agenda

93rd Meeting of the Public Health Agency Board

Tuesday 13 June 2017 at 1:30pm

Conference Rooms 1+2, 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 20 April 2017		Chair
4 1.30	Matters Arising		Chair
5 1.35	Chair's Business		Chair
6 1.40	Chief Executive's Business		Chief Executive

items for approval

7 1.50	PHA Annual Report and Accounts 2016/17	**PHA/01/06/17**	Mr McClean
8 2.10	PHA Annual Business Plan 2017/18	**PHA/02/06/17**	Mr McClean
9 2.20	Annual Progress Report 2016-17 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order	**PHA/03/06/17**	Mr McClean

items for noting

10 2.40	Emergency Preparedness Annual Report 2015/16	**PHA/04/06/17**	Dr Harper
11 2.55	Personal and Public Involvement Update	**PHA/05/06/17**	Mrs Hinds
12 3.15	Performance Management Report – Corporate Business Plan Targets for Period Ending 31 March 2017	**PHA/06/06/17**	Mr McClean

13 3.25	Governance and Audit Committee Update • Minutes of meeting of 12 April 2017 • Verbal briefing of meeting of 5 June 2017	**PHA/07/06/17**	Mr Coulter
14 3.35	Corporate Risk Register	**PHA/08/06/17**	Mr McClean
15 3.40	Register of Interests	**PHA/09/06/17**	Mr McClean
16 3.45	Management Statement / Financial Memorandum	**PHA/10/06/17**	Mr McClean

closing items

17 3.50	Any Other Business	Chair
18 3.55	Details of next meeting: *Thursday 17 August 2017 at 1:30pm* *Conference Rooms 3+4, 12/22 Linenhall Street, Belfast*	

minutes

92nd Meeting of the Public Health Agency Board

Thursday 20 April 2017 at 1:30pm

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

Present

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

In Attendance

Mr Paul Cummings	-	Director of Finance, HSCB
Mrs Fionnuala McAndrew	-	Director of Social Care and Children, HSCB
Miss Rosemary Taylor	-	Assistant Director, Planning and Operational Services (for items 9–12)
Mr Robert Graham	-	Secretariat

Apologies

Mr Thomas Mahaffy	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director
Mrs Joanne McKissick	-	External Relations Manager, PCC

14/17	**Item 1 – Welcome and Apologies**
14/17.1	The Chair welcomed everyone to the meeting. Apologies were noted from Mr Thomas Mahaffy, Ms Deepa Mann-Kler and Mrs Joanne McKissick.
15/17	**Item 2 - Declaration of Interests**
15/17.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.
16/17	**Item 3 – Minutes of previous meeting held on 16 February 2017**
16/17.1	The minutes of the previous meeting, held on 16 February 2017, were **approved** as an accurate record of the meeting.

17/17 **Item 4 – Matters Arising**

8/17.2 Scheme of Delegation

17/17.1 Mr Coulter said that the Governance and Audit Committee had discussed the need for a Board workshop on this subject. Mr McClean said that this would be considered as part of a workshop in May/June looking at the PHA budget.

7/17.4 Screening Vacancies

17/17.2 The Chair asked if there had been any improvements in terms of the time intervals to get posts filled. Dr Harper said that she could not assess whether there has been any improvement in the time taken to fill vacant posts, but she advised that a lot of the vacant posts within the screening team had now been filled.

7/17.3 Lifeline Contract

17/17.3 Mr Drew asked whether, in the light of the current political climate, it was likely that the Lifeline contract would have to be extended further. Dr Harper advised that the current contract is due to expire in March 2018, and that it is therefore likely that it will be extended. The Chair recalled that the lead time for a new contract is between 9 and 15 months. Mr Cummings said that the power to determine the future direction could be delegated to the Permanent Secretary and that the issue of Lifeline was raised at a recent meeting at the Department.

18/17 **Item 5 – Chair's Business**

18/17.1 The Chair presented his report to the Board. He began by saying that there needs to be greater co-operation between HSCB and PHA in the area of child dental health, and that there were huge potential health gains in this area. He alluded to the major programme on child oral health launched by Public Health England in September 2016.

18/17.2 The Chair said that he had attended an event relating to AAA Screening, and noted the positive response of the members of the public who were present who had been identified as higher risk.

18/17.3 The Chair said that he would be sending out the Board self-assessment shortly and would be asking members to comment on particular sections. He also said that the action plan from the Board effectiveness programme would be issued in due course.

18/17.4 The Chair informed members that Mr Thomas Mahaffy's membership of the PHA Board was being extended for a further period. He said that the Minister has given approval for the Public Appointments Unit (PAU) to advertise three vacancies for the PHA, but expressed concern at the length of time before the PAU will be able to advertise.

18/17.5 The Chair advised that he had undertaken the Outcomes Based Accountability training which he found to be very useful. He said that he had attended the HSCB/PHA staff engagement workshops which were instructive and informative. He also said he was present at a NICON meeting where there was a robust discussion on the elective care plan.

18/17.6 Mr Drew said that he had also attended the Outcomes Based Accountability training and queried if the adoption of the training will be consistent across all government departments. The Chair agreed with Mr Drew's concern. Mr McClean said that in the main, the OBA training is being delivered by two organisations, the National Children's Bureau, and David Burnby, and that their approaches are broadly similar. He noted that the training was an introduction, and that there is a need for organisations to go deeper with how it is implemented. Mr Coulter asked whether Councils have received the training. Councillor Ashe said that some Councils have undertaken the training. He added that following the training, it will take time for Councils to change their systems, and that when they are collecting data in future, it is important that all of the different information systems can work together.

19/17 Item 6 – Chief Executive's Business

19/17.1 The Chief Executive said that the most recent meeting of the Transformation Implementation Group (TIG) had taken place on 5 April and she gave an overview of some of the updates that had been given at that meeting.

19/17.2 The Chief Executive reminded members that following the publication of the Bengoa Report and the Minister's vision document, a public consultation had been launched on the reconfiguration criteria. She said that the consultation had closed in February 2017 with 252 responses received. She went on to say that the main headlines emanating from the consultation report were that respondents were generally content that the criteria were suitable, but there were some concerns, for example in areas such as accessibility and staff retention.

19/17.3 The Chief Executive said that the TIG meeting received an update on the HSC restructuring and the workstreams, of which she is the lead for one, which relates to the development the operating model for the refocused PHA. She advised that, in relation to that, there had been two staff workshops held with HSCB and PHA staff at which over 300 staff had participated and put forward their ideas. She said that she had been unable to attend the workshops due to illness but she had written out to all staff thanking them for their contributions.

19/17.4 The Chief Executive advised that at the TIG meeting, Dr Anne Kilgallen had delivered a presentation on a way forward for the development of an Innovation and Improvement Institute.

19/17.5 The Chief Executive informed members that the senior management teams of both HSCB and PHA, and senior representatives from HSC Trusts had attended a 2-day workshop at the Department of Health looking at the financial outlook. She said that Mr Cummings would reference this in his report to the Board.

19/17.6 The Chair said that he had also attended the two staff development workshops, and that although he was initially apprehensive, he was reassured and uplifted by the frankness and honesty of the discussions, and the ideas being put forward. He thanked Mr McClean and Mr Michael Bloomfield for their contributions, and to Mrs Irene Hewitt who facilitated the events with a very effective approach to garnering information from the groups.

20/17 Item 7 – Financial Performance Report (PHA/01/04/17)

20/17.1 Mr Cummings presented the Finance Report for the period up to 28 February and he said that while the Report is indicating a large surplus, he was confident that a break-even position would be achieved at the year end. He advised that some of the underspends had materialised into hard spend and that it is difficult to get the budget profile exactly right. He added that the management and administration budget is close to break even, and that the prompt payment performance is excellent.

20/17.2 Mr Drew said that it was good news that break-even would be achieved, and he thanked Mr Cummings and his staff for their work. He asked if all of the funding had been allocated to the areas for which it was originally intended. Alderman Porter raised the same issue. Mr McClean confirmed that the funds had been used in the areas for which they were intended and he added that PHA had been able to use additional non-recurrent funding to enhance some of their contracts with the community and voluntary sector.

20/17.3 Councillor Ashe commended the prompt payment performance, but sought assurance that there are checks and balances in place before payments are authorised. Mr Cummings said that PHA staff will receive invoices as appropriate to their delegated limits, and they verify that the payments are made against goods and services ordered.

20/17.4 Mr Cummings moved on to give an overview of the financial challenge facing the HSC as a whole for 2017/18. He explained that in the absence of an Assembly there is no confirmed budget in place, and that assuming normal savings levels, there is a shortfall of approximately £300m. He said that proposals were being considered for how savings could be made across three key areas – acute, family health services and social care. He added that any proposals would have to be signed off by a Minister, but that it would be impossible for these proposals to realise a saving of £300m. From a PHA perspective, he said that PHA has responded to the Department's correspondence seeking proposals for

savings for 2/5/10/15% and pointed out that staffing levels are already so tight that no further savings could be made from management and administration costs. Mr Cummings added that PHA's Sponsor Branch was in agreement, and that there was scope for the savings to be realised from other areas of core funding.

20/17.5 Mrs Watts echoed Mr Cummings' assessment of the seriousness of the financial situation. In response to Alderman Porter's question regarding the nature of the proposals, she said that they were mainly coming from Trusts. Mr Cummings said that it would be impossible to fund any new service developments. Alderman Porter asked whether the £300m reflected the shortfall based on last year's budget, or on top of what the actual overall spend was. Mr Cummings said that it was both, and that in reality the figure was larger than £300m.

20/17.6 The Board noted the Finance Report.

21/17 Item 8 – Presentation by Sustrans on Active School Travel Programme

21/17.1 The Chair welcomed Caroline Bloomfield, Health and Social Wellbeing Improvement Senior Manager, PHA; Gordon Clarke, Chief Executive, Sustrans and Beth Harding, Active School Travel Manager, Sustrans to the meeting, and he invited Ms Bloomfield to introduce the presentation.

21/17.2 Ms Bloomfield informed members that the Active School Travel Programme is jointly funded by PHA and the Department for Infrastructure, and that Sustrans won the contract to deliver the programme.

21/17.3 Ms Harding began the presentation by outlining the aims and role of Sustrans before focusing specifically on the Active School Travel Programme. She explained that the programme initially ran for a three year period from 2013 to 2016, but is now continuing to 2021 and she gave an overview of the programme methodology, which consists of five stages – organisation and policy, raising awareness, empowerment, action and moving forward.

21/17.4 Ms Harding advised that during the first stage 191 schools (175 of which are primary schools) participated. This has now increased to 229 schools in 2016/17, and she added that the target group is pupils in P5-P7. In terms of future developments, Ms Harding said that Sustrans would wish to work with the Department for Infrastructure to see more safe routes to schools. She added that Sustrans would like to see more facilities for parking bicycles and scooters at schools and to extend the programme in Belfast to pre-schools, nurseries and Surestart projects.

21/17.5 The Chair thanked Ms Harding for the presentation and asked her for an overview of the situation with regard to schools in areas of greater deprivation. Ms Harding explained that there is a target that 45% of

schools on the programme are from schools in areas of deprivation. She added that the main issue for these schools is no access to bikes, and so a bicycle recycling scheme is one area being explored. Mr Clarke added that he would like to see "bike to work" schemes extended to bikes for children for school, but he would also like to see more recycling.

21/17.6 Mr Drew said that it is very encouraging to see this type of scheme, and that it is an excellent example of partnership working. He felt that anything that has these types of health benefits for children should be encouraged.

21/17.7 Councillor Ashe asked how the schools are selected. Ms Harding explained that there is an application process, but only 60 schools can be accepted onto the programme each year. She advised that the applications are scored, but there has to be a mix of urban and rural schools and schools pooled from across all Council areas. Ms Bloomfield added that all schools are encouraged to participate. Councillor Ashe said that Councils are discarding bicycles on an almost daily basis. Mr Clarke said that there is an immediate need for bicycles, and that Sustrans are willing to explore a range of options for obtaining bicycles.

21/17.8 Mr Coulter asked about the contribution from the Department for Infrastructure. He said that in his local area, the lack of footpaths around one particular school means that children are putting their lives at risk on a daily basis, and more concerning is that a new community area is regularly locked up because of the risk of vandalism. He said that the Department for Infrastructure needed to address this urgently. Mr Clarke said that there is evidence of this initiative working well on its own, and with other infrastructure projects, but he agreed that there should be a co-ordinated approach to deal with issues like those outlined by Mr Coulter. He said in Scotland, there are 20mph zones around schools, or in some instances car-free zones.

21/17.9 The Chair asked about the financial commitment from the Department for Infrastructure. Ms Bloomfield said that both PHA and the Department fund £200k.

21/17.10 Mrs McAndrew asked about the pilot initiative at pre-schools. Ms Harding said that it was being mooted as an idea at this stage.

21/17.11 The Chair thanked Ms Bloomfield, Ms Harding and Mr Clarke for attending the meeting and for their presentation.

22/17 Item 9 – PHA Corporate Plan 2017-21 (PHA/02/04/17)

22/17.1 The Chair noted that members had had the opportunity to debate extensively the content of the revised Corporate Plan at the Board workshop on 7 April.

22/17.2 Mr McClean introduced Miss Rosemary Taylor and explained that Miss

Taylor had prepared this revised Plan based on the comments received at the workshop. He said that if members were content, then this Plan would be forwarded to the Department of Health for its consideration.

22/17.3 Mr Drew thanked Miss Taylor and her team for preparing for what he described as a succinct and user friendly plan.

22/17.4 Alderman Porter asked if it would be possible to obtain information on how many people download the Plan from the website. Mr McClean said that it is possible to get this information.

22/17.5 The Board **APPROVED** the PHA Corporate Plan for the period 2017/21.

23/17 Item 10 – PHA Assurance Framework 2017-19 (PHA/03/04/17)

23/17.1 Miss Taylor advised members that the PHA Assurance Framework is reviewed twice annually, and is brought to the Board once a year. She highlighted the main changes which have been made and explained that the section titles are now aligned with the new Corporate Plan. She added that the revised Framework had been approved by the Governance and Audit Committee at its meeting last week. Mr Coulter said that the Committee was content to recommend approval.

23/17.2 The Board **APPROVED** the PHA Assurance Framework.

24/17 Item 11 – PHA Corporate Business Continuity Plan (PHA/04/04/17)

24/17.1 Miss Taylor said that the PHA Corporate Business Continuity Plan had been tested as part of the Department of Health's Exercise Cygnus, and that no changes were required to be made, however some minor changes in terminology were required to ensure the Plan was up to date.

24/17.2 She added that the revised Plan had been approved by the Governance and Audit Committee at its meeting last week. Mr Coulter said that the Committee was content to recommend approval.

24/17.3 The Board **APPROVED** the PHA Corporate Business Continuity Plan.

25/17 Item 12 – PHA Data Protection / Confidentiality Policy (PHA/05/04/17)

25/17.1 Miss Taylor explained that the Data Protection and Confidentiality Policy had been given a "light touch" review in anticipation of the changes in Data Protection legislation which will come into effect in 2018. She said that any changes made had been minor, and that these changes had been approved by the Governance and Audit Committee. Mr Coulter said that the Committee was content to recommend approval.

25/17.2 The Board **APPROVED** the PHA Data Protection / Confidentiality Policy.

26/17	**Item 13 – Governance and Audit Committee Update (PHA/06/04/17)**
26/17.1	Mr Coulter advised members that the minutes of the meeting of 3 February were available for noting.
26/17.2	Mr Coulter moved on to give members an overview of the meeting that took place on 12 April. He began by saying that members had discussed the transfer of the Child Death Overview function to PHA, and what impact this would have, given the current climate. Dr Harper said that the Chief Social Services Officer and his staff had been engaging with PHA to look at the nature of the work and the staffing required.
26/17.3	Mr Coulter said that the Committee had approved the three papers which have just been approved by the Board, namely the Assurance Framework, Corporate Business Continuity Plan and the Data Protection and Confidentiality Policy. He also said that the Committee had considered the Information Governance Action Plans for 2016/17 and 2017/18.
26/17.4	Mr Coulter gave an overview of the Internal Audit reports that had been considered by the Committee in the areas of finance, procurement and contract management, and learning from SAIs. He added that Internal Audit had verified the Controls Assurance Standards scores for PHA. With regard to the follow-up on previous Internal Audit recommendations, Mr Coulter said that 81% of recommendations had been fully implemented, and 15% partially implemented. He expressed concern with regard to the recommendations relating to the audit on Connected Health, but noted that the due date had not yet passed. The Chair asked whether any of the recommendation were outwith the control of PHA and Mr Coulter said that this was the case in one instance.
26/17.5	Mr Coulter said that the Committee had approved the Internal Audit charter and had received a report on a benchmarking exercise carried out with NHS Wales. He added that there had been an update by Finance on Fraud and that the Committee had considered the draft Annual Report and Governance Statement.
26/17.6	Mr Coulter noted that the Committee had been due to consider the Emergency Preparedness Report, but that Dr Waldron had been unable to attend. He expressed concerns at some gaps within the Report, and suggested that this merited discussion at a future Board meeting.
26/17.7	Mr Coulter finished his update by advising that the Committee had noted the SBNI Declaration of Assurance.
26/17.8	The Chair thanked Mr Coulter and the Committee for its work. Mr Coulter thanked Miss Taylor for her work in supporting the Committee.
26/17.9	The Board noted the update from the Committee chair.

27/17	**Item 14 – Update on Community Planning (PHA/07/04/17)**
27/17.1	Mr McClean said it was important for members to see the journey that Councils are on in terms of developing their Community Plans. He advised that PHA, HSCB and LCGs have been actively involved as statutory partners and that to date 5 of the 11 Plans have been launched, and that there are common themes across the Plans.
27/17.2	Mr McClean noted that it is important that, if using Outcomes Based Accountability, Councils develop meaningful indicators which relate to the needs of the population. He said that over the next 18 months, the focus will move from the launch of the Plans to the thematic nature of the work. He hoped that there would not be different approaches across each of the Councils.
27/17.3	Mr Coulter said that it was useful to get an overview of the current situation, but suggested that there should be a Board workshop to further explore the indicators and their meaning.
27/17.4	The Board noted the update on Community Planning.
28/17	**Item 15 – Any Other Business**
28/17.1	There was no other business and the meeting concluded at 3:15pm.
29/17	**Item 16 – Date and Time of Next Meeting** *Tuesday 16 May 2017 at 1:30pm* *Conference Rooms 1+2, 12/22 Linenhall Street, Belfast* Signed by Chair: Date:

HSC Public Health Agency

board paper

PHA Annual Business Plan 2017-18

date	13 June 2017	**item**	8	**reference**	PHA/02/06/17

presented by Mr Ed McClean, Director of Operations

action required For approval

Summary

The PHA is required to develop an Annual Business Plan setting out key actions planned for the year ahead. The attached draft Annual Business Plan for 2017/18 has been produced as the action plan for the first year of the Corporate Plan 2017 – 2021. As such the actions are shown against the five corporate outcomes. Additionally, as the PHA begins the journey towards a more outcomes based approach, anticipated impacts (short/medium and long term as applicable) have also been identified for each of the actions.

The Plan has been developed with input from all PHA Directorates in identifying the key actions and associated anticipated impacts for the year ahead.

It is noted however, that the Plan is prepared against the backdrop of the current uncertainties in respect of HSC reform and budget allocations; the actions may therefore be subject to change as the position becomes clearer over the year.

The draft Annual Business Plan was shared informally with DoH following AMT approval; this version takes account of comments received.

The PHA Board is asked to consider and approve the PHA Annual Business Plan 2017/18, for formal submission to DoH, prior to publication.

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **APPROVE** the PHA Annual Business Plan 2017/18.

HSC Public Health Agency

Annual Business Plan 2017–2018

PUBLIC HEALTH AGENCY ANNUAL BUSINESS PLAN 2017/18

INTRODUCTION

The Public Health Agency (PHA) Annual Business Plan sets out in more detail what the PHA will do to help achieve the outcomes identified in the PHA Corporate Plan. The Annual Business Plan 2017/18 is therefore the action plan for the first year of the PHA Corporate Plan 2017 – 2021. As such it incorporates actions that the PHA will take in line with the draft Programme for Government, Making Life Better and Community Planning.

While the Annual Business Plan does not set out all the actions that the PHA will take during this year, it reflects the key actions from all functions and Directorates across the five strategic outcomes.

Our commitment to work to reduce health inequalities is at the core of the PHA Corporate Plan 2017 – 2021, and is central to the actions set out in this Annual Business Plan for 2017/18.

It should be noted however that the Annual Business Plan has been developed against the backdrop of HSC reform and change and financial constraints and uncertainty. Actions may be subject to change in the light of budget allocations.

As stated in the Corporate Plan 2017 – 2021, the PHA is seeking to move to a more outcomes based approach. While acknowledging that we are only at the beginning of this journey, and there is much more to be done, we have, as a first step, structured this Plan to set out not only what the action will be for this year, but also to identify some of the anticipated impacts, both within this year and longer term, where applicable.

Progress against the actions will be monitored and reported on a quarterly basis.

1. All children and young people have the best start in life

During the course of the PHA Corporate Plan 2017-21 we will work to:

- improve the health and wellbeing of all children and young people by strengthening universal services, building a sustainable workforce and embedding early intervention approaches;
- introduce and develop antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees;
- promote and secure the best outcomes for children and young people through implementation of a range of early years evidence-based/informed programmes, and by our contribution to international research on effective practice;
- implement a range of interventions and programmes that support parents and carers to provide a safe and nurturing home environment, and address issues that adversely impact on children and young people;
- protect the health of children and young people through vaccination and immunisation programmes and working with nurseries, pre-schools and schools to prevent spread of infection in those settings.

	During 2017/18 we will:	**Anticipated impact** (short & medium term/long term)	**Target date**	**Lead Director**
1	Develop an AHP Neonatal Network	Timely access to AHP services on wards (dietetics, OT, physio, SLT); Regional standardisation of AHP support; Improve multi-disciplinary working of AHP support with medical and nursing interventions; Increase parent/carer awareness of nutritional, feeding, respiratory, sensory and development needs of their children.	March 2018	M Hinds
2	Maintain and improve vaccination programmes for children and young people by working with HSCNI organisations throughout 2017/18.	All eligible children in NI are offered the opportunity to receive vaccines; Increased awareness of the vaccines available; Target uptake rate of 95% achieved; Protection for children and young people against disease and illness	March 2018	Dr Harper
3	Achieve uptake targets for seasonal influenza vaccinations for children aged 2-4 years and the primary school programme set by DoH.	Protection for children and young people against seasonal influenza	March 2018	Dr Harper

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
4	Expand the Newborn Blood Spot Screening Programme to cover additional inborn errors of metabolism, in compliance with ministerial policy statement and advice of the UK National Screening Committee.	Detect additional diseases and treat to prevent adverse outcomes.	March 2018	Dr Harper
5	Implement the Breastfeeding strategy through the Breastfeeding Strategy Implementation Steering Group (BSISG) and Action Plan.	Increased percentage of breastfed babies	March 2018 and beyond	Dr Harper
6	Develop and launch a new Breastfeeding Public Information Campaign to normalise breastfeeding and create supportive environments	Increased awareness of the health benefits of breastfeeding; Increased recorded level of public support for breastfeeding in public places; More businesses supporting breastfeeding within their premises; More women breastfeeding in public places; More babies being breastfed for longer.	August 2017	E McClean
7	Implement and evaluate 5 pilot Early Intervention Support Service (EISS), under work stream two, Early Intervention Transformation Programme and support associated research	Improvement in parental emotional wellbeing; Increase in participation/involvement in children's learning/employment; Improved family relationships; Improved parenting skills/capacity Leading to improved long term outcomes for children, young people and families.	April 2018	Dr Harper
8	Implement the Early Intervention Transformation Programme (EITP) Work Stream One	50% of children will be offered the 3+ Review as part of the child Health Promotion programme; 32 groups of antenatal care and education group programmes with a maximum of 12 mothers and partners per programme; All children are better prepared for their primary one school experience; Improved preparation for parenthood Improved social and emotional wellbeing	March 2018 March 2018	M Hinds

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
9	Work with HSC Trusts to strengthen universal health visiting and school nursing services	Increase child health promotion programme compliance; Improved support for parents; Earlier identification of children in need of progressive universal and additional interventions by other services.	March 2018	M Hinds
10	Complete the Family Nurse Partnership Evaluation	Provide a deeper understanding of the value of FNP to clients & their families; Improve data collection/evidence base; Improve client outcomes	July 2017	M Hinds
11	Increase the places available (teen clients) on the Family Nurse Partnership Programme	215 additional clients Improved maternal outcomes Improved child health outcomes Improved parental life course	March 2018	M Hinds
12	Continue to support the work of the Maternity and Paediatric Collaboratives, agreeing and addressing priority issues which maximise the impact of safety.	Maternity: • Reduced variation in the administration of syntocinon in all care areas and improve the early detection and treatment of the deteriorating patient, evidenced through a reduction in IA's and SAI's. Paediatrics: • Safety briefings would be spread to 100% of all paediatric wards and departments; • Increased identification of near misses and improved processes for medical handovers will be spread from pilot areas to all wards; • Improved safety and reduction in errors associated with communication	March 2018	M Hinds
13	Review the CAMHS service model and structures linking with the i-thrive Framework	Involvement of children, young people and their families, so that their experience and voice is at the core of all service development.	March 2018	M Hinds

2. All older adults are enabled to live healthier and more fulfilling lives

During the course of the PHA Corporate Plan 2017-21 we will work to:

- develop and implement multi-agency healthy ageing programmes to engage with and improve the health and wellbeing of older people;
- promote appropriate intervention programmes within all settings to prevent, detect and manage mental ill health and its consequences;
- promote inclusive, inter-generational physical and mental health messages and initiatives that enable longer, healthier and more fulfilling lives;
- protect the health of older adults through immunisations and screening;
- support programmes and initiatives, including research, e-health and technology-based approaches, that promote independence and self-management.

	During 2017/18 we will:	**Anticipated impact** (short & medium term/long term)	**Target date**	**Lead Director**
1	Lead the development of an App for lymphoedema self-monitoring, self-management and self-referral	Greater awareness among older adults; Older adults able to self-manage condition	March 2018	M Hinds
2	Lead, in conjunction with other PHA departments and external stakeholders, an Older People's Co-Ordination Group which will focus on public health approaches to promoting health and wellbeing for older people focusing on four key areas: • Falls prevention and early intervention • Promoting continence • Mild Cognitive Impairment (MCI) • Prevention of social isolation	Robust structure in place in PHA for co-ordination of older adult activities; Improved prevention strategies across the 4 key areas: • Greater awareness of falls early interventions available in the community and promotion of strategies to maintain independence and remain at home after a fall; • Reduction in the use of containment products; • Improved recognition of and support to those living with MCI; • Older people undertaking programmes resulting in improved health and wellbeing (less social isolation, less lonely, reduced fear of falling)	March 2018	M Hinds

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
3	Protect the health of older adults through immunisation programmes.	Increase awareness among older adults of the vaccines available via the various media campaigns; Prevention of vaccine-related illness in older adults	March 2018	Dr Harper
4	Influence future practice and policy in the care of older people, through the launch of reports from commissioned research in mental health & learning disability and dementia and follow-up knowledge exchange processes with key stakeholders.	Reports on research outcomes will be used to identify areas of good practice in each of the outcomes and will influence future development of further research and service developments	September 2017	Dr Harper
5	Implement with partners the PHA approach to healthy ageing including; reducing social isolation; signposting and referral services; falls prevention; and health and wellbeing improvement programmes.	Councils implementing the Age Friendly Strategy; Improved knowledge and skills of staff; Older people undertaking programmes resulting in improved health and wellbeing (numbers who report less social isolation, less lonely, reduced fear of falling); Greater levels of participation, increased confidence and enjoyment of older people in activities; Greater participation in volunteering, leading to increased sense of health and wellbeing; Increased number of older people reporting their general health as good; NI adopts Age Friendly Programme as a region	March 2018 and beyond	Dr Harper

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
6	Roll out the CLARE model, building capacity of local people to support vulnerable adults to live independently in caring and responsive communities.	Receive 30 new referrals per quarter across N Belfast to complete living plans and provide support to local vulnerable people; Engage with approx. 500 vulnerable adults and older people per annum; Host 4 localised engagement events to plan rollout across Belfast; Work towards extension of programme across Belfast, through application to Big Lottery Fund for funding; To see: • positive improvements in clients health and wellbeing and independence • Delayed admission to Care Home accommodation; • Reduction in missed hospital/GP appointments; • Provision of crisis intervention support to allow hospital discharge; • Increased sense of cohesion and wellbeing from community - participation and volunteering	March 2018	Dr Harper
7	Work with HSCB on the EC funded SUNFRAIL project, to design an integrated model for prevention and management of frailty; validate, test and assess its potential for adoption/replication in different EU contexts; co-ordinate, disseminate/educate and evaluate	Test SUNFRAIL screening tool on 100 people in a community setting within SHSCT; Validate the tool, and assess wider usability within SHSCT and wider HSC	October 2017	E Ritson
8	Lead work with HSCB and Trusts to start delivering Phase Two of the Dementia E-Health and Data Analytics Pathfinder Programme for Northern Ireland including the implementation of a Patient Portal for Dementia Patients.	People with dementia and their carers will have access to their records, enabling fuller participation in their care; Roll out patient portal across NI by 2021; Improved quality, safety and patient experience	October 2017	E Ritson

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
9	In conjunction with HSCB, lead the implementation of the Delivering Social Change Dementia Programme	Improved awareness of dementia; More training opportunities for staff and carers, increasing knowledge and understanding; Improved identification and management of delirium; Improved outcomes for people developing delirium; Improved support for people with dementia and their carers; Improved knowledge and understanding of dementia amongst the general public.	March 2018	M Hinds
10	Enable early diagnosis and treatment through screening programmes for breast, cervical and bowel cancers, abdominal aortic aneurysm and diabetic eye disease.	Early detection of screened for conditions; Reduced mortality associated with screened for conditions	Throughout 2017/18	Dr Harper

3. All individuals and communities are equipped and enabled to live long healthy lives

During the course of the PHA Corporate Plan 2017-21 we will work to:

- ensure people are better informed about health matters through easily accessible up-to-date information and materials;
- introduce and develop adult population screening programmes in line with the recommendations of the national and local screening committees and engage with primary care, pharmacies and relevant voluntary and community groups to promote specific screening programmes in local communities;
- develop and implement with partners a range of coordinated actions across communities and a range of settings to improve mental health and wellbeing and reduce the level of suicide;
- develop and implement a wide range of multi-agency actions across all settings to promote healthy behaviours including promotion of healthy weight and physical activity; improve sexual health; promote healthier pregnancies; reduce prevalence of smoking; reduce harm from alcohol and drug misuse; reduce home accidents; improve oral health and eye health and prevent skin cancer;
- protect the health of individuals and communities through timely responses to outbreaks and emergency planning, implementing immunisation programmes and promoting key health protection messages.
- Support research on innovative approaches to prevention and care.

	During 2017/18 we will:	**Anticipated impact** (short & medium term/long term)	**Target date**	**Lead Director**
1	Lead on the development of the Promoting Good Nutrition (PGN) strategy implementation plan in the community	Improved prevention, screening and care pathways for malnutrition in the community for people in receipt of services	March 2018	M Hinds
2	Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB.	Launch of the HSC hospital passport for people with a learning disability in contact with a general hospital; Good practice promoted, health inequalities identified and addressed; Responsive services, making necessary reasonable adjustments to meet the health needs of people with a learning disability	March 2018	M Hinds

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
3	Monitor, co-ordinate and promote the work of Recovery Colleges in NI and increase opportunities for co-production.	Development of 2 issues annually of the Recovery Newsletter with service users to raise awareness of ongoing recovery work in NI and promoting co-production and recovery orientated practice; Increased opportunities for people with lived experience to become involved in the design and delivery of HSC services; Creating the conditions for service users and professionals to work together to achieve agreed outcomes	March 2018	M Hinds
4	Protect the health of the NI population through emergency planning, ensuring that plans are tested robustly.	Outbreak and emergency plans are exercised and tested; PHA and colleagues can respond effectively to outbreaks and emergencies throughout NI, protecting the health of the population	March 2018	Dr Harper
5	Develop and introduce an AMR surveillance system for NI.	Contribute to reducing antimicrobial consumption and averting harm caused by antimicrobial resistant organisms.	March 2018	Dr Harper
6	Plan for the introduction of variable screening intervals within the Diabetic Eye Screening Programme to commence by 1 April 2018	Reduction in unnecessary screening (reduced opportunity costs and anxiety for participants) as recommended by the UK National Screening Committee for around 25,000 people per year	March 2018	Dr Harper
7	Work with prison healthcare colleagues to develop robust processes for offering and facilitating participation in cancer screening programmes for people in custody.	All eligible people in custody have access to cancer screening; Reduction in risk of dying from breast, cervical and bowel cancer.	December 2017	Dr Harper
8	Identify and address inequalities in the AAA Screening Programme through awareness raising sessions amongst Men's Sheds and other relevant voluntary groups and participation in the development of a UK Health Inequalities Toolkit.	Increased knowledge of the AAA Screening programme and informed consent amongst the eligible screening population (men aged 65+); Reduced health inequalities within the eligible population; Improved levels of update	March 2018	Dr Harper

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
9	Provide leadership and drive progress on improvement of HCAI & AMS across HSCNI through delivery of the work programme of the regional HCAI & AMS improvement Board (established July 2016). 17/18 Action Plan agreed by 22 June 2017.	Expert advice and support for HCAI and AMS improvement and incident/outbreak management across HSCNI; Oversee and lead implementation of regional policy for HCAI and AMS; Reduced numbers of MRSA and C. difficile cases. Reduction in Gram Negative bacteraemias.	March 2018	Dr Harper
10	Lead and implement programmes which tackle poverty (including fuel, food and financial poverty) and maximise access to benefits, grants and a range of social inclusion services for vulnerable groups.	Individuals/households supported through provision of: • Keep warm packs; • Fareshare Meals; • Benefit/income maximisation services; • Fuel poverty/energy efficient support services Improve health and wellbeing and reduce inequalities for those most at risk/impacted by poverty	March 2018	Dr Harper
11	Work with others to promote use of outdoor green space as part of regeneration and health and social wellbeing improvement at neighbourhood level. Take forward regional procurement of community gardens and allotment programmes.	Expansion of current service (regionally); Expand 3 existing community garden projects in South Eastern area to become community nursery hubs, providing space, expertise and resources in order to nurture and enhance the capacity and potential of a minimum of 3 smaller/younger community growing spaces each (9 in total); Development of partnerships and networks to engage participants who would most benefit from community gardening projects; Roll out the community active travel programme encouraging the use of community parks and green spaces across 3 communities in Belfast; More adults becoming physically active; An increase in active travel in the population; Those participating in the programme will have improved physical, mental and social wellbeing (including reduction in obesity)	March 2018 and beyond	Dr Harper

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
12	Continue to consolidate the new drug and alcohol services tendered and commissioned under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011-17 and the PHA/HSCB Drug and Alcohol Commissioning framework 2013-16. This includes the development of appropriate referral care pathways and ensuring a consistent approach to performance monitoring.	Reformed and modernised service provision; Improved regional consistency of service provision across the 5 HSCT areas; Improved health outcomes for some of the most vulnerable groups in NI; Reduced harm caused by substance misuse to individuals, families and carers, and society in general;	March 2018	Dr Harper
13	Commission & implement a new means of testing for blood borne viruses with people who inject drugs and are at increased risk (Dry Blood Spot Testing) across all 5 Trust areas.	Testing for HIV, HBV and HCB offered annually where there is ongoing risk behaviour (dried blood spot testing will be available for those in whom venous access is difficult, or where further referral would be otherwise unnecessary); Dried blood spot testing for approx. 418 clients (estimate) annually; Improved rates of HBV, HCV and HIV testing and diagnosis amongst people who inject drugs in NI (expected number of cases: HBV – 27, HCV – 50, HIV - 3); Increased monitoring of prevalence of HBV, HCV and HIV amongst people who inject drugs; Improved equity of access to diagnostic testing and services across NI; Improved health outcomes for some of the most vulnerable groups in NI; Earlier diagnosis and improved health outcomes for clients; Reduced onward transmission of BBVs.	March 2018	Dr Harper

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
14	Commission and monitor uptake of stop smoking services in line with KPIs, in particular with young people, pregnant smokers and disadvantaged adults.	Increased promotion of stop smoking services through Public Information Campaign and social media activity; Maintain current levels of stop smoking services uptake and maintain quit rates at 4 and 52 weeks; Increase in numbers of smokers accessing stop smoking services; Decreased numbers of pregnant smokers in NI; Decrease in smoking prevalence across NI, and in particular young people, pregnant women and disadvantaged adults; Improvement in all aspects of the health of the population, especially young people, pregnant women and their babies and disadvantaged communities	March 2018	Dr Harper
15	Commence procurement of a range of services to address priorities identified in The Suicide Prevention Strategy (Protect Life 2) and Action Plan, with the development of service specifications by 31 March 2018.	Services commissioned within agreed timeframe; Continued monitoring of suicide rates; Reduction in the differential in suicide rates among the most and least deprived areas; Increase in mental health literacy and help-seeking behaviour	March 2018 and beyond	Dr Harper
16	Design and deliver a range of communication programmes including mental health promotion, obesity prevention, smoking cessation, cancer awareness and dementia awareness to ensure people are better informed about health matters and have access to relevant information.	Improved levels of public awareness around key health matters; Target audiences are better informed and more motivated to make healthy lifestyle choices; More people think about the health impacts of their behaviours and make positive changes to their lifestyle; Improvements in key health indicators	March 2018	E McClean

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
17	Continue to lead work on the implementation of the eHealth and Care Strategy objectives: • Supporting People; • Using Information and Analytics; and • Fostering Innovation; which will contribute to the development of a regional EHCR.	People will be more involved in their care via the use of innovative technologies; Citizens will be involved in the design of future services using technology	March 2018	E Ritson
18	Develop proposals for Departmental consideration for the future provision of telecare and telehealth servivces	Engagement with relevant internal and external stakeholders; Production of business case to secure funding to enable safe service provision ensuring a smooth exit from the current contract; Build on learning derived from procuring, implementing and evaluating Telemonitoring NI as well as from best practice and evidence from similar programmes in other jurisdictions; Proposals that support HSC reform programme and represent value for money	March 2018	E Ritson
19	Seek opportunities to develop and utilise innovative technologies to improve health and wellbeing including leading the NI input to EIP AHA; EU and other sources of funding and working collaboratively with HSCNI and other key stakeholders.	Co-ordination of at least 6 EIP AHA commitments; Shared learning from EU partnerships; Potential development of HSC services based on learning from established partnerships	March 2018	E Ritson

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
20	Publish information relating to 500 health conditions on NIdirect platform (HSC online), in user friendly format, including signposting to appropriate HSC support	Production of a patient facing directory of all HSC commissioned services; Users enabled to make informed decisions to self-manage their health;	March 2018	E Ritson
21	Lead the implementation of the Regional Palliative Care work plan for 17/18, including: • Develop and implement early identification protocol in primary care; • Develop operational process, documentation and education programme to support advance care planning (ACP); • Develop the keyworker function; • Complete interdisciplinary Specialist Palliative Care (SPC) workforce review.	Increase the number of people identified with palliative and end of life needs within 14 GP practices across the region; Increase awareness of ACP by the public, and number of people being offered the opportunity to plan ahead; Increase the number of people accessing keyworker function, within resource available; Identify workforce requirements for SPC HSC professionals Increase number of people identified with palliative care regionally, by 50% in each practice from baseline	March 2018	M Hinds
22	In collaboration with DoH and Diabetes UK enhance the Diabetes knowledge and skills of District Nurses and General Practice Nurses in line with the DoH Diabetes Framework	2 bespoke master classes for district nurses and community nurses (target of 60 to attend); 2 bespoke master classes for general practice nurses (target 60 to attend); Explore potential to roll out across NI, and to open programme to other health care professionals.	March 2018	M Hinds
23	Work in collaboration with DoH, Diabetes UK, HSC Trusts, users and education providers to agree diabetes nursing competencies for district nursing and general practice nursing.	Agree education requirements based on agreed competencies and identified needs; A diabetes education programme will be available to General Practice nurses.	March 2018	M Hinds

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
24	In collaboration with the DoH, DoJ, HSCB and HSC Trusts provide Public Health leadership and professional nursing advice to the Joint Health Care & Criminal Justice Strategy. Work alongside YJA, PSNI and HSCB colleagues to identify health care specifications for professional staff in Police Custody	Agreed specification for health in custody professional staff; Improved workforce capacity and skilled workforce	March 2018	M Hinds

4. All health and wellbeing services should be safe and high quality

During the course of the PHA Corporate Plan 2017-21 we will work to:

- provide leadership and direction to the HSC, embedding PPI culture and practice into the development and delivery of services; moving towards the goal of co-designing and co-producing these with service users and carers;
- provide leadership and support to the HSC in the development and implementation of a comprehensive patient and client experience programme;
- improve patient safety and experience by bringing leadership to reducing healthcare-associated infections including MRSA and C difficile, improving antimicrobial stewardship and tackling antimicrobial resistance across the health and social care economy;
- provide professional advice to HSC organisations and work with these organisations to ensure the HSC workforce has the skills, opportunities and supervision arrangements to work with patients and clients to improve the safety, reliability and quality of care;
- drive forward, share and embed regional learning from relevant reviews and recommendations.
- Support research on new diagnostic tools and treatments in collaboration with HSC, academia and industry.

	During 2017/18 we will:	**Anticipated impact** (short & medium term/long term)	**Target date**	**Lead Director**
1	Enhance improvement capacity in NI through: • Support for Scottish Fellowships; • In partnership with the Health Foundation, recruit Q members and build our local network under the branding of the Improvement Network Northern Ireland (INNI); • Continue to build capacity and capability in under graduate and post graduate education; • Working with key partners in support of the development of the Improvement Institute for Northern Ireland	Supporting two Scottish Fellowships to enhance the leadership for quality improvement in NI; Q network membership increased by 10%, increasing the quality improvement capacity within NI at practice level; Increase quality improvement training at undergraduate level to one new professional group.	March 2018	M Hinds

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
2	Develop and take forward regional service improvement initiatives within Mental Health Services, including: Mental Health KPIs – Absconding & Psychological Therapies – ensure the necessary arrangements are in place to provide evidence of compliance with agreed mental health KPI's across the five HSC Trusts. The purpose being to measure and monitor the contribution of nurses and midwives to the patients'/clients' experience of care.	Raised awareness/increased implementation of quality improvement initiative; Improvement against identified quality improvement indicators; Mental health nursing staff supported in sustaining change to practice which enhances the patient/client experience	March 2018	M Hinds
3	Roll out the Clinical Nurse Specialist (CNS) Workforce Expansion Plan across NI HSC Cancer Services (Phase 2)	Recruitment of Clinical Nurse Specialists Systems and processes standardised through Regional CNS forums; A skilled, effective and productive CNS workforce Improved experience for patients living with cancer	Throughout 17/18	M Hinds
4	Oversee the Acute Oncology Nursing Service (AONS)	Provision of access to 24hour expert nursing advice for all patients receiving active cancer treatment to deal with problems, responding quickly and appropriately	Throughout 17/18	M Hinds

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
5	Influence and strengthen public health principles by developing and sustaining nursing and midwifery workforce priorities and plans to inform regional policy. Including delivering on agreed workplan for the regional policy for Nursing and Midwifery workforce ('Delivering care') and identifying workforce and service delivery requirements for specialist palliative care services.	Improved safety and quality of care; Reduced reliance on bank and agency spend.	March 2018	M Hinds
6	Implement the GP Nursing Framework, including addressing workforce capacity within primary care settings, through the development of ANP roles; rolling out regional education and training programmes, co-design with users, carers and communities.	Improved workforce capacity and skilled workforce.	March 2018	M Hinds
7	Design and manage projects and programmes that directly impact on nursing workforce, recruitment and retention. Effective and methodical execution of programme and project management of nurse led initiatives including a public health focus. Plan and implement the Burdett grant across NI.	Improved value base of nursing staff employed in HSC; Improved regional recruitment process for nursing workforce.	March 2018	M Hinds

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
8	Implement the comprehensive patient and client experience programme, monitor the agreed key regional priorities for 2017/18 and continue to roll out 10,000 Voices in a range of areas e.g. Unscheduled Care and Discharge.	Increased awareness of patient experience programme of work; Influence local and regional improvement priorities based on feedback of experience; Sustained improvement in experience of health and social care services; Improved delivery of services which are patient and client focused.	2017/18	M Hinds
9	Continue to gain assurance on progress with regional safety and quality priorities through Quality Improvement Plans and Key Performance Indicators; and provide advice and support to Trusts on the implementation of these key priorities	Better engagement with Trust teams; Increased awareness of quality improvement interventions; Identifiable and sustained improvement against identified quality improvement indicators; Improved safety and quality of care.	March 2018	M Hinds
10	Provide a strategic role in the management of and learning from SAI process including leading the development of Learning Matters newsletter, development of thematic reviews and contributing to the SAI Bi-annual learning report.	Increased awareness and dissemination of learning identified from SAIs, which is targeted to the relevant HSC staff; Improved safety and quality of care.	March 2018	M Hinds
11	Continue to oversee the implementation of the Q2020 Strategy including providing advice and support to the task streams and co-ordinate the development of the Annual Quality report.	Identification of models of improvement for potential regional scale and spread; Raised awareness of quality improvement initiatives; Identifiable and sustained improvement in the quality of health and social care services.	March 2018	M Hinds
12	Undertake an evaluation of the participant impact of the Women's Resource and Development Agency promoting informed choice programme in Section 75 groups	Inform/shape delivery and content of the screening programme and commissioning intentions in the future.	March 2018	Dr Harper

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
13	Continue to work with Trust colleagues to reduce X% in the number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection across the HSCNI economy.	Reduction in the number of reported clostridium difficile infections and a reduction in the number of MRSA episodes across the HSCNI	March 2018	Dr Harper
14	Lead on the oversight of the implementation of PPI policy across HSC	Implementation of PPI standards across HSC; Increased number of quality PPI and co-production exercises across HSC, with increased opportunities for service users and carers to be involved in HSC decision making at all levels; PPI and co-production are used at all levels of decision making in Trusts; PPI and co-production methodologies influence strategic and operational plans and decisions, and also deliver transformational change.	March 2018	M Hinds
15	Lead on the analysis of Speech and Language Therapy intervention for patients with dysphagia/swallowing difficulties; implement and identify actions.	Improve the quality of service for those with dysphagia/swallowing difficulties.	March 2018	M Hinds
16	Test new district nursing models of care, for a regional community nurse-led model of care prototype	Improved clinical outcomes for patients; Improved patient experience; Improved staff work experience; Provision of a cost effective service	March 2018	M Hinds

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
17	Deliver training on PPI in research for researchers and members of the public and facilitate opportunities for patients and public to be involved as partners and co-designers in the research process.	Delivery of two building research partnership workshops for up to 60 researchers and services users; Training provided for 13 PIER members on a quarterly basis; Provision of guidance for researchers on how to implement PPI in the research process; Raised awareness of research and opportunities for involvement amongst service users and the public; Funding/prioritisation of research that has been co-designed with service users and members of the public; Research questions that are meaningful to & methods that are acceptable to, local patients and the public; Recruitment is higher; Data collected is richer; Outcomes are patient centred	March 2018	Dr Harper
18	Work with the HSCB to finalise a Cancer Services Indicator Framework and to publish achievement against key indicators on a rolling programme basis. (Staff and financial resource dependant.)	Data on achievements will help shape service developments and improve patient outcomes; Earlier cancer diagnosis and better survival in the longer term.	March 2018	Dr Harper
19	Work with the HSCB to take forward the Cardiovascular Services Framework. (NB Cardiovascular services framework is due for review, however possibility of 1 year extension to March 2018)	Improvement of services within Cardiovascular Services Framework in line with key performance indicators and anticipated performance levels; Reduced incidence and mortality from cardiovascular disease	March 2018	Dr Harper
20	Continue to take forward the Implementation plan for the Respiratory Service Framework.	Improve and standardise current practice in line with key performance indicators and anticipated performance levels; Improved access, quality and safety within respiratory services.	Throughout 2017/18	Dr Harper

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
21	Support the implementation of the Northern Ireland Diabetes Strategic Framework through the newly formed regional diabetes network.	Development of a population based approach to the prevention or delay of Type 2 diabetes through obesity prevention and supporting individuals at high risk; Patients at risk of developing complications targeted, through working with providers, patients and the voluntary sector to support service redesign; Improved pre-pregnancy and antenatal care for women with diabetes through development of the antenatal multidisciplinary team;	Throughout 2017/18	Dr Harper
22	Support the stroke modernisation program and the planned consultation on the organisation and delivery of stroke care.	Improve outcomes for stroke patients and minimise the impact of any resulting disability	Throughout 2017/18	Dr Harper

5. Our organisation works effectively

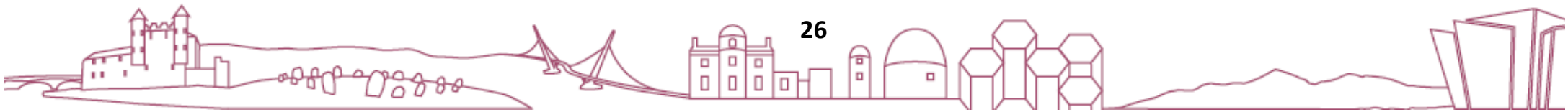
During the course of the PHA Corporate Plan 2017-21 we will work to:

- ensure appropriate resilience measures are in place across the organisation to enable a rapid and appropriate response to a major incident while maintaining and protecting key services;
- support our staff and their wellbeing at all times, especially during a period of reform and restructuring;
- use the research, evidence and health intelligence available to inform our decision-making and further develop appropriate and robust data where required;
- ensure we have the skills, opportunities and staffing levels to deliver our functions;
- ensure high quality and appropriate governance arrangements and processes to support the delivery of PHA functions;
- work in partnership and communicate effectively with our stakeholders and target audiences.

	During 2017/18 we will:	**Anticipated impact** (short & medium term/long term)	**Target date**	**Lead Director**
1	Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency.	PHA has appropriate internal control measures in place, compliant with legislation and DoH regulations, enabling PHA to undertake its core functions	March 2018	E McClean
2	Test and review the PHA Business Continuity Management Plan to ensure arrangements are in place to maintain services to a pre-defined level in the event of a business disruption.	PHA is able to maintain essential functions in the event of a business continuity disruption.	March 2018	E McClean
3	Ensure appropriate resilience measures are in place to support the Public Health Agency and specifically Health Protection during outbreaks and emergency responses throughout NI during 2017-18.	Provision of effective response to outbreaks and emergencies; Early control of outbreaks to reduce their impact on the NI population.	March 2018	Dr Harper
4	Work with DoH in reviewing and updating the Public Health Act (Northern Ireland) 1967.	Updated legislation that can assist HSCNI stakeholders and members of the public	March 2018	Dr Harper

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
5	Conduct a consultative review of the HSC R&D Infrastructure	HSC R&D infrastructure re-configured in response to feedback providing more effective support for HSC research in NI	March 2018	Dr Harper
6	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas through the organisation of a series of events on key topic areas bringing a wide range of stakeholders together	The formation of a number of Research Development Groups (RDGs) in PHA priority areas which will apply for research funding; Augmentation of the public health research evidence base, with the potential to make positive contributions to the health of the population of NI	March 2018	Dr Harper
7	Continue to take forward implementation of the PHA Procurement Plan	Compliance with Procurement regulations; Contracts in place which deliver value for money in terms of both quality and cost; Access to high quality services that will better address identified needs and improve health and wellbeing outcomes	March 2018	E McClean
8	Build organisational knowledge and capacity of Outcome Based Accountability (OBA)	PHA enabled to demonstrate effectiveness, in line with other key strategies and plan.	March 2018	E McClean
9	Produce an AAA screening video detailing what happens when men attend for an initial scan, including information on how to access screening for minority groups (e.g. LD men, physically disabled etc.).	Improved understanding of aims of AAA screening programme; Improved understanding of informed consent; Increased levels of uptake of AAA screening.	December 2017	Dr Harper
10	Design and develop a new PHA Communications strategy to support and enable the delivery of key Corporate priorities	Improved dissemination of PHA key messages and improved awareness levels; Internal partners better equipped to deliver more effective communications; Public and professional audiences will have higher awareness and engagement with PHA communications.	March 2018	E McClean

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
11	Support high quality and appropriate governance arrangements and processes to support the efficiency and effectiveness of the AHP, nursing and midwifery workforce	Appropriate training commissioned; Greater skill mix and role extension in the workforce.	March 2018	M Hinds
12	Work to embed PPI into our culture and practice.	PHA staff aware, equipped and skilled in PPI; Effective partnership working with service users and carers using PPI and co-production.	March 2018	M Hinds
13	Work with each of the Local Councils and their Community Planning Partnerships to develop, agree and begin implementation of action plans to take forward each of the community plans	Public health input to the development and implementation of action plans, based on the local needs in each council area; Improved health and wellbeing through tackling identified local issues and maximising partnership working with community planning partners.	March 2018	E McClean
14	Lead and coordinate regional implementation of Making Life Better	Continued focus within PHA and across HSC on implementation of MLB, linking with other strategies and plans as appropriate; Improvement in health and wellbeing of individuals and communities and a reduction in health inequalities	March 2018 and beyond	C Harper
15.	Meet DoH financial, budget and reporting requirements	PHA is compliant with DoH regulations, with a sound financial basis to enabling the PHA to undertake its core business.	March 2018	P Cummings
16.	Continue to support and develop staff during a period of organisational change, including relevant communication with staff	Staff feel supported and valued; Improved staff morale; Staff better able to continue to carry out PHA business during period of change and uncertainty; Staff skilled and equipped for the future	March 2018	V Watt



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
17	Continue to ensure that equality screening is undertaken and published and that policies screened are monitored.	Equality considerations inform PHA work, policies and decisions; Equality evidence base becomes more robust and is used to inform our work; Public confidence that PHA takes equality issues into account	Throughout 2017/18	All

HSC Public Health Agency

board paper

Draft Annual Progress Report 2016-17 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order

date 13 June 2017 **item** 9 **reference** PHA/03/06/17

presented by Mr Ed McClean, Director of Operations

action required For approval

Summary

This report presents the statutory annual return to the Equality Commission for the period covering April 2016 to March 2017. A number of points are drawn to the attention of Board members.

The Progress Report

Much activity has taken place to implement the disability duties, including:

- Tapestry – the disability staff network of the regional HSC organisations – has become a catalyst for a range of actions to engage staff and identify support needs;
- Disability Placement Scheme – the scheme has become mainstreamed in the PHA, BSO and HSCB, the Health Protection team continue to be involved;
- Disability Awareness Days – PHA staff have been involved in the delivery of the days;
- Innovative involvement of people with a disability and carers, such as in Research & Development and Nursing work.

The report likewise references a wide range of initiatives with tangible outcomes for specific Section 75 groups. It also highlights a series of projects that clearly demonstrate close engagement and consultation with the voluntary sector. Moreover, a number of equality monitoring activities are outlined. They demonstrate the value of improving the equality evidence base – and using it to improve service provision.

A number of challenges remain:

- Progress on equality screenings and their publication has been less evident this year: only three policy screenings were published, compared to 14 screenings in 2015-16.

- No Equality Impact Assessments (EQIAs) were undertaken.
- Monitoring of policies equality screened previously is still rare.

The Equality Unit proactively engaged with a number of teams in relation to screenings during the year. Some of this work should come to fruition in 2017-18. Moreover, the Head of Health and Wellbeing Improvement in the Southern Area will lead on a pilot to undertake screening by topic area, focusing on Tobacco. The aim is to explore ways of streamlining the process and documentation of equality screenings in a topic area.

In conclusion, it is proposed that renewed efforts in 2017-18 are taken to:

- ensuring the timely publication of completed screening templates
- where relevant undertaking EQIAs
- undertaking monitoring for policies screened and
- identifying pre-consultation exercises planned for 2017-18 and integrating relevant equality questions into this engagement.

In relation to the disability duties it is proposed that:

- a member of Tapestry and a former participant of the placement scheme are invited to present to PHA board
- PHA board are asked to nominate a new Disability Champion (the role has been vacant since the departure of Julie Erskine and Jeremy Harbison) and
- PHA staff are actively encouraged to join Tapestry.

The report includes a set of appendices:

- Appendix 1: Equality Action Plan Progress Report 2016-17
- Appendix 2: Screening Report 2016-17
- Appendix 3: Mitigation Report 2016-17
- Appendix 4: Equality Action Plan 2013-18 - updated June 2017
- Appendix 5: Disability Action Plan Progress Report 2016-17
- Appendix 6: Disability Action Plan 2013-18 - updated June 2017

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **APPROVE** the Annual Progress Report 2016-17 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order

Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2016-17

Contact:

• Section 75 of the NI Act 1998 and Equality Scheme	Name: Edmond McClean Telephone: 03005550114 Email: edmond.mcclean@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 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

Signature:

This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans. This report reflects progress made between April 2016 and March 2017.

Appendix 1: Equality Action Plan Progress Report 2016-17

Appendix 2: Screening Report 2016-17

Appendix 3: Mitigation Report 2016-17

Appendix 4: Equality Action Plan 2013-18 - updated June 2017

Appendix 5: Disability Action Plan Progress Report 2016-17

Appendix 6: Disability Action Plan 2013-18 - updated June 2017

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

1 In 2016-17, 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.]

Please see Table 1 below.

Table 1:

	Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made.
Persons of different religious belief	**Nursing and Allied Health Professions** The 10,000 Voices Initiative is targeted across a wide range of groups who have availed of HSC Services. The purpose of the Initiative is to ask patients and clients their experience of the HSC Service they have received in order to shape and inform the design and delivery of future services. Through this survey we ask a range of demographic details (i.e.) gender, age group, ethnicity and sexual orientation. This information is used to asses if responses are statistically representative. The 10,000 Voices team continue to promote the initiative within Trust areas, including churches and community centres.
Persons of different political opinion	**Service Development and Screening** **Abdominal Aortic Aneurysm (AAA) Screening** Since the programme started in 2012, the number of screening clinics has increased from 16 to 23 due to ongoing efforts by the Programme Team to ensure the service is as geographically equitable and accessible to all communities as possible. Agreed ad-hoc clinics have been held within local community facilities (outside traditional healthcare settings) in partnership with local community groups, e.g. Healthy Living Centres, Men's Sheds – this has supported the highest overall increase in self-referrals in 2016/2017 as well as uptake overall (see below for specific figures).

	An annual mailing takes place to all men who DNA-ed two appointments in the previous screening year, alerting them to new venues available – which has resulted in an average of 10% uptake rate. Targeted promotional work was undertaken with a wide range of sports clubs. The team has linked in with HSC Trust Health Promotion Teams and the Healthy Living Alliance (a neighbourhood-based, community-led approach to health improvement providing services and support in communities experiencing disadvantage and health inequalities), 196 men were scanned in ten locations from February to October 2016.
Persons of different racial groups	**Nursing and Allied Health Professions** All images used in Dementia Strategy booklets have used a variety of people from different ethnic backgrounds. The 10,000 Voices team have been engaging with a number of different racial groups across NI, including specific events for Black and ethnic minority groups and travellers. We have translated the 10,000 Voices surveys into the 6 most common languages and are currently working with the regional interpreting services to enable increase of uptake from different racial groups. **Health and Wellbeing Improvement** Cook It! is a well-established community based nutrition education and cooking skills programme, which increases knowledge and understanding of healthier eating and develops cooking skills, building both confidence and competence. The regional programme was developed specifically for use with people/families living in disadvantaged circumstances and is delivered by trained facilitators from local communities. During 2016-17, a module

	featuring recipes from BME communities was added to the Cook It! programme, to ensure that the programme had wider appeal. In addition, 20 recipes and a range of nutrition resources were translated into 7 languages (Bulgarian, Chinese complex, Chinese simplified, Tetum, Lithuanian, Polish, Bengali). Cultural specific recipes were also translated in relevant languages. The regional BME Mental Health Pilot project is in the final phase of a three year initiative to design and develop an evidence based service to support and promote the mental and emotional wellbeing of minority ethnic communities in Northern Ireland. Based on the review findings, phase three is the implementation stage which included the appointment of three bilingual Mental Health Workers who are based in Dungannon (Portuguese), Ballymena/Ballymoney (Polish) and Belfast (Chinese). The Project is entitled 'The 1 +1 Project…You are not alone'. The target group are individuals in the minority ethnic community experiencing depression, including those 'self-medicating' with alcohol, prescription or recreational drugs. The role of the support worker will be to help the individual talk through their problem, find the support they need and be their consistent support throughout the journey to recovery of their emotional well-being. This pilot will be completed on 31st March 2018. An evaluation report will be produced and good practice disseminated. Mental Health and Emotional Wellbeing: Mindset Adult and Mindset Adolescent mental health awareness training was commissioned in June 2015. Some 211 courses have been delivered across the Northern; Belfast; Western and South Eastern Trust localities. Training encompasses a whole population approach however communities specifically targeted include Black and Minority Ethnic people, including Travellers. The course consists of: Part 1 – Awareness and stigma; Part 2 – Coping and self-care, what is resilience, thoughts, feelings and behaviours and mindfulness; and Part 3 – Sources of Support.

	Travellers The **Regional Traveller Health and Wellbeing Forum** led by the Public Health Agency (PHA) continues to bring together representation from the PHA, HSCB, Health and Social Care Trusts, Education Authority, Traveller support and relevant voluntary sector organisations. The aim of the Travellers Health and Wellbeing Forum is to improve the health and wellbeing of Travellers through developing better coordination, sharing models of best practice and shaping future services. Members are committed to undertake actions based on the findings and recommendations of the All Ireland Travellers Health Study, particularly those relating to health and wellbeing. A yearly thematic action plan is approved and supported by the Forum and it allows a means of planning, delivery and accounting for actions to be undertaken by the members. The Forum meets 4 times a year to report on progress on agreed interventions and to agree new priorities. Some of the Forum's activities and achievements during 2016/17 include: • Commissioning of Traveller Health posts in Belfast, western and southern areas. The Health Training Coordinator in the southern area recruited and provided mentoring and support to 16 Traveller women who completed a level 2 Health Champion programme and two Travellers successfully completed a Level 3 Health Training programme. Three of the Traveller women have now secured employment, two in a healthcare setting and one in the private sector; • Additional financial support for Traveller groups in the southern area to sustain and expand services; • Commissioning of the Traveller Mental Health and Emotional Wellbeing programme

(regional);
- Breast Screening Cancer Screening Pilot in Belfast;
- Toybox HighScope regional training programme for Traveller families.

A Travellers Mental Health and Wellbeing Programme has within 2016/17 delivered as follows:

Western Trust
Ballymagroarty Women's Group
Living Life to the Full – 6 women

Health promoting Homes: Gasyard Healthy Living Centre
Living Life to the Full – programme to this group

Enniskillen Women's Group
Mood Matters Adults – 6 women
Living Life to the Full – 6 women

Ballyarnett Women's Group
Mood Matters Adults and Living Life to the Full

Partners
1 Mood Matters Parent and Baby to a group.

Alcohol and Drugs

Following consultation with substance misuse treatment providers, the PHA in 2016/17 has had the 'Alcohol and You' resource translated into 8 languages (Arabic, Portuguese, Mandarin, Cantonese, Russian, Lithuanian, Polish and Romanian) to ensure access to this

	resource for foreign language speakers. The resource has been made available to statutory, voluntary & community services in 2016/17 following completion of graphic design. **Service Development and Screening** **Cancer Screening Programmes** All leaflets continue to be reviewed in terms of demand for language interpretations. Consideration is being given to printing hard copies of leaflets in 3 most popular languages in Breast Screening within the Southern Trust area. The Women's Resource and Development Agency (WRDA)* have engaged with a variety of ethnic minority groups over the last year, as part of their contract to raise awareness of cancer screening programmes and promote informed choice. This engagement has highlighted concerns among certain groups about Female Genital Mutilation (FGM) and attending for cervical smear. As a result, information on FGM and links to National Guidance will be incorporated into the Cervical Sample Taker Manual, which is being redrafted at present. The issue of FGM was raised at the Cervical Screening Programme Primary Care QA Group and will be included in future 'Update Training Courses' for cervical sample takers. *WRDA's programme of work targets all the Section 75 groups and engage with hard to reach communities who traditionally have a low uptake of cancer screening. Under their contract with the PHA, they engage with women and men living in some of the top 20% most deprived super output areas, as well as other groups, including homeless groups, survivors of violence, parents needing support, long-term unemployed, people from a black or ethnic minority, LGB and T, vulnerable or at risk, people with a disability and the travelling community re raising awareness of cancer screening programmes and promoting informed choice.

	Newborn Screening Programmes Both the New-born Bloodspot and New-born Hearing information leaflets continue to be produced in different languages – see http://www.publichealth.hscni.net/publications with search term 'newborn'. **Abdominal Aortic Aneurysm (AAA) Screening** Letters are translated as required. Interpretation service is available – interpreter will attend clinic if advance notice is given or access is available to a telephone interpreter on the day. Contact was made with a wide range of groups working specifically in black and minority ethnic (BME) communities regarding promotion of the programme. All the above supports provision of an equitable service being provided for communities where English is not a first language. Attendance at a Travellers' Group meeting to talk about the programme – to ensure equitable service provision and that Travelling Community have access to all relevant information on how to access screening.
Persons of different age	**Research and Development** A research study involving young people with mental health issues leaving care has been completed in conjunction with VOYPIC. As part of this study some young people were trained as peer researchers to carry out interviews with other young people leaving care. This has been evaluated and findings disseminated at a facilitated workshop.

Nursing and Allied Health Professions

Dementia

We have included younger people with a dementia in our TV campaign and our online case studies to evidence to them we understand their needs are different and wish to engage with them as much as possible.

10,000 Voices

The 10,000 Voices facilitators have attended an number of events aimed specifically at older people.

A specific 10,000 Voices Project in relation to experience of Child and Adolescent Mental Health Services (CAMHS) and Paediatric Autism has been completed, during which the 10,000 Voices Project team worked collaboratively with children and young people and their parents and carers to design the survey tools and analyse the information received.

A PPI workshop has been held with young people with cancer to develop a piece of art.

A survey is being completed for the care of a child in adult ward.

Facilitators have attended day centres attended by older people to collect stories and, in relation to younger people, have also engaged with the Student support officer WWRC and the Magee university Student liaison officer.

Health and Wellbeing Improvement

In the Ards, North Down, Lisburn and Castlereagh areas, Age Friendly has been launched at an Age Friendly conference and has been included within the local Community Plans.

	The WHO definition of an age-friendly area is one which enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. It helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves. Recruitment is underway for an age-friendly coordinator in Ards, North Down, Lisburn and Castlereagh (funded by the PHA). It is too soon in the process for outcomes to be realised. Across Northern Ireland, small grants have been administered on behalf of PHA to promote activity between generations. This project has demonstrated reduced social isolation of older participants and improved connection to community for both older and younger participants. In the south eastern area, a partnership including PHA has resulted in local providers developing new physical activity opportunities for older people. The programme is known as 'Active Ageing' and has included the introduction of Pickleball, Dander Ball and other activities aimed at older people. The programme is developing its reporting arrangements using Outcomes Based Accountability, however robust data is not yet available. PHA is working with a range of local councils to include age friendly and active ageing as a key theme within community planning. PHA worked in partnership with Arts Council NI and Arts Care to deliver the Arts and Older People programme. This programme seeks to engage other people using the medium of the arts and has grown from strength to strength over the years. **Children & Young People 0-18 Years of Age** The Early Intervention Transformation Programme (EITP) is delivered as part of the Delivering Social Change agenda in partnership with Atlantic Philanthropies. As part of EITP a new Early Intervention Support Service (EISS) has been established in five areas across Northern Ireland and provides a regional consistent EISS that will support 1,925 families from

	August 2015 – May 2018. The aim of the EISS is to support families when difficulties first arise and before they need involvement with statutory services. The EISS delivers a coordinated, person centred, evidence based, early intervention for families with children 0-18 years old within Tier 2 of the Hardiker Model. The Strengthening Families Programme continues to be delivered across NI and is a parenting programme for 12-16 year olds and their families where alcohol and drug misuse is a particular concern. The 14 week programme uses separate structured sessions for parents and children to allow both to work on parenting and life skills. The Active School Travel programme continues to encourage and support children to walk and cycle to school. Some 250 schools across NI are now involved in the programme. A smoke free school gates initiative was implemented in primary schools throughout 2016/17. Progress to date includes: Regionally: 51% of schools have erected signs (440/867) with 57% of schools in the most deprived quintile have signs erected (84/148). Smokebusters is a primary school prevention programme that is offered to all primary schools across Northern Ireland. The PHA commission Cancer Focus NI to run this programme with primary 6 and primary 7 pupils across the region, particular emphasis is placed on recruiting schools within the top 20% most disadvantaged wards within NI. A range of services have been commissioned / procured to deliver alcohol and drug services across NI as part of a regional tendering programme. These include: • **Community Based Services for Young People who are identified as having Substance Misuse difficulties** This service provides step 2 treatment services including psychotherapeutic interventions (talking therapies) for children and young people, aged 11-25, across

	Northern Ireland including structured family support. This includes ensuring referral pathways are in place to allow children and young people to seamlessly move between services. • **Drug and Alcohol Mental Health Service (DAMHS)** This service provides step 3 treatment services for children and young people with drug and /or alcohol issues which are beyond the scope of community based services as a result of complex co-morbid mental health issues. This includes the delivery of formal psychological therapies (motivational enhancement therapy, cognitive behavioural therapy, family therapy) and drug therapies where appropriate. The service is based / integrated within each of the HSC Trusts' Child and Adolescent Mental Health Services (CAMHS). • **Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse** This Northern Ireland wide service provides therapeutic interventions and support to children affected by parental substance misuse as part of a multi-agency care plan through working directly with the young people and indirectly with non-substance misusing parents/carers. The service also provides support for families, engages with other services who work with these children and families and provides specialist advice and support to front line workers working with families affected by Hidden Harm. • **Targeted Prevention services for Young People** This service develops and delivers age appropriate drug & alcohol life skills/harm reduction programmes for young people in the age ranges of 11-13, 14-15 and 16+ years across Northern Ireland. These programmes are targeted / delivered to young people identified as being at risk of substance misuse (universal substance misuse education is delivered via schools). • **One Stop Shop services**

Eight One Stop Shop services for young people aged 11 – 25 years are available across Northern Ireland. The service provides up to date objective information about personal health and wellbeing issues (including drugs and alcohol), choices, where to find help / advice and support to access services when they are needed.

- **Workforce Development Services**
  This regional service develops and delivers a range of training courses to support the implementation of the PHA/HSCB Drug and Alcohol Commissioning Framework, ensuring there is a pathway for alcohol and drug workers from all sectors to achieve a recognised qualification in substance misuse. It provides mentoring and support to those staff that require additional support to undertake specific tasks following training. A significant number of the training programmes are aimed at practitioners who work / care for children and young people.

Those providers of services are required to address the needs of S75 groups within their service provision. A process has been put in place to allow the PHA to monitor the uptake of these services from Section 75 groups annually.

The information gained from contractual monitoring will enable the PHA to recognise good practice and to identify services where Section 75 groups are not accessing services with a focus on actions to improve uptake which will ensure that, over time, the drug and alcohol services become more responsive to the specific needs of Section 75 groups.

Service Development and Screening

Abdominal Aortic Aneurysm (AAA) Screening

All men in Northern Ireland in their 65th year will receive an invitation for an ultrasound scan that looks for swelling in the aorta (AAA). This can be life-threatening if left untreated. Men over 65 can request a scan through the central screening office. During 2016-17 a number of

	initiatives have helped to ensure various Section 75 Groups have access to relevant information on how to access AAA screening: • Promotional stands in reception areas where targeted outpatient clinics are taking place. • Programme staff have attended a range of events to promote the programme within local areas, e.g. health fairs, vintage rallies, Balmoral show, etc. • A GP used their Flu clinics to promote the progamme - with almost 100 men who attended Flu clinics in a health centre signing up to attend 1 of 4 ad-hoc AAA Screening clinics shortly afterwards in the same health centre/their local area.
Persons with different marital status	
Persons of different sexual orientation	**Nursing and Allied Health Professions** There was representation from HSC staff at the annual Belfast and Foyle Pride Parades last year and HSC staff also plan to attend this year. A visit is planned to Rainbow Centre by one of the Trust Facilitators, who has also made contact with CARA-friend-org. The facilitator attended one of their information sessions during March 2017 in relation to service provision. Correspondence regarding 10,000 Voices has also been forwarded to Limavady LGBT. **Health and Wellbeing Improvement**

	Lesbian, Gay, Bi-sexual men and women PHA has commissioned The Rainbow Project to provide a range of services across NI Northern Ireland for LGB clients, including: • Providing counselling, group work sessions and personal development courses to individuals who are LGB • Distribution of safer sex packs to Men who have Sex with Men at sites and venues • Providing workshops for health professionals on LGB Health and Social Wellbeing issues • Providing 'rapid testing' for HIV and syphilis for Men who have Sex with Men. The PHA also commission Rainbow to: • Provide 1-1 personal development courses for LGB&T communities in southern area; • Provide befriending for a minimum of 20 individuals who identify as LGB&T from southern area; • Provide training for befriending volunteers and drop in facility in Newry area; • Provide over 180 counselling sessions for lesbian or bi-sexual women in Northern Ireland; • Provide over 80 interventions for lesbian and bi-sexual women; • Provide over 20 awareness raising sessions; • Provide over 180 counselling sessions for gay and bi-sexual men; • Provide over 100 interventions for gay and bi-sexual men; • Provide over 20 awareness raising sessions. The Rainbow Project delivered the following during 16-17 in the Southern area: • 1 personal development programme provided to 2 males and 4 females.

	• 4 volunteer befrienders trained. • 43 drop in sessions were provided by Newry Rainbow Centre these sessions included signposting/ gender identity training to staff. The monitoring information did not breakdown the sexual orientation or gender identity of individuals, however the programme was specifically targeted at people who are LGB&or T. For 17-18 we will ask this to be considered in the reporting for activities. A HSCNI LGB&T Staff Forum has been put in place as well as a dedicated website for staff to have access to information. The actions below relate to both LGB people and Transgender people. It is recognised that gender identity is a separate matter from sexual orientation. • Working with PRIDE and OUTBUST festivals to promote public health messages for members of the LGB&T communities; • An anti-bullying campaign for young people who are from LGB& T communities; • Support the International day against homophobia and transphobia (IDAHOT) through working with Children and Young People strategic partnership programme of events; • A radio campaign to promote www.lgbt.org which provides support for LGB&T individuals and families. • Implement the Diversity Champion Programme which allows organisations to be recognised for having robust equality and diversity policies and practices in place. **Service Development and Screening** **Cancer Screening Programmes** The Women's Resource and Development Agency (WRDA) have an on-going contract funded by PHA to raise awareness of cancer screening programmes, thereby promoting informed choice. LGB and Transgender people continue to be one of their defined target

	groups. An evaluation report on the WRDA contract is almost complete and will inform any further extension to the existing contract.
Persons of different genders and gender identities	**Research and Development** One Doctoral Fellowship Research Study commenced in December 2016 entitled – Gender Dysphoria: prevalence, experiences and pathways for people with Autism. The investigator has consulted several transgender support groups in preparation for this research project and plans to establish an expert steering group to disseminate the outcomes appropriately. **Nursing and Allied Health Professions** Correspondence regarding 10,000 Voices has also been forwarded to Limavady LGBT. **Health and Wellbeing Improvement** The PHA has worked with partners across the HSC to develop a Gender Identity and Expression – Employment Policy. The draft policy was consulted on from January to March 2017. PHA Commission Rainbow to deliver Gender Identity Training in the southern area. In 2016-17 this training was delivered to 46 staff in a local high school, teaching, non-teaching staff and school counsellor as well as an additional 4 sessions delivered to 97 staff across C&V sector, and statutory, ie. education, health, local Government and criminal justice sectors in the southern area. This training included: Understanding gender identity and expression and use of appropriate terminology. PHA commission SAIL to provide mentoring and befriending services for 10 individuals and families of people who are transgender in southern area. In 2016-17 41 families and

	individuals received mentoring and befriending support from SAIL in the southern area. In 2016-17 SAIL delivered 44 interventions to transgender individuals and their families across NI. 44 transgender awareness raising sessions (3 hours) were provided to community & voluntary and statutory groups in Northern Ireland. This was attended by over 200 people. **Men's Health** Armagh Craigavon Banbridge area: The Southern HSC Trust and Council facilitated a focus group session with a number of men in the area to explore the potential and design a health and well being programme appropriate to their needs. A total of 25 men from Keady and surrounding areas attended a 6 week programme which started on 12th October and incorporated a range of key themes including diabetes, physical activity, health eating, cancer and mental health. The Cancer Focus Keeping Well Van was in Keady on 23rd November offering 20 health checks to the men. Following on from this programme 10 participants took part in an introductory physical activity session in Keady Recreation Centre on Wednesday 7th December. Groundwork NI were funded by the PHA in 2016-17 to support the development of 50 Men's Sheds across all District Council Areas. During 2016-17 they worked with a total of 59 sheds. Groundwork NI have provided practical support towards their establishment and development by hosting network meetings. The aims of the men's shed programme is to: • Promote collaborative learning, knowledge transfer and social interaction

- Improve health and wellbeing
- Reduce feelings of social isolation and loneliness
- Increase access to local health services and support network
- Have some fun at the same time!

Service Development and Screening

Cancer Screening Programmes

Work continues within gender specific screening programmes to determine how best to identify and address the concerns of the transgender community when it comes to gender markers within screening.

Abdominal Aortic Aneurysm (AAA) Screening

AAA Screening is a male-only based population screening programme due to the findings from evidence based research and clinical trials. These established that inviting men aged 65 to attend for a scan provided the best screening outcomes and was most cost-effective, while men over the age of 65 are encouraged to self-refer for screening. Women were found to be 6 times less likely to develop AAAs and tended to do so 10 years later than men. However:

- Links were made with organisations working with the Transgender community - to ensure persons of different genders and gender identities have access to relevant information on how to access AAA screening.
- Attempts were also made by the Programme Team to establish a dedicated screening clinic at Knockbracken for members of the transgender community, although it was not possible to progress this due to PID constraints.

Persons with and without a disability	**Research and Development** Two research studies with people with learning disability and their carers looking at ageing, transitions and challenging behaviour have been completed under our Bamford Programme and will be launched following a peer review process. Findings from both studies will make recommendations for policy and practice. Researchers from QUB in partnership with young people who have a range of disabilities have collated findings using a variety of communication methods empowering the young people to speak about the impact of disability on their individual emotional health and wellbeing. The conclusions of this research capture the challenges faced by young people and provide useful information to care providers and commissioners to take these needs into consideration while planning services. **Nursing and Allied Health Professions** **Dementia** The PHA has worked closely with the Alzheimer's Society, Age NI and Dementia NI to develop a public information campaign. Not only were people with a dementia on the steering group, they directly informed the messaging and development of the campaign 'Still Me'. Three people with a dementia starred in the television campaign with others starring in billboard and online campaigns. This showed true engagement with those with a dementia in a meaningful and impactful way, that we were not just listening to them, but including them. Nidirect pages have been made more dementia friendly on the advice of those with the condition. The language used is simple and clear with the layout as easy to follow as possible.

	On advice of those with a dementia and to support those with other sensory and cognitive impairments, video content was procured for the dementia pages of the website. There will be 15 videos, all of which will be subtitled, explaining all the information on the dementia pages. All booklets and leaflets developed in 2016/17 were consulted on with people with a dementia, including a booklet on eating and drinking, oral health and transitioning to a care home. **10,000 Voices** A specific 10,000 Voices Project in relation to experience of CAMHS and Paediatric Autism has been completed, during which the 10,000 Voices Project team worked collaboratively with children and young people and their parents and carers to design the survey tools and analyse the information received. We held an engagement event with the British Deaf Association. A follow up meeting has been arranged. We have been working with RNIB in relation to communication and access to 10,000 Voices surveys for those who are visually impaired/blind. A project in relation to eyecare services is currently ongoing. We have also engaged with community teams, hospital wards, renal units, disability action groups, Chest heart & stroke association and Breathe Easy. The 10,000 Voices surveys have been distributed at a community education stand at Disability Action's Disability Exhibition 3 and 4 June 2016. Shop mobility project is ongoing through which the public can access mobility aids, a range

	of services are available. A project is ongoing in relation to the experience of learning disability services using 10,000 voices. We have also engaged with Action for Mental Health, Fermanagh. **Health and Wellbeing Improvement** In recognition of the specific and significant needs of people with learning disabilities, Cook it! has now been adapted for use with people with learning disabilities. Training in the new programme, I can Cook it! has been offered to a range of audiences, including staff working to provide support to people with learning disabilities, as well as to individuals in local communities who wish to provide the 8-week I can Cook it! programme to learning disabled people living locally. Across Northern Ireland, PHA invests in physical activity training for those involved in caring for people with a disability. This has resulted in increased confidence to provide activities such as Chair Based Activity and Boccia. The Regional Health and Social Wellbeing Improvement Forum (one of three work-streams of the Regional Learning Disability Health Care and Improvement Steering Group) develops an annual work-plan to deliver and implement the Health and Social Wellbeing Improvement recommendations and actions contained in the regional Learning Disability Health Care and Improvement Steering Group's Action Plan. Agreed Year 3 (2016/17) actions within this action plan have been delivered within the agreed timeframes. The work-plan for 2017/18 is currently being revised to take account of emerging priorities and building on work to date. The PHA also commissioned Positive Life to:

- Provide a free confidential helpline and telephone support service for individuals living with HIV
- Provide one to one support and counselling to those affected by HIV on a wide range of issues whether via telephone or in person
- Provide a range of complementary therapy sessions to those affected by HIV
- Facilitate peer support groups for men and women living with HIV
- Provide support programmes for newly diagnosed clients.

Service Development and Screening

Cancer Screening Programmes

Information sheets are sent out to wheelchair users within breast screening being revisited to address terminology concerns.

As part of their existing contract with PHA, the WRDA conducted 'Bespoke Specialist Workshops' for participants with additional support needs, including those with Learning and/or Physical Disabilities, to raise awareness of cancer screening programmes.

Vulnerable groups - work is on going with the Prison Service and the MOD re provision of cancer screening services to people in custody, MOD personnel and their dependants.

Abdominal Aortic Aneurysm (AAA) Screening

Easy read literature has been developed specifically for learning disabled men. An agreed process is in place with Learning Disability service in promoting the programme and encouraging those eligible to attend for screening. Viability of sending LD men easy read literature directly was also explored, but the Programme Team was unable to progress due to PID constraints.

	Venues are available with access to hoist facilities for men who require this. Ambulance transportation is organised as required. Double appointment slots are available for men with specific requirements where notified to the programme in advance. Work is ongoing with physically disabled group to ensure venues remain suitable. Some materials are available in Braille.
Persons with and without dependants	**Research and Development** Research programme on dementia-3 studies from the first phase of this study have now completed and final reports are due to be submitted. Following a peer review process, the findings will be launched at a public workshop and disseminated in a variety of different formats. The studies have involved persons with dementia and their carers as partners in the research process as well as participants. Research in Early Intervention Transformation Programme (EITP) Work Stream 3 seeks to use research to answer the question - Using the voluntary sector to provide services to children and families with complex needs as an alternative to social work services – what are the risks and benefits? This study will provide evidence as to which circumstances families are best supported by voluntary sector services and which require the support of statutory sector services. **Nursing and Allied Health Professions** We have been working with bereavement groups for patients who have suffered miscarriage, still birth, neonatal or child death.

	We plan to hold an annual event and an event during the day for families. We plan to attend carers events. **Health and Wellbeing Improvement** One of the key objectives of the Commissioning Framework for Alcohol and Drugs 2013-16 was to improve access and consistency of service provision irrespective of circumstances or geographic location of residents in Northern Ireland. Based on the outcomes of the Framework, the Public Health Agency (PHA) currently commission / fund a wide range of drug and alcohol services focused on meeting the drug and alcohol needs of children, young people, adults and families / carers across Northern Ireland. These include Tier / Step 1, 2 & 3 services across the voluntary, community and statutory sectors (in support of Making Life Better and NSD for Alcohol & Drugs – phase 2). Please refer to the category of 'age' for further information on a range of these that have particular relevance for dependants. In addition, these include: • **Adult Step 2 services** These services provide step 2 treatment services including psychotherapeutic interventions (talking therapies) to adults with substance misuse difficulties/problems. These services will also provide support to family members affected by someone else's substance misuse.

Tapestry Disability Staff Network

After its launch last year, Tapestry – our Disability Staff Network, jointly with the other regional HSC organisations – took off in 2016-17. The network, which meets quarterly and is supported by the BSO Equality Unit on our behalf, developed its first action plan. During the year, the network undertook a range of actions under three themes:

(i) raising awareness of the network
(ii) raising awareness of disabilities, and
(iii) becoming an employer of choice.

These included, for example:

- a Chief Executive Statement to make it clear that the organisation supports the disability staff network and that staff who want to get involved in the network can do so in their work time
- a series of coffee mornings to engage with staff
- an article by the Chair of Tapestry providing an account of her story of living with a disability – as a role model to encourage others in the organisation to disclose to their employer that they have a disability
- two staff awareness days on cancer and on arthritis and musculoskeletal conditions held in January and March 2017 (see below)
- a lunch & learn session for line managers on reasonable adjustments (with presentations to provide a legal perspective outlining requirements and risks; a line manager perspective; and a staff member perspective);
- a staff survey on what makes an employer an employer of choice for people with a disability or those who care for someone with a disability.

Disability Work Placements

We have participated again in the Disability Work Placement scheme, which is facilitated by the BSO Equality Unit and the Health and Social Care Board jointly for the 11 regional HSC organisations. At the induction event, which brought together participants of the

scheme, their placement managers and their employment support officers at the end of November 2016, one of our staff gave a talk about his experience as a placement manager last year.
One person has been with us on a placement since December 2016. Their 26-week placement will finish at the end of May 2017. During the last two months of their placement, participants will become eligible to apply for internal posts in the participating organisations. To enhance their employability, the BSO on our behalf delivered two half-day training sessions to participants and their employment support officers on 'How to Get that Job in Health and Social Care' in March 2017.

Gender Identity Employment Policy

Taking into account what individuals and groups from the gender identity sector told us when we had engaged with them last year, we finalised a first draft of an employment policy relating to gender identity and expression. We consulted on the draft policy and its equality screening, together with our partners across the whole of Health and Social Care (HSC), between January and March 2017.

eLearning

The BSO Equality Unit on our behalf have worked together with the HSC Trusts on developing a new eLearning module on equality, good relations and human rights. The module comprises two parts: the first part is an introduction to equality, good relations and human rights for all staff; the additional second part is for line managers only. The module involves the learner working through a range of practical scenarios, in relation to both employment and service provision.

Disability Awareness Days

We held two Disability Awareness Days this year across a number of locations.

We featured Cancer Awareness Day on 27th January. We had speakers and stalls over several sites which included presentations from Dr Miriam McCarthy PHA Consultant, who spoke about Cancer Awareness in Northern Ireland. Naomi McKay, Project Manager for

Macmillan Work Support and Vocational Rehabilitation Project, likewise shared information about the work undertaken. Cancer Focus were also in attendance across locations to provide information and answer questions.

Arthritis and Musculoskeletal Awareness Day was hosted on 29th March and was also held across a range of locations. Physiotherapist Mark McCulloch presented on lower back pain in Belfast. Arthritis Care representatives attended several sites with information stands and leaflets.

Deaf Awareness Training

Deaf Awareness Training took place on the 28th March 2017. The training was delivered in a half-day session by John Carberry MBE and the focus and aim was:

- to create an awareness and understanding of the communication needs of Deaf and Hard of Hearing People
- to create an awareness and understanding of the culture of Deaf people and their language
- to create an awareness and understanding of the different methods of communication used by Deaf and Hard of Hearing people
- to enable participants to become aware of the need to acquire a basic ability to communicate with Deaf and Hard of Hearing people.

Good Relations Training

Good relations training on cultural awareness was held on 25th January and was delivered in a half-day session by Denise Wright from South Belfast Roundtable. The training focused on:

- Migration Awareness
- Introduction to Asylum and Refugee issues in UK and NI
- Cultural Awareness.

Bulletins, newsletter, senior briefings, intranet and email

We provided our staff with information in the form of emails and

features on CONNECT, our intranet. These focused on the following:

- Tapestry Disability Staff Network – general information
- Tapestry Disability Staff Network – coffee mornings summary and feedback
- Tapestry Disability Staff Network – Employer of Choice survey and results
- Disability Awareness Days – trawl for volunteers
- Cancer Awareness Day Information & Feature
- Arthritis and Musculoskeletal Conditions Awareness Day Information & Feature.

In addition, a number of senior briefings were provided on the following issues:

- Staff Monitoring
- Disability Work Placements – 2015-16 evaluation and lessons learned
- Disability Work Placements – call for 2016-17 placement offers
- Equality Screening of Technical Policies
- Every Customer Counts initiative
- Cultural Awareness Training
- Tapestry Disability Staff Network – trawl for role models
- Equality Commission Review of Action Plans
- Draft Gender Identity and Expression Employment Policy.

2 Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2016-17 (or append the plan with progress/examples identified).

Please see Appendix 1: Equality Action Plan Progress Report 2016-17

3 Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2016-17 reporting period? *(tick one box only)*

☒ **Yes** ☐ No (go to Q.4) ☐ Not applicable (go to Q.4)

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation.

3a With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation.

3b What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

☒ **As a result of the organisation's screening of a policy *(please give details):***

Please see Table 1 under Question 1 for further information.

Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation.

☐ As a result of what was identified through the EQIA and consultation exercise *(please give details):*

☒ **As a result of analysis from monitoring the impact *(please give details):***

Please see Table 3 under Question 21 for further information.

☒ **As a result of changes to access to information and services *(please specify and give details)*:**

Please see Table 1 under Question 1 and Table 3 under Question 21 for further information.

☐ Other *(please specify and give details)*:

Not applicable

Section 2: Progress on Equality Scheme commitments and action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2016-17 reporting period? *(tick one box only)*

☐ Yes, organisation wide

☒ **Yes, some departments/jobs**

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

For new posts that have gone through the job evaluation process a wording is included in job descriptions relating to assisting the organisation to fulfil its statutory duties under Section 75 of the Northern Ireland Act 1998, the Human Rights Act 1998, and other equality legislation. The development of a template for all job descriptions is scheduled for 2017-18.

5 Were the Section 75 statutory duties integrated within performance plans during the 2016-17 reporting period? *(tick one box only)*

☐ Yes, organisation wide

☐ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☒ **No, this is scheduled for later in the Equality Scheme, or**

has already been done

☐ Not applicable

Please provide any details and examples:

To further enhance the practical implementation of Section 75 requirements, PHA will build on the work undertaken with its staff through including identification of screening and impact assessments when preparing directorate and related plans.

6 In the 2016-17 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

☐ Yes, through the work to prepare or develop the new corporate plan

☒ **Yes, through organisation wide annual business planning**

☒ **Yes, in some departments**

☐ No, these are already mainstreamed through the organisation's ongoing corporate plan

☐ No, the organisation's planning cycle does not coincide with this 2016-17 report

☐ Not applicable

Please provide any details and examples:

In our Business Plan for 2016-17, we specified a range of objectives directly related to promoting equality and good relations for the Section 75 groups. These included, for example:

(1) Improving health and wellbeing and tackling health inequalities

- Implement the Action Plan of the Breastfeeding Strategy for Northern Ireland.
- Promote the health, wellbeing and safeguarding of children through implementation of Healthy Child Healthy Future and Healthy Futures policy
- Procure a range of suicide prevention and mental health promotion services, including a focus on more vulnerable groups. Commission and/or procure the 24/7 Lifeline crisis intervention

service.

(2) Improving the quality of HSC services

- Complete the review of Allied Health Professions support for children with statements of special educational needs, agreeing a proposed framework and implementation plan for consideration by the Minister of Health, Social Services and Public Safety.

(3) Improving the early detection of illness

- Develop a system to prioritise the X-ray reports of older people from nursing homes.

Equality action plans/measures

7 Within the 2016-17 reporting period, please indicate the **number** of:

Actions completed:	14	Actions ongoing:	3	Actions to commence:	1

Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2016-17.

8 Please give details of changes or amendments made to the equality action plan/measures during the 2016-17 reporting period *(points not identified in an appended plan)*:

Please see Appendix 4: Updated Equality Action Plan 2017-18.

9 In reviewing progress on the equality action plan/action measures during the 2016-17 reporting period, the following have been identified: *(tick all that apply)*

☒ **Continuing action(s), to progress the next stage addressing the known inequality**

☒ **Action(s) to address the known inequality in a different way**

☒ **Action(s) to address newly identified inequalities/recently prioritised inequalities**

☒ **Measures to address a prioritised inequality have been completed**

Arrangements for consulting (Model Equality Scheme Chapter 3)

10 Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: *(tick one box only)*

☐ All the time ☒ **Sometimes** ☐ Never

Where relevant we tend to engage with targeted groups as part of our work preceding formal consultation. This is to inform our consultation documents. At consultation stage, where relevant, we likewise target particular groupings to encourage their input, in addition to fully inclusive public consultation.

11 Please provide any **details and examples of good practice** in consultation during the 2016-17 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:

Table 2

Policy consulted on	**What equality document did you issue alongside the policy consultation document? (screening template/EQIA report/none)** (NB: if you only issued an EQIA report and not a policy consultation document please include this information)	**What consultation methods did you use?**	**Which of the methods you used drew the greatest number of responses from consultees?** (NB: if the consultation started in 2016-17 but is still on-going, please give an interim indication of methods most used and outline the closing date)	**If consultees raised concerns, did you review your initial screening decision?**	**Do you have any comments on your experience of this consultation?**
Operations: Public Health	Screening template and	• Paper based and online	Paper based questionnaire	Responses to the consultation included	Smaller workshops

Agency Corporate Plan 2017-2021	an easy read version of the policy document were issued alongside policy document	questionnaires • Roundtable workshops • Offered one to one meetings • Social media conversations		positive comments and some concerns or questions. Eg some concerns and requests for greater clarity about the age ranges for several outcomes. The plan was amended where appropriate to take account of suggestions.	worked best for encouraging full participation in the discussions
Health and Wellbeing Improvement: Proposals for PHA commissioning of a Support Service for Drug and Alcohol Service Users	None	Informal consultation with small groups of service users, a large regional event with speakers and table discussions	Around 60 people attended the regional event. The smaller informal consultations were only with a few people, but led to a different quality of	No The proposals were based on learning from the first stage of the project, and evaluation of the first stage, and initial discussions with service users, so no objections were raised.	It was a useful way of raising awareness of the project, and of building support for it. It is a challenge if what service users want is not supported by, or contradicts, evidence of

			response.		good practice**.**
Health and Wellbeing Improvement: Regional Mental Health and Suicide Prevention Training Framework	None	• Roundtable workshop • Offered one to one meetings • Organisational meetings	Engagement event workshop feedback responses	No concerns were raised.	This engagement is part of an ongoing process – next stage is the consultation.
Research & Development: Review of R&D Infrastructure	None (Due to data storage on survey monkey we were advised not to collect identifiable data).	• Online questionnaire • One to one meetings and focus groups will be conducted with a subset of larger sample in phase 2.		Responses are being analysed currently. These will help to inform a review of the R&D infrastructure.	
Abdominal Aortic Aneurysm (AAA) Screening Review of information	None	• Monthly meetings over 6 month period including service users • Article in PCC newsletter	Monthly meetings	Consultees drew attention to importance of photos representing racially diverse community as a result of which new photos reflected this	Always helpful to have service users involved in ongoing programme development and

materials/leaflets to update: data, photos and include service user testimonials		• e-mail group established		which photos from original leaflets had not.	improvement to ensure the key messages are being communicated in the most appropriate and accessible formats.
Gender Identity and Expression Employment Policy	Screening template	• Invited written comments • Offered one to one meetings • During round of engagement prior to consultation roundtables were held with individuals and groups from the sector and offered to trade union representatives	All comments received were in writing Roundtables prior to consultation were invaluable in informing the development of the policy	No	On gender identity matters it is indispensable to reach out widely in order to hear a range of voices, experiences and needs.

12 In the 2016-17 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- ☐ Face to face meetings
- ☒ **Focus groups**
- ☒ **Written documents with the opportunity to comment in writing**
- ☒ **Questionnaires**
- ☒ **Information/notification by email with an opportunity to opt in/out of the consultation**
- ☐ Internet discussions
- ☐ Telephone consultations
- ☐ Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Please see Table 2 under Question 11 above.

13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2016-17 reporting period? *(tick one box only)*

☒ **Yes** ☐ No ☐ Not applicable

Please provide any details and examples:

In our quarterly screening reports we raise awareness as to our commitments relating to equality screenings and their publication.

14 Was the consultation list reviewed during the 2016-17 reporting period? *(tick one box only)*

☒ **Yes** ☐ No ☐ Not applicable – no commitment to review

Arrangements for assessing and consulting on the likely impact of

policies (Model Equality Scheme Chapter 4)

Information on our completed equality screenings can be accessed via our website (please find link at the bottom of this site):

http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

15 Please provide the **number** of policies screened during the year (*as recorded in screening reports*):

3	In addition, the PHA jointly with the Health and Social Care Board completed a screening on the Electronic Health and Care Record.

16 Please provide the **number of assessments** that were consulted upon during 2016-17:

2	Policy consultations conducted with **screening** assessment presented.
0	Policy consultations conducted **with an equality impact assessment** (EQIA) presented.
0	Consultations for an **EQIA** alone.

Three policies and their equality screening templates were also included in our screening reports. In addition, the screening on the Electronic Health and Care Record was included in the Health and Social Care Board's screening reports.

17 Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

Please see Table 2 under Question 11 above.

18 Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

☐ Yes ☐ No concerns were raised ☒ **No** ☐ Not applicable

Please provide any details and examples:

Please see Table 2 under Question 11 above. With regards to comments received on policies included in our screening reports no additional evidence came to light leading to changes to the screening decisions.

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19 Following decisions on a policy, were the results of any EQIAs published during the 2016-17 reporting period? *(tick one box only)*

☐ Yes ☐ No ☒ **Not applicable**

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2016-17 reporting period? *(tick one box only)*

☐ Yes

☒ **No, already taken place**

☐ No, scheduled to take place at a later date

☐ Not applicable

Please provide any details:

We published the report on the outcome of our audit of information systems in 2012. It can be accessed from our website:

http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

21 In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

☒ **Yes** ☐ No ☐ Not applicable

Please provide any details and examples:

Please see Table 3 below.

Table 3

Service or Policy	What equality monitoring information did you analyse?	Did the way you used the data result in improved access to information or services?
Nursing and Allied Health Professions: 10,000 Voices	Fewer men than women participating – visited factory with male dominated workforce Uptake from those with visual impairments/blind (large print surveys available and also translated to braille)	Slight increase in number of men participating Good response in relation to 10,000 Voices Eyecare services project to date Some increase in uptake of other surveys also.
Health and Wellbeing Improvement: Early Intervention Support Service (EISS)	Information on the primary carer and information on the child/young person is collated from the referral form – ethnicity; sex, age & disability.	This data is collated and included in the annual report for each EISS.
Alcohol and Drugs services	Information continues to be gathered from commissioned / procured services using the regional Impact Measurement Tools (IMT), quarterly performance monitoring reports and annual evaluation reports. The PHA's Performance Monitoring Reports (PMRs), which are completed by	The IMT, quarterly performance monitoring reports and annual evaluation reports aid good practice and identifying services to meet the needs of section 75 groups.

	service providers on a quarterly basis, require providers to document the accessibility of their services and provide details of any actions taken to address any barriers to client engagement. Service Providers are also required to document 'trends of note', e.g. increased use of services by a particular group. The annual report submitted to the PHA by service providers also requires them to submit a summary of their Service User Profile for the year please see attached example PMR with particular reference to sections 2.8, 2.11, 2.12 and 3.0 The Regional Impact Measurement Tool, which is administered by the Public Health Information and Research Branch within the Department of Health, collects information on clients using PHA-funded substance misuse services. This tool collects information on the gender, ethnicity, country of birth, number of dependents, religion, sexual identity, marital status, employment status and long-term medical conditions of service users. This information is analysed by the Public Health Information & Research Branch of the Department of Health and	

	provided to the PHA in the form of an annual report. A further report for 2016/17 is due to be published in October 2017.	
Research & Development: Personal and Public Involvement Training (PPI)	Quantitative data: monitoring forms of those attending showed a lower uptake by people with a disability. Efforts have bene made to encourage attendance from people with a disability by advertising opportunity to wider groups.	Analysis of more recent workshops has shown that representatives from these groups have increased but there is still room for improvement. Opportunities exist for involvement on individual research projects and this remains a funding requirement.
Funding Panels	Retrospective quantitative data: showed that people with a disability or from different ethnic minorities were not represented on our funding panels.	Funding panels are selected based on expertise in particular fields where the evaluation of proposals requires specific skills and expertise. Each panel includes 2 PPI representatives and proposals must demonstrate an appropriate level of involvement.
Service Development and Screening Abdominal Aortic Aneurysm (AAA) Screening	Secure units Following contact with HSC professionals in Muckamore Abbey Hospital, contact was made with Ward Managers in Knockbracken and relevant staff in Muckamore to establish if any men	Work in progress.

	resident were eligible for AAA Screening.	
Abdominal Aortic Aneurysm (AAA) Screening	Hoist initiative Contact made with all screening locations to establish where hoists are available for physically disabled men.	Men who require a hoist for screening can now be screened at the facility most appropriate for them.

22 Please provide any details or examples of where the monitoring of policies, during the 2016-17 reporting period, has shown changes to differential/adverse impacts previously assessed:

Please see Table 4 below.

Table 4

Policy previously screened or EQIAed	**What were the adverse impacts at the point of screening or EQIA?**	**What changes to these have occurred since, as indicated by the equality monitoring data?**
Abdominal Aortic Aneurysm (AAA) Screening	Reasonable expectation of lower uptake of screening among individuals: - with a disability - from BME communities, specifically Chinese	Individuals with mobility issues can be proactively called to monthly clinics at the Royal. Three other venues across region with hoists also available. Significant number of requests by members of Chinese community to Interpreting Service and for translation of letters sent by AAA Screening Programme.

23 Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

Please see Table 3 under Question 21 above.

Staff Training (Model Equality Scheme Chapter 5)

24 Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2016-17, and the extent to which they met the training objectives in the Equality Scheme.

Face-to-face training:

Course	**No of Staff Trained**
Screening Training	16
Equality Impact Assessment Training	4
Deaf Awareness Training	4
Reasonable Adjustments Training	5
Cultural Awareness Training	4
Disability Placement Scheme Training	3
Total	**36**

eLearning: Discovering Diversity

Module 1 to 4 – Diversity	**5**
Module 5 – Disability	**3**
Module 6 – Cultural Competencies	**3**

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

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

Equality Screening Training

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: **100%**
- To develop an understanding of the benefits of screening: **100%**
- To develop an understanding of the screening process: **97%**
- To develop skills in practically carrying out screening: **92%**

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?" **100%**

Equality Impact Assessment Training

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

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

- To demonstrate an understanding of what the law says on EQIAs **100%**
- To demonstrate an understanding of the EQIA process **100%**
- To demonstrate an understanding of the benefits of EQIAs **100%**
- To develop skills in practically carrying out EQIAs **100%**

Public Access to Information and Services (Model Equality Scheme Chapter 6)

26 Please list **any examples** of where monitoring during 2016-17, across all functions, has resulted in action and improvement in relation **to access to information and services**:

Please see Table 3 under Question 21 above.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints **in relation to the Equality Scheme** have been received during 2016-17?

Insert number here: 0

Please provide any details of each complaint raised and outcome: n/a

Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

April 2021.

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

- equality screenings and the timely publication of completed screening templates
- where relevant EQIAs
- monitoring, including of policies screened
- engagement with Section 75 groups (alongside other voluntary sector groups) as part of pre-consultation exercises and collection of equality information by this means
- issuing equality screening documents alongside policy documents in any policy consultations.

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2017-18) reporting period? *(please tick any that apply)*

☒ **Employment**

☒ **Goods, facilities and services**

☐ Legislative changes

☒ **Organisational changes/ new functions**

☐ Nothing specific, more of the same

☒ **Other (please state):**

equality screening of health and wellbeing topic areas

PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

When we produced our Disability Action Plan we decided that it is important to do so in a language and format that is easy to understand. A copy of our Plan for 2013-2018 is available on our website and attached as Appendix 6.

In the same way, we want to make sure that people can easily follow what we do from year to year as we carry out our plan. We have produced a report for 2016-17. It is attached as Appendix 5. This report contains the information required for the statutory reporting in what we hope is an accessible language and format.

PART B

1. Number of action measures for this **reporting period** that have been:

Fully achieved	Partially achieved	Not achieved

2. Please outline below details on all **actions that have been fully achieved** in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs[i]	Outcomes / Impact[ii]
National[iii]			
Regional[iv]			
Local[v]			

2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1			
2			

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

	Communications Action Measures	Outputs	Outcome / Impact
1			
2			

2 (d) What action measures were achieved to '**encourage others'** to promote the two duties:

	Encourage others Action Measures	Outputs	Outcome / Impact
1			
2			

2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1			

2			

3. Please outline what action measures have been **partly achieved** as follows:

	Action Measures partly achieved	Milestones[vi] / Outputs	Outcomes/Impacts	Reasons not fully achieved
1				
2				

4. Please outline what action measures **have <u>not</u> been achieved** and the reasons why.

	Action Measures not met	Reasons
1		
2		

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

PART B

(a) Qualitative

(b) Quantitative

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

Please select

If yes please outline below:

	Revised/Additional Action Measures	Performance Indicator	Timescale
1			
2			
3			
4			
5			

7. Do you intend to make any further **revisions to your plan** in light of your organisation's annual review of the plan? If so, please outline proposed changes?

[i] **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

[ii] **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

[iii] **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

[iv] **Regional**: Situations where people can influence policy decision making at a middle impact level

[v] **Local :** Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

[vi] **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.

Appendix 1

Equality Action Plan 2013 – 2018: Report on the progress we made during 2016-17

June 2017

This document summarises progress made during 2016-17 against the actions we identified in our Equality Action Plan. The plan covers the period 2013-18 and is available on our website: www.publichealth.hscni.net/sites/default/files/PHA%20EAP.pdf

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

Theme 1: Provision of Accessible Information

Action Point	Progress to end Mar 2017 and Comments	Outcomes for Section 75 groups
Monitor and review resources for positive images of equalities communities	No further developments have taken place in relation to an HSC-wide image library discussed at Physical and Sensory Disability Strategy information workstream in 2015-16.	n/a

Theme 2: Cancer Screening

Action Point	Progress to end Mar 2017 and Comments	Outcomes for Section 75 groups
Monitor delivery of Women's Resource and Development Agency (WRDA) contract	72 educational awareness sessions have been delivered to target service user groups. 50 bespoke specialist workshops have been delivered to 776 participants with additional support needs, including those with learning, physical or sensory disabilities. 163 staff members also attended these workshops. 19 promotional events have been supported, providing information on the three cancer screening programmes to approx. 620 attendees.	Raised awareness and understanding of cancer screening programmes in people with reduced access to services as a result of poverty and marginalisation. PHA conducted an impact evaluation of this work for Quarters 1-3 of 2016-17. There were overall improvements in respondents' awareness, understanding, and willingness to participate in cancer screening for each of the three programmes. E.g. analysis of the Breast educational awareness programme data revealed that prior to the session, only 54% of women currently check their breasts; post session 97% of respondents reported that they will now regularly check their breasts. 30 community facilitators have completed their peer facilitator training with WRDA, with 28 completing their Level 3 Certificate in Learning & Development.

Meet with gender identity groups	Meeting being set up for summer 2017 with transgender support groups to discuss issues in terms of gender markers within the screening programme, NHAIS and Health and Care number system.	Better understanding of the issues facing transgender people in accessing the screening programmes.

Theme 3: Childhood Immunisation

Action Point	Progress to end Mar 2017 and Comments	Outcomes for Section 75 groups
Continue to offer a one stop shop for new migrants that will include a range of services including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service).	NINES continue to see asylum seeker, refugee and other new arrived children that have not registered with primary care. They screen for TB disease and infection, test for HIV, Hepatitis B and C. They establish their vaccination history against the UK schedule Positive results are referred to secondary services. Children are registered with the Child Health System to enable them to receive vaccinations. Plans are also progressing to enable staff to opportunistically vaccinate children with an incomplete vaccination history. They also receive referrals for TB screening and BCG from primary care and school nursing for migrants at greater risk for TB The Southern NINES is operational and the Belfast NINES has continued	An evaluation for the period from January 2013 to July 2015 showed that Belfast NINES saw around 150 children under 16 years. All received assistance in registration with primary care and the child health system. Belfast NINES saw an around additional 300 children for mantoux testing as part of TB screening, with a small number going on to receive BCG. The Belfast NINES is currently developing Patient Group Directions to enable staff to deliver childhood vaccinations. The staff are also attending update vaccination training in June 2017.

	to provide their service since April 2012.	

Theme 4: Migrants

Action Point	Progress to end Mar 2017 and Comments	Outcomes for Section 75 groups
Establish the delivery of a new entrant service in the Southern HSC Trust locality and continue to offer existing service in the Belfast HSC Trust locality these include a range of programmes including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service) and supporting the integration of Syrian Refugees into NI society.	The Southern HSC Trust NINES is now established and operational. A bilingual public health assistant is currently being recruited to assist in the delivery of the Health for all Children programme. Health Protection: Both NINES services see asylum seeker, refugee and other new arrived adults and children that have not registered with primary care. They screen for TB disease and infection, test for HIV, Hepatitis B and C and establish their vaccination history against the UK schedule. Positive results are referred to secondary services. Children are registered with the Child Health System to enable them to receive vaccinations. Plans are progressing to enable staff to opportunistically vaccinate adults and children with an incomplete vaccination	Improvement in equity and quality of care offered to migrants; prompt identification of need and early intervention/onward referral will help ensure that risks identified are minimised; reduction in inappropriate attendances at Emergency Care. Health Protection: An evaluation for the period from January 2013 to July 2015 showed that Belfast NINES saw around 400 individuals. The estimated proportion of new clients over 16 years that were offered HIV, Hepatitis B (HBV) and Hepatitis C (HCV) testing was highest in 2013 (63% and 59% respectively), falling to 39% in 2014 before rising to 54% in 2015. Of those that accepted testing, the average positivity rate during the 30 month period was 2.8% for HIV, 2.5% for HBV and 0.2% for HCV.

	history.	The Belfast NINES is currently developing Patient Group Directions to enable staff to deliver childhood vaccinations. The staff are also attending update vaccination training in June 2017 External evaluation is currently taking place.
Continue to improve data collection of migrants and their health and social wellbeing needs with a particular focus on community systems (SOSCARE); hospital systems (PAS) and GP systems.	This pilot initiative is completed and the Ethnic Minority Monitoring Group has been disbanded for the presen.t	Information has been provided for service users and HSC staff on the introduction of ethnic monitoring into HSC systems. This will help to ensure more effective monitoring which, in turn, will benefit migrants by allowing providers to assess numbers accessing services, highlight possible inequalities, investigate their underlying causes and remove any unfairness or disadvantage.
Consider the findings of the evaluation of the Stronger Together Network to assess the extent to which the project has achieved its aims and objectives.	STEP has completed a formative evaluation of the Stronger Together Regional Minority Ethnic HSWB Network. An evaluation report has been produced which has found that the objectives to provide an effective information and good practice sharing	The Stronger Together Network benefits ethnic minority communities and migrants by facilitating regional co-operation and creating a common forum for accessing and sharing information, good practice, knowledge and skills relating to the holistic health

	Migrant Health and Social Wellbeing Collaborative Network for health and social care professionals, ME groups and others have been achieved. Recommendations for the future include the need for the network to operate at a more strategic level.	and social wellbeing of ethnic minorities. This is contributing to increased awareness of the health and social wellbeing needs of migrants and ethnic minority communities and of opportunities for addressing those needs.
Continue to develop a pilot service to support the mental health and emotional wellbeing needs of ethnic minority communities across Northern Ireland	The mental health pilot project has been established and is on track for achievement of objective. Three part-time (22.5 hrs per week) bi-lingual mental health support workers have been appointed to support 6 -8 clients per week to access services and help ensure that services are culturally sensitive.	The findings from the pilot project will help to ensure that local commissioning and decision making in relation to minority ethnic mental health and emotional wellbeing is better informed and more effective.
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	A regional 2016/17 action plan to address minority ethnic health and social wellbeing issues was developed and is being implemented by key agencies and organisations across the sectors that have come together, under the auspices of the PHA, as the Regional Minority Ethnic Health and Social Wellbeing Steering Group.	The 2016/17 action plan continues to address the fact that ethnic minority communities are at increased risk of health inequalities and has adopted a co-ordinated, cross – sectoral, partnership approach to tackle identified issues, reflecting best practice and evidence from the literature.

Theme 5: Lesbian, Gay, Bisexual and Transgender

Action Point	Progress to end Mar 2017 and Comments	Outcomes for Section 75 groups
Continue to support the HSC LGB&T Staff Forum	LGB&T staff working within HSC organisations feel valued and are empowered to contribute to effect change in the organisation. The PHA has worked with partners across the HSC to develop a Gender Identity and Expression – Employment Policy. The draft policy was consulted on from January to March 2017. HSC organisations visibly demonstrate their commitment to promoting equality for LGB&T staff. LGB&T staff actively engage in the Forum. PHA help facilitate the HSC Forum on behalf of members.	LGB& T people feel valued within the workplace of HSC. Reduction in stigma and discrimination by increasing awareness, understanding and skills and create a safe environment for people who are lesbian gay bisexual or transgender.
Maintain a dedicated website for the Forum.	Forum members contribute to the development of and ongoing updating of the Forum website.	LGB& T people feel valued within the workplace of HSC.
Deliver on recommendations from the PHA staff survey which was carried out as part of the Diversity Champion	The PHA has been working closely with colleagues in the Business Services Organisation (BSO) and	LGB& T people feel valued within the workplace of HSC.

programme	progress to date has included: - a review of all HR Policies which have been benchmarked against best practice; - training has been delivered to key personnel from HR and Equality units within the PHA and BSO and others from across the wider HSC family.	
Commission services to support the mental health and emotional wellbeing needs of Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families	During 16-17 PHA has commissioned The Rainbow Project to provide a range of services across Northern Ireland for LGB&T clients, including: • Providing counselling, group work sessions and personal development courses to individuals who are LGB&T • Distribution of safer sex packs to MSM at sites and venues • Providing workshops for health professionals on LGB&T Health and Social Wellbeing issues • Providing 'rapid testing' for HIV and syphilis for MSM The PHA has also commissioned Positive Life to:	Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families are supported to improve their mental health and emotional wellbeing needs.

	• Provide a free confidential helpline and telephone support service for individuals with living with HIV; • Provide one to one support and counselling to those affected by HIV on a wide range of issues whether via telephone or in person; • Provide a range of complimentary therapy sessions to those affected by HIV; • Facilitate peer support groups for men and women living with HIV; • Provide support programmes for newly diagnosed clients. (N.B. HIV is experienced by both heterosexual and homosexual individuals) Specifically in the southern area the PHA commission Rainbow to: • Provide 1-1 personal development courses for LGB& T communities in southern area; • Provide befriending for a minimum of 20 individuals who identify as LGB&T from southern area;	

	• Provide training for befriending volunteers and drop in facility in Newry area; • Provide over 180 counselling sessions for lesbian or bi-sexual women in Northern Ireland; • Provide over 80 interventions for lesbian and bi-sexual women; • Provide over 20 awareness raising sessions; • Provide over 180 counselling; sessions for gay and bi-sexual men; • Provide over 100 interventions for gay and bi-sexual men; • Provide over 20 awareness raising sessions. PHA work with PRIDE and OUTBUST festivals to promote public health messages for members of the LGB&T communities. PHA has developed an anti bullying campaign for young people who are from LGB& T communities. Support has been provided for the International day against homophobia and transphobia (IDAHOT) through	

	working with CHYP strategic partnership programme of events. A radio campaign has taken place to promote www.lgbt.org which provides support for LGB&T individuals and families. PHA Commission Rainbow to deliver Gender Identity Training in southern area. PHA commission SAIL to deliver a minimum of 100 interventions to transgender individuals and their families across NI and provide a minimum 50 transgender awareness raising sessions to C&V and statutory groups. PHA also commission SAIL to provide mentoring and befriending services for individuals and families of people who are transgender in southern area.	

Theme 6: Personal and Public Involvement (PPI)

Action Point	Progress to end Mar 2017 and Comments	Outcomes for Section 75 groups
Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.	Scoring criteria has been established and is used in the allocation of any promotion and advancement of PPI funding programmes.	Supported progression of s75 groups to the shortlisting and final stages of funding.
Identify gaps in PPI research, theory & practical application. Commission research with a focus on lessons to be extrapolated & shared across the HSC. Publish research and implement recommendations as part of the PHA PPI Action Plan	PPI research has been commissioned by the PHA and PCC. This research supported the inclusion of people from s75 groups in the research team and through workshop participation. A publication launch was held in early 2017. At this launch s75 members of the research team made a presentation highlighting the importance of creating opportunities for all people to be involved in shaping Health and Social Care.	Created opportunities for people froms75 groups to actively shape the research and contribute to the content. Supported greater visibility for s75 groups and ensured that the equality was core to the research. Created opportunities for people from s75 groups to be actively involved in public life.

Theme 7: PHA as an employer

Action Point	Progress to end Mar 2017 and Comments	Outcomes for Section 75 groups
Engage with staff to find out about staff preferences for working on beyond previous retirement age and suggestions for additional support	First discussions were held with BSO HR to explore on linkages with the NHS 'Working Longer' agenda and any wider actions across HSC organisations.	n/a
Work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for staff from a range of Section 75 groups	A first draft has been produced. Further work to complete the guide will be undertaken in Quarter 1 of 2017-18.	n/a
Monitor staff completion figures for Section 75 data. Continue to encourage staff to complete equality data section on HR system via self-service	We monitor diversity data and completion figures quarterly. During a series of coffee mornings with staff in relation to Tapestry, our disability staff network, we made staff aware of the gaps in equality data that we hold and encouraged them to disclose to their employer if they have a disability or have caring responsibilities.	Ultimately, the aim is that robust data is in place to allow assessment of impacts on staff and developing targeted actions.

Theme 8: Board composition

Action Point	Progress to end Mar 2017 and Comments	Outcomes for Section 75 groups
Approach Office for Public Appointments or Public Appointments Unit to welcome thoughts on the matter and seek advice on how greater diversity can be achieved (Mar 2018)	Scheduled for 2017-18	n/a

Public Health Agency
4th floor South, 12-22 Linenhall Street, Belfast, BT2 8BS
Telephone: 0300 555 0114
Website: www.publichealth.hscni.net

June 2017

Appendix 2

Equality and Human Rights Screening Report

April 2016 – March 2017

*1	'screened in' for equality impact assessment (EQIA)
2	'screened out' with mitigation
3	'screened out' without mitigation

Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
Infant Mental Health Plan	This Infant Mental Health Framework represents a commitment by the Public Health Agency, Health and Social Care Board and Trusts, as well as academic, research, voluntary and community organisations across Northern Ireland, to improve interventions from the ante-natal period through to children aged three years old.	Apr-16	2
Workplace Health and Well-being Support Tender Strategy	The proposal aims to ensure that an evidence based approach to Workplace Health and Well-being based on the WHO Framework for Workplace Health Support is facilitated across all 5 HSC localities This opportunity will provide support to businesses and organisations which will involve assessing and addressing all employee needs.	Nov-14	2
Data Protection/Confidentiality Policy 2015 – 2017	The general purpose of the Data Protection / Confidentiality Policy is to provide clear direction to the PHA in ensuring compliance with the principles set out in the Data Protection Act 1998.	May-15	3

Appendix 3

Equality and Human Rights Mitigation Report

April 2016 – March 2017

Infant Mental Health Framework

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 IMHF vision is that all children have the best start in life Key Objectives of the IMHF are • Parents and practitioners understand the importance of attachment and the essential elements of positive social and emotional health in infants. • Parents and practitioners have skills to engage positively with infants to maximise their social and emotional development. • Practitioners and parents are able to respond to predictors of vulnerability in infants and families and identify early signs of delayed social and emotional development in infants and /or emotional distress. • Appropriate services are in place and available to respond to identified infant mental health and wellbeing needs across the region, on an equal basis for all. The IMHF development included • Input from the Public Health Agency (PHA), Health & Social Care Board & Health and Social Care Trusts as well as academic, research, and voluntary and community organisations across Northern Ireland to ensure it reflected the effectiveness of what will be done by all organisations to improve interventions from the perinatal and antenatal period	• The equality screen has identified equality issues that need to be taken into account by the IMHF. • Methods of communication will be developed to meet particular needs of Section 75 groupings e.g. key publications available in a number of formats e.g. translated into languages, use of plain English, easy read & pictures and diagrams. • The PHA through the Infant Mental Health Implementation Group (IMHIG) will seek feedback from all organisations in relation to gaps in service provision and unmet need including with regards to the nine equality categories and communicate this information to the relevant commissioners. The following actions from the Framework will be subjected to equality screening and , where relevant, equality impact assessment: • Communication links will be developed with parenting networks to ensure parental engagement on perspectives on Infant Mental Health and ensure views of Section 75

through to children 3 years of age. • Input to the IMHF was sought from a range of organisations including Mencap, NSPCC, Beacon (NIAMH), Lifestart Foundation &Tinylife to help ensure the views of children and families within section 75 categories were represented. • The PHA are keen to ensure that other bodies working on Infant Mental Health take into account specific needs and experiences of children and families within each of the section 75 categories. • Workforce development is a key theme within the IMHF through which key tasks have been set in relation to professional development to ensure staff develop professional expertise to work effectively with the diverse needs of children and families.	groupings are sought. • Identifying gaps in our knowledge of data and service delivery and ensuring this information is provided to relevant commissioners, in particular the current antenatal and post-natal data collected from new parents. First action will be to follow up with a sample of women who have indicated a need for support in the antenatal period and to assess the extent of support provided. • Development of new and enhanced material and content for inclusion in ante-natal parental education service. • Commission 5 Early Years Intervention Posts – these will inform the development of interventions and programmes relating to Delivering Social Change/Early Intervention Transformation Programme work on parenting programmes, including those related to Infant Mental Health. • In line with the DHSSPS CAMHS Guidance framework, and the HSCB 'Working Together Learning Development Framework', develop the capacity of CAMHS practitioners to deliver evidenced based interventions/NICE approved therapies. • Introduction of 5 Early

	Intervention Teams across NI focused on supporting families with children with escalating vulnerability • Introduction of mental health and wellbeing HUBs providing relevant support for target clients including those families and adults with newborns • Expansion of parenting support programmes including those relevant to parents with newborns and infants.

Workplace Health

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 Tender Strategy and the proposed specification will include the need for workplace and well-being support to include best practice with regard to inclusion and valuing diversity. It will require providers to identify and address particular needs based on the nine equality groupings as outlined under 2.3. All employees will benefit from inclusion in workplace well-being surveys regardless of their equality grouping. The specification will require providers to ensure that surveys are designed in such a way that they are accessible to people with a disability and those who experience language barriers. Also, surveys should include prompts that focus on particular needs based on any of the nine equality groupings. Engagement with all employees will be recognised central to the success to this approach. Providers are required to give consideration to targeting particular groups of employees who may be less likely to engage, such as ethnic minorities. The provider will be asked to ensure employers understand Human Rights legislation and that it is enshrined in workplace health and well-being programmes.	In evaluating the effectiveness of the services each workplace advisor will be asked to review the demographic of the businesses involved and the make-up of the workforce. Diversity and equality will be included in the workplace health and well-being training provided by those who are awarded the tender. Businesses engaged will be asked to develop equality guidance as part of their workplace well-being action plans. Businesses engaged will be asked to develop policies on supporting workers with disability as part of their workplace well-being action plans. Workers with disabilities encouraged to engage with employers to improve understanding and develop good practice

Appendix 4

Section 75

Equality Action Plan

2013 – 2018

Public Health Agency

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

Updated June 2017

Introduction

In 2010 the Equality Commission NI asked the Public Health Agency to develop an action plan outlining actions to promote equality of opportunity and good relations and address inequalities. Our first action plan was developed for a period of two years (2011-2013), to align it with our corporate and business planning cycles at the time.

This document presents the reviewed and updated action plan for the period 2013-18. In its development consideration was given to a review of existing priorities and consideration of new priorities. This plan is a 'live' document and as such will be reviewed on an annual basis.

The actions in this plan are reflective of the goals and common themes defined in the PHA's corporate strategy 2011-15. Each theme in the action plan includes a reference to the relevant goal or theme in the strategy, for ease of reference.

Equality Scheme commitments

Our action plan outlined actions related to our functions and took 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 our Equality Scheme we gave a commitment to monitoring progress and updating the plan as necessary. We also said we would engage and consult with stakeholders when reviewing the action plan.

During the last two years we have kept our Equality Action Plan under review and reported annually, to the Equality Commission, on what we have done.

How we carried out the review

As we are coming to the end of our two years we undertook a larger scale review, to consider what actions to include in our new equality action plan.

In carrying out our review we considered a number of questions.

1. Have actions been delivered? If not these were carried over into our new plan.
2. Have intended outcomes been achieved? If actions were delivered but the intended outcome has not been achieved we carried over the priority into the new plan with new actions.
3. Were there actions identified in our first audit of inequalities but not prioritised for our first plan? If these are still relevant we carried them over into the new plan.

We also looked at a range of sources of information such as:

- new research
- new data having become available
- new equality screening exercises having been completed
- issues raised in consultations or through other engagement with staff and service users since our first action plan.

From this we considered if new actions needed to be developed for 2013-2018.

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.

The PHA has been systematically examining evidence of best practice and effectiveness to ensure that investment and joint working will bring clear benefits. We are setting out four key themes to our work:

Give every child and young person the best start in life

Investment in early years brings significant benefits later in life across areas such as health and wellbeing, education, employment, and reduced violence

and crime. We are committed to pursuing strongly evidenced programmes to build resilience and promote health and wellbeing.

Ensure a decent standard of living for all

Lower socioeconomic groups have a greater risk of poor health and reduced life expectancy. We will focus efforts in a number of areas where, working with partners, we can impact on achieving a decent standard of living for all.

Build sustainable communities

The views, strengths, relationships and energies of local communities are essential in building effective approaches to improving health and wellbeing. We are committed to community development, engaging people in decision-making and in shaping their lives and social networks.

Make healthy choices easier

Creating an environment that encourages and supports health is critical. We are committed to working across a range of settings to ensure that healthier choices are made easier for individuals.

What is in our Equality Action Plan?

The following table outlines our key actions for the next five 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.

We will keep this plan under regular review and report annually on progress to the Equality Commission NI. We will undertake a wider review in five years. We will involve Section 75 equality groups and individuals in this review. This document is also available on our website: www.publichealth.hscni.net

The PHA Equality Action Plan 2013-2018

Theme 1: Provision of Accessible Information Link to Corporate Strategy: 'Ensuring effective processes'	**Key inequalities and opportunities to promote equality and good relations:** • people with a disability experience barriers in accessing website information • opportunity to mainstream consideration of accessible information needs in all projects involving the production of information materials **Evidence** • http://www.w3.org/standards/webdesign/accessibility			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Monitor and review resources for positive images of equalities communities	Positive images promote inclusion and recognise equality and diversity of the equalities communities we work with	Images to be sourced through Physical and Sensory Disability Strategy Information Workstream Feature in CONNECT to raise awareness of need to be inclusive with images	Public and Professional Information Manager	end Mar 2018

Theme 2: Cancer Screening Link to Corporate Strategy: 4.6: Working with communities to increase the uptake of screening programmes.	**Key inequalities and opportunities to promote equality and good relations:** **BME Groups** - There are a number of factors that can influence participation by some BME groups in cancer screening, including: • Divergence in perceptions held by screening staff and migrant ethnic groups regarding cancer screening. • Suspicion of authority. • The degree of knowledge about screening. • The type of health care in individuals' native countries, i.e. no experience of these types of programmes. • Lack of access to primary care. **Learning Difficulties** - Cancer screening uptake is lower amongst the population of people with learning difficulties than among those in the general population. Barriers to accessing cancer screening include: • communication issues, including literacy problems; • consent issues; • physical health; • inability to undergo screening due to physical limitations **LGB&T** - Lesbian women are less likely to participate in preventive health care, including breast and cervical cancer screening than heterosexual women. There is an assumption that they do not need to undertake cervical screening. **Physical and Sensory Disability -** A key issue affecting those with sensory and/or physical disabilities is the availability of accessible information. The bowel cancer screening test kit is

	completed by individuals at home. Due to the nature of the test (collecting a stool sample) individuals with a physical or sensory disability will have difficulty accessing the screening programme. **Evidence** • People from these minority groups may have problems accessing or understanding information about cancer screening and in some cases the methods of screening may create obstacles for some individuals. The PHA does not have data of uptake of cancer screening by individuals from section 75 groups. Our data collection is not specific enough. There is anecdotal evidence that uptake of cancer screening is lower amongst some section 75 groupings.			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Monitor delivery of Women's Resource and Development Agency (WRDA) contract	The promotion of informed choice with regards to the cancer screening programmes in section 75 groups	(2017-18 targets) • Number of awareness sessions delivered (101) • • Number of promotional events held (5) • Number of Community Facilitators recruited and trained to Level 3 Certificate in Learning and Development (30)	WRDA/ QARC	Contract to June 2018
Meet with gender identity	To discuss the issues around	Further engagement with	QARC	end Mar

groups	transgender people’s awareness of and access to the cancer screening programmes	transgender support groups to progress this work stream.		2018

Theme 3: Childhood Immunisation Link to Corporate Strategy: 1.8: Targeting immunisation programmes on areas of low uptake to help reduce inequalities.	**Key inequalities and opportunities to promote equality and good relations:** • Whilst childhood immunisation uptake levels are generally very good in Northern Ireland and above the UK average there is variation in uptake. Lower levels occur in some areas of deprivation and also in some groups e.g. the Traveller community. There can also be problems with some recent migrants accessing vaccination services. **Evidence** • Vaccination uptake figures and reports from professionals working with affected groups. • NICE Public Health Guidance 21: Reducing differences in uptake of immunisations in children and young people aged under 19 years. This guidance identifies the following groups as being at risk of not being fully immunised: o those who have missed previous vaccinations (whether as a result of parental choice or otherwise) o looked after children o those with physical or learning disabilities o children of teenage or lone parents o those not registered with a GP o younger children from large families o children who are hospitalised or have a chronic illness o those from some minority ethnic groups o those from non-English speaking families o vulnerable children, such as those whose families are travellers, asylum seekers or are homeless.			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**

Continue to offer a one stop shop for new migrants that will include a range of services including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service).	bringing new migrant children up to date with their immunisations	NINES will continue to offer service to new entrant children.	Belfast Trust working with PHA	Ongoing Service started, new elements still being added and developed

Theme 4: Migrants (relevant to both duties under Section 75) Link to Corporate Strategy: 2.7: Focusing on communities experiencing significant social deprivation and health need, as well as social groupings that have fallen behind levels of health expected by our society.	**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**	**By When**
Continue the delivery of a new entrant service in the Southern HSC Trust locality and continue to offer	The gap in uptake rates between the highest and lowest performing areas will be reduced as much as	NINES will continue to offer service to new entrant children.	Belfast Trust and Southern HSCTrust	end Mar 2018

existing service in the Belfast HSC Trust locality these include a range of programmes including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service) and supporting the integration of Syrian Refugees into NI society	possible.	NINES will continue to offer help to ensure that essential services are provided to newly arrived Syrian refugees in an efficient, effective and sensitive manner and that Syrian refugees are assisted to settle into their new lives in Northern Ireland and successfully integrate into Northern Ireland society.	working with PHA and HSCB	
Through partnership working across the sectors explore how best to support improved access to English classes.	Improved knowledge and understanding of the issues and challenges relating to accessing English classes in NI including examples of good practice to help inform future action.	report produced identifying the way forward	Cross – sectoral task and finish sub group	end Mar 2018
Based on the findings of the evaluation of the Stronger Together Network to commission a provider to establish an enhanced minority ethnic health and social wellbeing improvement collaborative network with an interest in protecting and improving the	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 commission ed	end Mar 2018

health and social wellbeing of ethnic minority communities in Northern Ireland, to achieve more effective and efficient use of available expertise and resources, by exchanging information; sharing knowledge and good practice; supporting and promoting training and capacity building; helping to identify health and social wellbeing needs, issues, challenges and constraints.				
Continue to implement a pilot service to support the mental health and emotional wellbeing needs of ethnic minority communities across Northern Ireland	Increased knowledge of effective approaches relating to promoting minority ethnic mental health and emotional wellbeing.	Completion of three year service delivery plan developed including details of geographical reach; key milestones and timeframes.	South Tyrone Empowerment Programme (STEP)	end Mar 2018
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	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 2018

health and social wellbeing issues				

Theme 5: Lesbian, Gay, Bisexual and Transgender Link to Corporate Strategy: 2.7: Focusing on communities experiencing significant social deprivation and health need, as well as social groupings that have fallen behind levels of health expected by our society.	**Key inequalities and opportunities to promote equality and good relations:** 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**	**By When**
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 dedicated LGB&T website. E-learning programme promoted as part of KSF requirements for all staff.	Hilary Parke Human Resources Hilary Parke with Staff Forum Human Resources	end March 2018

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. HSC organisations visibly demonstrate their commitment to promoting equality for LGB&T staff	LGB&T staff are willing to engage with the Forum and contribute to action plan for the year. New members join the Forum and e-mail circulation list. Forum members contribute to the development of and ongoing updating of the Forum website.	Hilary Parke	end Mar 2018
Research				
Deliver on recommendations from the PHA staff survey which was carried out as part of the Diversity Champion programme	Organisation has robust evidence to develop actions to support LGB&T individuals working in the HSC sector. LGB&T staff individuals will feel that their needs are being considered organisation is in a position to measure outcomes of agreed actions	Survey completed and report produced findings disseminated and learning/feedback considered as part of the Diversity Champion programme.	PHA Health Intelligence BSO The Rainbow Project	end Mar 2018

Mental Health and Emotional Wellbeing				
(5) Commission services to support the mental health and emotional wellbeing needs of Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families.	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. Sexual Orientation and Gender identity training will be available across all HSC localities.	Objectives are renewed on an annual basis. Services meeting and exceeding demands. Services delivered across all 5 HSC Localities.	Hilary Parke	end of March 2018.

Theme 6: Personal and Public Involvement Link to Corporate Strategy: 'Personal and public involvement'	**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**	**By When**
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 2018
PHA to identify gaps in PPI research, theory & practical application. Commission research with a focus on lessons to be extrapolated & shared across the HSC. Publish research and implement recommendations as part of	Ensure that PPI is actively researched in a Northern Ireland Context, taking into consideration Section 75 groups.	GAP analysis. Research commissioned. Learning applied.	PHA PPI Team/PHA R&D Office	end Mar 2018

the PHA PPI Action Plan				

Theme 7: PHA as an employer Link to Corporate Strategy: 'Ensuring effective processes'	**Key inequalities and opportunities to promote equality and good relations:** • opportunity to better promote equality for older staff who may wish to work on (potential lack of dedicated information) • lack of comprehensive staff equality data **Evidence** • feedback from staff; submission from Older People's Advocate			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Older people				
Explore regional work on NHS "Working Longer" initiative engage with staff to find out about staff preferences for working on beyond previous retirement age and suggestions for additional support	PHA staff are in a position to make informed choices in relation to working beyond previous retirement age Older staff are choosing to work on are supported	engagement has taken place	Operations & Human Resources	end Mar 2018
Meeting section 75-related needs of staff				
work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for	Increased capacity of line managers to identify and respond to the range of Section 75 needs of	resource produced	Human Resources	end Mar 2018

staff from a range of Section 75 groups	their staff staff feel that their needs are being met			
Section 75 monitoring				
Monitor completion figures Continue to 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	gaps have been identified and staff datasets are comprehensive	Human Resources	end Mar 2018

Theme 8: Board composition Link to Corporate Strategy: 'Ensuring effective processes'	**Key inequalities and opportunities to promote equality and good relations:** • lack of comprehensive data on the Section 75 profile of members of HSC boards; indications that some groups are under-represented (including ethnic minorities, younger people, people with a disability) **Evidence** • no robust information available; submission from Older People's Advocate			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Approach Office for Public Appointments or Public Appointments Unit to welcome thoughts on the matter and seek advice on how greater diversity can be achieved	the Agency uses its influence to promote diversity	Engagement undertaken	Operations	end Mar 2018

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); Trans-gendered people; Transsexual people; Women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995. This includes people affected by a range of rare diseases.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.

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 June 2017

Appendix 5

Disability Action Plan 2013-2018

Public Health Agency (PHA)

What we did between April 2016 and March 2017

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

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

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites Review information materials including website.	Disabled people are portrayed in a positive manner	Review of information materials including website undertaken Annual Review of Progress to the Equality Commission	end Mar 2017
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did this year • Where appropriate, we source and include images on print and online outputs to ensure promotion of disability, eg resources in support of the Dementia public information campaign included images of a woman in a wheelchair. • The *Good Practice Guidance on Including People with Disability in Public Health Initiatives*, developed by the Physical and Sensory Disability Strategy SILIT workstream on which we sit, has been added to the PHA Business Toolkit to raise awareness among PHA staff of the needs of people with disabilities in the design and development of health promotion programmes. • This work is now completed.			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
2. Put in place contractual arrangements for the production of materials in alternative formats. • Undertake a scoping exercise by type of format based on current and best practice in UK • Where appropriate undertake tender exercise and put contracts in place.	Alternative accessible formats are more readily available	Arrangements are in place to support staff in procuring materials in alternative formats Contracts in place where appropriate	BSO Equality Unit Year 3
Relevant Duty: Encourage participation of disabled people in public life.			
What we did this year • The Equality Unit at the Business Services Organisation support us in our work. They have been working with our procurement colleagues on this. Together, they have been linking with other public sector organisations in Northern Ireland who are thinking of putting a contract in place that will also cover other formats. • We have purchased a licence from Photosymbols, the easy read photo library, to produce easy read information for people with a learning disability. • We added the *Making Communication Accessible for All: A Guide for Health & Social Care Staff* to the communications toolkit on our intranet Connect to raise awareness among staff of the need to communicate more effectively with people who are disabled or have a communication support need. The guide,			

developed by Belfast HSC Trust in partnership with the HSC Trusts, the HSC Board, PHA, and partners from the community and voluntary sectors, provides practical tips, advice and guidelines for HSC staff to enable them to be more inclusive and accessible in their communication with service users.

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring. Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system).	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	Increase in completion of disability monitoring information by staff to 90% Prompt issued to staff on a regular basis.	PHA end Mar 2017
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did this year • At the end of March 2017, 80.94% of our staff had filled in their disability data on the IT system. At the end of March 2016 this number had been 86.38%. It seems that new members of staff are not completing the data when they join us. At the end of March 2017, only 1% of our staff had said that they have a disability. This is up very slightly from 0.93% 12 months earlier. All this means that we need to keep working on this.			

- We think that more staff who have a disability may feel comfortable to update their equality information on the IT system when they hear more about others in the organisation who have a disability. We think it would be good especially if staff who work at the top of our organisation were happy to talk about their own disability. Together with our partner organisations we have asked for volunteers to do that and become a 'role model'. So far, one senior person in one of our partner organisations has come forward. We hope this will encourage staff in our organisation to do so too.

Action Measure	**Intended Outcome**	**Performance Indicator and Target**	**Timescale and Ownership**
4. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs.	Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet)/ >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	PHA end Mar 2017 Equality Unit end Mar 2017

Relevant Duty: Promote positive attitudes towards disabled people.

What we did this year

- Tapestry, the disability staff network, have decided that they want to work together with volunteers and the equality team to run awareness days from now on.
- The equality team wrote an article for staff about the work that goes into organising the days. It asked staff who want to get involved to get in touch. The article was included on CONNECT. This is our intranet for

PHA staff. It was also sent to our 10 partner organisations. They did the same to encourage their staff to get involved. A new group of people was formed as a result. Some are members of Tapestry. Others are volunteers.

- The group decided to feature Cancer Awareness on 27th January and Arthritis and Musculoskeletal Conditions Awareness on 29th March.
- At the Cancer Awareness Day we had speakers and stalls in three of our office locations. Miriam McCarthy, the PHA lead on cancer, gave a talk on cancer awareness in Northern Ireland. We also had presentations and stalls from Macmillan and Cancer Focus. We set up video links so our staff from different offices could also participate. Macmillan gave a talk about how cancer can affect a person. They helped staff understand better what they can do to support colleagues who live with cancer.
- On the Awareness Day on Arthritis and Musculoskeletal Conditions, an Occupational Health physiotherapist gave a talk on lower back pain. Again, we had some staff linking in via video to watch it. Arthritis Care also came to some of our offices to give out information and answer questions. Of all the awareness days we have held so far, this was the one that the greatest number of staff attended.

Action Measure	**Intended Outcome**	**Performance Indicator and Target**	**Timescale and Ownership**
5. In collaboration with people with a disability review current guidance and produce revised guidance on support for staff with a disability.	Staff with a disability are supported and staff are empowered to provide support.	Guidance in place for staff with a disability on what support is available. Guidance promoted via websites, newsletters, emails	PHA end of Mar 2017

Relevant Duty: Promote positive attitudes towards disabled people. Encourage participation of disabled people in public life.

What we did this year

- To find out what staff who have a disability think about this our equality team worked with Tapestry to draft a questionnaire. We tried to find out what staff think makes an organisation an employer of choice for a person with a disability. The results showed that for staff it is important first of all that line managers are supported in putting reasonable adjustments in place for staff with a disability. This includes setting out clearly what steps line managers need to take and what support they can draw on. This is both support from people in the organisation and from voluntary sector groups. Line managers should be trained on disability issues. This was the same message that we heard from staff when we held coffee mornings across different offices to talk about the network. They thought our organisations should first focus on the role of line managers.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. **Mental Health and Learning Disability:** Raise awareness of carers supports and help identify need to support employees of PHA who also hold the role as carer to someone with a disability.	Staff awareness and knowledge is strengthened	Awareness raising materials and correspondence circulated to staff Staff feedback	Director of Nursing, Midwifery and AHPs (by Mar 2017)

Relevant Duty: Promote positive attitudes towards disabled people. Encourage participation of disabled people in public life.

What we did this year

The following actions relate to carers across Northern Ireland, including PHA staff who care for somebody with a

disability.

- **'Just Ask' training funded directly by PHA to support parents with challenges around Sexual health of their sons or daughters with Learning Disability.**

  The PHA fund the Family Planning Association to deliver the Just Ask Programme across Northern Ireland. Just Ask is an innovative project, which aims to improve the sexual health of people with learning disabilities by enabling them to:

  - develop their sexuality and sexual identity
  - achieve sexual health as opposed to sexual ill-health
  - exercise their right to establish adult friendships and relationships.

  The project enables people with learning disabilities to participate more fully in society. This improves their quality of life and challenges the social exclusion they often experience.

  Sessions are delivered throughout NI, there is a huge demand for this service. Most of the work concentrates on working directly with the young person/adult. We do have targets in place to work with parents/carers. Performance Indicators Include:

  - Deliver interactive group work for young people and adults with learning disabilities.
  - Provide one to one information and support sessions for young people and adults with learning disabilities.
  - Deliver interactive group work sessions for family/carers of young people and adults with learning disabilities.

  The commissioned service through the Family Planning Association to deliver Just Ask includes an extension of this contract to deliver 'Personal Relationships and Sexual Health Training (for Adults with Learning Disability, Carers, and staff working with Adults with Learning Disability)'

  This is currently year 2 of a three year contract. The total cost of the contract extension is £35,400. The

objectives of the contract are as follows:

- Deliver 15 level 1 'Introduction to Personal and Sexual Relationships and Adults with a Learning Disability' training sessions. (Training session is 1 day/ 3 days per trust x 5 trusts = 15 days). The Training will be offered to all bands of staff working with adults who have a learning disability. Anticipated staff to be trained – 300(20 per session).
- Deliver 3 Level 2 Peer Educator Role in Personal Relationships and Adults with a Learning Disability' training sessions (training session is 1 day. The training will be offered to Staff who have completed level 1 and have expressed an interest in the educator role Anticipated staff to be trained – 20).
- Monitor and evaluate training provided – which will influence future training plan specifications.

This contract is regionally monitored.

- **Training on 'Future Planning' for carers.**

  One group of carers have received training, with positive evaluation. Money has been secured for training to be rolled out again for a 2nd year.

- **Production of accessible health information materials**

  Easy read materials on AAA screening, prostate, and menopause have been developed to support users and carers. A DVD was produced to promote health checks by their GP to promote uptake from Carers. These materials are due to be launched in May 2017.

- **Extended Domiciliary Care Services for Carers looking after someone with Dementia and Learning Disability**

  As part of the Dementia Together NI project we have procured a number of short-break schemes which are being trialled as pilots across the region.

  The Extended Domiciliary Care scheme which is available across all 5 Trusts began in May 2016 and will

run until September 2017. The service will be provided to 24 carers/persons with dementia in each Trust i.e. 120 in total. The pilot is currently being evaluated and may be considered for recurrent funding as part of the legacy arrangements of the project.

For the purposes of this project, the service as per contract includes:
"The provision of comprehensive care services for a number of periods including overnight up to a maximum of 4 consecutive 24 hour periods. The overall benefit for an individual service user will not exceed 168 hours (7 days) during the initial contract period. Services will primarily be provided to the person with a dementia in their own home. However, they will also provide support services outside the home, (e.g. shopping, attendance at religious services, other routine social events)."

Dementia leads with each of the 5 Trusts are responsible for making referrals.

The service is also available to people with learning disability and dementia and again, the LD/Dementia Leads are responsible for referrals.

- **Promotion of Direct Payments and Self Directed Support for individual and Carers. (Carers were able to receive lump sum via SDS as carers in their own right.)**

Self Directed Support is about individuals, their strengths and assets, their right to live fulfilling lives, to be included as active people, to be full participants in assessing their own needs and also their right to exercise choice and control over any support provided.

Carers representatives sit on SDS project groups both regionally and locally, have been fully engaged in the SDS EQIA and are integral to the planning and implementation of SDS both at Programme Board (Regionally) and as part Trust Implementation teams (Locally). Specific SDS Carer's Guides have been developed for and with Carers through coproduction.

Under the SDS approach Service Users and Carers are individually assessed in their own right, this is underpinned by the Carers and Direct Payment Act, (Northern Ireland) 2002.

SDS is currently being rolled out across all POC's within all HSC Trusts on a phased basis, Under the Self Directed Support model, following an assessment an individual who is eligible for social care support may be allocated a personal budget. A Personal Budget is a sum of money identified by the HSC Trust to meet the assessed need of a person who is eligible for and entitled to social care support services.

At the centre of every Personal Budget there is an individual support plan. This plan will outline agreed personal goals and outcomes that will meet the individuals assessed need.

Once this plan is agreed by the HSC Trust the individual and or their representative will decide how the Personal Budget will be managed.

The 4 SDS options are:

- Direct Payment
- Managed Budget
- Services arranged by the HSC Trust
- A mix of these options.

SDS Carer numbers currently are low but continue to increase month on month as the initiative embeds across the region.

The majority of the work outlined above is led through joint working with the Health and Social Care Board.

Action Measure	**Intended Outcome**	**Performance Indicator and Target**	**Timescale and Ownership**
7. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability	Increased staff and Board Member awareness of the range of disabilities and needs.	25% of staff and Board Members have successfully completed the disability module of Discovering Diversity by end March 2016,	PHA end Mar 2017

legislation. • **Health Protection:** Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting.		50% by end March 2017, 65% by end March 2018 All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms Meeting minutes	Assistant Director Health Protection (by Mar 2016)
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did this year • In February 2017, Tapestry and our equality team held a lunch and learn session for our staff. The session focused on reasonable adjustments for people with a disability. We heard three presentations: from a legal perspective outlining what the legislation requires us to do and what the risks are if we don't make adjustments that are reasonable; from a line manager who spoke about his experience of working with a member of staff to make adjustments for his disability; and from a member of staff with a learning disability who talked about what adjustments his employer put in place for him to do his job. Staff raised a range of			

questions at this event, such as what reasonable adjustments could be involved for people with mental health conditions or how line managers can determine whether a member of staff has a disability if the individual does not declare it.

- In March 2017, three of our staff attended training on Deaf Awareness. The training was put together and delivered by a person who is Deaf himself.

- We have been working on a new eLearning module on equality awareness. We work with colleagues in the BSO and Health and Social Care Trusts on this. The module includes awareness of the law regarding people with a disability. One of the scenarios asks staff to work through an example of providing services to a person with a disability. We have piloted the new module. We specifically asked a number of staff with a disability to take part. Once the programme is finished in the new financial year, we will do a short campaign to raise awareness of the modules and get more staff to complete them. Only three members of staff completed the existing disability eLearning module this year.

- **Health Protection:**
  We met with members of the "Tapestry" – HSC Disability Staff Network. They have been invited to speak at Health Protection staff meeting on June 27th 2017.

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

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
8. 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) • **HSC Research & Development:** Disseminate specifically to relevant disability organisations information	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 Equality Commission 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	 Assistant Director of Nursing, Safety Quality and Patient Experience end of Mar 2017 Assistant Director HSC Research and Development

on ‘OK TO ASK’ Campaign being undertaken to encourage members of the public including those with disability to participate in research and clinical trials to mark Clinical Trials Day on May 20. • **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		Training materials provided to each participant and available on website	end of Mar 2017 Assistant Director HSC Research and Development end of Mar 2017

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 project steering groups for particular research projects already funded e.g. awards made via the Bamford Research Programme; Dementia Research Programme and NIHR award on stroke prevention or in a consultation capacity. • **HSC Research &**		Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members Young people named as co-	Assistant Director HSC Research and Development end of Mar 2017 Assistant Director HSC

Development: Train young people with mental health needs to collect data in a pilot study being run as part of a project funded under the Bamford Research programme and delivered by QUB.		researchers in research reports and presentations Briefing paper provided for Health and Social Care Board, Department of Health and other key stakeholders Report produced evaluating this initiative published in peer reviewed journal and disseminated at conferences	Research and Development end of Mar 2017
• **Health Protection:** Liaise with disability organisations and involve them in the planning process for any HP events e.g. Health Protection Symposium 2016.		Minutes of meetings and correspondence with disability organisations	Assistant Director Health Protection end of Mar 2017
• **Health Protection:** Ensure that active consideration is given to those with disabilities when organising local/regional Health		Engagement with people with a disability	Assistant Director Health Protection end of Mar 2017

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.		Correspondence circulated to list of disability organisations	Assistant Director Health Protection end of Mar 2017
Relevant Duty: Encourage participation by disabled people in public life.			
What we did this year • **Health Protection:** Although discussion did not take place with disability organisations the planning team did speak with members of "Tapestry" – HSC Disability Staff Network and disabled team members regarding specific considerations and adjustments. We gave consideration during planning meetings for the 2017 Health Protection Symposium to make reasonable adjustments for staff members and those attending with disabilities. We gave an opportunity for			

those applying to highlight if they have any access requirements. We chose the venue for its excellent accessibility.
The Health Protection team liaised with communications team and circulated invite to Health Protection Symposium to various disability organisations.

- **Research and Development:**
  This year we have started to collect equality monitoring information from all of our panel members and participants at our workshops. A retrospective monitoring was also undertaken from previous panel members. Only 3% of people attending our panels declared a disability but this figure rose to 15% when we analysed attendance at two of our Building Research Partnership courses. We will review this data on a regular basis to see whether we are successful in attracting more people with a disability to avail of these opportunities. Personal and Public Involvement (PPI) is also included as a standing agenda item at staff meetings. We ran a further Building Research Partnership Course in October and continued our training programme for the PPI Representatives involved with us in Research and Development, PIER (Public Involvement Enhancing Research). Members of PIER continue to be involved with Research and Development as opportunities arise and we are working to extend our membership to a wider demographic including those with disabilities. Three new members have recently joined. The Bamford Project described above was formally launched on 6th December including a presentation from the peer researchers. A separate launch of the peer research evaluation report was held in February 2017 in conjunction with VOYPIC and the reports were disseminated in various formats, including one specifically for young people. Further projects from this programme and the dementia programme will be launched later this year and will target audiences with intellectual disabilities, young people with mental health issues leaving care and persons with dementia and their carers specifically, in line with project topics. ‘Ok to Ask’ activities were held throughout the region to mark Clinical Trials Day on 20th May.

- **Nursing – 10,000 Voices**

  - For 10,000 Voices ongoing projects accessible formats are available including large print, easy read versions, audio recording as well as face to face collection of stories by facilitators.
  - The 10,000 voices Facilitators have held a number of roadshow events throughout the Trust areas, at

locations which were accessible for people with disabilities:

- The 10,000 Voices facilitators attended Disability Action's Disability Exhibition 3 and 4 June 2016, at which a range of 10,000 Voices surveys were distributed
- Stakeholder workshops with people who use eye care services to develop 10,000 Voices survey tool
- Focus groups with RNIB and their Community Network groups to capture the experience of people who are partially sighted/blind
- Children and Adolescent Mental Health Services / Paediatric Autism; collection of stories completed in June 2016, Analysis workshops with services users sin September 2016 to identify key themes and areas for improvement
- Engaged with RNIB to procure accessible information for eye care services , including in Braille, large print and audio version

Engagement with the following groups to promote 10,000 Voices:

- Trust Disability action group
- Chest heart & stroke association
- Breathe Easy (Derry & Enniskillen & Omagh)
- Damien House hostel Derry
- British Deaf Association
- Trust Deaf support groups
- Southern Health and Social Care Trust Vision Forum.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership

9. Promote and encourage staff to participate in the disability staff network in the delivery of its action plan.	Better involvement of staff with a disability in decision-making. Better support for staff with a disability	Features on Intranet	Agency Management Team end March 2017

Relevant Duty: Encourage participation by disabled people in public life.

What we did this year

- Our equality team worked with Tapestry to hold coffee mornings for our staff. We organised seven of these with our partners. We held four mornings in PHA offices in Armagh, Belfast, Derry/Londonderry, and Ballymena. We talked with staff about the network. We asked them if they had heard about Tapestry. We also wanted to know what they thought about it. They told us about their ideas what we could do differently. For example, some people thought we should do more for staff who care for somebody who has a disability.

- Our equality team has worked with our Chief Executive on a statement. This statement makes it clear that the PHA supports the disability staff network. Staff who want to get involved in the network can do this in their work time. They don't have to give up their free time to do so.

- As we described earlier, our equality team wrote an article for CONNECT about the work that goes into organising the disability awareness days. In it, the team encouraged any of our staff who want to get involved in the work to get in touch. We made it clear to our staff that they can do this work as part of their job.

- We think that more staff who have a disability will become interested in the network when they hear more about others in the organisation who have a disability or who care for somebody who has a disability. We think it would be good especially if staff who work at the top of our organisation were happy to talk about their own disability. We have asked for volunteers to do that and become a ‘role model’.

- We have helped to develop a first web page for staff to find out information about the staff network, making it easier for them to get involved. Tapestry are looking to develop a more detailed website next year.

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
10. Offer mentoring opportunities for young adults and older adults with disabilities as appropriate. • Review best practice • Engage with disability organisations • Produce guidance • Identify mentors	People with a disability gain meaningful work experience.	Mentoring opportunities provided as appropriate and report to equality commission.	BSO Human Resources End March 2017
Relevant Duty: Encourage participation by disabled people in public life.			
What we did this year • We spoke with members of Tapestry, our new disability staff network. They thought that our organisations should first focus on the role of line managers in supporting staff with a disability. In the meantime, they see the network itself as the main way in which staff with a disability can draw on peer support.			
Action Measure	**Intended Outcome**	**Performance Indicator and Target**	**Timescale and Ownership**
11. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice, making use of	People with a disability gain meaningful work experience.	Guidance paper. Provide increased number of placements. Placement participants	BSO Equality Unit BSO Human Resources

voluntary expertise in this area. Produce practical guidance on process and support available.		feedback from evaluations Managers feedback from evaluations	Year 1 onwards

Relevant Duty: Encourage participation by disabled people in public life AND promote positive attitudes.

What we did this year

- We had two people on a placement with us until the end of May 2016. We invited all participants to a meeting to tell us more about how they experienced their placement. We also wanted to hear from them what they thought we should do differently next year. We then spoke to their support officers and placement managers. This helped us to agree some changes with Supported Employment Solutions in how we run the placements.
- Most importantly, both people who were with us on a placement were successful in the recruitment of administration officers onto a waiting list.
- On the 2016-17 placement scheme, one person started with us in December 2016, placed in the Health Protection team. They will be with us until the end of May 2017.
- We held an induction event in November 2016 for all 19 participants of the scheme across the regional HSC organisations. We brought together participants, their support officers and their placement managers. We wanted to give everybody a chance to meet and get to know each other a little before they start. At the event we also told them more about how the placements work. One of the PHA's placement managers gave a presentation. He spoke about his experience of hosting a person last year.
- In March 2017, we brought all participants and their support officers together again. We delivered training to them on 'How to get that job'. We explained to them how recruitment works in Health and Social Care, where jobs are advertised, how to fill in application forms and how to prepare for interviews. We also did a mock interview with them.

Action Measure	Intended Outcome	Performance Indicator and	Timescale

		Target	and Ownership
12. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions).	Greater numbers of people with a disability apply and remain in the PHA workforce.	Increase in disability marked on equal opportunities monitoring forms and HRPTS Information pack for applicants with a disability developed and in use.	PHA end Mar 2017

Relevant Duty: Encourage participation by disabled people in public life.

What we did this year

- Through our training on "How to get that job" we help participants of the disability placement scheme get ready to apply for jobs with us and our partner organisations in Health and Social Care. This year, we also invited their support officers to the training so they know more about jobs and recruitment in Health and Social Care. This way, they can keep encouraging and supporting participants once their placement with us ends. The idea is that support officers can do the same for any other people with a disability who they support.

- As to encouraging people with a disability to remain in the workforce, we found out through our Employer of Choice survey that staff think it is important first of all that line managers are supported in putting reasonable adjustments in place for staff with a disability. This includes setting out clearly what steps line managers need to take and what support they can draw on. This is both support from people in the organisation and from voluntary sector groups. Line managers should be trained on disability issues. This was the same message that we heard from staff when we held coffee mornings across different offices to

talk about the network. They thought our organisations should focus on the role of line managers firstly. We will work with Tapestry to progress work in this area in 2017-18.

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.

- We report on progress against our Disability Action Plan to our Board and Agency Management Team (the people at the top of our organisation).

(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 promotion work.

(7) Monitoring

- We have set up two meetings with those who are on a work placement with us under the Disability Scheme and with their Employment Support Officers for May 2017. This will help us to evaluate how the scheme went this year. We will also invite all their placement managers to a meeting when placements finish in June.

- As highlighted under #8 above, this year we have started to collect equality monitoring information from all of our Research & Development panel members and participants at our Research & Development workshops. A retrospective monitoring was also undertaken from previous panel members.

(8) Revisions

- In July 2016 we published our updated plan. We made some changes to the plan to reflect, for example, the evolution of Tapestry, our disability staff network.

(9) Conclusions

We completed four actions (#1,4,6,9,11).

We have not yet done what we said we would do under actions #5,10. This is because Tapestry, our new disability staff network, thought that our organisations should first focus on the role of line managers in supporting staff with a disability.

We still have some work to do to complete actions #2,3,7,8,12.

All of the actions in our action plan are at regional and at local level.

Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.

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June 2017

Appendix 6

Disability Action Plan 2013-2018

Public Health Agency (PHA)

Updated June 2017

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 has to follow the law which says that in our work we have to

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

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

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

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

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

The person in our organisation who is responsible for making sure that we do what we have promised to do is Ed McClean.

When you have any questions you can contact Ed McClean at:

Name: Ed McClean
Title: Director of Operations
Address: 4th floor (South), 12-22 Linenhall Street, Belfast, BT2 8BS
Telephone number: 03005550114 prefix with 18001 for Text Relay
Email: Edmond.mcclean@publichealth.hscni.net

How we review this plan

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://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. That way we keep our plan up to date. It shows what we still have to do.

After five years we will look at our plan again to see how we have done. We will also see what else we could do.

Whenever we develop or look at our plan we will invite people who have a disability to work with us.

Who is included in our plan

Our plan relates to the following key areas:

- Physical disabilities;
- Sensory disabilities;
- Learning disabilities;
- Mental health disabilities; and,
- Other hidden disabilities.

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

How we developed this plan

In starting off to develop this plan we looked at what we have done so far to make a difference for people who have a disability. We then read up on what the Equality Commission said would be good to do. This was after they had looked at what other organisations have done.

All this helped us think about what else we could do to make a difference.

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

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

What we do

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

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.
- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.

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

How people can be involved in our work

There are a number of ways in which people can be involved in the work of the Public Health Agency. This includes:

- Focus groups in the development and evaluation of relevant public information campaigns, for example on flu or bowel cancer screening

- People with a disability and carers are involved in commissioning work on older people (represented on reference group)

- Neurological Conditions Network

- Reference group for regional guidance on the use of observations and therapeutic engagement

- HSC Research and Development: Evaluation Panels for research applications (such as in relation to learning disability and mental health needs).

What we have done up to now

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

Promoting positive attitudes towards disabled people

- Images and photographs of events will 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 seven disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing Loss and deafness,

Learning disabilities, Cancer, and Arthritis and Musculoskeletal conditions.

- Mental Health training sessions for staff (pilots delivered in 2011-12, “Mood Matters” sessions delivered in 2012-13; six-week course “Life Skills” offered during 2012-13; in 2015-16 and 2016-17 we delivered courses for staff and managers on mental health first aid, mindfulness and managing stress; and courses for staff who are carers)

- The Equality Unit worked on our behalf on the development of an elearning resource on disability. This resource was launched in May 2011 and is available to all Health and Social Care staff.

- The Equality Unit includes the disability duties in all Equality Awareness and Screening Training that it delivers to our staff.

- In Screening Training we look at how the disability duties can be considered in practice. Whenever staff take decisions they must write down what they have done or plan to do to promote the disability duties in their decision.

Encourage the participation of disabled people in public life

- At induction individuals are asked about their needs regarding fire safety and evacuation.

- We met with AdaptNI in December 2011 regarding their training programme 'In the Loop'. It supports people with a disability to make their voices heard on committees and in public life positions. We also talked to them about signposting people with a disability who they work with to public life opportunities in our organisation.

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

- When we evaluate training that the Equality Unit delivers we include a question on the needs of trainees with a disability.

This helps us to find out whether we need to make any further adjustments.

- We include the disability duties in all Equality Awareness and Screening Training that the Equality Unit delivers.

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

- HSC Research and Development: We have held consultation exercises with surviving patients and carers with cancer as part of Cancer Conference, in May 2015.

- Two people living with and beyond cancer facilitated the delivery of the Building Research Partnerships course in April and November 2015.

- HSC Research and Development: Personal and Public Involvement workshops held for research pharmacists at National pharmacy research Conference were co-facilitated by service users, in April 2015.

- HSC Research and Development: We involved carers and service users with a disability as speakers at the annual social care conference in February 2016.

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

- We have participated in the annual disability work placement scheme that the Equality Unit and the Health and Social Care Board facilitate. We have provided placements for three people so far.

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

What we are going to do

In the table below we list all the actions that we will do. We also say when we will do them.

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

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Put in place contractual arrangements for the production of materials in alternative formats. • Undertake a scoping exercise by type of format based on current and best practice in UK • Where appropriate undertake tender exercise and put contracts in place	Accessible formats are more readily available	Contracts in place Arrangements are in place to support staff in procuring materials in alternative formats	BSO Equality Unit end Mar 2018

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
2. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring. Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system)	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	increase in completion of disability monitoring information by staff to 90% Prompt issued to staff on a regular basis.	PHA end Mar 2018
3. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs	Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate that they know more about people	PHA end Mar 2018

		living with disabilities as a result of the awareness days.	
4. **Mental Health and Learning Disability:** Raise awareness of carers supports and help identify need to support those who care for someone with a disability	Awareness and knowledge is strengthened	Awareness raising materials and correspondence circulated to staff	Assistant Director of Nursing, Safety Quality and Patient Experience end Mar 2018
5. 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 2018 Assistant Director Health Protection end Mar 2018

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

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. 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) • **HSC Research & Development:**	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	For 10,000 Voices: Assistant Director of Nursing, Safety Quality and Patient Experience For HSC Research & Development: Assistant Director HSC Research and Development For Health Protection: Assistant

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 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		Correspondence circulated to list of disability organisations and via PCC newsletter Training materials provided to each participant and available on website	Director Health Protection end Mar 2018

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 for 2018 Doctoral Fellowship Scheme and the 2017 Enabling Awards Scheme and other opportunities as		Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members	

they arise including CHITIN. • **HSC Research & Development:** Offer opportunities to participate in project steering groups and interview panels for particular research projects as a research partner. • **HSC Research & Development:** Involve carers and service users with disability as speakers at relevant conferences e.g. Launch of Bamford and Dementia Research Projects. • **HSC Research & Development:** Survivors of cancer and		Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members List of speakers List of facilitators will demonstrate involvement of	

carers will deliver Building Research Partnership Course in 2 one day workshops to encourage research collaborations between researchers and service users to be held in May and October 2017. • **Health Protection:** Liaise with disability organisations and involve them in the planning process for any HP events e.g. Health Protection Symposium 2016. • **Health Protection:** Ensure that active consideration is given to those with disabilities when organising local/regional Health Protection events e.g.		people with a disability Minutes of meetings and correspondence with disability organisations Engagement with people with a disability	

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.		Correspondence circulated to list of disability organisations	
7. 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.	Features on intranet.	Agency Management Team end Mar 2018
8. Develop a shadowing scheme for Board members and other key public life positions in engagement with the Public	Develop capacity of people with a disability to participate in public life positions.	Shadowing scheme terms of reference; people with a disability have participated.	Operations and Chief Executive's Office end Mar 2018

Appointments Unit and with people with a disability.			
9. Involve disabled people in delivery and review of this plan.	Better engagement by people with a disability (adults and children where relevant).	Feedback forms from engagement (and roundtable sessions, where appropriate)	BSO Equality Unit

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
10. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice and making use of voluntary expertise in this area.	People with a disability gain meaningful work experience.	Guidance paper. Provide increased number of placements. Placement participants feedback from evaluations Managers feedback from evaluations	BSO Equality Unit BSO Human Resources Agency Management Team end Mar 2018
11. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions).	Greater numbers of people with a disability apply and remain in the PHA workforce.	Increase in disability marked on equal opportunities monitoring forms and HRPTS Information pack for applicants with a disability developed and in use.	PHA end Mar 2018

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

Signed by:

_____	_____
Chair	Chief Executive
Date	Date

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Updated June 2017

HSC Public Health Agency

board paper

Personal and Public Involvement Update

date	13 June 2017	**item**	11	**reference**	PHA/05/06/17

presented by Mary Hinds, Director of Nursing, Midwifery and AHPs

action required For noting

Summary

The PPI up-date report has been developed for the period January to June 2017. This bi-annual report is tabled for the PHA Board to provide an up-date on recent work to progress the actions outlined in the PPI Action Plan 2016-19.

The update to the Board will include a presentation to:

- Share the recently launched PPI research report findings and recommendations.
- Outline the work which the PPI team has been undertaking in relation to supporting the Transformation Workstreams to consider how to effective involve and co-produce with service users, carers and the public.

Equality Impact Assessment

Not applicable.

Recommendation

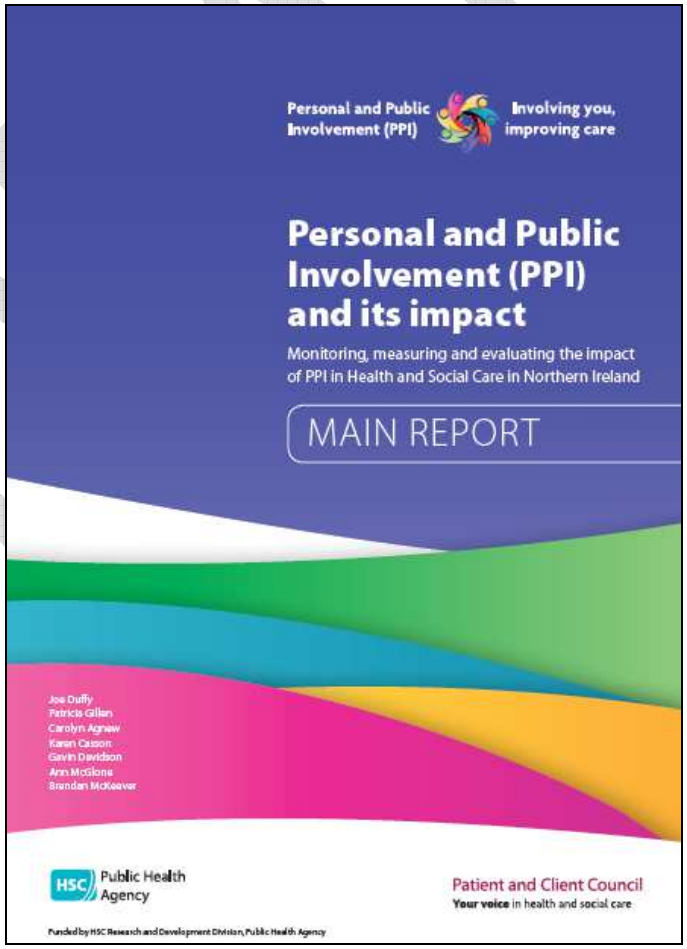
The Board is asked to **NOTE** the PPI Update.

HSC Public Health Agency

DRAFT

Personal and Public Involvement (PPI)

PHA Board Update June 2017



Personal and Public Involvement (PPI) Involving you, improving care

Personal and Public Involvement – What is it?

PPI is the active and effective involvement of services users, carers and the public in health and social care services. Involvement can range from one to one clinical or social care interactions with service users and carers, in regard to their own health, through to larger engagements to assess needs, partnership working to co-design services and influence commissioning priorities and policy development. Under the HSC (Reform) Act (NI) 2009, PPI is a legislative requirement.

The rationale for PPI – Why do it?

People have a right to be involved in and consulted with on decisions that affect their health and social care. Meaningful Involvement helps to:

- effectively identify need;
- increase efficiency through tailoring services and agreeing priorities;
- improve quality, safety and patient experience;
- reduce complaints and SAIs;
- encourage self-responsibility for health and social well-being.

The PHA's role

In the 2012 PPI Policy Circular, the DHSSPS confirmed and assigned to the PHA, primary responsibility for the leadership of the implementation of this key policy area across the HSC system. It requires the PHA to provide the Department of Health with assurances that HSC bodies and in particular Trusts, meet their PPI Statutory and policy responsibilities. Additional responsibilities confirmed/assigned also included:

- ensuring consistency and co-ordination in approach to PPI;
- the identification and sharing of best PPI practice across HSC;
- communication and awareness raising about PPI;
- capacity building and training;
- development of the Engage website;
- monitoring of and reporting on PPI.

Progressing PPI

The PPI Team continue to drive the integration of PPI into HSC culture and practice using the PPI standards as the basis for our work. We undertake this work through the Regional HSC PPI Forum which PHA co-chair with a service user/carer. During this period we have:

- **Informed and influenced policy**
  The PHA has played a significant role in working with the Department of Health to support the Transformation Implementation Group (TIG) to consider the approach to co-production as outlined in *'Health and Wellbeing 2026: Delivering Together'.* To support this work, we have:
  - Co-produced 'Delivering together through co-production', a discussion paper on how the TIG workstreams may integrate co-production into their programme of work.
  - Actively been involved in discussions with the Department to highlight the range of resources for involvement which will support the workstreams to co-produce.
  - Participated in a Co-production working group to provide support to the TIG workstream leads.
  - Developed an Involvement Plan with the Primary Care Multi-Discplinary Team workstream to progress a model for involvement.

- **PPI and its impact – research launch**
  The PHA working in conjunction with the Patient and Client Council (PCC) commissioned and launched research to examine Personal and Pubic Involvement (PPI) across Health and Social Care. The research was launched on 28th February 2017 at an event in The Junction, Dungannon. The event showcased PPI in practice and provided an opportunity for the Lead Researchers from Queen's University Belfast and Ulster University to share the research. Ten recommendations have been developed to advance PPI and these have been integrated into the PPI Action Plan.

- **E-learning training for service users and carers**
  The PHA has led the development of an e-learning resource for service users and carers. This resource provides an induction to Health and Social Care and outlines how people can get involved. This resource will be available on the Engage website.

- **Engage Website**
  The PHA has continued to engage a range of stakeholders to develop a draft website which will be a repository for information, research, good practice, case studies, guides etc. The draft website will now be subject to a series of User Acceptance Testing and a launch is planned for late 2017. A demo was provided at the recent NICON conference.

The following table outlines in a little more detail our areas of work and what we have achieved undertaken against the PPI Standards during January – June 2017.

Standard	What have we achieved?
1. Leadership	**PPI Standards** The PHA continues to raise awareness and embed the PPI Standards into the culture and practice of HSC. **Advice and guidance** The PHA PPI Team provide professional leadership advice, guidance and support within the PHA and across the HSC system on PPI. During this period, the team has been involved in providing advice and guidance on: • The establishment of PPI structures in the Electronic Health Care Record (EHCR) and wider e-health strategy. • Developing the Service user and carer Reference Group for Unscheduled Care. This work has been undertaken in conjunction with the Unscheduled Care Progamme Team which is chaired by Dean Sullivan, Director of Commissioning. An active recruitment campaign included a carer writing a blog to outline why people need to get involved and we received an excellent response to the call for Expression of Interests. • Embedding involvement into the Transformation Workstreams. This has included the development of a discussion paper on co-production and the development of an involvement plan for the Primary Care MDT. **Regional HSC PPI Forum** The PHA in its strategic leadership role, continues to Chair and facilitate the work of the Regional HSC PPI Forum: • In February, the PHA hosted the quarterly business meeting of the Forum which coincided with the launch of the PPI research report.

Standard	What have we achieved?
	• In June, the PHA hosted the quarterly business meeting which Dr Michael McBride, Chief Medical Officer attended. A key focus of the meeting was how best to ensure effective involvement of service users and carers with in the transformation of health and social care services.
2. Governance	**<u>Strategies and plans</u>** • The Corporate Plan has committed to PPI as a key approach to how the PHA does its business and this is reflected in our Annual Business Plan. • The PPI Action Plan 2016-19 underwent a period of consultation. This includes internal and external areas of responsibility. The responses are currently being analysed to inform and shape the up-dated Action Plan. • The PHA is currently finalising the Consultation Scheme template which will be submitted to the DoH in early June for approval and circulation to HSC organisations. This is in line with the HSC Reform Act – Section 20.
3. Opportunities and support for involvement	**<u>Opportunities for involvement</u>** • A PPI small grant programme was rolled out in 2016/17 as a result of attracting non-recurrent funding. This was made available to HSC organisations alongside PHA internal projects and has provided great support to test new innovative methods to engage service users and carers. NIGALA were successfully awarded funding to establish a Young Person's Forum and co-produce court support materials for young people. The Belfast HSCT contributed funding to a new film on raising awareness about HIV services. Internally, the PHA has worked with the PCC to engage service users and carers to co-produce the establishment of a Pain Forum. • The Engage website is the process of development with the involvement of a range of

Standard	What have we achieved?
	stakeholders. The website provides a specific 'get involved' section which has been co-designed with service users and carers. This section provides a range of information to support people to get involved and showcases examples of involvement in practice. The draft website will now be subject to a series of User Acceptance Testing sessions with service user/carers. **<u>Research</u>** The PPI research, commissioned by the PHA and Patient and Client Council and funded by HSC Research & Development, has been completed. This work was launched at an even on 27th February in The Junction, Dungannon. The event provided the opportunity for the Lead Researchers from QUB and UU to outline the work and the ten evidence based recommendations. The event also showcased PPI in practice and a service user shared his story on why getting involved was important and the difference it can make. We will continue to work with the research team to contribute to the development of a UK wide NIHR bid for PPI.  PHA and PCC Chairs, with Mary Hinds and the Lead Researchers
4. Knowledge and Skills	**<u>Awareness raising training</u>** • The PHA has up-dated the e-learning training for service users and carers as an introduction to Health and Social Care. This work has been co-designed with service users and carers to identify what are the key points which would help people to get involved. The e-learning training will be available via the Engage website and have open access.

Standard	What have we achieved?
	• From an internal perspective, the PHA conducted a PPI training analysis, 125 staff from across all directorates responded. Development of a training action plan has commenced and is being overseen by the Internal PPI group. This will ensure that training is rolled out across the divisions. • An awareness raising programme has been developed to support the PHA and other HSC organisations to maximise uptake of PPI training resources, including PPI e-learning. **Engage web resource** • The draft 'Engage' web resource is in the final stages of development. This has been undertaken with a range of stakeholders and service users/carers. • Engage is being developed to provide a range of information and resources on involvement. A specific section has been developed by service users and carers – 'get involved' to provide a range of supporting information to help people get involved. The 'involving people' section is aimed at staff and provides a range of tools to help staff to get started and also a range of guides to support their involvement practice. • A specific section has been developed to support people to identify methods to involve people – this section outlines over 20 involvement methods and highlights the positives and negatives of such approaches. We are currently working to develop the case study section to match with each involvement method to showcase it in practice

Standard	What have we achieved?
	 The Engage website home page • There remains a challenge to identify recurrent funding to further develop this resource beyond its completion and to undertake the outreach and development programme initially envisaged to accompany it.
5. Measuring Outcomes	**<u>Monitoring arrangements</u>** The PHA has initiated the 2016/17 monitoring process with HSC Trusts. We have been working with the Performance and Monitoring sub-group of the Forum to move to a more Outcomes Base Approach framework and ask 'what impact has involvement made'. The HSC Trusts are due to

Standard	What have we achieved?
	submit their self-assessments in early June and the Improvement Visits will be undertaken in June. The reports will be completed and submitted to the DoH as part of the November accountability arrangements. We continue to work with the DoH to consider how best to review PPI as part of the accountability arrangements. Internal PPI monitoring will be supported by the PPI Leads Group and the monitoring process will begin in June for completion by September. Through this work we seek to capture and ensure that effective and efficient monitoring mechanisms are in place to record and capture evidence of PPI in practices across the Directorates.

HSC Public Health Agency

board paper

Performance Management Report

date	13 June 2017	**item**	12	**reference**	PHA/06/06/17

presented by Mr Ed McClean, Director of Operations

action required For noting

Summary

This report highlights PHA performance against the 90 targets in the Annual Business Plan This is the final update for 2016/17 with previous updated having been provided for the periods ending September 2016 and December 2016.

Of the 90 targets – **80** are coded as green for achievability and **10** as amber.

The Amber targets are listed first on the report, followed by the Green targets.

Three targets moved from Amber to Green during the final quarter of 2016/17. (Targets 3.14, 4.3 and 6.9)

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **NOTE** the Performance Management Report.

DRAFT

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2016 – 2017

March 2017

Overview

This report provides an initial update on achievement of the targets identified in the PHA Annual Business Plan 2016-17.

The updates provided are for the period ending 31st March 2017. These updates on progress toward achievement of the targets were provided by the Lead Officers responsible for each target.

There are a total of **90 targets** in the Annual Business Plan.

Of these 90 targets – **80** are coded as green for achievability and **10** as amber.

The ten Amber rated targets are listed below, followed by the Green rated targets. All ten Amber targets have been rated as such since at least the second quarter of 2016/17. Three other targets which had been rated as Amber at the end of December were updated to Green by the end of March (3.14; 4.3 and 6.9).

1. PROTECTING HEALTH

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
1.1) The Agency will continue to work with Trusts to secure a further reduction of 25% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection. *(Commissioning Plan Direction Target – By March 2017, secure a reduction of 25% in MRSA and Clostridium Difficile infections compared to 2015/16)*	This HCAI reduction target is a composite target comprising individual Trust reductions in MRSA and CDI cases to be delivered during 2016-17. *Note –CDI and MRSA position at 31 March 2017 is provisional pending C Ex sign-off of enhanced surveillance data.* <u>MRSA</u> As of 31 March 2017 56 cases of MRSA have been reported. This is higher than the 2016/17 target of 46 cases. Compared to 2015/16 was a reduction in MRSA from 75 cases to 56 cases in 2016/17. This represents a 25% reduction. <u>CDI</u> As of 31 March 2017 305 cases of CDI have been reported. This is slightly above the 2016/17 target of 302 cases. Compared to 2015/16 there was a reduction in CDI from 391 cases to 301 cases in 2016/17. This	G	A	A	*A*	Healthcare associated infection improvement Board led by Assistant Director held a workshop in 2017. Out of this seven subgroups have been established to take forward improvement work in HCAI and AMR in the following areas: 1. Primary Care Antimicrobial Stewardship 2. Secondary Care Antimicrobial Stewardship 3. Infection Prevention and Control 4. Public Communications 5. Point prevalence survey delivery group 6. UTI Tool Project 7. Epidemiology The Improvement Board and its subgroups are currently preparing work plans for 2017/18 for discussion and approval on 9 May 2017. Each action points on these plans will be

	represents a 23% reduction.					aimed at delivering one or both of the UK Government's two ambitions made in response to the O'Neill Report: • To reduce healthcare associated Gram-negative bloodstream infections by 50% by 2020. • To reduce inappropriate antibiotic prescribing by 50% Regular feedback of infection surveillance data to HSC Trusts (IPC teams and senior management) to enable targeting of their control measures. Monitoring and provision of assistance for any HCAI outbreaks that occur.

2. IMPROVING HEALTH AND WELLBEING & TACKLING HEALTH INEQUALITIES

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Giving Every Child the Best Start - Theme 1 Making Life Better 2.7) Promote the health, wellbeing and safeguarding of children through implementation of Healthy Child Healthy Future and Healthy Futures policy.	Summary report on Delivering Care Phase 4 (health visiting) submitted to DoH; Additional investment made by HSCB for one additional health visitor to all HSCTs and seven Child Health Assistants (CHA) between three of the five HSCTs based on existing CHA workforce; GAIN audit Every Child Counts – recommendations being taken forward by Healthy Futures Programme Board; Three monthly reporting on CHPP compliance (DH IoP) indicates increased regional compliance rate from 84.8% to 87% against seven of nine contacts (Quarter ending September 2016) – data being quality assured through regional audit; Other areas of work include school health profiling including Special Schools, Speech and Language Therapy Implementation plan and development of a Vision Screening Protocol. Data reports received 31st March show that progress remains static.	G	A	A	A	Pilot of eCAT system for health visitor caseloads continues and consideration being given to applicability of eCAT for school nursing; 46 student health visitors commenced training Sept 2016; Una Turbitt has agreed meeting dates (April / May17) with individual HSCTs to review local action plans. Meeting with DE and HSCB Leads during April / May to explore potential role of Sure Starts through improved partnership working.

Equipped Throughout Life – Theme 2 Making Life Better 2.8) Procure a range of suicide prevention and mental health promotion services, including a focus on more vulnerable groups. Commission and/or procure the 24/7 Lifeline crisis intervention service. *(Commissioning Plan Direction Target – By March 2020, to reduce the differential in the suicide rates across NI and the differential in suicide rates between the 20% most deprived areas and the NI average. Areas of focus for 2016/17 should include early intervention and prevention activities, for example through improvement of self-harm care pathways and appropriate follow up services in line with NICE guidance.)*	Engagement element of procurement plan has commenced. The regional team has carried out engagement workshops in the areas of Mental Health and Suicide Prevention, community capacity and bereavement support. Current scoping exercise is underway with health intelligence regarding current services who are commissioned to deliver counselling services. Further engagement with young people is scheduled ad full consultation on all planned procured services will take place winter 2016. It is envisaged at this stage that the new Protect Life Strategy will be published. Currently awaiting decision of Health Minister on the next step in relation to the procurement of the Lifeline service.	G	A	A	A	Engagement sessions with young people have commenced. Full consultation has been delayed until the publication of the new Protect Life Strategy. The strategy was not published within the financial year. The Protect Life Strategy Ⅱ will not now be published until after an Executive is established and a new Health Minister appointed and this will have an impact on the procurement process. This will also impact on the Lifeline service procurement.

3. IMPROVING THE QUALITY OF HSC SERVICES						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
3.1) Work with the HSCB to take forward the review of the Cancer Services Framework and implementation of the revised Framework during 2016/17 (staff and financial resource dependant.)	PHA & HSCB colleagues are working in conjunction with DoH officials to finalise a draft Cancer Services Indicator Framework (CSIF).	G	A	A	A	Miriam McCarthy The draft CSIF is expected to be agreed by 30 June 2017
3.4) Continue to Lead the Long Term Conditions Regional Implementation Group to deliver on its action plan, and commission patient and self –management programmes as outlined in PfG, (subject to funding).	Additional investment is planned for diabetes and cardiac rehabilitation.	A	A	A	A	Additional funding for self-management programs has been secured for from Integrated Partnerships for diabetes self-management programs. All children with type 1 diabetes are offered self-management programs within 6 months of diagnosis.

3.8) Take forward recommendations on the DoH District Nursing Framework.	Contribution made to drafting and progress made on Delivering Care element.	A	A	A	A	Awaiting the final publication of the Framework.
3.12) The HSC Safety Forum will work with the Regional Learning Disability Healthcare and Improvement Group to identify potential future opportunities to work collaboratively in quality and safety improvement.	Meeting held in Spring with several potential areas for work. Unable to progress currently due to lack of capacity	A	A	A	A	Some potential for improvement work identified but little internal capability/capacity for QI within L&D and no capacity within Safety Forum for additional areas of work except to provide general advice. Recruitment is underway to appoint a new Clinical Director for the HSC Safety Forum. Stocktake of the Safety Forum work plan to be completed.

4. IMPROVING THE EARLY DETECTION OF ILLNESS						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
4.2) Implement actions to address the recommendations in the RQIA review of Diabetic Eye Screening Programme.	Of the 40 recommendations from RQIA there are 28 completed and 12 outstanding. The 12 outstanding recommendations have not been completed within the timeframes set by RQIA which is why performance has been marked as amber. However there are processes in place to address them.	A	A	A	A	Of the outstanding items there is work on-going with significant progress which is dependent on a range of factors. For example - Priorities and progress of on-going modernisation programme Developing Eye-care Partnerships Programme Embedding of failsafe protocols and training of failsafe officers Embedding of software solutions in other parts of Ophthalmology in HSC Trusts, and establishing reliable ICT links between services. Identification of routine, reliable data sources for audit, which includes the merging (and cleansing) of databases in Q3 (2016/17) On-going work with Public Health England with respect to conducting external Quality Assurance of the programme. This work is being overseen by the DESP Modernisation Project.

						The DoH is content with progress to date.

5. USING EVIDENCE, FOSTERING INNOVATION AND REFORM						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
5.3) Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas.	Continuing to work with the NIPHRN and its stakeholders to identify potential research opportunities in areas of interest to the PHA. Changes in staffing relating to the NIPHRN Co-ordinator post may lead to reduced activity in the remaining period of 17/18 until full input is resumed.	G	A	A	A	An appointment of a new Network Co-ordinator has been made and the candidate took up post on 1/10/16. The appointee will contribute 0.5WTE activity until May 2017 (due to the completion of a CRUK Fellowship award) and 1FTE thereafter when full activity of the NIPHRN will be resumed.

6. DEVELOPING OUR STAFF AND ENSURING EFFECTIVE PROCESSES						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
6.5) Explore an electronic records management solution in line with Controls Assurance Standards.	Initial alternative options to a full EDRMS have been explored by PHA.	A	A	A	A	HSCB E-Health have advised that this will be taken forward on a regional HSC basis. Also, a decision on an EDRMS will also need to take account of the shape and size of the future PHA. While PHA will work with other HSC colleagues, this is will mean that timescales for introduction of an EDRMS will be delayed.

1. PROTECTING HEALTH						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
1.2) In line with DoH priorities, continue to work on the development/introduction of a surveillance system for anti-microbial resistance (AMR) in Northern Ireland and bring NI in line with the rest of the UK.	A band 8A Senior AMR Epi Scientist and a Band 6 AMR Epi Scientist took up post on the 1st April 2017 .	A	A	G	G	
1.3) During 2016/17 achieve uptake targets for seasonal influenza vaccinations set by DoH.	Work progressed as planned to meet DoH vaccination targets.	G	G	G	G	
1.4) Continue to work with HSCNI organisations to vaccinate against Men B and Men ACWY and encourage uptake rates through information/educational campaigns.	Work is progressing as planned.	G	G	G	G	

2. IMPROVING HEALTH AND WELLBEING & TACKLING HEALTH INEQUALITIES

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.1) Develop and deliver a range of integrated public information campaign solutions to target audiences in line with key PHA priorities.	Mental health, obesity, smoking, dementia and sexual health campaigns delivered. Bowel cancer campaign developed and production completed however implementation on hold due to service issues. New request from DoH for Organ donation campaign in Feb / Mar delivered. Breastfeeding development underway (advertising tender) and part production required	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Giving Every Child the Best Start - Theme 1 Making Life Better						
2.2) Ensure that implementation of Early Intervention Transformation Programme Work Stream One is in keeping with business goals and implementation plan.	Progress is being made in relation to the three key elements of EITP WS1: I. Alignment of HV to preschool settings – implementation commenced April 2016 II. 3+ health review in pre-school education settings – extension of pilot involving a target of 20% of children availing of DE funded preschool places commenced Sept 2016. III. Antenatal group based care and education – Group base care and education programmes commenced in all five HSCTs. Implementation Review – report received from Helga Sneddon and recommendations being taken forward by Steering Group.	A	G	G	G	
2.3) Implement Early Intervention service linking with family support hubs. (Early Intervention Transformation programme Work Stream Two).	Early Intervention Support Services are operational across NI and complementary Parenting Programmes and Family Group Conferencing contracts in place. Programme implementation proceeding. QUB research instigated to enable a Control Group research programme.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.4) Implement the regional Infant Mental Health plan and commission training to HSC and early years workforce.	Multi-agency Infant Mental Health Implementation Group established and workgroups being formed to support specified actions within 2016/17. Regional Infant Mental Health Plan produced and issued. Infant Mental Health service development on the agenda of HSCB and plans produced by CAMHS Commissioners. Western Trust Pioneer Community Plan presented to IMH Implementation Group and CDPB agreed support. Meeting with Public Health Directors in Scotland and Wales and NI with WAVE Trust on the ACE agenda undertaken November 2016.	G	A	G	G	
2.5) Implement the Action Plan of the Breastfeeding Strategy for Northern Ireland.	Breastfeeding Strategy Implementation Steering Group (BSISG) meetings took place in October 2016 and February 2017. Action plan updated and RAG ratings for each of the 10 Work strands recorded.	G	G	G	G	
2.6) Ensure regional implementation of Family Nurse Partnership in keeping with Family Nurse Partnership specification and licence requirement	Work is continuing as planned.	G	G	G	G	

Equipped Throughout Life – Theme 2 Making Life Better						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
2.9) Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB to ensure that good practice is promoted, health inequalities are identified and addressed and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability.	The Regional Learning Disability Healthcare & Improvement Steering Group is continuing to progress improvement in the healthcare and health & social wellbeing of people with learning disabilities and to reduce inequalities in health for this client group. There are three Forums for specific areas of improvement. Workplans for each forum have been agreed and 2016/17 objectives are being progressed as follows: **Health Care Facilitators (HCF) Forum** **1. Electronic Health Check Form & Data Capture Excel Sheet** Electronic version of health assessment form has been developed. Completion of summary sheet by GP post health check and send this HCFs. HCFs are inputting data post health check from 1 April 2016, it is anticipated there will be available data to analyse by March 2017. **2. Excel tailored training (Leadership Centre):** Training for HCFs was delivered on 15 September 2016. The training was well attended by HSC Trusts. Evaluation of training disseminated to Trust AD's for information. **Health and Wellbeing Action Plans:** The Health and wellbeing action plan, guidance notes to support and pathway to illustrate process have been approved by Bamford review group. The Trusts have been asked to complete 20 Health and	G	G	G	G	

	wellbeing action plans for this financial year. **The Regional Health & Social Wellbeing Improvement Forum** This forum are taking forward a number of objectives in 2016/17, to include focus on: • Promotion of healthy eating within Day Centres for adults with a learning disability; • Measures to promote healthy personal and sexual relationships for adults with a learning disability; • Promotion of physical activity for people with a learning disability and their families/ carers. **The Regional General Hospital Care Forum: Learning Disability** **Development of Regional Hospital Passport** • Draft Passport developed and piloted across all Trusts, with support from the HSC Safety Forum. • Feedback excellent, full endorsement across clients, carers and staff • Official launch is expected April 2017 The forum continue to monitor any potential risk of Trusts failing to progress with implementation of recommendations from the RQIA Report & GAIN Guidelines. A progress report (to December 2016) from all 3 Forum is available. A further progress report will be collated post March 2017.					

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Empowering Healthy Living – Theme 3 Making Life Better						
2.10) Implement the Tobacco Control implementation plan including Brief Intervention Training, smoking cessation services, enforcement control and Public Information. *(Commissioning Plan Direction Target – In line with the Department's ten year Tobacco Control Strategy, by March 2020 reduce the proportion of 11-16 year old children who smoke to 3%; reduce the proportion of adults who smoke to 15%; and reduce the proportion of pregnant women who smoke to 9%*	The Tobacco Strategy Implementation Plan is being rolled out with KPI monitoring presented to Tobacco Strategy Implementation Steering Group (TSISG). In 2015/16, 21,382 individuals enrolled in Stop Smoking Services across Northern Ireland, 59% of whom remained quit at 4 weeks. The 52 week Quit rate data for these individuals is not yet available. Brief intervention training is being offered in HSCTs and with other groups, such as optometrists. 'Smoke Free' was launched in health and social care sites in March 2016. Enforcement work is progressing well across the region. Preliminary work is underway on a public information campaign. Regional Tobacco Training Tender for Specialist Cessation Training was advertised in March 2017. TSISG continues to meet thrice per year with specific actions updated with 'RAG' ratings. Currently, the proportion of: • 11-16 year old children who smoke is 5% • Adults who smoke is 22% Pregnant women who smoke is 14.7%	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.11) Support and lead multi-agency partnerships to oversee regional and local delivery of Protect Life and Mental and Emotional Wellbeing strategies including the regional Bamford structures and local Protecting Life Implementation Groups' Action Plans.	Thematic plan 2016-17 complete, with local implementation plans in place and continues to be monitored closely. Regional Bamford group continues to be chaired by PHA and meets thrice per year. Regional programmes are presented at these meetings. PHA awaits clarification on the future role of Bamford in the new Protect Life Strategy. Five local areas have Protect Life Implementation multi-agency partnerships who share information locally and contribute to the regional Bamford group. Local implementation plans are in place and continue to be closely monitored.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.12) Implement the obesity prevention action plan including: weight management programmes for children, adults and pregnant women, development of a common regional Physical Activity Referral programme, implementation of Active Travel programme in schools, implementation of Active Travel Plan Belfast and public information and awareness. *(Commissioning Plan Direction Target – In line with Departmental strategy A Fitter Future For All, by March 2022 reduce the level of obesity by 4% points and overweight and obesity by 3% points for adults and by 3% points and 2% points for children)*	Year 3 of the Childhood Obesity campaign launched in NI on 12 May 2016 with focus on treats and sugary treats at this stage. The campaign will be re-launched again during the year focusing also on portion sizes. *'Weigh to a Healthy Pregnancy'* pilot and evaluation completed. Intervention now being mainstreamed for 2016/17. Specification drafted and IT system being developed for Physical Activity Referral Programme, new scheme and system to be fully operational in 16/17. Active Schools Programme commissioned with Department of Infrastructure for 2016/17 – 2019/20. Development of Minimum Nutritional Standards in HSC settings. Scoping of new regional Childhood Obesity programme.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.13) Take forward recommendations of the RQIA 'Review of Specialist Sexual Health services in Northern Ireland' in partnership with DoH, HSCB and HSC Trusts.	RQIA implementation plan has been developed in partnership with DoH, HSCB and HSCTs but requires HSCB/ DoH funding to take forward in 2017/18.	G	G	G	G	
2.14) Ensure Trusts continue to deliver Telehealth and Telecare services including through the Telemonitoring NI contract, to targets set by the PHA.	Detailed plans for achievement of Trust targets are currently being developed by Trusts for consideration by CCHSC. The use of Telemonitoring is being expanded in new areas including renal patient monitoring, obesity management during pregnancy, malnutrition monitoring and head and neck cancer.	G	G	G	G	

Target from Business Plan	Progress	Achievability Apr	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Creating the Conditions – Theme 4 Making Life Better						
2.15) Develop and implement a consistent approach to workplace health and wellbeing programmes working with local government and other partners.	A new workplace health and wellbeing service has been commissioned. Contracts have been awarded to: • Health Matters – Belfast, Southern and south east. • NICHS – northern area • Derry Healthy Cities – western area Monitoring arrangements agreed with local offices. First Regional meeting with provider has been scheduled to promote and share good practice. Workplace health conference - March 2017 in Riddell hall. Theme for next year requested by BITC Challenges of an Ageing Workforce.	G	G	G	G	
2.16) Lead AHPs in the development of Public Health Strategies for Children & Older People	The AHP older peoples group continues to meets regularly and progress work in the development of AHP public health strategies/ approaches for older people. The approaches are currently focusing on promoting independence and reducing loneliness in older people. Research shows that chronic loneliness affects around 10% of older people. AHPs are working to reduce loneliness in partnership with Age NI and older people. The health promotion messages for children are completed. The posters have been printed and will be distributed to GP practices, Early Year settings and Libraries.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Empowering Communities – Theme 5 Making Life Better						
2.17) Further develop the Travellers Health and Wellbeing Forum and delivery of the regional Action Plan.	Revised 2016/17 Thematic Plan issued, new commissioning resources and programmes for Traveller Posts and Mental Health and Emotional Wellbeing both completed and Regional Forum meetings planned and being undertaken**.**	G	G	G	G	
2.18) Work with local communities and community based organisations to develop integrated approaches to improving health.	Work continues with local communities and community based organisations to develop integrated approaches to improving health and wellbeing. This includes agreeing shared aims and objectives for Healthy Living Centres on a number of key thematic areas, as well as contributing to the Community Planning Partnerships across each council area to develop joint goals and shared outcomes for communities.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.19) Encourage, facilitate and support the active involvement and participation of service users, carers and the public in the planning, delivery and evaluation of health to enable people to take more ownership of and self-responsibility for their own health and social well-being	The PHA continue to encourage, facilitate and support the active involvement and participation of service users, carers and the public through a number of work streams, including: • Facilitation and support of service users and carers on the Regional HSC PPI Forum to participate at a high level in the planning delivery and evaluation of HSC services. • Establishment of agreed processes to embed PPI monitoring recommendations into Trust Action Plans. • Encourage HSC Trusts to implement agreed PPI Standards and use best practice in PPI. • Share best practice and develop understanding of PPI through promotion, e.g. Articles and photographs and social media. • Supporting a range of regional priority areas to use best practice approaches to involving service users and carers, these include E-Health Strategy, EHCR, EITP, Stroke services, procurement of social care services, medicines management, modernisation of pharmacy services, PHA corporate strategy, and transformation workstreams.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.20) Continue to work with local government on the alignment and development of community planning and PHA planning and to initiate a range of demonstration projects in each council area embedding the key drivers of 'Making Life Better'	Work continues with local government on the alignment and development of community planning and PHA planning. Most of the community plans have now been finalised and launched having received organisational sign off from their partners – including PHA. For example, Belfast, Derry and Strabane and Causeway Coast and Glens are still within their consultation phase and Antrim and Newtownabbey are due to finalise their plan in May 2017. PHA identified, proposed and agreed four areas of joint working with all HSC organisations at the Making Life Better Autumn Forum (outlined in 2.21). This shared programme, based on local need and regional direction, is currently being developed to consolidate Making Life Better and community planning goals and demonstrate collaboration and impact. These four areas have also been agreed as important aspects of delivery of the Healthier Lives Programme outlined in the draft Programme for Government (2016-2020) for outcomes 2, 3, 4 and 7.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
Developing Collaboration – Theme 6 Making Life Better						
2.21) Continue to work with key stakeholders to lead and coordinate implementation of Making Life Better through the Regional Project Board, local partnerships and Health and Social Care Northern Ireland	Work continues with key stakeholders to lead and coordinate implementation of Making Life better. Work is underway with ADOG to consider the impact of their review and recent renewed membership on the Regional Project Board and how to ensure it is delivery focussed as we progress. The second annual MLB HSC Autumn Forum took place on 30 September 2016. HSC organisations came together to discuss priorities and implementation of Making Life Better within HSC, including workplace health and wellbeing, and agreed four key areas for HSC joint working with and input into community planning: • Healthy lives – physical activity & healthy weight; • early years and early interventions; • mental health and wellbeing; • active ageing and age friendly. These four areas have also been embedded within the draft Programme for Government Delivery Plan (2016-2020) for indicators 2, 3, 4 and 7 under the Healthier Places Programme. Workplace health has also been embedded within this draft Programme for Government Delivery Plan and work is underway to progress of goal of HSC acting as an exemplar for developing healthier workplaces more generally. Engagement with local government is also underway as outlined in 2.20.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
2.22) As professional Lead in development and implementation of Regional e-Health and Care Strategy, engage with nursing and AHP workforce as part of strategy implementation; agree action plan and monitoring process	Work continues to engage nursing and AHP workforce in • raising awareness of the use of eHealth in care delivery • the need to standardise care pathways in preparation for digital transformation An outline business case is currently being developed for a single digital electronic health and care record for NI. A nursing Informatics network to shape the design and development of initiatives in the future was established in January 2017 A professional communications and engagement plan will be developed by April 2017	G	G	G	G	

3. IMPROVING THE QUALITY OF HSC SERVICES						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
3.2) Work with the HSCB to take forward the Cardiovascular Services Framework Implementation Plan.	CVSFW Lead has returned to work. The Cardiology Lead has been off on unexpected leave since July 2016. A mid-year report was issued to DoH in March 2017 The Framework covers the period April 2014 - March 2017. Most issues with data collection and data sources were not resolved until year 3 of the Framework (2016/17). Have requested a one year extension.	A	A	G	G	
3.3) Take forward the Implementation Plan for the Respiratory Service Framework, following consultation.	The Respiratory Framework implementation plan was formally approved by the DoH in February 2016. First year report was submitted to DoH in September 2016 after AMT/SMT approval. A mid-year baseline report was submitted to DoH for consideration in March 2017. We are planning to collect data for final year 2 report in June 2017 for submission to DoH in September 2017.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.5) In collaboration with the DoH, DoJ, HSCB and HSC Trusts provide Public Health leadership and professional nursing advice to the Joint Health Care & Criminal Justice Strategy. Work alongside YJA, PSNI and HSCB colleagues to identify health care model for the provision of health care in Police custody and Woodlands Juvenile Justice Centre.	Engagement in the Joint Health Care & Criminal Justice Strategy which is Departmental led. Determination that Healthcare in Custody will not transfer to healthcare at this time. PHA working with PSNI. New model for healthcare in Custody submitted to PSNI for consideration (skill mix of nurses and Forensic Medical Officers). Specification for healthcare model in development. Meetings attended with PSNI: CEX, Medical Directors and Nursing Directors Forums. Project lead appointed to drive workplan forward The C/EX YJA escalated nurse staffing shortage to the Board and PHA due to the significant risks. PHA nursing advice, support and recommendations provided to newly appointed Director at Woodlands in relation to nursing workforce and practice standards. Responsibility for health care at Woodlands remains with Juvenile Justice (JJ). Arrangements are in place so that JJ can avail of professional nursing support when this is required. Proposal for nurse recruitment in relation to Woodlands being developed for submission to HSCB. Nursing representation (UT) on regional review group addressing children's residential facilities.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.6) Produce final report for issue to Department on the mental health nursing framework, 'Developing Excellence, Supporting Recovery' including impact of implementing a Recovery model for service improvement.	The final report on the DESR Action Plan was agreed and sent to the CNO for approval in June 2016. The DESR Implementation Group awaits guidance on the future of the strategy. The DESR Group continue to meet on a quarterly basis to assist in taking forward several identified key pieces of work for Mental Health Nursing in the near future, which includes: **1.** Co-Production in Mental Health – A final draft is currently being presented to Trust professionals and service users for consultation. **2.** Mental Health 'Nursing Delivering Care' Review – Literature review and final draft for consultation to be completed by mid Feb 2016. **Mental Health Nursing KPI's** Therapeutic and Psychological Therapy Interventions – has been developed and will be tested in WHSCT – March 2017. Absconding – Currently in the 4th quarter of monitoring – Data for quarters 1 – 3 has been submitted by Trusts via Sharepoint. Regional group meet regularly to review the data and discuss the monitoring process.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.7) Along with HSCB lead the implementation of the NI Dementia Strategy and lead the OFMDFM/AP funded Dementia Signature Project (due to complete June 2017).	• Information, support and advice including media campaign Phase 3 of public awareness campaign is underway. Dementia website continues to grow with 13,588 visits recorded during Dec 16/Jan 17. 10/10 Dementia Navigators have been recruited. • Training 1,525 staff have received delirium training. E-learning materials have been accessed by 372 staff and the animation has had 2,910 visits. The target set for the use of the delirium bundle has now been achieved at 95% compliance. Two cohorts of Dementia Champions have now graduated. Aim is to have up to 300 staff trained by Nov 2017. Carers training commenced in June following contracts being awarded to Alzheimer's Society and 352 Skills. • Innovative short breaks and respite pilots continue in four areas: home support, extended domiciliary care, emergency support and enhanced day opportunities.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.9) Continue to lead on the implementation of PPI policy in HSC, with a focus on promotion of the new PPI Standards, extension of the PPI Monitoring function and roll out of the PHA led PPI Training Programme for staff.	The PHA continues to lead on the implementation of PPI policy across the HSC system. In recent times this has included: • Leading on the development of a guide on co-production and involvement to inform the work of Transformation workstreams. • Embedding of PPI Standards as the framework for PPI monitoring and as a structure for action plans. • Review and update work on future PPI monitoring arrangements with HSC Trusts.	G	G	G	G	
3.10) Progress existing programs of quality improvement, continue to build capacity and knowledge on patient safety, improvement science and human factors, and explore future options for collaboration in QI and safety with CAWT partners.	Work is continuing as planned.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.11) The HSC Safety Forum will work with HSC Trusts to support the further spread of the Sepsis 6 bundle beyond the pilot areas identified in the 2014/15 period.	Some trusts have had difficulty with engagement but all trusts now collecting at least baseline data	A	A	G	G	
3.13) Continue the review of school nursing using a needs led, child focused and evidence based approach to service developments.	A pilot has been completed to test a school health profile across a small number of primary and post primary schools in each HSCT in partnership with education to identify health needs. Work on a system to consider workforce make-up and a method of determining staffing requirements has commenced. Development of regionally consistent practices across four levels of need is progressing.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.14) Continue to develop the methodology and models for phases 2–4 of the Delivering Safe and Effective Care Project (ED, DN and HV), and progress monitoring arrangement with HSCB for implementation of Phase 1.	Progress report updated at Regional Delivering Care Steering Group in March 2017. Phase 2, 3 and 4 summary papers finalised with endorsement from Chief Nursing Officer – awaiting launch. Working assumptions for Phase 3 agreed.. Templates for monitoring Phase 1-4 sent to HSCTs for return by May 2017. • Literature review completed. • Data collection underway. • Review of workforce models underway • Workshop with Expert Reference Group held on 26/4/17 to agree key metrics for staffing models and ranges. • HSCT visits arranged with Mental Health leads. Final draft of: • Phase 1A guidelines completed. • Guidelines for Single Rooms with CNO Phase 6 – progress continues. Workshop planned for June 2017. Update from PHA at Steering Group due May 2017.	A	A	A	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.15) Ensure adherence to statutory midwifery supervision and provide professional leadership in relation to the development of high quality, safe and effective midwifery services in keeping with the Maternity Strategy.	On 31 March 2017 the statutory element of supervision of midwives was removed from legislation under the NMC S60 Order. The role and functions of all Local Supervising Authorities (LSAs), LSA Midwifery Officers (LSAMOs) and Supervisors of Midwives (SOMs) in the United Kingdom ceased and the Midwives Rules and Standards (NMC, 2012) were revoked. As a result of the legislative changes, the statutory responsibilities of the PHA as a Local Supervisory Authority ceased and the LSAMO office closed on 31 March 2017. This means that the responsibility for the statutory element of the supervision of midwives was removed from the PHA. In preparation for the changes, the LSAMO worked in partnership with senior professionals in Northern Ireland. The LSAMO communicated information directly at face-to face on-site meetings with employers and supervisors in each Trust (Dec 2016/Jan 2017) and at monthly meetings with Contact SOMs. Written information was regularly circulated by email to the Heads of Midwifery and Contact SOMs for dissemination to all SOMs and midwives and this included 'LSAMO Updates' and the 'LSA Briefings'. In addition, there was further clarification at the final LSA Conference March '17. Therefore, Target 3.15 is no longer required by the PHA and senior management accept the responsibility for not taking any further action in relation to the statutory supervision of midwives.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.16) Q2020 – Lead the development of the Annual Quality Report in conjunction with the HSCB.	The 2015/16 PHA/HSCB Annual Quality report was developed and published on world quality day in November 2016. Plans are in place for the development of 2017/18 Annual Quality report.	G	G	G	G	
3.17) Lead on the professional issues relating to the transition of HSCB/PHA Medicines Management Model from HSCB to PHA.	The business plan entry refers to an action that will be taken forward by Nursing and Allied Health Professions within the agency regarding learning and transition from the non-current model to a recurrent model. Currently work is ongoing between the HSCB, PHA and NHSCT to progress the commissioning of this recurrent model. The commissioning and service specifications have now been finalised and agreed between HSCB, the Public Health Agency and Northern HSC Trust, and the service transferred from 1st January 2017. NHSCT will be the host Trust for the Regional Management Medicine Dietetic service of 5 Dieticians with support from Prescribing support assistants. The team will work in Primary Care to identify, assess and provide recommendations to patients and relevant Health Care professionals, including GPs on the appropriate use of oral nutritional supplements, promoting a food first approach.	A	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.18) Work with Trusts to integrate the Patient Client Experience work programme and 10,000 Voices Initiative to develop systems to listen to, learn from and act upon patient and client experience.	Work is continuing as planned. The regional patient and client experience programme of work is continuing to be implemented – this includes working with HSC Trusts and other key stakeholders to: • Monitor the implementation and impact of the 4 key regional priorities • Continue the 10,000 Voices work plan in range of areas throughout the HSC • Plan key priority areas for 2017/18 with a focus on outcomes • Develop a work programme to take forward the Q2020 task on 'Always Events'. • The PHA provided a response to the DoH healthcare experience framework and await the outcome of the post consultation.	G	G	G	G	
3.19) Ensure professional readiness of Therapeutic Workforce in WHSCT Radiotherapy Unit.	The workforce is in place, correct skill mix, appropriately trained Links established within and external to trust to ensure professional governance Links and professional support being offered by the PHA and accepted by professional staff RAG status green – the unit has opened	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.20) Lead a programme of work to drive reform of Allied Health Professionals Services including • Improving data quality; • Development of Care Pathways	The PHA is finalising the conclusion of the capacity and demand exercise with Belfast Health and Social Care Trust. All other Trusts have received correspondence from Director of Commissioning outlining gaps and HSCB expectations on filling the gaps. Work has also been completed on the development of elective pathways in key areas constituting highest levels of demand.	G	G	G	G	
3.21) Lead development and implementation of year 4 Allied Health Professionals Strategy Action Plan	A final report was compiled and presented to DOH outlining key achievements in line with the 4 themes of the Strategy. The report included a number of areas which would require further development and to achieve this proposed to the DOH the need for an extension to the current strategy for their consideration. An AHP Strategy Board Meeting has taken place with DoH and the PHA has been requested to provide a paper outlining key strategic actions for consideration of a new AHP strategy.	A	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.22) Lead the development of Palliative Care services	The Regional Palliative Care structures consist of a Programme Board, Clinical Engagement Group and a Service User and Carers Engagement Group. The Programme Board consists of members from across the five localities coterminous with HSC Trust boundaries in NI. Membership also include representatives from DoH, HSCB/PHA, Northern Ireland Ambulance Service, Hospice and independent palliative care providers, community and voluntary sector, Integrated Care, ICPs, Primary Care and service users and carers. The Programme Board is co-chaired by Mary Hinds, Executive Director of Nursing and AHPs, PHA and Dean Sullivan, Director of Commissioning, HSCB. The key work areas for 16/17 ; <u>Identification</u> To improve the identification of people with palliative care needs, <u>Keyworker</u> To ensure everyone identified as being in their possible last year of life has an allocated keyworker <u>Advance Care Planning</u> To ensure everyone identified as being in their possible last year of life has the opportunity to discuss <u>Planning for Specialist Palliative Care Services</u> Working with the Clinical Engagement Group, a	G	G	G	G	

	report on workforce planning relating to Specialist Palliative Care across the region for: Medicine Consultants, AHPs, Nurses and Social Workers. Other Workstreams in 2016 The work areas commenced under the 'Transforming Your Palliative and End of Life Care' initiative, and some outstanding work from LMDM will continue to be progressed in 2016/17 namely: • Palliative Care Tools • Pharmacy • Hospital Discharge • Carers Support • Training for Nursing Homes • Ambulance Service • Monitoring and Measures • Raising Awareness And in addition, the eight recommendations of the RQIA Review of the Implementation of the Palliative and End of Life Care Strategy (LMDM). Communication					

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.23) In support of safe and effective person centred care, Commissioners through the Director of Nursing PHA should require of organisations and bodies from which services are commissioned, that appropriate systems are in place to ensure that nurses and midwives are appropriately supported to fulfil regulatory requirements of the NMC, in particular the introduction of revalidation for Nurses and midwives.	Revalidation Lead provides ongoing support, resources and Face to face awareness sessions to all nurses (HSCB/PHA) and their line managers. Established an Xl database of Nurses in HSCB/PHA shared with HR On-going support is available from PHA to GP practice nurses including face to face meetings. Professional Forum offers regular opportunity for updates to be provided. General Practice Nursing Network established. Revalidation updates will be provided at these sessions. On 31 March 2017, following legislative changes the statutory role and functions of the LSA, LSAMO and SOM ceased. This means the discontinuation of the statutory requirement for Annual Supervisory Reviews (ASRs) and the closure of the interactive section of the UK LSA Database. A revised Northern Ireland framework is being developed by the Nursing and Midwifery Supervision Programme Board at the request of the Chief Nursing Officer (CNO). On the 15 March 2017 the CNO issued guidance to HSCTs in relation to the interim non-statutory Midwifery Supervision arrangements. This means that from 01 April 2017, employers have responsibility for the non-statutory elements of midwifery supervision including annual Midwifery Supervision Reviews.	G	G	G	G	

	From 01 April 2017 the requirement for SOM investigations ceased and so all investigations into midwifery practice are now the full responsibility of the employer and the NMC. The PHA is in the process of handing over any open SOM cases to the Heads of Midwifery in each Trust. Open Fitness to Practice cases were also identified and the NMC Fitness to Practice department was informed that the LSAMO office closed on 31 March 2017.					
3.24) Develop framework for primary care nursing.	Primary Care Framework completed in partnership with RCGP, BMA and RCN 2016. Regional Implementation & Steering Group in place. Advanced Nurse Practitioner places for primary care nurses agreed. Funding from DOH / GP led review to be determined for additional posts. Numbers confirmed with PHA x5 in Down Federation. ANP course to be delivered by University of Ulster with cohort from Down Federation. Steering groups have PHA reps. Funding for GP-led review proposed. Training for Primary Care Nurses to be progressed with Regional Steering Group.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.25) Develop and take forward regional service improvement within older peoples environment focusing on initiative regarding workforce recruitment/and education.	A Vision statement and paper focusing on the role of nurses in the care and support of Older People developed in partnership with Age NI. Action plan agreed. Significant work will be progressed through the Burdett Trust grant project which PHA has secured for 18 month for nurse recruitment, retention and co-design. Funding received 24/04/17. Secondment for Project Lead Nurse - post secured. Anticipated start date 05/06/17. HR delays may cause delay in recruitment process. Discussions are underway with each Trust to develop older persons/dementia networks which will eventually develop into a regional nursing network. These networks will discuss service improvements within elderly wards and any staff education needs will be identified. A PHA Older People's Co-ordination Group has been established.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
3.26) To complete the review of AHP support for children with statements of special educational needs, agreeing a proposed framework and implementation plan for consideration by the Minister of Health, Social Services and Public Safety.	The review is now complete. The proposed framework, implementation plan, findings report and equality screening have been signed off by the Project Board and submitted to DoH.	G	G	G	G	

4. IMPROVING THE EARLY DETECTION OF ILLNESS						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
4.1) Rolling programme of analysis by health intelligence of screening data and evidence reviews of actions elsewhere to better inform targeting of screening in lower uptake populations.	Work has been completed on breast screening re:inequalities. Some ad hoc work was done on diabetic eye screening to feed the review and this will be returned to when the new DESP information system has bedded down.	G	G	G	G	
4.3) Maintain all existing screening programmes and the quality assurance function.	Workforce issues have had a significant impact on population screening work in the PHA. All existing programmes are being maintained. Some quality improvement work was scaled back and some quality assurance work was postponed e.g. the triennial QA visit to the breast screening unit in the SHSCT. However, following scrutiny decision to support the appointment of permanent staff to fill the vacant posts we are now in a much better position to maintain the QA function. All remaining vacant screening posts have now been filled.	A	A	A	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
4.4) Develop a TVU service for the early detection of Ovarian Cancer.	Training complete and on going Primary /integrated care involved Referral pathway agreed Regional reporting guidelines agreed Has been included in Cancer commissioning priorities NICaN gyna group was cancelled due to clinical lead not being available, the outstanding work that requires regional sign off is being co-ordinated electronically to expedite the process in the absence of said meeting The patient information booklet is complete.	G	G	G	G	
4.5) Develop a system to prioritise the X-ray reports of Older people from Nursing Homes.	Scoping work on going to define acceptability and operational feasibility work ongoing in radiology and ED may address this independently. Rag status green - the Modernising Radiology Clinical Networks work plan has superseded this as it is looking at a regional prioritisation of plain film reporting in all ED's	G	G	G	G	

5. USING EVIDENCE, FOSTERING INNOVATION AND REFORM						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
5.1) Lead on the implementation of the new HSC R&D Strategy: *Research for Better Health & Social Care (2015-2025).*	A consultative review of the infrastructure has been initiated with Stage 1, a Survey Monkey launched on 02 March with a close date on 12 April 2017. The findings from this consultation will inform the second stage of the Review	G	G	G	G	
5.2) Support researchers to secure research funding from external sources including NIHR evaluation, trials and studies co-ordinating centre (NETSCC), Horizon 2020 & other EU sources.	NETSCC: Since the investment began 22 NI-led applications with a total value is £20.36 million have been successfully reviewed**.** H2020: TO-REACH (Transfer of Organisational innovations for Resilient, Effective, equitable, Accessible, sustainable and Comprehensive Health Services and Systems): successful application led by Istituto Superiore di Sanita, Italy in response to call SC1-HCO-06-2016 Towards an ERA-NET for building sustainable and resilient health system models (total value approximately €2 million, NI value €41,000, 29 partners, including HSC R&D Division. Second meeting planned for June 2017, and policy-maker engagement underway INTERREG VA: CHITIN (Cross-Border Healthcare Intervention Trials in Ireland Network) Letter of Offer- accepted for funding of €8,841,667; Permission to Start documentation in preparation and due for submission by 10 May 2017	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.4) Continue to work with the Social Work community to support and encourage research within Social Work/Care.	Commissioned local research e.g. Early Intervention Transformation Programme Call has actively encouraged applications from multidisciplinary teams and priority setting exercises have commenced led by Social Work Strategic Advisory Group with input from HSC R&D Division. The 4th Social Care Conference was held on 01.03.17 with approximately 100 participants in attendance.	G	G	G	G	
5.5) Working with CCHSC to facilitate service development and service improvement within Telemonitoring NI: • Contribute to the redesign of patient pathways sharing examples of local good practice regionally • Provide professional nursing advice to the specification and implementation process for TMNI replacement	CCHSC continue to work with Trusts to implement new and innovative uses of telehealth and to plan for the specification and implementation of services to replace the existing Telemonitoring service.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.6) Establish new and support existing expert nursing groups, for example Cancer, Neurology and District Nursing, Stroke and Palliative and End of Life Care.	Nursing groups continue to meet and are all focused on key areas of service reform.	G	G	G	G	
5.7) Host a HSC wide Conference on PPI, highlighting best involvement practice, reflecting on the new involvement Standards, sharing findings from the PPI research initiative and examining how to address the report recommendations for the benefit of service users and carers.	The PHA, in partnership with QUB and HSC partners, held a PPI conference, 'Involving you, improving care' on the 22nd of June 2016. Key findings from the PHA and PCC commissioned PPI Research were referenced at the conference, with the final report being launched on the 27th February 2017. Recommendations from PPI research have informed PHA's updated PPI action plan	G	G	G	G	
5.8) Ensure that the learning from PHA/SBNI/QUB research on infant death is embedded into SCPHN and midwifery practice	Evidence based resources developed for use by public and multi-agency practitioners – to be issued with final research paper being completed by John Devaney (QUB).	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.9) CCHSC will have specified and commenced the implementation of service(s) to replace Telemonitoring NI.	CCHSC have commenced an engagement exercise with relevant stakeholders to develop a shared understanding of the strength and weakness of current service and to elicit views on arrangements which should replace the current Telemonitoring NI service. The outputs from the engagement process are being consolidated taking into account the findings of the QUB evaluation of Telemonitoring to develop a model for technology enabling healthcare (TEHC) in relation to: • Supporting Healthy People • Enable people to look after their condition • Supporting people to reduce use of health service • Support people to stay safe and independent	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.10) CCHSC will seek opportunities to develop and utilise innovative technologies to improve health and wellbeing including leading the NI input to EIP AHA; EU and other sources of funding and working collaboratively with HSCNI and other key stakeholders	CCHSC continue to contribute to the work of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) through involvement in a number of action groups to improve the health of older people in Northern Ireland and across Europe; CCHSC coordinates the EU-funded project called Beyond Silos which aims to improve the integration of service delivery by building on the Northern Ireland Electronic Care Record and implementing an interactive Shared Care Summary. CCHSC is a partner in an EU-funded project entitled ACT@Scale which aims to enhance mainstream the roll out of Telemonitoring. CCHSC is a partner in an EU-funded project entitled SUNFRAIL which aims to improve the identification, prevention and management of frailty and care of multimorbidity. Further opportunities to participate in EU projects are under continual review and development.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
5.11) To lead work on the implementation of the eHealth and Care Strategy objectives: • Supporting People; • Using Information and Analytics; • Fostering Innovation. Which will contribute to the development of a regional EHCR.	CCHSC anticipate that the new services specified as part of the future telemonitoring service will progress the Supporting People objective set out in the draft *eHealth & Care Strategy* and will feed into the "HSC Connected Caring Communities" established under the auspice of *Making Life Better*. Work is ongoing with regard to the development of an Information and Analytics Plan in partnership with HSCB and DoH The continuing involvement and partnership gained form contributing to EU work acts as a foundation for developing local innovation.	G	G	G	G	
5.12) Commence process to benchmark AHP input against National Findings for Unscheduled Care	• Subscription to NHS Benchmarking data giving access to UK database. • Consideration of UK data for transferability to NI Unscheduled Care. • Align with work emerging from NI Unscheduled Care Network structures. • Currently working on a draft USC workforce paper to define the process • The NAIC 2017 will begin this process for AHP's in USC. • NHSBN (NHS Benchmarking network) attended in March 2017 for a workshop (Background / Definitions / Work through local services / audit content & timescales)	G	G	G	G	

	• NHSBN will be in touch during May about NAIC 2017 data collection opening and instructions about inputting data and timescales • NHSBN will phone each Service Lead w/c 24th April to ensure they have received their packs for the Service User Audit, and to ensure they understand how to administer this. She will also clarify timescales again with them. • The NAIC National Conference is now confirmed as Wednesday 15th November 2017 at St Pauls, 200 Aldersgate, London EC1A 4HD. NI event date to be confirmed (Early December for formal feedback)					

6. DEVELOPING OUR STAFF AND ENSURING EFFECTIVE PROCESSES						
Target from Business Plan	**Progress**	**Achievability** Jun	Sep	Dec	Mar	**Mitigating actions where performance is Amber / Red**
6.1) Manage the process of organisational change in line with further clarification from the DHSSPS, ensuring appropriate and timely internal and external communication.	PHA senior staff have participated in a series of workshops focused on future HSC structures The PHA will continue to work with DoH, and will communicate with and support staff during this period of change.	G	G	G	G	
6.2) Maintain capacity to deliver core duties and deliverables identified for the PHA in 2016/17.	Recent key retirements, together with 37 staff leaving by June 2016 on VES in order to meet management and administration cost reduction targets, have reduced PHA capacity and capability. This continues to be managed through management focus on core deliverables, prioritising staff time, active consideration of the need for and form of vacant posts by Scrutiny Committee and close liaison with DoH through sponsorship review and other meetings.	G	G	G	G	
6.3) Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency.	Substantive compliance has been achieved for all 15 controls assurance standards applicable to PHA	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.4) Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	The annual test was conducted during Exercise Cygnus 18-20 October. The Business Continuity Plan was reviewed and updated accordingly, for approval by AMT, GAC and PHA board in early April 2017.	G	G	G	G	
6.6) Continue to take forward implementation of the PHA Procurement Plan.	The PHA continues to progress the procurement plan within the resources available. The overall timelines for progressing individual procurements is currently being reviewed in light of significant changes in key staff and wider strategic considerations such as the finalisation of a new Strategic Plan for Protect Life. An undated Plan has been agreed and will be shared with PHA board.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.7) Finalise the new PHA Corporate Strategy and the PHA Annual Business Plan for 2017/18 in line with DoH requirements and timescales. (when notified)	The draft PHA Corporate Plan 2017-2021 was developed in line with DoH guidance, Making Life Better and the draft Programme for Government. The draft Plan went out for public consultation from 28 Nov 2016 to 17 Feb 2017. The Plan has then been amended in line with responses received from the consultation and the focussed engagement that has taken place throughout the development of the Plan. An equality screening has also been finalised and briefing prepared for PHA staff providing additional information for implementation of the Corporate Plan. A final draft of the Plan will be presented at a PHA board workshop on 4 April and then tabled for approval at the PHA board meeting on 20 April, prior to final approval by DoH and subsequent publication.	G	G	G	G	
6.8) Develop and agree a new Internal communications strategy and action plan to ensure PHA business is supported by efficient and effective internal communication systems.	Internal Communications Action Plan - Several actions completed and under way including introduction of new weekly update for PHA staff, erection of digital signage on 4th Floor, Linenhall St, Belfast, redevelopment of Connect, introduction of generic email addresses for improved internal email communication, email branding, standard corporate auto signature.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.9) Review and Revise PHA digital assets including PHA Corporate and Intranet sites.	Paper developed on road map for PHA web presence. AMT approval of migration of health topic information to NI Direct. All elements on course except for revision of Corporate site. AMT request that this is deferred pending reform programme	G	G	A	G	
6.10) Continue to enhance social media activity, extending the agency's reach through its online channels and broadening the types of content used.	Development of social media activities continues, with follower numbers increasing and integration of rich media content ongoing to deliver strong engagement. To make dissemination of messaging more effective, a range of content is created to reflect target audiences and approaches. The new digital signage on 4th Floor Linenhall Street, Belfast has a live Twitter feed.	G	G	G	G	
6.11) Extend the range of communications tools used by the agency e.g. infographics and audio recordings, to support its work to convey key messages to target audiences.	A range of new approaches to delivering agency messaging are being deployed, including recording and sending audio clips to journalists along with news releases, developing video and stop motion content for social media, and creating animated GIFs. This is kept under constant review to keep abreast of trends and to 'meet' target audiences where they go to access information.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.12) Build on the suicide awareness media and engagement work which has been developed by the agency.	The monitoring of coverage of suicide continues, with articles in breach of Samaritans guidelines being actioned. The method of monitoring is kept under review to help ensure it is as effective as possible. Engagement with journalists and journalism students also continues, to increase awareness of the Samaritans guidelines and encourage responsible reporting.	G	G	G	G	
6.13) Ensure that by 30th June 2016 90% of staff will have had an annual appraisal of their performance during 2015/16.	Over 90% of staff have received their annual appraisal as at 30th June 2016.	G	G	G	G	
6.14) Ensure that by 31 March 2017 we meet the 95% target that doctors working in PHA have been subject to an annual appraisal.	All doctors who were due medical appraisal have successfully completed the process.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.15) Continue to provide professional leadership, advice and guidance on PPI.	The PPI team continue to provide strategic and operational professional leadership, advice and guidance in relation to PPI. This includes continued input into areas of strategic importance to PHA and HSC e.g. EITP, Unscheduled Care, Older People's Nursing, E-Health, Medicines Management, EHCR, etc. Continue to develop 'Engage' as a web repository of information for PPI, available to HSC organisations, staff and the public. The PHA continues to seek funding to maximise the Engage outreach learning and development resource for PPI. The first draft was completed for testing and development by end of March 2017.	G	G	G	G	
6.16) Utilize Safety Forum QI expertise to aid the delivery of training to HSC staff as envisioned by the Attributes Framework and facilitate entry to Scottish Quality and Safety Fellowship programme.	Work is continuing as planned.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.17) Ensure that PHA duties and responsibilities in relation to Local Supervising Authority Midwifery Officer are evidenced in annual report presented to AMT & PHA Board.	The Annual report has been completed and submitted to AMT. Annual report will also be submitted to PHA Board.	G	G	G	G	
6.18) Revalidation champions will provide on-going support to registrants and managers across the PHA and HSCB, as well as engaging with GP employed nurses.	Revalidation Lead provides ongoing support, resources and Face to face awareness sessions to all nurses (HSCB/PHA) and their line managers. Established an XI database of Nurses in HSCB/PHA shared with HR On-going support is available from PHA to GP practice nurses including face to face meetings. Professional Forum offers regular opportunity for updates to be provided. All communication from NMC/NIPEC cascaded to HSCB/PHA General Practice Nursing Network established. Revalidation updates will be provided at these sessions.	G	G	G	G	
6.19) Provide professional support to Nurses/midwives through the quarterly Professional Forum.	Professional Nursing and Midwifery Forum held 1/4ly Network of nurses across HSCB.PHA, attend and invitation extended to MOD, PSNI, NIBTS. Topic specific 'Learning sets' arranged for professional updates.	G	G	G	G	

Target from Business Plan	Progress	Achievability Jun	Sep	Dec	Mar	Mitigating actions where performance is Amber / Red
6.20) Develop and implement the Nurses and Midwives verification of NMC policy through HRPTS system.	Policy for the Verification of NMC registration developed HRPTS to implement changes before verification policy can be implemented. Interim solution: reminder system developed – 6 and 3mths prior to renewal (by directorate of Nursing staff). System established to remind staff of revalidation renewal System established to update internal records.	G	G	G	G	
6.21) Meet DHSSPS financial, budget and reporting requirements.	All deadlines in relation to Monthly monitoring to the DoH have been met and the year-end annual accounts completed.	G	G	G	G	

HSC Public Health Agency

board paper

Governance and Audit Committee Update

date	13 June 2017	**item**	13	**reference**	PHA/07/06/17
presented by	Brian Coulter, Committee Chair				
action required	For noting				

Summary

The Governance and Audit Committee met on 5 June 2017. The minutes of the meeting of 12 April 2017 were approved and are attached for noting.

Members will receive a verbal overview of the meeting of 5 June.

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **NOTE** the GAC Update.

HSC Public Health Agency

MINUTES

Minutes of the Governance and Audit Committee
Wednesday 12th April 2017 at 9.30am,
Fifth Floor Meeting Room, 12/22 Linenhall Street,
Belfast, BT2 8HS

PRESENT:

Mr Brian Coulter	-	Chair
Mr Leslie Drew	-	Non-Executive Director
Mr Thomas Mahaffy	-	Non-Executive Director

IN ATTENDANCE:

Mr Ed McClean	-	Director of Operations
Miss Rosemary Taylor	-	Asst. Director, Planning and Operational Services
Mrs Michelle Tennyson	-	Asst. Director, Nursing and AHPs
Mr Simon Christie	-	Asst. Director, Finance, HSCB
Ms Jane Davidson	-	Head Accountant, HSCB
Mrs Catherine McKeown	-	Internal Audit, BSO
Mr David Charles	-	Internal Audit, BSO
Ms Catherine James	-	NI Audit Office
Ms Christine Hagan	-	ASM
Ms Megan Williamson	-	ASM
Mr Robert Graham		Secretariat

APOLOGIES:

Ms Deepa Mann-Kler	-	Non-Executive Director
Mr Paul Cummings	-	Director of Finance, HSCB

		Action
15/17	**Item 1 – Welcome and Apologies**	
15/17.1	The Chair welcomed everyone to the meeting. Apologies were noted from Ms Deepa Mann-Kler and Mr Paul Cummings.	
16/17	**Item 2 - Declaration of Interests**	
16/17.1	The Chair asked if anyone had interests to declare	

relevant to any items on the agenda. No interests were declared.

17/17 **Item 3 – Minutes of previous meeting held on 6 October 2016**

17/17.1 The minutes of the previous meeting, held on 6 October 2016, were approved as an accurate record of the meeting, subject to two amendments.

17/17.2 In paragraph 6/17.24, the words "… to extend the Lifeline contract" were inserted at the end of the first sentence and in paragraph 10/17.1, Mrs McKeown suggested the last sentence read, "She said that guidance should be issued."

18/17 **Item 4 – Chair's Business**

18/17.1 Mr Coulter noted that there were three items on the agenda relating to Information Governance, and that there are legislative changes coming in due course which will see increased powers for the Information Commissioner's Office. He said that the potential for increased penalties and sanctions could place significant demands on public bodies, but he noted that some of PHA's recent work, particularly in the area of training, will ensure that its procedures are more robust.

19/17 **Item 5 – Matters Arising**

5/17.2 Child Death Overview Function

19/17.1 Mr Coulter asked if there was any further information regarding this. Mr McClean said that he anticipated that there would be a paper coming to the PHA Board regarding this, but that Mrs Hinds was awaiting some information from the Department of Health.

6/17.11 Lifeline Contract

19/17.2 Mr Coulter asked if there was an update on the decision regarding the Lifeline contract. Mr McClean explained that, in the absence of Minister for Health, there has

	been no further progress.
	6/17.27 Schemes of Delegated Authority
19/17.3	Mr Coulter said that he had raised this with the Chair and that this will form the subject of discussion at a future Board workshop.
20/17	**Item 6 – Corporate Governance**
	PHA Assurance Framework 2017-19 [GAC/13/04/17]
20/17.1	Miss Taylor said that members will be familiar with the Assurance Framework as it is brought to the Committee twice a year. She highlighted the main changes and explained the rationale for these.
20/17.2	Mr Coulter asked about the frequency of reporting of learning lessons from SAIs. Miss Taylor said that she was awaiting clarification from the SAI team regarding this.
20/17.3	Mr Drew asked about the Equality Review report that was due to be completed in April 2016. Miss Taylor said that there had been a delay but this would be completed in April 2017.
20/17.4	Members **APPROVED** the PHA Assurance Framework which will be brought to the PHA Board meeting on 20 April.
	PHA Corporate Business Continuity Plan [GAC/14/04/17]
20/17.5	Miss Taylor advised members that the Business Continuity Plan (BCP) was tested as part of Exercise Cygnus, and that no major changes were required as a result of that exercise.
20/17.6	Mr Drew asked if there was a link between PHA's Business Continuity Plan and BSO's Disaster Recovery Plan. He asked if the BCP would still function if the IT service was down. Mr McClean said that PHA works

	hand in hand with BSO, and that if their IT system were to fail, then not only PHA, but possibly the whole system would be vulnerable. He agreed that cyber security is a big issue.
20/17.7	Mr Drew said that the BCP focuses on disaster and the key services PHA needs to keep going. Mr McClean said that Health Protection is a priority area.
20/17.8	Mrs McKeown said that Internal Audit is becoming more interested in the area of cyber security. She said that initial findings suggest that this is an area that requires more work. Mr Coulter asked who would lead on this. Mrs McKeown said that she would link with BSO in the first instance, but that each organisation has its own responsibilities. Mr Drew said that BSO, as the ICT provider, would need to take the lead on this.
20/17.9	Mr Coulter asked what the main challenge is for Internal Audit. Mrs McKeown explained that at the moment Internal Audit have an IT Manager who specialises in this area, but if that member of staff were to leave, it would create a major gap in expertise.
20/17.10	Mr McClean thanked Miss Taylor and Mrs Carol Hermin for their work in preparing this revised plan. Mr Coulter noted that the locations where the Plan is stored are all the same, but Miss Taylor advised that there are plans kept in other PHA offices.
20/17.11	Members **APPROVED** the PHA Corporate Business Continuity Plan which will be brought to the PHA Board meeting on 20 April.
21/17	**Item 7 – Information Governance** *PHA Data Protection / Confidentiality Policy [GAC/15/04/17]*
21/17.1	Miss Taylor advised members that as there will be new Data Protection regulations in place from May 2018, a "light touch" review of the Policy was conducted, in advance of a more in-depth review next year. She said

	that the main changes relate to the update of terminology and ensuring that the links with other policies are correct.
21/17.2	Mr Coulter asked how good PHA is at reviewing data in terms of its use. Miss Taylor acknowledged that this is an area in which PHA is continuing to learn. She said that while Good Management Good Records can be difficult to interpret, but that through the work of the Records Management Working Group, staff are being made aware of the correct procedures for disposal of information.
21/17.3	Mr McClean said that following the implementation of the new regulations, PHA will have to be more attentive in terms of how it processes information that is personally identifiable, as there needs to be a clear business need for retaining such information.
21/17.3	Mr Drew asked about the Information Governance Manager post. Miss Taylor explained that PHA had attempted to recruit for the post, but were unable to make an appointment, however, the post will be re-advertised as a Governance Manager post. Mr McClean added that PHA had also tried to link with HSCB, but there was no satisfactory outcome to the discussions.
20/17.4	Members **APPROVED** the PHA Data Protection / Confidentiality Policy which will be brought to the PHA Board meeting on 20 April.
	Information Governance Action Plan 2016/17 [GAC/16/04/17]
21/17.5	Miss Taylor advised that the majority of the actions in the 2016/17 Information Governance Action Plan had been completed, however there were a few actions rated as “red”. She said that one of these related to the review of Information Asset Registers, however the delay in completing these had allowed for a more in-depth review to take place. The majority have now been reviewed with two outstanding. She added that

	some outstanding issues were linked to this: risk assessments and a register of data access agreements.
21/17.6	Mr Drew said that the review of Information Asset Registers will become more important and he asked if PHA had given thought to how to better organise its information assets. He added that rather than looking back, PHA should look forward and see if there is an easier way of organising its assets. Miss Taylor said that the Registers are kept live, and she added that this year, bespoke Information Asset Owner training had been organised for senior PHA staff, which had given those staff a greater insight into dealing with Information Asset Registers.
21/17.7	Mr Drew said that Sharepoint is a useful tool. Miss Taylor said that PHA had begun to look at the use of an electronic records management system, but that with the forthcoming review of HSC structures, it was not an appropriate time to looking to develop a new system.
21/17.8	Members **NOTED** the Information Governance Action Plan 2016/17. *Information Governance Action Plan 2017/18 [GAC/17/04/17]*
21/17.9	Miss Taylor presented the Information Governance Action Plan 2017/18 and said that following discussion at the last Information Governance Steering Group there is an increased focus on training, as this has been a particular issue. She said that there had been issues with regard to reporting, but it was hoped that there would be an improved system in place.
21/17.10	Miss Taylor gave an overview of other areas that will be looked at, for example, Data Sharing Agreements, Information Asset Registers and Privacy Impact Assessments.
21/17.11	Mr Mahaffy asked whether e-learning is the best type of training. Miss Taylor said that it had previously proved difficult to get people to attend face-to-face training.

	She added that the training has been reviewed and that it is anticipated that it will now consist of two modules instead of four modules. Mr McClean said that he recognised that there are different learning styles and preferences, and that it is an ongoing challenge for management.
21/17.12	Mr Mahaffy said that Data Protection is a crucial area. Mr Coulter noted that NIAO had produced a report looking at training within the public sector and that the capacity of the public sector is starting to impinge on training. Mr Mahaffy said that training budgets are constantly being reduced.
21/17.13	Mr McClean said that PHA is open to new ideas for undertaking training. He said that this is a challenge for both Trusts and regional organisations.
21/17.14	Miss Taylor advised that the Action Plan will be monitored by the Information Governance Steering Group, with regular reports brought to the Governance and Audit Committee.
21/17.15	Members **NOTED** the Information Governance Action Plan 2017/18.
22/17	**Item 8 – Internal Audit** *IA Progress Report [GAC/18/04/17]*
22/17.1	Mrs McKeown said that the first audit contained within the progress report related to finance, and that a satisfactory level of assurance was being given. She advised that there was one Priority 1 finding which related to Direct Award Contracts. She added that there were four Priority 2 findings, and that management had accepted all of the recommendations.
22/17.2	Mr Drew asked whether there were issues relating to procurement. Mrs McKeown said that the issue was related to ensuring that the correct process was being adhered to in relation to Direct Award Contracts.

22/17.3	Mr Coulter noted that only 44% of Internal Audit reports are finalised within 4 weeks. Mrs McKeown said that she would be reluctant to reduce the target, and would also like to increase the turnaround time. She noted that there is often an increased effort in getting reports finalised in advance of Audit Committee meetings and she is seeking to discourage that. Mr Christie said that in some cases, the turnaround time may be in part due to the complexity of the area that is being audited. He added that it is important that the reports are accurate, the management comments measured, and that the recommendations can be adhered to.
22/17.4	Mr Coulter queried why 11% of reports are "significantly amended", but Mrs McKeown pointed out that as the number of audits carried out in PHA is small, 11% may relate to only one report, and that she was not concerned. She added that if additional evidence is produced relating to an audit then it will be considered, and it is important that the final report is a joint report that both Internal Audit and PHA are happy with.
22/17.5	Mrs McKeown moved on to the verification of Controls Assurance Standards. She said that Internal Audit had reviewed five of the Standards and were content with the scores obtained from PHA's self-assessment.
22/17.6	Mrs McKeown said that Internal Audit had carried out an audit in the area of Serious Adverse Incidents and Falls and added that this dovetailed with a similar audit carried out across all HSC Trusts. She said that PHA had achieved a satisfactory level of compliance, and that there were no Priority One recommendations. She added that there were some Priority Two recommendations, and that management had accepted the recommendations.
22/17.7	Members NOTED the Internal Audit Progress Report.
	IA Year End Follow Up on Previous IA Recommendations 2016/17 [GAC/19/04/17]
22/17.8	Mrs McKeown informed members that the year-end

	follow up would normally include the Shared Services audit, but that these were available when the papers were issued. She advised members that the results of those audits were now available and were as follows: Accounts Payable, Satisfactory; Income, Satisfactory; Recruitment, Limited and Payroll (2 parts), Unacceptable and Limited. Mr Coulter asked about the impact of these for PHA. Mrs McKeown said that these opinions will apply to the PHA. Mr Christie suggested that there will be no material impact for PHA. He said that the issues are greater for bigger organisations giving the example of one Trust where there were errors relating to superannuation that are being resolved. Mr McClean said that there are issues in terms of confidence with the system.	
22/17.9	Mr Charles advised that of 57 recommendations, 46 have been fully implemented, and 11 partially implemented. With reference to the audit carried out on the Local Supervising Authority, it was suggested that these audit recommendations should be cleared as Mrs Tennyson explained that PHA no longer has the statutory supervisory role for midwives. Mrs Tennyson agreed to brief Mrs Hinds on the matter.	Mrs Tennyson
22/17.10	Mr Coulter expressed concern at the low number of recommendations implemented as part of the Connected Health audit. Miss Taylor said that two of the recommendations had been fully implemented, and that work is ongoing with the other two. Mr McClean said that some of the delay is outwith the control of the Connected Health team.	
22/17.11	Members **NOTED** the Internal Audit year end follow up.	
	IA Charter [GAC/20/04/17]	
22/17.12	Mrs McKeown advised that the Internal Audit charter was previously brought to the Committee two years ago, but that it required to be considered and approved again by the Committee.	
22/17.13	Members **APPROVED** the Internal Audit charter.	

IA Benchmarking Update [GAC/21/04/17]

22/17.14 Mrs McKeown explained that Internal Audit had undertaken a benchmarking exercise with its equivalent body in NHS Wales as it had been difficult to undertake a similar exercise in Northern Ireland. She said the exercise showed that Internal Audit's service is 20% cheaper and has better productivity, but that it has less fully qualified staff.

22/17.15 Mr Coulter asked whether the recent budget reduction or Voluntary Exit Scheme had had any impact on Internal Audit. Mrs McKeown said that VES didn't have an impact. She said that, like other organisations, Internal Audit is required to make savings, which it passes on to its clients.

22/17.16 Members **NOTED** the internal Audit benchmarking exercise.

23/17 Item 9 – Finance

Fraud Liaison Officer Update Report [GAC/22/04/17]

23/17.1 Mr Christie presented the Fraud Liaison Officer update report, and advised that there were no new cases from the previous report. He said that the case that was ongoing is now a matter between SportNI and the Colin Glen Trust.

23/17.2 Mr Christie advised that 91 data matches will be investigated as part of this year's National Fraud Initiative from the Cabinet Office. He also gave members a short update in relation to fraud awareness activity.

23/17.3 Mr Coulter sought clarification as to whether the ongoing fraud case was a matter for the Belfast Trust or Belfast City Council. Mr Christie said that it was Belfast City Council, but he would verify this.

23/17.4 Members **NOTED** the Fraud Liaison Officer update report.

	Direct Award Contracts Guidance and Process [GAC/23/04/17]
23/17.5	Mr Christie said that this guidance has been updated and outlines the steps required to be undertaken when making a direct award for a contract. He clarified that DACs are generally not encouraged, but should only be used when absolutely necessary. Mr Coulter asked if this revised guidance takes account of the Internal Audit recommendation, and Mr Christie confirmed that this was the case. He added that this revised guidance would be fed into the next review of PHA Standing Orders and Standing Financial Instructions.
23/17.6	Members **NOTED** the Direct Award Contracts guidance and process.
24/17	**Item 10 – PHA Governance and Audit Committee Annual Report [GAC/24/04/17]**
24/17.1	Mr Coulter presented the Governance and Audit Committee's own Annual Report which he said was self-explanatory and highlighted the key elements of work of the Committee. In conclusion, he said he was satisfied with the reliability and integrity of the assurances provided to the Committee.
24/17.2	Members **APPROVED** the Governance and Audit Committee Annual Report which will be brought to the PHA Board meeting on 20 April.
25/17	**Item 11 – Draft PHA Annual Report and Governance Statement [GAC/25/04/17]**
25/17.1	Mr McClean explained that the draft Annual Report follows the set format outlined by the Department and gives a sense of the breadth of the work of the Agency. He said that the report contains an overview of key initiatives within each of three directorates; public health, nursing and operations. He highlighted areas such as 10,000 Voices, Health Protection and Anti-Microbial Resistance, early years and older people.

25/17.2	Mr McClean said that there is a section on looking forward and the potential future role of the Agency. Mrs Watts advised members that in that regard, the Permanent Secretary has made it clear that the Health and Social Care Board will be closing, and that a re-focused PHA will remain.	
25/17.3	Mr McClean drew members' attention to the Governance Statement which sets out the systems in place for ensuring a sound system of internal governance and shows compliance against Controls Assurance Standards as well as the Internal Control Divergences.	
25/17.4	Mr Christie advised that, from a financial perspective, the biggest issue for PHA is the lack of an Executive to confirm the budgets for 2017/18. He said that if the situation is not clarified within the next 6/8 weeks, this may need to be reported within the Governance Statement.	
25/17.5	Mr Drew commented that he would like to see reference in the Annual Report to the key outcomes in the Corporate Plan. Miss Taylor pointed out that the five key outcomes relate to the Corporate Plan for 2017/21, but this Report is for 2016/17. Mr McClean suggested that the equivalent goals for this period should be included and he agreed to review this.	Miss Taylor / Mr McClean
25/17.6	Mr Coulter thanked staff for their work in completing the Annual Report and Governance Statement.	
25/17.7	Members **APPROVED** the Draft Annual Report and Governance Statement which will be brought to the PHA Board meeting on 20 April.	
26/17	**Item 12 – Emergency Preparedness Annual Report [GAC/26/04/17]**	
26/17.1	Mr Coulter expressed his disappointment that Dr Waldron was unable to attend the meeting to present this Report as he had some queries he wished to raise, particularly concerning what impact the new structures	

	will have on future arrangements. He noted that there are gaps in terms of notifications, and issues about quarterly reports not being issued and staff training. Mr Drew said that he shared some of those concerns, particularly where it appeared that arrangements are not joined up.
26/17.2	Mr Coulter asked about the cancellation of the most recent quarterly Joint Emergency Plan meetings. Mrs Watts asked if this was due to issues for the Trusts, or for PHA and HSCB. Mr McClean said that he was not certain, and that the officers involved in these meetings would be best placed to respond.
26/17.3	Mr Drew noted that the Report does not contain an Action Plan.
26/17.4	Mr Coulter said that he would raise his concerns at the next PHA Board meeting.
26/17.5	Members **NOTED** the Emergency Preparedness Annual Report.
27/17	**Item 13 – SBNI Declaration of Assurance [GAC/27/04/17]**
27/17.1	Miss Taylor presented the SBNI Declaration of Assurance which she explained is required as part of PHA's Governance Statement. She said that there were no surprises and no major issues of concern.
27/17.2	Members **NOTED** the SBNI Declaration of Assurance.
28/17	**Item 14 – Any Other Business**
28/17.1	There was no other business.
29/17	**Item 15 – Date and Time of Next Meeting**
	Date: Monday 5 June 2017 Time: 1.30pm Venue: Fifth Floor Meeting Room Belfast

BT2 8BS

Signed by Chair: **Brian Coulter**

Date: **5 June 2017**

HSC Public Health Agency

board paper

Corporate Risk Register

date	13 June 2017	**item**	14	**reference**	PHA/08/06/17

presented by Ed McClean, Director of Operations

action required For noting

Summary

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

Process

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

The previous review was undertaken as at 31 December 2017 and was approved by AMT on 24 January 2017 and forwarded to the Governance and Audit Committee for approval at its next meeting which took place on 3 February 2017.

The attached Corporate Risk Register reflects the review as at 31 March 2017 and has been carried out in conjunction with individual directorate register reviews for the same period. The Corporate Risk Register was considered by the Governance and Audit Committee at its meeting of 5 June 2017.

The next review will be undertaken as at 30 June 2017.

Outcome

Two risks were removed from the register this quarter:

- Corporate Risk 35 – Property Asset Management

(*Ormeau Baths and Alexander House have been vacated and staff have moved to new accommodation)*

- Corporate Risk 36 --Service Development & Screening Division Staffing Issues

(Recruitment has been completed)

Equality Impact Assessment

Not applicable.

Recommendation

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

PHA Corporate Risk Register

Date of Review:
31 March 2017

Introduction

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

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

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

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

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

Overview of Risk Register Review as at March 2017

Number of new risks identified	0
Number of risks removed from register	2 **Corporate Risk 35 – Property Asset Management** – *Ormeau Baths & Alexander House vacated, and staff moved to new accommodation.* **Corporate Risk 36 -**-Service Development & Screening Division Staffing Issues - *Recruitment has been completed*
Number of risks where overall rating has been reduced	0
Number of risks where overall rating has been increased	0

CONTENTS

Key:

Risk rating:

↑ increased from previous quarter

↓ decreased from previous quarter

→ remained the same as previous quarter

Corporate Risk 26				
RISK AREA/CONTEXT: Lack of market testing for roll forward contracts and lack of staff capacity to appropriately procure services in a timely way to address this.				
DESCRIPTION OF RISK: Due to roll forward of many legacy contracts, PHA has not undertaken market testing of all baseline contracts as required under procurement regulations. This primarily impacts on the community and voluntary sector contracts under Health Improvement. PHA staff do not have the capacity (time) or skills, knowledge and experience in what is a technically specialist area, and also requires significant management of the process. Additionally there are constraints on BSO PALS and DLS to support and advise.			**DATE RISK ADDED:** September 2012 (Amalgamated with Corporate Risk 28, September 2013)	
LINK TO ASSURANCE FRAMEWORK: Operational Performance and Service Improvement Dimension				
LINK TO ANNUAL BUSINESS PLAN 2016/17: Corporate Objective 6				
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**	
	Possible	Moderate	**MEDIUM**	
LEAD OFFICER: ~~,~~ MrsValerie Watts, Acting Chief Executive				

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
Procurement Plan has been developed and agreed by AMT setting out the timescales for achieiving the re-tendering of baseline contracts. Revised processes and documentation developed for PHA in liaison with PALS to ensure tender process is applied where required in line with Procurement regulations. Suite of documentation and guidance for tendering developed. (Sept 2013)	Progress reports on implementing the Procurement Plan will be provided to PHA Procurement Board and annually to PHA board Leadership at AMT and Assistant Director level via ~~a~~ PHA Procurement board.	Legacy contracts may not be providing value for money Lack of capacity within BSO PALS Temporary additional capacity in Operations Directorate to support PHA social care procurement at risk due to financial constraints. Significant skills, knowledge and capacity. may be lost due to	On-going review of Procurement Plan deliverability in light of reduced resource capacity across PHA ~~March 2017~~ September 2017	~~March 2017~~ Sept 2017

Training has been provided for relevant staff, including legal aspects of procurement. ~~Additional staffing resource to provide dedicated support for procurement within PHA. (Sept 2013)~~ External support secured by PALS to provide social care procurement support; PHA can access via PALS framework ~~dedicated resource to PHA~~. (August 2013) Internal management structures established to oversee implementation of the Procurement Plan.(August 2013) ~~Suite of documentation and guidance for tendering developed. (Sept 2013)~~ Review of Procurement Plan and wider support requirements standing item on agenda of Procurement Board Procurement awareness briefing sessions held (Nov 2013) Tenders for several work areas		financial constraints (temporary support currently only approved to 30/9/2017). Limited capacity to undertake essential pre-procurement planning, business cases etc No regional HSC agreement on management of social care procurement. ~~Clarification required on the implications and impact of the new Procurement Regulations (2015)~~		

now awarded including Drug and Alcohol services MH Training ; LGB&T ; RSE Additional Training on new Procurement Regulations for relevant staff has been provided. Review of procurement processes and future approach undertaken taking into account lessons learnt from experience over the past 2 years and the introduction of the new Procurement regulations in Feb 2015 and the introduction of a Light Touch Regime. (October 2015) Temporary arrangement from core Ops admin to support social care procurement, kept under review, with Director of Operations. PHA membership and attendance at HSCNI Regional Procurement Board Continue to monitor input of additional capacity through PALS framework.				

Corporate Risk 30				
RISK AREA/CONTEXT: Management of Lifeline Contract				**DATE RISK ADDED: December 2013 Refocused – March 2016**
DESCRIPTION OF RISK: The current contract will end by March 2018. Following extensive consultation, the PHA has revised the business case for the future service, preparing the way for re-tendering. The timescales for the new procurement will however mean that the new service is unlikely to be in place until–April 2018. There is therefore a risk of service provision and continuity.				
LINK TO ASSURANCE FRAMEWORK: Operational Performance and Service Improvement Dimension				
LINK TO ANNUAL BUSINESS PLAN 2016/17: Corporate Objective 2				
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**	
	Possible	Major	**HIGH**	
LEAD OFFICER: Dr C Harper, Medical Director/Director of Public Health				

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
~~Existing monitoring of Lifeline Contract.~~ Lifeline Steering Group (chaired by Assistant Director of Public Health) meets regularly. Regular meetings between the provider and commissioner to monitor all aspects of the contract. ~~through the following sub-groups:~~ • ~~Clinical and Social Governance~~ • ~~Performance management~~	Improvements have been seen in demand management, however, work continues to examine challenges to contract delivery regarding demand, data quality, accountability, clinical and governance review. Rigorous monitoring of performance of existing contract, and continuation of meetings with provider (Clinical Governance, Performance & Evaluation and	Deficiencies in original contract controls. ~~Business case for the new service to be approved, and subsequent specification etc to be prepared.~~ Approval by DoH to proceed awaited (required to allow specification to be prepared and provurement commence). Extension of contract now	~~Additional internal project will take place on a bi-monthly basis and a clear data log of decision making continues to be held. (ongoing)~~ PHA will continue to work with Department of Health (DoH) to seek approval of the Lifeline Crisis Response Service Public Consultation Report and PHA recommendations prior to publication.	~~Mar~~ June 2017

~~and Evaluation~~ • ~~Communications~~ PHA internal Lifeline Project Management Group meets regularly to co-ordinate management and monitoring of all aspects of the contract. DoH has been advised of issues. Regular internal Lifeline Roundtable meetings (with DPH, D Ops and DLS). ~~Staff continue to work on addressing the issue of 'demand management', the action plan emerging from the clinical review, was completed in October 2015, review of raw data on performance and matching with key performance indicators. Performance is now on target and continues to be monitored by the PHA.~~ ~~A strategic outline business case and Public Consultation Questionnaire were approved by PHA Board.~~ ~~A series of public events were held as part of the public 12 week~~	Communications groups). Clear communication channels and reporting to CE, Directors, AMT and PHA board on progress.	outside contract period, therefore extension awarded as Direct Award Cintract (DAC).	Procurement timeline will be amended once DoH decision received. ~~prepared and is subject to change, dependent on Ministerial decision~~ (ongoing). Procurement documentation (including specification) to be developed and agreed following feedback from Health Minister on the proposed Lifeline Crisis Response Service Public Consultation Report and PHA recommendations. (ongoing). ~~Options regarding Client Relationship Management System for the new contract are being considered.~~ Meeting with BSO ITS and HSCB E-health organisd to initiate IT system project (April 2017). Clinical Review to be procured (June 2017).	

~~consultation on the proposed future service and delivery model.~~ ~~Notice was issued to over 600 organisations registered on the PHA and HSCB databases, as well as promoting consultation through the five Protect Life Implementation Groups (PLIGs) and Regional suicide Strategy Implementation Body. In addition, 9 public workshops were held throughout the region and a further 26 meetings/events were held in response to requests.~~ ~~In addition, some 160 written responses using the consultation questionnaire were received.~~ ~~Findings of the 2014 independent clinical review have been shared with Contact and ourtcomes of the review continue to be monitored through the Clinical and Social Care Governance Subgroup. (ongoing).~~ A letter was issued to Contact seeking confirmation of their financial viability in accordance with Clause 17 of the Special Conditions of Contract. PHA sought advice from BSO				

PaLS, DLS and HSCB Finance; confirmed that the organisation is sustainable to deliver the current contract. As a result, the current contract has been extended until 31 March 2018 (offer accepted by current provider). ~~A proposal for a further independent clinical review is being considered as part of routine performance management monitoring.~~ ~~Independent clinical audit will be an integral element of the new service contract for Lifeline Service.~~ PHA board approved the proposed new service model, taking account of the consultation responses at January 2016 board meeting; business case approved by PHA board in May 2016. ~~Procurement timeline prepared and updated and awaiting Minister's announcement on 2015 Public Consultation and PHA recommendations.~~ ~~On 28 November 2016 the current service provider accepted~~				

~~an offer of a further contract extension from 1 April 2017 until 31 March 2018.~~ Work has commenced with BSO and HSCB to consider the options with regards to developing a technical specification for a future Lifeline Client Relationship Management System. Proposal to procure Clinincal Review approved by DoH.				

Corporate Risk 34

RISK AREA/CONTEXT: Reduction in PHA budget	**DATE RISK ADDED: March 2015**

DESCRIPTION OF RISK: Potential inability to discharge all functions, departmental, corporate and statutory responsibilities as a result of the potential impact of £2.8m reduction in management and administration funding (2015/16) and subsequent impact of VES. In addition, the 10% reduction in the 2016/17 PHA budget, which the allocation letter states "has been applied against the PHA's commissioning budgets ***as an interim measure*** whilst further work is progressed in relation to the "Getting Structures Right" programme" may further impact on the ability of the PHA to discharge its functions. The PHA has now been asked to identify potential savings, with the possibility of further reductions in 2017/18

LINK TO ASSURANCE FRAMEWORK: Operational Performance

LINK TO ANNUAL BUSINESS PLAN 2016/17: Corporate Objective 1, 2, 4

GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	Likely	Major	**HIGH**

LEAD OFFICER: MrsValerie Watts, Acting Chief Executive

Existing Controls	**Internal and External Assurances to the Board**	**Gaps in Controls and Assurances**	**Action Plan/Comments/ Timescale**	**Review Date**
• Chief Executive and Executive Directors engaged in discussion with DoH ~~DHSSPS~~ on the impact this would have and potential flexibility in how it is achieved. • Establishment of scrutiny committee • ~~Reporting to PHA board.~~ • ~~Staff update sessions undertaken by Chief Executive, and Directors in each PHA office (March 2015)~~ • Finance reports to AMT and	• AMT in discussion with DOH to seek to obtain best result to allow PHA to discharge its functions • Regular briefings to board members	Uncertainty about implications and impact until scale of any budget reductions known, 2017/18 budget allocated and final plan agreed within PHA and with DOH; Potential that budget reductions makes it impossible to discharge all functions as required in a safe and effective manner. Potential for loss of key staff and timescales in recruitment resulting in delays in programme budget expenditure	• Ongoing discussion at AMT and senior level within PHA (ongoing) • Discussion ongoing with DOH (ongoing) • Liaison with other HSC bodies on potential implications and means of mitigating these (ongoing) • ~~Review of health improvement function structure underway~~ • Report on the review of secretrial/admin support	~~March~~ June 2017

PHA board • ~~HR provided awareness sessions on Voluntary Exit Scheme~~ • Allocation to cover VES received (September 2015) • ~~Decisions made on Nursing/AHP Operations and Public Health VES and staff notified~~ • ~~Phased leave agreed (up to end June 2016) to facilitate business continuity~~ • Review of Nursing & AHP directorate structure~~-~~completed and management of overspend due to Unscheduled Care posts under discussion.			agreed to be implemented by July 2017 ~~being considered by AMT (January 2017)~~ • ~~Response to DoH letter regarding potential for further reductions to be sent to DoH (January 2017)~~	

Corporate Risk 37			
RISK AREA/CONTEXT: Organisation's web development and web maintenance function			
DESCRIPTION OF RISK: Loss of full complement of web development team (manager and two developers) due to combination of VES and career progression. Loss of significant skills, knowledge, experience and capacity represents a significant risk to PHA digital assets and online presence - including corporate site, intranet, and public health sites - and impacts on business continuity. Remaining PHA staff do not have the skills, knowledge, and experience in what is a technically specialist area, nor is there any capacity (time). Web hosting service is managed under a managed platform contract with external supplier, ie service is not supported by BSO.			**DATE RISK ADDED:** March 2016
LINK TO ASSURANCE FRAMEWORK: Operational Performance			
LINK TO ANNUAL BUSINESS PLAN 2016/17: Corporate Objective 6			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	Likely	Major	**HIGH**
LEAD OFFICER: Mr E McClean, Deputy Chief Executive (interim) and Director of Operations			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
Preliminary audit carried out of roles/responsibilities~~,~~ and all web related assets. In-house resource from comms team identified for basic editing and updates Initial planning underway for re-presentation of health site content to HSC Online	Leadership at AMT and Assistant Director level	Maintenance contract arrangements have proven to be less resilient than in house capacity Managing impact of departure of key staff including long term absence resulting in admin workload further upstream	~~Confirm action plan for transfer of site content to NIDirect HSC online. Contingent on AMT approval for programme of eComms work. (Mar 17)~~ Action plan for transfer of site content to NI Direct HSC online confirmed; content migration (June 17). ~~Procure external company to re-develop corporate site onto Word Press, and transfer hosting to BSO~~	~~March~~ June 17

Maintenance contract tender process concluded - third party supplier appointed to cover management, maintenance and limited update support (May 16) Renewal of hosting contract with Memset (initially for a year, with six-month extension option) (May 16) Risk management through AMT; included communication on NI Direct project. Paper considered at AMT. Communication on NI Direct project followed AMT decision. Continue to communicate issue acoss PHA and manage expectations			~~On hold at request of AMT. Revisit with AMT (Mar 17)~~ Development of corporate site deferred until web requirements of new organisation are identified under review of HSC structures (June 17) ~~Scope web requirements of organisation, and associated staffing resource, eg Band 7 digital media manager to manage/coordinate all electronic platforms. JD development underway.~~ ~~(Mar 17)~~ Recruitment of two web content editors and project admin officer underway to support development of PHA presence on NI Direct HSC online (June 17).	

Corporate Risk 38				
RISK AREA/CONTEXT: Review of functions and Reorgansation				
DESCRIPTION OF RISK: The Department have initiated a reform of HSC structures and a number of other associated reviews (eg shared services). While the Minister has stated that the PHA will be retained, with a renewed "focus on early intervention and prevention", the detail of the reform and the timescales are unclear at this stage, resulting in uncertainty. There is a risk that during this period of uncertainty, staff will be lost, resulting in difficulties in sustaining core PHA functions and delivering our business objectives and that as shared services models are being explored, that these will impact on how the PHA does its business.			**DATE RISK ADDED:** March 2016	
LINK TO ASSURANCE FRAMEWORK: Operational Performance				
LINK TO ANNUAL BUSINESS PLAN 2016/17: Corporate Objective 6				
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**	
	Possible	Major	**HIGH**	
LEAD OFFICER: MrsValerie Watts, Acting Chief Executive				

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
Workshop for all PHA staff held in November 2015; joint PHA/HSCB staff workshops 23 & 24 March 2017; Chief Executive is a member of the Department led Programme Board; Senior Management input to design; Joint AMT/SMT meetings; PHA board workshop held	AMT meetings Regular updates to PHA board	Uncertainty while reviews under way	~~Active engagement in the reviews (ongoing – to be reviewed March 2017)~~ Chief Executive input to Reform Programme Board; and tasked to develop plan for future organisation. (June 2017) ~~(ongoing – to be reviewed March 2017)~~ Chief Executive report to PHA board to address this issue as necessary (ongoing, as and when necessary)	~~March~~ June 2017

(April 2016) Input to Communications capacity review engagement (April 2016) Input to Business Intelligence review engagement (April 2016) Senior officers involved in individual reviews being undertaken by DoH in respect to Business Intelligence and HSC Communications); Scrutiny Committee Senior Officers involved in DoH Transition Risk Meetings Deputy Chief Executive appointed to support interim Chief Executive. ~~Revised structures agreed, reflective of redefined budget availability.~~ ~~Reprioritised and deferred some areas of work.~~			Ongoing communications to staff (ongoing - to be reviewed June ~~March~~ 2017) ~~Changes as a result of reprioritised areas of work will be reflected in the revised PHA Corporate Strategy and Business Plan (April 17)~~ PHA Corporate Plan 2017-21, taking account of internal and external environment, developed & consulted on. To go to PHA board for final approval April 2017, then to DoH.	

APPENDIX

RISKS ADDED TO THE CORPORATE RISK REGISTER AS AT 31 March 2017

-Nil-

APPENDIX

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 31 March 2017

Corporate Risk 35 - Property Asset Management

Corporate Risk 36 - Service Development & Screening Division Staffing Issues

Corporate Risk 35

RISK AREA/CONTEXT: Property Asset Management	**DATE RISK ADDED: June 2015**

DESCRIPTION OF RISK: There are increasing expectations and requirements from DOH in respect of property asset management (in terms of increasing levels of detail, technical expertise and quantity), including business cases for approval of lease extensions, annual property asset management (PAM) plan and asset performance monitoring. The lease for Ormeau Baths is due to end February 2017; a business case setting out future options is now required. PHA was never resourced to undertake this work (and therefore does not have the capacity, nor the technical expertise); in trying to cover this work, other core work can not be undertaken. Ormeau Baths and Alexander House successfully exited. Staff successfully relocated to Linum Chambers and 12-22 Linenhall Street (with some additional space agreed with HSCB). On completion of some further works with HSCB, Safety Forum Staff will move from Lisburn Health Centre to 12-22 Linenhall Street Belfast.

LINK TO ASSURANCE FRAMEWORK: Corporate Control

LINK TO ANNUAL BUSINESS PLAN 2016/17: Corporate Objective 6

GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	Likely	Major	**HIGH**

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

Existing Controls	**Internal and External Assurances to the Board**	**Gaps in Controls and Assurances**	**Action Plan/Comments/ Timescale**	**Review Date**
• Management of leases and licenses; • Limited support from DFP CPD Health Division • Issue discussed at Accountability Review meeting (August 2015); further	• PAM plan approved by AMT annually; • Regular reports to chief Executive	• Lack of capacity/resources to undertake the increasing property asset management requirements; • Lack of resources/capacity to take forward work to plan and implement for Ormeau	• Continue to liaise with SEHSCT regarding lease for staff currently located in Lisburn Health Centre (March 2017) ; • Liaison with HSCB regarding potential	March 2017

~~discussions held with sponsor branch (September 2015);~~ • ~~Templates (new requirement) submitted to Reform Property Unit (September 2015)~~ • ~~Business case for extension of Alexander House license for 2 years approved by DHSSPS (Jan 2016); new license agreed with landlord (March 2016);~~ • ~~Business case to vacate Anderson House and relocate on Tyrone and Fermanagh Hospital site approved by DHSSPS (Feb 2016)~~ • ~~Anderson House vacated April 2016, and staff relocated to 'Hilltop', Tyrone and Fermanagh Hospital site.~~ • ~~Advice and support for management of end of Ormeau Baths lease agreed with DOF~~ • ~~Business case for accommodation at the end of lease for Ormeau Baths (including Alexander House, submitted to DOH 30 June 2016 and approved by DOH & DOF Aug 2016;~~ • ~~PAM plan for 2016/17 submitted (AMT approved) July 2016~~		~~Baths lease end (Feb 2017)~~ • ~~Resources to be identified for accommodation in Lisburn Health Centre~~	~~accommodation/space for PHA to relocate to in 12-22 Linenhall street & ensure that any necessary works completed Feb 2017;~~ • ~~Work with DOH and DOF to implement the approved preferred option (February 2017)~~	

• ~~DOF PD support with implementation of business case~~ • ~~Lease signed for 9th floor Linum Chambers (November 2017~~)				

Corporate Risk 36			
RISK AREA/CONTEXT: Service Development & Screening Division Staffing Issues			**DATE RISK ADDED: December 2015**
DESCRIPTION OF RISK: Potential inability to discharge all functions within the screening programmes in Service Development and Screening Division. Risk to the delivery of the majority of Screening Programmes due to staff absences including sick leave, maternity leave, vacancy control and potential impact from VES due to planned reduction in management and administrative funding (can be linked to Corporate Risk 34, but not exclusively).			
LINK TO ASSURANCE FRAMEWORK: Operational Performance and Service Improvement Dimension			
LINK TO ANNUAL BUSINESS PLAN 2016/17: Corporate Objective 6			
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
	Possible	Major	**HIGH**
LEAD OFFICER: Dr C Harper, Medical Director/Director of Public Health			

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
• Secondments in place to cover posts. • Temporary staffing approved through scrutiny panel and attempt at re-profiling other posts. • 2 ADs have been appointed since the retirement of the previous SD&S AD. • A Permanet Band 8A Screening Manger has now been appointed to maintain continuity of the Screening Programmes. • A permanent Band 7 Cancer	• HR and Occupational Health aware of issues. • Prioritising work with existing screening staff to ensure essential screening QA functions are being delivered.	• Reduction in activities supporting Screening Programmes including ceasing the production of annual reports and work to promote informed choice and reduction in the number of regional and other meetings. • Insufficient staff to carry out full range of QA and service development functions. • If posts removed due to VES, these cannot be replaced.	• Following agreement to enable recruitment of permanent essential staff, HR processes are underway. Two key posts remain to be recruited, one in Diabetic Eye Screening and one in Antenatal Infection Screening. The latter has already been advertised with no applicants applying.	Mar 2017

~~Screening Coordinator has also recently been appointed.~~ • ~~A PH Consultant who will have 5 PAs devoted to population screening was appointed in December but will not take up post until the end of April 2017.~~ • ~~Review of staffing support to screening programmes is ongoing.~~ • ~~A permanent Band 7 Regional Newborn Screening Programme Co-Ordinator was appointed in December.~~				

HSC Public Health Agency

board paper

Register of Interests

date	13 June 2017	**item**	15	**reference**	PHA/09/06/17

presented by Ed McClean, Director of Operations

action required For noting

Summary

As set out in the PHA Standing Orders, the Code of Conduct and Code of Accountability requires all members to declare interests which are relevant and material to the Agency.

The Register is to be kept up-to-date by means of annual review. However, members are asked to advise the Secretariat of any changes as and when required.

The attached Register incorporates Members Interests as declared in June 2017.

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **NOTE** the Register of Interests.

HSC Public Health Agency

REGISTER OF MEMBERS' DECLARED INTERESTS

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies):

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director /Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	-	-	-	-
Mrs Valerie Watts	Interim Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	Les Drew Strategic Business Support Services Limited ▪ Business Change Management; ▪ Risk Management including BC&DR Planning; ▪ Procurement Advice ▪ Financial & Management Accounting	MD	29 Claragh Road Cough Downpatrick BT30 8RG	Shareholder 100%
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	VRNI Limited Immersive tech content creation	Director	13 High Street Killyleagh BT30 9QF	100%
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Cllr Billy Ashe	Non-Executive Director (Local Gov Rep)	Carrickfergus Regeneration Partnership	Director	Museum/Civic Centre Antrim Street Carrickfergus	Non Profit
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

(b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HSC.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/ Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	-	-	-	-
Mrs Valerie Watts	Interim Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Cllr Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the HSC.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director /Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	-	-	-	-
Mrs Valerie Watts	Interim Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Cllr Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

(d) A position of authority in a charity or voluntary body involving the field of health and social care.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/ Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Volunteer, etc
Mr Andrew Dougal	Chair	-	-	-	-
Mrs Valerie Watts	Interim Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	NI Judicial Appointments Commission	Commissioner	Headline Building, 10 Victoria Street, Belfast	Lay Member (Remunerated)
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ms Deepa Mann-Kler	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Cllr Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	Children in Northern Ireland (CINI) Social Care Institute for Excellence (SCIE)	Board Member Northern Ireland Trustee and Board member	Montgomery Road Belfast 206 Marylebone Road, London, NW1 6AQ	Board Member Board Member

(e) Any connection with a HSC organisation, voluntary organisation or other organisation contracting for HSC services

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder / Volunteer, etc
Mr Andrew Dougal	Chair	-	-	-	-
Mrs Valerie Watts	Interim Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	Health and Social Care Board GP Practice, Saintfield			Family member employed as Director of Integrated Care Family member is practice partner.
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	NI Anti-Poverty Network	Board Member	58 Howard Street Belfast BT1 6PJ	Volunteer
Ms Deepa Mann-Kler	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director	-	-	-	-
Cllr Billy Ashe	Non-Executive Director	-	-	-	-
Mr Paul Cummings	Director of Finance	Shankill Surestart Health and Social Care Board Belfast Health and Social Care Trust Belfast Health and Social Care Trust		Alessie Centre Shankill Road, Belfast	Family member employed at Shankill Surestart Family member employed as Band 6 in Directorate of Social Care and Children's Services Family member employed as Social Worker (Fostering) Family member employed as Band 6 (Estates)
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

(f) Involvement in other organisations

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder / Volunteer, etc
Mr Andrew Dougal	Chair				
Mrs Valerie Watts	Interim Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	NI Human Rights Consortium	Board Member	Cathedral Chambers 3rd Floor 143 Royal Avenue Belfast BT1 1FH	Volunteer
		UNISON	Head of Organising and Development	UNISON Centre, Galway House, 165 York Street, Belfast BT15 1AL	Paid employment
		Participation and Practice of Rights Project	Board Member		Volunteer
Ms Deepa Mann-Kler	Non-Executive Director	Registers of Scotland Land Registry	NED	153 London Road Edinburgh EH8 7AU	-
		Crescent Arts Centre	Chair	2/4 University Road Belfast BT7 1NH	-
		Police Service of Northern Ireland	Lay Person for Misconduct hearings	PSNI HQ 65 Knock Road Belfast BT5 6LE	-
Ald Samuel Paul Porter	Non-Executive Director	Lisburn and Castlereagh City Council	Elected Member	Lagan Valley Island Lisburn	Representing Lisburn and Castlereagh City Council
		Social Investment Fund South East Steering Group	Member		Appointment from OFMDFM
Cllr Billy Ashe	Non-Executive Director	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care &	Rowandale Integrated Primary	Foundation Governor	18 Clarehill Road,	Foundation Governor

	Children	School		Craigavon BT67 0PB	

June 2017

HSC Public Health Agency

board paper

Management Statement / Financial Memorandum

date	13 June 2017	**item**	16	**reference**	PHA/10/06/17

presented by Ed McClean, Director of Operations

action required For noting

Summary

It is a standard requirement of *Managing Public Money Northern Ireland* that departments must agree a DFP-approved Management Statement/Financial Memorandum (MS/FM) with each of its arm's length bodies (ALBs).

Section 1.1.8 states that the MS/FM is required to be brought to the PHA Board annually for noting.

Since last year the only change that has been made is that the MS/FM was signed by the Interim Chief Executive and the current Permanent Secretary in January 2017. No other changes have been made since it was last approved by the Board in June 2013.

Equality Impact Assessment

Not applicable.

Recommendation

The Board is asked to **NOTE** the Management Statement / Financial Memorandum.

Financial Memorandum
for the
Public Health Agency

May 2013
(this document was updated in December 2016 to reflect new Departmental titles)

Contents

I. INTRODUCTION

1 This *Financial Memorandum* sets out certain aspects of the financial framework within which the Public Health Agency (PHA) is required to operate

2 The terms and conditions set out in the combined *Management Statement* and *Financial Memorandum* may be supplemented by guidelines or directions issued by the DoH/Minister in respect of the exercise of any individual functions, powers and duties of the PHA.

3 The PHA shall satisfy the conditions and requirements set out in the combined document, together with such other conditions as the DoH/Minister may from time to time impose.

II. THE PHA'S INCOME AND EXPENDITURE - GENERAL

The Departmental Expenditure Limit (DEL)

4 The PHA's current and capital expenditure form part of the sponsoring Department's Resource DEL and Capital DEL respectively.

Expenditure not proposed in the budget

5 The PHA shall not, without prior written Departmental approval, enter into any undertaking to incur any expenditure which falls outside the PHA's delegations or which is not provided for in the PHA's annual budget as approved by the DoH.

Procurement

6 The PHA's procurement policies shall reflect the public procurement policy adopted by the Northern Ireland Executive in May 2002 (refreshed May 2009); Procurement Guidance Notes; and any other guidelines or guidance issued by Central Procurement Directorate (CPD) and the Procurement Board. The PHA shall also ensure that it complies with any relevant EU or other international procurement rules.

7 Regional Supply Service (RSS), within the Business Services Organisation (BSO), shall carry out procurement activity on behalf of the PHA, governed by a documented Service Legal Agreement. Periodic reviews of the Agency's procurement activity should be undertaken. The results of such review will be shared with DoH.

Competition

8 Contracts shall be awarded on a competitive basis and tenders accepted from suppliers who provide best value for money overall.

9 Single tender action is the process where a contract is awarded to an economic operator (i.e. supplier, contractor) without competition. In light of their exceptional nature, all single tender actions should be subject to PHA Accounting Officer approval. It is advisable that the PHA seek an assurance from BSO, or their legal adviser, to provide assurance for the Accounting Officer that the use of single tender action is legitimate in a particular case. Further information is published in Procurement Guidance Note 02/10 on the 'Award of Contracts without a Competition'.

https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/PGN-03-11-DACs-10-August-2016.PDF (updated 2016). The PHA shall send to the DoH after each financial year a report for that year explaining any contracts above £5,000 in which competitive tendering was not employed.

Best Value for money

10 Procurement by the PHA of works, supplies and services shall be based on best value for money, ie the optimum combination of whole life cost and quality (or fitness for purpose) to meet the PHA's requirements. Where appropriate, a full option appraisal shall be carried out before procurement decisions are taken.

Timeliness in paying bills

11 The PHA shall collect receipts and pay all matured and properly authorised invoices in accordance with Annex 4.5 and Annex 4.6 of *Managing Public Money Northern Ireland* and any guidance issued by DoF or the sponsor Department.

Novel, contentious or repercussive proposals

12 The PHA shall obtain the approval of the DoH, and DoF, before:

- incurring any expenditure for any purpose which is or might be considered novel or contentious, or which has or could have significant future cost implications, including on staff benefits;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the DoH;
- making any change of policy or practice which has wider financial implications (eg because it might prove repercussive among other public sector bodies) or which might significantly affect the future level of resources required. (The DoH will advise on what constitutes "significant" in this context).

Risk management/Fraud

13 The PHA shall ensure that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of best practice in corporate governance, and shall develop a risk management strategy, in accordance with the Treasury guidance *Management of Risk: A Strategic Overview (The "Orange Book")*.

14 The PHA shall take proportionate and appropriate steps to assess the financial and economic standing of any organisation or other body with which it intends to enter into a contract or to which it intends to give grant or grant-in-aid.

15 The PHA shall adopt and implement policies and practices to safeguard itself against fraud and theft, in line with DoF's guide *Managing the Risk of Fraud*.

16 All cases of attempted, suspected or proven fraud shall be reported to the DoH who shall report it to DoF and the NIAO as soon as they are discovered, irrespective of the amount involved.

Wider markets

17 In accordance with the wider markets policy, the PHA shall seek to maximise receipts from non-Consolidated Fund sources, provided that this is consistent with (a) the PHA's main functions (b) its corporate plan as agreed with the DoH. DoH will confirm with the DoF Supply Officer that such proposed activity is appropriate.

Fees and charges

18 Fees or charges for any services supplied by the PHA shall be determined in accordance with Chapter 6 of MPMNI.

III. THE PHA'S INCOME

Grant-in-aid

19 Grant-in-aid will be paid to the PHA in monthly instalments, on the basis of need. The PHA shall submit a monthly written application to the DoH forecasting its cash requirements and shall certify that the conditions applying to the use of revenue fund have been observed to date and that further grant-in-aid is now required for purposes appropriate to the PHA's functions.

20 The PHA should have regard to the guidance in DAO(DoF)04/03 and to the general principle enshrined in Annex 5.1 of *Managing Public Money Northern Ireland* that it should seek grant-in-aid according to need.

21 Cash balances accumulated during the course of the year shall be kept at the minimum level consistent with the efficient operation of the PHA. Grant-in-aid not drawn down by the end of the year shall lapse. However, where draw-down of grant-in-aid is delayed to avoid excess cash balances at year-end, the DoH will make available in the next financial year (subject to approval by the Assembly of the relevant Estimates provision) any such grant-in-aid required to meet any liabilities at year end, such as creditors.

Fines and taxes as receipts

22 Most fines and taxes (including levies and some licences) do not provide additional DEL spending power and should be surrendered to the DoH.

Receipts from sale of goods or services

23 Receipts from the sale of goods and services (including certain licences), rent of land, and dividends normally provide additional DEL spending power. If a body wishes to retain a receipt or utilise an increase in the level of receipts, it must gain the prior approval of DoH.

24 If there is any doubt about the correct classification of a receipt, the PHA shall consult the DoH, which may consult DoF as necessary.

Interest earned

25 Interest earned on cash balances cannot necessarily be retained by the PHA. Depending on the budgeting treatment of this receipt, and its impact on the PHA's cash requirement, it may lead to commensurate reduction of grant-in-aid or be required to be surrendered to the NI Consolidated Fund via DoH. If the receipts are used to finance additional expenditure by the PHA, DoH will need to ensure it has the necessary budget cover.

Unforecast changes in in-year income

26 If the negative DEL income realised or expected to be realised in-year is less than estimated, the PHA shall, unless otherwise agreed with the DoH, ensure a corresponding reduction in its gross expenditure so that the authorised provision is not exceeded. [NOTE: For example, if the PHA is allocated £100 resource DEL provision by its DoH and expects to receive £10 of negative DEL income, it may plan to spend a total of £110. If income (on an accruals basis) turns out to be only £5 the PHA will need to reduce its expenditure to £105 to avoid breaching its budget. If the PHA still spends £110 the DoH will need to find £5 of savings from elsewhere within its total DEL to offset this overspend.]

27 If the negative DEL income realised or expected to be realised in the year is more than estimated, the PHA may apply to the DoH to retain the excess income for specified additional expenditure within the current financial year without an offsetting reduction to grant-in-aid. The DoH shall consider such applications, taking account of competing demands for resources, and will consult with DoF in relation to any significant amounts. If an application is refused, any grant-in-aid shall be commensurately reduced or the excess receipts shall be required to be surrendered to the NI Consolidated Fund via the DoH.

Build-up and draw-down of deposits

28 The PHA shall comply with the rules that any DEL expenditure financed by the draw-down of deposits counts within DEL. The PHA shall maintain and manage cash balances as working balances only. These shall be held at a minimum level throughout the year. Any interest earned on overnight deposits must be returned to the DoH.

29 The PHA shall ensure that it has the necessary DEL provision for any expenditure financed by draw-down of deposits.

Proceeds from disposal of assets

30 Disposals of land and buildings are dealt with in Section VI below.

Gifts and bequests received

31 The PHA is free to retain any gifts, bequests or similar donations, subject to paragraph 34. These shall be treated as receipts and must be notified to the DoH. [NOTE: Donated assets do not attract a cost of capital charge, and a release from the donated assets reserve should offset depreciation in the operating cost statement.] The latest FReM requirements should be applied]

32 Before accepting a gift, bequest, or similar donation, the PHA shall consider if there are any associated costs in doing so or any conflicts of interests arising. The PHA shall keep a written record

of any such gifts, bequests and donations and of their estimated value and whether they are disposed of or retained.

Borrowing

33 Normally the PHA will not be allowed to borrow but when doing so shall observe the principles set out in Chapter 5 and the associated annexes of MPMNI when undertaking borrowing of any kind. The PHA shall seek the approval of the DoH and, where appropriate, DoF, to ensure that it has any necessary authority and budgetary cover for any borrowing or the expenditure financed by such borrowing. Medium or long term private sector or foreign borrowing is subject to the value for money test in *Section 5.7 of MPMNI*.

34 Any expenditure by the PHA financed by borrowing counts in DEL.

IV. EXPENDITURE ON STAFF

Staff costs

35 Subject to its delegated levels of authority the PHA shall ensure that the creation of any additional posts does not incur forward commitments which will exceed its ability to pay for them.

Pay and conditions of service

36 The staff of the PHA, whether on permanent or temporary contract, shall be subject to levels of remuneration and terms and conditions of service (including superannuation) as approved by the DoH and DoF. The PHA has no delegated power to amend these terms and conditions.

37 Current terms and conditions for staff of the PHA are those set out in its Employee Handbook. The PHA shall provide the DoH and DoF with a copy of the Handbook and subsequent amendments.

38 Annual pay increases of PHA staff must be in accordance with the annual FD letter on Pay Remit Approval Process and Guidance issued by DoF. Therefore, all proposed pay awards must have prior approval of DoH and the Minister for Finance before implementation.

39 The travel expenses of Board Members shall be tied to the rates allowed to senior staff of the PHA. Reasonable actual costs shall be reimbursed.

40 The PHA shall operate a performance-related pay scheme which shall form part of the general pay structure approved by the DoH and DoF.

41 The PHA shall comply with the EU directive on contract workers [Fixed Term Employees Regulations (Prevention of Less Favourable Treatment)].

Pensions; redundancy/compensation

42 The PHA's staff shall be eligible for a pension provided by:

Either the Health and Social Care Superannuation Scheme or the Health and Social Care Pension Scheme.

43 Staff may opt out of the occupational pension scheme provided by the PHA. However, the employer's contribution to any personal pension arrangement, including a stakeholder pension, shall be limited to the national insurance rebate level.

44 Any proposal by the PHA to move from the existing pension arrangements, or to pay any redundancy or compensation for loss of office, requires the approval of the DoH and DoF. Proposals on severance payments must comply with Annex A.4.13.9 of *Managing Public Money Northern Ireland*.

V. NON-STAFF EXPENDITURE

Economic appraisal

45 The PHA is required to apply the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending or saving public money, including European Union (EU) funds, and any other decisions or proposals that involve changes in the use of public resources. For example, appraisal must be applied irrespective of whether the relevant public expenditure or resources:

a. involve capital or current spending, or both;

b. are large or small;

c. are above or below delegated limits(see Appendix A).

46 Appraisal itself uses up resources. The effort that should go into appraisal and the detail to be considered is a matter for case-by-case judgement, but the general principle is that the resources to be devoted to appraisal should be in proportion to the scale or importance of the objectives and resource consequences in question. Judgement of the appropriate effort should take into consideration the totality of the resources involved in a proposal.

General guidance on economic appraisal that applies to the PHA can be found in:

- Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE) – see https://www.finance-ni.gov.uk/articles/introduction-northern-ireland-guide-expenditure-appraisal-and-evaluation-nigeae
- The HM Treasury Guide, *The Green Book: Appraisal and Evaluation in Central Government https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220541/green_book_complete.pdf*; and
- The Capital Investment Manual.

Capital expenditure

47 Subject to being above an agreed capitalisation threshold, all expenditure on the acquisition or creation of fixed assets shall be capitalised on an accruals basis in accordance with relevant accounting standards. Expenditure to be capitalised shall include the (a) acquisition, reclamation or laying out of land; (b) acquisition, construction, preparation or replacement of buildings and other structures or their associated fixtures and fittings; and (c) acquisition, installation or replacement of movable or fixed plant, machinery, vehicles and vessels.

48 Proposals for large-scale individual capital projects or acquisitions will normally be considered within the PHA's corporate and business planning process. Subject to paragraph 52, applications for

approval within the corporate/business plan by the DoH and, DoF if necessary, shall be supported by formal notification that the proposed project or purchase has been examined and duly authorised by the Board. Regular reports on the progress of projects shall be submitted to the DoH.

49 Approval of the corporate/business plan does not obviate the PHA's responsibility to abide by the economic appraisal process.

50 Within its approved overall resources limit the PHA shall, as indicated in the attached Appendix on delegations, have delegated authority to spend up to £50,000 on any individual capital project or acquisition. Beyond that delegated limit, the DoH' and where necessary, DoF's prior authority must be obtained before expenditure on an individual project or acquisition is incurred.

Transfer of funds within budgets

51 Unless financial provision is subject to specific Departmental or DoF controls (eg, where provision is ring-fenced for specific purposes) or delegated limits, transfers between budgets within the total capital budget, or between budgets within the total revenue budget, do not need Departmental approval. The one exception to this is that, due to HM Treasury controls, any movement into, or out, of depreciation and impairments within the resource budget will require departmental and possibly DoF approval. [NOTE: Under resource budgeting rules, transfers from capital to resource budgets are not allowed.]

Lending, guarantees, indemnities; contingent liabilities; letters of comfort

52 The PHA shall not, without the DoH' and where necessary, DoF's prior written consent, lend money, charge any asset or security, give any guarantee or indemnities or letters of comfort, or incur any other contingent liability (as defined in Annex 5.5 of MPMNI), whether or not in a legally binding form.

Grant or loan schemes

53 Unless covered by a delegated authority, all proposals to make a grant or loan to a third party, whether one-off or under a scheme, together with the terms and conditions under which such grant or loan is made shall be subject to prior approval by the DoH, and where necessary DoF. If grants or loans are to be made under a continuing scheme, statutory authority is likely to be required. Within its approved overall resource limit the PHA shall have delegated authority to make a grant to a third party.

54 The terms and conditions of a grant or loan to a third party shall include a requirement on the receiving organisation to prepare accounts and to ensure that its books and records in relation to the grant or loan are readily available for inspection by the PHA, the DoH and the C&AG.

55 See also below under the heading *Recovery of grant-financed assets* (paragraphs 79-81).

Gifts made, write-offs, losses and other special payments

56 Proposals for making gifts or other special payments (including issuing write-offs) outside the delegated limits set out in the **Appendix A** of this document must have the prior approval of the DoH and where necessary DoF.

57 Losses shall not be written off until all reasonable attempts to make a recovery have been made and proved unsuccessful.

58 Gifts by management to staff are subject to the requirements of HSC(F)50/2012 or the latest Departmental guidance.

Leasing

59 Prior Departmental approval must be secured for all property and finance leases. The PHA must have capital DEL provision for finance leases and other transactions which are, in substance, borrowing (paragraphs 35-36 above).

60 Before entering into any lease (including an operating lease) the PHA shall demonstrate that the lease offers better value for money than purchase.

Public/Private Partnerships

61 The PHA shall seek opportunities to enter into Public/Private Partnerships where this would be more affordable and offer better value for money than conventional procurement. Where cash flow projections may result in delegated spending authority being breached, the PHA shall consult the DoH. PHA should also ensure that it has the necessary budget cover.

62 Any partnership controlled by the PHA shall be treated as part of the PHA in accordance with guidance in the FReM and consolidated with it [subject to any particular treatment required by the FReM]. Where the judgment over the level of control is difficult the DoH will consult DoF (who may need to consult with the Office of National Statistics over national accounts treatment).

Subsidiary companies and joint ventures

63 The PHA shall not establish subsidiary companies or joint ventures without the express approval of the DoH and DoF. In judging such proposals the DoH will have regard to the Department's wider strategic aim[s] objective and current Public Service Agreement.

64 For public expenditure accounts purposes any subsidiary company or joint venture controlled or owned by the PHA shall be consolidated with it in accordance with guidance in the FReM subject to any particular treatment required by the FReM. Where the judgment over the level of control is difficult, the DoH will consult DoF (who may need to consult with the Office of National Statistics over national accounts treatment). Unless specifically agreed with the DoH and DoF, such subsidiary companies or joint ventures shall be subject to the controls and requirements set out in this *Management Statement* and *Financial Memorandum*, and to the further provisions set out in supporting documentation.

Financial investments

65 The PHA shall not make any investments in traded financial instruments without the prior written approval of the DoH, and, where appropriate, DoF, nor shall it aim to build up cash balances or net assets in excess of what is required for operational purposes. Funds held in bank accounts or as financial investments may be a factor for consideration when grant-in-aid is determined. Equity shares in ventures which further the objectives of the PHA shall equally be subject to Departmental and DoF approval unless covered by a specific delegation.

Unconventional financing

66 The PHA shall not enter into any unconventional financing arrangement without the approval of the DoH and DoF.

Commercial insurance

67 The PHA shall not take out any insurance without the prior approval of the DoH and DoF, other than third party insurance required by the Road Traffic (NI) Order 1981 (as amended) and any other insurance which is a statutory obligation or which is permitted under Annex 4.5 of MPMNI.

68 In the case of a major loss or third-party claim, DoH shall liaise with the PHA about the circumstances in which, in the case of a major loss or third-party claim, an appropriate addition to budget out of the DoH's funds and/or adjustment to the PHA's targets shall be considered. DoH will liaise with DoF Supply where required in such cases.

Payment/Credit Cards

69 The PHA, in consultation with the DoH, shall ensure that a comprehensive set of guidelines on the use of payment cards (including credit cards) is in place. Reference should be made to HSS(F)11/2003.

Hospitality

70 The PHA, in consultation with the DoH, shall ensure that a comprehensive set of guidelines on the provision of hospitality is in place. Reference should be made to DAO(DoF) 10/06 (revised).

Use of Consultants

71 The PHA shall adhere to the guidance issued by DoF, as well as any produced by the DoH in relation to the use of consultants. Please see the delegated limits set out in **Appendix A.**

72 PHA will provide DoH with an annual statement on the status of all consultancies completed and/or started in each financial year.

73 Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

VI. MANAGEMENT AND DISPOSAL OF FIXED ASSETS

Register of assets

74 The PHA shall maintain an accurate and up-to-date register of its fixed assets.

Disposal of assets

75 The PHA shall dispose of assets which are surplus to its requirements. Assets shall be sold for best price, taking into account any costs of sale. Generally assets shall be sold by auction or competitive tender [unless otherwise agreed by the DoH], and in accordance with the principles in MPMNI.

76 All receipts derived from the sale of assets (including grant financed assets, see below) must be declared to the DoH, which will consult with DoF, if necessary, on the appropriate treatment.

Recovery of grant-financed assets

77 Where the PHA has financed expenditure on capital assets by a third party, the PHA shall set conditions and make appropriate arrangements to ensure that any such assets individually above a value of £500 are not disposed of by the third party without the PHA's prior consent.

78 The PHA shall therefore ensure that such conditions and arrangements are sufficient to secure the repayment of the NI Consolidated Fund's due share of the proceeds of the sale, in order that funds may be surrendered to the DoH.

79 The PHA shall ensure that if the assets created by grants made by the PHA cease to be used by the recipient of the grant for the intended purpose, a proper proportion of the value of the asset shall be repaid to the PHA for surrender to the DoH. The amounts recoverable under the procedures in paragraphs 77-78 above shall be calculated by reference to the best possible value of the asset and in proportion to the NI Consolidated Fund's original investment(s) in the asset.

VII. BUDGETING PROCEDURES

Setting the annual budget

80 Each year, in the light of decisions by the DoH on the PHA's updated draft corporate plan, the DoH will send to the PHA:

- a formal statement of the annual budgetary provision allocated by the DoH in the light of competing priorities across the DoH and of any forecast income approved by the DoH; and
- a statement of any planned change in policies affecting the PHA.

81 The PHA's approved annual commissioning plan will take account both of its approved funding provision and of any forecast receipts, and will include a budget of estimated payments and receipts together with a profile of expected expenditure and of draw-down of any DoH funding and/or other income over the year. These elements will form part of the approved business plan for the year in question.

82 Any grant-in-aid provided by the DoH for the year in question will be voted in the DoH's Estimate and will be subject to Assembly control.

General conditions for authority to spend

83 Once the PHA's budget has been approved by the DoH [and subject to any restrictions imposed by Statute/the Minister /this MSFM], the PHA shall have authority to incur expenditure approved in the budget without further reference to the DoH, (delegated limits are subject to the requirements of HSC(F)67/2012 or the latest Departmental guidance) on the following conditions:

- the PHA shall comply with the delegations set out in **Appendix A** of this document. These delegations shall not be altered without the prior agreement of the DoH and DoF;
- the PHA shall comply with the conditions set out in paragraph 12 above regarding novel, contentious or repercussive proposals;
- inclusion of any planned and approved expenditure in the PHA's budget shall not remove the need to seek formal Departmental [and where necessary, DoF] approval where such proposed expenditure is above the delegated limits set out in **Appendix A** or is for new schemes not previously agreed; and
- the PHA shall provide the DoH with such information about its operations, performance individual projects or other expenditure as the DoH may reasonably require (see paragraph 87 below).

Providing monitoring information to the DoH

84 The PHA, or the HSC Board and BSO on behalf of the PHA, shall provide the DoH with, as a minimum, information on a monthly basis which will enable the satisfactory monitoring by the DoH of:

- the PHA's cash management;
- its draw-down of any grant-in-aid;
- the expenditure for that month;
- forecast outturn by resource headings; and
- other data required for the DoF Outturn and Forecast Outturn Return.

VIII. BANKING

Banking arrangements

85 The PHA is a member of the HSC 'pool' of bank accounts. The PHA's Accounting Officer is responsible for ensuring that the PHA's banking arrangements are in accordance with the requirements of Annex 5.7 of *MPMNI.* This responsibility remains even within the current banking pool arrangements. In particular, he/she shall ensure that the arrangements safeguard public funds and that their implementation ensures efficiency, economy and effectiveness.

86 He/she shall therefore ensure that:

- these arrangements are suitably structured and represent value-for-money. The HSC pool of accounts will be comprehensively reviewed at least every three to five years;
- sufficient information about banking arrangements is supplied to the DoH's Accounting Officer to enable the latter to satisfy his/her own responsibilities;

- the PHA's banking arrangements shall be kept separate and distinct from those of any other person or organisation; and
- adequate records are maintained of payments and receipts and adequate facilities are available for the secure storage of cash.

IX. COMPLIANCE WITH INSTRUCTIONS AND GUIDANCE

Relevant documents

87 The PHA shall comply with the following general guidance documents:

- This document (both the *Financial Memorandum* and the *Management Statement*);
- *Managing Public Money Northern Ireland (MPMNI);*
- *Public Bodies - a Guide for NI Departments* issued by DoF;
- *Government Internal Audit Standards*, issued by DoF
- The document *Managing the Risk of Fraud* issued by DoF;
- The Treasury document *The Government Financial Reporting Manual (FReM)* issued by DoF;
- Relevant Dear Consolidation Officer and Dear Consolidation Manager letters issued by DoF;
- *Regularity Propriety and Value for Money* issued by Treasury;
- The Consolidation Officer Letter of Appointment, issued by DoF;
- Other relevant guidance and instructions issued by DoF in respect of Whole of Government Accounts;
- Other relevant instructions and guidance issued by the central Departments (DoF/TEO) including Procurement Board and CPD guidance;
- Specific instructions and guidance issued by the DoH;
- Recommendations made by the Public Accounts Committee, or by other Assembly/Parliamentary authority, which have been accepted by the Government and which are relevant to the PHA.

X. REVIEW OF FINANCIAL MEMORANDUM

88 The *Management Statement* and *Financial Memorandum* will normally be reviewed at least every five years.

89 DoF Supply will be consulted on any significant variation proposed to the *Management Statement* and *Financial Memorandum*.

Signed: _____ Date: 11/1/17

On behalf of the PHA

Signed: _____ Date: 5/1/17

On behalf of the Department

APPENDIX A

DELEGATED EXPENDITURE LIMITS

GENERAL

These delegated expenditure limits have been agreed by the Department and the Department of Finance and are subject to the requirements of HSC(F)67/2012 or the latest Departmental guidance.

1. PURCHASING ALL GOODS AND SERVICES

Table 1 Delegated Authority for the Purchase of Goods and Services

(All costs exclude VAT)

THRESHOLDS	NUMBER/TYPE OF TENDER REQUIRED	AUTHORISATION
Up to £5,000	Price check may be required (see DoF document PGN 04/12)	The Chief Executive/The appropriate officer as notified to the DoH
>£5,000 - £30,000	4 Selected Tenders	The Chief Executive/The appropriate officer as notified to the DoH
> £30,000 – EU Thresholds	Publicly advertised tender competition	The Chief Executive/The appropriate officer as notified to the DoH

Economic Appraisal

The principles of economic appraisal should be applied in all cases where expenditure is proposed, whether the proposal involves capital or current expenditure, or both. The effort put into economic appraisal should be commensurate with the size or importance of the needs or resources under consideration. However, the PHA should undertake a comprehensive business case of all projects involving expenditure of £250,000 and over.

Where the minimum number of quotation/tenders is not obtained

For any purchase where the minimum number of quotations/tenders is not obtained the purchase may proceed if the accounting officer is satisfied that every attempt has been made to obtain competitive offers and that value for money will be achieved. In these cases the accounting officer should complete a report, and records of all correspondence should be retained on file, including any justification given and/or approvals obtained.

2. CAPITAL PROJECTS

The Chief Executive or appropriate officer as notified to the DoH, may authorise capital expenditure on discreet capital projects of up to £50,000. Capital projects over this amount require the approval of the DoH, and may be subject to quality assurance by the Department of Finance and Personnel if requested.

Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of the DoH and DoF.

3. DISPOSAL OF SURPLUS EQUIPMENT

See paragraphs 78 - 79

4. LEASE AND RENTAL AGREEMENTS

See paragraphs 64-65

5. APPROVAL OF INFORMATION TECHNOLOGY PROJECTS

The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.

The principles of appraisal, evaluation and management apply equally to proposals supported by information communication technology (ICT) as to all other areas of public expenditure. ICT-enabled projects should be appraised and evaluated according to the general guidance in the Northern Ireland Guide to Expenditure Appraisal and Evaluation (*NIGEAE*) and managed using the new *Successful Delivery (NI)* guidance which was issued in June 2009.

The purchase of IT equipment and systems should be in line with the guidance Procedures and Principles for Application of Best Practice in Programme/Project Management (PPM), (available at https://www.finance-ni.gov.uk/topics/programme-and-project-management-and-assurance) and be subject to competitive tendering unless there are convincing reasons to the contrary. The form of competition should be appropriate to the value and complexity of the project, and in line with the Procurement Control Limits in Table 1. Delegated authority for each IT project is set out in Table 2.

Table 2 Delegation Arrangements for Information Technology Projects, Systems and Equipment (as per HSC(F)67/2012)
(All costs exclude VAT)

THRESHOLDS	AUTHORISATION
Up to £50,000 capital cost and up to £250,000 total costs	The Chief Executive/The appropriate officer as notified to the DoH
Projects over £250,000	The Chief Executive with prior approval from the DoH

6. ENGAGEMENT OF CONSULTANTS

General

The PHA has authority to appoint consultants for a **single contract** without recourse to the DoH up to a ***total*** cost of £10,000, and subject to any guidance as may be issued by DoF or the DoH. While Departmental approval is not required for consultancy assignments below £10,000, the PHA must notify the Department in advance of any proposal to engage external consultants. Where the PHA intends to appoint consultants via a Direct Award Contract the approval of the Departmental Accounting Officer must be secured in advance, regardless of cost.

The PHA will provide the DoH with a quarterly statement on the status of all consultancies completed and/or started in each financial year.

Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

Economic appraisal

A full but proportionate business case should be prepared for all consultancy assignments, regardless of cost.

7. LOSSES AND SPECIAL PAYMENTS

Losses and special payments limits have been agreed by the Department and the Department of Finance and are subject to the requirements of HSC(F)50/2012 or the latest Departmental guidance.

A summary note of the losses in any financial year should be included in the PHA's accounts.

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the appropriate officer as notified to the DoH for amounts below the delegated limits, and the DoH, where appropriate.

REGIONAL AGENCY FOR PUBLIC HEALTH AND SOCIAL WELL-BEING: MANAGEMENT STATEMENT

May 2013 - this document was updated in December 2016 to reflect new Departmental titles.

1. INTRODUCTION

1.1 This document

1.1.1 Subject to the legislation noted below, this *Management Statement* establishes the framework, agreed with the Department of Health (the sponsor Department), within which the Regional Agency for Public Health and Social Well-being, commonly known as the Public Health Agency, (hereafter referred to as the PHA) will operate. The term 'Department' is used to include the authority of both the Department and its Minister. Only in those cases where reference is intended to his/her personal authority (see, principally, Section 3.1) is the Minister specified.

1.1.2 The associated *Financial Memorandum* sets out in greater detail certain aspects of the financial provisions which the PHA shall observe. However the *Management Statement* and the associated *Financial Memorandum* do not convey any legal powers or responsibilities, nor do they comprise the totality of the guidance, directives etc which have applied and (as determined by the Sponsor Department) continue to apply to the PHA.

1.1.3 The document shall be reviewed by the sponsor Department at least every five years. However, due to changes being considered to the business planning process it is likely that the first review will take place during the 2013-14 financial year.

1.1.4 In addition, the PHA or the Department may propose amendments to this document at any time. Any such proposals by the PHA shall be considered in the light of evolving Departmental policy aims, operational factors and the record of the PHA itself. The guiding principle shall be that the extent of flexibility and freedom given shall reflect both the quality of the PHA's internal controls to achieve performance and its operational needs. The Department shall

determine what changes, if any, are to be incorporated in the document. Legislative provisions shall take precedence over any part of the document. Significant variations to the document shall be cleared with DoF after consultation with the PHA, as appropriate. (The determination of those issues that are "significant" will be made by the Department and DoF on a case by case basis).

1.1.5 This MS/FM has been approved by DoF Supply, and signed and dated by the Department after consultation with the PHA.

1.1.6 Any question regarding the interpretation of the document shall be resolved by the Department after consultation with the PHA and, as necessary, with DoF (and TEO if appropriate).

1.1.7 Copies of this document and any subsequent substantive amendments shall be placed in the Library of the Assembly. Copies shall also be made available to members of the public on the PHA website.

1.1.8 A copy of the MS/FM for the PHA should be given to all newly appointed Board Members, senior executive staff and departmental sponsor staff on appointment. Additionally the MS/FM should be tabled for the information of Board members at least annually at a full meeting of the Board. Amendments made to the MS/FM should also be brought to the attention of the full Board on a timely basis.

1.2 PHA: founding legislation, functions, duties etc

1.2.1 The PHA is established under section 12 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (hereafter referred to as the Act). The PHA does not carry out its functions on behalf of the Crown.

1.2.2 The PHA is established for the purposes specified in section 13 of the Act. The PHA's general powers etc are listed in Schedule 2 to the Act.

1.3 Classification

1.3.1 For policy/administrative purposes the PHA is classified as a Health and Social Care body (akin to an executive non-departmental public body) and for national accounts purposes is classified to the central government sector.

2. AIMS, OBJECTIVES AND TARGETS

2.1 Overall aim

2.1.1 The overall aim of the PHA is to improve the health and social well-being of the population and the quality of care provided, and to protect the population from communicable disease or emergencies or other threats to public health. As well as the provision or securing of services related to those functions, the PHA will commission or undertake programmes of research, health awareness and promotion etc.

2.1.2 This aim will be delivered through three core functions of the PHA:

- Securing the provision of and developing and providing programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between, people in Northern Ireland;
- Protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies; and
- providing professional input to the commissioning of health and social care services which meet established quality standards and which support innovation.

2.1.3 The PHA also has a general responsibility for promoting improved partnership working with local government and other public sector

organisations to bring about real improvements in public health and social well-being on the ground and anticipating the new opportunities offered by community planning.

2.2 Objectives and key targets

2.2.1 The PHA's performance framework is determined by the Department in the light of its wider strategic aims and of current Programme for Government objectives and targets. The PHA's key targets, standards and actions are defined by the Department within Commissioning Directions and approved by the Minister. The Department also determines, by direction, the format and broad content of the Commissioning Plan, which is to be drawn up by the HSCB in accordance with section 8 of the Act, i.e. in consultation with the PHA, having due regard for any advice or information provided by the Agency, and published only with its approval. The Commissioning Plan explains how the PHA will meet each of the targets, standards and actions for which it is deemed by the Department to have sole or lead responsibility. The document will also set out the PHA's contribution to the commissioning process through its professional medical expertise.

2.3 Relationship with the Safeguarding Board for Northern Ireland

2.3.1 The Safeguarding Board NI (SBNI) was established under the Safeguarding Board (Northern Ireland) Act 2011 and is a separate entity from the PHA. However the PHA acts as a corporate host for the Safeguarding Board NI (SBNI), supporting the SBNI by providing HR, Financial and other corporate support functions.

2.3.2 The PHA is not accountable for how the SBNI discharges its statutory objectives and functions, but is accountable to the Department for its discharge of corporate host obligations undertaken on behalf of SBNI.

In acting as a corporate host the provisions of this MS/FM apply to activities undertaken on behalf of the SBNI.

2.3.3 The respective responsibilities of the Department, PHA and SBNI are set out in a Memorandum of Understanding dated 11 September 2011 a copy of which is attached at Appendix 2. This will be revised as per current processes.

3. RESPONSIBILITIES AND ACCOUNTABILITY

3.1 The Minister

3.1.1 The Minister is accountable to the Assembly for the activities and performance of the PHA. His/Her responsibilities include:

- approving the Commissioning Plan;
- keeping the Assembly informed about the PHA's performance, as part of the HSC system;
- carrying out responsibilities specified in the founding legislation, including appointments to the PHA's Board and the laying of its annual report and accounts before the Assembly; and
- approving the remuneration scheme for non-executive Board members and setting the annual pay increase each year under these arrangements.

3.2 The Accounting Officer of the sponsor Department

3.2.1 The Sponsor Department's Accounting Officer (the 'Departmental Accounting Officer') has designated the Chief Executive as the PHA's Accounting Officer, and may withdraw the Accounting Officer designation if he/she believes that the incumbent is no longer suitable for the role. The respective responsibilities of the Departmental

Accounting Officer and the Accounting Officers of arm's length bodies are set out in Chapter 3 of *Managing Public Money Northern Ireland* (MPMNI).

3.2.2 In particular, the Departmental Accounting Officer shall ensure that:

- the PHA's plans support the Department's wider strategic aims and will contribute, as appropriate, to the achievement of Programme for Government Commitments, Departmental requirements, Commissioning Plan Directions, standards and actions;
- the financial and other management controls applied by the Department to the PHA are appropriate and sufficient to safeguard public funds, and that the PHA's compliance with those controls is effectively monitored ("public funds" include not only any funds granted to the PHA by the Assembly but also any other funds falling within the stewardship of the PHA); and
- the internal controls applied by the PHA conform to the requirements of regularity, propriety and good financial management.

3.2.3 The Departmental Accounting Officer is also responsible for ensuring that arrangements are in place to:

- continuously monitor the PHA's activities to measure progress against approved targets, standards and actions, and to assess compliance with safety and quality, governance, risk management and other relevant requirements placed on the organization;
- address significant problems in the PHA, making such interventions as he/she judges necessary;
- periodically carry out an assessment of the risks both to the Department's and the PHA's objectives and activities;
- Inform the PHA of relevant Government policy in a timely manner; and

- bring concerns about the activities of the PHA to the full PHA Board, requiring explanations and assurances that appropriate action has been taken.

3.2.4 The Health Development Policy Branch within the Department is the sponsoring team for the PHA, forming its primary point of contact with the Department on non-financial management and performance. Regarding such matters, the team is the primary source of advice to the Minister on the discharge of his/her responsibilities in respect of the PHA. It also supports the Departmental Accounting Officer on his/her responsibilities towards the PHA.

3.2.5 The relationship between the PHA and its Departmental sponsoring team, based on the principles of good public administration, is articulated through direction, guidance on good practice as notified to the PHA. The salient requirements are described at Appendix 1.

3.2.6 On financial matters, the primary point of Departmental contact for the PHA is Finance Directorate. That Directorate also supports the Departmental Accounting Officer on his/her responsibilities towards the PHA as regards accounting arrangements, budgetary control and other financial matters. In doing so, Finance Directorate liaises as appropriate with Health Development Policy Branch.

3.3 The Chief Executive's role as Accounting Officer

3.3.1 The Chief Executive, as the PHA's Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those funds; and for the day-to-day operations and management of the PHA. In addition, he/she should ensure that the PHA as a whole is run on the basis of the standards (in terms of governance, decision-making and financial management) set out in Box 3.1 to MPMNI.

3.3.2 In addition, the Chief Executive must, within three months of appointment, attend the training course 'An introduction to Public Accountability for Accounting Officers'.

3.3.3 Responsibilities for accounting to the Assembly include:

- signing the accounts, and being responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Department or DoF;
- signing a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;
- signing a Governance Statement regarding the PHA's system of internal control, for inclusion in the annual report and accounts;
- sign a mid-year assurance statement on the condition of the PHA's system of internal control;
- acting in accordance with the terms of this document and with the instructions and relevant guidance in MPMNI and other instructions and guidance issued from time to time by the Department and DoF; and
- giving evidence, normally with the Accounting Officer of the Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the PHA.

3.3.4 Particular responsibilities to the Department include:

- establishing, with the approval of the Department, the PHA's Corporate and Business Plans in support of the Department's wider strategic aims and objectives and targets in the Programme for Government and the Minister's Commissioning Directions;
- contributing, in accordance with section 8 of the Act, to the establishment by the HSCB of the Commissioning Plan in support of

the Department's wider strategic aims and objectives and targets in the Programme for Government and Commissioning Directions;

- informing the Department of the PHA's progress in helping to achieve the Department's wider strategic aims and objectives, and relevant targets in the Programme for Government and Commissioning Directions, while demonstrating how resources are being used to achieve those objectives;
- ensuring that timely forecasts and monitoring information on performance and finance are provided to the Department, including prompt notification of overspends or underspends and that corrective action is taken;
- notifying to the Department any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, as appropriate and in timely fashion;
- ensuring that a system of risk management, based on Departmental guidance) is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;
- ensuring that an effective system of programme and project management and contract management is maintained;
- ensuring compliance with the Northern Ireland Public Procurement Policy;
- reporting on compliance with controls assurance and quality standards to the Department;
- ensuring that an Assurance Framework is developed and maintained;
- ensuring that a business continuity plan is developed and maintained;

- ensuring that effective procedures for handling complaints about the PHA are established and made widely known within the PHA;
- ensuring that effective procedures for handling adverse incidents are established and made widely known within the PHA;
- ensuring that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and TEO;
- ensuring that Lifetime Opportunities is taken into account;
- ensuring that the requirements of the Data Protection Act 1998 are complied with;
- ensuring that the requirements of the Freedom of Information Act 2000 are complied with and that a publication scheme is in place which is reviewed as required and placed on the website; and
- ensuring that the requirements of relevant statutes, court rulings, and departmental directions are fully complied with.

Responsibilities to the Board of the PHA

3.3.5 The Chief Executive is responsible for:

- advising the Board on the discharge of its responsibilities as set out in this document, in the founding legislation and in any other relevant instructions and guidance that may be, or have been, issued from time to time;
- advising the Board on the PHA's performance compared with its aims and objectives;
- ensuring that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed; and

- taking action in line with Section 3.8 of *MPMNI* if the Board, or its Chair, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness.

3.4 The Chief Executive's role as Consolidation Officer

3.4.1 For the purposes of Whole of Government Accounts, the Chief Executive of the PHA is normally appointed by DoF as the PHA's Consolidation Officer.

3.4.2 As the PHA's Consolidation Officer, the Chief Executive shall be personally responsible for preparing the consolidation information, which sets out the financial results and position of the PHA; for arranging its audit; and for sending the information and the audit report to the Principal Consolidation Officer nominated by DoF.

3.4.3 As Consolidation Officer, the Chief Executive shall comply with the requirements of the PHA Consolidation Officer Memorandum as issued by DoF and shall, in particular:

- ensure that the PHA has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process; and
- prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation adjustments) in accordance with the consolidation instructions and directions ["Dear Consolidation Officer" (DCO) and "Dear Consolidation Manager" (DCM) letters] issued by DoF on the form, manner and timetable for the delivery of such information.

3.5 Delegation of the Chief Executive's duties

3.5.1 The Chief Executive may delegate the day-to-day administration of his/her Accounting Officer responsibilities to other employees in the PHA. However, he/she shall not assign absolutely to any other person any of the responsibilities set out in this document.

3.6 The Chief Executive's role as Principal Officer for Ombudsman cases

3.6.1 The Chief Executive of the PHA is the Principal Officer for handling cases involving the Northern Ireland Commissioner for Complaints. As Principal Officer, he/she shall inform the Permanent Secretary of the sponsor Department of any complaints about the PHA accepted by the Ombudsman for investigation, and about the PHA's proposed response to any subsequent recommendations from the Ombudsman.

3.7 The PHA's Board

3.7.1 Board members are appointed by the Minister, following an open competition in accordance with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland. The established departmental practice is that initial appointments are usually for a four year period. Re-appointment for a second term of appointment can be considered.

3.7.2 The Board must ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control. The Board must set up an Audit Committee, which complies with the requirements of DAO 07/07 and any subsequent relevant guidance, is chaired by an independent non-executive member, and

comprising solely independent members, to provide independent advice on the effectiveness of the internal control and risk management systems.

3.7.3 The Board has corporate responsibility for ensuring that the PHA fulfils the aims and objectives set by the Department/Minister, and for promoting the efficient, economic and effective use of staff and other resources by the PHA. To this end, and in pursuit of its wider corporate responsibilities, the Board shall:

- establish the overall strategic direction of the PHA within the policy and resources framework determined by the Department/Minister;
- ensure that the PHA's performance fully meets its aims and objectives as efficiently and effectively as possible;
- ensure that the Department is kept informed of any changes which are likely to impact on the strategic direction of the PHA or on the attainability of its targets, and determine the steps needed to deal with such changes;
- ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority and any delegated authority set by the Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board takes into account all relevant guidance issued by DoF and the Department or other relevant authority;
- ensure that it receives and reviews regular financial information concerning the management of the PHA; is informed in a timely manner about any concerns about the activities of the PHA; and provides positive assurance to the Department that appropriate action has been taken on such concerns;

- constructively challenge the PHA's executive team in their planning, target setting and delivery of performance;
- ensure that an executive member of the Board has been allocated lead responsibility for risk management;
- demonstrate high standards of corporate governance at all times, including using the independent audit committee (see paragraph 3.7.2) to help the Board to address the key financial and other risks facing the PHA; and
- appoint a Chief Executive to the PHA and, in consultation with the Department, set performance objectives and remuneration terms linked to these objectives for the Chief Executive which give due weight to the proper management and use of public monies.

3.8 The Chair's personal responsibilities

3.8.1 The chair is appointed by the Minister, following an open competition in accordance with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland. The established departmental practice is that initial appointments are usually for a four year period. Re-appointment for a second term of appointment can be considered.

3.8.2 The Chair is accountable to the Minister through the Departmental Accounting Officer. Communications between the PHA Board and the Minister should normally be through the Chair (who will ensure that the other Board members are kept informed of such communications). He/she is responsible for ensuring that the PHA's policies and actions support the Department's wider strategic policies, and that the PHA's affairs are conducted with probity. Where appropriate, these policies and actions should be clearly communicated and disseminated throughout the PHA.

3.8.3 In addition, the Chair has the following leadership responsibilities:

- formulating the Board's strategy for discharging its duties;
- ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Department,
- ensuring that risk management is regularly and formally considered at Board meetings;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging high standards of regularity and propriety;
- representing the views of the Board to the general public; and
- ensuring that the Board meets at regular intervals throughout the year and that the minutes accurately record the decisions taken and, where appropriate, the views of individual board members. Meetings must be open to the public, the public should be advised of meetings through the press and the minutes must be placed on the PHA website after formal approval.

3.8.4 The Chair has also:

- ensure that all members of the Board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and receive appropriate induction training, including on the financial management, risk management and reporting requirements of public sector bodies and on any material differences which may exist between private and public sector practice;
- advise the Department of the needs of the PHA when Board vacancies arise, with a view to ensuring a proper balance of professional, financial or other expertise;

- assess, annually, the performance of individual Board members. Board members will be subject to ongoing performance appraisal, with a formal assessment being completed by the Chair of the Board at the end of each year. Members will be made aware that they are being appraised, the standards against which they will be appraised and will have an opportunity to contribute to and view their report. The Chair of the Board will also be appraised on an annual basis by the Departmental Accounting Officer or another official acting on their behalf;
- ensure that a Code of Practice for Board members is in place, based on the 'Code of Conduct and Code of Accountability for Board members of Health and Social Care Bodies'.

3.9 The Individual Board member's responsibilities

3.9.1 Individual Board members shall act in accordance with their wider responsibilities as members of the Board – namely to:

- comply at all times with the Code of Practice (see paragraph 3.8.4) adopted by the PHA and with the rules relating to the use of public funds and to conflicts of interest;
- not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organizations; and to declare publicly and to the Board any private interests that may be thought to conflict with their public duties;
- comply with the Board's rules on the acceptance of gifts and hospitality, and of business appointments as set out in the Financial Memorandum; and
- act in good faith and in the best interests of the PHA.

3.10 Consulting service users and other interest groups

3.10.1. The PHA will, in accordance with Sections 18-20 of the Act, work in partnership with its patients, clients, other service users and carers, and with other interest groups, to commission or deliver the services for which it has responsibility, to agreed standards. It will consult regularly to develop a clear understanding of their needs and expectations of its services, actively seeking out comment from patients, clients, other service users and carers, and from interest groups, in working to deliver a high quality, safe and accessible service. It will disseminate public information about the services for which it is responsible.

3.10.2. The PHA will, in carrying out its equality duties, consult in a timely, open and inclusive way and in accordance with the Equality Commission's guiding principles. It will monitor its policies to ensure that as each policy is revised it promotes greater equality of opportunity.

3.10.3. The PHA must prepare its own consultation scheme which is to be submitted to the Department for approval and reviewed regularly.

4. PLANNING, BUDGETING AND CONTROL

4.1 The Corporate/Business Plan

The process for developing and approving annual business plans is subject to review and change. It is envisaged that this Management Statement will be reviewed again when the business planning process has been agreed.

4.1.1 Consistent with the timetable for Northern Ireland Executive Budgets, the PHA shall submit annually to the sponsor Department a draft of the Corporate Plan covering up to three years ahead. Plans will be subject to Departmental approval. The PHA shall have agreed with the sponsor Department the issues to be addressed in the Plan and the timetable for its preparation. The Plan will be subject to Departmental approval.

4.1.2 The Plan shall reflect the PHA's statutory duties and, within those duties, the priorities set from time to time by the Minister. The Plan shall, to the extent required by the Department, demonstrate how the PHA contributes to the achievement of the Department's strategic aims and Programme for Government objectives. Its contents will also reflect the sponsor Department's decisions on policy and resources taken in the context of the Executive's wider policy and spending priorities and decisions.

4.1.3 The Corporate Plan, amplified as necessary, shall inform the Business Plan. The Business Plan shall include key targets and milestones for the year immediately ahead and shall be linked to budgeting information so that resources allocated to achieve specific objectives can be readily identified by the sponsor Department.

4.1.4 The Plans will include the following, as directed by the Department:

- Key objectives and associated key performance targets (financial and non-financial) for the forward years, and the strategy for

achieving those objectives; forward years, and its strategy for achieving those objectives;

- alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast;
- a forecast of expenditure and income, taking account of guidance on resource assumptions and policies provided by the sponsor Department. These forecasts should represent the PHA's best estimate of all its available income i.e. not just grant or grant-in-aid; and
- other matters as specified by the sponsor Department.

4.15 The Corporate/Business Plan shall be published by the PHA and made available on its website. A summary version shall be made available to staff.

4.2 The PHA's contribution to the Commissioning Plan

4.2.1 In exercising the powers conferred on it by Section 8 (3) of the Act, the Department sets out the Minister's instructions to commissioners in an annual commissioning direction. The commissioning direction sets the framework within which the HSCB (including its LCGs) and the PHA will commission health and social care.

4.2.2 Section 8 of the Act requires the HSCB, in respect of each financial year, to prepare and publish a commissioning plan in full consultation with, and having due regard to any advice or information provided by, the PHA. The commissioning direction specifies the form and content of the commissioning plan in terms of the services to be commissioned and the resources to be deployed. The plan may not be published unless approved by the PHA. In the unlikely event of failure to agree

the commissioning plan, the matter is referred to the Department for resolution.

4.2.3 The plan will also include delivery plans for those Commissioning Direction targets which the HSCB or PHA is deemed by the Department to be in the lead.

4.2.4 The Department's presumption is that all of the standards and targets in Priorities for Action are both achievable and affordable. By exception, the Commissioning Plan should indicate where both the HSCB and PHA believe a particular standard or target not to be achievable and/or affordable, explaining their belief and proposing actions, within existing resources, to mitigate the problems envisaged.

4.2.5 The Commissioning Plan will demonstrate how the totality of revenue resources has been committed to individual organisations, disaggregated by Local Commissioning Group.

4.2.6 The Commissioning Plan will be subject to Ministerial approval.

4.2.7 The PHA will provide the Department with a quarterly assessment of the progress being made in the delivery of the Department's wider strategic aims and objectives, and relevant targets in the current Programme for Government and Commissioning Directions, and demonstrating how resources are being used to achieve those objectives, for those areas for which the PHA is identified as being responsible.

4.2.8 Drawing as appropriate on the views and information supplied by the PHA, the HSCB will provide the Department with a quarterly assessment of the progress being made in the delivery of relevant targets where there is joint responsibility.

4.2.9 The Commissioning Plan shall by be published by the HSCB, with the agreement of the PHA. A copy of the Plan shall be available on the PHA's website, and a summary version shall be made available to its staff.

4.3 Reporting performance to the Department

4.3.1 The PHA shall operate management information and accounting systems which enable it to review, in a timely and effective manner, its financial and non-financial performance against the budgets and targets set out in the approved PHA corporate and business plans and in the Commissioning Plan. Regarding the latter, this requirement applies, as appropriate, both to those targets for which the PHA has lead responsibility (such as screening and health protection) and to those where its support or collaboration is deemed necessary for performance monitoring and service improvement purposes.

4.3.2 The PHA shall take the initiative in informing the Department of changes in external conditions which make the achievement of its objectives more or less difficult, or which may require a change to the budget or objectives as set out in the Commissioning Plan or Corporate/Business Plan.

4.3.3 The PHA's performance in meeting its Commissioning Plan and Corporate/Business Plan objectives shall be reported to the Department as part of the accountability review process.

4.3.4 The PHA shall take the initiative in informing the Department of changes in external conditions which make the achievement of objectives more or less difficult, or which may indicate a change to the budget or objectives as set out in the Corporate/Business plan.

4.3.5 Senior Departmental officials will hold biannual accountability reviews with the PHA to discuss the PHA's overall performance, its current and future activities, any policy developments relevant to those activities

safety and quality, financial performance and corporate control/risk management performance.

4.3.6 The PHA's performance against key Departmental/Ministerial targets shall be reported in the PHA's annual report and accounts.

4.3.7. The PHA is also responsible for monitoring and reporting to the Department on:

- Trust compliance with professional standards for medical, nursing and allied health professionals e.g. professional regulation and training and development; and
- Compliance with statutory supervision requirements; and
- Safety and quality aspects of PHA contracts with voluntary and community sector providers.

4.3.8 The Department will, at its discretion, request evidence of progress against key objectives.

5 BUDGETING PROCEDURES

5.1 The PHA's budgeting procedures are set out in the *Financial Memorandum*.

5.2 Internal audit

5.2.1 The PHA shall establish and maintain arrangements for Internal audit in accordance with FD (DoF) 07/09 the Treasury's *Public Sector Internal Audit Standards (PSIAS)*, HSS(F)21/03 *Internal Audit Arrangements between a Sponsoring Department and its Non-Departmental Public Bodies and HSS(F)13/2007 Model HPSS Financial Governance Documents* or subsequent Government standards and guidelines.

5.2.2 Those arrangements shall also comply with the Department's requirements on foot of HSC (F) 11/2010 which promulgated DAO

(DoF) 01/10 *Internal Audit Arrangements between Departments and Arm's Length Bodies*. These include:

- having input to the PHA's planned internal audit coverage, to ensure that shared assurance requirements (in relation to risk areas/topics) are built into the PHA's audit plan and audit strategy;
- arrangements for the receipt of audit reports, assignment reports, the Head of Internal Audit's annual report and opinion etc;
- arrangements for the completion of Internal and External Assessments of the PHA's internal audit function against PSIAS including advising that the sponsor Department reserves a right of access to carry out its own independent reviews of internal audit in the PHA; and
- the right of access to all documents prepared by the PHA's internal auditor, including where the service is contracted out. Where the PHA's audit service is contracted out the PHA should stipulate this requirement when tendering for the services.

5.2.3. The PHA shall consult with the Department to ensure that the latter is satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving the appointment are in accordance with PSIAS and relevant DoF guidance.

5.3 Audit Committee

5.3.1 The PHA shall set up an independent audit committee as a committee of its Board, in accordance with the Cabinet Office's Guidance on Codes of Practice for Public Bodies (FD (DoF) 03/06 refers) and in line with the Audit Committee Handbook DAO (DoF) 07/07.

5.3.2 The sponsor Department will attend one PHA audit committee meeting per organisation, per year, as an observer and will not participate in any Audit Committee discussion.

5.3.3 The Audit Committees meeting agendas and papers shall be forwarded as soon as possible to the sponsoring team.

5.3.4 The sponsor department will review the PHA's audit committee terms of reference. The PHA shall notify the sponsor department of any subsequent changes to the audit committee's terms of reference.

5.4 Fraud

5.4.1 The PHA should include arrangements for preventing, countering and dealing with fraud by:

- assessing, identifying, evaluating, and responding to fraud risks;
- ensuring the Audit Committee formally considers the anti-fraud measures in place;
- reporting immediately all suspected or proven frauds, including attempted fraud to the sponsor Department; and
- complying with all guidance issued by the Department.

5.4.2 The sponsor department will report suspected and actual frauds immediately to DoF and the C&AG. In addition the PHA shall forward to the sponsor Department the annual fraud return, commissioned by DoF, on fraud and theft suffered by the PHA.

5.4.3 The sponsor department will review the PHA's Anti-Fraud Policy and Fraud Response Plan. The PHA shall notify the sponsor department of any subsequent changes to the policy or response plan.

Additional Departmental access to the PHA

5.5.1 In addition to the right of access referred to in paragraph 5.2.3 above, the Department shall have a right of access to all the PHA's records, meetings and personnel for purposes such as audits, operational investigations, and as the Departmental Accounting Officer sees fit (subject to any relevant legal restrictions).

6. EXTERNAL ACCOUNTABILITY

6.1 The annual report and accounts

6.1.1 After the end of each financial year the PHA shall publish as a single document an annual report of its activities together with its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the PHA. A draft of the report shall be submitted to the Department two weeks before the proposed publication date although it is expected that the department and the PHA will have had extensive pre-publication discussion on the content of the report prior to formal submission to the department.

6.1.2 The report and accounts shall comply with the most recent version of the Government Financial Reporting Manual (FReM) issued by DoF. The accounts shall be prepared in accordance with any relevant statutes and the specific Accounts Direction issued by the Department.

6.1.3 The report and accounts shall outline the PHA's main activities and performance during the previous financial year and set out in summary form the PHA's forward plans. Information on performance against key financial targets shall be included in the notes to the accounts, and shall therefore be within the scope of the audit.

6.1.4 The report and accounts shall be laid before the Assembly and made available, in accordance with the guidance on the procedures for presenting and laying the combined annual report and accounts as prescribed in the relevant finance circular issued by the Department.

6.1.5 Due to the potential accounting and budgetary implications, any changes to accounting policies or significant estimation techniques underpinning the preparation of annual accounts shall require the prior written approval of the Department.

6.2 External audit

6.2.1 The Comptroller and Auditor General (C&AG) audits the PHA's annual accounts and passes the accounts to the Department who shall lay them before the Assembly. For the purposes of audit the C&AG has a statutory right of access to relevant documents, as provided for in Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.

6.2.2 The C&AG has agreed to liaise with the PHA on who – the NIAO or a commercial auditor – shall undertake the actual audit on his behalf. The final decision rests with the C&AG.

6.2.3 The C&AG have agreed to share with the Department, information identified during the audit process and the audit report (together with any other outputs) at the end of the audit. This shall apply, in particular, to issues which impact on the Department's responsibilities in relation to financial systems within the PHA. The C&AG will also consider, where asked, providing Departments and other relevant bodies with Regulatory Compliance Reports and other similar reports which the Department may request at the commencement of the audit and which are compatible with the independent auditor's role.

6.3 VFM examinations

6.3.1 The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the PHA has used its resources in discharging its functions. For the purpose of these examinations the C&AG has statutory access to documents, as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003. Where making payment of a grant, or drawing up a contract, the PHA should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor

providing access to the C&AG in relation to documents relevant to the transaction including those relevant to matters of professional competence, misconduct etc. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

7. STAFF MANAGEMENT

7.1 General

7.1.1. Within the arrangements approved by the Department, the PHA shall have responsibility for the recruitment, retention and motivation of its staff. To this end the PHA shall ensure that:

- its rules for the recruitment and management of staff create an inclusive culture in which diversity is fully valued; where appointment and advancement is based on merit; and where there is no discrimination on grounds of gender, marital status, domestic circumstances, sexual orientation, race, colour, ethnic or national origin, religion, disability, community background or age;
- the level and structure of its staffing, including grading and numbers of staff, are appropriate to its functions and the requirements of efficiency, effectiveness and economy as agreed by the Department;
- the performance of its staff at all levels is satisfactorily appraised;
- its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the PHA's objectives;
- proper consultation with staff takes place on key issues affecting them;
- adequate grievance and disciplinary procedures are in place;

- whistle blowing procedures consistent with the Public Interest Disclosure (Northern Ireland) Order 1998, as amended, are in place; and
- a code of conduct for staff is in place based on Annex 5A of Public Bodies: A Guide for NI Departments (available at www.afmdni.gov.uk). This code should be copied to the sponsor team. https://www.finance-ni.gov.uk/publications/public-bodies-guidance-including-board-guide-and-public-bodies-guides

8. REVIEWING THE ROLE OF THE PHA

8.1 The role of, and justification for the PHA shall be reviewed periodically, in accordance with the business needs of the sponsor Department and the PHA. Reference should be made to Chapter 9 of the Public Bodies: a Guide for Northern Ireland Departments.

Signed: _____ Date: 11/1/17

On behalf of the PHA

Signed: _____ Date: 5/1/17

On behalf of the Department

Appendix 1

1. Documentary requirements

1.1 Documentation to be copied to the Sponsor Branch for information

Monthly (or as the occasion arises)

- Board meeting papers (including draft minutes) for each meeting as and when issued to Committee members
- Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members
- Assurance Committee papers (including draft minutes) for each meeting as and when issued to Committee member

Annually

- Register of Board members' interests
- The annual report, with the draft submitted to the Department two weeks before the publication date (*separate timetable for the annual accounts, Governance Statement etc, set by Finance Directorate*)
- The Assurance Framework (annually)

Once and then when revised

- Code of Conduct for Board members
- Code of Practice for staff
- Audit Committee Terms of Reference
- Audit Strategy
- Assurance/Governance Committee Terms of Reference
- Complaints procedure
- Anti-Fraud Policy
- Fraud Response Plan
- Whistle-blowing procedures

- Grievance and Disciplinary procedures
- Equality scheme
- Publication scheme
- Consultation Scheme
- Business Continuity Plan

1.2 Documentation to be copied to the Sponsor Branch for consideration/ comment/ approval

Quarterly

- Report on quarterly assessment of progress being made in the delivery of the Commissioning Plan's aims and objectives

Bi-annual

- Corporate Risk Register every six months

Annually

- Annual Governance Statement
- Mid-year Assurance Statement (by end-October)
- Annual report on Compliance with Controls Assurance Standards
- Annual Internal Audit work-plan
- Internal Audit Progress Report
- Annual Fraud return
- Corporate Plan (including the Business Plan) must be produced and approved by the Department
- an annual Commissioning Plan established by the HSCB but approved by the PHA
- The Head of Internal Audit's end-of-year and mid-year opinion on risk management, control and governance

Once

- Inspection reports by external bodies (e.g. RQIA, MHRA), as specified in directions
- Internal Audit reports with less than satisfactory assurance
- NIAO management letters

Appendix 2

Memorandum of Understanding - MOI

DHI/15/21500

MEMORANDUM OF UNDERSTANDING

BETWEEN

DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

PUBLIC HEALTH AGENCY

AND

SAFEGUARDING BOARD FOR NI

11 September 2012

CONTENTS

INTRODUCTION

1. This Memorandum of Understanding (MoU) is a tri-lateral agreement between the Department of Health, Social Services and Public Safety (the Department), Regional Agency for Public Health and Social Well-being (hereafter referred to as the Public Health Agency (PHA)) and the Safeguarding Board for Northern Ireland (SBNI). The SBNI was established under the Safeguarding Board (NI) Act 2011 as an unincorporated statutory body. It is sponsored by the Department.

2. The SBNI is a multi-disciplinary interagency body and its objective is to coordinate and ensure the effectiveness of what is done by its members to safeguard and promote the welfare of children in Northern Ireland. The SBNI will have a range of functions which it must undertake including:

   i. developing policies and procedures for safeguarding and promoting the welfare of children in Northern Ireland;
   ii. promoting an awareness of the need to safeguard and promote the welfare of children;
   iii. keeping under review the effectiveness of what is done by members to safeguard and promote the welfare of children;
   iv. undertaking case management reviews without discretion in such circumstances as may be prescribed;
   v. reviewing such information as may be prescribed in relation to deaths of children in NI;
   vi. advising the Regional Health and Social Care Board and Local Commissioning Groups in relation to safeguarding and promoting the welfare of children:
      i) as soon as reasonably practicable after receipt of a request for advice; and
      ii) on such other occasions as the Safeguarding Board thinks appropriate.
   vii. promote communication between the Board and children and young persons; and

viii. making arrangements for consultation and discussion in relation to safeguarding and promoting the welfare of children

3. The PHA was established under section 12(1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and is an Arms Length Body (ALB) of the Department of Health, Social Services and Public Safety (DHSSPS). It delivers a range of health functions including:

   - health and social wellbeing improvement;
   - health protection;
   - public health support to commissioning and policy development; and
   - HSC research and development.

4. Chapter 7 of Managing Public Money Northern Ireland (MPMNI)[1] considers the working partnerships that public sector organisations may establish in order to deliver their objectives more effectively than they could acting alone.

5. It is also acknowledged in MPMNI that "*there are many different kinds of partnership. Each involves some tension between autonomy and accountability with scope for conflict if the terms of engagement are not resolved openly at the outset. Each partnership requires its own customised terms to work effectively. One size does not fit all*' This MoU describes the nature of the relationship between the Department, the PHA and the SBNI.

6. The PHA will act as corporate host to the SBNI discharging functions primarily relating to regulations made under section 1(5)(c)[2] of the 2011 SBNI Act. The relationship between the PHA and Department and the framework within which PHA operates as an ALB of the Department is specified in the Management Statement and Financial Memorandum (MSFM) in place between these bodies.

[1] Managing Public Money Northern Ireland sets out the main principles for dealing with resources used by public sector organisations in Northern Ireland (NI).
http://www.ceforum.org/upload2/MPMNI_July08

[2] Section 1(5) of the Safeguarding Board (NI) Act 2011 states "Regulations may make provision as to – (c) the staff, premises, and expenses of the Safeguarding Board (including provision as to which person or body provides the staff, premises or expenses)

The MSFM makes reference to the PHA's corporate host responsibilities to the SBNI, acknowledging that the PHA is accountable to the Department for the discharge of its corporate host obligations to SBNI but is not accountable for how the SBNI discharges its statutory objective, functions and duties.

7. This MoU does not affect existing statutory functions nor amend any other policies or agreements relating to the activities of the PHA or SBNI. It is not a legally binding document nor a contract between partners, nor is it intended to cover every aspect of the relationship between the three organisations. Each signatory agrees to work together within the framework outlined in this MoU.

8. It is acknowledged that the SBNI and its objective and functions of safeguarding and promoting the welfare of children in Northern Ireland are entirely separate from that of the PHA. However, in light of its small size, it has been agreed that the PHA, will support the SBNI by securing HR, financial and other support services for the Board. The PHA does not have its own in-house HR, IT, Equality and Finance functions and these are secured by it from BSO and HSCB through a Service Level Agreement. The arrangement of PHA acting as corporate host for SBNI will allow it to take advantage of the relationship PHA has with BSO and HSCB and therefore minimise the administrative apparatus necessary to support the SBNI.

PURPOSE

9. This MoU specifies the roles, responsibilities and obligations of the Department, PHA and the SBNI necessary to facilitate the arrangement whereby the PHA acts as host to the SBNI. As the corporate host, PHA will either provide or secure the necessary corporate governance structures, accommodation, financial management, IT, HR, Legal and Equality services, necessary to meet the staffing, accommodation and expenses needs of the SBNI. This will enable the SBNI to effectively function within the resources made available to it by the Department.

10. Within the SBNI financial allocation, provision will be made to cover the costs of the above services. PHA, as corporate host, will be consulted in advance of any proposed change to SBNI requirements and the SBNI will secure from the Department such approvals and additional resources as may be necessary to implement these requirements.

11. This MoU will be subject to review after one year and three years thereafter. In the early stages of the operation of the MOU, there may be initial issues requiring resolution. Any issues arising at any stage from the operation of the MoU, will be brought to the Department's attention by the SBNI or PHA, as soon as practicable.

ASSURANCE AND ACCOUNTABILITY ARRANGEMENTS

12. The PHA's responsibilities in respect of the SBNI governance functions are defined in the PHA's Management Statement and Financial Memorandum which clearly states that the PHA is accountable to the Department for the discharge of its corporate host obligations to SBNI but is **not** accountable for how the SBNI discharges its statutory objective, functions and duties. As an unincorporated statutory body, the SBNI will **not** have a separate MSFM. However, a copy of this MoU will be appended to the MSFM of the PHA and these arrangements should be reflected in any future update to the Department's Framework Document.

13. The Department must exercise oversight of the SBNI on an ongoing basis throughout the year. SBNI must provide regular performance reports and documentation demonstrating progress against Departmental priorities and assurance as to the ongoing effectiveness of their systems on internal control.

14. This will include twice yearly Department Accounting Officer sponsored assurance and accountability meetings between the Department and the SBNI Chair which will be timed and conducted in line with the arrangements for the equivalent meetings with DHSSPS sponsored Arms Length Bodies (ALBs).

15. PHA officers will not attend the SBNI twice yearly Department Accounting Officer sponsored assurance and accountability meetings. The SBNI Chair and Director of Operations may be asked by the Department to attend PHA twice yearly Department Accounting Officer sponsored assurance and accountability meetings if there are particular issues relating to corporate host functions which require discussion.

Accountability

16. On an ongoing basis and at Department Accounting Officer sponsored accountability meetings, the Department will ask the PHA and the SBNI to account for risk management arrangements as they relate to the SBNI. The PHA will account for risks relating to its corporate host functions; the SBNI will account for any risks associated with its statutory objective, functions and duties directly to the Department.

17. If requested, the SBNI Chair and/or Director of Operations will attend meetings of the PHA Governance and Audit Committee in relation to corporate and resource governance matters. Matters relating to quality and performance against SBNI objectives will be handled through the Department's sponsorship arrangements with the SBNI and will be subject to the usual governance and assurance arrangements within the Department.

Assurance Framework

18. The SBNI is required to establish its own Internal Assurance Framework which should be broadly based on the arrangements set out in the DHSSPS Framework: A Practical Guide for Boards of DHSSPS Arms Length Bodies document (March 2009). The Framework will be reviewed every two years and should be shared in draft form with the PHA Governance and Audit Committee on an annual basis for their comment and approval for those elements relating to the corporate host functions.

Declaration of Assurance to Department

19. At the end of each year and mid-year the SBNI will provide Declarations of Assurance. A template for the Declaration of Assurance to the Department is attached at **Annex 1**. Twice yearly, a Declaration of Assurance will be provided to:

- the PHA in relation to those matters which relate to the PHA's corporate host function, which will inform the PHA mid-year assurance statement and Statement of Internal Control (SIC); and
- the Department in relation to performance against the SBNI's statutory objective, functions and duties and any risks associated with them.

Risk Register

20. The SBNI will put in place its own Risk Register. An updated risk register will be submitted by the SBNI to the Department, and for consideration, to the PHA Governance and Audit committee every six months, in respect of those areas relevant to the PHA as corporate host.

Business Continuity Plan

21. The SBNI will put in place its own Business Continuity arrangements, which will be developed and tested as part of PHA Business continuity planning.

Controls Assurance Standards

22. The relevance of specific Controls Assurance Standards (CAS) should be agreed between PHA, SBNI and the Department. The SBNI will comply with specified criteria within the relevant CAS.

Internal Audit

23. SBNI will be included within the PHA annual Internal Audit work plan. In keeping with established PHA procedures, SBNI audit reports will be brought to the PHA Governance and Audit Committee, for consideration of those areas where the SBNI provides assurance to the PHA. The SBNI shall provide a written declaration to the PHA that it has submitted final audit reports to the Department including management responses to any weaknesses found. The Department may wish to have separate audit arrangements for those areas for which the SBNI provides assurance directly to the Department.

Information Management

24. The SBNI will designate suitable members of its staff as Data Guardian, Senior Information Risk Owner (SIRO), and Information Asset Officer (IAO) who will be responsible for ensuring that information risk is managed appropriately and for providing assurances to the SBNI Chair.

25. The SBNI will be responsible for handling its own Freedom of Information requests.

Complaints Handling

26. The SBNI will put in place adequate arrangements for the handling of complaints against it relating to the discharge of its statutory objective, functions and duties. The PHA will not be liable in any way for the handling of such complaints against the SBNI. However, the PHA will work in partnership with the SBNI on complaints that are relevant to corporate hosting matters.

27. The Chair of the SBNI will inform the Permanent Secretary of the Department of any complaints about the SBNI accepted by the Ombudsman for investigation, and about the SBNI's proposed response to any subsequent recommendations from the Ombudsman.

28. The Chair of the SBNI will inform the Chief Executive of the PHA of any matters affecting employees of the PHA acting as officers of the SBNI.

Alerts

29. The SBNI must alert the Department in a timely manner of any action or risk which would adversely impact on the delivery of the SBNI's functions or reputation or that of the Department. The SBNI must alert the PHA in a timely manner of any action or risk which would adversely impact on the PHA. The PHA must alert the Chair of the SBNI and the Department in a timely manner of any material action or risk which would adversely impact on the SBNI. The PHA must alert the Department in a timely manner of any action or risk arising from these hosting arrangements which would adversely impact on the delivery of the PHA functions or reputation or that of the Department.

FINANCIAL MANAGEMENT

30. As an unincorporated statutory body, the SBNI is unable to hold its own funds. The PHA will receive an agreed financial allocation, including funding for Salaries and Wages, Goods and Services, SBNI accommodation costs and legal services, representing the full running costs of the SBNI.

31. Responsibility for the proper management of public funds allocated to SBNI falls to the CEO of the PHA, who will hold accounting officer responsibilities in respect of the SBNI's stewardship of public funds as set out in MPMNI. Normally accountability also extends to how an organisation performs against objectives. However, this will be a matter for the Chair of the SBNI who will account directly to the Department's Accounting Officer in relation to the delivery of the SBNI statutory objective, functions and duties. This will be set out in the revised Accounting officer letter to the CEO of the PHA.

32. On behalf of the SBNI and in line with his/her responsibilities, the Chief Executive of PHA, as Accounting Officer, will be expected to ensure effective

financial arrangements are in place and effective financial services are secured from HSCB/BSO for the proper management of the SBNI budget.

33. Details of the SBNI's expenditure will be included within the PHA Annual Accounts.

34. The PHA will not use funds allocated for the SBNI for any other purpose. Any request for additional resources by SBNI or in respect of SBNI must be referred to the sponsor branch in the Department. The PHA Accounting Officer should be advised of all requests and approvals of additional resources and expenditure, as he/she will be held accountable for this expenditure.

35. It is the responsibility of the SBNI to ensure that it complies with PHA Standing Orders (where they relate to corporate host functions including finance), Standing Financial Instructions and all other financial policies and procedures of the PHA.

36. SBNI assurance on these matters, including the arrangements for ensuring the financial stability (including financial risks) of the SBNI, for ensuring value for money and that resources allocated by the Minister/Department are deployed fully in achievement of agreed outcomes will be provided by the SBNI to the PHA in its Declarations of Assurance.

PERFORMANCE AGAINST OBJECTIVES

37. The SBNI will be required to submit to the Department a draft 3-year strategic plan. The plan will reflect the SBNI priorities, strategic aims and objectives. It will set out how the SBNI will deliver on its statutory objective, functions and statutory duties. The plan will be subject to Departmental approval and will be supported by an annual Business Plan.

38. The Business Plan will include key actions, supported by performance targets and indicators, to be undertaken in the year ahead and will include budget information.

39. PHA, as corporate host for the SBNI, has no responsibility for the development of the SBNI Strategic and Business Plans, their review or approval. However as a core member of the SBNI, the PHA will contribute fully to the development of the SBNI's Strategic and Business Plans.

40. Prior to the approval of the SBNI Strategic and Business Plans the Department will consult the Chief Executive of the PHA in respect of any financial issues relevant to his/her role as PHA Accounting Officer.

LEGAL SERVICES

41. The Departmental Solicitors Office will provide legal services for matters relating to the SBNI's statutory objective, functions and duties. PHA will secure legal services from the Directorate of Legal Services for those matters for which PHA has responsibility in its SBNI corporate hosting role.

ASSETS AND ESTATE MANAGEMENT

42. The PHA will provide agreed office accommodation for SBNI staff. The proportionate costs of this accommodation will be met by SBNI. The PHA will provide standard office equipment. Costs of equipment, telephone line rental and telephone calls will be borne by SBNI. Access to PHA switchboard services will be provided free of charge.

43. The SBNI is accommodated within the premises of the PHA. The SBNI will comply with Departmental requirements placed on the PHA in relation to its usage of PHA leased premises. The SBNI will comply with specified criteria, set out in the Buildings, Land, Plant and Non Medical Equipment Controls Assurance Standard, as agreed with the PHA.

HUMAN RESOURCES

44. With the exception of the Chair and lay persons, who are publicly appointed by the Department, the employer of SBNI staff is the Public Health Agency. The Department has determined that all SBNI posts will be subject to the approval of the Department. The level and structure of SBNI staffing agreed with the Department should not be utilised elsewhere in PHA without formal agreement with the Department. Where the SBNI require additional support from PHA staff it will agree and make such financial provision as may be necessary for this.

45. The PHA will have responsibility for securing HSC payment arrangements for SBNI staff salaries and related costs. Staff costs and any associated processing costs will be borne by the SBNI.

Management of SBNI Staff

46. SBNI staff, as employees of the PHA, will be subject to the same policies and procedures as other PHA staff. The SBNI and its staff must comply with the HR policies and procedures set down by PHA including those relating to complaints, grievances, discipline and whistle blowing The Chair of the SBNI will advise the PHA Chief Executive or his/her nominated officer, of any issues emerging in relation to SBNI staff and their adherence to PHA policies and procedures. Individual incidents/breaches of these policies and procedures will be managed by the SBNI in the first instance, in keeping with normal HSC good practice, PHA guidance and escalation arrangements.

Staff Appraisal

47. Annual appraisal of SBNI staff will be conducted by the SBNI, against SBNI business and personal staff objectives and in line with the HSC Performance Appraisal processes operated by the PHA. The Chief Executive of the PHA will countersign the SBNI Chair's annual appraisal of the Director of Operations. Appraisal of the performance of the Chair and lay members will be conducted in line with established Public Appointment's arrangements.

Staff Training and Development

48. The SBNI is responsible for securing the provision of training and development of its staff in relation to SBNI functions and for making funds available for this purpose as approved by the Department. The SBNI will work with PHA to negotiate and resource shared training and development provision.

Recruitment of Staff

49. The PHA will secure the timely recruitment of agreed SBNI staff posts through the BSO HR service and the costs of recruitment will be borne by the SBNI.

PRESENTATIONAL ISSUES

Communication and Liaison Arrangements

50. Good communication is essential for effective working. PHA and SBNI agree to keep each other promptly and regularly informed about any work being undertaken or issues arising which may impact on the other, or in which the other organisation has an interest. Both parties must keep the Department informed about any matter which is likely to be of interest to the Department or the Minister.

51. Regular meetings will be held between the Chief Executive of the PHA and the Chair of the SBNI. Any disagreements which may arise between the PHA and the SBNI will normally be resolved amicably at the working level. If this is not possible, senior management at either organisation should seek to settle any issue. Failure to resolve disputes at this level should be referred to the Department.

Media Handling and Support

52. Day to day support for the SBNI in relation to media handling/communications will be provided by PHA. There may be occasions where conflicts of interest

arise, when it is more appropriate for the SBNI to go directly to the Department for support.

Web site

53. The SBNI will commission the development of a website from the PHA. The development, ongoing maintenance and support costs will be borne by SBNI.

OTHER MATTERS

Indemnity

54. The SBNI Chair and the members of the Safeguarding Board (SBNI) will be indemnified by the Department while they are engaged in SBNI business, provided they have acted honestly and in good faith, and have not acted recklessly. This means that the Department will indemnify the Chair and the members of the SBNI in relation to any legal costs and damages which may be awarded against him or the other members of the SBNI, in connection with the conduct of SBNI business.

Conflicts of Interest

55. If any conflicts of interest should arise for the Chief Executive of the PHA in his role as Accounting Officer for the PHA and the SBNI, the matter should be referred to the Department for resolution.

AGREEMENT AND REVIEW OF THE MEMORANDUM OF UNDERSTANDING

56. This Memorandum will be reviewed after one year and three years thereafter. It will also be amended if necessary, following any relevant changes to the policies, procedures and structures of the parties concerned.

Agreement to this Memorandum of Understanding is given by signature of the following:

On behalf of PHA

..... **Mr Eddie Rooney**
Chief Executive

On behalf of SBNI

..... **Mr Hugh Connor**
SBNI Chair

Endorsement on behalf of the Department of Health, Social Services and Public Safety

..... **Mr Andrew McCormick**
Permanent Secretary

This Memorandum of Understanding will be effective from 17 September 2012 and subject to review by 17 September 2013.

Annex 1

TEMPLATE - SBNI Declaration of Assurance to the Department

This statement concerns the condition of the system of internal control in the Safeguarding Board NI as at DD/ MMM /YYYY

The purpose of this assurance statement is to attest to the effectiveness of the system of internal control. In accordance with Departmental guidance, I do this under the following headings.

1. **Governance**

   A system of governance which encompasses effective corporate control arrangements is in operation e.g. corporate and business planning arrangements; risk management and internal controls; and monitoring and assurance thereon.

   A Declaration of assurance (see attached) has been provided to the PHA to inform their mid-year assurance statement or SIC.

2. **Significant Internal Control Problems –**

   [Insert details of significant internal control problems not otherwise covered e.g. description of the issue that has arisen and its (potential) impact on services, service-users, stakeholders etc, and a summary of the action taken or proposed to address the issue]

3. **Assurance Framework**

   I can confirm that an Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the SBNI. Minutes of board meetings are available to further attest to this.

4. **Risk Register**

I confirm that the Corporate Risk Register has been regularly reviewed by organisation and that risk management systems/processes are in place throughout the organisation. As part of the system of risk management, the Register is presented to the Department, and for consideration, to the PHA *Governance Audit* Committee, every six months – most recently on *[dd.mm.yy]*.

5. **Performance against Departmental Objectives**

I confirm satisfactory progress towards the achievement of the objectives and targets set by the Department [*with the following exceptions:-*]

6. **External and Internal Audit reports (if relevant)**

I confirm implementation of the accepted recommendations made by internal or external audit, with the following exception:

Signed
SBNI Chair