transfer of national

	testing data from England to Northern Ireland have had to be put in place.
45/20.5	Miss Taylor said that in terms of non-COVID-19 related activity, there has been ongoing work in areas such as contracts, screening and the Lifeline service.
45/20.6	Miss Taylor informed members that PHA was alerted to a data breach in relation to a report published on Muckamore. She said that the Department of Health had advised PHA and HSCB that one of the appendices of the report contained initials of 12 individuals. She explained that although the Department of Health had commissioned the report and published it, it required the PHA and HSCB to report the breach also, given their role in commissioning the review (at the direction of the Department). She said that a joint review was initiated by PHA and HSCB and following this, the ICO had written to advise that it would be taking no further action as a review was taking place to share the learning from this. She added that families of the individuals concerned had been contacted by the Belfast Trust and given the opportunity to share any concerns with the Chair of the independent panel that had produced the report. She explained that the staff involved had been working through an agency so PHA and HSCB are working with the Belfast Trust to see if these staff can be contacted through the agency.
45/20.7	Members noted the update on information governance.
46/20	**Item 10 – External Auditor's final Report to those charged with Governance 2020/21 [GAC/22/10/20]**
46/20.1	Mr McCance advised that the final version of the Report was unchanged from the draft version which members had seen previously. He reiterated that the Comptroller and Auditor General had certified the accounts with an unqualified audit opinion, and that there were no Priority 1, 2 or 3 recommendations.
46/20.2	Mr Stewart said that he was delighted to receive a clean report and he thanked everyone for their work to achieve this outcome.
46/20.3	Members noted the final Report to those Charged with Governance.

47/20	**Item 11 – PHA Mid-Year Assurance Statement [GAC/23/10/20]**
47/20.1	Miss Taylor explained that the Mid-Year Assurance Statement follows a set template and remains a "work in progress" until it is signed off by the Interim Chief Executive. She noted that the Statement confirms that the Corporate Risk Register and ALB Self-Assessment will be brought to the next PHA Board meeting. She advised that there are two new divergences, one relating to HSCQI funding and the other relating to staff resilience during COVID-19. She added that the remaining divergences are those brought forward from the previous statement, and updated as appropriate.
47/20.2	Miss Taylor noted that PHA has not yet received the Mid-Year assurance from Internal Audit, but she anticipated that this would be received before the Board meeting. Mrs McKeown confirmed that this will be the case.
47/20.3	Mr Stewart said that the Statement was comprehensive and he was pleased to see the divergences noted. Mr Clayton asked about staff resilience and the potential for a return to 7-day working during a second wave. He asked what measures were being put in place to mitigate that. He said that although the risk is articulated well, it should be stated that this is not normal practice. However, he was sure that this was being reviewed by the Executive Team. Mr Stewart felt that what was articulated in the Statement was sufficient for the purpose of the Mid-Year Assurance Statement. Mr Clayton suggested it should be included in the Corporate Risk Register as it has been identified as an issue.
47/20.4	Members **APPROVED** the Mid-Year Assurance Statement which will be brought to the PHA Board on 15 October.
48/20	**Item 12 – Draft GAC Audit Committee Self-Assessment [GAC/24/10/20]**
48/20.1	Mr Stewart suggested that the Committee may wish to take more time to consider this. He noted that members may wish to avail of refresher training on Governance Committee matters but he conceded that COVID-19 may cause difficulties in this regard. He queries whether there would be any online materials available.
48/20.2	Ms Mann-Kler asked whether Mr Stewart had now taken on the role as being the Non-Executive Director with a finance background following the resignation of Mr Leslie Drew. Mr Stewart confirmed that he had.

48/20.3	Mr Clayton said that the Committee is grappling with new challenges and he welcomed the opportunity to avail of refresher training as he had found this useful in the past, particularly the opportunity to talk to people on other Boards. Ms Mann-Kler wondered if there was an opportunity for members of other HSC Governance Committees to come together. Mr Stewart noted that there had previously been a forum for Chairs. Mr Cummings suggested that he could raise this with his professional body, the HFMA. Members were content with that suggestion.	Mr Cummings
48/20.4	Mr Stewart noted the question about the attendance of the Accounting Officer and he suggested that in future, once the agenda has been finalised the members can determine whether any other officers should be asked to attend. He looked forward to the attendance of the Accounting Officer at the next meeting.	
48/20.5	Members **APPROVED** the Audit Committee checklist.	
49/20	**Item 13 – Any Other Business**	
	Whistleblowing	
49/20.1	Ms Mann-Kler noted that at the last meeting there was reference made to revised guidance on whistleblowing issued by the Northern Ireland Audit Office. She said that following that meeting, she and Miss Taylor had taken the opportunity to review PHA's Whistleblowing Policy. She said that an article about the updated Policy had been included in the staff e-zine, including a short paragraph reaffirming her commitment to whistleblowing as PHA's Non-Executive Director with responsibility in this area. She noted that the terminology now being used is "raising concerns", and this was now included in the Policy title.	
49/20.2	Mr Clayton welcomed the update and said that he was aware that among Trusts a working group has been established. He said that Trusts have a "Designated Support Person" and he agreed to get more information on this. Miss Taylor said that she was unaware of such a forum. Ms Mann-Kler said that she had had a useful meeting with Mr Kieran Donnelly and Ms Pamela McCready from the Northern Ireland Audit Office and also Ms Nicola Lappin, the Chair of the Northern Ireland Ambulance Service. She noted that the guidance refers to "Speaking Up Guardians" so that staff and the public feel more comfortable about coming forward.	
	Retirement	

49/20.3	Mr Stewart thanked Mr Cummings for his attendance at the PHA Governance and Audit Committee and for his support and advice during his service with the PHA. On behalf of the Committee, he wished him a long and happy retirement and thanked him for his public service. Mr Cummings thanked Mr Stewart for his words and said that he had been involved with Audit Committees for 30 years and was pleased to see that there were no Priority 1 recommendations following the last audit.
50/20	**Item 14 – Details of Next Meeting** *Thursday 3 December 2020 at 10:00am* *Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast.* Signed by Chair: Joseph Stewart Date: 3 December 2020

HSC Public Health Agency

item 10

Title of Meeting	PHA Board Meeting
Date	17 December 2020
Title of paper	Draft Annual Progress Report 2019-20 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order
Reference	PHA/03/12/20
Prepared by	BSO Equality Unit
Lead Director	Rosemary Taylor
Recommendation	For **Approval** ☐ For **Noting** ☒

1. Purpose

The purpose of this paper is to seek PHA Board approval for submission of the draft Annual Progress Report 2019-20 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order

2. Introduction

This report presents the statutory annual return to the Equality Commission for the period covering April 2019 to March 2020.

The report references a wide range of initiatives with tangible outcomes for specific Section 75 groups. It also highlights a series of projects that clearly demonstrate co-production and close engagement with service users and the voluntary sector (for example, in establishing the Frailty Network within Northern Ireland). A number of actions demonstrate improvements in access to information for certain equality groups, whilst simultaneously raising awareness of the need for inclusivity (e.g. the translation of resources into other languages, or into easy read format for people with learning disabilities).

3. Progress to Date

The following gaps in implementation of the equality duties are drawn to the attention of Board members:

- The number of published Equality Screenings remains low in 2019-20. Only four equality screenings were published, plus one programme subjected to a full Equality Impact Assessment (EQIA).This remains an area of concern, leaving the organisation vulnerable to challenge.
- There is a lack of equality monitoring activities referenced. This has an impact on the ability to improve the equality evidence base, and subsequently improve service provision.
- There is a lack of equality monitoring undertaken to date of policies equality screened previously.

It is proposed that efforts in 2020-21 are focused on the following:

- equality data collection and monitoring, including for policies screened,
- equality screenings and their timely publication;
- encouraging staff to participate in equality training, particularly the Making a Difference e-learning package;
- engagement with all Section 75 groups as part of pre-consultation exercises and collection of equality information by this means.

4. Next Steps

Following approval by the PHA Board the Report will be submitted to the Equality Commission.

Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2019-20

Contact:

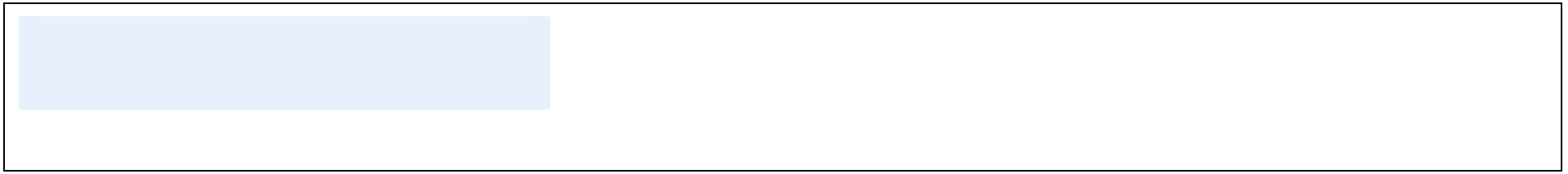
• Section 75 of the NI Act 1998 and Equality Scheme	Name: Olive MacLeod Telephone: 03005550114 Email: Olive.MacLeod2@hscni.net
• Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above

We receive support services on the implementation of our Section 75 and Section 49A duties from the Equality Unit at the Business Services Organisation. For further information you can contact our equality advisor: Anne Basten, Equality, Diversity and Human Rights Manager, Business Services Organisation, Anne.Basten@hscni.net 028 9536 3814

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

(ECNI Q28):
Our Equality Scheme is due to be reviewed by 31st March 2021.

Signature:



This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality, good relations and disability duties. This report reflects progress made between April 2019 and March 2020.

Contents

Chapter 1: Summary Quantitative Report

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

1. Number of policies screened **in 2019-20** (as recorded in screening reports). (see also Chapter 5) **4 (plus 1 policy that went straight to EQIA)**	**Screened in** **0 (plus 1 policy went straight to EQIA in 2019-20)**	**Screened out with mitigation** **2**	**Screened out without mitigation** **2**	**Screening decision reviewed following concerns raised by consultees** No concerns were raised by consultees on screenings published in 2019-20
2. Number of policies subjected to Equality Impact Assessment.	1 (in 2019-20)			
3. Indicate the stage of progress of each EQIA.	Review of Breast Assessment Services (jointly with HSC Board and DOH): DoH published the consultation which ended on 30 August 2019. Decision making & publication of EQIA report will be published by DoH. (CONTINUED FROM 2018) Community Development: Consideration of Data/Assessment of Impacts/Consideration of Measures (STARTED 2020)			

4. Number of policy	**3** (Make It Public research transparency strategy consultation; Relationships and

consultations conducted	Sexuality Education (RSE) in the Community; Draft Mental and Emotional Health and Wellbeing and Suicide Prevention Training Framework)
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	**0**

(ECNI Q24)
Training

6. Staff training undertaken during 2019-20. (See also Chapter 2, Q6)

Course	**Staff Trained**	**Board Members Trained**
Screening Training	21	0
Equality Impact Assessment Training	15	0
Total	**36**	**0**

eLearning: Discovering Diversity	Module 1 to 4 – Diversity	0
	Module 5 – Disability	0
	Module 6 – Cultural Competencies	0

eLearning: Making a Difference	8

(ECNI Q27)
Complaints

7. **Number of complaints in relation to the Equality Scheme received during 2019-20**

0

Please provide detail of any complaints/grievances:

n/a

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

8. **Within the 2019-20 reporting period, please indicate the number of:**

Actions completed:	Actions ongoing:	Actions to commence:
9	1	3

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

9. **Within the 2019-20 reporting period, please indicate the number of:**

Actions completed:	Actions ongoing:	Actions to commence:
5	1	1

Chapter 2: Section 75 Progress Report

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

1. **In 2019-20, please provide examples of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.**

Overview

Similar to last year, a number of actions demonstrate improvements in **access to information.** This includes the translation of resources such as the Newborn blood spot screening' leaflet into 10 minority ethnic languages, or the 'When to keep children off school' resource translated into 14 languages. A number of documents were also published in an easy read format for people with learning disabilities, for example information on breast screening. These resources were published on the main PHA website, which not only improves access to information, but also **raises awareness** of the need for inclusivity and highlights the diverse nature of our population. Another example of this awareness raising is the inclusion of racially diverse images on banners and promotional materials.

This year, most PHA directorates have focused on **co-production** and engagement with service users. This is very evident in certain areas of work – particularly in establishing the Frailty Network within Northern Ireland, ensuring Older People are at the heart of all work, decisions and outputs. Similarly, the work undertaken by the AAA Screening team in organising events ensure that feedback from service users helps shape the future of the programme in Northern Ireland.

A great deal of work this year has been done in partnership with other voluntary, community and academic organisations. This provides an important opportunity to **influence and improve equality outcomes** for those not bound by statutory equality legislation**.** Facilitated by the BSO Procurement and Logistics Service and the

BSO Equality Unit, the PHA continued to actively promote equality of opportunity in contracts with recruitment agencies. During 2019-20, the Procurement and Logistics Service conducted two audit exercises to assess how agencies were (i) promoting equality and (ii) adhering to contractual requirements in regards to equality monitoring. Audit findings will allow us for the first time to monitor the diversity of agency workers placed within PHA and other HSC organisations. We can then engage with recruitment agencies in relation to measures to address under-representation and the user experience of specific equality groupings. The findings will also provide further information on how the agencies promote equality with reference to: training their staff; gathering feedback from agency workers; their provisions on making reasonable adjustments for agency workers; and outreach work to attract a diverse range of agency workers.

Other examples where we have used our influence to promote equality include the PLACE:EE project involving a partnership of public health agencies, local authorities, academics and ICT experts dedicated to improving the quality of life for older people. Other programmes, such as the Make It Public research transparency strategy consultation undertaken with a number of different partners in different academic and voluntary and community sectors across the UK have also allowed the equality agenda to be promoted.

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

Table 1:

	Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.
Persons of different religious belief	
Persons of different political opinion	In July 2019, the PHA launched a public health campaign aimed at those celebrating in the Twelfth of July festivities, urging them to keep an eye on their alcohol intake. Alcohol units in commonly consumed alcoholic drinks were highlighted, as tips given as to how to stay safe when drinking alcohol. **(Health Improvement)** A similar public health campaign regarding alcohol use and the St Patrick holiday was also delivered. Alcohol units in commonly consumed alcoholic drinks were highlighted, as tips given as to how to stay safe when drinking alcohol. **(Health Improvement)**
Persons of different racial groups	Translations of the 'Newborn blood spot screening' leaflet in 10 minority ethnic languages were added to the website. This will ensure those who do not speak English as a first language understand the benefits of taking part in the programme. (**Communications and Knowledge Management with Service Development and Screening team**) The resource 'When to keep children off school' was translated into 14 languages and added to the PHA website. This provides information on different

Persons of different racial groups	illnesses and conditions when children should be kept off school, and when they can return. (**Communications and Knowledge Management with Heath Protection team**) Within the last year, we deliberately used images to reflect greater racial diversity on our pull up banners used at promotional and public events. This will help raise awareness and visibility of different ethnic groups within our society. **Health and Social Care Quality Improvement (HSCQI)**
Persons of different age	The AAA Screening Programme brought together a wide range of healthcare professionals and men, screen-detected with an AAA, along with their partners/ guests to encourage service users to share their experiences of the screening programme and treatment services and to consider how they can be further developed. The event provided an opportunity for those involved in the delivery of AAA screening services to take stock and consider feedback from the programme's service users; this feedback is integral in identifying priorities that will shape the future of the programme in Northern Ireland. **(Service Development and Screening)** In April 2019, the Northern Ireland Frailty Network was launched. Frailty is where someone is less able to cope and recover from accidents, physical illness or other stressful events. This included establishing a Frailty Roadmap for Northern Ireland, with a strong focus on frailty prevention. This network is co-led by Age NI, and includes service users (i.e. Older People) ensuring Older People are at the heart of all work, decisions and outputs, in keeping with the spirit of co-production. **(Nursing)**

Persons of different age	A compendium of Obesity data and statistics for health professionals on obesity, physical activity and nutrition was published this year. This aims to support the development of strategies, action plans, services and programmes of work for children and adults within the PHA. (**Communications and Knowledge Management**) The Cross-Border Healthcare Intervention Trials in Ireland Network (CHITIN) project is supported by the EU INTERREG VA Programme and managed by the Special EU Programmes Body. During the year, the **Walking In Schools (WISH)** health intervention trial was funded, aiming to increase adolescent girls' physical activity (who are usually less physically active than their male peers). If the WISH project is successful, it could be adopted by schools across the island of Ireland. This would have a sustainable, long-term positive impact on child and adolescent health. **(Research and Development)** Work this year focused on improving safeguarding practices for children in primary and community care settings. A number of initiatives were developed to improve service quality for children, and their families and carers. One of these was a project encouraging General Practitioners (GPs) to attend safeguarding meetings, to achieve a more cohesive approach. Also, work included increasing awareness of services for vulnerable children who are at risk of harm in order improve outcomes for children and families. (**Health and Social Care Quality Improvement (HSCQI)** If pain is not treated quickly and effectively in children, it can cause long-term physical and psychological issues. A new Paediatric Pain Assessment Guide was launched to help staff choose the correct assessment tool for the child, dependant on age and/or their ability to communicate their level of pain. This aims to improve early and effective intervention to alleviate distress and highlight

	concerns. Other work includes the development of the NI HSC Paediatric Collaborative to share ideas and best practice in order to improve service delivery and quality. (**Health and Social Care Quality Improvement (HSCQI)**
Persons of different age	Research indicates that spending time outside reduces stress levels, and provides other health benefits. The **Learning Without Walls** project aims to get children learning outside in the natural environment. This includes **Forest School Awards** where pupils are picked up after school and spend every afternoon outside in local woodlands. During 2019/20, 23,032 children took part, and over 1,000 children had their lessons taught outside every month. **(Health Improvement)** As part of Child Safety Week in June 2019, the PHA highlighted the risk of preventable accidents to parents and carers of post-infancy children. This included a campaign highlighting the dangers to small children posed by blind cords, burns from cookers, scalds from spillages, poisonings from hazardous household products, drowning in the bath, and falls. Helpful tips on making homes safer were included.(**Health Improvement**) A Training Needs Analysis for staff working with individuals and families with substance misuse was completed this year. This outlined the training needs of staff working with different client groups (e.g. children/young people; adults; and those with comorbid mental health problems). The outcome of this work will help to improve services offered to those with substance misuse. (**Communications and Knowledge Management**) The PLACE:EE project is a partnership of public health agencies, local authorities, academics and ICT experts dedicated to improving the quality of life for older people. The project aims to reduce social isolation, encourage

Persons of different age	intergenerational skills exchange and encourage internet use for the benefit of older people and their communities. Working across Northern Ireland, Republic of Ireland, Iceland and Sweden, the project worked to: • Facilitate skills and knowledge exchange between older and younger citizens through intergenerational workshops and arts based activities • Engage schools and students • Develop proof of concepts (PoCs) for digital solutions/services designed to enable older citizens – especially those in rural areas – to stay engaged and connected. • Develop a cultural archive of cultural artefacts relating to life in each community over the years– traditions, song, music, employment, history and household life – and material documenting how the two generations worked together. • Development of a standardised eating, drinking and swallowing recommendations sheet for adults with swallowing difficulties for use across Northern Ireland including people with learning disability **(Centre For Connected Health)**
Persons with different marital status	
Persons of different sexual orientation	

Persons of different genders and gender identities	**Boys join girls in HPV Vaccination Programme:** For the first time, boys who entered year 9 in September 2019 were offered the HPV (human papilloma virus) vaccine. The vaccine is offered as part of the school-based vaccination programme. Even though the vaccine has only been available in the UK for girls for nine years, decreases in pre-cancerous lesions in the cervix and in genital warts have already been seen. It is estimated that the level of protection offered by the vaccine will last for at least 10 years. Thus, it is very important that children receive the vaccine to help protect him or her from HPV infection and associated cancers. (**Health Protection)** Monitoring data and statistics for health professionals on Obesity in pregnancy has been published. This aims to support the development of future work helping pregnant women to maintain a healthy pregnancy. **(Communication and Knowledge Management)** Working alongside the Belfast-Manchester Centre of Excellence, and Prostate Cancer UK, Queen's University Belfast were supported to discover a new way to predict the aggressiveness and future behaviour of prostate cancers. The new method uses images from routine scans that are then analysed by computer to uncover disease characteristics may not be seen by the naked eye. This may lead to more informed personalised treatment decisions for men with prostate cancer, and may reduce traditional invasive biopsies. **(Research and Development)** **Prison healthcare**: PHA was involved in the development of an action plan that followed the launch of the 'Improving Health within Criminal Justice' strategy in June 2019. The aim was to ensure that young people and adults in contact with the criminal justice system are healthier, safer and less likely to be involved in offending behaviour. One action this year has been a nurse-led pathfinder

Persons of different genders and gender identities	exercise to transform the police custody healthcare programme. The next steps have focused on co-developing a joint business case with the Police Service of Northern Ireland (PSNI) for a regional roll-out of the model. (**Nursing**) This year, work was commenced (by BSO Human Resources on our behalf) to develop a Domestic Violence Policy to better support staff working in the PHA and the other regional HSC organisations. Given that domestic violence disproportionately affects women this will have an important impact on our workforce, which is predominately female.
Persons with and without a disability	This year, we sought the views and experiences of individuals with a learning disability and their carers or family members who had used the Regional HSC Hospital Passport. The aim of this was to try to see what was working well in the scheme, and what users thought needed to be improved. Users of the scheme were heavily involved in this engagement exercise. (**Nursing)** Developed alongside people with diabetes living in the border regions, the BRAIN (Border Region Area Lifestyle Intervention) Diabetes health intervention aims to develop a healthy brain lifestyle programme. To prevent cognitive/memory impairment and dementia in people with Type 2 Diabetes, the programme includes exercise, diet, brain (cognitive) training and management of vascular risks, e.g. high blood pressure. **(Research and Development)** During this last year, the ReFLECTs trial was funded using mirror box therapy with sub-acute stroke patients. It is thought that mirror visual feedback can regenerate networks in the brain that control limbs and encourage the return of movement. In mirror therapy, the participant performs activities with their unaffected limb but because of the reflective surface on the box, it appears as

Persons with and without a disability	though their affected limb is moving. **(Research and Development)** Researchers from both sides of the Irish border joined together in a large trial to see if an inexpensive medication, already used to treat other conditions, could help prevent those who have already had a stroke from having a further stroke. The CONVINCE study will recruit around 200 more stroke and Transient Ischemic Attack (TIA) (also known as mini-stroke) survivors living in border areas to find out whether colchicine – a medication typically used to treat gout – could help reduce the risk of further strokes. **(Research and Development)** Funding has been awarded to procure and develop a new application (app) to support people with dementia. InspireD, which has been developed by Scaffold Digital in partnership with Ulster University, the Public Health Agency (PHA) and Health and Social Care NI (HSCNI), is designed to help people living with dementia and their carers to store photographs, music and film clips which can then be used to prompt conversations about past experiences and important life events. **(Research and Development)** The Community Pharmacy Living Well Campaign was jointly launched by the Health and Social Care Board (HSCB) and Community Pharmacy NI (CPNI). The PHA designed campaign materials, and over 500 community pharmacies were contracted to deliver campaigns on a range of health issues including “care in the sun”. This enabled people who had early signs of skin cancer given advice, conditions treated or people referred. **(Communications and Knowledge Management)** All PHA communications staff attended training on disability awareness. This focused on raising awareness of the needs of people with learning disabilities,

Persons with and without a disability	and how to produce materials in accessible formats. **(Communications and Knowledge Management)** A number of publications in an easy read format were produced for people with learning disabilities. Information on breast screening, and a letter inviting people with a learning disability to take part in a pilot breast screening project was produced during the year. (**Communications and Knowledge Management** with **Nursing**) **I can cook it**, the community nutrition programme that had been adapted for use with people with learning disabilities, was updated and reprinted following feedback from the tutors gathered during the delivery of the programme. (**Communications and Knowledge Management**) The **Swallow Aware** project is led by the PHA working closely with statutory, independent, regulatory and community and voluntary sectors with the aim of developing services for people living with dysphagia in Northern Ireland. Swallow Aware helps people with swallowing difficulties, and their carers to share their unique perspective and co-design materials and resources to support people with dysphasia in NI (**Allied Health Professionals and PPI**) As part of Palliative Care Week, the Palliative Care in Partnership programme held a conference to show progress made to date on improving the experiences of people with palliative care needs and to set out priorities for the years ahead to continue to enhance and improve these services. The conference also highlighted the importance of planning for the future with the launch of the 'Heart of Living and Dying' facilitators' guide. **(Nursing and AHP)** Support has been provided for an intervention to support older adults with a

Persons with and without a disability	learning disability to improve their health, wellbeing and social networks. This will involve matching older adults with a learning difficulty to “mentors” with whom they will attend mainstream community groups and activities. The impact on the health, wellbeing and social connectedness of the adults, and the wellbeing and attitudes to people with LD of the mentors will be assessed. **(Research and Development)** Encouraging **recruitment agencies** to promote equality of opportunity: the audit (see p.7-8 for further information) specifically focused on how agencies made reasonable adjustments for candidates with disabilities. This looked at agencies’ attitudes towards reasonable adjustments, and the steps taken by recruitment agencies to ensure that reasonable adjustments were made and reviewed on a regular basis. The aim of this work was to raise the profile of the issue with recruitment agencies. In turn, the intended outcome is to contribute to identifying and seeking to better meet the needs of candidates with a disability. **Disability Placement Scheme**: After engaging with participants, regional HSC placement managers and employment support officers involved in the scheme, it was decided to include details of the office environment for future placements. Descriptions include the level or floor the office is on; if it is a large open plan or small office; the size of team they will be working with etc. This helps participants and employment support officers make an initial decision on whether the placement would be a good match as some of these environments may not suit some people with certain disabilities. In turn, this has contributed to reducing the number of placements ended prematurely due to unmet expectations. Please note: Our work on promoting equality for people with a disability in the

	workplace is reported on in detail in the Disability Action Plan – Progress Report 2019-20. This comprises, for example, our Disability Work Placement Scheme; Tapestry, our Disability Staff Network; and our Disability Awareness Days for staff.
Persons with and without dependants	A compendium of monitoring data and statistics on breast feeding for the public and health professionals was published this year. This aims to support the development of strategies, programmes and action plans to promote the health and wellbeing of mothers and babies through breastfeeding. **(Communication and Knowledge Management)** A leaflet explaining the Special Educational Needs (SEN) statutory assessment process was designed. Working in collaboration with SEN Coordinators in the HSC Trusts, and the Education Authority, this explained clearly to parents and carers the processes used to see if a child was deemed to have Special Educational Needs and given a Statutory Statement. **(Communications Team, and Allied Health Professionals and Personal and Public Involvement)** The Healthy Child, Healthy Future: speech and language therapy for children resource for parents/ carers was updated in 2019. This is designed to reinforce a collaborative approach between parents and health professionals, and help identify and support children with developmental speech and language and communication needs (including children with feeding and/or swallowing difficulties). It provides details on the communication-related skills a child should have acquired at each stage in his/her early years development (**Nursing and AHP)** Forest School Families was developed as part of the Learning Without Walls initiative. This encourages families to take regular walks, and simple and fun

Persons with and without dependants	activities in their local park or greenspace, as this has been shown to have a range of health benefits. In 2019-20, 45 new Forest School Families registered in the scheme. (**Health Improvement**) In December 2019, the PHA highlighted safer sleeping advice for parents at Christmas to reduce the risk of sudden infant death. It was highlighted that at this time of year, with festivities and celebrations, the normal routines and sleeping arrangements for young babies may be changed. A number of hints and tips on promoting safer sleep for babies were highlighted. The campaign to raise parents' and carers' awareness of risk factors was evaluated. A higher level of awareness of the risk factors for co-sleeping with a baby was found amongst those who had seen the campaign. **(Nursing and Communication and Knowledge Management)** **Carers in the Workplace (work carried out under our Equality Action Plan)** As part of a qualitative research project, a group of BSO staff who are carers were interviewed on their views on balancing work and caring responsibilities. The themes and issues emerging from these interviews were used to inform questions for a baseline survey to capture the experiences of carers in all regional HSC organisations. The results from this survey will help to inform work to progress our commitment to support staff who are carers. On our behalf, the Equality Unit developed a carers leaflet outlining the definition of a carer, the background to why this leaflet was needed and a list of all policies and procedures available for carers as well as a description of each. The leaflet also provides signposting to other resources and forms of support including Inspire and information on carers assessments. This will help inform staff and

	managers about what support is available to ensure a consistent and supportive approach. This has been published on the Tapestry Disability Staff Network website and will be heavily promoted in the coming year.

Where changes resulted from screenings, these will be listed in Chapter 6, the mitigation report.

The following changes resulted from EQIAs:

Northern Ireland Diabetic Eye Screening Programme (DESP) EQIA:

- Model of service delivery: EQIA findings recommended that screening is delivered at fixed sites throughout Northern Ireland. The Diabetic Eye Screening Programme (DESP) Regional Centre is based in Forster Green Hospital, but screening is carried out across Northern Ireland at GP practices and static sites. In practice sites are determined by availability and feasibility of implementation, recognising that access to timely screening is a key requirement for the DESP.
- Future planning considerations: Accessibility, car parking and public transport links are consistently high ranking criteria for respondents with co-location of services and extended hours of opening appearing relatively less important. These key factors will be considered when determining screening sites.

(ECNI Q4,5,6)

2. During the 2019-20 reporting period

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

	Yes/No	Details
Job descriptions	Yes	The new template for Job Descriptions and Personnel Specifications used across Health and Social Care no longer makes reference to the Section 75 duties.
Performance objectives for staff	No	In some cases, individual PHA Directorates may decide to include relevant objectives.

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

	Yes/No	Details
Corporate/strategic plans	Yes	The PHA Corporate Plan 2017-2021 includes five key outcomes. Two of these relate directly to Section 75 groups: 1. All children and young people have the best start in life Associated actions include, for example: Introduce and develop antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees 2. All older adults are enabled to live healthier and more fulfilling lives

		Associated actions include, for example: Develop and implement multi-agency healthy ageing programmes to engage with and improve the health and wellbeing of older people
Annual business plans	Yes	In the Business Plan for 2019-20, the Agency specified a range of objectives directly related to promoting equality and good relations for Section 75 groups. For example: • Implement expansion of the Newborn Bloodspot Screening Programme to cover four additional inherited metabolic diseases. • Use research funding programmes (CHITIN, NIHR, commissioned research, Research Fellowships etc) to generate new knowledge on effective care and practice for older adults. • Continue to lead work with HSC Board and Trusts to complete the delivery of Phase Two of the Dementia e-Health and Data Analytics Pathfinder Programme for Northern Ireland including: - the implementation of 'My care record' patient portal - delivery of a dementia apps library - a number of dementia data analytics projects. • Lead the implementation of an integrated Communication Advice Service • Undertake an improvement project in relation to mixed gender accommodation and work with Trusts to measure and report compliance with their policy for mixed gender accommodation in 100% of inpatient areas.

(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2019-20 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Please see Table 2 below.

Table 2

Policy publicly consulted on	**What equality document did you issue alongside the policy consultation document?**	**Which Section 75 groups did you consult with?**	**What consultation methods did you use?** **AND** **Which of these drew the greatest number of responses from consultees?**	**Do you have any comments on your experience of this consultation?**
Make It Public research transparency strategy consultation	☐ Screening template ☐ EQIA report		• Written responses • Online responses • Public	This was a UK consultation by the Health Research Authority (HRA), with regional support from the R&D office. The consultation reached all Section 75 groupings: 489

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
	☒ none		workshop	responses (including emailed responses) were received, and 236 people attended the UK-wide consultation workshops, a public involvement focus group, a Research Ethics Committee (REC) member's webinar or HRA staff workshops. An Equality Report was conducted for the NI workshop. 36 individuals attended and 19 completed the equality questionnaire,

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
				which collected Section 75 monitoring information.
Relationships and Sexuality Education (RSE) in the Community	☐ Screening template ☐ EQIA report ☒ none	Parents/ carers; young people; and community/voluntary organisations	2 consultation events: 1 in Belfast and 1 in Omagh.	The Public Health Agency (PHA) sought feedback from young people, parents and community/voluntary organisations that have accessed the existing RSE programmes funded by the PHA in the community, including service users (young people), youth leaders and organisations providing services for young people.

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
				We also sought the views of providing organisations with expertise in developing and delivering RSE in the community.
Draft Mental and Emotional Health and Wellbeing and Suicide Prevention Training Framework	☐ Screening template ☐ EQIA report ☒ none		11 face to face consultation events as part of the Protect Life 2 consultation process. Online survey monkey	Feedback was requested on the draft training framework to ensure it would be fit for purpose for all living and working in Northern Ireland. Specific Section 75 responses received from Autism NI, the Deaf community; Travellers and

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
			consultation Sept 19 – Jan 20. The survey was active for 16 weeks, and completed by 103 respondents from a variety of backgrounds and professions.	Learning Disability Lead. Useful feedback has been received via online survey.

(ECNI Q21, 26)

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

Yes - please see Table 3 below for further information.

Table 3

Service or Policy	**What equality monitoring information did you collect and analyse?**	**What action did you take as a result of this analysis?** **AND** **Did you make any changes to the service or policy as a result?**	**What difference did this make for Section 75 groups?**
Regional HSC Organisations - Disability Placement Scheme	Qualitative data was collected via a series of focus groups alongside experience of the scheme (specifically focusing on access to the scheme/ experience of the work placement/ outcome of the placement scheme).	Results from the analysis revealed that individuals with particular disabilities needed more information on the working environment than was currently being provided in order for them to make an informed choice as to whether the placement offered was acceptable.	Individuals with specific disabilities, including those with mental health or sensory disabilities, are now more informed as to the office environment, which may help them decide whether a potential placement is suitable or not. In turn, this should lead to improved matching and a reduced risk of placements not going ahead due to

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
		As a result, descriptions of the office environment have now been included in all placement descriptions so that it is immediately apparent whether the office is noisy/ quiet; busy/ calm; number of people, in addition to accessibility issues.	unsuitable matching.
HSC Research and Development Personal and Public Involvement (PPI) Strategy	Analysis of equality information collected following workshops and events including Building Research Partnerships has been regularly reviewed.	Efforts were made to increase the reach of our training, workshops and events by targeting groups which were not being represented via NICVA and the Patient	This information has helped alert us to the under representation of certain groups at our events and increase our efforts to target these groups. Work with BAME groups in the next year

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
		Client Council.	should help address some of these issues.

(ECNI Q22)

5. Please provide any details or examples of where the monitoring of policies, during the 2019-20 reporting period, has shown changes to differential/adverse impacts previously assessed:

Yes - please see Table 4 below for further information.

Table 4

Policy previously screened or EQIAed	**Did you gather and analyse any equality monitoring information during 2019-20?** **(Please tick)**	**What were the adverse impacts at the point of screening or EQIA?**	**What changes to these occurred in 2019-20, as indicated by the equality monitoring data you gathered?**
PHA Corporate Plan 2017-2021	☐ Yes ☒ No	N/A	N/A
PHA Annual Business Plan 2019-20	☐ Yes ☒ No	N/A	N/A
Personal and Public Involvement Strategy	☐ Yes ☒ No	We recognise that those with dependants, and those with a disability may struggle to participate in PPI activity and have considered this in the development of the strategy. There may be language and	N/A

		cultural barriers for ethnic minorities in PPI activity. Sexual minorities may also be less likely to participate due to homophobia or heterosexism.	

(ECNI Q25)

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

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

Screening Training Evaluations

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

- To develop an understanding of the statutory requirements for screening: **98%**
- To develop an understanding of the benefits of screening: **95%**
- To develop an understanding of the screening process: **95%**
- To develop skills in practically carrying out screening: **95%**

The figure in bold below represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked: "How valuable was the course to you personally?" **92%**

EQIA Training Evaluations

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

- To demonstrate an understanding of what the law says on EQIAs **96%**
- To demonstrate an understanding of the EQIA process **96%**
- To demonstrate an understanding of the benefits of EQIAs **93%**

- To develop skills in practically carrying out EQIAs **96%**

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

Conclusion

Evaluations of both the screening and the EQIA training for 2019-20 continue to be very positive, as has been the case over recent years. The scores of **95% - 98%** and **93% - 96%** are significantly high and so the training will continue in its current format in next year’s programme.

(ECNI Q29)

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

We anticipate the following areas to be focused upon:

- equality screenings and their timely publication;
- inclusion of screening documentation in all public consultation exercises;
- progression of EQIAs to consultation stage;
- monitoring, including of policies screened, and;
- engagement with Section 75 groups as part of pre-consultation exercises and collection of equality information by this means.

A further priority relates to ensuring the integration of references to the equality and disability duties in all job descriptions.

Appendix – Further Explanatory Notes

1 Consultation and Engagement

(ECNI Q10)
targeting

During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of Make It Public research transparency strategy consultation. This is to inform our consultation documents.

(ECNI Q13)
awareness raising for consultees on Equality Scheme commitments – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication. In any EQIA reports we explained our commitments relating to Equality Impact Assessments. We likewise refer to our Equality Scheme commitments in the Equality and Disability Action Plan documents.

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

2 Audit of Information Systems

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

[i] This includes as a result of

- screening / Equality Impact Assessments (EQIAs)
- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.

Equality Action Plan 2013 – 2020 Report on the progress we made during 2019-20

August 2020

Chapter 3: PHA Equality Action Plan Progress Report 2019-20

This document summarises progress made during 2019-20 against the actions we identified in our Equality Action Plan. The plan covers the period 2013-20 and is available on our website: http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

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

Contents

The PHA Equality Action Plan 2013-2020

Theme:	**Key inequalities and opportunities to promote equality and good relations:**
Cancer Screening Link to Corporate Plan: '3. All individuals and communities are equipped and enabled to live long healthy lives'	**BME Groups** - There are a number of factors that can influence participation by some BME groups in cancer screening, including: • Divergence in perceptions held by screening staff and migrant ethnic groups regarding cancer screening. • Suspicion of authority. • The degree of knowledge about screening. • The type of health care in individuals' native countries, i.e. no experience of these types of programmes. • Lack of access to primary care. **Learning Difficulties** - Cancer screening uptake is lower amongst the population of people with learning difficulties than among those in the general population. Barriers to accessing cancer screening include: • communication issues, including literacy problems; • consent issues; • physical health; • inability to undergo screening due to physical limitations

	LGB&T - Lesbian women are less likely to participate in preventive health care, including breast and cervical cancer screening than heterosexual women. There is an assumption that they do not need to undertake cervical screening. Transgender people need to have access to relevant and up to date information on accessing gender-specific health screening programmes. **Physical and Sensory Disability -** A key issue affecting those with sensory and/or physical disabilities is the availability of accessible information. The bowel cancer screening test kit is completed by individuals at home. Due to the nature of the test (collecting a stool sample) individuals with a physical or sensory disability will have difficulty accessing the screening programme. **Evidence** People from these minority groups may have problems accessing or understanding information about cancer screening and in some cases the methods of screening may create obstacles for some individuals. The PHA does not have data of uptake of cancer screening by individuals from section 75 groups. Our data collection is not specific enough. There is anecdotal evidence that uptake of cancer screening is lower amongst some section 75 groupings.			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**When**
3. New transgender screening leaflet to be adapted for NI from Public	Transgender people are in a position to make an informed choice about their participation in	Leaflet has been produced in collaboration with gender identity groups	QARC	end Mar 2020

Health England and NHS Wales leaflet and to be included within Communications schedule	cancer screening			
What we did this year The Transgender leaflet has been drafted based on the PHE and Welsh leaflets. This covered all 3 cancer screening programmes as well as AAA Screening. The AAA programme liaised with the Trust to get feedback on their section and included these revisions. A mock leaflet will be circulated to support groups for feedback before going to print. **Completed**				

Theme: Migrants (relevant to both duties under Section 75) Link to Corporate Plan: ' 3. All individuals and communities are equipped and enabled to live long healthy lives'	**Key inequalities and opportunities to promote equality and good relations:** • For migrants, having little or no English is considered to be one of the most significant barriers to accessing health and social care and other key services. There is a need to improve our knowledge and understanding of the challenges relating to this issue. There is a need for more partnership working among all key stakeholders, in particular with migrant groups; and • for a more co-ordinated approach in addressing migrant health and social wellbeing issues across NI. **Evidence:** • Health and Social Needs among Migrants and Minority Ethnic Communities in the Western area (Jarman, 2009); • Barriers to Health: migrant health and wellbeing in Belfast. A study carried out as part of the EC Healthy and Wealthy Together project (Johnston, Belfast Health Development Unit 2010); • Health Protection Issues Affecting Immigrants – A Literature Review (Veal and Johnston 2010 unpublished). • Poverty and ethnicity: key messages for NI (Joseph Rowntree Foundation, 2016)			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**When**
6. Through partnership working across the sectors explore how best to support	Improved knowledge and understanding of the issues and challenges relating to accessing	Action plan developed to implement the recommendations of the 2017	Cross – sectoral task and finish	end Mar

improved access to English classes.	English classes in NI including examples of good practice to help inform future action.	report on Partnership Approaches to Improving Access to English Classes	sub group of the Regional ME Steering Group	2020
What we did this year Links have been built across sectors in order to advocate for a NI wide strategic approach to improving access to English classes. **Completed**				
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**When**
7. Undertake stakeholder consultation and other preparations for procurement of the Stronger Together Regional Minority Ethnic Health and Social Wellbeing Network for sharing of information, good practice and capacity building	Improved co-ordination between agencies, in meeting the health and social wellbeing needs of minority ethnic communities.	Enhanced network established with members comprising stakeholders and network users from across HSC and ethnic minority groups across Northern Ireland.	To be commissioned	end July 2019
What we did this year Stakeholder engagement sessions have taken place across all the main localities where there are ethnic minority and migrant communities. **Completed**				

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	When
8. Evaluation of the regional pilot programme to promote mental and emotional wellbeing for ethnic minority communities in NI	Increased knowledge of effective approaches relating to promoting minority ethnic mental health and emotional wellbeing.	Evaluation report produced including recommendations for future service delivery	South Tyrone Empowerment Programme (STEP)	end Mar 2020
What we did this` year The contract has been extended until the end of March 2021 as procurement has been delayed. **Not completed**				
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**When**
9. Continue to work with key agencies and organisations across the sectors to review, develop and implement an annual regional action plan to address minority ethnic health and social wellbeing issues	Co-ordinated, cross-sectoral action undertaken to address identified minority ethnic health and social wellbeing needs	Annual Action plan developed and being implemented	Regional ME Steering Group	Annually by end Mar 2019

What we did this year

Regional ME Steering group meetings have continued on a regular basis, with a Regional Action plan to address minority ethnic health and social wellbeing developed and implemented for 2019-20. This Regional ME Steering Group has been important during Covid-19 as partners have been supporting the dissemination of public health messages. **Completed**

Theme:	**Key inequalities and opportunities to promote equality and good relations:**
Lesbian, Gay, Bisexual and Transgender Link to Corporate Plan: ' 3. All individuals and communities are equipped and enabled to live long healthy lives'	Employment generally • atmosphere and culture of discrimination, exclusion, homophobia and heterosexism (language, jokes, comments, graffiti) • lack of confidence in reporting and disciplinary procedures • lack of visibility of LGB&T people in the health and social care workplace Services • research in England on LGB&T experience of healthcare suggests numerous barriers including homophobia and heterosexism, misunderstandings and lack of knowledge, lack of appropriate protocols, poor adherence to confidentiality and the absence of LGB&T -friendly resources • LGB&T people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people. Other issues include; access to services and attitudes. Issues regarding Older LGB&T in communal facilities, with concerns around negative responses on the grounds of their sexuality from institutions when life changing events occur for example, loss of independence through hospitalisation, going into residential home or having home carers. Research • To date very little general LGB&T health research has been published in Northern Ireland

	Evidence • publications summarised and referenced in: PHA (2011): Health Intelligence Briefing on Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues HSC (2010): Section 75 Emerging Themes across Health and Social Care. Section 9 • The Rainbow Project (2011) Through Our Eyes: Experiences of Lesbian, Gay and Bisexual People in the Workplace.			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**When**
10. eLearning Engage with key stakeholders. Promote e-learning programme.	Increased capacity of staff working across HSC settings to better meet the needs of the LGB&T population.	E-learning programme promoted to staff working across HSC Settings by e-mail and on intranet sites. E-Learning programme used as part of induction programme and ongoing Equality and Diversity Training. Use of programme monitored and feedback from learners used to inform changes. Link to training publicised on	Hilary Parke/Marianne Ireland Human Resources Hilary Parke with Staff Forum Human Resources	end March 2020

		dedicated LGB&T website. E-learning programme promoted as part of KSF requirements for all staff.		

What we did this year

The PHA e-learning programme has been in operation from 2013. To date **637** users have successfully completed the learning content. It aims to educate staff so that they better understand the difference between sexual orientation and gender identity and its equality implications. The programme helps staff to recognise the barriers associated with disclosure of sexual orientation and/or gender identity in the workplace and understand how LGB&T awareness within the workplace can help create a more welcoming, safe and productive work environment**.** The programme will continue to be promoted to staff.

Completed

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	When
11. HSC staff forum Continue to support the HSC LGB&T Staff Forum. Maintain a dedicated website for the Forum.	LGB&T staff working within HSC organisations feels valued, equal and are empowered to contribute to effect change in the organisation.	Promotion of Forum continues through information stalls at HSC locations, posters in workplaces, articles in staff and union bulletins.	Hilary Parke	end Mar 2020

	HSC organisations visibly demonstrate their commitment to promoting equality for LGB&T staff			

What we did this year

PHA continue to support and maintain a forum for LGB&T HSC staff. The dedicated website for the Forum exists to reduce stigma and discrimination within the workplace by increasing awareness, understanding and skills and create a safe and open environment for people who are lesbian, gay, bisexual and transgender. The forum has been promoted through information stalls at HSC locations, posters in HSC workplaces, articles in staff and union bulletins. Support continues at the PRIDE events in Belfast, Newry and Derry.

Completed

Action Point	Intended Outcome	Performance Indicator and Target	Whom	When
12. Mental Health and Emotional Wellbeing Commission services to support the mental health and emotional wellbeing needs of	Individuals who identify as LGB&T will have access to services to help address their mental health and emotional wellbeing needs. Transgender individuals and their families will have access to support.	The Annual Action Plan will include the following:- Rainbow will provide a minimum of 45 interventions to support Gay and Bisexual men across Northern Ireland. Rainbow will provide a minimum of	Hilary Parke	end of March 2020

Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families.	Sexual Orientation and Gender identity training will be available across all HSC localities. Increase awareness, understanding and skills and support developments to reduce stigma and discrimination by increasing public awareness, understanding and skills to create a safe and open environment for people who are lesbian, gay, bisexual and transgender. Ensure LGB+T individuals have access to services, help and support that will help maintain and improve their health & wellbeing.	45 interventions to support Lesbian and Bisexual women across Northern Ireland SAIL will provide a minimum of 45 interventions to support transgender individuals and their families across Northern Ireland		

What we did this year

The annual action plan was updated to include the following:
Lesbian and Bisexual Women: Rainbow will provide a minimum of 186 counselling sessions; 26 intervention support sessions; 10 awareness raising sessions (split across the 5 HSC Trust areas).
Gay and Bisexual Men: Rainbow will provide a minimum of 184 counselling sessions; 26 support intervention

sessions; and 10 awareness raising sessions (split across the 5 HSC Trust areas)
Transgender: SAIL will provide a minimum of 10 awareness sessions (split across the 5 HSC Trust areas)

During 2019-20 both Rainbow and SAIL have exceeded on their contracted activity in respect of counselling, training, awareness raising and interventions.

Rainbow – Lesbian & Bi-Sexual Women + Gay and Bisexual Men	**2019-2020**	**Total**
	Counselling	658
	Interventions	300
	Training/Awareness	43
	No of participants	791

SAIL - Transgender individuals and their families	**2019-2020**	**Total**
	Awareness Sessions	26
	No of participants	145

Completed

Theme: Personal and Public Involvement Link to Corporate Plan: '5. Our organisation works effectively'	**Key inequalities and opportunities to promote equality and good relations:** • Work to embed the culture of Personal and Public Involvement (PPI) within this, and other HSC organisations. Strategically promote and enhance the concept and culture of personal and public involvement. **Evidence** • Research on service user and carer involvement and experience throughout HSC			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**When**
13. Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.	Section 75 groups will have an opportunity to become engaged in PPI activity through PHA funding.	25% of PPI Projects will involve Section 75 groups.	PHA PPI Team	end March 2020
What we did this year A review of scoring criteria was undertaken and a new criteria for S75 was included, unfortunately we were not in a position to offer funding through the promotion and advancement of PPI programme. The criteria will be included in any further funding opportunities. **Not completed.**				

Theme: **PHA as an employer** Link to Corporate Plan: '5. Our organisation works effectively'	**Key inequalities and opportunities to promote equality and good relations:** • need to raise the capacity of our staff to play a positive role in implementing the gender identity and expression employment policy effectively • possibly opportunity to better promote equality for carers and older staff in relation to their information needs • opportunity to strengthen the capacity of line managers to meet the needs of their staff • lack of comprehensive staff equality data **Evidence** • feedback from engagement and consultation on the gender identity and expression employment policy • feedback from staff; submission from Older People's Advocate			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**When**
15. **Gender Identity** Roll out the Gender Identity and Expression Employment Policy	Staff who identify as transgender and non-binary feel more supported in the workplace	Training Plan developed Records of awareness raising initiatives delivered	Operations & Human Resources	end Mar 2020
What we did this year The Making a Difference eLearning programme includes a module that is dedicated to gender identity issues in the				

workplace. To date, 40 PHA members of staff have completed the programme.

Ongoing

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	When
16. **Carers** Provide information for staff on available policies and measures that might meet their needs; including sign-posting to relevant support organisations.	Staff who are carers feel more supported in the workplace	Information leaflets are provided	Operations & Human Resources	end Mar 2020

What we did this year

In the last year, working with members of our Disability Staff Network, and colleagues from within BSO and other HSC organisations, the Equality Unit developed a leaflet to provide information to staff who are carers. This leaflet highlights the policies and support offered by HSC Regional Organisations, and also signposts Carers to different local sources of help in each HSC Trust area. Details are also provided on counselling and advice services. The leaflet was published this year on the Tapestry website. The leaflet will be sent to staff in all regional HSC organisations.

Last year, the Equality Unit completed interviews with staff who are carers on our behalf. These looked at policies and support carers felt would help then to balance work and caring. While the interviews were conducted with BSO staff, the findings from this research were shared with all regional HSC organisations with a view to take learning. A survey for staff who are carers and who work in any of the regional HSC organisations has also been developed to explore and highlight different issues including suggestions for any additional support. **Completed**

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	When
18. **Meeting section 75-related needs of staff** Work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for staff from a range of Section 75 groups	Increased capacity of line managers to identify and respond to the range of Section 75 needs of their staff Staff feel that their needs are being met	Resource produced	Human Resources	end Mar 2020
What we did this year After having produced and reviewed a first draft of the resource we decided that the detail of information required varies between Section 75 groups to such an extent that one composite resource will not be meaningful. Instead, we have decided to focus our efforts on stand-alone materials that provide line managers with brief, practical information, such as on what employment support programmes line managers can explore together with a member of staff who has a disability. We will also continue to encourage managers to approach the Equality Unit who will signpost them to voluntary sector organisations who may be able to help identify and respond to staff needs. **Not Completed**				

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	When
19. **Section 75 monitoring** Monitor completion figures Encourage staff to complete equality data section on HR system via self-service	Robust data is in place to allow assessment of impacts and developing targeted actions	Quarterly downloads completed prompts issued to staff	Human Resources	end Mar 2020
What we did this year A reminder was sent out to all staff across the regional HSC organisations to update their equality information on the Human Resources IT system, with instructions as to how to do this. The data was downloaded and reviewed quarterly. Some Section 75 data is completed well (e.g. gender, age, marital status, community background). However, there are gaps for some of the equality categories. For example, monitoring data for March 2020 shows that 76% of PHA staff have not assigned their Ethnicity; 41% not assigned Disability status, 85% not assigned Caring responsibility, and 85% not assigned Sexual Orientation. This means that we have to reinforce our efforts to encourage staff to complete the information. **Completed**				

Conclusions

During 2019-20:

- We completed 9 actions (Numbers 3, 6, 7, 9, 10, 11, 12, 16, and 19).
- We still have some work to do to complete 1 action (Number 15).
- We didn’t complete 3 actions (Numbers 8, 13 and 18).
- All of the actions in our action plan are at regional and at local level.

Disability Action Plan 2013-2020

Public Health Agency (PHA)

What we did between April 2019 and March 2020

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

You can find our Disability Action Plan on our website: http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

Chapter 4: PHA Disability Action Plan Progress Report 2019-20

What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

(1) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	Increase in completion of disability monitoring information by staff to 90%	PHA end Mar 2019
What we did last year Similar to previous years, at the end of March 2020, 2% of our staff had declared on our HR IT (HRPTS) system that they have a disability. Almost 41% of staff hadn't said whether or not they have a disability. At each of our disability awareness days we encourage staff who have a disability to declare this, so that we can put in place any reasonable adjustments they may need and so they can avail of the support available. **Completed**			
2. Raise awareness of specific barriers faced by people with disabilities including	Increased staff awareness of the range of disabilities and needs	Two annual Awareness Days profiled in collaboration with voluntary sector groups.	PHA end Mar 2019

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
through linking in with National Awareness Days or Weeks (such as Mind your Health Day).		Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	

What we did last year

In 2019-20, 2 Disability Awareness Days were held. Every year we ask staff what disabilities they would like to know more about. In a survey last year, staff said they wanted to know more about Fibromyalgia and Mental Health, so we made these the focus of our Disability Awareness days this year. We made sure that all staff knew about the Awareness Days by email.

The Fibromyalgia Awareness Day had speakers from Fibromyalgia Support NI, Hope 4 ME Fibro, Fibromyalgia Awareness NI and Versus Arthritis who spoke in 5 HSC organisations. Information stands with materials and the Disability Insight bulletin were set up across 10 sites. The Mental Health Awareness Day focused on 3 mental health conditions: mild/moderate forms of depression, anxiety and Obsessive Compulsive Disorder (OCD). Speakers from Inspire presented at 6 sites and information stands were available at 16 sites.

Staff told us that the Mental Health Awareness Day was valuable and worthwhile. Those who attended the presentations found them informative and enjoyable. A staff survey found that 66% knew more about mild-

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
moderate depression, anxiety and OCD. **Completed**			
3. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation. **Health Protection:** Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting.	Increased staff and Board Member awareness of the range of disabilities and needs.	All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms Meeting minutes	PHA end Mar 2019 Assistant Director Health Protection end Mar 2019
What we did last year The Making A Difference e-learning programme includes a number of scenarios that involve people with a disability and asks staff to think through how best to support individuals, as well as giving information on disability legislation. All our staff have to complete the programme. To date, 40 number of PHA staff have completed the			

Chapter 4: PHA Disability Action Plan Progress Report 2019-20

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
Making A Difference Training. **Health Protection** The Health Protection team have been unable to find a speaker from an external organisation on a suitable date to attend the Health Protection staff meeting to date, but we still want to do this. **Ongoing**			

(2) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
4. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas. • **10,000 Voices:** Proactively target disability groups to advise of the initiative and how they can become involved (issue press releases; send information leaflets and posters to groups) Facilitate their involvement (make surveys accessible to people with a disability): 2018-19 work plan will focus on physical and sensory disability. • **HSC Research & Development:** Disseminate specifically to relevant disability organisations information on 'OK TO ASK' Campaign being undertaken to encourage members of the public including those with disability to participate in research and clinical trials to mark	Better engagement of people with a disability (adults and children where relevant) in key areas. People with a disability are encouraged and empowered to participate in public life.	Opportunities provided in key areas. Annual review of progress to ECNI Correspondence in relation to the initiative, how to get involved and contact details will regularly be sent to a list of disability organisations Correspondence circulated to list of disability organisations and via PCC newsletter	For 10,000 Voices: Assistant Director of Nursing, Safety Quality and Patient Experience For HSC Research & Development: Assistant

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
Clinical Trials Day on May 20. • **HSC Research & Development:** Provide Personal and Public Involvement training to encourage and provide guidance to researchers on how to involve service users and carers as partners in the research process and to raise awareness of research with service users including those with disability and members of the public. Training for researchers and service users and carers provided through workshops and master classes facilitated by researchers as well as service users with disabilities. Training materials provided to give guidance on how to involve and support service users and carers including those with special needs at training days and on website. • **HSC Research & Development:** Offer opportunities to participate in funding panels as they arise, including the		Training materials provided to each participant and available on website Panel members listed on website	Director HSC Research and Development

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
doctoral fellowship scheme and Enabling Awards, depending on schemes being run. • **HSC Research & Development:** Offer opportunities to participate in project steering groups and interview panels for particular research projects as a research partner as requests are submitted (e.g. from universities). • **HSC Research & Development:** Involve carers and service users with disability as speakers at relevant conferences/workshops e.g. Launch of Dementia Research Projects. • **HSC Research & Development:** Survivors of cancer and carers will deliver Building Research Partnership Course in 2 one day workshops to encourage research collaborations between researchers and service users to be held in April and October 2019. Course will be advertised to people with a disability and		Equality monitoring forms issued for panel and steering group members PIER Request Forms Feedback Forms List of members List of speakers, Agendas Copies of presentations Handouts e.g. dissemination of personal comments from service users List of facilitators will demonstrate involvement of people who have survived cancer but maybe living with difficult symptoms or disability. List of applicants and	

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
arrangements made to facilitate their involvement. • **Health Protection:** Liaise with disability organisations and involve them in the planning process for any HP events • **Health Protection:** Ensure that active consideration is given to those with disabilities when organising local/regional Health Protection events e.g. PHA stand at the Balmoral Show (Health Protection are displaying Hand Hygiene related events on this stand) • **Health Protection:** Liaise with Communications Team to ensure that internal/external events etc. are advertised. Ensure that Health Protection has access to e-mail circulation lists for disability organisations.		attendees Circulation List Minutes of meetings and correspondence with disability organisations Arrangements made to accommodate people with a disability e.g. loop systems/special diets/wheelchair access Equality forms issued and collated Minutes of meetings and correspondence with disability organisations Engagement with people with a disability	For Health Protection: Assistant Director Health Protection End Mar 2019

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
		Correspondence circulated to list of disability organisations	

What we did last year

10 000 Voices

- All surveys within 10,000 More Voices are designed together with service users, carers and families. In order to get more people with a disability to take part we put a short animation video on our website. This was to help people understand and complete the surveys. 'My Life In A Care Home' project works in partnership with AgeNI to collect stories from residents within Care Homes in the Southern HSC Trust. We went out to care homes to speak to people and to find out what they think.

HSC Research and Development

- Last year we delivered a Train The Trainers course for the Building Research Partnership workshop in which 4 service users including three with a disability took part. The Train The Trainer course also involved researchers who we hope to encourage to run this workshop in the universities with their own service user partners.
- Opportunities have been advertised to PIER as they arose to participate on our funding panels e.g. our doctoral fellowship scheme, on university steering groups, as well as on regional service development initiatives e.g. Encompass. We also undertook an evaluation of the involvement of our public group (PIER) with researchers, the results of which will influence future involvement activities.
- On International Clinical Trials Day on May 20th a new campaign 'I am Research' was launched to raise awareness of research with the general public and events were held in the Trusts, Cancer Centre and

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
Public Health Agency. Where necessary, people with a disability were facilitated to attend our events. During the year we also worked with the Patient Client Council to include an expression of interest question in its membership registration form to be part of research with the aim of establishing a national register. **Health Protection** • The Health Protection Team attended The Balmoral show (May 2019) and ensured that access to the PHA stand was on ground level (wheelchair access available). **Completed**			
5. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	Better involvement of staff with a disability in decision-making. Better support for staff with a disability.	Communication issued to staff, promoting the network and encouraging their involvement Features on intranet.	Agency Management Team (AMT) end Mar 2019
What we did last year • During 2019-20, 10 new members came to Tapestry meetings and some new staff joined the Tapestry mailing list. We have continued to promote the network to all staff in the regional HSC organisations through posters, email communication, staff newsletters and distribution of Tapestry merchandise at training sessions and events.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
• This year, we have developed an easy read template for the agenda of Tapestry meetings. We hope to do the same with the meeting minutes this coming year. • Another member of staff with a disability has come forward to tell their story and act as a role model. They have agreed for their profile to be added to the Tapestry website. Work is ongoing to encourage staff with disabilities in each of the regional HSC organisations to act as role models for others. • This year it was decided that Tapestry meetings should also be held in locations outside Belfast using video link technology. It was planned that the first of these satellite meetings would be held in Armagh in March, but unfortunately this has had to be postponed due to COVID-19. • The Equality Unit, on behalf of Tapestry, prepared a staff Lunch and Learn session. The focus of the session is on 'getting it right' for staff with disabilities. The first part shows how managers and their teams can prepare for the arrival of a new member of staff, including any reasonable adjustments. The second part of the session looks at the induction of a new staff member with a disability. The session also includes a talk by a staff member with a disability about how the process worked for them. A line manager who has welcomed in an employee with a disability will talk about their experience. There will also be advice from the voluntary sector. This session was organised for 24 March 2020. We had to postpone it due to Covid 19. We hope to hold it in 2020-21. **Completed**			

(3) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice and making use of voluntary expertise in this area.	People with a disability gain meaningful work experience.	At least 1 placement offered by PHA every year Feedback through annual evaluation of scheme indicates that placement meets expectations.	Agency Management Team with support from BSO Equality Unit end Mar 2019

What we did last year

For the placement scheme ending in May 2019;

- In total, the regional HSC organisations offered 12 placements (1 of these were offered by the PHA). Overall, 3 of the placement offers from HSC organisations weren't filled by anyone. 9 people started, although 2 of these weren't able to complete their placements, so 7 participants completed the full 26-week placement.
- Of the 7 people who completed the scheme last year, 3 participants have found paid jobs since they finished their placement.
- We held 3 focus groups in May 2019 to find out how well the placement scheme was working. One focus group looked at the views of the placement participants, and another one asked the HSC placement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
managers about their thoughts and opinions. The last group asked the support officers working in the voluntary organisations about how they felt about the scheme. • All of those who took part said that they were happy with the scheme, and it met their expectations. Similar to previous years, participants on this year's scheme said they had learned important skills and had become more confident. Participants also used their experiences in job interviews. Managers spoke about the benefit to HSC organisations hosting the placements, with staff benefiting from the opportunity to work together with people with disabilities. **Completed**			
7. Provide information for line managers for when a member of staff declares their disability • update Guidance on Reasonable Adjustments • include the above in training for managers, such as absence management training.	Staff members who declare their disability are better supported in the workplace	Guidance on Reasonable Adjustments updated and shared with line managers Nature of training sessions for managers in which information has been included Feedback from staff who have a disability indicates satisfaction with support provided	BSO Director of Human Resources with support from BSO Equality Unit end Mar 2019
What we did last year			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
We developed a flowchart and guidance and talked through these with staff in our organisation. Based on these discussions we decided to shorten this to a one-page leaflet and that we need to focus more on training than on detailed written guidance. We need to make sure that we help line managers discuss the individual needs with their staff who have a disability. We also want to encourage managers to approach the Equality Unit. They will be able to signpost managers to people in the voluntary sector who may be able to help think through what support the person needs and how to put it in place. **Not Completed**			

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.
- We report on progress against our Disability Action Plan to our Board and Agency Management Team every year.

(6) Encourage Others

- We include questions relating to the two duties in our equality and human rights screening form. The screening form is completed for all policies and decisions. This includes work that other organisations will do for us, for example, contracts that we have with voluntary sector organisations for health and wellbeing promotion work.

(7) Monitoring

- During the year, together with our Health and Social Care partner organisations, we held a series of focus groups with those involved in our Disability Placement Scheme. Groups were held with placement participants, their Employment Support Officers in the voluntary groups who help us run the scheme, and their HSC Placement Managers. Findings from the focus groups allow us to evaluate and improve the scheme for future participants. Also, for the first time this year, all participants completed an equality monitoring form allowing us to examine whether the scheme diverse range of people and, if not, which groups we want the provider to reach out to specifically.

(8) Revisions

- Between December 2019 and March 2020, we looked at our plan again to make further changes. Some of these drew on learning from our partner organisations in Health and Social Care. This revised plan has been published on our website.

(9) Conclusions

- We completed five actions (Numbers 1, 2, 4, 5, and 6).
- We still have some work to do to complete one action (Number 3).
- We did not complete one action (Number 7).
- All of the actions in our action plan are at regional and at local level.
- Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.

Equality and Human Rights Screening Report

April 2019 – March 2020

These screenings can be viewed on the PHA website under: http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

Policy / Procedure	Policy Aims	Date	Screening Decision
Annual Business Plan 2019-20	The Public Health Agency (PHA) Annual Business Plan 2019-2020 details how we will make best use of our resources to achieve our core goals, as set out in our Corporate Plan 2017-2021.	Jun - 19	Screened out with mitigation
Farm Family Health Check Programme (FFHCP)	Farm Families is a joint programme between PHA & the Department for Agriculture, Environment & Rural Affairs (DAERA) that provides an accessible health check programme specifically targeting farmers and their families.	Aug - 19	Screened out with mitigation
Expansion of Northern Ireland Newborn Blood Spot Programme	The Northern Ireland Newborn Blood Spot Programme (NBSP) offers all newborn babies (aged up to 364 days old) a blood spot screening test to identify if they are at increased risk of rare, but serious, inherited conditions. The aim of the programme is to improve the outcomes for babies born with one of these conditions, by achieving early	Nov - 19	Screened out with mitigation

	diagnosis and treatment. The aim is to expand the existing NBSP testing to include screening for maple syrup urine disease (MSUD), homocystinuria (HCU), glutaric aciduria type 1 (GA1) and isovaleric academia (IVA), in line with national Newborn Blood Spot Screening Programme Standards and Guidance.		
Diabetes Prevention Programme Northern Ireland	This new service will offer patients identified in primary care a preventative service in all five Trusts across NI.	Dec - 19	Screened out with mitigation

No concerns were raised by consultees on any of the screenings published in 2019-20.

Equality and Human Rights Mitigation Report

April 2019 – March 2020

Annual Business Plan 2019-20

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
The Annual Business Plan development included ensuring that it fully reflected the PHA role in reducing health inequalities. Some actions explicitly aim to address key equality issues. Using our Communication department's expertise in public information the Annual Business Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff. The feedback from the consultation on the PHA Corporate Plan 2017-21 was used to inform the development of this Annual Business Plan 2019/20.	The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout 2019/20 and will be closely monitored through a variety of established performance monitoring systems. The Annual Business Plan will be widely accessible and will be available in alternative formats. As each of the actions are taken forward equality issues will be reviewed and addressed as appropriate. Service leads have been reminded to keep under constant review the need for screening at an early stage when planning. We will also continue to implement the actions detailed in our action plan which accompanies our Equality Scheme. Ultimately, however, we remain committed to equality screening, and if necessary equality impact assessing, the policies we develop and decisions we take. As a minimum this will include the following actions of the plan: • FIT testing within the bowel

	cancer screening programme (implementation dependant on DoH) • the planning and procurement of Protect Life services • Stop Smoking Services • Introduction of primary screening with Human Papillomavirus Virus (HPV) testing within the Cervical Screening Programme • Procurement of new Telecare service by CCHSC • The HSC R&D Strategy has been equality screened and all HSC R&D's objectives were contained within that. Events being hosted by HSC R&D will have data collated/reviewed on all attendees to ensure an equal representation and we will aim to address any under-represented parties for future events. The new Northern Ireland Clinical Research Network (NICRN) Infrastructure currently being reconstituted aims to address the need for greater equality generally. The CHITIN Project is committed to complying with all relevant legislation. Good practice will be promoted through Equality Screening and the provision of an Equality Impact Assessment if deemed necessary. The project has to submit an equality return to the EC (via SEUPB) by way of report by June 2022.

Farm Family Health Check Programme (FFHCP)

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
Marital status: Open access to the service will be facilitated by varying location, ensuring the vehicle is accessible and promoting the service to all people who are rural dwellers and are involved in farming or a member of a farming household. Continued targeting of groups at greatest risk of ill health and those least likely to seek out support (including those without the support of a spouse or partner) will be proactively targeted toward farmers markets, community events, farming enterprise activities etc. with input and advise from the cross sector programme advisory group and through continued relationship building with key agencies HSENI, UFU, Rural Support and sporting organisations such as GAA, IFU and Healthy Living Centres. Disability: In order to address the needs of people with mental health difficulties who may find it more difficult to seek help, continued targeting of groups at greatest risk of ill health and those least likely to seek out support will be proactively targeted toward farmers markets, community events, farming enterprise activities etc. with input and advise from the cross sector programme advisory group and through continued relationship building with key agencies HSENI, UFU, Rural Support and sporting organisations such as GAA,	Section 75 user information will be monitored at point of entry and this information will then be analysed by the service providers and the commissioners to assess how all, and particular, groups are accessing (or not) the service. Direct and/or indirect work may then be undertaken in terms of raising awareness with particular groups or gaining feedback re. experience by those groups to date. The programme will be subject to both internal and external monitoring and evaluation with the findings then influencing future commissioning direction and decisions at local – and regional levels.

IFU and Healthy Living Centres. Vehicles used as part of the programme will be accessible and useable for people with a physical disability and rooms will be private, ensuring confidentiality for all health check clients. Where feasible information materials will be provided in accessible easy read formats for People with a Disability (PWD - people with visual impairment/ learning disability etc.) to help with any communication difficulties that may be experienced. Dependent status: In order to facilitate the needs of those with caring responsibilities consideration of location, timing of services and length of time allocated to each appointment should be taken into account when planning outreach re service delivery. Ethnic minority groups: Where feasible, information will be translated upon request. Also, translation services are available from the Regional Interpreting Service, and the Big Word, which provides an immediate telephone interpreting service. Gender: Treating all those who present for a health check with dignity and respect regardless of their gender status is a prerequisite for all aspects of programme delivery. All Trust and PHA staff have mandatory equality training which addresses issues of gender, including Transgender issues. Rooms used to deliver the programme are private, ensuring confidentiality for	

all health check clients. Age: Effective engagement with older people involves actively listening and genuinely responding to what matters to them most. Engagement is not only about giving older people a voice, it is about ensuring that older people are valued and are respectfully included in the decisions that ultimately affect them. When engaging with older people who may have mobility or balance issues location and access will need to be considered. Religion and Political opinion: Consideration will be given to choice of location and access routes for engagements and delivery of the service to ensure services are not located in areas that are designated as belonging to one particular religion or another, or political opinion. Sexual orientation: Treating all those who present for a health check with dignity and respect regardless of their gender status is a prerequisite for all aspects of programme delivery. All Trust and PHA staff have mandatory equality training which addresses issues of gender, including Transgender issues. Rooms used to deliver the programme are private, ensuring confidentiality for all health check clients.	

Expansion of Northern Ireland Newborn Blood Spot Programme

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
All staff involved in the NBSP are aware of the complex health and social care needs of their local populations. Stakeholders, have been, and will continue to be, included at each step of the expansion project.	Review of Annual Reports and the implementation of new status codes will aid future learning. Ensure equal access to services and information.

Diabetes Prevention Programme Northern Ireland

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
Ethnicity The current initial programme is only available in English language – all requests for materials in an accessible format such as in a different language for those whose first language is not English will be considered in accordance with our accessible formats policy. Interpreters are also available through our interpreting and translations service. Disability It is recognised that individuals who have different disabilities will have different needs with regards to information materials and access to the programme than those without – all requests for materials in an accessible format such as easy-read	Ethnicity • Offer a digital service which may provide scope for online coaches to deliver support in different languages • Involve the target community (including community leaders) in planning the design and delivery of the programme to ensure it is sensitive and flexible to the needs, abilities and cultural or religious norms of local people. For example, the programme should offer practical learning opportunities, particularly for those who have difficulties with communication or literacy or whose first language is not English

for people with a learning disability or braille for someone who is blind will be considered in accordance with our accessible formats policy. Age and Dependents It is acknowledged that those with caring responsibilities or working age adults may struggle to make the time commitments required to benefit from the service. The programme will be delivered in a range of venues such as workplaces, leisure, community and faith centres, and outpatient departments and clinics at different times, including during evenings and at weekends, to ensure they are as accessible as possible.	• Translate DPP NI referral leaflet and patient leaflets into relevant languages subject to referrals (needs) • Health coaches within different ethnic communities will be trained to deliver the programme in different languages, based on needs and availability of coaches Working age adults • Deliver programmes in a range of venues such as workplaces, leisure, community and faith centres, and outpatient departments and clinics. Run them at different times, including during evenings and at weekends, to ensure they are as accessible as possible. • Offer a digital service Disability Research needs to inform practice about what works for adults with a learning disability; in terms of diabetes prevention programmes. (Desmond organisation have been piloting development of a suitable programme – still in development)

HSC Public Health Agency

Appendix: Updated PHA Equality and Disability Action Plans 2013 – 2020

Section 75
Equality Action Plan
2020-2022

Public Health Agency (PHA)

Updated April 2020

If you need this document in another format or language please get in touch with us. Our contact details are at the back of this document.

Introduction

In 2010 the Equality Commission for NI asked the Public Health Agency (PHA) to develop an action plan outlining actions to promote equality of opportunity and good relations and address inequalities.

Our action plan outlines actions related to our functions and takes account of our Equality Scheme commitments relating to Section 75 of the Northern Ireland Act 1998. Our Equality Scheme is available on our website: www.publichealth.hscni.net

The law requires us when we carry out work that we promote equality of opportunity across nine equality categories; age, gender, disability, marital status, political opinion, caring responsibilities, sexual orientation, religion and ethnicity. The appendix provides examples of groups covered under these categories. It also requires us to consider good relations in relation to political opinion, religion and ethnicity.

In all our reviews and updates of this plan, we have given consideration to existing priorities and new and emerging priorities. This plan will remain a 'live' document and as such will be reviewed every year. When we have completed an action we take it off our plan. This way, our updated plan shows the actions we still need to complete.

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

Some of our partner organisations in Health and Social Care, such as the Business Services Organisation and the Patient and Client Council, developed and consulted on new plans in 2017-18. We have drawn on the learning from this work for our plan. We have updated our actions and have added a number of new actions. We want to deliver on several of these jointly with our partner organisations in Health and Social Care.

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

We monitor progress on our plan and report on this every year, as part of the Annual Progress Report on Section 75 implementation to the Equality Commission.

We will undertake a wider review following the pending reconfiguration in Health and Social Care. We will involve Section 75 equality groups and individuals in this review.

The actions in this plan are reflective of the outcomes and associated actions defined in the PHA's Corporate Plan 2017-2021. Each theme in the action plan includes a reference to the relevant outcome and associated actions, for ease of reference.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.
- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.
- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.
- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.

- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.
- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.
- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

Addressing inequalities in health and wellbeing is at the core of our work. As we face a difficult economic climate, inequalities may worsen over the coming period. For this reason, the PHA will redouble its efforts, working with partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective resources.

What is in our Equality Action Plan

The following table outlines our key actions for the coming two years. It does not reflect all of our work to address inequalities in health and wellbeing. Rather, it presents a set of priority actions relating to the nine categories under Section 75. This document is also available on our website: www.publichealth.hscni.net

The Public Health Agency (PHA) Equality Action Plan 2020-2022

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

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

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

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

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

Appendix Examples of groups covered under the Section 75 categories

Please note, this list is for illustration purposes only, it is not exhaustive.

Category	Example groups
Religious belief	Buddhist; Catholic; Hindu; Jewish; Muslim, people of no religious belief; Protestant; Sikh; other faiths.
Political opinion	Nationalist generally; Unionists generally; members/supporters of other political parties.
Racial group	Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.
Men and women generally	Men (including boys); Transgender people; Non-binary people; Women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995. This includes people affected by a range of rare diseases.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.

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

Updated April 2020

Disability Action Plan 2020-2022

Public Health Agency (PHA)

Updated April 2020

If you need this document in another format or language please get in touch with us. Our contact details are at the back of this document.

Introduction

The Public Health Agency is committed to best practice with regards to our staff and service users that have a disability. We aim to be recognised as leaders in Health and Social Care for equality and diversity. The law says that in our work we have to:

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

The law also says that we have to develop a disability action plan. We have to send this plan to the Equality Commission. The plan needs to say what we will do in our work to make things better for people with disabilities.

As Andrew Dougal and Valerie Watts – Chair & Chief Executive of the Public Health Agency – have stated we want to make sure we do this in a way that makes a difference to people with a disability. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from this plan in the yearly plans we develop for the organisation as a whole. These are called ‘corporate’ plans or ‘business’ plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our plan.

We will let our staff know what is in our plan. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Ed McClean. If you have any questions you can contact Ed McClean at:

Name: Ed McClean

Title: Director of Operations

Address: 4th floor (South), 12-22 Linenhall Street, Belfast, BT2 8BS

Telephone number: 03005550114 prefix with 18001 for Text Relay

Email: Edmond.mcclean@publichealth.hscni.net

Every year we write up what we have done of those actions we said we would take. We send this report to the Equality Commission. We also publish this report on our website: http://www.publichealth.hscni.net/

We have a look at the plan every year to see whether we need to make any changes to it. If we need to, we write those changes into the plan. Before we make any big changes we talk to people who have a disability to see what they think.

When we finish an action we take it off the plan for the next year. That way we keep our plan up to date. It shows what we still have to do.

Who is included in our plan?

Our plan relates to the following key areas:

- People with physical disabilities;
- People with sensory disabilities (such as sight loss or hearing loss);
- People with autism or Asperger's Syndrome; people with dyslexia; people with learning disabilities;
- People with mental health conditions (such as depression); and,
- People with conditions that are long-term (such as cancer or diabetes).

It also covers people who are included in more than one of these areas. We have other equality laws that require us to promote equality of opportunity across a number of diverse categories. In our plans we need to also think about other factors such as caring responsibilities, age, gender, sexual orientation, ethnicity and marital status.

How we developed this plan

In developing this plan we looked at what we have done so far to make a difference for people who have a disability. We also read what the Equality Commission said would be good to do. All this helped us think about what else we could do to make a difference.

We thought it was important to involve people who have a disability in developing our plan. So we invited any of our staff who have a disability to be part of a small group to work on this. We also said that any of our staff who are interested could join.

We then invited disability groups to a meeting to find out what they thought about our ideas. We also asked them whether there was anything else we could do.

The plan then went to public consultation, to get the views of the general public on what we are going to do.

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

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

How we have updated this plan

Some of our partner organisations in Health and Social Care, such as the Business Services Organisation and the Patient and Client Council, developed and consulted on new plans in 2017-18.

We have drawn on the learning from this work for the updated plan for 2020-22.

We have updated the actions that relate to working with us and have added a new action. We want to deliver on these together

with our partner organisations in Health and Social Care. We have also updated actions that relate directly to what we do. Some of them seek to encourage greater participation of people with a disability in what we do. Through others we promote positive attitudes towards people with a disability.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.
- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.
- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.
- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.
- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.

- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.
- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

How people can be involved in our work

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

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

What we have done up to now

This is some of what we have done already to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

Promoting positive attitudes towards disabled people

- Images and photographs of events include people with a disability whenever they participate in these.

- For information targeted at people with a disability efforts are taken to include photographs of them.

- Disability issues are covered in much of PHA's communication due to its remit (for example reports on PHA conferences such as on brain injuries).

- On our behalf, the Equality Unit in the Business Services Organisation have developed a resource and checklist for staff on how to positively portray people with a disability in their work.

- The Equality Unit have developed a signposting resource for all staff on support available in the community. It includes information and contact details for a number of disability organisations. We update this resource every year.

- To date, we have held 13 disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing Loss and deafness, Learning disabilities, Cancer, Arthritis and Musculoskeletal conditions, Diabetes, Dyslexia, Multiple Sclerosis, Autism, Fibromyalgia, and on mild to moderate mental health conditions.

- We deliver training sessions on mental health awareness to our staff. Since 2015-16, we have delivered courses each year for staff and managers on mental health first aid, mindfulness and managing stress; and courses for staff who are carers.

- We developed a module on disability for inclusion in the eLearning "Discovering Diversity" training package. This resource is available to all Health and Social Care staff. We also developed a scenario focusing on disability issues in our new eLearning "Making a Difference". All our staff have to complete this training.

- In Equality Screening Training we look at how the disability duties can be considered in practice. Whenever staff take

decisions they must write down what they have done or plan to do to promote the disability duties in their decisions.

Encourage the participation of disabled people in public life

- We set up a disability network for staff in the PHA and the other 10 regional Health and Social Care organisations. Part of the role of this network is to raise disability issues with decision makers in our organisation.

- We participate in a disability work placement scheme together with the 10 other regional Health and Social Care organisations. This means we offer 26-weeks work placements for people who have a disability.

- Along with our partner organisations and led by the Equality Unit, we have put in place a process for publishing equality screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing quarterly screening reports. We ask people for their thoughts and suggestions on our screenings.

- When we evaluate training that the Equality Unit delivers we include a question on the needs of trainees with a disability. This helps us to find out whether we need to make any further adjustments.

- We have adopted an Accessible Formats Policy. It says how we decide which documents we produce in a range of different formats. We have put together practical tips for staff, for example on how to get different formats done.

- We let our staff, service users and the public know that they can ask for materials in other formats such as in large print or as a CD.

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

communicate, their medical history and any support they might need while in hospital.

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

- HSC Research and Development: we have run workshops for patients and members of the public to explore issues related to becoming and being a member of the public involved in research and the role of researchers in facilitating this involvement. This course is called Building Research Partnerships.

- Service users with dementia, learning disability, mental health issues and their carers have been involved in the steering groups for the Bamford and Dementia Research Programmes. Persons with dementia and young people who are care leavers have also been involved on some of these projects as peer researchers.

What we are going to do

In the table below we list all the actions that we will do. We also say when we will do them. The Equality Unit in the Business Services Organisation (BSO) will support us in the implementation of this action plan.

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

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

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

4. Staff Awareness Days Raise awareness of specific barriers faced by people with disabilities	**Promotion of positive attitudes** Staff are better equipped to identify and meet the needs of colleagues and service users with a disability	Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	Equality Unit End March 2021
5. Tapestry Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	**Participation in public life** Staff with a disability feel more confident that their voice is heard in decision-making. Staff with a disability feel better supported.	Feedback from Tapestry members	Agency Management Team with support from Equality Unit End March 2022

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

Signed by:

_____	_____
Chair	Chief Executive
Date	Date

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Updated April 2020

HSC Public Health Agency

item 11

Title of Meeting	PHA Board Meeting
Date	17 December 2020
Title of paper	PHA Assurance Framework 2020/21
Reference	PHA/04/12/20
Prepared by	Robert Graham
Lead Director	Rosemary Taylor
Recommendation	For **Approval** ☒ For **Noting** ☐

1 Purpose

The PHA has an Assurance Framework which provides the assurances required by the PHA Board on the effectiveness of the system of internal control.

The Assurance Framework is reviewed biannually, and is brought to the PHA Board annually for approval.

2 Background Information

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 PHA's Assurance Framework is designed to meet these duties, taking account of Departmental guidance. 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.

3 Key Issues

Following a recommendation by Internal Audit the layout of the Framework has been changed with an additional column inserted, “Lead Director”. The different levels of assurance are now listed in rows rather than columns beside each area and each Committee is colour coded. A column detailing links to the Corporate Risk Register has been moved and where appropriate, a reference to a Risk which appears on the Register as at 31 August 2020 has been included.

In Dimension 2, the order of items has been rearranged so as to group all of the items which are the responsibility of the Director of Nursing. The items which are the responsibility of the Director of Public Health are also then grouped together.

The table below highlights the main changes to the document following its last review in September 2018.

Other changes in terms of the document are outlined below:

Page	Paragraph / Dimension	Amendment
12	Dimension 2	Care Opinion added under the list of Safety/Quality Issues
12	Dimension 2	New item added – “Delivering Care Nursing and Midwifery Taskforce”
12	Dimension 2	New item added – “Nursing and Midwifery Task Group Annual Report”
14	Dimension 2	New item added – “HSCQI Updates”
14	Dimension 2	New item added – “COVID-19 Updates”

This updated Framework was approved by the Agency Management Team at its meeting on 24 November 2020 and by the Governance and Audit Committee at its meeting of 3 December 2020.

4 Next Steps

Following approval, the Framework will be used to inform the agenda of future PHA Board and Committee meetings.

HSC Public Health Agency

Assurance Framework 2020-2021

Review as at November 2020

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 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 than 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 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 2019/20 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. The Business Plan is focused around the 5 key outcomes as set out in the Corporate Plan 2017-21. 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

[1] DHSSPS Framework Document September 2011

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 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
- PHA Annual Business Plan 2019/20
- PHA Governance Framework

REVIEW AND APPROVAL

The Assurance Framework will be reviewed on a biannual basis. It will be brought to the Governance and Audit Committee for approval biannually, and the PHA board, for approval annually.

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 spells out the principles underlying many of these obligations, while the letters appointing chairs and non-executive members of the board 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

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Governance Statement signed by the Chief Executive	Chief Executive	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register		
Mid-Year Assurance Statement signed by the Chief Executive	Chief Executive	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register	Note – While the Mid-Year Assurance Statement was presented to AMT, GAC and Board, PHA was not required to submit it as per correspondence from DoH of 14 October 2020.	
Corporate Plan	Director of Operations	AMT Board	Approval Approval	4-5 yearly 4-5 yearly			
Annual Business Plan	Director of Operations	AMT Board	Approval Approval	Annually Annually		Not completed due to COVID-19 priorities	Plan in place to develop Business Plan for 2021/22
Assurance Framework	Director of Operations	AMT GAC Board	Approval Approval Approval	Biannually Biannually Biannually			
Corporate Risk Register (supported by Directorate Risk Registers)	Director of Operations	AMT GAC Board	Approval Approval Approval	Quarterly Quarterly Annually			
PHA Annual Report	Director of Operations	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			
Governance and Audit Committee Annual Report	Director of Operations	GAC Board	Approval Noting	Annually Annually		Not completed due to COVID-19 priorities	Will be undertaken in 2021/22

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Response to DoH consultation proposals	Relevant Director	AMT	Approval	As required			
		Board	Approval	As required			
Sealing of Documents	Chief Executive	Board	Approval	As required			
Review of Standing Orders and Standing Financial Instructions	Director of Operations	AMT	Approval	Annually			
		GAC	Approval	Annually			
		Board	Approval	Annually			
Register of Board Members Interests	Director of Operations	Board	Noting	Annually			
Gifts and Hospitality Register	Director of Operations	AMT	Noting	Annually			
		GAC	Noting	Annually			
Equality Scheme and subsequent review	Director of Operations	AMT	Approval	5-yearly			
		Board	Approval	5-yearly			
Equality Action Plan	Director of Operations	AMT	Approval	5-yearly			
		Board	Approval	5-yearly			
Disability Action Plan	Director of Operations	AMT	Approval	5-yearly			
		Board	Approval	5-yearly			
Report on progress in respect of Equality and Disability duties under Section 75 of the Northern Ireland Act 1998 and Disability Section 49a of the Disability Discrimination Order (DDO) 2006	Director of Operations	AMT	Approval	Annually			
		Board	Approval	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Article 55 Review (report to Equality Commission on staffing composition)	Director of Operations	AMT	Approval	3-yearly			
		Board	Approval	3-yearly			
Rural Needs Annual Monitoring Report	Director of Operations	AMT	Approval	Annually			
		Board	Approval	Annually			
Information Governance Strategy 2015-2019	Director of Operations	AMT	Approval	4-yearly			
		GAC	Approval	4-yearly			
		Board	Approval	4-yearly			
Information Governance Progress Reports	Director of Operations	IGSG	Noting	Quarterly	Corporate Risk 52 – Information Governance		
		GAC	Noting	Quarterly			
		Board	Noting	Annually			
PPI (Update Report) To include: PPI Monitoring	Director of Nursing	AMT	Approval	Biannually			
		Board	Approval	Biannually			
Remuneration of Executive Directors	Chair	RTSC	Approval	Annually			
		Board	Approval	Annually			
Absence Report (in Annual Report)	Director of Operations	Board	Noting	Annually			
Approval of new/revised PHA strategies and policies	Relevant Director	AMT	Approval	As required			
		Committee	Approval	As required			
		Board	Approval	As required			
Business Continuity Plan (Annual Review)	Director of Operations	AMT	Approval	Annually			
		GAC	Approval	Annually			
		Board	Approval	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Joint Report on Emergency Preparedness	Director of Public Health	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	Corporate Risk 46 – Failure to meet statutory and legal requirements in relation to emergency planning.		
Internal Audit Reports		GAC	Noting	Quarterly			
Mid-Year and End-Year Head of Internal Audit Report		GAC	Noting	Biannually			
Internal Audit Plan		GAC	Approval	Annually	All risks in the Corporate Risk Register		
Minutes of Governance and Audit Committee	Committee Chair	GAC Board	Approval Noting	Quarterly Quarterly			
Minutes of Remuneration and Terms of Service Committee	Chair	RTSC Board	Approval Noting	Biannually Biannually			
Chief Executive Report	Chief Executive	Board	Noting	Monthly			
ALB Self-Assessment	Chair	Board	Approval	Annually			
Audit Committee Self-Assessment Checklist	Committee Chair	GAC	Approval	Annually			

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 DOH include the Quality Standards[2], 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 - Safety and Quality

Link to Corporate Objectives:
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 high quality

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Reports on Safety/Quality issues • Serious Adverse Incidents • Quality Improvement Plans • 10,000 Voices • Care Opinion	Director of Nursing	AMT GAC Board	Approval Noting Noting	As required As required As required			
Family Nurse Partnership Annual Report	Director of Nursing	AMT Board	Approval Approval	Annually Annually			
Annual Quality Report	Director of Nursing	AMT Board	Approval Approval	Annually Annually			
Delivering Care Nursing and Midwifery Workforce	Director of Nursing	AMT Board	Noting Noting	Annually Annually			
Nursing and Midwifery Task Group Annual Report	Director of Nursing	AMT Board	Noting Noting	Annually Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Allied Health Professions Framework	Director of Nursing	AMT	Approval	Annually			
Connected Health Updates	Chief Executive	AMT	Noting	3 times yearly		No updates have been brought recently due to COVID-19 priorities.	
		Board	Noting	3 times yearly			
Director of Public Health Annual Report	Director of Public Health	AMT	Noting	Annually			
		Board	Noting	Annually			
Population Screening Annual Reports	Director of Public Health	AMT	Approval	Annually			
		Board	Noting	Annually			
Health Protection Annual Reports	Director of Public Health	AMT	Noting	As required			
		Board	Noting	As required			
Research and Development Annual Report	Director of Public Health	AMT	Noting	Annually			
		Board	Noting	Annually			
GMC Revalidation / Appraisal – Assurance of Annual Appraisal Cycle	Director of Public Health	AMT	Noting	Annually			
		Board	Noting	Annually			
Confirmation of Progress against NIMDTA/GMC Requirements for Doctors in Training	Director of Public Health	AMT	Noting	Annually			
		Board	Noting	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Implementation of RQIA and other independent review recommendations relevant to PHA	Director of Public Health	AMT	Approval	Biannually		Recent reports had not been routinely coming to GAC.	When available, reports will be brought to GAC.
		GAC	Noting	Biannually			
		Board	Approval	Biannually			
Complaints (within Annual Report)	Chief Executive	AMT	Noting	Annually			
		GAC	Noting	Annually			
		Board	Noting	Annually			
HSCQI Report	Director of Quality Improvement	AMT	Noting	Annually	Corporate Risk 56 – Staffing compliment in HSCQI directorate		
		Board	Noting	Annually			
COVID-19 Update	Director of Public Health	Board	Noting	Monthly	Corporate Risk 51 – Contact Tracing Service		

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 - Finance

Link to Corporate Objectives:
Corporate Objective 5 – Our organisation works effectively

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Finance Report from Director of Finance (HSCB) Finance Report includes prompt payment statistics as part of DoH Monitoring Returns (monthly 2-12) which contain information on HSC financial position, capital resource limit and expenditure, non-current assets, provisions, prompt payment statistics and cash forecast	Director of Finance (HSCB)	AMT Board	Noting Noting	Monthly Monthly	Corporate Risk 49 – Finance COVID 19 (allocation) Corporate Risk 50 – Finance – COVID 19 (procurement)		
Response to budget proposals prepared by PHA contributed to by the Finance Department contribution to the development of Joint Commissioning Plan	Director of Finance (HSCB)	AMT Board	Approval Approval	Annually Determined by DoH			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
PHA Financial Plan (consistent with DoH principles of "Promoting Financial Stability")	Director of Finance (HSCB)	AMT Board	Approval Approval	Annually Annually			
Annual Report and Accounts GAC and PHA board full accounts and supporting financial excerpt from Annual Report. AMT summary financial statements	Director of Finance (HSCB)	AMT GAC Board	Noting Approval Approval	Annually Annually Annually		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 Chief Executive when draft complete. Issues discussed as necessary.
External Audit Report to those Charged with Governance	External Audit	AMT GAC Board	Noting Noting Noting	Annually Annually Annually		Not formally presented to AMT prior to the board due to time constraints	Discussed with AMT officers for management responses.
External Audit Progress Report	External Audit	GAC	Noting	Quarterly			
Fraud Prevention and Detection Report	Director of Finance (HSCB)	GAC	Noting	Quarterly			
Use of External Management Consultants	Director of Finance (HSCB)	AMT	Noting	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
PHA capital expenditure in excess of £50,000 or £1.5m for R&D capital expenditure. Note – May be required to be submitted to DoH/DoF dependant on delegated limits.	Director of Finance (HSCB)	AMT	Approval	As required			
		Board	Approval	As required			
Disposal of PHA assets in excess of £50,000	Director of Finance (HSCB)	AMT	Approval	As required			
		Board	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 – Operational Performance and Service Improvement

Link to Corporate Objectives:
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 high quality
Corporate Objective 5 – Our organisation works effectively

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Performance Report (including Commissioning Direction targets and corporate objectives)	Director of Operations	AMT	Noting	Biannually	Corporate Risk 53 – Corporate Priorities		
		Board	Noting	Biannually			
Commissioning Plan	Director of Commissioning (HSCB)	AMT	Approval	Annually		Note - Commissioning Plan from 2019/20 was rolled over into 2020/21.	
		Board	Approval	Annually			
PEMS Report	Director of Operations	AMT	Approval	Annually			
		Board	Noting	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Procurement Plan		AMT	Approval	Annually	Corporate Risk 26 – Delays in market testing health and social care services Corporate Risk 54 – Ability of third party providers to deliver commissioned services		
		Board	Noting	Biannually			
Community Planning Progress Updates	Director of Operations	AMT	Noting	Annually			
		Board	Noting	Annually			

HSC Public Health Agency

item 13

Title of Meeting	PHA Board Meeting
Date	17 December 2020
Title of paper	HSC R&D Annual Reports
Reference	PHA/05/12/20
Prepared by	Dr Janice Bailie
Lead Director	Dr Stephen Bergin
Recommendation	For **Approval** ☐ For **Noting** ☒

Purpose

The purpose of this paper is to present the HSC R&D Annual Reports for 2018/19 and 2019/20 to the Board for noting.

HSC R&D Division Annual Report

2018-19 Financial Year with Update to November 2019

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

Budget 2018-19

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

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

The 2018-19 year-end budget outturn, including income, is summarised in Annex 2A, and shows break even at £726 under the total spend of £15.3m. Annex 3A details new funding awards made during this reporting period.

Research Portfolio

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

Career Development (CDV)

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

Commissioned Research (COM)

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

Further opportunities to commission relevant research are being explored.

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

Dissemination (DIS)

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

Support continues for the other work streams previously detailed under this strand, including the Workshops & Conferences support scheme, the HSC Innovations service (report presented at September 2019 Strategic Advisory Group), and the annual ResearchFish data collection process is also included under this work strand. Results from the ResearchFish data collection were included in the Outputs and Impacts presentation at the PHA Board meeting in September 2019 and indicated an ongoing average return on investment greater than 5-fold. This is in keeping with the figure of £4.14 for each £1 invested in health and social care research from the HSC R&D Fund, which was reported in the McClure Watters independent review in 2012.

Education and Training (EAT)

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

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

Responsive mode funding (RES)

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

Special Initiatives and Strategic Links (SPI and STL)

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

Infrastructure Support in HSC Trusts and Universities

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

Support for UK Schemes (SUS)

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

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

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

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

General

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

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

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

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

2019-20 Year to date

Budget

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

HSC R&D Division Annual Report

2019-20 Financial Year with Update to October 2020

An update to the R&D Strategy Implementation Plan at October 2020 is attached at Annex 1. The Strategy has five key objectives, and actions to deliver on these are set out in the plan, which is updated at regular quarterly business planning meetings and shared on a six-monthly basis with the HSC R&D Strategic Advisory Group, and annually with the PHA Board. The impact of COVID-19 in 2020 resulted in cancellation of the spring Strategic Advisory Group meeting, and a meeting has been scheduled for December 2020.

Budget 2019-20

The HSC R&D Fund was allocated in 2019-20 from capital funds, and a modest increase in value was provided, with a new baseline value of £12m (previously £10.3m), we were advised to assume this baseline would continue to be maintained until further notice. Additional slippage of £856k capital and £636k revenue was received at year end and distributed across a number of ongoing awards to alleviate pressures in future financial years and add value to existing studies. Total funding of £17.4m was available including external income and the NIHR contribution of £3.85m (from revenue budget).

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

The 2019-20 year-end budget outturn, including income, is summarised in Annex 2, and shows break even at £5028 under the total spend of £17.4m. Annex 3 details new funding awards made during this reporting period. This includes 8 studies which were funded through a rapid COVID-19 commissioned funding call and 2 further COVID-19 studies through our opportunity-led commissioned funding scheme.

Impact of COVID-19 Pandemic

COVID-19 has had a significant impact on research during 2020, with many projects being paused or severely delayed, and the research workforce redeployed to work on COVID-19 research or in some cases onto clinical work for a short period, however, we are still on target to achieve break-even at year end 2020-21. More detail on this in later sections of this report.

COVID-19 has also had a significant impact on the R&D Division team itself. The Public Health Agency entered business continuity mode during the first wave of the pandemic, and despite being a regional function, the R&D team was requested to undertake a number of significant COVID-19 related projects in addition to the normal work of the office, most of which are still ongoing. The main functions of financial and research governance were maintained, but other less vital work was de-prioritised and therefore some normal business did not proceed as usual. Other priority areas of research have also emerged because of COVID-19, which were also in excess of usual business.

The main additional projects were as follows:

- Set up a Scientific and Technical Advisory Cell for PHA – to respond to high-level queries during the emergency phase of the pandemic, on the basis of available evidence, using input from the senior team and academic colleagues
- Participate in the UK-wide urgent public health prioritisation panels and ensure that NI was well placed to participate in these studies, while at the same time managing the pausing of non-COVID research across the system (further information later in the report)
- Lead a laboratory-based community surveillance group, undertaking a study of antibody seroprevalence across the NI population – this is to be repeated during November 2020 and possibly in early 2021. This group also maintains a knowledge of other seroprevalence studies ongoing in Northern Ireland
- Work with colleagues in the Office of National Statistics (ONS), NI Statistics and Research Agency (NISRA) and DoH, to roll out a UK-wide COVID infection survey which includes a questionnaire, ongoing swab testing and antibody testing of a random sample of households UK-wide. This study went live in Northern Ireland on 29 July 2020 and will continue for 2 years
- Set up and Chair a Group looking at behavioural science aspects of COVID-19, with input from colleagues from academia, PHA, DoH and the Strategic Investment Board Innovation lab. This Group has produced a series of informative work on evidence-based approaches to identifying challenges of and managing behaviours to prevent transmission of the SARS-CoV2 virus during the pandemic, reporting through to PHA, the Department of Health and other key stakeholders
- Work with UK-wide colleagues to set up a public registry where people can provide their permission to be contacted for participation in the UK-wide vaccine trials. This register is long term and will eventually be used as a pool for recruiting participants to other COVID and non-COVID research in the future
- Take a leading role in the set-up and rollout of vaccine studies in NI – Northern Ireland, like many other parts of the UK, has had limited experience in delivering vaccine trials, but participation in the COVID-19 studies was considered a priority. R&D Division senior team members have been a vital part of the team that has built the infrastructure to get the vaccine trials underway in NI
- Team members joined a number of UK-wide groups such as SpiB, Public Health England Research & Science Cell and the UK CDR Epidemics Group and shared the outputs back with colleagues across the system

Research Portfolio

The sections below summarise status of each work 'strand' during the reporting period:

Career Development (CDV)

HSC R&D Division recognises the need to invest in training for future health and social care researchers, both in general and also where there are specific skills gaps. A number of Doctoral, Post-Doctoral, Senior Researcher and Clinician Scientist Fellowship programmes have historically been managed by the National Institute of Health Research (NIHR) in England, which are highly competitive and awarded only to high calibre candidates. In 2018-19, NIHR changed their model to simplify the options into pre- and post-doctoral stages (covering all levels to senior researcher), and introduced a second submission deadline per year. Researchers from Northern Ireland can apply to these schemes, and if successful, their award is funded from the HSC R&D Fund. There were no successful applicants to the NIHR Fellowship awards during 2019-20. We previously reported being

in discussion with a team from North West England who provide a pre-doctoral and bridging schemes for those in the NHS applying to the NIHR schemes and other Fellowship programmes. This will become open to Northern Ireland researchers during November 2020. This work contributes to Actions 1.1 & 1.3.2 in the Implementation Plan.

Commissioned Research (COM)

Further opportunities to commission relevant research were being explored during 2019-20. However, with advice from the Chief Scientific Advisor the Office commissioned a rapid funding scheme for COVID-19 research.

The Opportunity-Led Commissioned funding scheme is a further opportunity for HSC R&D Division to leverage funding into Northern Ireland. This scheme allows researchers to request additional funding from HSC R&D Division, to match funding obtained from another source (up to 50% of the total value of a study may be requested). A number of COVID-19 research projects were supported through the Opportunity-led scheme during 2020-21 to date. This work contributes to Action 4.2 in the Implementation Plan.

Dissemination (DIS)

Dissemination of the results of research remains a key priority for HSC R&D Division. We previously reported the creation of Evidence Synthesis Ireland (ESI) through co-funding between the Health Research Board and HSC R&D Division. ESI is led from RoI, with a Co-Director from Northern Ireland and is now up and running. The Centre incorporates support for Cochrane short courses and Fellowships, previously administered by HSC R&D Division and HRB alongside other systematic review courses and support. Evidence Synthesis Ireland continued to provide support throughout the pandemic and adapted their approaches to suit the conditions.

The R&D Division Workshop and Conference support scheme remains open but since the beginning of the COVID-19 pandemic, applications have reduced as many events are now being managed by videoconference, with the resulting reduction in costs.

Education and Training (EAT)

The annual Doctoral Fellowships scheme ran again during 2019-20, with two Fellowship awards being offered, which are now underway. This year, four trainees have been offered the GP Research Training awards, with two funded by HSC R&D Division and four by NIMDTA. The 2021 scheme was launched as normal during the summer, and has received a strong response with 14 applications received by the closing date of 14 October. This work contributes to action 1.3 in the Implementation Plan.

A long-running Memorandum of Understanding between Northern Ireland, Ireland and the United States is the Ireland- Northern Ireland- National Cancer Institute (NCI) Cancer Consortium. Under this MoU, Northern Ireland researchers are able to access three places per year on each of two NCI summer courses, the Cancer Prevention and Molecular Cancer Prevention Courses, which run in the National Cancer Institute in Baltimore. Due to a change of staffing the courses did not go ahead in summer 2020, and although this was not a result of the pandemic, this outcome may have happened anyway. Work was also undertaken early in March 2020 towards a refresh and re-signing of the MoU, with meetings in Armagh and Baltimore, but progress on this was adversely affected by the pandemic as the major players were unavailable for signing, but is expected to take place as soon as possible. Also see action 2.5.3 in the Implementation Plan.

Responsive mode funding (RES)

Knowledge exchange is an important mechanism to allow the diffusion of research findings into practice, policy and, where appropriate, enterprise. HSC R&D Division, as part of their implementation of the R&D strategy, continues to review the support provided for Knowledge Exchange, with a view to increasing competence and capability in this important area, however, budgetary limitations have currently resulted in no further awards being funded during 2019-20. Although some national schemes to which NI researchers have access (including, for example, the NIHR Health Services and Delivery Research scheme), operate in this space, the R&D Team continues to explore options for further work in this area (See action 5.1.3 in the Implementation Plan).

Special Initiatives and Strategic Links (SPI and STL)

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

Infrastructure Support in HSC Trusts and Universities

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

A business case for the NI Clinical Research Network and Cancer Trials Networks was approved by DoH and DoF, and work has commenced towards the cluster model of working, although progress has been slowed by the pandemic.

In response to the pandemic, research adopted a UK-wide approach to the prioritisation and delivery of clinical trials. A UK-wide urgent public health funding/decision-making committee was set up involving all of the major stakeholders and a series of UK-wide trials were prioritised, with recommendation to all Trusts across the UK from the CMOs to participate. Northern Ireland researchers have been able to participate and lead some of these urgent public health studies, delivered across the NI Clinical Research Network and other infrastructure such as the Clinical Research Facility and NI Clinical Trials Unit. In addition, a series of COVID-19 vaccine trials is being co-ordinated in a similar way across the four nations. NI has been chosen as a site for recruitment of up to 300 (may increase to 450) participants for the Novavax study, and hopes to be chosen as a site for up to three further vaccine trials.

Around 850 people in NI have now been recruited to priority covid research including vaccine trials. Nearly 250 of these have been recruited to the three priority studies highlighted by the UK CMOs (RECOVERY, REMAP-CAP and PRINCIPLE) accounting for 1.5% of the overall UK total. Patients on the REMAP-CAP study were among the first to receive the steroid therapies which have proven effective in the management of severe COVID-19 symptoms.

One other UK-wide study, REALIST, which is a cell therapy trial in critical care for patients with acute respiratory distress syndrome (ARDS), is being led by Professor Danny McAuley in Belfast Trust, and 5% of the total number of patients across the UK have been recruited in Northern Ireland.

As outlined above, the impact of COVID-19 on the research community and the research networks in particular has been profound, with many trials and studies being paused for recruitment during

the first wave (where participants were already on a trial their treatment/data collection continued), and there have been issues in achieving a full re-start in some clinical areas.

The R&D Governance and Management business case is under review and feedback from DoH and must also progress through DoF, however much underpinning work has gone ahead alongside this process and all preparations for the creation of the new centralised approvals team are well advanced. During the pandemic, ethical and governance approval of urgent public health studies was fast-tracked UK-wide, with rapid start-up times achieved that have not been possible previously. HSC R&D Division continues to work with partner organisations across the 4 nations to understand how such improvements were made and to identify learning on how some of these approaches can be sustained.

The entire research infrastructure should be commended on how it has responded to the COVID-19 crisis, and has been instrumental in highlighting the way forward with both testing and treatment. This rapid mobilisation and the benefits of research should be evidence of the vital role it plays in the delivery of effective health and social care at all times.

Support for UK Schemes (SUS)

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

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

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

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

Like many other parts of the R&D system, the CHITIN programme experienced severe delays to most of the 11 trials during the first wave of the pandemic. However, with innovative thinking and much effort on the part of the researchers, some have been able to resume and are approaching completion of their intended studies. While a no-cost extension has been granted for the programme, it is anticipated that most if not all of the studies can be completed within the original cost envelope. One study was awarded additional funding for a further training project, which brings the overall total of the award to €10.3m.

General

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

- During 2019-20, a significant milestone was the introduction of the Annual Research Activity Report for the five HSC Trusts, which replaced the Research Governance Controls Assurance Standard. In the first year, 2019-20, Trusts were required to submit a developmental report, with the first full report due to be completed for 2020-21 (action 1.2.2). On account of the impact of COVID-19, the first full activity report has been deferred until 2021-22.
- HSC R&D Division previously reported the launch of Health Innovation Research Alliance NI (HIRANI) during 2019-20. HIRANI acts as an entry point for businesses wishing to work with academia and/or HSC in NI, and hopes to encourage increased inward investment in clinical trials and collaborative research. A CEO, Joann Rhodes, has now been appointed, and the R&D Division Senior Industry Manager and Industry Engagement Unit are working closely with HIRANI to take forward this work.
- HSC R&D Division previously reported their involvement under the Belfast City Deal with QUB, in writing the bid for an Institute for Research Excellence in Advanced Clinical Healthcare (iREACH), which would see a co-location of a large amount of the R&D funded infrastructure under a single roof, again aiming to provide an attractive setting for commercial investment in health and social care research. This project continues, albeit with delays on account of the COVID-19 pandemic.
- HSC R&D Division is a partner in two Horizon 2020-funded awards. Work on these projects, while impacted by the pandemic has continued with meetings being held remotely.
- Personal and Public Involvement in research has been an important part of the work of HSC R&D Division for almost 10 years, and a vibrant group, 'Public Involvement Enhancing Research' (PIER), is co-chaired by a PPI representative and Dr Gail Johnston, Programme Manager in HSC R&D Division. The PIER group has continued to fulfil their important role remotely during the pandemic. This contributes to actions under 4.1 of the Implementation Plan.
- A number of collaborative initiatives with the Health Research Board are underway and this trend is set to continue during future years. This contributes to action 3.5.
- HSC R&D Division also works alongside the Honest Broker Governance Board and the Administrative Data Research Centre to facilitate research using routinely collected health data (action 4.3). During the remainder of 2020-21 we anticipate a greater collaboration with the UK-wide Health Data Research UK initiative as it works to better utilise the valuable data resources held within the NHS and HSC for the benefit of the population.
- R&D Division maintains a dedicated website and issues regular bulletins to the research community (action 1.1.3).

2020-21 Year to date

Budget

The increase in baseline budgetary allocation for to £12m was maintained for 2020-21 and this is welcomed by HSC R&D Division. The annual subscription to participate in the NIHR programmes of

£3.211m was also confirmed. Additional income from R&D Division activities (not including CHITIN award), is estimated at £1.19m. The R&D Fund is on target to break even.

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

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

OBJECTIVE 1.

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

Actions	Timescale	Responsible Officer/Institution	Update Colour	Progress Update
1.1 Engage with HSC organisations to raise awareness of the value of research skills for productive professional employees, and encourage capacity building through education and training to foster a research-active workforce for the HSC				
1.1.1 Develop a research training programme to enhance staff capability and skills, and commission annual training schedule to enable staff to develop the required competencies	By April 2017	Janice Bailie		Options for training requirements for various needs are being explored, including online training provided by Health Research Authority (England) and shared training with the Universities for alternatives to Good Clinical Practice training. **New for November 2018:** Training programme in progress for R&D governance staff as a priority, examples include Attribution of costs of R&D (AcoRD) online training, study-wide review, leadership days. **New for November 2019:** Training in new governance processes such as 'Capacity & Capability' and Schedule of Events Cost Attribution Template (SoECAT). Other research training opportunities will be scoped for the remainder of the period. Some researcher training being provided through INTERREG CHITIN programme. **New for October 2020:** Further training on various governance processes such as new interactive costing template in March 2020, but further training has been delayed due to COVID-19
1.1.2 Establish a structured framework to support HSC professionals towards the development of post-doctoral and senior research careers	By December 2018	Naomh Gallagher		Exploring the possibility of contacting alumni from Doctoral Fellowships and others, and arranging events or workshops to establish a community of past awardees. Also looking at how NI National Institue of Health Research (NIHR) Fellowship award holders could be integrated into NIHR lists and events. **New for November 2019:** Online survey conducted to assess the awareness, understanding and opinion of the Doctoral Fellowship programme - posted on website https://research.hscni.net/sites/default/files/HSC%20RD%20Doctoral%20Fellowship%20Award%20SchemeFeedback%20-%20Results.pdf. Some changes to the scheme have been made in response to the survey results. Programme Manager visited the NIHR Fellowships Panel meeting as observer and we have begun to explore a partnership with colleagues from Research Northwest towards a pre-Doctoral programme with the potential to work towards a future post-Doctoral bridging scheme. **New for October 2020:** HSCNI professionals will be eligible to join the bridging scheme in November 2020

1.1.3 Raise awareness through regular R&D updates in various formats for the HSC community to highlight research successes	Weekly e-mail. Quarterly web features, other media	All		Regular updates to website and email newsletter are main vehicles, but other avenues also used eg PHA internal mailing list. **New for November 2018:** infographics/leaflets now available and stands booked for events NHS R&D Forum in May 2019 and PHA Conference in November 2018. **New for November 2019:** A powerpoint presentation 'Outcomes and Impacts of Research funded by HSC R&D Division', has been delivered to a range of audiences to raise awareness of the value of R&D investment. This has received some very positive feedback, which we intend to build upon by sharing more broadly and updating with further examples on a regular basis. The addition of a dedicated communications manager as part of the R&D team through the INTERREG CHITIN project has contributed to greater awareness of the work of HSC R&D Division. **NEW for July 2020:** Press Releases have been issued for two COVID-19 applications funded through the COVID-19 funding call; this was supported with addiitonal media activity (BBC TV News; Cool FM; Radio Ulster). Document produced providing overview of Research and Innovation in Northern Ireland in response to the SARS COV-2 outbreak, which included HSC-funded projects/infrastructure, disseminated in R&D newsletter, Twitter and SAPHIRe website. **New for October 2020:** Media coverage of the launch of NI's involvement in the Novavax vaccine trial has taken place through interviews on NVTV, BBC and RTE. A variety of blogs have also been included in the PHA's Covid-19 series.
1.2 Encourage HSC organisations to support staff to undertake research relevant to their clinical responsibilities				
1.2.1 Establish a bi-annual meeting with each Trust with R&D Director and responsible Executive Director to review research activity & capacity development	By September 2016	Ian Young		Regular meetings with Trust R&D Directors. **New for November 2018:** Further meetings to be sought following implementation of new reporting process. **New for November 2019:** See 1.2.2 for status of new reporting process. **New for October 2020:** Activity report suspended for 2019-20 due to COVID-19
1.2.2 Agree and establish a formal process for HSC Trusts at executive level to report on research activity through appropriate metrics	By September 2016	Ian Young		Discussed at R&D Director's meetings. **New for November 2018:** A Research Activity Report template, incorporating the UK-wide agreed metrics, will be issued to Trusts from Chief Scientific Advisor for first reporting year 2018-19. This will replace the former Research Governance Controls Assurance Standard. **New for November 2019:** Trusts were required to submit their first 'developmental' activity report in June 2019. Full reporting will be required in 2019-20. **New for October 2020**: See 1.2.1
1.3 Provide funding support at all levels for HSC relevant research, with appropriate involvement of HSC professionals				
1.3.1 Continue to provide funding to support early-stage research projects within HSC	Annual	Janice Bailie		R&D Director's (Discretionary) Fund - £50,000 per Trust each year, allows start-up funding to be provided for small scale projects or may be used for support posts at discretion of R&D Directors - reports are provided on annual basis to provide detail of awards made. **New for November 2019:** Director's fund reports reviewed and investment continued. **New for October 2020:** NI Ambulance Service has received an offer to fund a research director/manager and discretionary fund

1.3.2 Invest in appropriate education and training & career development awards programmes	Annual	Sorcha Finnegan/Gail Johnston		Investment has continued in HSC R&D Doctoral Fellowship awards as well as some specialist clinical Fellowship schemes (Wellcome-Irish Clinical Academic Training scheme and Centre for Cancer Research & Cell Biology Clinical Fellowship scheme, also supporting NIHR awards (doctoral, post-doctoral, career development, senior fellowship and clinical scientist awards and specialist GP Academic Research Training scheme for early-stage research training in primary care). **New for November 2018:** New awards in pipeline include a Fellowship associated with Health Data Research UK (HDR-UK). Also considering future investment in Health Economics Fellowships following recent completion of the second fellow. **New for November 2019:** Considering specific skills gaps in the digital space. **New for July 2020**: Planning and discussions underway with NHS R&D NW to establish a pre-Doctoral Bridging Scheme training programme. Scheme will be open to NI applicants in November 2020
1.3.3 Continue with existing researcher-led award schemes and establish new schemes where appropriate	Ongoing cycle	All		Owing to budget limitations, most of the investment in researcher-led awards is currently through the Opportunity-led scheme. Researchers who have secured or are making funding applications to other funders can approach HSC R&D Division to partner fund up to 50% of the overall value of the award. **New for November 2018:** Recent examples funded include funding for staffing in a Person-centred Connected Health Living Lab at Ulster University, co-funded with Department for Economy, co-funding with Invest NI of the Centre for Precision Medicine at QUB, and some smaller scale co-funded projects, for example to explore understanding of palliative care through the NI Life & Times survey. **New for November 2019:** Further examples of opportunity-led awards. 10 awards made since last report. Examples include CONVINCE Stroke Trial; Genetic Links to Anxiety and Depression (UK-wide study; NI arm supported); Survery of Attitudes to Breasfeeding in NI; Reminiscence for Dementia Care (follow on from original jointly funded with The Atlantic Philanthropies) and 2x nursing-led Person-centred care planning studies. **NEW for July 2020:** Further Op-led funding awards: DiADiC study - co-funding in support of €4million H2020 funded study *Evaluation of Dyadic Psychoeducational Interventions for People with Advanced Cancer and their Informal Caregivers (DIAdIC): An international randomized controlled trial* (Grant Agreement 825722). Two proposals have been funded under the new PPI in Research Support Small Grant Scheme. A new Covid Rapid Response funding call was opened in May 2020 to address the impact of Covid-19 in parallel with our funding bodies and in alignment with the UKRI prioritisaion process. **NEW for Oct 20:** 8 projects funded through COVID funding call; a further fhree COVID-related projects funded under Opportunity-led scheme with a further one in development.

1.3.4 Continue to provide funding for necessary underpinning R&D infrastructure	Ongoing	All		Investment in infrastructure (ie skilled research professionals), has consumed the largest proportion of HSC R&D Fund over the last 10 years. The individual elements of the infrastructure can be fully- or partially-funded by HSC R&D Division, and information on each can be viewed at the following link: http://www.research.hscni.net/infrastructure Currently the funded infrastructure is under review, and new initiatives have been delayed in 2017-18 due to issues with budget allocation. **New for November 2018:** Review is now complete and work is ongoing to consult on proposed new structures and workplan to effect change. **New for November 2019:** Submission of business cases for restructuring of Research Governance and the clinical Research Networks pending in December and January. **New for October 2020**: Business case with DoH for approval, feedback cycles underway. Impact of COVID on infrastructure has been dramatic with much of the professional resource being deployed to deliver COVID clinical trials or vaccine trials. Cancer trials have largely been able to resume but other clinical areas are more challenged due to the restart of clinics and the backlog of inpatient and outpatient services.
1.3.5 Identify sources of funding for protected time for HSC professionals to prepare research funding applications and participate in studies	By April 2018	All		Funding built into some programmes, but limited on account of budgetary constraints - additional funding has been built into the new funding bid for 2018/19 - 2020/21. **New for November 2018:** Funding awarded for 17/18 to Northern Ireland Biobank in support of Consultant Pathologist PAs and technical support time. **New for November 2019:** Protected time for 1.0 WTE pathologist supported by HSC R&D as part of PATHLead Innovate UK opportunity-led award.
1.4 Engage specifically with social work, social care and public health to develop mechanisms to support and foster research in these areas				
1.4.1 Ensure appropriate representation for social care and public health on HSC R&D Division strategic and operational groups	By December 2015	Janice Bailie/All		Social Care and Public Health representatives added to membership of R&D Strategic Advisory Group. Appropriate representation on operational groups eg Child Development Research Workstream; NI Public Health Research Network groups. **New for November 2019:** New UK-wide Social Care Research Group set up October 2019, Chaired by HSC R&D and with membership from HSCB. **New for October 2020:** UK-wide Group continues to meet
1.4.2 Identify support needs for social work & social care researchers and work with relevant colleagues to address these through specific funding schemes or other measures	By Sept 2016	All		Child Care Research Forum funded, encouraged to join NI Public Health Research Network; able to access advice from R&D team, Assistant Director to attend strategic meetings. Input was provided to the development and dissemination of an ESRC Innovation in Social Care funding call on mental health launched July 2018. **New for November 2019:** Further discussion has been taking place with the ESRC on new investment in knowledge transfer hubs for social care and on 10/09/19, the ESRC, as part of UKRI, and the Health Foundation have announced £15 million to develop a unique Centre focused on Adult Social Care. The Centre will aim to increase the use of high quality research evidence to improve and support innovation within adult social care. From October 2019, the partners will be inviting suitably qualified and experienced teams to express their interest in applying to be the leadership team for the new Centre and manage its establishment, development and delivery. **NEW for July 2020:** Co-funding committed for application to NIHR Research for Social Care call to facilitate inclusion of NI (site and research team) on application to call; successful at Stage 1; stage 2 unsuccessful, but team considering further application. **New for October 2020:** HSC R&D is represented on the Building a Research Community working group in social work being led by Anne McGlade.

1.4.3 Ensure strategic alignment of the activities of the NI Centre of Excellence for Public Health with HSC R&D Division priorities, through active partnership	Ongoing	All		Professor Frank Kee, Centre of Excellence Director now member of R&D Strategic Advisory Group; R&D Division team part of Centre of Excellence Executive Management Committee and Board; members of R&D Division team attend and input to events and away days. **New for November 2018:** Input has been provided to the final report to the UKCRC funding partnership and scientific conference to mark the successful delivery and closure of the second quinquennium. Investment now confirmed from HSC R&D Fund for ongoing support to NI Cohort for Lifestyle and Ageing (NICOLA) study. **New for November 2019**: Support provided through opportunity-led scheme for a number of funding applications from the CoE team members working towards sustainability.
1.4.4 Support the development of public health research in Northern Ireland through the Northern Ireland Public Health Research Network (NIPHRN) action plan, specific funding schemes or other measures	From October 2015	Nicola Armstrong		Ongoing activity in support of NI Public Health Research Network to produce applications to funders such as National Institute of Health Research and others; workshop programme in place for funding opportunities and creation of collaborations in breastfeeding research. **New for November 2019:** The Director of the network transferred from QUB to UU and the NIPHRN Co-ordinator, Dr Anita Yakkundi, took up post in mid-August 2019. A work plan has been devised to induct Dr Yakkundi and to get the network fully functioning after a period of reduced capacity in the absence of a co-ordinator. **New for October 2020:** NIPHRN supporting the all-Ireland Public Health Conference

OBJECTIVE 2.

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

Actions	Timescale	Responsible Officer/Institution	Update Colour	Progress Update
2.1 Aim to increase the HSC R&D Fund to align with the average per capita level of other UK health research funds				
2.1.1 Work with key stakeholders to increase the value of the HSC R&D Fund budget	By April 2018	All		Budget bid 2018-2021 submitted for increased funding (£14-£16m); ongoing efforts to agree partnership funding. **New for November 2019:** HSC R&D Fund baseline increased to £12m. 10-year capital priority bids submitted and included in future capital plan, based on an ongoing baseline of £12m.
2.2 Bid for funds to continue investment in the NIHR Evaluation, Trials and Studies UK funding streams, providing access to additional research funds for Northern Ireland				
2.2.1 Provide support for researchers to prepare bids through Enabling Research Awards Scheme and other mechanisms	Ongoing	Julie McCarroll		Scheme initially not been re-opened due to lack of certainty around NIHR Evaluation, Trials and Studies investment; **New for November 2019:** now aim to revise the scheme and re-open Q4 2019/20 (pending business case approval). **New for July 2020:** launch of ERA scheme postponed due to COVID-19 response; revised launch date likely to be in autumn 2020.
2.2.2 Submit business case to DoH for continuation of investment in NETSCC programmes	By Sept 2016	Janice Bailie/Julie McCarroll		Continued investment confirmed in writing by Seamus Camplisson, DoH.
2.3 Seek co-funding from other Government Departments eg Department for the Econony (DfE), to support health-relevant research initiatives				
2.3.1 Explore potential funding streams eg NIHR i4i and work with relevant stakeholders towards co-investment	By April 2018	Janice Bailie		Ongoing; discussed with Wales and in context of Life Sciences Northern Ireland. Funding required of around £0.5m per annum for NI to access this scheme, so not possible at present. **New for Oct 20:** opportunity to join Research for Patient Benefit programme to be discussed.
2.4 Increase the focus on relevant EU funding streams and facilitate HSC researchers to access EU opportunities				

2.4.1 Work within relevant networks to review the communication of relevant EU funding opportunities across the HSC, universities and other potential partners	Ongoing	Janice Bailie/Julie McCarroll/ Rhonda Campbell/Sorcha Finnegan		Liaising with Horizon 2020 (H2020) Northern Ireland Contact Points and contributing to networking and dissemination activities. Workshop in mid-November to promote 2018 calls. **New for November 2018:** Content of update emails from H2020 Contact Points being revised for upload to HSC R&D Division website and link included in e-newsletter. Attendance at H2020 NICP Network meetings ongoing. HSC R&D Division, PHA also beneficiary of three EU funding awards, Transfer of Organisational innovations for Resilient, Effective, equitable, Accessible, sustainable and Comprehensive Health Services and Systems.(To-REACH; H2020; €40k); Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN; INTERREG VA programme; €8.8m; launch September 2018) and most recently Securing Adoption of Personalised Health in Regions (SAPHIRE; H2020; €380k). **New for November 2019:** HSC R&D Division aiming to construct a bid for potential new PEACE Plus funding stream. Involvement with H2020 NI contact points network continues. Update for July 2020: HSC R&D (PHA) has secured an additional €1.5m (in partnership with HRB in ROI) by way of uplift for its CHITIN programme of activity from the EU INTERREG VA programme – final beneficiaries will be AHPs from NI and border counties of ROI who are to receive specialised training delivered by UU. **New for Oct 2020:** the CHITIN programme of activity has been extended to continue to June 2023.
2.4.2 Support and participate in at least 2 events annually to promote EU funding opportunities	Ongoing	Janice Bailie/Julie McCarroll		(1) Health Information Day held on 14 November 2017; (2) Meaningful Integration of Data, Analytics & Services (MIDAS) workshop (H2020; SE Trust partner) being supported and information disseminated; **New for November 2018:** (3) TO-REACH national stakeholder event held on 17 April 2018 (4) Facilitation at H2020 Personalised Medicine and Digital Health Innovation event 11 September 2018. **New for November 2019:** (5) SAPHIRe workshop held in October 2019. **NEW for October 2020:** attendance at to-reach project workshop on development of Horizon Europe funding programme on health services research; dissemination of EU Northern Peripheries opportunitty got involvmenet in projects looking at ways in which cooperation can effectively help address the multiple challenges posed by the COVID-19 crisis across the NPA programme area. SAPHIRe workshops now continue online due to COVID-19
2.4.3 Monitor and report on EU funding awards bringing funds into HSC to OFMDFM via DoH	Ongoing	Janice Bailie/Julie McCarroll		Reports provided to DoH NI upon request.
2.5 Adopt a partnership approach, identifying and investing in research funding initiatives and consortia that can bring health, social and financial benefits to Northern Ireland				
2.5.1 Review existing partnership investment eg US-Ireland Partnership awards; Ireland-Northern Ireland NCI partnership programme	Ongoing	All		Review ongoing, investment continued. **New for November 2018:** Negotiation with Medical Research Council, who have increased their co-investment in the Northern Ireland costs of US-Ireland to £175k per award. **New for October 2020:** MRC renewed partnership arrangement for further 3 years. 4 new awards made in 2020.

2.5.2 Explore opportunities for new partnership investments	Ongoing	All		Currently planning new investments in funding consortia to create opportunities for NI researchers to compete/participate - Joint Programme in Neurodegenerative Disease - 9 projects funded including one led from NI - a research team from recent Dementia Care Commissioned funding call (joint funding HSC R&D Division and Atlantic Philanthropies); Health Data Research UK (HDR-UK) - investment in new UK-wide initiative to maximise the use of health data in research; UK-Prevention Research Partnership - consortium of funders to follow on from the National Prevention Research Initiative. **New for November 2018:** Anticipate funding opportunities from HSC R&D Division participation in two EU Co-ordination and Support Actions (CSA). **New for November 2019:** Joint investment in CONVINCE Stroke study with The Stroke Association. **New for October 2020:** one CSA unsuccessful but being resubmitted; Op-led funding award: DiADiC study - co-funding in support of €4million H2020 funded study Evaluation of Dyadic Psychoeducational Interventions for People with Advanced Cancer and their Informal Caregivers (DIAdIC): An international randomized controlled trial (Grant Agreement 825722)
2.5.3 Review membership of and investments through funders fora eg National Cancer Research Institute, Experimental Medicine Funders Group, Antimicrobial Resistance Funders Forum, National Prevention Research Initiative	Ongoing	All		Discontinued investment in National Awareness and Early Detection Initiative (final stage); continued with National Cancer Research Institute; Experimental Medicine Funders Group - further funding committed; Anti-Microbial Resistance Funders Forum - no funding committed as yet but involvement continued; National Prevention Research Initiative re-launched as UK-Prevention Research Partnership with new investment planned', all decisions in consultation with Strategic Advisory Group. **New for November 2019:** Part of HDR-UK Alliance - funding opportunities continue to be available to NI researchers from this small investment. Invitations to join national Mental Health Funders group and also Public Health funders group. **New for October 2020:** Participation continues in AMR Funder's Forum (review of ToR ongoing); Ensuring Value in Research Funders' Group (meetings held on 09.06.20 and 01.07.20); EMFG (meeting held 09.07.20)
2.5.4 Develop co-funding arrangements with charitable funders to develop and fund research programmes in key areas	At least one new co-funding programme per year	All		One Opportunity-led proposal likely to lead to a project co-funded with Alzheimer's Society UK. One Opportunity-led project to allow the opening of a Movember study in Northern Ireland funded. **New for November 2018:** Meeting held with new NI Director of Stroke Association, initially to explore potential for Stroke Association lectureship - now hoping to co-fund extension of H2020-funded Colchicine for Prevention of Vascular Inflammation in Non-cardio Embolic Stroke (CONVINCE) trial along with HRB and Stroke Association. Have re-opened discussions with Muscular Dystrophy UK, re co-funding of Doctoral Fellowship, and exploring potential avenues for co-funding in Rheumatology with British Rheumatology Society and Versus Arthritis. **New for November 2019:** CONVINCE trial supported in partnership with HRB and Stroke Association.
2.6 Develop effective relationships with industry and representative organisations to ensure productive research partnerships				
2.6.1 Review outputs from HSC Innovations service and ensure activity is fit for purpose	Quarterly meetings and annual reports to Strategic Advisory Group	Janice Bailie/Julie McCarroll		**New for November 2018:** Quarterly update meetings with Assistant Director on-going; presentation to March 2018 Strategic Advisory Group meeting; progress report received October 2018 and currently undergoing review. **New for November 2019:** Update report presented to Strategic Advisory Group, September 2019. New format for reporting devised. **New for October 2020:** Strategic Advisory Group spring meeting cancelled due to COVID-19, meeting to be arranged for Winter 2020

2.6.2 Work with key stakeholders to develop industry forum, establish meeting programme and at least one annual event co-supported with industry and representative groups eg ABPI, Biobusiness	Quarterly / Annually	All		Clinical Innovation Collaborative's annual conference incorporated into the European Association of Precision Medicine Conference 2017 with dedicated sessions; continue to work with Invest NI, QUB Business Alliance and UU Innovation and Impact. **New for November 2018:** Attendance of 2 PMs at QUB "Who wants to hire you?" event for post-docs; attendance at INI / Innovate UK Knowledge Transfer Network event on R&D and Life & Health Science business. **New for November 2019:** Senior Industry Manager in post as part of INTERREG CHITIN programme - new monthly 'Pulse' event from October 2019. Other regular meetings with industry ongoing. **New for October 2020**: Industry Engagement Unit established and administrator appointed to support the Senior Industry Manager. Chief Scientific Advisor sits on the Board of Health Innovation Research Alliance NI and links being formed with other industry representative groups
2.6.3 Develop metrics and agree annual targets for industry-sponsored or -collaborative clinical trials activity in Northern Ireland HSC	By October 2016	Janice Bailie/Ian Young		Professor Ian Young discussing in context of replacement for Research Governance Controls Assurance Standard; impacted by UK wide metrics discussions initiated September 2017. **New for November 2018:** Annual Research Activity Report template (replacing Controls Assurance Standard), will capture these metrics. **New for November 2019:** See 1.2.2 for status of new reporting process. **New for October 2020:** See 1.2.2 for status of new reporting process
2.6.4 Work with key stakeholders to scope and establish a Northern Ireland Health Innovation & Life Sciences Hub, with appropriate governance arrangements	By October 2016	Janice Bailie/Ian Young		Now termed Life Sciences NI. Discussions reached an advanced stage with Departments of Health and Economy; InvestNI and PHA. Funding awarded through DoH Transformation Fund; Legal advice being sought as to how we can proceed particularly considering the political situation. **New for November 2018:** Progress stalled for prolonged period, but fresh impetus has been generated by new QUB Vice Chancellor and closer working relationships between Universities, with Life & Health Sciences Cluster being proposed for NI. **New for November 2019:** New organisation established Health Innovation Research Alliance Northern Ireland (HIRANI), soft launch NICON 2019, full launch BIO2019 Philadelphia. Health is a key stakeholder and Director of R&D is a Board member. In-kind contribution to activities within health to be established through HSC R&D Industry Engagement Unit. **New for October 2020**: Permanent Chief Executive of HIRANI has been appointed and Board meetings are ongoing.
2.6.5 Participate in strategic and operational management groups for Precision Medicine Catapult to help maximise the performance of the Northern Ireland Centre of Excellence	From September 2015	Janice Bailie		National investment replaced by local investment; HSC R&D Division plans shared funding model with QUB/Invest NI. **New for November 2018:** funding letter issued. **New for November 2019:** Successful funding bid to Innovate UK for PATHLead project, additional investment from HSC R&D Fund via Opportunity-led scheme for pathologist time.

OBJECTIVE 3.

To support all those who contribute to health and social care research, development and innovation by enhancing our research infrastructure, benefitting from local, national and international partnerships

Actions	Timescale	Responsible Officer/Institution	Update Colour	Progress Update
3.1 Commission an independent review of HSC infrastructure currently supported through the HSC R&D Fund to ensure it continues to be fit for purpose				
3.1.1 Identify independent review Panel, organise review process and report	By April 2017	Gail Johnston/ All		Initial consultation carried out April 2017, results collated and proposed forward plan devised. **New for November 2018:** Review workshop held February 2018. A Change Manager was appointed in May 2018, who is progressing some of the national changes associated with the approvals process. An options appraisal has been completed and report with recommendations shared with Directors of R&D, before full consultation to proceed. **New for November 2019:** Work ongoing to finalise business case for updated approvals process including central approvals facility by January 2020. Workshop held to discuss future structure of clinical and cancer research networks, and finalised business case submitted to Department of Health. New for October 2020: Business case for next five years of clinical and cancer networks approved, approval business case still with DoH. COVID has had a major impact on the networks with much of the staff being deployed to deliver COVID-19 therapeutic and vaccine trials
3.1.2 Undertake relevant re-structuring of HSC R&D infrastructure in response to review recommendations	By April 2018	All		Interim arrangements for delivery of research approvals in process as above. **New for November 2018:** some elements implemented, including e-submission of all Intergrated Research Application System (IRAS) forms, effecting simultaneous submission for ethics and R&D processes. **New for November 2019:** Further local changes implemented, including introduction of UK-wide Local Information Pack as part of IRAS submission, and move to local confirmation of capacity and capability in place of research permissions, also in line with other regions of the UK. Also introduction of updated and new UK-wide documentation for costing both commercial and non-commercial research studies respectively. **New for October 2020:** New online ethics booking system and electronic submission of approvals has gone live despite the impact of COVID-19
3.1.3 Monitor delivery of infrastructure on targets and objectives	Ongoing from April 2018	All		A draft implementation plan has been developed informed by results from phase 1 and 2 of infrastructure review. **New for November 2019:** Reporting on targets incorporated into new research activity report, with first full reporting period completed June 2020. **New for October 2020:** See section 1.2.2 for status of reporting
3.2 Work with the other UK Health Departments to ensure research governance systems that facilitate UK-wide working within an effective governance environment				

3.2.1 Monitor HSC R&D permissions metrics – work towards time for approval to be at least equivalent to that in England	By Sept 2016	Ian Young/Janice Bailie		Local metrics made publicly available on HSC R&D Divison website - UK-wide metrics discussions initiated September 2017 - timelines acceptable but not yet possible to compare directly with national figures as not yet consistent for any of the 4 nations; timing of UK-wide discussions outwith R&D Division control. **New for November 2019:** National metrics discussions still ongoing, targets for new governance process will be in line with UK-wide metrics. **NEW for July 2020:** new metrics data collection and reporting template being developed
3.3 Support identified areas of research strength by pursuing the creation of funding streams for new elements of research infrastructure such as Biomedical Research Unit(s) (BRUs)				
3.3.1 Consider opportunities for partnership investment in the development of Biomedical Research Unit(s) and other new elements of research infrastructure which are judged to be internationally competitive through peer review	Ongoing	All		Biomedical Research Unit discussions on hold dependent on political situation. **New for November 2018:** Identifying new opportunities for investment e.g. Strength in Places fund, City Deals. **New for November 2019:** Involved in joint bid with QUB and Trusts for Belfast Region City Deal - Institute for Research Excellence in Advanced Clinical Healthcare (iREACH) - for submission to DoF January 2020 and Treasury April 2020. **New for October 2020:** Collaboration still ongoing, Strength in Places bid has reached second round. City Deals have been delayed by COVID-19 but will be due for submission during 2020-2021
3.4 Support implementation of key national initiatives, including the 100,000 Genomes Project and the Precision Medicine Catapult (PMC)				
3.4.1 Participate in strategic and operational management groups for 100,000 Genomes Project, working with relevant partners towards the mainstreaming of genomic medicine	From Oct 2015	Ian Young/Julie McCarroll		100K Genomes Project supported throughout; PHA part of project steering group (Chair Ian Young as Chief Scientific Advisor); involved in facilitative role in operational matters as needed. **New for November 2019:** Project Steering Group currently considering proposals for transition of the project to the care pathway.
3.5 Build on existing partnerships and form new relationships with key partners on the island of Ireland to maximise the benefits of cross-border working				
3.5.1 Develop at least one new collaborative funding initiative in Ireland with the Health Research Board or other key stakeholders in RoI (eg Science Foundation Ireland)	By Sept 2016	All		CHITIN INTERREGVA project partners; two co-funded posts in All-Ireland Institute of Hospice & Palliative Care; **New for November 2018:** Centre for Evidence Synthesis; Wellcome-Irish Clinical Academic Training (ICAT) Programme. **New for November 2019:** CONVINCE Stroke Trial, joint award with HRB and The Stroke Association. **New for Octboer 2020:** Joint funding with HRB has been agreed to support the continuation of project manager post (1wte) to support the research network of AIIHPC for next 3 years.

OBJECTIVE 4.

To increase the emphasis on research relevant to the priorities of the local population

Actions	Timescale	Responsible Officer/Institution	Update Colour	Progress Update
4.1 Ensure service users and the public are appropriately and effectively involved throughout all HSC research processes				
4.1.1 Ensure Personal and Public Involvement in all funding schemes and monitor through reporting processes	Ongoing	Gail Johnston		HSC R&D Division Public Involvement Enhancing Research (PIER) group involvement in monitoring PPI in annual and final reports to be implemented with reports shared across group. **New for November 2019:** Initial analysis of data collected via ResearchFish has been analysed to inform future progress. This is also helping to inform a closed question set for future responses. **New for October 2020** PIER members have contributed to the evaluation of proposals to the HSC R&D Covid19 Rapid Response Funding Call and the HRA Matchmaking Service for Covid19 prioritised studies.
4.1.2 Provide annual training programme for R&D PPI representatives, researchers and service users	Ongoing	Gail Johnston		Annual PIER training programme continues. Building Research Partnerships workshop held x 2 per year for researchers and service users. **New for July2020-** Building Research Partnership Course cancelled in April due to Covid-19 but PIER continued to meet via ZOOM. **New for October 2020**-Building Research Partnerships has been adapted as a 2 hour online workshop and 1st event held in September with 9 partcipants. Further workshops are planned to address waiting list.
4.1.3 Share learning from PPI activity with UK and others	Ongoing	Gail Johnston		HSC R&D Division represented on 2 inter-governmental working groups and 1 international best practice groups convened by NIHR. **New for November 2018:** A poster based on work with NI Cancer Research Consumer Forum (NICRCF) will be presented at International Impact Conference in November 2018. **New for November 2019:** National Standards for PPI launched at PPI Fest in November, with plenary by a PIER representative. **New for July 2020.** Input has been requested to a bid being develop by UIG in response to HRB call around PPI in relation to an All Ireland Network.A meeting has been arranged with the new director of the Centre for Engagement and Dissemination involving 4 nations collegaues. **New for October 2020:** HSC R&D has been invited to join a new steering group to progress a PPI network in QUB.

4.1.4 Lead and participate in initiatives to encourage participation in research such as the 'It's OK to Ask' campaign, and 'Join Dementia Research'	Ongoing	Gail Johnston		**New for November 2018:** NIHR leaflet for this year's I am research campaign was adapted for local use and disseminated on International Clinical Trials day to align with NHS at 70 campaign. Public awareness raising continues with the on-going photo caption campaign. **New for November 2019:** Campaign 'Be Part of Research' launched in May 2019, through several events and a media interview with PIER representatives and R&D Programme Manager. In discussion with the Patient Client Council regarding the potential to include a question on willingness to participate in research on their membership registration form. **New for July2020**.NI has become a partner in a UK wide initiative to establish a Vaccine Trial Registry requested by the Vaccine Trial Taskforce to support the recruitment of people to vaccine trials and in due course other trials. **New for October 2020**-UK Vaccine Registry now established with 6,800 partcipants from NI.
4.2 Commission relevant research informed by robust priority-setting exercises				
4.2.1 Review and refine research priority-setting process, identify and carry out up to one process every two years in line with strategic needs	By Sept 2016	All		Discussions on-going with social work colleagues and TinyLife; National Cancer Research Initiative James Lind Alliance Priority setting exercise on Living with and Beyond Cancer; part of National Stakeholders Advisory Group (previously HTA PRAMG).
4.2.2 Allocate or secure partnership funding for up to one commissioned research call every two years	By Sept 2017	Janice Bailie/Ian Young		Group convened to discuss possible needs-led call around prescription drug abuse. **New for November 2018:** Research questions being identified, and partner funding being sought. **New for November 2019:** Draft research questions prepared, working towards funding call. **New for October 2020**: COVID-19 rapid funding call commissioned
4.3 Facilitate and maximise the use of health and other data routinely collected by the public sector for the benefit of Northern Ireland service users and the public				
4.3.1 Participate in the Honest Broker Governance Board and Working Groups	Ongoing	Nicola Armstrong		Active participation in both groups.
4.3.2 Ensure appropriate governance and management of the NI Administrative Data Research Centre through appropriate representation at strategic management level	Ongoing	Ian Young/Nicola Armstrong		Part of strategic and working groups.
4.4 Monitor and report the outputs and impacts of research supported by the HSC R&D Fund, ensuring it aligns with relevant policy drivers and draws in additional funding for research led by Northern Ireland researchers				

4.4.1 Conduct data collection, analysis and reports through ResearchFish and participation in quinquennial UK Health Research analyses	Ongoing	Naomh Gallagher/Nicola Armstrong		Data collection on ResearchFish ongoing. **New for November 2018:** infographic based on ResearchFish outputs under development to demonstrate outputs and impact of R&D funding. Contribution to the PPI Question Set analysis and evaluation subgroup. Planning for next ResearchFish data collection in 2019. **New for November 2019:** Working with UK-wide stakeholders towards next UK Health Research Analysis which is due for publication autumn 2019; preparing for next ResearchFish data collection in 2020. Powerpoint presentation on Outputs and Impacts of R&D funded research delivered to PHA Board and Strategic Advisory Group, September 2019. Data includes multiple year figure for return on investment gathered from ResearchFish. **New for October 2020:** Data collection completed for this year. From 1st January to date we had 761 outcomes added to the Researchfish database for HSC R&D funded awards and during the submission period of awards we asked for submissions 169 out of 182 PI's (excluding your test award) submitted giving a submission return of 93%. This compares to the 2019 submission rate of 91% and 722 outcomes added.
4.4.2 Report to DoH on the return on NETSCC investment	Bi-annually	Julie McCarroll/Janice Bailie		Report to be prepared.

OBJECTIVE 5.

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

Actions	Timescale	Responsible Officer/Institution	Update Colour (RAG)	Progress Update
5.1 Support effective dissemination of research findings and use mechanisms of knowledge exchange to drive the adoption of evidence-informed practice and policy				
5.1.1 Provide funding for workshops and conferences	Annually	All		Open scheme depending on budget availability
5.1.2 Provide funding for Cochrane Fellowships	Annually	Gail Johnston		**New for November 2018:** Award for new CBES model incorporating Cochrane training has been made to an all Ireland consortium and will commence in December 2018. Contract has been agreed with HRB. **New for November 2019:** Former Cochrane short courses and revised Cochrane Fellowships programme now managed through the new Evidence Synthesis Ireland Centre, which has extended the scope of systematic review activity in both Northern Ireland and RoI
5.1.3 Provide funding for Knowledge Exchange awards	Bi-ennially	Clive Wolsley		All Awards have now completed. No plans in place to re-open the scheme. Knowledge Exchange Hubs proposed but would require significant new increased investment. A post in the All Ireland Institute of Hospice & Palliative care, jointly funded with HRB, addresses this area. Investment in the NIHR funding streams gives access to the Health Services and Delivery Research awards, which allows access to funding in this space, but the R&D team are considering other options. **New for November 2019**: Considering extension of the joint-funded knowledge exchange post in the All Ireland Institute of Hospice & Palliative Care **New for October 2020:** Posts extended following review process
5.1.4 Require all funded proposals to include a dissemination strategy	Ongoing	All		Letters of offer now include requirement for dissemination strategy in Project Management Plan; also looking at introducing Pathway to Impact Plan. **New for November 2019:** Examples from reports will now be used to contribute to the annual Outcomes and Impacts of HSC R&D funded research presentation
5.2 Develop a communication strategy and media profile for HSC R&D Division to ensure relevant messages about HSC-funded research are effectively disseminated				
5.2.1 Develop and publish communication strategy in partnership with relevant stakeholders	By June 2016	Gail Johnston		Strategy still in draft, awaiting outcome of infrastructure review and input from new comms staff
5.2.2 Introduce consistent branding of HSC R&D activity and recognition of outputs, to promote public awareness of the value of undertaking and participating in HSC research	By Sept 2016	All		Continue to signpost researchers to the acknowledgement guidance on HSC R&D Division website and ensure awardees registered; influenced by outcome of infrastructure review. **New for November 2018:** Leaflets have been developed to increase awareness of HSC R&D and NICRN. **New for November 2019:** HSC R&D Division represented Northern Ireland at the NHS R&D Forum, including input at 4 Nations workshops and plenary sessions from R&D funded research governance staff, and are booked to attend again in 2020. **New for October 2020:** Report template drawn up for use by the COVID-19 Behaviour Change Group based upon the HSC R&D Division Website identity recognising HSC R&D Division as the lead organisation in partnership with key stakeholders.

5.2.3 Develop relationships with relevant media partners and schedule media reports on HSC R&D-funded research	By April 2017	All		**New for November 2018:** CHITIN comms support has taken forward in the context of CHITIN project. Launch of CHITIN project with video on new web pages: http://www.research.hscni.net/chitin and some radio interviews scheduled. **New for November 2019:** Regular media slots arranged to highlight CHITIN programme have also raised general awareness of HSC R&D Division, bringing added value from the INTERREG investment. **New for October 2020-** media interviews have taken place during the pandemic to highlight new research being funded to address Covid-19 and press releases shared.
5.2.4 Regular R&D updates in various formats for HSC community to raise awareness and highlight positive stories	Ongoing	All		Some excellent work on case studies has been done but limited capacity; **New for November 2018:** new comms support taking forward via CHITIN programme. **New for November 2019:** Powerpoint presentation on Outputs and Impacts of R&D funded research delivered to PHA Board and Strategic Advisory Group, September 2019. This will become an annual report. Also disseminated within PHA and across R&D community.

HSC R&D Division Year end position 2018-19

CAPITAL POSITION

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

Breakdown of HSC R&D Capital Spend

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

REVENUE POSITION

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

OVERALL POSITION

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

HSC R&D Division Year end position 2019-20

CAPITAL POSITION

DoH Allocation	12,856,962
Income (Capital Receipts)	702,903
TOTAL CAPITAL BUDGET	13,559,865
TOTAL HSC R&D CAPITAL SPEND	13,554,837
Difference	-5,028

Breakdown of HSC R&D Capital Spend

Total CRL	8,288,162
EITP	16,878
Other Bodies (inc universities)	5,250,236
TOTAL Spend on Outturn	**13,555,276**

REVENUE POSITION

DoH Allocation NIHR NETSCC	3,555,000
TOTAL HSC R&D REVENUE SPEND	3,555,000
Difference	-

OVERALL POSITION

Revenue & Capital allocation	17,114,865
Total HSC R&D Spend	17,109,837
Difference	5,028

HSC Research Development Division Final Accounts 2019-20

Annex A

	CRL	General Ledger Month 1-11	General Ledger Month 12	Creditors	Accruals	Debtors	Outturn 2018-19
	£	£	£	£	£	£	£
Income							702,903
Recurrent CAPITAL Allocation							12,856,962
REVENUE NETSCC Monies							3,555,000
Total Income							**17,114,865**
Education & Training	138,194	599,330	112,907		172,417	-320	1,022,527
Career Development		124,960	269,063		105,711		499,734
Commissioned Research	27,323	518,448	150,718		130,481	0	826,970
Responsive Mode Research	-	6,079	141,155				135,076
Dissemination & Uptake	130,645	356,353	215,932		5,600		708,530
Special Initiatives	2,003,181	304,882	286,839		131,864	-25	2,726,741
Strategic Links	5,988,819	4,614,231	338,659		208,783	-6,841	11,143,651
Support for UK Schemes		46,608	-				46,608
Total Operations	**8,288,162**	**6,558,732**	**1,515,273**	**-**	**754,856**	**-7,186**	**17,109,837**
O/S Retractions/Income							
TOTALS Debtors & Accruals					**754,856**		
Underspend							5,028

Income	
NICTN Nurses (CRUK)	114,844
DH England	13,059
US Ireland Income (MRC)	525,000
Stroke Association	50,000
Total Income	**702,903**
Additional allocation	
NETSCC Contribution (DHSSPS)	3,555,000
Total additional allocation	**3,555,000**
Allocation	**12,856,962**
Total allocation	16,411,962
GL Adjustments	-
Allocation plus income	**17,114,865**

Annex 3: 2018-19 Projects

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

EAT/5471/18	2018 GPARTS - Linkage of primary and secondary healthcare records to identify the prevalence, characteristics and clinical outcomes of patients with Severe Asthma in Northern Ireland (Funded and Managed)	01.08.18	25.10.20	82,501	Queen's University Belfast
EAT/5473/19	2018 GPARTS - Challenges for the rural primary care team in caring for patients with Dementia (Managed but not funded)	01.08.18	31.07.20	0	Queen's University Belfast
EAT/5494/18	Doctoral Fellowship - Understanding risk factors, treatment choices and survival rates for the rising number of young-onset colorectal cancer patients (QUB)	06.08.19	05.08.22	214,552	Queen's University Belfast
EAT/5495/18	Doctoral Fellowship - A data mining approach to understanding heart failure: Retrospective and real time analysis of Northern Ireland heart failure databases to enhance patient outcomes (UU)	01.08.19	01.08.22	222,340	Ulster University
EAT/5496/18	Doctoral Fellowship - Investigating lymphoid-like structures in the pathogenesis of Multiple Sclerosis (QUB)	01.10.19	03.10.22	229,042	Queen's University Belfast
EAT/5498/18	Doctoral Fellowship - Clinical, genetic and molecular correlations in aggressive pituitary adenomas (QUB)	07.08.19	02.08.22	209,851	Queen's University Belfast
EAT/5532/19	2019 GPARTS Award - Research Title not yet known (funded and managed)	07.08.19	03.08.21	82,257	Queen's University Belfast
EAT/5533/19	2019 GPARTS Award - Research Title not yet known (funded and managed)	07.08.19	01.08.21	82,792	Queen's University Belfast
EAT/5534/19	2019 GPARTS Award - Research Title not yet known (not funded but managed)	07.08.19	03.08.21	0	Queen's University Belfast
EAT/5551/19	2019 GPARTS Award - Research Title not yet known (not funded but managed)	07.08.19	03.08.21	0	Queen's University Belfast
STL/5460/18	US Ireland Partnership - Study Of Queuosine Salvage And Function In Eukaryotes: A Forgotten Micronutrient (QUB)	05.08.19	04.08.23	425,448	Queen's University Belfast
STL/5461/18	US Ireland Partnership - Food-Based Biomarkers, Diet Quality, And Cardiometabolic Health (QUB)	01.09.19	31.08.24	533,000	Queen's University Belfast
STL/5481/18	Health Data Research UK: UKRI Innovation Infrastructure (HDR UK) (QUB)	01.04.18	31.03.23	250,000	Medical Research Council
	EU INTERREG - CHITIN PROJECTS				
CHI/5424/18	A randomized controlled trial (RCT) of mirror box therapy in upper limb rehabilitation with sub-acute stroke patients	01.12.2018	30.04.2022	669,317	Ulster University
CHI/5425/18	Pragmatic Lifestyle Pregnancy and Post pregnancy Intervention for Overweight Women with Gestational Diabetes Mellitus: a randomised controlled clinical trial (PAIGE2)	01.05.2019	31.05.2022	806,506	Belfast Health & Social Care Trust
CHI/5426/18	Anticipatory Care Planning Intervention for Older Adults at Risk of Functional Decline: A Primary Care Feasibility Study	21.09.2018	30.11.2020	503,199	Queen's University Belfast
CHI/5427/18	The Walking In ScHools (WISH) Trial: a cross-border trial to evaluate a walking intervention in adolescent girls	01.04.2019	31.05.2022	669,047	Ulster University
CHI/5429/18	The feasibility of a walking intervention to increase activity and reduce sedentary behaviour in people with serious mental illness	01.02.2019	30.04.2021	356,925	Ulster University
CHI/5430/18	MY COMRADE PLUS: A pilot cluster randomised controlled trial, for patients with multimorbidity, of the MultimorbiditY COllaborative Medication Review And DEcision Making intervention (MY COMRADE), practice based pharmacists (PBP's) or PBP's plus an adaptation of MY COMRADE	01.01.2019	30.06.2021	531,025	National University of Ireland Galway
CHI/5431/18	A randomised pilot study of a theory-based intervention to improve appropriate polypharmacy in older people in primary care (PolyPrime)	01.09.2018	31.08.2021	682,014	Queen's University Belfast
CHI/5433/18	Improving mental health among at-risk young people in a challenging border region	01.04.2019	31.03.2022	734,804	Ulster University
CHI/5434/18	Delivery of a habit-based intervention '10 Top Tips for a Healthy Weight' to overweight or obese pregnant women on the Island of Ireland: a feasibility study exploring integration into existing antenatal care pathways	01.09.2018	31.08.2021	634,131	Queen's University Belfast
CHI/5435/18	BRAIN-Diabetes: Border Region Area lifestyle Intervention study for healthy Neurocognitive ageing in diabetes	01.01.2019	31.05.2022	675,257	Queen's University Belfast
CHI/5436/18	The use of digital technologies to enhance adherence and inhaler technique and guide treatment among patients with severe asthma	01.01.2019	30.09.2021	699,952	Royal College of Surgeons Ireland

Annex A: 2019-20 Projects

File Reference	*Research Title*	*Project Start Date*	*Project End Date*	*Total Value of Project (£)*	*Host Institution*
STL/5574/19	**NICRN** - Primary Care Network	03.04.20	03.04.25	£60,840	Federation of Family Practices West Belfast
EAT/5578/19	**Doctoral Fellowship:** Strategies to improve iodine status in early pregnancy	05.08.20	01.08.23	£212,151	Queen's University Belfast
EAT/5578/19	**Doctoral Fellowship**: TRaditional or minimal intervention Endodontics For managing carious teeth with syMptomatic pulpitis (REFORM): A pragmatic randomised clinical trial in general dental practice setting in N. Ireland	01.08.20	01.09.23	£245,787	Queen's University Belfast
EAT/5604/20	**GPARTS:** Jill Christy, project title to be confirmed	01.08.20	01.08.22	£84,132	Queen's University Belfast
EAT/5605/20	**GPARTS:** Orla O'Neill, project title to be confirmed	01.08.20	01.08.22	£84,132	Queen's University Belfast
EAT/5606/20	**GPARTS:** Daniel Butler, project title to be confirmed	01.08.20	01.08.22	£10,500	Queen's University Belfast
EAT/5607/20	**GPARTS:** Kelly Doherty, project title to be confirmed	01.08.20	01.08.22	£10,500	Queen's University Belfast
EAT/5608/20	**GPARTS**: Stephanie McCarron, project title to be confirmed	01.08.20	01.08.22	£10,500	Queen's University Belfast
COM/5561/19	**Opportunity-Led**: Developing and testing the InspireD reminiscence app as a stand-alone support for people living with dementia and their families	01.11.19	31.03.23	£75,883	Ulster University
COM/5569/19	**US Ireland Partnership**: Social Circumstances and Epigenomics Promoting Health in Three Countries	01.11.20	31.10.24	£529,748	Queen's University Belfast
COM/5593/20	**Needs-Led**: The REALIST Study (Repair of Acute Respiratory Distress Syndrome by Stromal Cell Administration): Re-	01.04.20	30.04.21	£282,736	Queen's University Belfast
COM/5594/20	**Needs-Led:** COVID-19 Possible options for analysis and intervention via social media	11.05.20	10.05.21	£42,000	Queen's University Belfast
COM/5596/20	**Needs-Led:** Seroprevalence of SARS-Cov-2 infection in healthy children across the UK	18.05.20	31.03.21	£18,750	Queen's University Belfast
COM/5597/20	**Needs-Led**: A survey of hospital dialysis patients during the COVID-19 pandemic in Northern Ireland	01.06.20	30.09.20	£4,993	Queen's University Belfast
COM/5598/20	**Needs-Led**: Necessary discussions: Advance care planning for nursing homes in a COVID-19 outbreak	09.06.20	31.08.21	£131,679	Queen's University Belfast
COM/5599/20	**Opportunity-Led**: H2020: Evaluation of Dyadic Psychoeducational Interventions for People with Advanced Cancer and their Informal Caregivers (DIAdIC)	01.01.21	30.06.22	£82,155	Queen's University Belfast
COM/5601/20	**Needs-Led:** A mixed methods study of the community pharmacy workforce's preparedness for, and response to, the COVID-19 pandemic	01.09.20	31.08.21	£63,829	Queen's University Belfast
COM/5602/20	**Needs-Led:** Effectiveness of staff well-being interventions in response to COVID-19 in Northern Ireland	01.08.20	31.10.21	£68,274	Northern Health & Social Care Trust
COM/5603/20	**Needs-Led:** Health & Social Care Workers' quality of working life and coping while working during COVID-19 Pandemic	24.08.20	18.10.21	£70,000	Ulster University
COM/5609/20	**Opportunity-Led**: Thanks GD aims to use a photobook to enhance positive perceptions of dementia	01.07.20	31.03.21	£2,080	Queen's University Belfast
COM/5610/20	**Opportunity-Led**: ORIGIN: Radiotherapy Research - multi-modality imaging, radiomics, radiobiological modelling and photonics-enabled brachytherapy	01.10.20	30.06.24	£124,995	Queen's University Belfast

COM/5611/20	**Opportunity-Led**: A. Development of a Digital Intervention to Improve Oral Health for Older People Living with Complex Needs in the community B. Co-development of a Digital Intervention to reduce Restrictive Practices in Care Homes	04.01.21	30.06.23	£27,400	Queen's University Belfast
COM/5612/20	**Needs-Led**: Modulation of the innate immune response to SARS-CoV-2 with bradykinin inhibition	01.12.20	30.08.21	£78,500	Belfast Health & Socia Care Trust
COM/5613/20	**Opportunity-Led**: Repurposing FDA-approved drugs for treatment of 2019-nCoV-induced disease.	05.10.20	05.09.21	£208,070	Queen's University Belfast
DIS/5617/20	**Dissemination:** Cochrane Eyes and Vision	01.04.21	31.03.23	£247,008	Queen's University Belfast
COM/5618/20	**Needs-Led:** Senescence biomarkers for predicting risk in Covid-19 patients	01.12.20	31.05.22	£197,396	Ulster University
STL/5350/17	**US Ireland Partnership:** Cold Plasma to Treat Post-Surgical Orthopedic Infection: A tripartite USA/Northern Ireland/Republic of Ireland Consortium	01.10.20	30.09.25	£549,985	Queen's University Belfast
STL/5375/17	**US Ireland Partnership**: Targeting the compromised brain endothelial barrier function during cerebral malaria with AT2 receptor agonists	01.03.20	31.06.25	£511,814	Queen's University Belfast
STL/5521/19	**US Ireland Partnership:** Treating Primary Aldosteronism-Induced Hypertension via Microwave Thermal Therapy	01.10.21	01.10.24	£389,995	Ulster University
STL/5540/19	**US Ireland Partnership:** Uncovering the neural architecture underlying decisions abstracted from movements	01.01.21	31.12.25	£500,000	Ulster University
STL/5528/19	**HDRUK:** UKRI Innovation/Rutherford Fund Fellowship	03.12.09	02.12.23	£150,310	Queen's University Belfast
RES/4875/13	Enhanced Prescribing Database (EPD) Statistician	01.04.20	31.03.23	£143,500	Business Services Organisation (BSO)
DIS/3076/05	Palliative Care Research Forum NI	01.04.20	31.03.25	£25,000	Ulster University

HSC Public Health Agency

Item 13

Title of Meeting	PHA Board Meeting
Date	17 December 2020
Title of paper	Director of Public Health Annual Report
Reference	PHA/06/12/20
Prepared by	Prof Hugo van Woerden
Lead Director	Prof Hugo van Woerden
Recommendation	For **Approval** ☐ For **Noting** ☒

The Director of Public Health has a mandate to produce an independent annual report to the Board each year. The report this year describes the public health impact of COVID-19 in Northern Ireland, how we have responded to it, and what outcomes we have achieved. It primarily covers the period between the onset of the pandemic in Northern Ireland with the first case identified on 26 February to the end of October 2020, although a few of the graphs go beyond this date. As the situation unfolded, responses, both within public health and beyond, had to adapt at speed.

Although the Board have had regular updates, primarily as PowerPoint presentations, the Board has not been provided with a fuller overview of the pandemic. The attached report provides such an overview.

The first section of the report provides an overview of the population impact of COVID-19. There are sections covering Health Protection, Health Improvement, Health Services and Screening and a section that gathers together some of the COVID-19 research that has been undertaken in Northern Ireland during the pandemic. The report also has some concluding remarks.

It is important to acknowledge the personal tragedy of families that have been affected by the unexpected loss of loved ones from COVID-19, and the dedicated care shown by the Health and Social Care workforce across Northern Ireland, who have been under significant additional pressure, particularly during the two waves of the pandemic when rates of COVID-19 have been particularly high. COVID-19 has rocked the world, but it has also brought out kindness, compassion and self-sacrifice.

Looking to the future, this we have come through the first wave of the pandemic and part of the way through a second wave. Overall, I believe that the PHA has provided a robust response to a major public health threat. We have worked in close collaboration with the Health and Social Care Board and a wide range of key

stakeholders in a collaborative fashion. Advice that was given early in the pandemic to avoid large gatherings, probably contributed to Northern Ireland having less deaths in the first wave, per 100,000 population than other parts of the UK. We were also at a slightly earlier natural stage of development in the pandemic when advice was first given to the public around ways to reduce the risk of infection. There is some evidence that early action in countries around the world had a similar effect.

A lot of hope is pinned on the impact of a vaccine, the first vaccinations have taken place, and a major vaccination campaign is planned. There is a lot of work still to do, including monitoring the new vaccines that are coming onto the market to assess long term efficacy and to ensure that there are no long term sequelae.

Public health is about protecting people from serious threats to health. But public health is also about tackling inequalities, and the PHA's continued focus has been to influence and implement a wide range of evidence based actions to address the major causes of poor health and barriers to wellbeing and improved life expectancy during the pandemic.

The impact of COVID-19 spreads far beyond the infection of individuals. There has been a major impact on many aspects of life including mental wellbeing, the economy, national debt, unemployment, the social fabric of society, and personal freedoms. A number of experts have expressed concern that, over the next decade, these factors may leave a legacy of social inequity, deprivation and poverty among our most vulnerable in society. The challenge for public health, and for society, over the next decade may well be tackling these issues.

Finally, I want to acknowledge the help of the public health team and other colleagues across the PHA in the development of this report. It has been a team effort and I hope that it provides some insight into the skill across the workforce that the PHA can be rightly proud of.