

AGENDA

**85th Meeting of the Public Health Agency board to be held on
Thursday 16 June 2016, at 1:30pm,
Conference Rooms 3+4, 12/22 Linenhall Street
Belfast, BT2 8BS**

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of previous meeting held on 19 May 2016		Chair
4.	1.35	Matters Arising		Chair
5.	1.35	Chair's Business		Chair
6.	1.40	Chief Executive's Business		Chief Executive
7.	1.45	PHA Annual Report and Accounts 2015/16	PHA/01/06/16 (for Approval)	Mr Cummings / Mr McClean
8.	2.00	Commissioning Plan 2016/17	PHA/02/06/16 (for Approval)	Mr Sullivan
9.	2.20	PHA Investment Plan / Draft PHA Budget 2016/17	PHA/03/06/16 (for Approval)	Mr McClean/ Mr Cummings
10.	2.35	Programme Expenditure Monitoring System (PEMS) Report 2015/16	PHA/04/06/16 (for Noting)	Mr McClean
11.	2.45	Governance and Audit Committee Update <ul style="list-style-type: none"> • Minutes of 11 April 2016 meeting • Verbal briefing from Chair 	PHA/05/06/16 (for Noting)	Mr Coulter

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|-----|---|--|--|------------|
| 12. | 2.55 | Corporate Risk Register | PHA/06/06/16
(for Approval) | Mr McClean |
| 13. | 3.05 | Information Governance Policies: <ul style="list-style-type: none">• PHA Data Breach Policy• PHA Access to Information Policy | PHA/07/06/16
(for Approval) | Mr McClean |
| 14. | 3.15 | Annual Report 2015/16 to the Equality Commission | PHA/08/06/16
(for Approval) | Mr McClean |
| 15. | 3.55 | Management Statement / Financial Memorandum | PHA/09/06/16
(for Noting) | Mr McClean |
| 16. | 4.00 | Any Other Business | | |
| 17. | Date, Time and Venue of Next Meeting | | | |
| | Thursday 18 August 2016 | | | |
| | 1:30pm | | | |
| | Conference Rooms 3+4 | | | |
| | 12/22 Linenhall Street | | | |
| | Belfast | | | |
| | BT2 8BS | | | |

MINUTES

**Minutes of the 84th Meeting of the Public Health Agency board
held on Thursday 19th May 2016 at 1:30pm,
ARC Healthy Living Centre, 116-122 Sallys Wood
Irvinestown, BT94 1HQ**

PRESENT:

Mrs Julie Erskine	- Deputy Chair
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Mr Edmond McClean	- Director of Operations
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

IN ATTENDANCE:

Mr Robert Graham	- Secretariat
Mr Paul Cummings	- Director of Finance, HSCB
Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC

APOLOGIES:

Mr Andrew Dougal	- Chair
Dr Eddie Rooney	- Chief Executive
Dr Carolyn Harper	- Director of Public Health/Medical Director

		Action
44/16	Item 1 – Welcome and Apologies	
44/16.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Andrew Dougal, Dr Eddie Rooney and Dr Carolyn Harper.	
45/16	Item 2 - Declaration of Interests	
45/16.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

46/16 Item 3 – Minutes of previous meeting held on 16 March 2016

46/16.1 The minutes of the previous meeting, held on 16 March 2016, were approved as an accurate record of the meeting.

47/16 Item 4 – Matters Arising

39/16 PHA Business Plan 2016/17

47/16.1 The Chair asked for an update on the PHA Business Plan, which had been approved by the Board at its last meeting. Mr McClean confirmed that the Plan had been sent to the Department, and that the Chief Executive had received correspondence stating that the Department was content with the Plan.

25/16.3 Telemonitoring Evaluation

47/16.2 Mr Coulter asked about telehealth and noted the recurrent issues with regard to the full budget not being utilised, and added that this was unacceptable. He said he did not know whether this would be picked up within the evaluation report and asked that the Board be briefed on this.

48/16 Item 5 – Chair’s Business

48/16.1 The Chair expressed her thanks to Jenny Irvine and the staff at the ARC Healthy Living Centre for hosting today’s PHA Board meeting.

49/16 Item 6 – Presentation on ARC

49/16.1 Ms Jenny Irvine from ARC Healthy Living Centre delivered a presentation to members entitled, “Creating conditions for health, wealth and wellbeing”. She gave an overview of the history of the area and how the centre was founded and highlighted the improvements experienced by the local population including higher educational attainment, lower unemployment, increased rates of adult literacy, improved wellbeing and lower rates of suicide.

49/16.2 Ms Irvine outlined how early interventions could make savings in the longer term and showed how ARC is helping families get access to the services they need. She finished by outlining the

reasons why ARC has been successful and her hopes for the future of the Centre.

49/16.3 Ms Mann-Kler said that she had been impressed with the facilities and the range of projects, and she asked what Ms Irvine saw as the future challenges. Ms Irvine said the biggest challenge is continuing to manage expectations and maintaining all of the services in the current economic climate. She added that she had once been asked how it could be proven that ARC had made a difference, and she said that the impact of the closure of the facility would show what difference it makes.

49/16.4 Alderman Porter asked about the financial sustainability of the facility. He noted that the potential savings that could be made which were outlined in the presentation could not be made immediately, but in the longer term. Ms Irvine said that the business model for health needed to be changed, particularly the view of the relationship between the service and its users. She added that as part of the next phase, she wanted the community to own the GP centre and rent it to GPs.

49/16.5 Mr Drew said that he was struck with the partnership approach and would be keen to see the wellbeing centre being successful.

49/16.6 The Chair thanked Ms Irvine for her presentation.

50/16 Item 7 – Presentation on Community Planning

50/16.1 The Chair welcomed Ms Kim McLaughlin and Mr Alan Mitchell from Fermanagh and Omagh District Council, Mr Paul Cavanagh from the Western Local Commissioning Group and Ms Fionnuala McKinney from the Western Trust to the meeting for a discussion on Community Planning. Mr McClean introduced the item and asked Ms McLaughlin to give a presentation on the progress Fermanagh and Omagh District Council is making in the development of its Community Plan.

50/16.2 Ms McLaughlin began her presentation by acknowledging the support of the Public Health Agency in assisting the Council in the development of its Community Plan. She gave an overview of the structure of the Council and the timeline for the development of the Plan before passing over to Mr Mitchell who took members through the proposed list of priorities, outcomes

and indicators.

50/16.3 Mr Cavanagh said that the Local Commissioning Group had strong links with the previous Council and that these relationships are being maintained. He said that, with regard to the high level outcomes, it is important that the indicators can be measured. Ms McKinney endorsed this, and said she had found the process of working with the Council in the development of its Plan an easy one, and that there has been a huge amount of support and guidance with the involvement of the community, and that this approach is to be applauded. Mr McClean said that the challenge now is to achieve the outcomes, and in order to do that he asked what can be done that is different to what has been done before?

50/16.4 Mrs McAndrew thanked Ms McLaughlin for her presentation and said that she was interested in the partnership working e.g. childcare partnerships. She noted that there is a lot of data being collected and asked how all of it is being put together. Ms McLaughlin said that through the Trust, the Council has been able to access data, but has also been working with other partners to identify where there are gaps. Ms McAndrew said that it is important to recognise what is happening in the community. Mr Mitchell advised that he had looked at primary indicators as well as a range of secondary indicators.

50/16.5 Mr Coulter said that he anticipated that funding would be a challenge. Ms McLaughlin advised that there is no additional funding for community planning, but she said that this work is about avoiding duplication of effort, building relationships and sharing resources.

50/16.6 The Chair thanked Ms McLaughlin, Mr Mitchell, Mr Cavanagh and Ms McKinney for their attendance at the meeting and participation in the discussion.

51/16 Item 8 – Finance Update – PHA Financial Performance Report (PHA/01/05/16)

51/16.1 Mr Cummings presented the year-end Finance Report to members. He advised that the final accounts have been submitted for audit and that so far no major issues have emanated from the audit. He said that PHA finished the year

- with a surplus of £174k.
- 51/16.2 Mr Cummings noted that PHA had a number of budget lines which relate to demand-led services, for which there was a lower uptake than anticipated, this resulted in £750k being returned to DHSSPS. He added that there was a surplus of £2m from the overall HSC budget of £4.6 billion.
- 51/16.3 Mr Cummings said that 2015/16 had been a satisfactory year for PHA, but that there were challenges ahead for 2016/17 with a further 10% budget reduction taking effect.
- 51/16.4 Mr Coulter expressed concern with the underspend in demand-led services, particularly Lifeline, given that the level of suicides is at an all-time high. Mr Cummings said that the budget was allocated based on previous expenditure patterns, and given that there had been issues subsequently resolved with the provider regarding the invoices raised, it was an unfair comparison. Mr Brendan Bonner, who was in attendance for Item 11, explained to members that 70% of people who commit suicide are not in contact with statutory services. He added that PHA does a lot of work to promote the Lifeline service, and it is now a well-recognised service.
- 51/16.5 Mr Coulter said that he understood the points being made, but still felt that if there is an underspend of almost one-third of the budget; it was time to review this. Mr McClean said that PHA would use any surplus to fund other initiatives in the areas of suicide and self-harm.
- 51/16.6 Mr Drew asked whether the budget of £3.5m for the new service was appropriate. Mr Bonner said that the current programme costs £2.5m, and reiterated that PHA would fund other suicide prevention initiatives, for example £100k was invested in North and West Belfast. Mr McClean added that the business case being presented today is about a new type of model, and developed against the potential availability of £3.5m. He added that given the differences, direct comparisons needed to be treated with caution. Mr Cummings agreed to look at how the spend is reported next year.
- 51/16.7 Members noted the Finance Report.

52/16 Item 9 – Governance and Audit Committee Update (PHA/02/05/16)

- 52/16.1 Mr Coulter advised that the minutes of the meeting of 4 February 2016 were available for members for noting. He gave members an overview of the main issues discussed at that meeting.
- 52/16.2 Ms Mann-Kler noted that there were five Priority One recommendations and asked if there were any concerns. Mr Coulter said that the Committee has kept a close eye on these and is content with the updates on progress that have been provided at recent meetings.
- 52/16.3 Members noted the Governance and Audit Committee update.

53/16 Item 10 – PHA Assurance Framework (PHA/03/05/16)

- 53/16.1 Mr McClean said that the Assurance Framework is reviewed annually and brought to the Board for approval. He highlighted the key changes as outlined in the cover paper.
- 53/16.2 Ms Mann-Kler asked about the Donaldson Review and how the lessons learnt from Serious Adverse Incidents are shared. Mrs Hinds explained that there is a SAI Review Group which PHA chairs, and it is changing the focus to look more at the learning. She added that there has been a thematic review completed recently on falls and that a review of choking is ongoing. Furthermore, she said that PHA is working with the South Eastern Trust to review suicides in prison.
- 53/16.3 Members approved the PHA Assurance Framework.

54/16 Item 11 – Final Business Case for the Provision of the “Lifeline” Crisis Intervention Service for Northern Ireland (PHA/04/05/16)

- 54/16.1 Mr Brendan Bonner and Miss Rosemary Taylor were invited to address the Board on this item.
- 54/16.2 Miss Taylor reminded members that a public consultation on the Lifeline service has been carried out between August and November 2015 and an options paper presented to the PHA Board in January 2016. Following this, and taken into

consideration the comments raised by Board members and from the public consultation, a full business case was developed. In summary, she said that the preferred option is option 5 which separates the Lifeline helpline and follow-on support services. She added that these follow-on services will be enhanced to include complementary services, and all the services will be secured through procurement, via one regional contract plus five contracts for locally based services.

54/16.3 Mr Coulter asked if there was a possibility of a service provider from outside Northern Ireland taking on the service. Mr Bonner said that there has been interest from an organisation in England.

54/16.4 The Chair thanked Miss Taylor and Mr Bonner for their work in the completion of the business case.

54/16.5 Members approved the business case.

55/16 Item 12 – Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for period ending 31 March 2016 (PHA/05/05/16)

55/16.1 Mr McClean invited Miss Taylor to present the year-end Performance Management Report.

55/16.2 Miss Taylor advised members that of the 69 targets in the Plan, the year-end position showed that 50 were rated as “green”, 16 as “amber” and 3 as “red”. The three rated “red” relate to telehealth, long term conditions and Family Nurse Partnership, and the “red” rating was due to issues outside PHA’s control.

55/16.3 Ms Mann-Kler asked whether this Report was submitted to DHSSPS, but Miss Taylor said that it was mainly for internal monitoring purposes.

55/16.4 The Chair suggested that there should be another colour for those targets which are outside PHA’s control.

55/16.5 Mr Coulter raised concern about those targets which have remained “amber” throughout the year, e.g. AMR and HCAs, and asked whether the targets that have been set are realistic. Miss Taylor said that some of these targets are not set by PHA.

55/16.6 Members noted the Performance Management Report.

56/16 Item 13 – Update on PHA Procurement Plan (PHA/06/05/16)

56/16.1 Mr McClean said that PHA provides an annual update to the Board on its Procurement Plan, and that this update showed the progress on the various procurement exercises. He noted that no two procurement exercises are the same, and that due to the high value of these exercise, there is increased scrutiny and challenge.

56/16.2 Members noted the update on the PHA Procurement Plan.

57/16 Item 14 – Any Other Business

57/16.1 Mrs Hinds advised members that PHA’s Mary McElroy received the Chief Nursing Officer’s Award for Safety at the RCN Nurse of the Year Awards on 12 May, and that the HSCB’s Robert Sowney received an Outstanding Achievement Award. Members agreed that the PHA Board should send its congratulations to both.

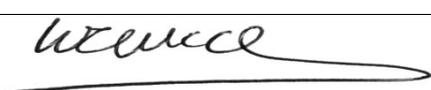
Chair

58/16 Item 15 – Date and Time of Next Meeting

Date: Thursday 16 June 2016
Time: 1:30pm
Venue: Conference Rooms 3+4
12/22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair: _____

Date: _____

Date of Meeting	16 June 2016
Title of Paper	PHA Investment Plan and Draft PHA Budget 2016/17
Agenda Item	9
Reference	PHA/03/06/16
Summary	
<p>The Investment Plan sets out the PHA's approach for managing the budget in 2016/17.</p> <p>In summary, it has been possible to develop a budget plan that makes available sufficient funding to allow all the inescapable pressures and high priority developments to be managed and progressed in 2016/17.</p> <p>However, it is important to highlight the following significant issues that need to be addressed urgently by PHA in managing the overall budget position during 2016/17:</p> <ul style="list-style-type: none"> • PHA has a recurrent budget pressure of £1.841m going into 2017/18, if it is to support all proposals to the planned level of investment required. • £1.0m of proposals being supported on a non-recurrent basis in 2015/16, for example the Delivering Social Change programme, will not be able to continue beyond March 2017 unless additional funding is identified. <p>Preparatory work to inform the 2017/18 financial planning cycle will be required for autumn 2016.</p> <p>The Draft Budget sets out the total resources which the PHA has available in 2015/16.</p>	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	The Investment Plan and draft budget were approved by AMT on 7 June.
Recommendation / Resolution	For Approval
Director's Signature	

Title	Director of Operations
Date	7 June 2016

Public Health Agency

2016-17 Draft Budget

For Approval

PHA Draft Budget 2016-17

Introduction

This paper sets out the total resources which the PHA has available in 2016-17. These funds have been set out in their high level summary areas including Commissioning with HSC Trusts, Non-Trust Programme activity and the Management & Administration costs of the PHA.

Available Resources

The PHA receives an allocation from the Department of Health (DoH) each year and this is supplemented by income from other sources such as receipts for PHA staff on secondment to other organisations.

A summary of the total funding available for 2016-17 is set out in the table below.

Source of Funding	£'000
Department of Health allocation	84,567
Assumed retraction of R&D balance	(1,094)
Assumed allocation from HSCB for Trust Service Pressures	309
Assumed allocation for the Safeguarding Board (SBNI)	731
Other assumed allocations for Administration (incl. Clinical Excellence Awards, Dementia Strategy, Accommodation costs)	831
Assumed allocations for Programme (MARA, EITP)	3,019
Assumed income from secondments	210
TOTAL RESOURCES AVAILABLE	88,571

Please note the funding for SBNI is included within this paper as it is consolidated within the PHA Financial Accounts. However, the responsibility for financial breakeven lies between the Chair of SBNI and the DHSSPS.

Reduction in Funding

In April 2016 the PHA was notified by the DoH of a £1.6m reduction in funding for 2016-17 based on 10% of the Administration budget. This has presented a significant challenge for the Agency, especially following on from the 15% (£2.8m) reduction in 2015-16. As an interim measure, the Department has applied this budget reduction to Commissioning budgets.

The PHA has developed an Investment Plan for 2016-17 which incorporates a baseline budget review and identification of expected slippage on both Programme and Administration budgets. Implementation of the Investment Plan will allow the PHA to breakeven in year, however further work is required to ensure that all recurrent issues are managed.

Research & Development Funding transferred to Capital

The Department of Finance has issued new budgeting guidance for 2016-17 following the implementation of ESA 10 (European System of Accounts 2010). The main implication of this for PHA is that almost all of PHA's Research & Development activity is now required to be funded from a capital budget (CRL) rather than a revenue budget (RRL). This means that PHA's revenue budget has been reduced by approximately £10m in the current year, with equivalent funding being allocated from DoH capital budgets. A further in-year allocation of £750k has been received in respect of the MRC Cell Therapy project, bringing the total capital funding to £11.3m.

The Research & Development programme will no longer form part of the revenue breakeven requirement. However, these funds are set out within this paper and will still be monitored in the monthly Finance reports during 2016-17.

Conclusion

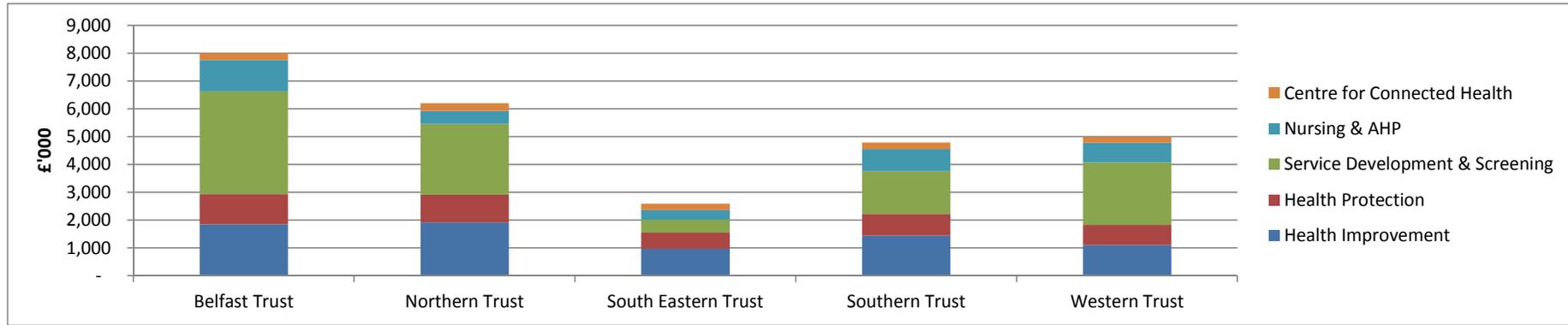
This Budget, which incorporates the 2016-17 Investment Plan, has been agreed by the Agency Management Team and is recommended to the Board for approval.

Public Health Agency 2016-17 Budget

		Trust £'000	Programme Non-Trust £'000	Total £'000	Mgt & Admin £'000	Total £'000
Revenue Funding						
	<i>Page</i>					
Trusts & BSO	3	26,608	-	26,608	-	26,608
Non-Trust Programme *	4	-	43,629	43,629	-	43,629
PHA Administration	5	-	-	-	18,334	18,334
Total Budget		26,608	43,629	70,237	18,334	88,571
Capital Funding						
	<i>Page</i>					
Research & Development	3, 4	6,247	5,096	11,344	-	11,344

* Includes amounts which may transfer to Trusts during the year.

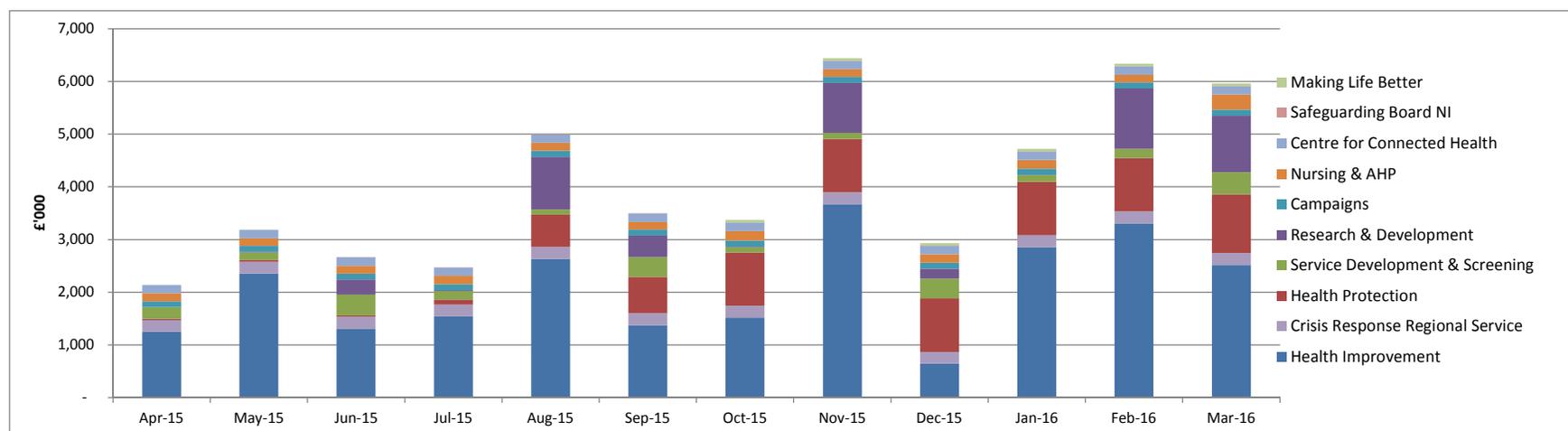
Programme Expenditure with Trusts 2016-17 Budget



	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total £'000
Revenue Budget						
Health Improvement	1,854	1,924	976	1,452	1,110	7,316
Health Protection	1,086	997	583	777	721	4,164
Service Development & Screening	3,691	2,545	465	1,536	2,252	10,489
Nursing & AHP	1,127	462	343	788	698	3,418
Centre for Connected Health	252	282	227	240	220	1,220
Total Revenue funding	8,010	6,211	2,595	4,791	5,001	26,608
Capital Budget						
Research & Development	4,204	467	465	454	657	6,247
Total Capital funding	4,204	467	465	454	657	6,247

The confirmed Trust allocations from the opening SBAs have been coded to the respective budget areas and summarised above. Budget holders will be provided with reports each month which detail of all Trust commitments relating to their budget area.

Non-Trust Programme Expenditure 2016-17 Budget



	Apr-15 £'000	May-15 £'000	Jun-15 £'000	Jul-15 £'000	Aug-15 £'000	Sep-15 £'000	Oct-15 £'000	Nov-15 £'000	Dec-15 £'000	Jan-16 £'000	Feb-16 £'000	Mar-16 £'000	Total £'000
Revenue Budget													
Health Improvement	1,246	2,356	1,308	1,542	2,635	1,374	1,518	3,673	644	2,854	3,308	2,519	24,978
Crisis Response Regional Service	225	225	225	225	225	225	225	225	225	225	225	225	2,700
Health Protection	27	29	25	95	611	693	1,011	1,012	1,012	1,017	1,016	1,115	7,663
Service Development & Screening	217	148	394	157	102	376	102	113	375	126	169	422	2,702
Campaigns	115	115	115	115	115	115	115	115	115	115	115	115	1,384
Nursing & AHP	150	147	147	160	147	147	185	147	161	167	147	286	1,989
Centre for Connected Health	157	157	157	157	157	157	157	157	157	157	157	157	1,889
Safeguarding Board NI	-	-	2	2	2	2	2	2	2	2	2	2	24
Making Life Better	-	-	-	-	-	-	50	50	50	50	50	50	300
Total Revenue Budget	2,138	3,177	2,374	2,455	3,996	3,089	3,367	5,495	2,742	4,715	5,190	4,892	43,629
Capital Budget													
Research & Development		8	288	17	997	408	8	948	190	8	1,147	1,071	5,089

The budgets and profiles are shown after adjusting for projected pressures and slippage as set out in the Investment Plan.

PHA Administration
2016-17 Budget

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Salaries	2,423	3,339	9,356	454	235	507	16,314
Goods & Services	97	1,239	318	31	49	287	2,020
Total Administration Budget	2,520	4,578	9,674	484	284	794	18,334

Investment Plan 2016/17

1.0 PHA Baseline Budget

1.1 PHA has been allocated a recurrent revenue budget of £84.567m in the opening allocation letter from the DOH for 2016/17.

A further allocation of capital has been received for R&D expenditure of £11.343m; this is as a result of a change in funding streams as R&D had been funded from revenue budgets up to 31 March 2016. Retraction of the recurrent revenue budget will be fully actioned by DOH for 2016/17.

Further allocations and income are expected to be received during 2016/17 of £4.005m.

This brings the total resources available for investment by PHA in 2016/17 to £99.916m, which consists of £18.790m in management and administration and £81.126m for the programme budget.

Key changes to the opening baseline allocation for 2016/17 are as follows:

- PHA has been required to achieve a recurrent saving of £1.587m (this reflects 10% of the baseline 15/16 management and administration budget). This has been deducted from the opening programme budget in 2016/17.
- Additional funding of £1.181m has been allocated to cover pay and price increases for all non-Trust budgets. Trust pressures have been managed via a regional allocation of £0.309m.
- As outlined above, the R&D budget has been changed from revenue to capital funding, resulting in an initial reduction to the overall PHA allocation of £9.500m, with a balance of £1.593m to be retracted in 2016/17.

1.2 As in previous years, PHA would anticipate additional in-year funding to deliver against specific initiatives for example in relation to the Early Intervention Transformation Programme and vaccination programmes.

2.0 Funding Context 2016/17

2.1 In light of the significant pressures on the wider HSC budget, PHA has had its baseline budget recurrently reduced by £1.587m. In addition to this, no new funding has been allocated to address service pressures or support further developments in 2016/17. In managing the budget in 2016/17, PHA will need to find funding from within its baseline allocation to meet any service pressures and priorities that need to be progressed and agree a plan for managing the overall reduction of £1.587m.

2.2 As part of the allocation for 2016/17, PHA received a pay and price uplift of £1.181m on its baseline budget for non-Trust expenditure. Trust uplifts have been managed via a regional allocation and PHA will be formally allocated its proportion of this funding in due course (£0.309m). Further to reviewing possible options for managing contracts with non-Trust providers, PHA has awarded a pay and price uplift of 1.33% to all core contracts that PHA has with partners in the community and voluntary sector and other statutory sectors but applied a productivity saving to other budget areas. By doing this, it will be possible to redirect some funding to help address wider budget pressures and progress a small number of important new developments.

3.0 Service Pressures and Priorities 2016/17

3.1 In planning for 2016/17, PHA has identified a number of inescapable / high priority service pressures and developments that need funding.

3.2 Without this, critical improvements in screening services will not be progressed, existing contracts in place to support key PHA priorities will have to be stopped and progress in implementing the Making Life Better strategy curtailed. Table 1 below summarises the list of pressures and priorities that need funding:

Table 1: Service Pressures and Priorities 2016/17

Inescapable and High Priority Service Developments	£(000's) (FYE)	£(000's) (CYE)
Expand bowel screening colonoscopy and pre-assessment capacity across 5 Trusts to meet growing demand	500	260
Developing capacity and programmes to deliver on Ministerial commitment to progress Making Life Better	900	500
Establishment of dedicated staffing support to manage unscheduled care	288	109
Continuation of suicide initiatives that have been funded over the past 2-3 years on a non-recurrent basis		300
Enhancement of campaigns budget to deliver on agreed priorities for 2016/17		200
Continuation of Delivering Social Change Programmes		350
Enhancement of Trust Drug and Alcohol posts to provided appropriate quality of service	54	35
Diabetic Screening services	102	62
Chest Drain Training	20	20
Newborn hearing screening	200	50
Newborn Bloodspot screening	30	10
PHA contribution to MARA programme		61
Breastfeeding support in Neo Natal units	60	30
Upgrading of public health nursing posts to reflect specialist nature of work required to deliver service to vulnerable groups	15	8
Older peoples nursing pilot		56
Safety Forum		50
Total	2,169	2,101

4.0 Review of Baseline Programme Budgets

4.1 In trying to address the service pressures and priorities identified, PHA has undertaken a detailed review of its existing baseline programme budgets. This exercise has identified a number of areas where funding could be realised by either applying an efficiency / productivity saving to existing budgets, or releasing funding from areas where it has not been fully utilised as planned and is currently supporting areas considered to be lower priority than the pressures and priorities needing to be addressed. It has also identified areas where in-year slippage is likely to arise given the current position of specific developments.

4.2 Outlined below is a summary of the areas where funding can be realised from the baseline budget in 2016/17:

- £0.649m of baseline programme funding from 2015/16 was not committed on a recurrent basis. This was held as a reserve in 2015/16 to help address the management and administration savings that needed to be found to meet the 15% budget reduction. Funding has now been found to cover the £2.8m reduction required in 2015/16, from the VES scheme and other administrative budget reductions.
- By applying a productivity saving to all baseline budgets it is estimated that it will be possible to realise £0.526m recurrently to help address wider service pressures.
- A review of baseline budgets has identified circa £0.740m that can be released recurrently in efficiency savings, with an in-year amount of £1.640m. This has been from areas where funding has not been fully utilised as planned, for example due to changes in service demand, or where the priorities currently supported are considered to be lower than the pressures and priorities needing to be addressed and the existing programmes can be managed with a reduced budget or stopped.
- Due to staffing turnover and VES, it is projected that £0.765m will be generated as in-year funding due to the time it will take to recruit new staff as part of redesign of structures following the £2.881m retraction in 2015/16. This will require close management via the scrutiny panel to realise this level in 2016/17.

Table 2 - Summary of Funding Available

Description	£k	£k
	FYE	CYE
Recurrent funds not invested 2015/16 due to managing 2.8m M&A retraction	649	649
Efficiencies on baseline - demand led services	500	1,300

Identified baseline slippage	240	448
Management & Administration slippage estimate	0	765
Productivity	526	526
Sub-total funds available	1,915	3,688

4.3 Based on the funding identified in table 2 above, it is possible for PHA to manage all of the inescapable pressures and priorities identified in table 1 in 2016/17.

However, it is important to highlight the following significant issues that need to be addressed urgently by PHA in managing the overall budget position during 2016/17:

- PHA has a recurrent budget pressure of £1.841m going into 2017/18, if it is to support all proposals to the planned level of investment required.
- £1.0m of proposals being supported on a non-recurrent basis in 2015/16, for example the Delivering Social Change programmes, will not be able to continue beyond March 2017 unless additional funding is identified.

The PHA management team has agreed a process for managing the recurrent budget pressure as outlined in section 5 below.

Given the limited funding available, the PHA has not been able to progress other priorities in 2016/17 such as further developing mental health promotion services and early years support services or developing new services to help address social isolation for older people.

The overall financial position for 2016/17 is summarised in table 3 below.

Table 3 - Summary

Description	£k	£k
	FYE	CYE
Inescapable Pressures and Funding Priorities	-2,169	-2,101
Funds available	1,915	3,688
Retraction from baseline 2016/17	-1,587	-1,587
Sub-total funds available	-1,841	0

5.0 Process for Managing the Recurrent Shortfall

In terms of addressing the recurrent shortfall in the budget, steps to be taken will involve a combination of the following three actions:

1. Continue the conversation already commenced with DOH for additional funding to cover the recurrent pressure from 1 April 2017, the mechanism for which would be within the 2017/18 planning cycle.
2. In the interim, no commitment can be given to increasing planned recurrent expenditure above the 2016/17 projected spend until the budget position for 2017/18 is confirmed. If no additional funding is made available the developments cannot progress as planned in the first instance.
3. If no additional funding is made available to PHA it will be necessary to review baseline management and programme budgets to identify how PHA could yield up to £1.841m of recurrent funding from 1 April 2017. This process would have to consider the practical consequences of such actions and the impact of the reduction in services to the public and on PHA programmes.

The preparatory work to inform the 2017/18 financial planning cycle will be required for autumn 2016. PHA board will be kept updated on progress.

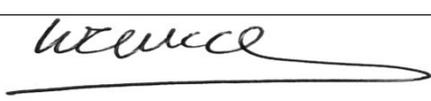
5.1 Implementation

5.1 There are a number of risks with the proposed Investment Plan that will need to be actively managed as the financial year progresses, for example, demand led services may increase which will require additional funding to be found in-year. In order to manage the risks and to ensure that a breakeven position is achieved, budget leads will be required to provide regular assurance on expenditure plans and on demand-led areas of service.

5.3 The new programme expenditure proposals will be taken forward by respective programme leads across the PHA Directorates. This will include agreeing SLAs/contracts as appropriate, performance review and reporting to senior management and the board of the PHA.

5.4 Regular monitoring of all contracts will continue to be undertaken in 2016/17 to ensure agreed key performance indicators are achieved and funding is being invested as agreed.

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	16 June 2016
Title of Paper	Programme Expenditure Monitoring System (PEMS) Report 2015/16
Agenda Item	10
Reference	PHA/04/06/16
Summary	
<p>The End of year PEMs report provides PHA board with a summary of how the Programme funding available was allocated during 2015/16. Key points to note include:</p> <ul style="list-style-type: none"> • Demand for smoking cessation support continues to be lower due to factors such as increased uptake of e-cigarettes • There was significant growth in the available budget for immunisation during 2015/16, as additional in-year funding was allocated by DHSSPS for three new immunisation programmes • PHA continues to invest funding in small allocations. 70% (704) of contractual commitments are under £20k in value. It is recognised that some of these may be additional allocations to existing baseline contracts on an in-year basis. 	
Equality Screening / Equality Impact Assessment	N/A
Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Operations
Date	8 June 2016

End of Year Programme Expenditure Monitoring Report 2015/16

Background

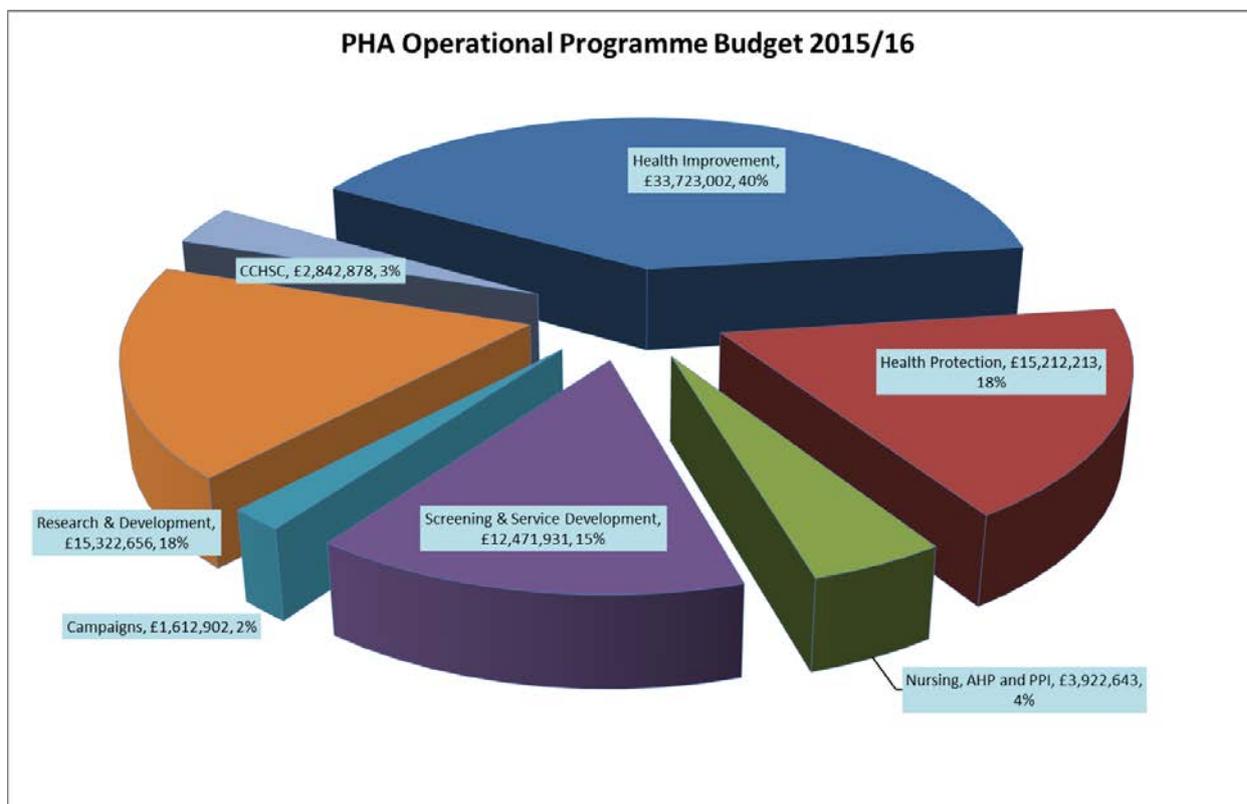
The Programme Expenditure Monitoring System (PEMS) was developed to provide the PHA with more detailed information regarding how programme funding is allocated across the organisation. Its main purpose is to provide an overview of the wide range of programmes being supported, ensure that funding is being utilised as expected and that any opportunities for using funding, on an in-year basis, are maximised.

PEMS complements the formal financial reporting systems for the PHA and works alongside these to enable timely and informed decisions regarding funding priorities to be made.

The purpose of this report is to show how programme funding was utilised during 2015/16 and to highlight where the overall level of funding allocated varied from that which was originally anticipated when the Investment Plan for 2015/16 was signed off in June 2015.

Programme Budget Breakdown

Programme funding of £85.1m was recorded on PEMS. This was distributed, as follows:



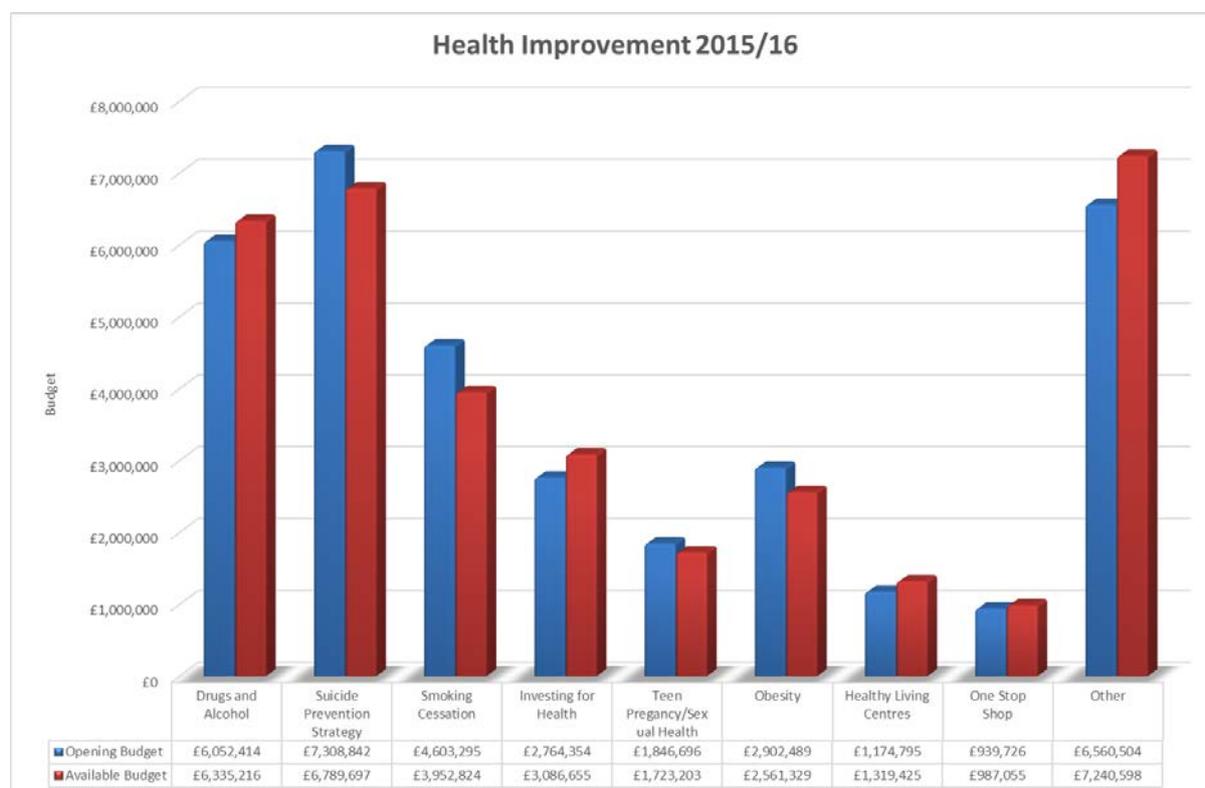
Breakdown of Programme Funding 2015/16

The graphs below show the opening budgets that were approved by PHA board in June 2015 and the final available budget that was managed during the year.

The available budget includes any additional funding that was allocated during the year by DHSSPS for specific initiatives or where funding was transferred between budget areas to address agreed priorities.

Health Improvement

£33.88m (40%) of all programme funding was invested in a broad spectrum of health improvement initiatives and programmes as shown in the graph below.



Note: 'Other' in the graph above covers several smaller budget areas including: accident prevention; older people; vulnerable groups; prisoner health; and, physical activity

£17.1m (50%) of this was invested in 3 main areas of activity: Drugs and Alcohol (£6.3m); Smoking Cessation (£4.0m); and, Suicide Prevention including Lifeline (£6.8m).

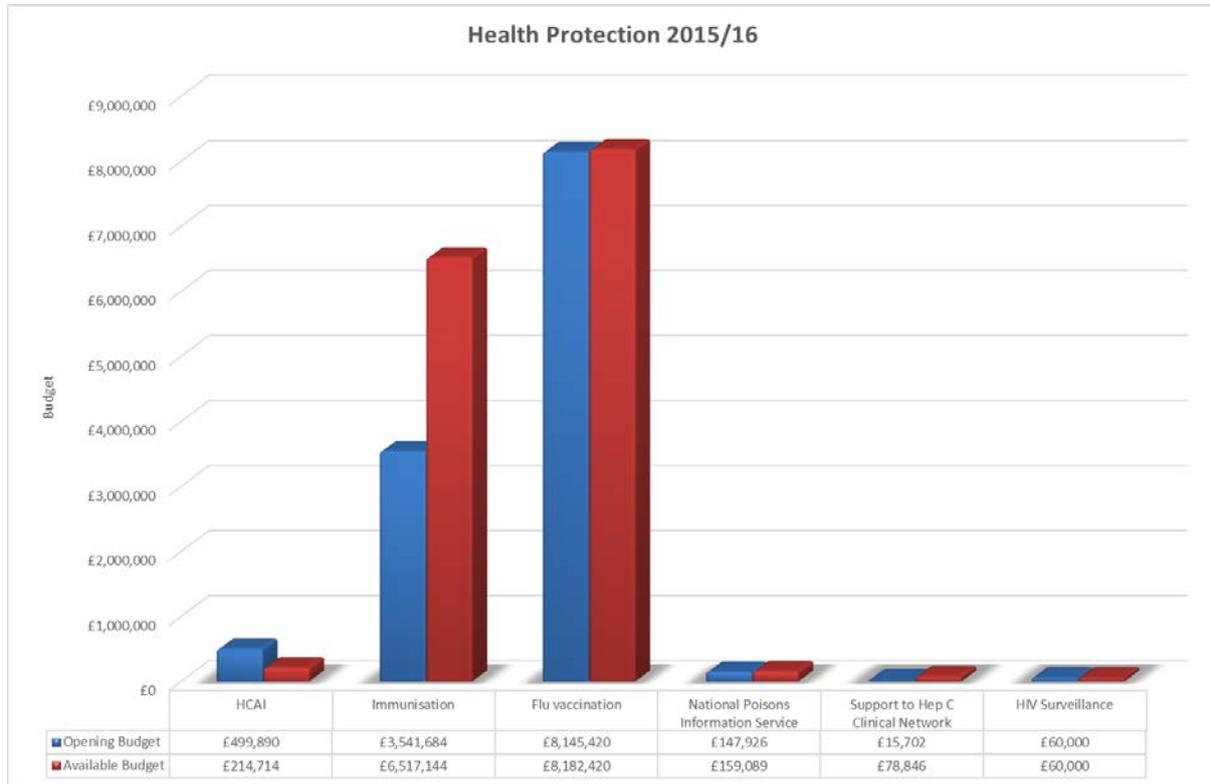
During 2015/16, there continued to be a significant reduction in the demand for smoking cessation services resulting in the budget being underspent. This is due, in part, to a reduction in the scale of the smoking campaign that can be funded by PHA due to wider budget thresholds that have been set on campaign expenditure by DoH and the increase in uptake of e-cigarettes.

The available budget for Obesity excludes the £250k that was spent on the obesity campaign. This funding was transferred to the campaigns budget.

The available budget under suicide prevention shows a decrease from the opening allocation. This was due to the funding being transferred to other budget areas to support programmes linked to suicide prevention and wider mental health promotion. These programmes are captured under the 'Investing for Health' budget and the 'Other' budget heading which covers areas such as prisoner health and vulnerable groups.

Health Protection

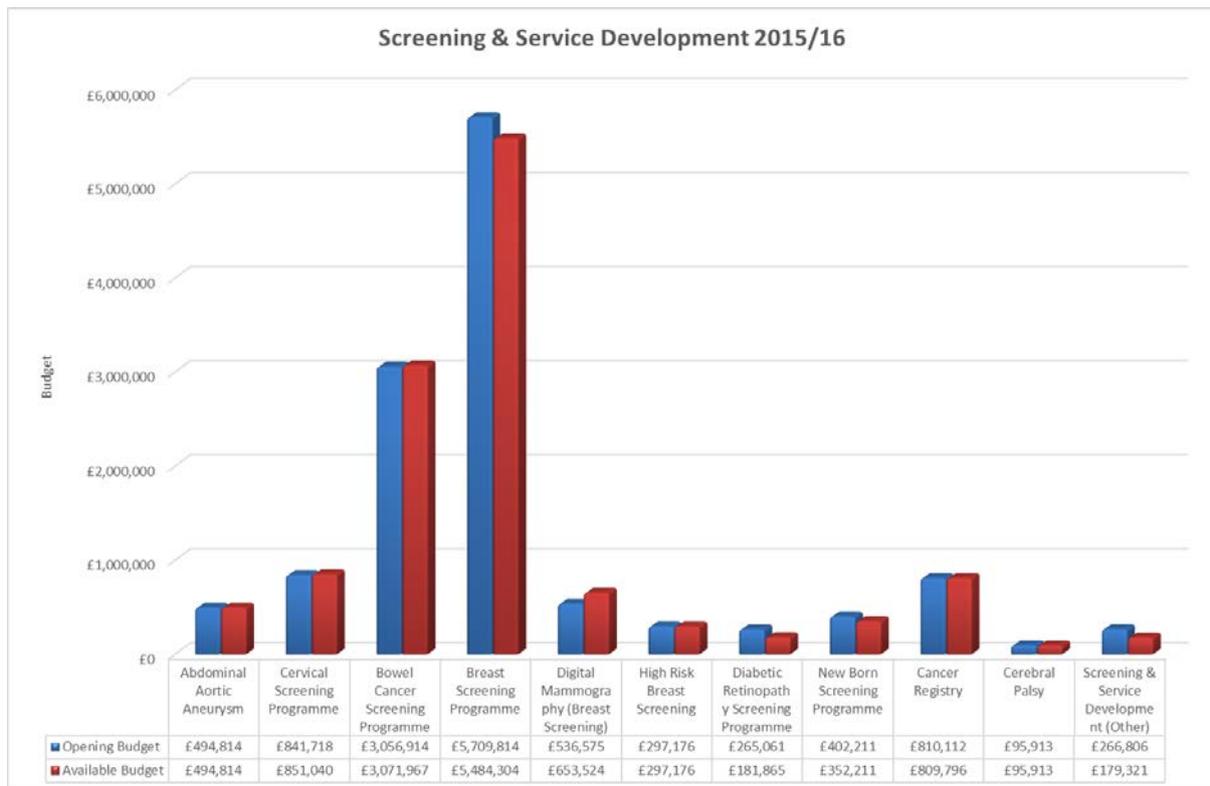
£15.2m (17.9%) of programme funding was allocated to health protection. This was broken down as follows:



The majority of the health protection budget was spent on the purchase, distribution and administering of the seasonal flu vaccination programme. There is a significant growth in the available budget for immunisation during 2015/16, as additional in-year funding was allocated by DHSSPS for three immunisation programmes (Pertussis, Men ACWY, and Men B).

Screening and Service Development

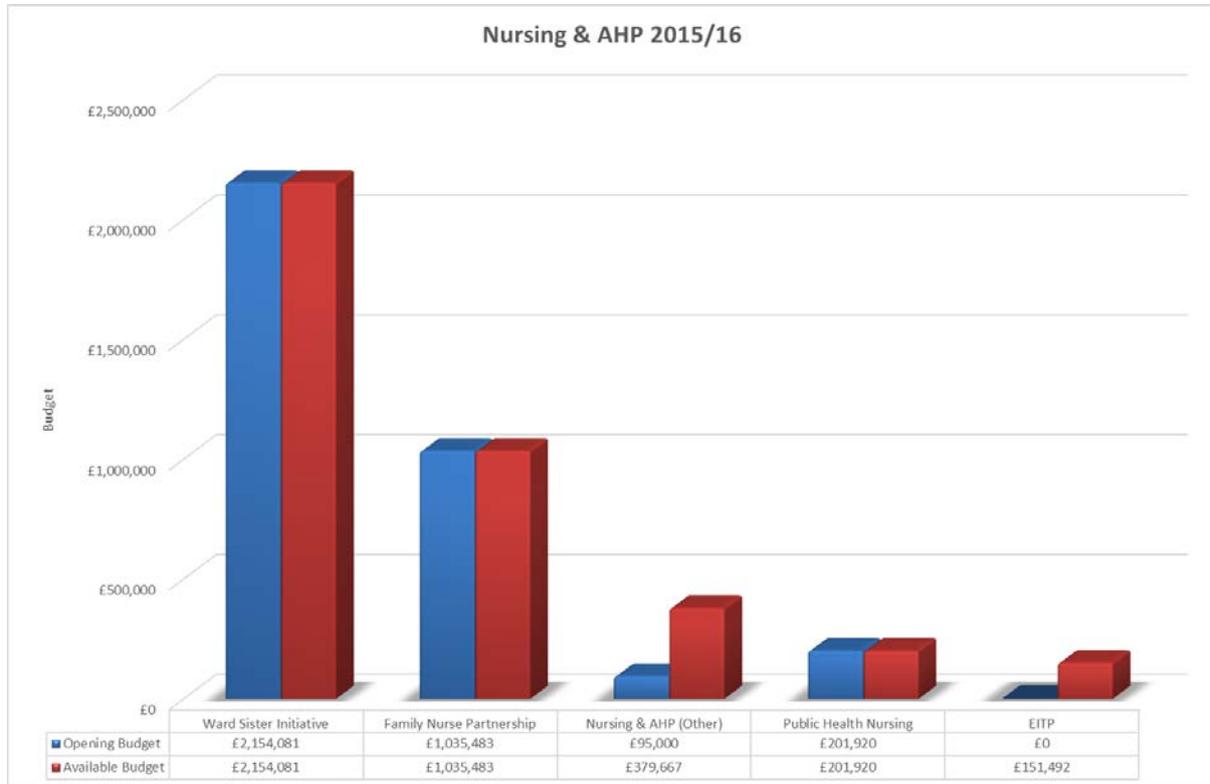
£12.5m (14.7%) of programme funding was spent on screening services in 2015/16.



The screening programmes for Bowel, AAA and Digital Mammography are now fully operational and funding is being fully utilised. Funding for the Diabetic Retinopathy Screening programme is currently being reviewed in light of the recommendations of the recent RQIA review.

Nursing and AHP

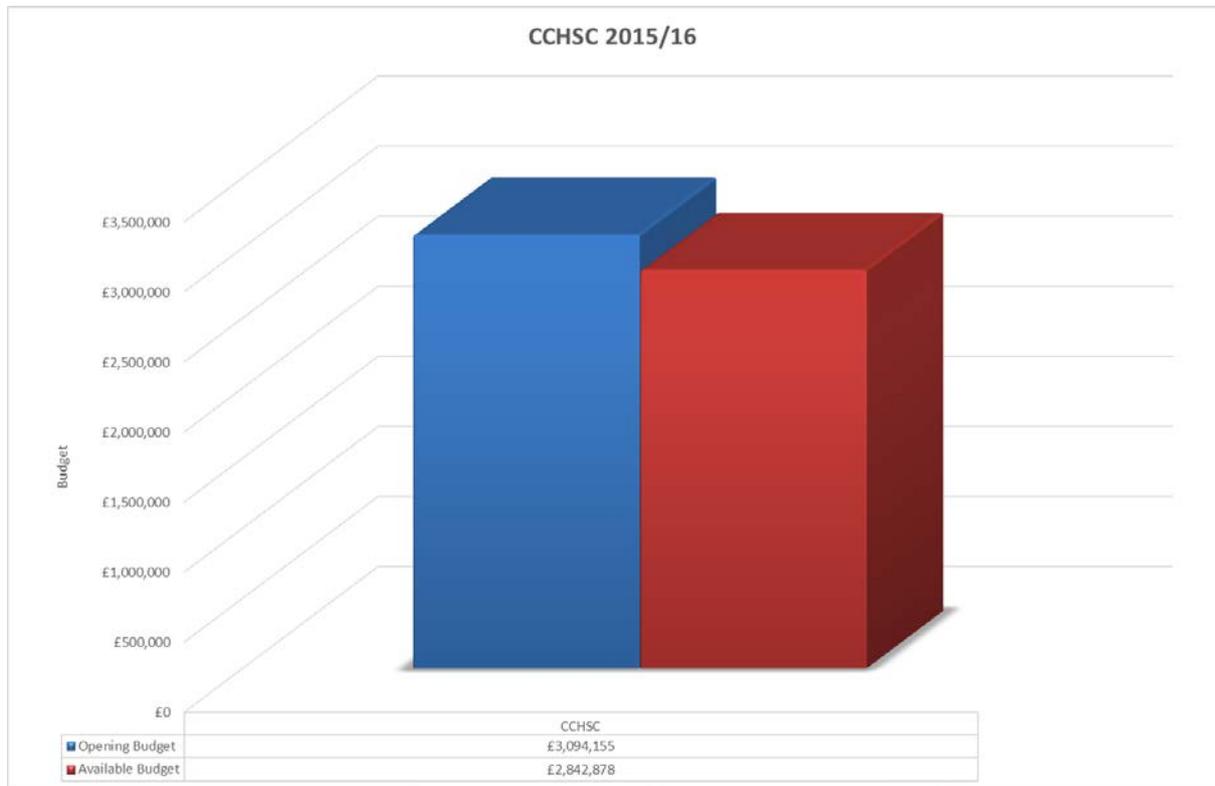
£3.9m (4.6%) of the programme budget is managed by the Nursing and AHP Directorate. This is broken down as follows:



A number of non-recurrent budget allocations were made to Nursing & AHP (Other) budget for services relating to PPI, older people and dementia during 2015/16. Additional in-year funding was also provided by DHSSPS for the initial phase of the Early Intervention Transformation Programme.

Centre for Connected Health and Social Care (CCHSC)

Overall performance for telehealth and telemedicine remains below the full contract volumes agreed with some of the Trusts. Performance will continue to be kept under close review with each of the Trusts to ensure as many patients as possible can benefit from the support available.



Campaigns

£1.6m (1.9%) was spent on the development, running and evaluation of campaigns in 2015/16. During 2015/16, campaigns on smoking prevention, obesity prevention, mental health, sexual health, cancer awareness, and stroke awareness were run. The PHA is limited to the overall amount it can spend on the running of public information campaigns and agrees each year with DoH colleagues how this should be targeted.

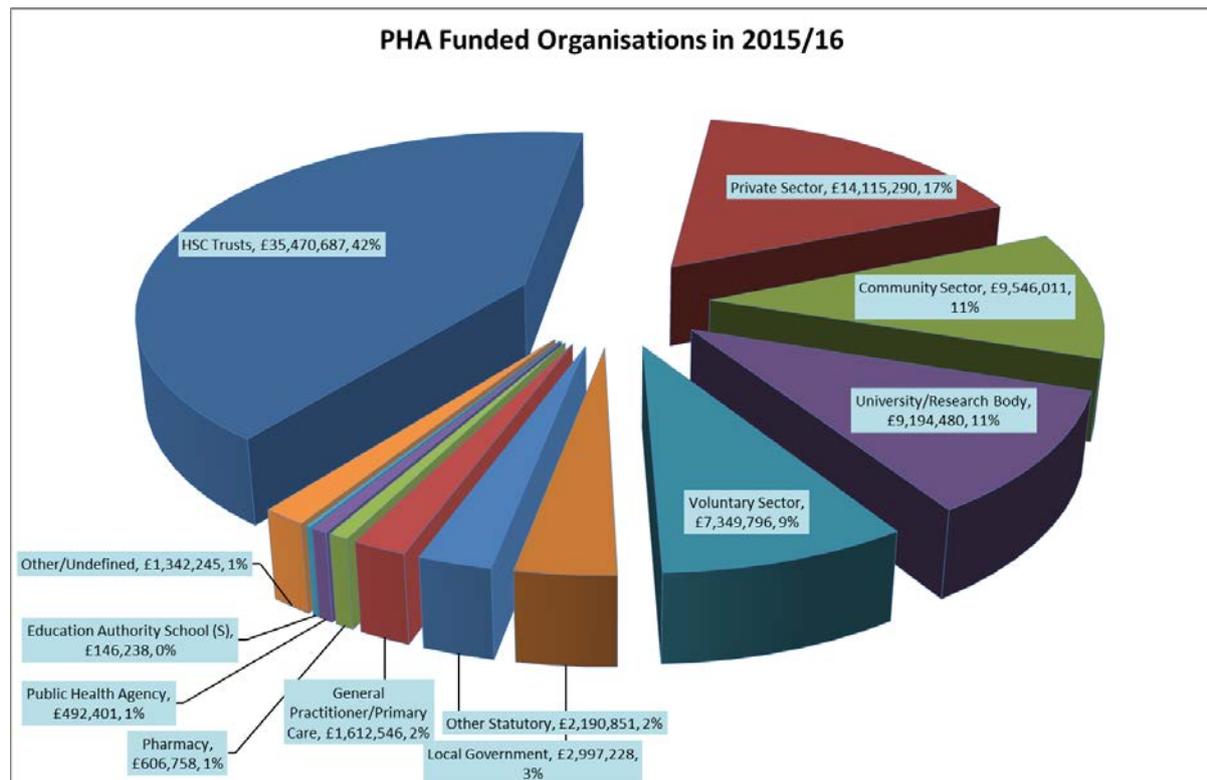
Research and Development

During 2015/16, £15.3m of expenditure was recorded on PEMs for R&D initiatives. All of the expenditure is against individual projects and is not recorded under specific themes / areas of work. It is not therefore possible to provide summarised information as for other programme areas. Detailed information on R&D actions supported with the funding available is provided to PHA board via routine updates given by the R&D Division.

Breakdown of Expenditure by Sector.

The following information shows how PHA funding was invested across sectors. There is a small margin of difference between the total funding reflected under this analysis compared to the overall budget available as some projects recorded on PEMS did not identify the sector.

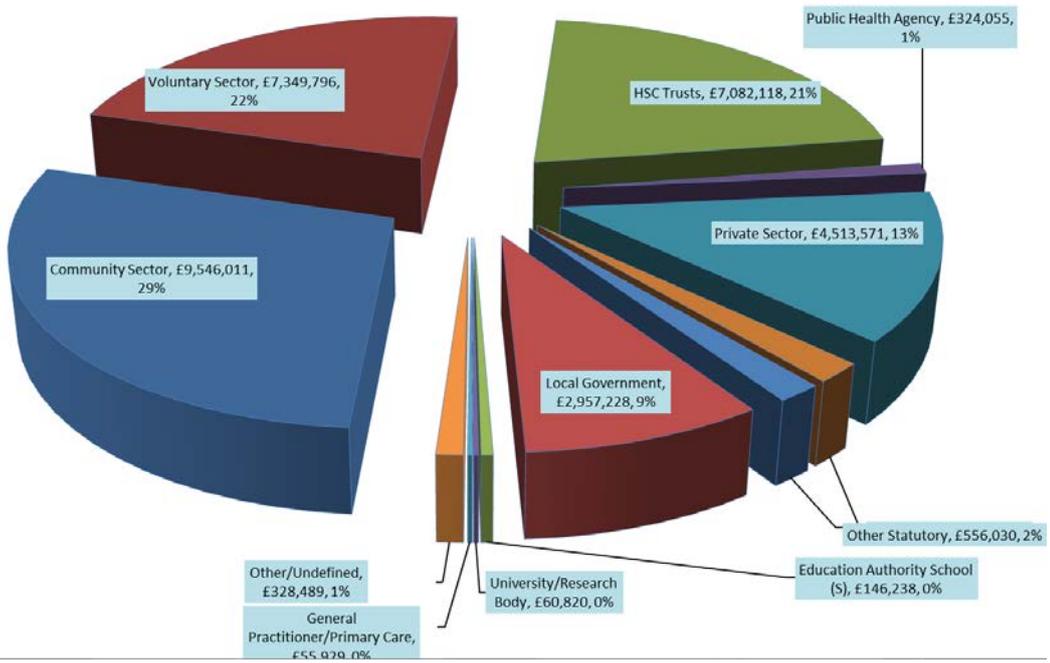
Overall, £35.5m (42%) of programme funding was allocated to the Trusts. £49.6m was allocated to other sectors. A more detailed breakdown of how this funding is split across sectors is outlined in the pie chart below.



Outwith the funding that is allocated for specific areas of business such as procurement of vaccines, R&D investment with universities, campaign development and media buying, the vast majority of funding that does not go to Trusts is allocated under the various health improvement budgets.

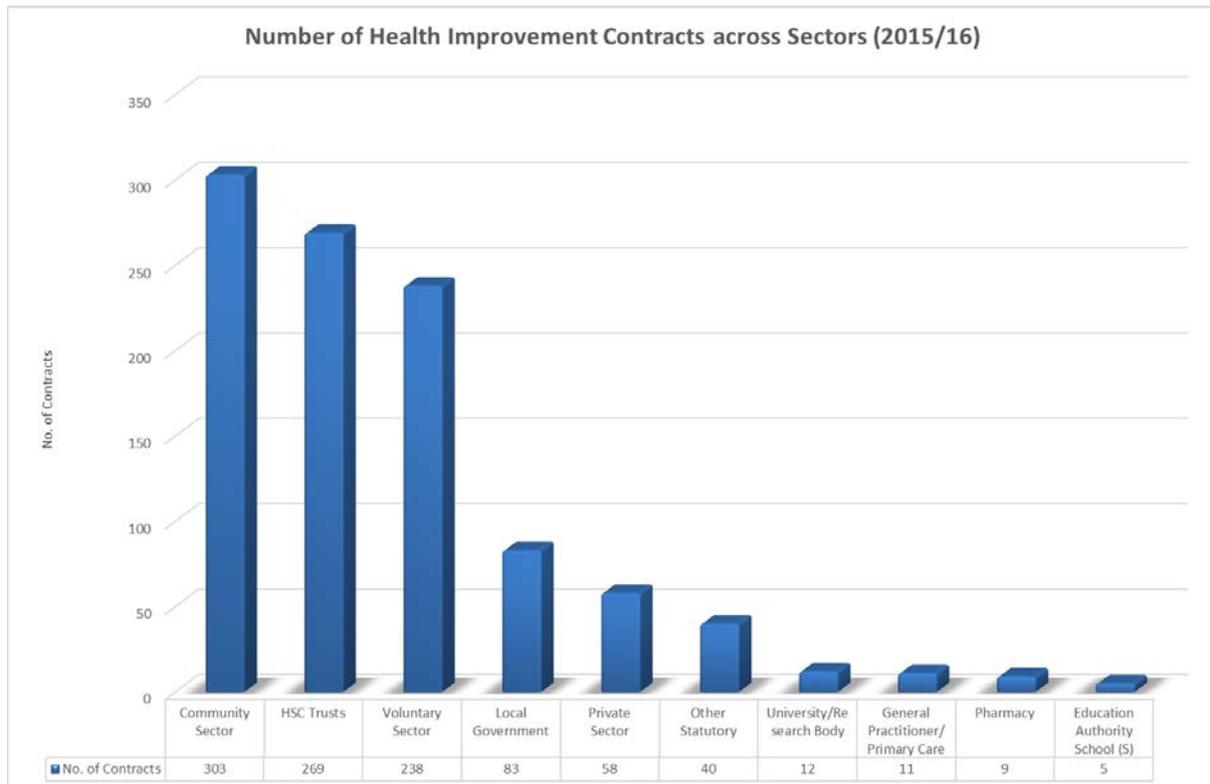
A breakdown of how the £33.8m invested in health improvement is distributed across all sectors is outlined below.

Health Improvement Spend by Sector 2015/16

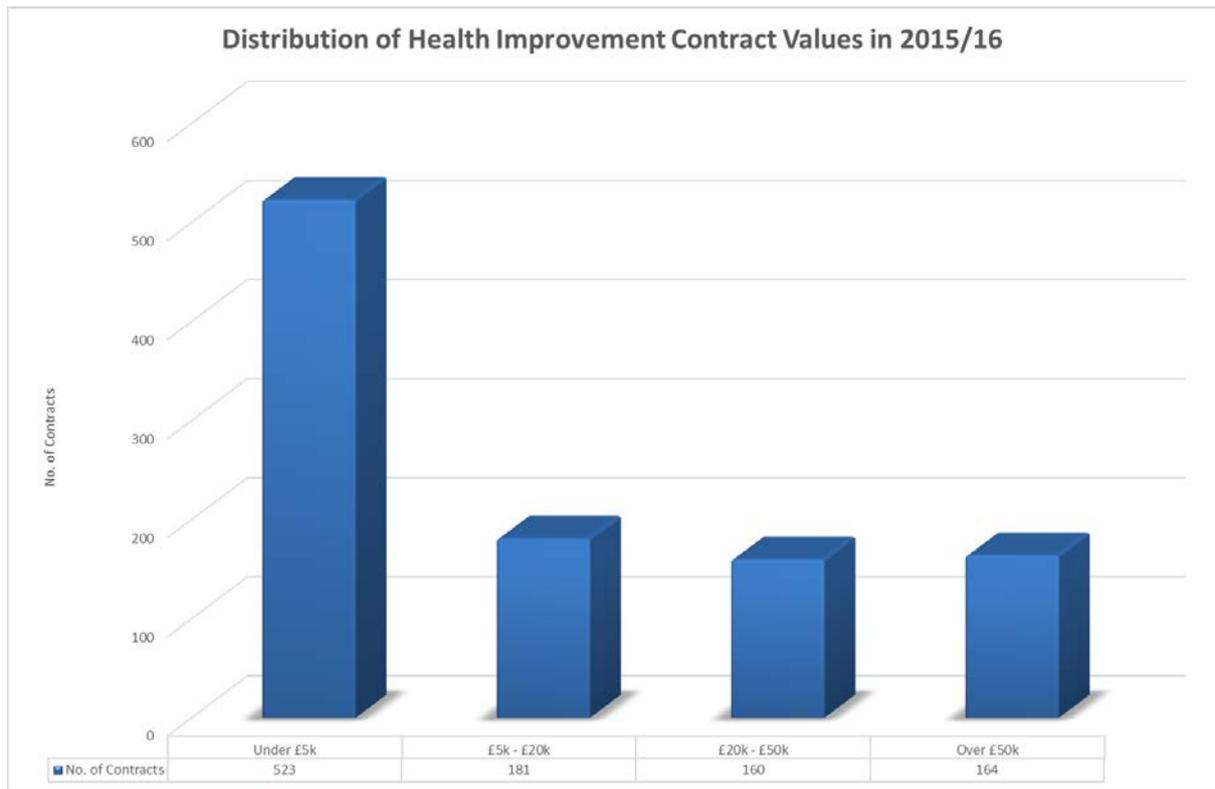


Analysis of Health Improvement Initiatives by volume and value.

By far the greatest number of programmes and activities to tackle health inequalities and improve long term health and social well-being are progressed under the health improvement budget. During 2015/16, circa 1,000 different contractual commitments were recorded on PEMS. These were delivered across all sectors as outlined in the graph over.



The graph below summarises the number of contractual commitments supported, broken down by funding level. 70% (704) of these commitments are under £20k in value. It is recognised that some of these may be small grants issued by 3rd party organisations on behalf of PHA or additional allocations to existing baseline contracts on an in-year basis.



PHA Board is asked to **Note** the paper

**Minutes of the of the Governance and Audit Committee
held on 11 April 2016, at 12 noon
CR3/4, 2nd floor, 12-22 Linenhall Street, Belfast, BT2 8BS**

Present:

- | | |
|----------------------|---|
| Mr Leslie Drew | - Non-Executive Director (Acting Chair) |
| Alderman Paul Porter | - Non-Executive Director |

In Attendance:

- | | |
|-----------------------|-------------------------------|
| Mr Edmond McClean | - Director of Operations, PHA |
| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Tracey McCaig | - Finance, HSCB |
| Mrs Catherine McKeown | - Internal Audit, BSO |
| Mr David Charles | - Internal Audit, BSO |
| Mr Brian O'Neill | - NI Audit Office |
| Ms Catherine James | - NI Audit Office |
| Mr Brian Clerkin | - ASM |
| Mrs Cathy McAuley | - Secretariat |

Apologies:

- | | |
|-----------------------|--------------------------------------|
| Mr Brian Coulter | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |
| Ms Rosemary Taylor | - AD Planning & Operational Services |
| Mrs Mary Hinds | - Director of Nursing |
| Mrs Michelle Tennyson | - AD AHP/PPI |

18/16 Item 1 - Welcome and Apologies

Mr Drew welcomed everyone to the meeting noted apologies.

19/16 Item 2 - Declaration of Interests

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

20/16 Item 3 - Chair's Business

There was no Chair's business.

21/16 Item 4 - Notes of previous Meeting – 4 February 2015

The minutes of the previous meeting, held on 4 February 2016, were approved subject to one amendment; Mr Brian O'Neill was incorrectly recorded as being present at the last meeting instead of Mr Tomas Wilkinson.

Action

22/16 Item 5 - Matters Arising

There were no matters arising.

23/16 Item 6 – Assurance Framework 2015-17 review at April 2016

Mr McClean presented the PHA Assurance Framework report 2015/17 as reviewed at April 2015. Members were asked to approve the amendments to the assurance framework. Mr Drew asked if a diagrammatic summary of the framework could be made available and circulated to members. Mr McClean advised that he would arrange for this.

Mr McClean

Members **approved** the amendments subject to one typo on page 2 “than” to be replaced with “that”, and it was recommended to the PHA board for approval.

24/16 Item 7 – Internal Audit Progress Report

Mrs McKeown apologised to members that only three of the five reports on today’s agenda were available. She then gave a summary of the progress report against the 2015/16 IA Audit Plan and the final audit reports.

Local Supervisory Authority Nursing and Allied Health Directorate (LSA).

Discussion was held regarding Local Supervisory Authority (LSA) and the system of internal control and the Continuing Professional Development (CPD) of hours recorded on the central LSA database. This priority 2 finding identified that the database had not been updated daily by Trust staff. Members expressed some level of concern for safe practice given the indicated deficits in supervision and CPD. The Chair asked Mrs McKeown if it was a possible priority one finding. She indicated that having assessed the issue fully it was proportionate as a category 2. It was agreed that the Director of Nursing would be asked to provide an update for the next meeting.

Members **noted** the progress report.

25/16 Item 8 - Internal Audit Follow Up Report

Mr Charles advised that progress had been made and that 78% of the 55 recommendations examined had been implemented, and a further 18% had been partially implemented. The Chair asked for further information with regard to the progress with the Research and Development evaluation and the continued delay in implementing recommendations from November 2014. Mr Charles said he would follow up the status of the implementation of this recommendation with Mr Eddie Ritson.

Mr Charles

Members **noted** the follow up report.

26/16 Item 9 - Internal Audit Plan 16/17

Mrs McKeown presented the proposed Internal Audit Strategy Plan for 2016/17 and gave an overview of proposed work schedule. She said she had met with the Director of Finance and the Director of Operations and their respective teams, External Audit and the DHSSPS, Sponsorship branch. She advised the proposed SLA audit days for 2016/17 were 104. Mrs McKeown indicated that given the uncertainty at present regarding HSC structures that, on balance, it was necessary to focus the Audit Plan for a 12 month rather than a 36 month period.

Members **noted** the internal audit plan.

27/16 Item 10 - Finance - Report To Those Charged with Governance Progress Report

Mr Cummings presented the progress report on the implementation of recommendations cited in the report.

Members **noted** the report.

28/16 Item 11- Fraud Liaison Officer Update

Mrs McCaig gave a summary of the report and advised there had been two new cases reported relating to:

- A duplicate claim for funds from a cross community organisation.
- Two patients are suspected of accessing 650 specialist stop smoking services.

National Fraud Initiative (NFI) 2015/16

Mrs McCaig added that the National Fraud Initiative (NFI) 2015/16 had been made available by the Audit Commission and that Finance had commenced analysing and investigating the data on behalf of PHA. Of the 115 matches, 110 had been investigated with no fraud found to be having been committed against the PHA. The 5 outstanding cases relate to payroll to payroll matches. The outcome of these cases will be shared with the committee when completed.

Discussion followed with regard to the time spent by staff and the cost of investigating the cases. In response to this, Mr Cummings advised that whilst the PHA did not benefit from this initiative, however, all HSC organisations were required by law to submit data to NFI on a regular basis.

Members noted the update.

29/16 Item 12 - GAC Annual Report

Mr Drew presented the GAC annual report which outlined the key activities of the committee during 2015/16. Mrs McCaig indicated she would provide Ms Taylor with some further relevant information for inclusion in the report.

**Mrs McCaig/
Ms Taylor**

Members **noted** the report.

30/16 Item 13 - PHA Annual Report and Governance Statement

Mr McClean shared the draft Annual Report and Governance Statement with members and advised this would go to the next meeting of the PHA board confidential session. He drew member's attention to the Controls Assurance scores. Mr Cumming's suggested that the Unscheduled Care targets were included in PHA Internal Governance Divergences section in the Governance Statement.

Mr McClean

Members approved the draft Annual Report and the Governance Statement and recommended it to the PHA board confidential session for approval.

31/16 Item 14 – Guidance on Planning and Funding Services

Mr McClean shared the PHA Guidance on Planning and Funding Services document. He explained the background and the purpose of the document and added that it had been developed to provide staff with guidance on processes when allocating findings to service providers. The guidance has been developed with input from key staff from PHA and colleagues from BSO (PALS) and BSO Legal. The Chair commended the comprehensiveness of the document and indicated that it also set out a logical clear manner what was a complex area of work.

Members **noted** the Guidance on Planning and Funding Services.

32/16 Item 15 – Any other business

PHA position on FASA Contracts

It was announced that subject to official confirmation which was expected later today that FASA had gone into voluntary administration and that work is continuing with FASA and Extern to ensure that the delivery of PHA contracts are maintained.

Item 16 - Date of next meeting

Date 3 June 2016
Time 10 am
Venue 5th floor Meeting Room

Signed Brian Coulter

Date: 3 June 2016

Report from the Governance and Audit Committee 2015/16

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

The GAC comprises four non-executive members of the PHA, however due to changes in membership of the PHA board during 2015/16, the GAC did not have full membership until December 2015. The GAC is chaired by Mr B Coulter. Mr T Mahaffy and Alderman P Porter were members of the GAC throughout 2015/16, and Mr L Drew became a member of the GAC from December 2015.

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

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

Meetings

The GAC met on the following dates during 2015/16:

10 June 2015;
14 October 2015;
9 December 2015;
4 February 2016;
11 April 2016.

Attendance

Mr B Coulter (Chair)	4
Mr T Mahaffy	3
Alderman P Porter	4
Mr L Drew (appointed to GAC, December 2015)	2

Activities

Key elements of the work of the GAC during 2015/16 are listed below. The GAC:

- considered the PHA Statutory Accounts, Governance Statement and Annual Report and recommended their approval to the PHA Board;

- reviewed the External Auditor's Report to those charged with governance and management's response, and received regular progress reports on implementation of recommendations;
- considered the PHA Mid-Year Assurance Statement and recommended approval to the PHA Board;
- considered the updated PHA Assurance Framework 2015-2017 and recommended approval to the PHA Board;
- regularly considered and approved the PHA Corporate Risk Register;
- had oversight of the process for self-assessment of compliance with Controls Assurance Standards;
- Considered and approved PHA policies, including Gifts and Hospitality, Data protection/Confidentiality, ICT Security and Records Management policies;
- received the annual report on the PHA Gifts and Hospitality Register;
- regularly reviewed the Information Governance Action Plan progress report;
- considered and approved the updated PHA Business Continuity Plan;
- approved the internal audit work plan for 2015/16 and considered the reports on each piece of work;
- reviewed regular Fraud Liaison Officer reports;
- received reports on the use of Direct Award Contracts (DACs) within the PHA;
- considered the revised PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority (SODA) and recommended them to the PHA Board for approval;
- received the PHA Emergency Preparedness and Response Annual Report;
- received the Declaration of Assurance from the Safeguarding Board for Northern Ireland (SBNI);
- received the PHA Professional Assurance Framework for Nursing and Midwifery;
- received the AHP Assurance Framework

The chair of the GAC brings regular verbal and written reports to the PHA Board; he also has regular meetings with the Chief Executive and the PHA Chair. The GAC chair also attends the DHSSPS regional forum for audit committee chairs.

The GAC can confirm that it is satisfied with the information received during the year, that risk is well managed in the organisation, and that the assurances available are sufficient to support the PHA board and Accounting Officer in their decisions and accountability obligations.

The GAC looks forward to continuing its work in 2016/17, building on relationships with Executive Directors, PHA officers and internal and external auditors to ensure robust governance across the PHA.



B Coulter
Chair
Governance and Audit Committee

Date

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	16 June 2016
Title of Paper	Corporate Risk Register
Agenda Item	12
Reference	PHA/06/06/16

Summary

Context

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 2015 and was approved by AMT on 26 January 2016 and forwarded to the Governance and Audit Committee for approval at its next meeting which took place on 4 February 2016.

The attached Corporate Risk Register reflects the review as at

31 March 2016 and has been carried out in conjunction with individual directorate register reviews for the same period.

The next review will be undertaken as at 30 June 2016.

Directors are asked to ensure that content and narrative properly reflect 'High' risk areas.

Outcome

This quarter saw changes to the Corporate Risk Register as follows:

- **2 new risks have been added to the register:**
 - Organisation's web development and web maintenance function
 - Review of functions and reorganisation

- **1 risk has been removed from the register:**

○ PHA Belfast Accommodation	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	The Corporate Risk Register was approved by AMT on 3 May 2016 and by the Governance and Audit Committee on 3 June 2016.
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	7 June 2016

PHA Corporate Risk Register

**Date of Review:
31 March 2016**

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 2016

Number of new risks identified	<p style="text-align: right;">2</p> <p>CR3 Organisation's web development and web maintenance function</p> <p>CR38 Review of functions and Reorgansation</p>
Number of risks removed from register	<p style="text-align: right;">1</p> <p>CR 25 PHA Belfast Accommodation</p>
Number of risks where overall rating has been reduced	<p style="text-align: right;">0</p>
Number of risks where overall rating has been increased	<p style="text-align: right;">0</p>

CONTENTS

Corporate Risk		Lead Officer/s	Risk Grade	Page
26	Lack of market testing for roll forward contracts	Chief Executive	→ MEDIUM	5
30	Management of Lifeline Contract	Medical Director/Director of Public Health	→ HIGH	8
34	£2.8m (15%) Reduction in Management and Administrative Funding	Chief Executive	→ HIGH	13
35	Property Asset Management	Director of Operations	→ HIGH	15
36	Service Development & Screening Division Staffing Issues	Medical Director/Director of Public Health	→ HIGH	17
37	Organisation's web development and web maintenance function	Director of Operations	HIGH	19
38	Review of functions and Reorgansation	Chief Executive	HIGH	21
APPENDIX (Risk removed from the register)				
25	PHA Belfast Accommodation	Director of Operations	MEDIUM	23

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 2014/15: Corporate Objective 6

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Possible	Moderate	MEDIUM

LEAD OFFICER: Dr E Rooney, Chief Executive

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<p>Procurement Plan has been developed and agreed by AMT setting out the timescales for achieving the re-tendering of baseline contracts.</p> <p>Revised processes and documentation-developed for PHA in liaison with PALS to ensure tender process is applied where required in line with Procurement regulations</p> <p>Training has been provided for relevant staff, including legal aspects of procurement.</p>	<p>Progress reports on implementing the Procurement Plan will be provided to PHA Procurement Board and annually to PHA board</p> <p>Leadership at AMT and Assistant Director level via a PHA Procurement board.</p>	<p>Legacy contracts may not be providing value for money</p> <p>Lack of capacity within BSO PALS</p> <p>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</p>	<p>Continue to monitor input of additional capacity through PALS framework (March September 2016) (Change in timeline of process)</p> <p>Seek funding extension to enable the additional band 6 capacity to support procurement plan implementation to remain in place. (March 2016)</p> <p>Monitor temporary arrangement from core Ops admin to support social care procurement.</p>	<p>March 2016 September 2016</p>

<p>Additional staffing resource to provide dedicated support for procurement within PHA. (Sept 2013)</p> <p>External support secured by PALS to provide dedicated resource to PHA. (August 2013)</p> <p>Internal management structures established to oversee implementation of the Procurement Plan.(August 2013)</p> <p>Suite of documentation and guidance for tendering developed. (Sept 2013)</p> <p>Review of Procurement Plan and wider support requirements on agenda of Procurement Board that meets every 2 months monthly.</p> <p>Procurement awareness briefing sessions held (Nov 2013)</p> <p>Tenders for several work areas now awarded - Drug and Alcohol services MH Training ; LGB&T ; RSE</p> <p>Core admin resources in Operations has been diverted on a temporary basis to cover gap</p>		<p>due to financial constraints (temporary support currently only approved to 30/9/16). (band 4 fixed term contract officer left June 2015 — gap in knowledge & experience)</p> <p>No regional HSC agreement on management of social care procurement.</p> <p>Clarification required on the implications and impact of the new Procurement Regulations (2015)</p>	<p>Review of Procurement Plan deliverability in light of reduced resource capacity across PHA (March September 2016)</p>	
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<p>in procurement resource. Additional Training on new Procurement Regulations for relevant staff has been provided.</p> <p>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)</p> <p>Temporary arrangement from core Ops admin to support social care procurement, kept under review, with Director of Operations.</p> <p>PHA membership and attendance at HSCNI Regional Procurement Board</p>				
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Corporate Risk 30

RISK AREA/CONTEXT: Management of Lifeline Contract	DATE RISK ADDED: December 2013 Refocused – March 2016
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DESCRIPTION OF RISK: : Reported demand for the Lifeline service had increased considerably, exceeding the designated budget. This has been managed and brought back in line through extensive engagement by PHA staff with the Lifeline provider. Management of the Lifeline Contract requires ongoing attention. In addition the PHA is in the process of preparing a public consultation on the future shape of the service, to inform securing the future Lifeline service beyond September 2016. The current contract will end by September 2016. 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 the end of March 2017. 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 2014/15: 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
<p>Existing monitoring of Lifeline Contract.</p> <p>Lifeline Steering Group (chaired by Assistant Director of Public Health) meets regularly.</p> <p>Regular meetings between the provider and commissioner to monitor all aspects of the contract, through the following sub-groups:</p> <ul style="list-style-type: none"> Clinical and Social Governance 	<p>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.</p> <p>Rigorous monitoring of performance of existing contract, and continuation of meetings with provider (Clinical Governance,</p>	<p>Difficulty in data analysis due to changes in categorisation fields.</p> <p>Delays in response from provider to issues raised by PHA.</p> <p>Deficiencies in original contract controls.</p> <p>Business case for the new service to be approved, and subsequent specification etc to be prepared.</p>	<p>Additional internal project will take place on a monthly basis and a clear data log of decision making continues to be held. (ongoing)</p> <p>Information received from consultation exercise is currently being analysed.</p> <p>PHA will continue to work with DHSSPSNI to gain Ministerial approval on the proposed future service model, to finalise the</p>	<p>June 2016</p>

<ul style="list-style-type: none"> • Performance management and Evaluation • Communications <p>PHA internal Lifeline Project Management Group meets regularly to co-ordinate management and monitoring of all aspects of the contract</p> <p>DHSSPS has been advised of issues.</p> <p>Letter was issued to provider in respect of demand management and data quality issues.</p> <p>Letters have been issued to provider regarding specific actions that remain outstanding.</p> <p>Implementation of 6 directives continue to be monitored and have shown improvement in demand and management.</p> <p>Staff continue to work on addressing the issue of 'demand management', the action plan emerging from the clinical review, review of raw data on performance and matching with key performance indicators.</p>	<p>Performance & Evaluation and Communications groups).</p> <p>Detailed analysis of performance including data categorisation.</p> <p>Clear communication channels and reporting to CE, Directors, AMT and PHA board on progress. Independent Clinical Review undertaken.</p> <p>Plan has been developed to ensure continuity of service and regular meetings held with provider and Communications Staff, PHA.</p> <p>Ongoing monitoring and regular interchange between senior staff of both organisations on a regular basis.</p> <p>Decision taken, based on outcome from above, regarding potential clawback and correspondence issued regarding same.</p> <p>Further correspondence issued to provider to seek further information.</p>	<p>Arrangements for service provision from October 2016 until new service in place.</p>	<p>business case aiming to bring the formal business case to PHA Board in May 2016.</p> <p>Procurement timeline to be prepared (May 2016)</p> <p>Procurement documentation (including specification) to be developed and agreed (by July 2016)</p> <p>Correspondence to be issued to commence negotiations on a DAC for the period from October 2016 until new contract in place, once business case has been approved. (May/June 2016)</p> <p>-and a report with recommendations is being prepared for PHA Board consideration on 21 Jan 2016 and for Ministerial approval with plans to progress to public procurement on 1 April 2016.</p>	
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<p>Performance is now on target and continues to be monitored by the PHA.</p> <p>A strategic outline business case and Public Consultation Questionnaire were approved by PHA Board.</p> <p>A series of public events were held as part of the public 12 week consultation on the proposed future service and delivery model.</p> <p>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.</p> <p>In addition, some 160 written responses using the consultation questionnaire were received.</p> <p>Findings of the independent clinical audit have been shared with Contact and outcomes of</p>	<p>Analysis of data has been considered by senior management of PHA, Legal and Finance and actions have been agreed. The process is ongoing.</p> <p>Outcomes of the independent clinical audit were presented to PHA Board in August 2014.</p> <p>Approval was given by DHSSPSNI to extend the independent clinical audit.</p> <p>Following formal mediation in July 2015 with the service provider, an agreement was reached on outstanding business, including 'zero' rated calls.</p> <p>.</p>			
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<p>the audit continue to be monitored through the Clinical and Social Care Governance Subgroup. (ongoing).</p> <p>A letter was issued to Contact seeking confirmation of their financial viability in accordance with Clause 17 of the Special Conditions of Contract. Contact advised PHA of concerns about their financial viability due to failure to address outstanding queries against activity. The PHA sought additional information and BSO and Finance have 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 September 2016.</p> <p>A proposal for further independent clinical audit has been postponed due to the original delays in gaining approval and the fact that the current contract will conclude in September 2016. Independent clinical audit will be an integral element of the new service contract for Lifeline Service.</p>				
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PHA board approved the proposed new service model, taking account of the consultation responses at January 2016 board meeting.				
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Corporate Risk 34

RISK AREA/CONTEXT: £2.8m (15%) Reduction in Management and Administrative Funding

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.*

LINK TO ASSURANCE FRAMEWORK: Operational Performance

LINK TO ANNUAL BUSINESS PLAN 2014/15: Corporate Objective 1, 2, 4

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Likely	Major	HIGH

LEAD OFFICER: Dr E Rooney, Chief Executive

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<ul style="list-style-type: none"> Chief Executive and Executive Directors engaged in discussion with 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 	<ul style="list-style-type: none"> AMT in discussion with DHSSPS to seek to obtain best result to allow PHA to discharge its functions Regular briefings to board members 	<p>Uncertainty about implications and impact until final plan agreed within PHA and with DHSSPS;</p> <p>Potential that budget reductions makes it impossible to discharge all functions as required in a safe and effective manner.</p> <p>Potential for loss of key staff resulting in delays in programme budget expenditure</p>	<ul style="list-style-type: none"> Ongoing discussion at AMT and senior level within PHA (ongoing) Discussion ongoing with DHSSPS (ongoing) All travel expenditure to be reduced by 20% during 2015/16 (March 2016) Liaison with other HSC bodies on potential implications and means of mitigating these (ongoing) Final arrangements for 2015/16 VES (March 	<p>March 2016</p> <p>June 2016</p>

<p>PHA board</p> <ul style="list-style-type: none"> • HR provided awareness sessions on Voluntary Exit Scheme • Allocation to cover VES received (September 2015) • Decisions made on Nursing/AHP and Operations and Public Health VES and staff notified (Dec 2015) • Phased leave agreed (up to end June 2016) to facilitate business continuity 			<p>2016)</p> <ul style="list-style-type: none"> • Review of health improvement function structure underway • Review of secretarial/admin support to be initiated by HR (June 2016) • Review of Nursing & AHP directorate structure underway 	
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Corporate Risk 35

RISK AREA/CONTEXT: Property Asset Management

DATE RISK ADDED:
June 2015

DESCRIPTION OF RISK: There are increasing expectations and requirements from DHSSPS 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. ~~Additionally, PHA is currently occupying two facilities, where the leases have ended; while 2 SOCs were submitted, queries responded to and additional queries received from DHSSPS; there is very limited resource to respond to DHSSPS queries and undertake the additional work to resubmit.~~ 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.

LINK TO ASSURANCE FRAMEWORK: Corporate Control

LINK TO ANNUAL BUSINESS PLAN 2014/15: Corporate Objective 6

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Likely	Major	HIGH

LEAD OFFICER: Mr E McClean, Director of Operations

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<ul style="list-style-type: none"> Annual PAM plan prepared (approved by DHSSPS AEMB September 2015); Management of leases and licenses; Strategic Outline Cases for Anderson House and Alexander House submitted. Limited support from DFP CPD Health Division Issue discussed at 	<ul style="list-style-type: none"> PAM plan approved by AMT annually; Regular reports to chief Executive 	<ul style="list-style-type: none"> Lack of capacity/resources to undertake the increasing property asset management requirements; SOCs for Anderson House and Alexander House not approved by DHSSPS; Lack of resources/capacity to take forward work to plan for Ormeau Baths lease end (Feb 2017) 	<ul style="list-style-type: none"> Further options for undertaking property asset management work to be considered (March 2016) Submit draft BC for accommodation for staff currently in Anderson House to DHSSPS AEMB (by 29 January) Follow up visit to Omagh 	<p>Mar 2016 June 2016</p>

<p>Accountability Review meeting (August 2015); further discussions held with sponsor branch (September 2015);</p> <ul style="list-style-type: none"> • Templates (new requirement) submitted to Reform Property Unit (September 2015) • Business Case for Alexander House extension submitted 22/12/16 • 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) 		<ul style="list-style-type: none"> • Resources to be identified for accommodation in Lisburn Health Centre 	<p>to view proposed alternative accommodation & agree terms with WHSCT (Feb 2016), & submit final BC;</p> <ul style="list-style-type: none"> • Anderson House to be vacated by 30 April 2016; ongoing liaison with WHSCT to ensure smooth transfer to Tyrone and Fermanagh Hospital site (May 2016) • Continue to work with DHSSPS AEMB regarding future Belfast accommodation (Dec 2016) • Liaison with SEHSCT regarding lease for staff currently located in Lisburn Health Centre (Sept 2016) ; • Liaison with HSCB regarding potential accommodation/space for PHA to relocate to in 12-22 Linenhall street (Sept 2016); • Preparation of business case in respect of Ormeau Baths (October 2016) 	
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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: 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
<ul style="list-style-type: none"> • Secondments in place to cover posts. • Temporary staffing approved through scrutiny panel and attempt at re-profiling other posts. 	<ul style="list-style-type: none"> • HR and Occupational Health aware of underlying issues. • Prioritising work to ensure essential screening programmes are being delivered. 	<ul style="list-style-type: none"> • Reduction in activities supporting Screening Programmes including pause to modernisation of Dietetic Eye Screening Programme and postponement of a number of regional meetings. • Insufficient staff to carry out full range of programmes. • If posts removed due to VES, these cannot be replaced. 	<ul style="list-style-type: none"> • Review of staffing support to screening programmes. (by June 2016) • Stand down other programme support work and seek Chief Executive approval for further mitigation.(March 2016) • Re-skilling staff. 	June 2016

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 : Corporate Objective 6				
GRADING	LIKELIHOOD	IMPACT	RISK GRADE	
	Likely	Major	HIGH	
LEAD OFFICER: Mr E McClean, 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 and issues under the team, eg maintenance and management and development of online content; security updates; domains; passwords; software; credit card payments; video editing; hosting tender In-house resource from comms team identified for basic editing and updates	Leadership at AMT and Assistant Director level	Unable to meet expectations from other Directorates. No new website development, limited maintenance of existing sites, with potential that sites could crash Entirety of issues cannot be covered under maintenance contract, eg credit card payments, domain registrants	Development of maintenance contract tender proposal to issue to third party suppliers 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) Risk management through AMT; include communication on NI Direct project (May 16)	June 2016

<p>Initial planning underway for re-presentation of health site content to HSC Online</p>		<p>Lack of experience, skills and knowledge to respond to web-related issues and queries; lack of expertise and resource to manage contracts</p> <p>To ensure business continuity, maintenance contract needs to be in place by end May</p> <p>Hosting contract with Memset expired in Oct; monthly rolling contract at present</p> <p>Additional staffing resource contingent on Pengally review of HSC structures, and communications capability review</p>	<p>Credit card payment arrangements cancelled on 15 April. AD to take over as Finance are unable to offer an alternative option. (April 16)</p> <p>Confirm action plan for transfer of site content to NIDirect HSC online. (ongoing –to be reviewed June 16)</p> <p>Procure external company to re-develop corporate site onto Word Press, and transfer hosting to BSO (Dec 16)</p> <p>Scope web requirements of organisation, and associated staffing resource, eg Band 7 digital media manager to manage/coordinate all electronic platforms (June 16)</p> <p>Communicate issue across PHA – manage expectations (June 2016)</p>	
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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 : Corporate Objective 6				
GRADING	LIKELIHOOD	IMPACT	RISK GRADE	
	Possible	Major	HIGH	
LEAD OFFICER: Dr E Rooney, 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; Chief Executive is a member of the Department led Programme Board; Senior Management input to design; Joint AMT/SMT meetings;	AMT meetings Regular updates to PHA board	Uncertainty while reviews under way	Active engagement in the reviews (ongoing –to be reviewed June 16) PHA board workshop (April 2016) Input to Communications capacity review engagement (27 April 2016) Chief Executive input to Reform Programme Board (ongoing –to be reviewed June 16) Ongoing communications to staff (to be reviewed June 16)	June 2016

Senior officers involved in individual reviews (eg Health Intelligence and Communications); Scrutiny Committee				
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APPENDIX

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 31ST MARCH 2016

Corporate Risk 25

RISK AREA/CONTEXT: PHA Belfast Accommodation

DESCRIPTION OF RISK: PHA staff based in Belfast are in unsuitable accommodation with inadequate space (PHA staff in Linenhall street are in an increasingly over-crowded environment – communications staff, previously in Ormeau avenue have had to be relocated to floor 4 south, with access to specialised IT equipment compromised; no space is available for additional staff recruited to Nursing/AHP, Public Health and Operations; lack of meeting rooms and breakout space), compromising privacy and confidentiality, smooth operation of business, potential health and safety issues and resulting in poor staff moral and complaints. This is likely to be exacerbated with a number of staff on secondment or career break due to return in the coming months. The lease for Ormeau Baths is due to end 2017. Leased accommodation in Alexander House is becoming increasingly unsuitable, with significant water ingress on three occasions since May 2014 and a subsequent partial ceiling collapse in May 2014. While the business case for alternative accommodation was approved the landlord withdrew before the lease could be finalised. The risk is therefore increased as there is no alternative accommodation solution at the moment.

DATE RISK ADDED:
June 2012

REMOVED- Remaining elements considered in CR35

LINK TO ASSURANCE FRAMEWORK: Corporate Control Dimension

LINK TO ANNUAL BUSINESS PLAN 2014/15: Corporate Objective 6

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
	Possible	Moderate	MEDIUM

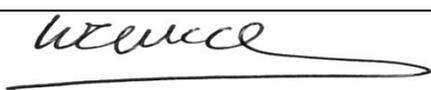
LEAD OFFICER: Mr E McClean, Director of Operations

Existing Controls	Internal and External Assurances to the Board	Gaps in Controls and Assurances	Action Plan/Comments/ Timescale	Review Date
<ul style="list-style-type: none"> Communications staff have been set up with IT connections to enable routine functionality; Issue has been highlighted to Health Estates; Following submission of revised business case (September 2013), conditional approval given; 	Regular reports to Chief Executive	Lack of suitable accommodation for number of staff based in Belfast;	<ul style="list-style-type: none"> Continue to raise issue with DHSSPS (on-going) Response (with approval) from DFP expected first week in Jan. Work with DHSSPS AEMB, DLS and LPS to action DFP decision on Alex House business case (29 Feb 2016) Business case to extend Ormeau Baths lease for one year (to 	March 2016

<ul style="list-style-type: none"> • Sponsorship Branch support provided as part of DHSSPS advisors comments. • Business case approved by DHSSPS (19 Nov 2013). • Access to facilities management staff through HSCB contract with BHSCT • SBNI staff moved to HSC Leadership Centre, freeing space in Ormeau Baths • Landlord has carried out repairs to Alexander House ceiling. • Five nursing staff relocated to Ormeau Baths (March 2015) • CX & Operations met with B Smyth (CPD Health Estates division) June 2015 • new (regional) facilities management contract in place from 1/6/15 • CX and Operations met with B Pauley and P Jones (DHSSPS AEMB) November 2015. AEMB have confirmed DFP project to review HSC ALB accommodation in Belfast • Business case to renew Alex House lease (for 2 years) submitted 22/12/15; supported by DHSSPS, who have submitted it to DFP for 			<p>February 2018) to be developed and submitted (on advice of DHSSPS AEMB) by September 2016</p>	
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<p>approval;</p> <ul style="list-style-type: none">• DHSSPS AEMB have advised that DFP will be leading a project to review accommodation requirements of all Belfast based HSC ALBs (inc PHA) with a view to put in place suitable accommodation for all the organisations.				
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PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	16 June 2016
Title of Paper	Information Governance Policies <ul style="list-style-type: none"> • PHA Data Breach Incident Policy • PHA Access to Information Policy
Agenda Item	13
Reference	PHA/07/06/16
Summary	
<p>The PHA initially developed and approved its Data Breach Incident Policy in March 2011. This policy now been revised and takes account of the PHA Information Governance structures. The Policy and its appendices will assist PHA in carrying out an investigation following a reported breach and will go some way to ensuring PHA meets its requirements under the Data Protection Act 1998.</p> <p>PHA has now developed an Access to Information Policy. The purpose of this policy is to ensure the PHA complies with the four main legislative frameworks under which the PHA processes requests for information. The Policy and its appendices provide guidance to the PHA and staff on these legislative frameworks and direction as to how requests for access to information under these frameworks should be handled.</p>	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	These policies were approved by the Information Governance Steering Group on 5 May 2016, by AMT on 24 May 2016 and by the Governance and Audit Committee on 3 June 2016.
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	7 June 2016



Access to Information Policy

2016 – 2020

Version	1.0
Approved by IGSG	05/05/2016
Approved by AMT	
Review Date	31/03/ 2020

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1.0 Introduction

The Public Health Agency (PHA) receives a considerable number of requests for information each year. Access to information held by the PHA is governed by a range of legislative provisions detailing the circumstances in which individuals are entitled to obtain information from public bodies. Whilst this policy is specific to providing information in response to access requests; it supports and does not prevent the PHA from answering questions from service users, partners and the public as those questions arise during the normal course of business.

It is the aim of this policy to ensure such requests receive appropriate treatment and to provide timely access to information held by the PHA in line with legislative requirements in order to promote greater openness and provide increased transparency of decision making.

2.0 Scope

This policy relates to all information and records held by or on behalf of the PHA whether computerised, paper or any other permanent storage media, including photographic, video and voice recordings and is supported by appropriate procedures to assist staff in complying with the PHA statutory obligations.

This policy applies to all members of staff employed by the PHA regardless of the type of contract which they hold. This policy also applies to agency and contract staff working on PHA business.

3.0 Purpose

The purpose of this policy is to ensure the PHA complies with the four main legislative frameworks under which the PHA processes requests for information. The legislative frameworks are:

- The Freedom of Information Act 2000 (FOIA),
- The Environmental Information Regulations 2004 (EIR),
- The Data Protection Act 1998 (DPA - Subject Access);
- The Access to Health Records (NI) Order 1993 (AHR).

This policy will provide guidance to the PHA and staff on these legislative frameworks and direction as to how requests for

access to information under these frameworks should be handled. This policy supports and enables the principle that openness and not secrecy should be the norm in public life. As the PHA also believes that individuals have a right to privacy and confidentiality, this policy does not overturn the common law duties of confidentiality or statutory provisions that prevent disclosure of personal information about individuals.

4.0 Policy Distribution

The Policy will be made available to all PHA staff via Connect. A global notice will be sent to all staff notifying them of the release of this document via iKnow (metacompliance).

5.0 Access to Information

The PHA may receive information access requests in a variety of ways and the procedures to follow for responses, including potential charges, exemptions and timescales, vary depending upon which legislation is relevant to the information requested.

It is essential that the PHA identifies the correct legislation on receipt of the request, especially as the requestor is not required to mention the legislation or may quote the wrong legislation or the information access request may include information falling under more than one Act.

The PHA may occasionally choose to provide additional information outside the legislative framework, at its discretion and without obligation.

Although information access requests under FOIA and DPA must be made in writing, this may cause difficulties for some requestors due to, for example, communication issues or disability, and the PHA will provide advice and assistance to enable equality of access for all.

6.0 Freedom of Information Act 2000

6.1 Published Information

Under The Freedom of Information Act (FOIA) all public authorities are obliged to adopt and maintain a Publication Scheme on their organisational website.

The PHA Publication Scheme is on its website and details the information that is published including the format in which the information is available with links to specific documents where possible.

It is the responsibility of each Directorate to regularly review the contents of the Publication Scheme updating published information for their business area as it becomes available. The Governance Manager will contact each Directorate once a year to remind them of this requirement. Where requests are regularly received for similar or specific categories of unpublished information PHA will consider pro-actively publishing this information in the Publication Scheme in future.

6.2 Unpublished Information

Receiving and Responding to Requests - The PHA provides a centralised approach to the processing of FOI requests. The Governance Staff are specifically trained on the FOI Act and provide this function across all PHA offices to ensure consistent compliance with the legislation.

FOI requests must be submitted in writing or by e-mail. E-mail requests should be forwarded to foi.pha@hscni.net with hard copies posted to the Governance Manager, Tower Hill, Armagh BT61 9DR. Requests may also be received by any office of the PHA. All FOI requests should be forwarded to the Governance Manager immediately.

Response Times - All FOI requests must be answered promptly and no later than 20 working days from receipt of the request.

Receiving Requests - Each request will be recorded on a database in the southern office and a reference number will be

assigned to it. An acknowledgement letter will be sent to the requester along with a FOI Information Leaflet.

Preparing Responses - The Governance Manager will jointly agree with the relevant Assistant Director how each request will be dealt with and decide who is most appropriate to prepare the response information. The information will be forwarded to the Governance Manager within the agreed timescale and the Governance Manager will manipulate the data into the standard response template for issue.

If you are asked by the Governance Manager to gather information for an FOI request you should do so quickly and within the timescale agreed. Remember, the Governance Manager may be dealing with multiple requests at any given time, and ensuring prompt transfer of the information to him/her is essential if PHA is to meet its statutory obligations within the designated timescales and avoid sanctions from the Information Commissioners Office (ICO).

Timescales - The requestor will be informed of the reason for any delay and the expected response date within 20 working days of receipt of the original request. Where the request is not clear or could be interpreted in more than one way, the PHA will seek clarification from the requestor before responding. Where charges are applicable, the PHA will issue a fees notice to the requestor.

Approval of Responses - Where a request seeks information which does not require the attention of Senior Management the response will be completed and approved by the Governance Manager handling the request.

Where it becomes clear that the information requested is topical or complex the response must be shared with Senior Management within the PHA. The Senior Managers will have access to the Chief Executive and AMT members. The Director of Operations (Mr E McClean) will approve such information requests on behalf of the PHA.

Where the response has been reviewed and approved by Senior Management an e-mail will be sent to the Governance Manager handling the response stating this (NB Senior Management should

be aware that any Officers involved in the initial response process cannot be involved in any subsequent request for internal review). The response letter will then be signed by the Governance Manager as normal.

Exemptions - The only exceptions to providing the information requested is where the PHA is considering the public interest test regarding the applicability of one of the qualified exemptions. There are 23 exemptions in total within the FOI Act, with a limited number of these applicable to the PHA. If you have any concerns about information which you believe may not be suitable for placing into the public domain, you should discuss this with the Governance Manager at the earliest opportunity. The Governance Manager can provide advice and support on this aspect of the FOI process.

Rights of Review - The FOI Act provides an applicant with a Right of Review if they are unhappy with the organisation's initial response to a request. The review will look at all aspects of how the initial request was processed from the acknowledgement stage to the information provided in the response. The Governance Manager will conduct the review consulting as necessary with the associated PHA Directorates before finally writing to the applicant to convey the outcome. At review stage, circumstances may have changed, allowing information previously withheld, to be released. If the applicant remains unhappy with the organisation's response, they have the right to approach the Information Commissioner for an independent review (see Freedom of Information Internal Review Procedures Protocol).

The Information Commissioner's Office (ICO) is the UK's independent public authority set up to uphold information rights. The Information Commissioner has wide ranging powers of sanction over Public Authorities who fail to meet their statutory obligations under Freedom of Information, Environmental Information and Data Protection legislation.

Fees - Requests will generally be met without charge unless the costs of meeting the request exceed £450. This has been equated to 18 hours work costing £25/hour. A charge may be levied by the PHA if the estimated costs of sourcing and retrieving information to respond to a request exceed this limit.

The time between issuing the fees notice and receiving payment is not included in the 20 working day response period. If the fees are not paid within three months the information access request will lapse.

Please see Appendix 1 ICO Flowchart of request handling under FOIA.

7.0 Environmental Information Regulations 2004 (EIR)

The Environmental Information Regulations 2004 provide public access to environmental information held by public authorities:

- public authorities must make environmental information available proactively; and
- members of the public are entitled to request environmental information from public authorities.

Unlike FOI, requests for Environmental information do not necessarily have to be made in writing; the information access request could also be made by telephone or in person. As the request can arise during the course of normal conversation, this can cause difficulties in identifying and responding to a request. Should a member of staff receive a request for Environmental information they are advised to write the request down and pass it along with the contact details of the requester to the Governance Manager.

Response Times - Responses to requests under EIR must be issued promptly and no later than 20 working days from receipt. The only exceptions will be where the request is particularly complex or involves providing large amounts of information.

Exemptions/Exceptions - There are a limited number of exceptions under EIR which can be considered to withhold information. All exceptions are subject to a Public Interest Test. If you have any concerns about information which you believe may not be suitable for placing into the Public Domain under EIR, you should discuss this with the Governance Manager at the earliest opportunity.

Rights of Review - EIR also provides an applicant with a Right of Review if they are unhappy with the organisation's initial response to a request. The Governance Manager will review the initial

response in consultation with the relevant PHA Directorates and write to the applicant with the outcome of that review. At review stage, circumstances may have changed, allowing information previously withheld, to be released. If the applicant remains unhappy with the organisation's response, they have the right to approach the Information Commissioner for an independent review.

Fees - Requests will generally be met without charge unless the costs of meeting the request are 'manifestly unreasonable'. Unlike FOI the Environmental Information Regulations do not provide a cost limit over which a fee can be requested. Instead there is Regulation 12(4)(b) which allows you to refuse requests that are 'manifestly unreasonable'. The ICO guidance suggests using the cost limits of £450 identified in the FOI Act as a guide to what might be constituted as 'manifestly unreasonable'.

8.0 Data Protection Act 1998 (DPA)

Subject access requests for personal information under the DPA must be made in writing by the living individual concerned or his/her representative. The request must include evidence of identity, the required fee, sufficient information to locate the relevant files or records and, in the case of a representative, evidence of authority to act.

The PHA is most likely to receive information access requests from patients, service users, staff and contractors. These requests can only be accepted from:

- the individual concerned;
- his/her authorised representative;
- an adult with parental responsibilities, in the case of children not yet competent to make their own decisions;
- an attorney with authority to manage the affairs of an individual with or without the mental capacity to manage their own affairs;
- any person appointed by the Court of Protection to act on behalf of an individual without the mental capacity to manage their own affairs.

Family members and friends who do not meet these conditions are not entitled to access the personal information of others and,

although they may request access, this is likely to be denied on the grounds of confidentiality in all but exceptional cases.

The PHA will not generally disclose personal information about living or deceased individuals, in compliance with the requirements of DPA and the common law duty of confidence.

There will be occasions, however, when the PHA receives a request for personal information from third parties and may disclose some or all of the information requested, with or without the knowledge of the individual concerned. Such disclosures may take place because it is a legal requirement, for example under a court order. Other investigatory bodies may also request information, including the Police and Revenue and Customs (HMRC).

Receiving Requests - Requests received through any PHA office should be forwarded to the Governance Manager immediately. The Governance Manager will record the request on the data base, and send the requester an acknowledgement letter , along with a Subject Access to Health Records application form.

Response Times - All Subject Access Requests must be answered promptly and no later than 40 calendar days from receipt of the request.

Exemptions under DPA - There are limited exemptions that can be considered when responding to a Subject Access Request. PHA may withhold some or all of the personal information if, in the opinion of a health or social care professional, disclosure would be likely to cause serious harm to the physical or mental health of the requestor or to any other individual. Or, if the information includes personal information about a third party who has not consented to disclosure; disclosure would be likely to affect the PHA ability to bring or defend legal proceedings; or disclosure would be likely to affect the prevention or detection of crime.

The PHA is not required to respond to repeated subject access requests unless a reasonable period of time has elapsed and/or the personal information is likely to have changed since the last request.

Rights of Review - If the PHA withholds information based on an exemption it will issue a refusal notice explaining what exemption it has applied and why; the internal review process; and the requestor's right to complain to the Information Commissioners Office.

Fees - Requests will generally be met without charge for subject access requests however the legislation does make provision for charges of between £10 and £50 to be levied for each request. The higher charges only being applicable to requests requiring copies of information held to be reproduced on more expensive media such as x-rays.

9.0 Access to Health Records (NI) Order 1993 (AHRO).

Requests for access to information in the health records of deceased individuals may be made verbally or in writing. Requests can only be accepted from the deceased patient's personal representative (the executor of the will/estate dealing with probate) and/or from individuals with a claim arising from the death.

Family members and friends who do not meet the specific criteria in the legislation are not entitled to access the health record and, although they may request access, this is likely to be denied on the grounds of confidentiality in all but exceptional cases.

The AHRO relates specifically to health records. The PHA will consider information access requests, but is likely to deny requests on the grounds of confidentiality in all but exceptional cases.

Response Times - Responses to information access requests under AHRO will be issued promptly and not later than:

21 calendar days from receipt for records which have been added to in the preceding 40 days; and

40 calendar days for all other records, subject to payment of relevant charges.

The PHA will only provide the personal representative (the executor of the will/estate dealing with probate) with partial or full access to the health records of deceased patients as required for

that purpose. For individuals with a claim arising from the death this will be access to the parts of the health records of deceased patients relating to the cause of death and/or final illness as relevant to pursuing the claim.

10.0 Consultation with Third Parties

The PHA holds information provided by, obtained from or relating to third parties, for example in relation to contracts or joint working with other organisations.

The PHA will only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of its functions and it would not be otherwise provided, and will not agree to hold information 'in confidence' which is not truly confidential in nature.

In addition, information that is confidential at the time of acceptance by the PHA may no longer be confidential at the time of an information access request due to the passage of time or having already entered the public domain.

Contracts - When entering into contracts, the PHA will refuse contractual terms which seek to restrict the disclosure of information relating to the contract, beyond those restrictions permitted by law. Unless a legal exemption is applicable in relation to any particular information, the PHA will be obliged to disclose in response to an information access request, regardless of the terms of the contract.

11.0 Transferring Requests for Information

If the PHA receives a request for information which it does not hold (or holds only in part) but which it knows or believes is held by another public authority, then it will consider what would be the most helpful way of assisting the requestor in line with the FOIA and EIR codes of practice.

Depending on the circumstances, this is likely to involve: providing any information that it does hold under FOIA or EIR; at the earliest opportunity informing the requestor that the information may be held by another public authority; providing the

requestor with contact details for that authority and suggesting s/he reapplies to them; if the requester indicates that they do not object to the transfer of the request to the other public authority, the PHA may transfer the request directly, notifying the requestor if this is to be done.

The time for compliance in respect of information not held by the PHA does not start until the request is received by the public authority that does hold it.

The PHA will not transfer requests for personal or health information received under DPA or AHRO due to confidentiality requirements, unless the requestor specifically consents to the transfer, but will assist to identify the public authority most likely to hold their information.

12.0 Open Data

OpenDataNI brings together, in one place, a range of data from government departments and other public sector organisations. The data is available under an Open Government Licence which means that it is free to copy, adapt, commercially exploit and publish. OpenDataNI is the technical platform for the delivery of the Open Data Strategy for Northern Ireland 2015-18. This Open Data portal has been created to facilitate easy access to Northern Ireland public sector data for both reuse and redistribution.

Dataset suggestions are submitted by users of OpenDataNI as a means to enquire about publication of data of interest. PHA are required to respond within 10 working days with details of whether or not the dataset can be published – if the data can be published, our response shall indicate the timeframe within which PHA aim to do so; if unable to publish, the response must detail the reasons for this, with the only acceptable criteria being those outlined in the ‘Open Data Strategy for Northern Ireland 2015-18’.

Receiving and Responding to Requests - The PHA provides a centralised approach to the processing of Open Data requests. Open data requests are received in to the foi.pha@hscni.net email account.

Response Times - All Open Data requests must be answered

promptly and no later than 10 working days of the date of referral.

Receiving Requests - Each request will be recorded on a database in the Southern Office and a Reference Number will be assigned to it. An acknowledgement email will be sent to the Open Data team.

Preparing Responses - The Governance Manager will forward the Open Data request, i.e. the publication suggestion, to the relevant Assistant Director who shall confirm:

- if PHA holds the data and can publish it, and
- when PHA would hope to have the data published by, or
- if PHA cannot publish the data which of the Open Data exception Criteria apply.

Approval of Responses – The Assistant Director (or nominated officer) will forward responses to the Governance Manager and the response will be completed by the Governance Manager and a copy of the email response will be held on file.

Exemptions - There are 3 Open Data exception Criteria. If you have any concerns about information which you believe may not be suitable for placing into the public domain, you should discuss this with the Governance Manager at the earliest opportunity. The Governance Manager can provide advice and support on this application of the exception Criteria.

Please see Appendix 2 Open Data NI Dataset Checking Decision Tree flowchart for IAOs.

13.0 Data Sharing

All Health and Social Care organisations (HSC) must ensure that when sharing HSC data for non-direct care (secondary purposes), assurances are provided by the requesting organisations that they comply with the Data Protection Act (1998) and that staff are aware of the relevant DPA Policies and Procedures in place.

Researchers undertaking studies and who require access to patient identifiable information and / or anonymous HSC data

should follow the research protocol (Research Governance Framework for Health and Social Care in Northern Ireland).

Please be aware that it may be more appropriate to make use of the Honest Broker Service (HBS) rather than completing a Data Access Agreement. The HBS will enable the provision of anonymised, aggregated and in some cases pseudonymised health and social care data to the DHSSPS, HSC organisations and in the case of anonymised data for ethically approved Health and Social care related research. Please see Appendix 3 Honest Broker Service Decision Flowchart.

Arrangement for access to personal data may already be covered by a contract (eg a contract for supplier support on an information system) therefore organisations need to be clear that any proposed data sharing is either covered adequately by that contract or make sure that a Data Access Agreement is completed.

A Data Access Agreement must be completed by any organisation wishing to access HSC Trust data. It must be considered for approval and signed by the supplier organisation's Personal Data Guardian. Please see below link to Data Access Agreement template below:

<http://connect.publichealthagency.org/policy/data-protectionconfidentiality-policy-document>

14.0 Roles and Responsibilities

The main roles are identified as follows:

14.1 Chief Executive - The Chief Executive, as Accountable Officer, has overall responsibility for ensuring that sound systems of Corporate Governance are in place within the PHA and to ensure compliance with the legal and statutory obligations identified in this policy.

14.2 Senior Information Risk Owner (SIRO) - The SIRO (Director of Operations) is the responsible Director for the Information Governance function within the PHA.

- 14.3 The Personal Data Guardian (PDG)** - The PDG (Director of Public Health/Medical Director) has responsibility for ensuring that PHA processes satisfy the highest practical standards for handling personal data which includes the provision of information under Section 7 of the DPA 1998.
- 14.4 Directors and Assistant Directors/Information Asset Owners (IAO's)** - The Directors and Assistant Directors of the PHA will be responsible for overseeing the sourcing and provision of requested information from their business functions to the Information Governance Team. The information will be provided to the Information Governance Team in line with agreed timescales initially identified at the start of the request process to enable compliance with legislated timescales. They will provide a point of contact for clarification of issues and will work with the Information Governance Team to agree the factual correctness of responses prepared for release.
- 14.5 Assistant Director Planning and Operational Services (AD P&OS)** - The AD P&OS has responsibility delegated from the SIRO for ensuring that effective systems and processes are in place to address the information governance agenda.
- 14.6 Governance Manager** - The Governance Manager will manage the processing of all requests for information under the relevant legislative frameworks identified in this policy. The Governance Manager will provide advice and assistance to Directorates when sourcing and identifying information and will identify and agree timescales for provision of that information to allow consideration when formulating responses. The Governance Manager will maintain appropriate performance statistics on activity and submit update reports to the Information Governance Steering Group.
- 14.7 All Staff** - All staff should be in a position to recognise requests for information under any of the above legislative frameworks. Given the limited timescales identified for response all staff have a responsibility to forward such

requests to the Governance Manager as a matter of urgency. It is the responsibility of staff to be familiar with and comply with policies and procedures issued by the PHA, and be aware that failure to comply may result in disciplinary action.

15.0 Review and Revision Arrangements

This policy will be reviewed as per the review date on the policy front sheet. However, it will be reviewed when affected by major internal or external changes such as:

- Legislation
- Practice change or change in system/technology
- Changing methodology.

16.0 Alternative Formats

Every effort will be made to provide information in an alternative format if written format is not accessible.

17.0 Equality and Human Rights Considerations

17.1 Equality

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping. This policy will therefore not be subject to an Equality Impact Assessment.

17.2 Human Rights

This policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

This policy will be included in the PHA's Register of Screening documentation and will be published on the PHA website.



Data Breach Incident Response Policy

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1. Introduction

Organisations that are subject to the Data Protection Act 1998 are legally bound to take appropriate measures against unauthorised/unlawful processing and against accidental loss, destruction or damage to personal data.

This document aims to assist a Data Breach Incident Team in the event of a loss or theft of data or where data is unaccounted for. Each incident will have its own unique set of circumstances and it is not possible to have a contingency for every eventuality, however, this document and its appendices will assist you in carrying out an investigation following a reported breach. This document will go some way to ensuring that the PHA meets its requirements under the DPA 1998.

2. Defining a Data Breach

This can generally refer to an unauthorised or unintentional exposure, disclosure or loss of sensitive information, such as personal information. It could involve sensitive corporate data or personal information relating to an individual or individuals. It could relate to an incident or event where the integrity, security or confidentiality of certain information has been compromised or where a near miss has been experienced, which may warrant a formal investigation to ascertain the circumstances and actions that lead to that event.

Some examples of breaches could be attempts to gain unauthorised access to information held on electronic systems, breakin, improper/unauthorised disclosure of confidential information to others, release (either deliberately or accidentally) of personal information and other events where corporate information, either electronic or manual, is compromised or its integrity is jeopardised.

2.1 Types of Breach

- **Loss.** Information missing but no immediate indication that theft is involved. This may be following an audit where it is discovered that some equipment or datasets are unaccounted for.
- **Theft.** Deliberate theft of equipment, media or unauthorised removal of hard copy data. Also, information removed through unauthorised access to electronic systems (hack).
- **Information that could be put to criminal use e.g.** Identity Theft or Blackmail. Information is lost, stolen or unaccounted for but has the potential to cause harm or distress if used for criminal purposes, such as Staff or Suppliers bank details.

2.2 Response considerations

The type of breach will determine whether or not the decision is taken to report the matter to the Police Service of Northern Ireland (PSNI). In the event that material is initially believed lost, the nature of that material and the potential harm that it could cause an individual in the event that it is subsequently found to have been taken without authorisation, may lead the Senior Information Risk Owner (SIRO) in conjunction with the Chief Executive and Legal Services, to report it to the PSNI. It will also be immediately reported to those involved to afford them the opportunity to take actions to mitigate any potential for personal loss or damage. Failure to report a breach to those potentially affected, in a timely manner, has the potential of turning a Data Loss into a Data Theft and potentially into a case of Identity Theft and/or Fraud. It is therefore essential that action is taken quickly and decisively, on identifying the

breach, and in relation to subsequent actions to limit potential fallout and damage.

3 Reporting a Breach

Each Information Asset within the PHA should be assigned an 'Asset Owner'. The Information Asset Owner (IAO) is responsible for maintaining the integrity, accuracy and security measures employed with that particular asset. The IAO may determine the purpose to which that data is used, in line with the provisions of Data Protection Act 1998. If personal data, they are also responsible for ensuring access protocols are in place to prevent unauthorised access to the information.

The IAO must report any suspected or confirmed breach to the Governance Manager (GM) immediately, without unreasonable delay, upon discovery or after he/she has been informed of the event. This also covers the eventuality where an employee of the PHA is advised by a third party provider who processes or holds information on behalf of the PHA of a confirmed or suspected Data Breach.

The GM will gather initial details relating to the event and inform the Senior Information Risk Owner (SIRO). It is the SIRO and the GM who will determine whether the event warrants a full investigation and if a Data Breach Incident Team is established.

The decisions reached at this initial meeting will determine the next steps in the process of containing, understanding and reporting on the breach. Each of the actions above, and the attached appendices, will aid the SIRO in taking measures appropriate to the circumstances pertaining to the breach that he is managing.

3.1 Scenario 1

It may be decided that the incident does warrant investigation by the Police as equipment has been stolen, but that sufficient security mechanisms, i.e. encryption was in place and there is

evidence to support this fact. Therefore there is no risk of the data on the equipment being viewed by an unauthorised individual and no risk posed to individuals concerned. The incident is not reported to the Information Commissioners office.

3.2 Scenario 2

The breach is deemed to be a major loss of data. High numbers of individuals' sensitive health data involved and/or information held on a stolen unencrypted laptop. The decision should be taken within hours of reported loss to set up the Data Breach Incident Team and the Chief Executive and AMT members notified. SIRO identifies Team members and initiates first meeting. SIRO determines who else needs to be informed, including the following (dependent on the nature of the breach):

- DoH Communications department and Ministers Office informed of loss and provided with initial briefing
- Legal Services contacted
- Communication is sent to Information Commissioners Office informing them of the loss
- SIRO and Chief Executive take decision to inform PSNI of theft and potential harm to individuals involved.

Knowledge of incident should initially be contained within key group to facilitate evidence gathering exercise to inform the Incident Team. If there is a risk that personal data can be viewed, an urgent decision will be required about informing individuals involved. Letters and FAQs should be prepared and steps taken to issue letters for same day delivery. A media briefing paper may also need to be prepared and issued through the Communications team. Establishment of a 'Help Line' should be considered with input from relevant Public Health Consultants in the event that medical related queries are received by admin operators. As noted above DoH should be informed, with the Communications Team also liaising with the DoH press office. Communications Teams co-ordinate

press with posting date of letters to individuals involved. The 'Help Line', where appropriate, should be operational from the date the letter is delivered.

In parallel with the media management element of the plan, evidence gathering continues and regular updates should be developed and provided to AMT. Channels of communication are maintained with PSNI, DoH and ICO. Once the incident is contained and evidence collected to inform the team how the incident occurred, remedial actions should be identified and initiated without undue delay. If external investigations by PSNI and Information Commissioners Office continue PHA will continue to collaborate fully.

Once all investigations have been completed a post incident lessons learned paper should be developed and dispersed widely. The Data Breach Incident Plan will also be reviewed and amended as necessary.

4 Data Breach Incident Team

A Data Breach Incident Team is established to provide a quick, effective and orderly response to a breach related incident.

Role of the Data Breach Incident Team

- Contain breach
- Understand breach and assess risk
- Limit Damage from breach
- Communicate facts of breach
- Implement revised procedures to prevent future breaches
- Monitor post breach measures
- Produce lessons learned report.

Makeup and Roles of the Data Breach Incident Team

Senior Information Risk Owner (SIRO)

- Senior role within the organisation, member of AMT;

- May authorise use of resources, including key personnel, and ensure full cooperation from Organisation;
- Provides Corporate Line;
- Provide list of key individuals who are to be informed of breach e.g. ICO, PSNI, PCC;
- Provide list of key individuals who are to be regularly updated on breach, e.g. AMT, DoH;
- Liaises directly with AMT / DoH;
- Authorises, in conjunction with Chief Executive, involvement of Police Service;
- Authorises Communications and Press Releases.

Governance Manager (GM)

- Collates initial findings and briefs SIRO as soon as breach is reported / discovered (see Appendix 1).
- Provides initial analysis of size, type and implications of breach.
- Assists in determining whether breach should be reported to ICO / individuals involved.
- Briefs Incident Team members on status of breach.
- Provides day-to-day management of Incident Team.
- Manages and maintains evidence trail / records log.
- Ensures the Incident Team maintains a degree of confidentiality.
- Coordinates setting up of Help Line, where appropriate, in conjunction with Communications Officer.
- Provides post event analysis.

Communications Manager/Officer

(See Appendix 2)

I.C.T. Security Manager (BSO)

- Officer should have sufficient system permissions to enable them to carry out the role. Contains breach. If 'hack', close system/network.
- Preserves electronic evidence and ensures integrity of evidence trail
- Facilitates access to electronic logs of actions
- Secures remaining or existing electronic data / back ups
- Identifies type and volume of information
- Provides detailed technical report of incident
- Provides IT support.

Information Asset Owner

- Provides details of working practices;
- Aids understanding of the breach;
- Identifies and implements revised procedures to prevent future breach;
- Monitors post breach measures.

Other member's involvement and their respective roles will be determined by the type and nature of the breach and the input required by the Incident Team.

5 Bodies/Persons that should be informed of Incident in the initial hours / days following the breach

- Agency Management Team
- Chairman
- Personal Data Guardian
- Director of Legal Services
- PSNI
- DoH
- Communications Department
- Minister's Office – Early Alert
- Relevant PHA Officers
- Information Commissioner (see Appendix 6)

- Patient Client Council (PCC)
- Local Members of the Legislative Assembly
- Royal Mail or Courier Service (to carry out searches if items in transit are not received at destination)
- External Service Providers (dependant on nature of breach)
- BSO ITS

Note: This list is not exhaustive, nor is it intended that each incident will warrant informing all of those listed above. Each incident and the prevailing circumstances surrounding it will dictate who is to be informed, why, how and when.

6 Actions for Initial Incident Team Meeting

- Briefing of initial facts to assembled Incident Team **GM**
- Clarification of roles and responsibilities **SIRO**
 - Contain breach (assign)
 - Complete and approve SAI
 - Gather evidence **(GM)**
 - Collate and prepare comprehensive initial report **(GM / Comms)** (see Appendix 1)
 - Ascertain Team requirements (authorisation/equipment)
 - Request technical report of incident from IT (if electronic data)
 - Identify additional incident specific personnel to join team
- Decision as to whether to inform ICO **SIRO/GM**
- Decision whether to inform other parties **SIRO/CEX/GM**
- Initial list of those to be informed drawn up **SIRO**
- Initial list of those to be kept regularly informed drawn up (see 5.0) **SIRO**
- Decision taken as to whether 'Help Line' is required **SIRO**
- Requisition rooms at this stage in preparation (Appendix (appendix 3))

- Link with BSO ITS as required
 - Identify telephone number to be included in mail shot
 - Initial list drawn up of operator staff and supervisor
 - Help Line operator pro forma (Appendix 4)
 - List of FAQs drawn up (Appendix 5)
 - Administration support to prepare materials
 - Medical representatives identified to field specific calls
- Mailing letters to people who may be impacted by breach.
(Liaise with Royal Mail and advise if significant volumes.
Ensure everyone receives their letter on the same day)
 - Administration support
 - Cost centre
 - Stationary – letters, paper, printers
 - Placing letters and FAQs in envelopes (time considerations)
 - Stamps – (liaise with Royal Mail)
 - Action List
 - Time (or date) of next update / meeting

Comms

7 Post Incident Report

Before the Data Breach Incident Team can be stood down they will draw up a lessons learnt document with input from the Governance Manager and from the SIRO. This document should draw on the experiences and learning acquired during the management of the breach and should, where possible, be shared widely with other HSC Bodies. The GM should also add additional documents, letters and pro- formas generated during the incident as appendices to the Data Breach Incident Response Policy.

8 Review

The SIRO will ensure that this policy will be reviewed every four years or as required in the event of changes in working practice/circumstances.

9 Responsibilities

Chief Executive – The Chief Executive, as Accounting Officer, has responsibility for ensuring that the PHA complies with its statutory obligations and DoH directives.

PHA Board – is responsible for ensuring appropriate systems are in place to ensure effective Information Governance across all the services for which PHA is responsible. A data breach report will be presented to the PHA Board when required.

PHA Governance and Audit Committee (GAC) – The GAC has responsibility for providing the PHA Board with an independent and objective review of governance processes and an assurance on the adequacy and effectiveness of the system of internal control within the PHA. It will formally review progress on the implementation of this policy as and when required.

Senior Information Risk Owner (SIRO) - The SIRO (Director of Operations) is the focus for the management of information risk at board level. The SIRO will have overall responsibility for the management of a data breach incident in line with this policy.

The Personal Data Guardian (PDG) - The PDG (Director of Public Health/Medical Director) has responsibility for ensuring that the PHA processes satisfy the highest practical standards for handling

personal data. The PDG is the 'conscience' of the organisation in respect of patient information, and will also promote a culture that respects and protects personal data. The PDG works closely with the SIRO and Information Asset Owners where appropriate, especially where information risk reviews are conducted for assets which comprise or contain patient/service user information.

Information Asset Owners (IAO's) - The IAO's primary role will be to manage and address risks associated with the information assets within their function and to provide assurance to the SIRO on the management of those assets. Each PHA Assistant Director is the IAO for their function group and is responsible for managing the data breach which occurs within it in line with this policy.

Governance Manager - The Governance Manager is operationally responsible for the day to day implementation of all aspects of this policy in the event of a data breach.

10.0 Alternative Formats

Every effort will be made to provide information in an alternative format if written format is not accessible.

11.0 Equality and Human Rights Considerations

11.1 Equality

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping. This policy will therefore not be subject to an Equality Impact Assessment.

11.2 Human Rights

This policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

This policy will be included in the PHA's Register of Screening documentation and will be published on the PHA website.

12.0 Interaction with other PHA policies

This policy should be read in conjunction with the PHA Data Protection / Confidentiality Policy; PHA ICT Security Policy and PHA Incident and Near Miss Reporting Policy and Procedure.

Please see links below:

<http://connect.publichealthagency.org/policy/data-protectionconfidentiality-policy-document>

<http://connect.publichealthagency.org/policy/pha-ict-security-policy-documents-and-form>

<http://connect.publichealthagency.org/policy/incident-and-near-miss-reporting-policy-and-procedure>

Appendix 1

Initial Incident Report Checklist

The following list of information may be sought in full/part by the Governance Manager in the event of an Information Breach:

- When was breach discovered?
- Who reported breach?
- Define media:
 - Electronic
 - Removable media
 - Hard copy
- Define Security mechanisms in place:
 - Was encryption present?
 - Was password protection present?
 - Were other security mechanisms employed?
 - Was data anonymised?
 - Was data pseudonymised?
- Define dataset involved (list data fields)
- Identify Business Usage (eg Infectious Disease monitoring)
- Identify Information Asset Owner
- Quantify volume of individuals involved
- Identify threats to individuals involved
- Describe circumstances leading to breach
- Describe actions taken to date
- Describe actions pending
- Confirm if BSO ITS has been advised
- Assess need for Regional Alert

Appendix 2

Communication Plan

In the event of an information breach, planning and enacting a robust Communications Plan will be a critical factor. The Communications Team will be heavily involved and the following are factors for consideration.

The purpose of the Communication Plan is to outline the communication objectives for the PHA in the event of a Data Breach. and will help identify:

- Target audiences;
- Communication processes; and
- Key messages to be communicated to diverse parties.

A critical component of a Data Breach Communication Plan is to ensure that sufficient information pertaining to the incident is communicated to the correct audience, in an effective and timely fashion. Those that may need to be informed of any breach and the subsequent actions being taken may include:

- The individuals affected by the breach
- The Information Commissioners Office
- Department of Legal Services
- The DoH Communication Team
- The Ministers Office
- The Police Service of Northern Ireland (in the event that the breach is suspected or known to be a theft or where the information in question could be used for criminal purposes, such as identity theft)
- Royal Mail or other Courier Services
- Professional Regulatory Bodies.

The primary purpose of the Communication Plan is to manage the way in which the incident is brought to the attention of those directly affected, and then to the wider community. This should be done in a way that does not compound the situation and avoids unauthorised

releases of incorrect or misleading information causing further harm and suffering. It should be stressed that not all breaches will require notification to the individuals in question, or indeed reporting to a wider audience, however, it is still essential to ensure channels of internal and inter-departmental and external communication are opened and maintained.

Objectives

- Ensure effective communication at each step of the process
- Frequent communication in the form of incident update reports to the PHA Agency Management Team (AMT), the DoH, and the various Incident Team participants on a regular basis to ensure a cohesive approach is maintained throughout the process
- Establish, maintain and manage channels of communication between participants both internally and externally
- Communicate only the facts of the incident and maintain focus on these avoiding rumour and conjecture
- Maintain partnership working if the Incident Team is multidisciplinary in its make-up and involves other Agencies
- Use systems and processes already in place to ensure communications are made available in a timely manner to key staff and partner organisations
- Maintain strict control over the number of individuals to be informed of events. Those to be informed will be identified by the SIRO, who will also determine corporate response and approve all communications
- Communication should be clear and the following principles are to be viewed as best practice:
 - Openness, honesty and accountability
 - Use of appropriate language and methods of communication
 - Sensitivity and understanding
 - Effective listening
 - Provision of feedback.
- Maintain single point of contact for those affected and the media

- Produce and publish up-to-date information about the incident as and when it becomes available, subject to approval by the SIRO
- Ensure availability of up to date information technology systems and processes to meet the communication needs of the Incident Team.

Target Audience

The SIRO will at the outset of the investigation into the breach, determine the make-up of the Incident Team. At this point, they will provide the officer responsible for Communication with an initial list of those who should be informed that a breach has occurred, and a further list of those who should be kept regularly informed throughout the process. Not all breaches will require notification to the individuals whose information is involved. If the decision is taken that those who have been affected are to be informed, then the Communication officer should ensure that the focus for all Communications is one that is sympathetic to, and geared towards reassuring and informing the individuals, and is not one that is primarily concerned with organisational considerations. The Communication Plan should not compound an already difficult situation for the individuals involved.

Audiences and Communication

- Individuals: Inform, Assure, Reassure, Follow up, Feed Back and Facilitate one-to-one Q&A
- DoH: Effective and timely transmission of facts to Ministers Office and his officials; ensure cooperation and parallel media management and regular situation updates
- Agency Management Team (AMT): Ensure all relevant facts relating to the Incident are conveyed to AMT; provide briefings on contacts with individuals whose information is involved in breach; highlight potential considerations or repercussions at the earliest opportunity; provide feedback from other parties, such as PSNI (may require restrictions on those to be informed); legal advice; inform of remedial actions; provide stage plan.

Note: Responsibility for facilitating the above will rest with the Incident Team in conjunction with the Communications Manager/Officer, however, the SIRO may liaise and directly brief AMT or DoH on any of the areas above.

Communications Processes

A mix of communication tools will be necessary to communicate throughout the process. A further challenge is to maintain an ethos of openness and transparency whereby sufficient and audience specific information is provided to each of the groups listed above. All information provided by the Incident Team will be produced to a high standard, be accurate, quality assured and where appropriate classified e.g. Sensitive, Restricted, Embargoed, Confidential and Other.

The SIRO should be fully involved in the development of Communication material, particularly any communications between the PHA and those affected by the breach, this may include tailoring of individual letters, feedback to individuals following questions or determining at what stage information is to be placed into the public domain.

Note: Any communication with individuals should have input from Legal Services.

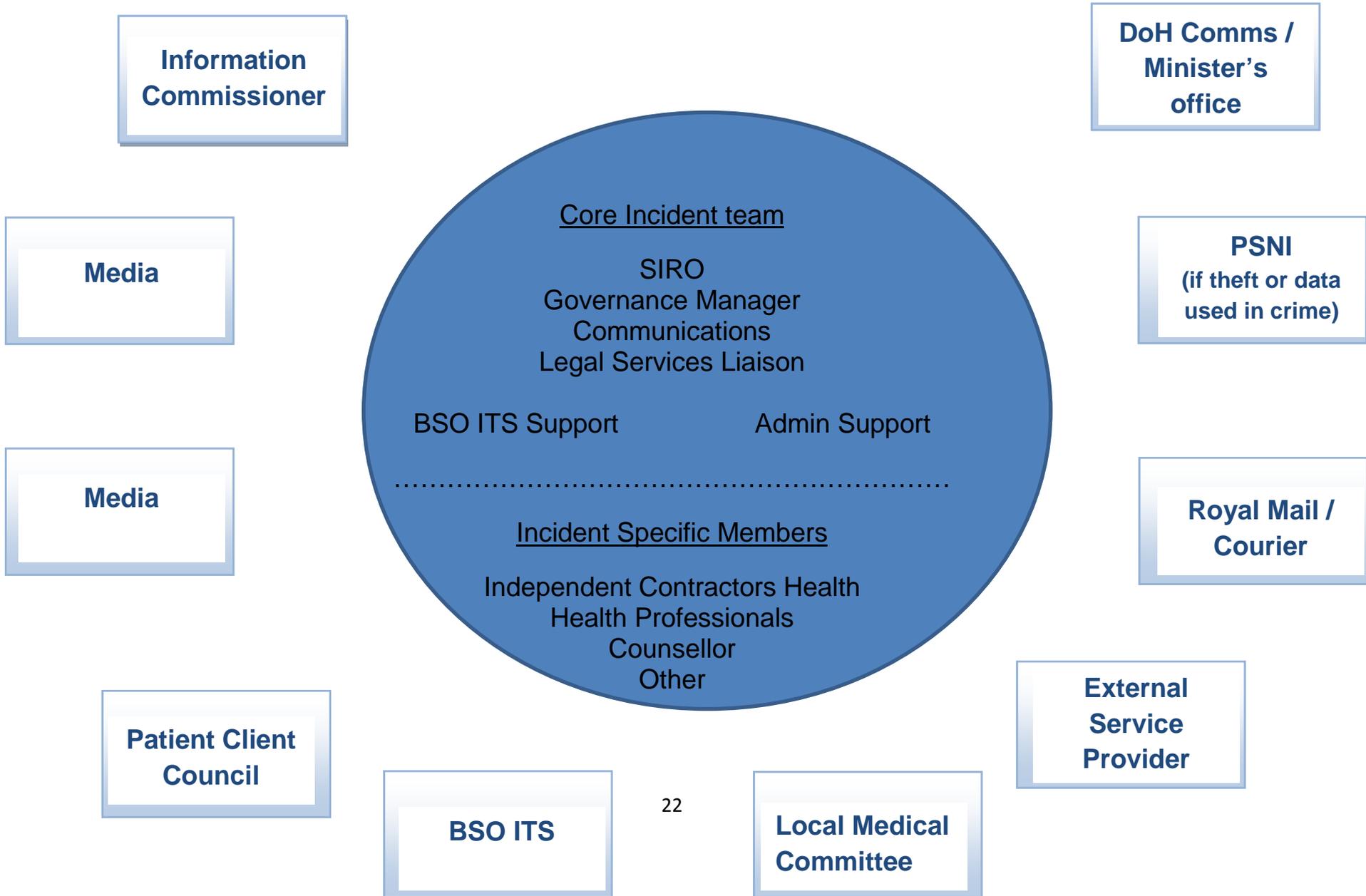
Communication tools that could be considered:

- Website
- Information Bulletins
- Incident 'Help Line'
- Face-to-Face Communication
- Electronic Updates
- Other External Publications
- Social Media
- Media – Newspapers/Radio/Television.

Legislation

The Incident Team is governed by all records management policies and procedures covering, use, storage, retrieval and safe disposal of

records, which will be monitored to assure compliance. The Incident Team will adhere to all legislation, in particular the Data Protection Act (1998) and Freedom of Information Act (2000).



Appendix 3

Examples of FAQs to go with letter to individuals

These FAQ's are based on an actual incident experienced by a legacy Health & Social Services Board. While they refer to a GP specific incident, many of the principles are applicable to all types of data breach. While these examples are illustrative only, they will inform a PHA team in the event of data loss. We appreciate that you may have concerns that a copy of your information has become lost, so to help you we have provided some answers to questions you might have.

Why was my information on the tape?

All Practices are now computerised, we need computers to help plan and deliver your care. We need to make sure that any information we hold about you is up to date and is always available. To do this, we need to back up information in case something goes wrong with our computers. Until recently we have sent our backup tapes by recorded delivery to a specialist IT company in England, to ensure that the backup tapes would work correctly if we need them.

Does this mean someone has my information?

(Royal Mail/Courier) has informed us that they believe that the (MEDIA) we sent on (DATE) has been lost. There is no suggestion that the (MEDIA) has been stolen. We are working with (Royal Mail/Courier) and the IT company in England and have instigated an extensive search to see if the (MEDIA) can still be found.

How difficult is it to access my information?

The tape was not encrypted, but there was password protection. In order for anyone to access information such as letters they would need to have the following:

- Access to the correct version of the server operating system
- Access to the correct tape drive
- Access to the correct version of the back up software

To access full medical records it would also be necessary to have the correct version of the clinical system, including username and password, and a high level of expertise in using the clinical system.

Was it only my information?

No. The tape contained information on every patient on the Practice computer system, and we are writing to all these people.

Is all my information lost?

No. The information that was on the tape was only a copy of your information. We still have your original information. This will not affect the level of care you receive from us.

What should I do?

There is nothing you need to do personally. Although your information was on this tape, it was only a copy, and we still have your original information. This loss will not affect the level of care you receive from us in any way.

Why are you telling me now?

We posted the package on (DATE). What would normally happen is the company would carry out their checks, and then send us back the tape. When we realised on the (DATE), that we hadn't received the tape from the company, we contacted them to see what had happened. When they told us they had not received the tape, we contacted (Royal Mail/Courier), who told us they thought it had got lost in the post. We then contacted the (HSCB), which we are required to do, to let them know what had happened. The Information Commissioner has also been informed of the loss and we will be providing him with all necessary information.

Can this happen again?

No. Every Practice in Northern Ireland used to send tapes to be checked. This process was however stopped following a letter from the Directorate of Information Services, which was dated on the (DATE). New arrangements are currently being considered.

Where can I get more information?

If you would like further information, or if you have a specific question that we have not answered above, you can contact the: 'Practice Patient Support' line on (HELP LINE NUMBER).

Appendix 4

Information Commissioners Office Guidance

Guidance on data security breach management

Organisations which process personal data must take appropriate measures against unauthorised or unlawful processing and against accidental loss, destruction of or damage to personal data. Many organisations take the view that one of those measures might be the adoption of a policy on dealing with a data security breach.

This guidance note sets out some of the things an organisation needs to consider in the event of a security breach. This note is not intended as legal advice, nor is it a comprehensive guide to information security. It should, however, assist organisations in deciding on an appropriate course of action if a breach occurs.

A data security breach can happen for a number of reasons:

- Loss or theft of data or equipment on which data is stored
- Inappropriate access controls allowing unauthorised use
- Equipment failure
- Human error
- Unforeseen circumstances such as a fire or flood
- Hacking attack
- 'Blagging' offences where information is obtained by deceiving the organisation who holds it.

However the breach has occurred, there are four important elements to any breach management plan:

1. Containment and recovery
2. Assessment of on-going risk
3. Notification of breach
4. Evaluation and response.

1. Containment and recovery

Data security breaches will require not just an initial response to investigate and contain the situation but also a recovery plan including, where necessary, damage limitation. This will often involve input from specialists across the business such as IT, HR and legal and in some cases contact with external stakeholders and suppliers. Consider the following:

- Decide on who should take the lead on investigating the breach and ensure they have the appropriate resources
- Establish who needs to be made aware of the breach and inform them of what they are expected to do to assist in the containment exercise. This could be isolating or closing a compromised section of the network, finding a lost piece of equipment or simply changing the access codes at the front door
- Establish whether there is anything you can do to recover any losses and limit the damage the breach can cause. As well as the physical recovery of equipment, this could involve the use of backup tapes to restore lost or damaged data or ensuring that staff recognise when someone tries to use stolen data to access accounts
- Where appropriate, inform the police.

2. Assessing the risks

Some data security breaches will not lead to risks beyond possible inconvenience to those who need the data to do their job. An example might be where a laptop is irreparably damaged but its files were backed up and can be recovered, albeit at some cost to the business. While these types of incidents can still have significant consequences the risks are very different from those posed by, for example, the theft of a customer database, the data on which may be used to commit identity fraud. Before deciding on what steps are necessary further to immediate containment, assess the risks which may be associated with the breach. Perhaps most important is an assessment of potential adverse consequences for individuals, how serious or substantial these are and how likely they are to happen.

The following points are also likely to be helpful in making this assessment:

- What type of data is involved?
- How sensitive is it? Remember that some data is sensitive because of its very personal nature (health records) while other data types are sensitive because of what might happen if it is misused (bank account details)
- If data has been lost or stolen, are there any protections in place such as encryption?
- What has happened to the data? If data has been stolen, it could be used for purposes which are harmful to the individuals to whom the data relate; if it has been damaged, this poses a different type and level of risk
- Regardless of what has happened to the data, what could the data tell a third party about the individual? Sensitive data could mean very little to an opportunistic laptop thief while the loss of apparently trivial snippets of information could help a determined fraudster build up a detailed picture of other people
- How many individuals' personal data are affected by the breach? It is not necessarily the case that the bigger risks will accrue from the loss of large amounts of data but is certainly an important determining factor in the overall risk assessment
- Who are the individuals whose data has been breached? Whether they are staff, customers, clients or suppliers, for example, will to some extent determine the level of risk posed by the breach and, therefore, your actions in attempting to mitigate those risks
- What harm can come to those individuals? Are there risks to physical safety or reputation, of financial loss or a combination of these and other aspects of their life?
- Are there wider consequences to consider such as a risk to public health or loss of public confidence in an important service you provide?
- If individuals' bank details have been lost, consider contacting the banks themselves for advice on anything they can do to help you prevent fraudulent use.

3. Notification of breaches

Informing people and organisations that you have experienced a data security breach can be an important element in your breach management strategy. However, informing people about a breach is not an end in itself. Notification should have a clear purpose, whether this is to enable individuals who may have been affected to take steps to protect themselves or to allow the appropriate regulatory bodies to perform their functions, provide advice and deal with complaints.

Answering the following questions will assist you in deciding whether to notify:

- Are there any legal or contractual requirements? At present, there is no law expressly requiring you to notify a breach but sector specific rules may lead you towards issuing a notification
- Can notification help you meet your security obligations with regard to the seventh data protection principle?
- Can notification help the individual? Bearing in mind the potential effects of the breach, could individuals act on the information you provide to mitigate risks, for example by cancelling a credit card or changing a password?
- If a large number of people are affected, or there are very serious consequences, you should inform the ICO
- Consider how notification can be made appropriate for particular groups of individuals, for example, if you are notifying children or vulnerable adults
- Have you considered the dangers of 'over notifying'. Not every incident will warrant notification and notifying a whole 2 million strong customer base of an issue affecting only 2,000 customers may well cause disproportionate enquiries and work.

You also need to consider who to notify, what you are going to tell them and how you are going to communicate the message. This will depend to a large extent on the nature of the breach but the following points may be relevant to your decision:

- Make sure you notify the appropriate regulatory body. A sector specific regulator may require you to notify them of any type of breach but the ICO should only be notified when the breach involves personal data
- There are a number of different ways to notify those affected so consider using the most appropriate one. Always bear in mind the security of the medium as well as the urgency of the situation
- Your notification should at the very least include a description of how and when the breach occurred and what data was involved. Include details of what you have already done to respond to the risks posed by the breach
- When notifying individuals give specific and clear advice on the steps they can take to protect themselves and also what you are willing to do to help them
- Provide a way in which they can contact you for further information or to ask you questions about what has occurred – this could be a help line number or a web page.

When notifying the ICO you should also include details of the security measures in place such as encryption and, where appropriate, details of the security procedures you had in place at the time the breach occurred. You should also inform us if the media are aware of the breach so that we can manage any increase in enquiries from the public. When informing the media, it is useful to inform them whether you have contacted the ICO and what action is being taken. ICO will not normally tell the media or other their parties about a breach notified to us, but we may advise you to do so.

The ICO has produced guidance for organisations on the information we expect to receive as part of a breach notification and on what organisations can expect from us on receipt of their notification. This guidance is available on our website:

http://www.ico.gov.uk/Home/what_we_cover/data_protection/guidance/good_practice_notes.aspx.

You might also need to consider notifying third parties such as the police, insurers, professional bodies, bank or credit card companies

who can assist in reducing the risk of financial loss to individuals, and trade unions.

4. Evaluation and response

It is important not only to investigate the causes of the breach but also to evaluate the effectiveness of your response to it. Clearly, if the breach was caused, even in part, by systemic and on-going problems, then simply containing the breach and continuing 'business as usual' is not acceptable; similarly, if your response was hampered by inadequate policies or a lack of a clear allocation of responsibility then it is important to review and update these policies and lines responsibility in the light of experience.

You may find that existing procedures could lead to another breach and you will need to identify where improvements can be made. The following points will assist you.

- Make sure you know what personal data is held and where and how it is stored. Dealing with a data security breach is much easier if you
- know which data are involved. Your notification with the Information
- Commissioner will be a useful starting point.
- Establish where the biggest risks lie. For example, how much sensitive personal data do you hold? Do you store data across the business or is it concentrated in one location?
- Risks will arise when sharing with or disclosing to others. You should make sure not only that the method of transmission is secure but also that you only share or disclose the minimum amount of data necessary. By doing this, even if a breach occurs, the risks are reduced
- Identify weak points in your existing security measures such as the use of portable storage devices or access to public networks
- Monitor staff awareness of security issues and look to fill any gaps through training or tailored advice
- Consider whether you need to establish a group of technical and

- non-technical staff who discuss ‘what if’ scenarios – this would highlight risks and weaknesses as well as giving staff at different levels the opportunity to suggest solutions
- If your organisation already has a Business Continuity Plan for dealing with serious incidents, consider implementing a similar plan for data security breaches
- It is recommended that at the very least you identify a group of people responsible for reacting to reported breaches of security.

Appendix 5

Example Letter from GP to ICO advising of breach

I am writing to advise you of the possible loss of electronic patient data whilst in transit between this Practice and an I.T. provider based in the United Kingdom.

The data relates to individuals on my Patient list, which currently stands at approximately (X) individuals, which was contained on a (DEFINE MEDIA). This back up tape contained a copy of that portion of the Patient record that my Practice stores electronically.

This practice of sending a copy of our system back up tape to a specialist IT provider, is a regular process carried out by all General Practices in Northern Ireland, as an assurance that the systems were sufficiently protected, and being backed up correctly, in the event of a loss of the primary electronic record. The process involved a copy of a backup being sent to a specialist IT provider, who would then attempt to reinstall all the information held on the tape, to ensure that the copying process was working correctly. This was done as part of our contingency planning in the event of a system failure, to mitigate the risk of loss or damage occurring to the individual's electronic records.

The item in question was (METHOD OF TRANSFER IE POST, COURIER, OTHER) on (DATE), addressed to an I.T. provider, (NAME AND ADDRESS). On the (DATE), it came to my attention that this item had not reached its destination. I immediately contacted (TRANSIT COMPANY), who have carried out an initial investigation, but have to date, been unable to find the item. They have advised me that they are currently in the process of carrying out a more thorough search of their premises, and a full report is to follow. I also contacted the Health and Social Care Board and informed them of the possible loss of Patient information, and sought their advice on what actions my Practice should take.

We are currently working in close collaboration with the Health Board, on processes to advise those Patients that are potentially affected by this loss, which will take the form of notices in the local

press, letters to each patient on my practice list, and the setting up of a dedicated call centre for concerned patients. We are also working closely with the Department of Health and local representatives and Bodies, in a collaborative effort to address any concerns that our Patients may have.

I can assure you that all those involved in managing this issue, are taking this matter very seriously, and are committed to ensuring that those individuals affected by this loss are advised in writing as soon as is practicable and kept fully informed as to what actions have been taken to find this missing item, and what actions are being taken, both locally and regionally to ensure that incidents of this type do not occur again.

I am fully aware of the potential adverse effect this loss could have on the individuals involved, and I am happy to make myself available, and provide further details on the incident, which you may feel are required in order to satisfy yourself that all necessary steps are being taken by all those concerned. In the interim, I will keep you fully informed of any further developments that may have some bearing on this matter, and assure you that both myself, and my Practice, are committed to take this process forward in an open and transparent manner, and reaffirm our commitment to fully respect Patients' rights, and to meet our responsibilities as a Data Controller.

Appendix 6

Example Letter from a GP advising a Patient of breach

Date: [PRACTICE LETTERHEAD]

TO PATIENTS OF

Dear Patient

SUSPECTED LOSS OF (MEDIA) CONTAINING PATIENT INFORMATION

I am writing to let you know that a (x) containing your details and those of all patients registered with this Practice appears to have been (LOST / STOLEN FROM).

All Practices in the (DEFINE AREA) area put patient information on (MEDIA) so that in the event of fire or other occasions where computers might be damaged they are able to restore the information. This means that continuity of care can be provided.

This Practice sent a (MEDIA) by (DESCRIBE TRANSFER METHOD) on (DATE), and we have been informed by the (OTHER BODY) that they did not receive the (MEDIA). This came to our attention on (DATE).

We have notified the Health and Social Care Board. They are working with us and (ROYAL MAIL/COURIER) to see if the (MEDIA) can be found.

We feel it is important to let you know the situation because the (MEDIA) contains information about our patients such as medical records, correspondence, referral letters and personal details such as name, address, gender, and date of birth.

We fully understand the concerns that you will have about this situation and we apologise that the (MEDIA) appears to have been (LOST/STOLEN).

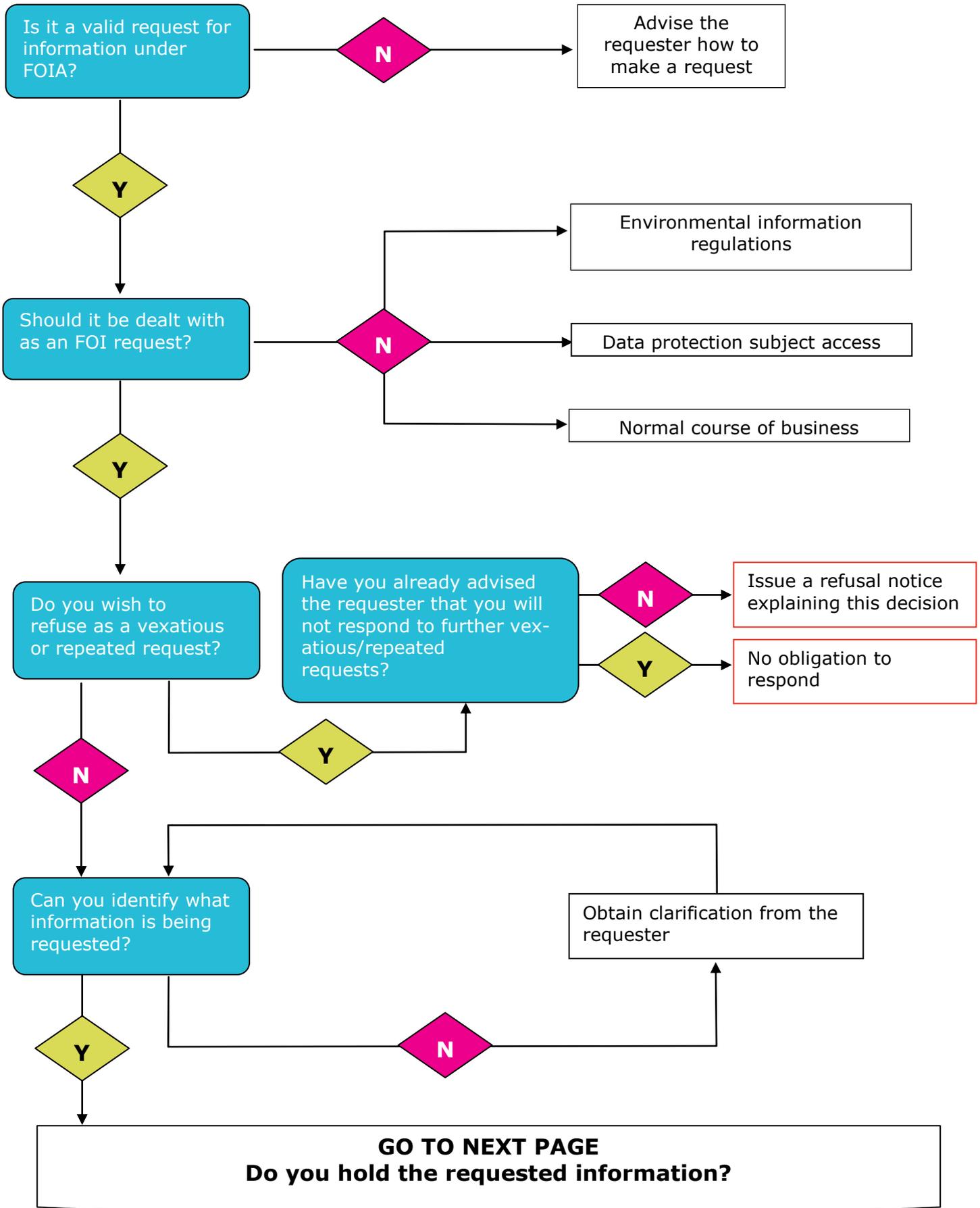
The (MEDIA) was (SECURITY MECHANISMS IE ENCRYPTED AND OR PASSWORD PROTECTED). – IF ENCRYPTION WAS PRESENT, ASSURE PATIENT THAT NO ONE CAN ACCESS THE MEDIA TO VIEW THEIR INFORMATION.

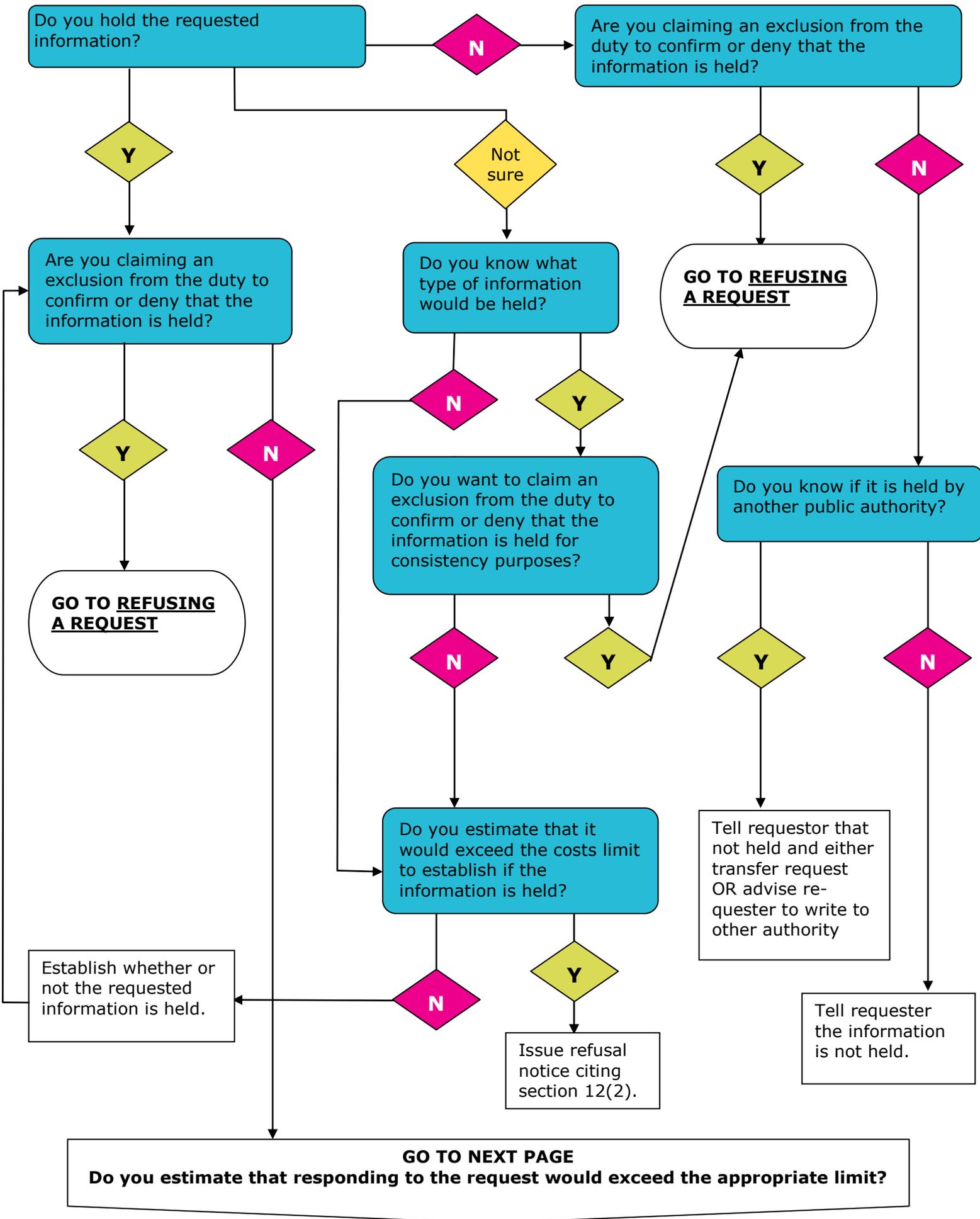
If you have any queries or would like to discuss any concerns you may have, please contact the special telephone number (NUMBER) on the following dates:

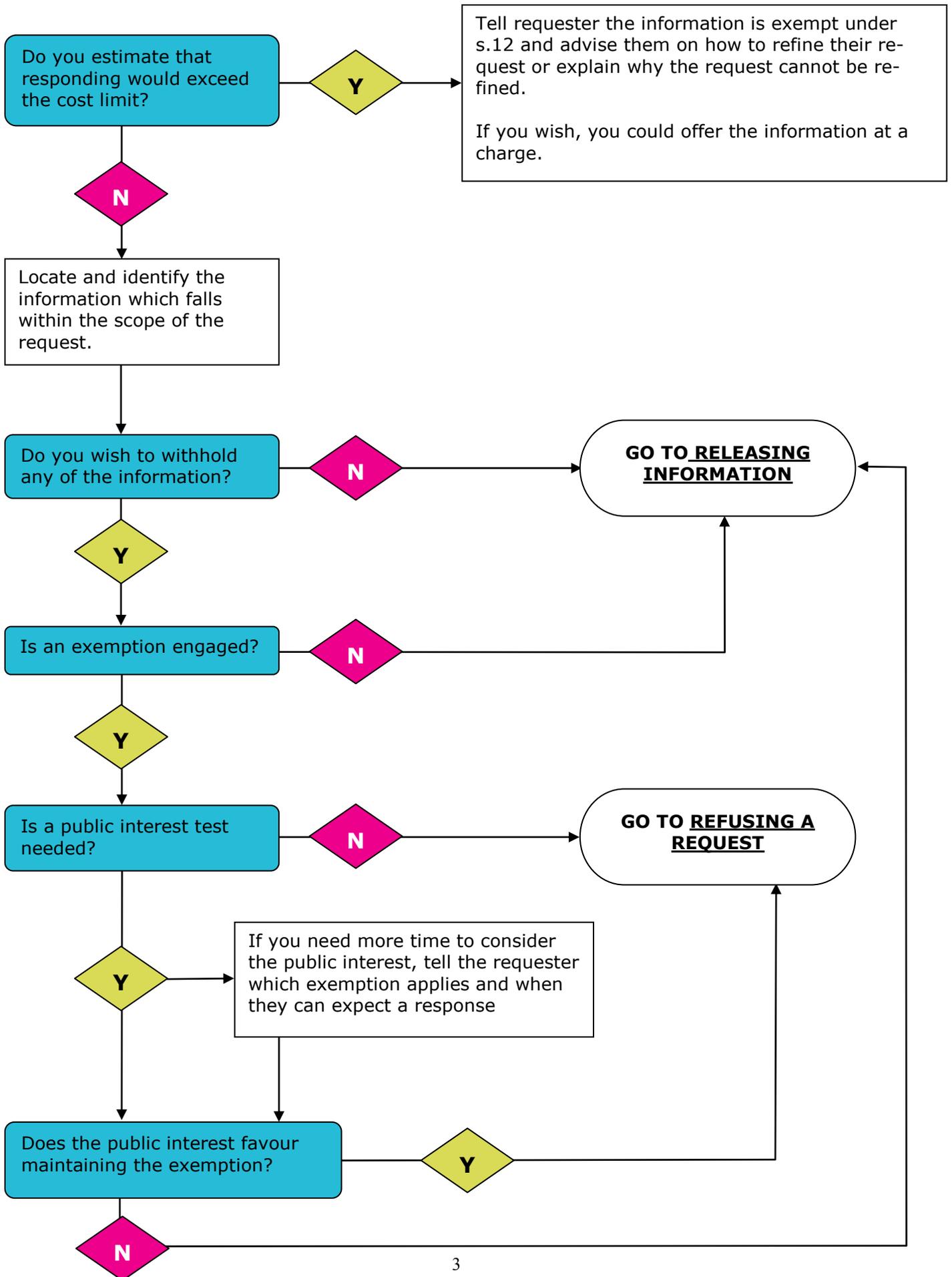
- Wednesday 8.00 am – 6.30 pm
- Thursday 8.00 am – 6.30 pm

If you have any queries after Monday - you should contact the Practice directly.

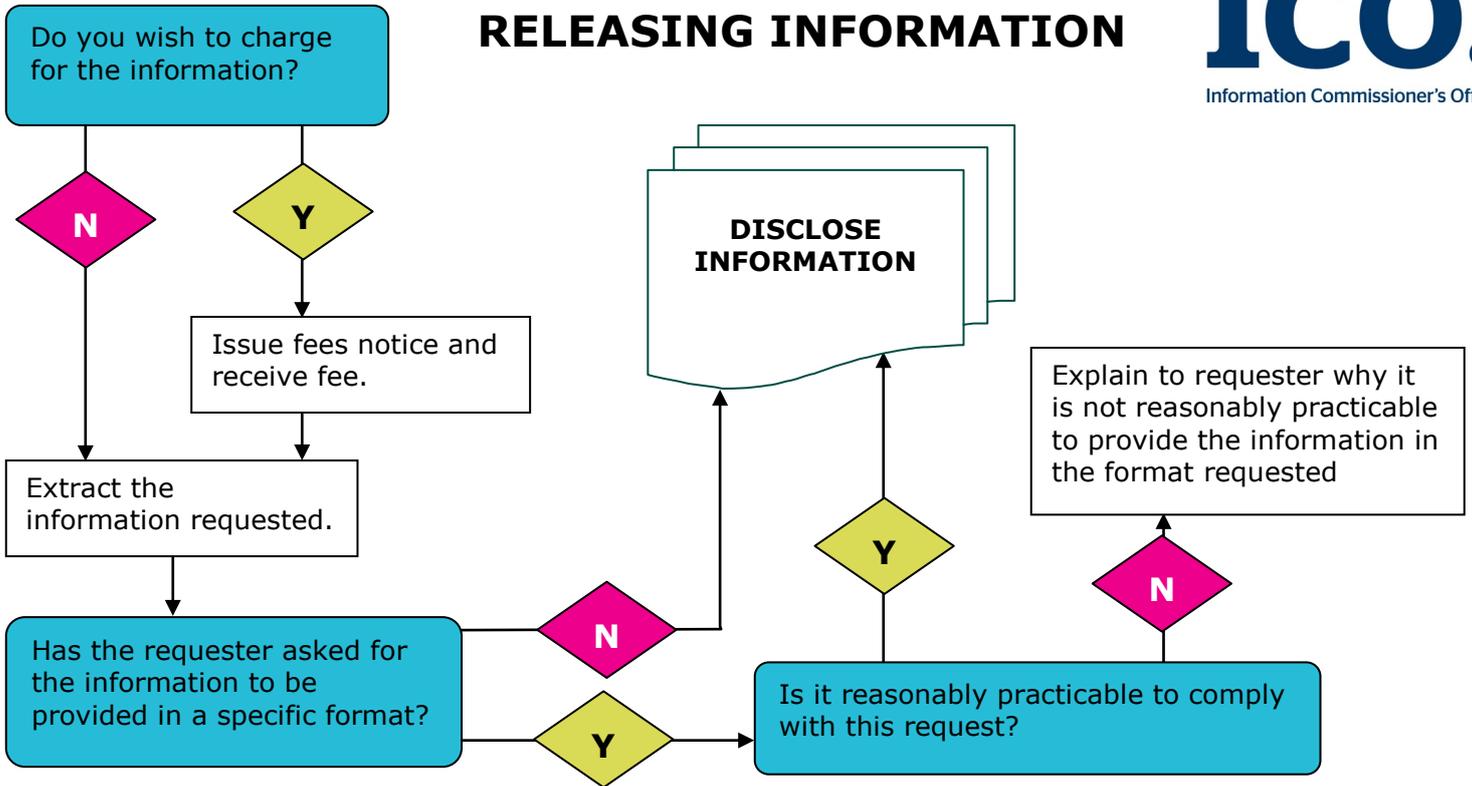
Start here



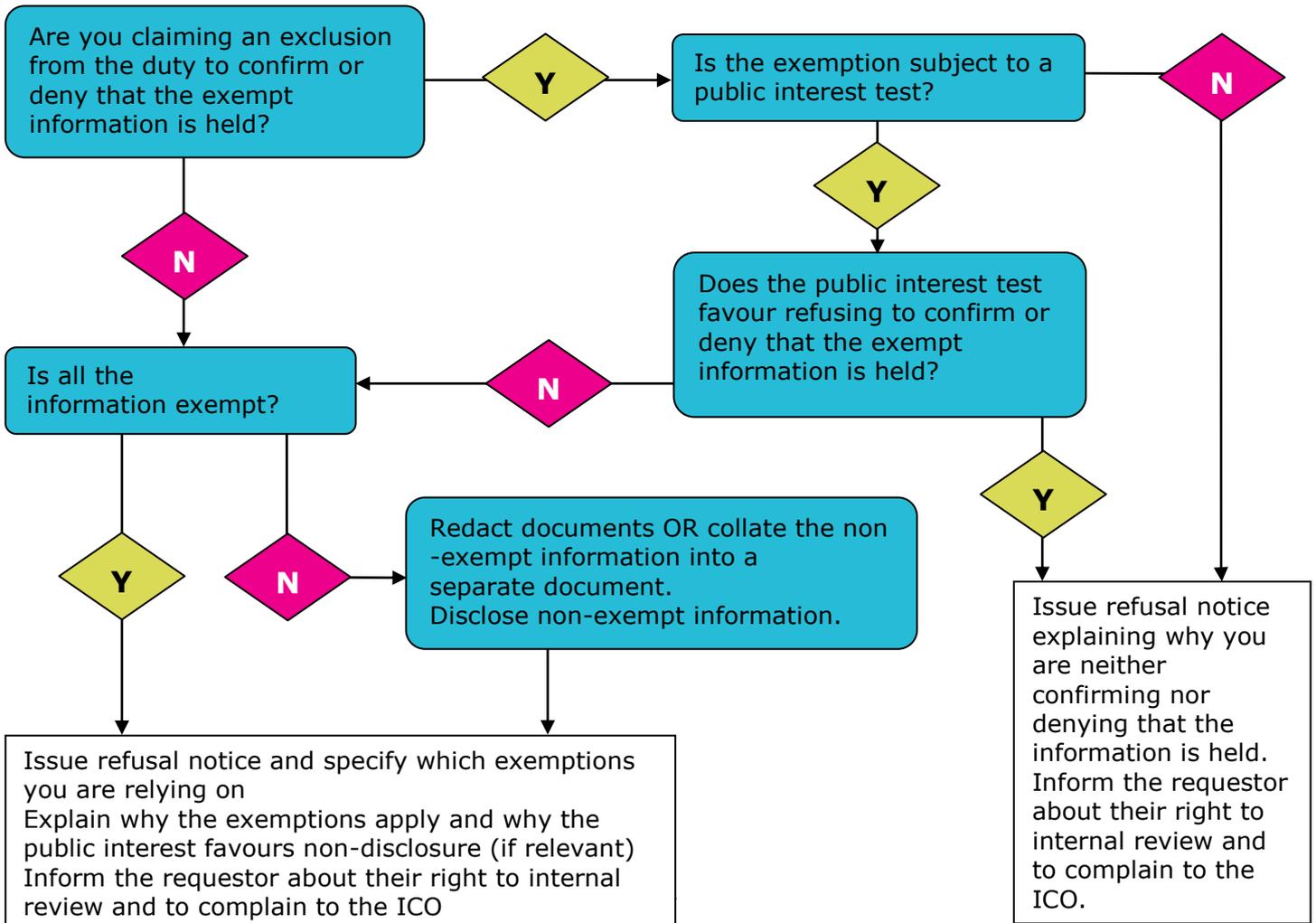


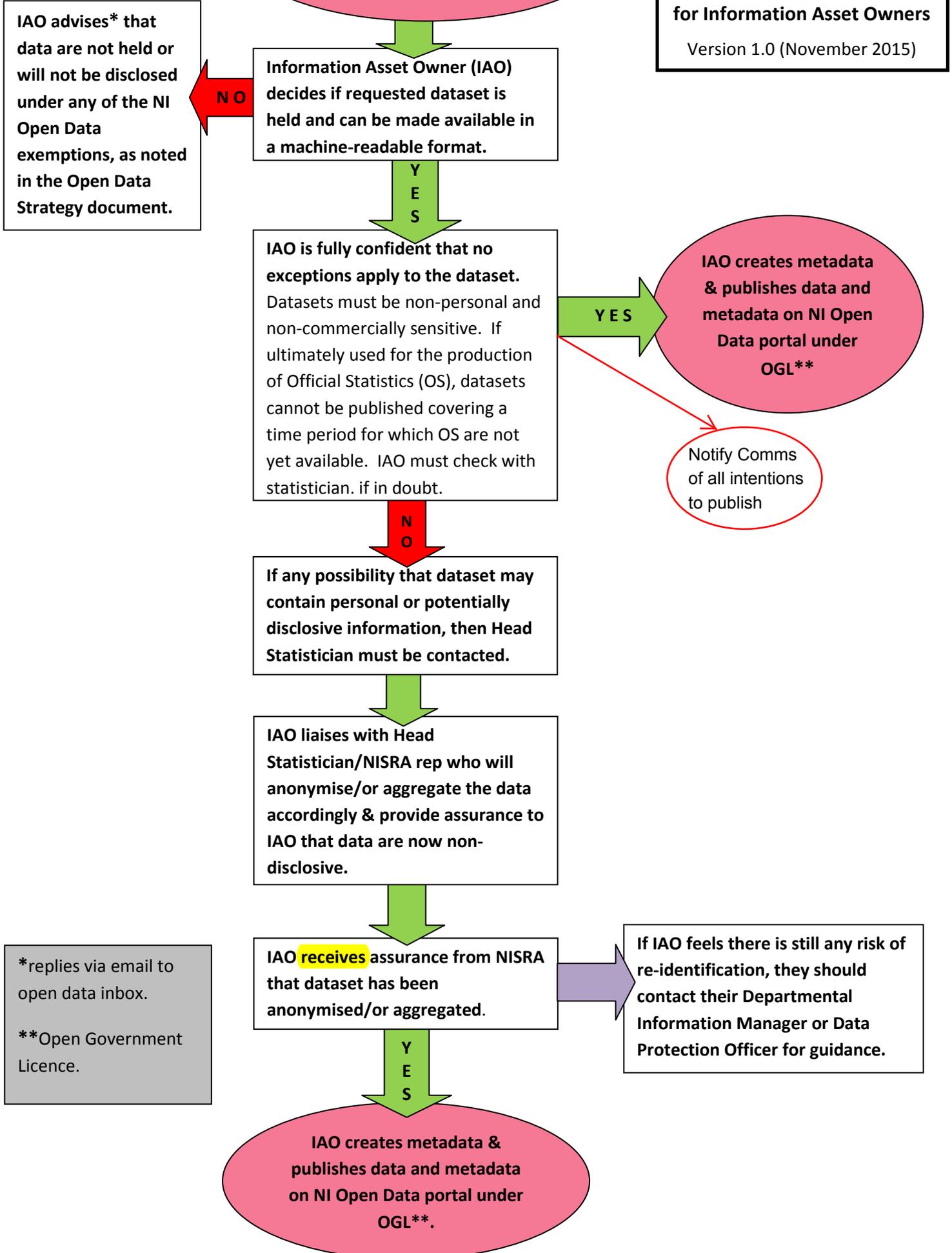


RELEASING INFORMATION



REFUSING A REQUEST

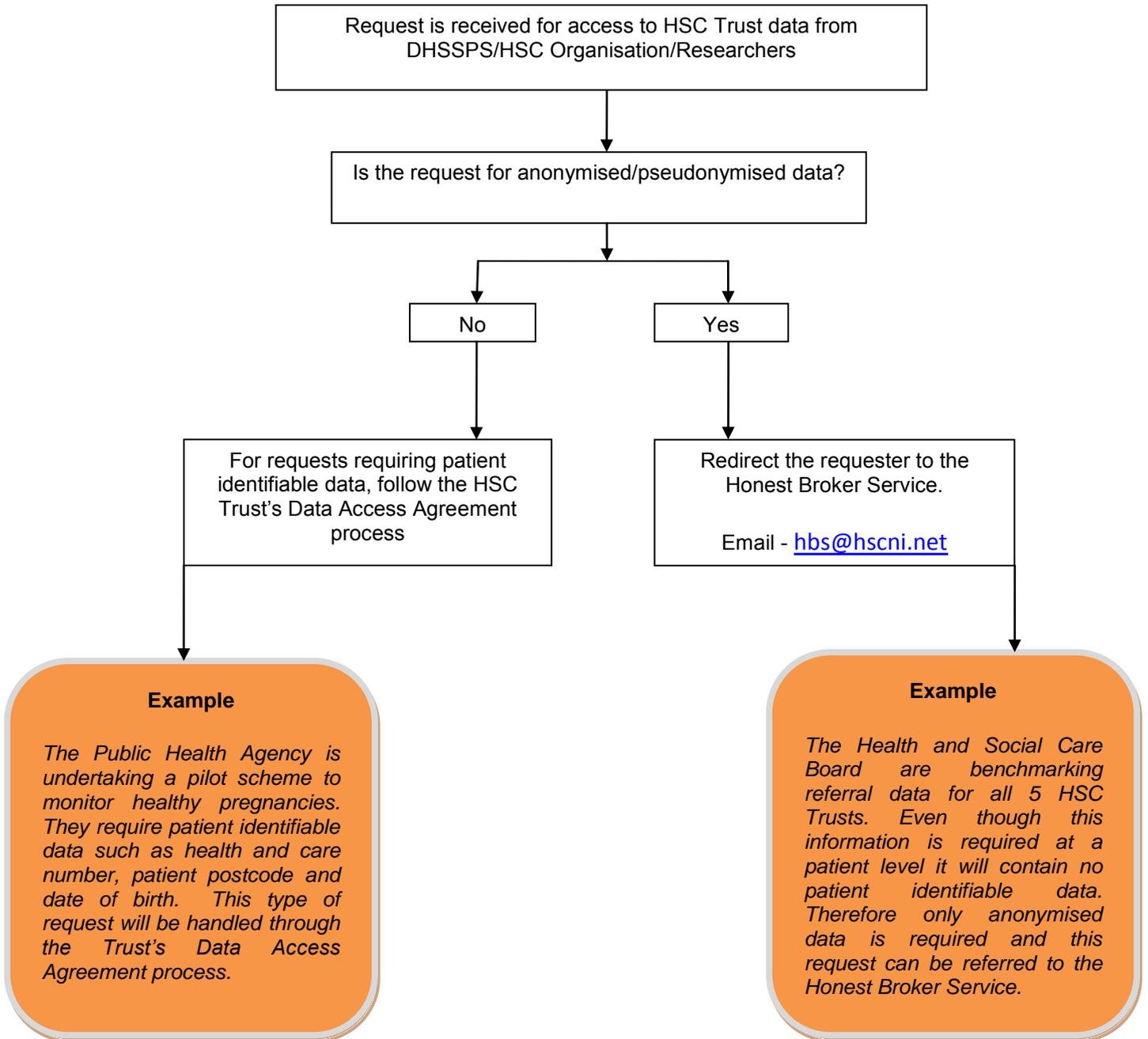




HONEST BROKER SERVICE DECISION FLOWCHART

The Honest Broker Service is hosted by Business Services Organisation (BSO) and the purpose is to provide anonymised/pseudonymised information to the HSC family and anonymised data for ethically approved health related research.

The following flowchart should be used only when a request for access to Trust data is received from DHSSPS/HSC or organisations undertaking research. Please note, organisations outside of the DHSSPS/HSC family undertaking research, will only get access to anonymised data. The flowchart outlines when requests can be passed to the Honest Broker Service for processing or alternatively when a request should be dealt with internally by the Trust under the Data Access Agreement process.



Notes

More details are available on the Honest Broker Service request process in appendix 3 and 4 of the Memorandum of Understanding for an Honest Broker Service for Health and Social Care Information. [Click Here](#)

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	16 June 2016
Title of Paper	Annual Progress Report 2015/16 to the Equality Commission
Agenda Item	14
Reference	PHA/08/06/16

Summary

This report presents the statutory annual return to the Equality Commission for the period covering April 2015 to March 2016.

The Progress Report

The report references a wide range of initiatives with tangible outcomes for specific Section 75 groups. It also highlights a series of projects that clearly demonstrate close engagement and consultation with the voluntary sector.

The following points are drawn to the attention of Board members:

- Progress on equality screenings and their publication is evident: 14 were published compared to two in 2014-15.
- Two Equality Impact Assessments (EQIAs) were undertaken, their publication is pending final decision-making.
- A number of equality monitoring activities are referenced. They demonstrate the value of improving the equality evidence base – and using it to improve service provision.
- No monitoring has been undertaken to date of policies equality screened previously (see Question 22).

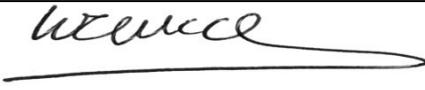
In conclusion, it is proposed that efforts in 2016-17 are focused on:

- building on the momentum for progressing equality screenings and ensuring the timely publication of completed screening templates.
- where relevant undertaking EQIAs.
- undertaking monitoring for policies screened
- identifying pre-consultation exercises planned for 2016-17 and integrating relevant equality questions into this engagement
- issuing equality screening documents alongside policy documents in any policy consultations.

The report includes a set of appendices:

- Appendix 1: Equality Action Plan Progress Report 2015-16
- Appendix 2: Screening Report 2015-16
- Appendix 3: Mitigation Report 2015-16

- Appendix 4: Equality Action Plan 2013-18 - updated June 2016
- Appendix 5: Disability Action Plan Progress Report 2014-15
- Appendix 6: Disability Action Plan 2013-18 - updated June 2016

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was approved by AMT on 7 June 2016.
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	7 June 2016

Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2015-16

Contact:

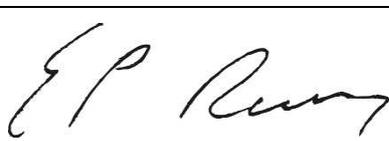
<ul style="list-style-type: none">Section 75 of the NI Act 1998 and Equality Scheme	Name: Edmond McClean Telephone: 03005550114 Email: edmond.mcclean@hscni.net
<ul style="list-style-type: none">Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above

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:



Dr Eddie Rooney, Chief Executive

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 2015 and March 2016.

Appendix 1: Equality Action Plan Progress Report 2015-16

Appendix 2: Screening Report 2015-16

Appendix 3: Mitigation

Appendix 4: Equality Action Plan 2013-18 - updated June 2016

Appendix 5: Disability Action Plan Progress Report 2015-16

Appendix 6: Disability Action Plan 2013-18 - updated June 2016

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 2015-16, 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	<p>Nursing and Allied Health Professions</p> <p>The Early Intervention Transformation Programme (EITP) Work Stream One pilot included sites that include persons with different religious belief. This programme involves transformation of universal health visiting and midwifery services to improve outcomes for all children and families.</p> <p>Health and Wellbeing Improvement</p> <p>A wide range of initiatives and programmes are applied, which are accessible to all persons of different religious belief within Northern Ireland. Some Health and Social Wellbeing Improvement Programmes are specifically tailored in order to focus on the most disadvantaged and socially deprived communities in Northern Ireland, thus ensuring that efforts are concentrated in areas in which support is most needed. These areas tend to be highly segregated by religion.</p>
Persons of different political opinion	<p>Nursing and Allied Health Professions</p> <p>The Early Intervention Transformation Programme (EITP) Work Stream One pilot included sites that include persons with different political opinion. This programme involves transformation of universal health visiting and midwifery services to improve outcomes for all children and families.</p>
Persons of different	<p>Nursing and Allied Health Professions</p> <p>The PHA's Assistant Director for Public Health Nursing for children and young people is</p>

<p>racial groups</p>	<p>chairing a regional sub group of the Safeguarding Board for Northern Ireland on Female Genital Mutilation (FGM). This relates to a specific risk to a small but important number of children from specific countries. The needs of women affected by FGM and vulnerable adults is also being addressed. The group has been established with the support of relevant community support groups including survivors of FGM. Two survivors are members of the regional group and will provide guidance in relation to implementation of multi-agency practice guidance, data collection and community engagement. This is a task and finish group that will conclude approximately June 2017 with a report reflecting responsibilities in relation to equality.</p> <p>Service Development and Screening</p> <p>Breast screening leaflet has been made available through the PHA Screening website in additional languages (Bulgarian, Syrian). This has improved the availability of screening information to ethnic minorities.</p> <p>Funded by the PHA, the Women's Resource and Development Agency (WRDA) has from June 2015 raised awareness of cancer screening programmes, thereby promoting informed choice. Black and minority ethnic people and Travellers constitute one of the defined target groups for the work. See category of 'disability' for further details.</p> <p>Health and Wellbeing Improvement</p> <p>Minority Ethnic</p> <p>The regional BME Mental Health Pilot project completed a first 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 (NI). This service will build on and complement existing and relevant good practice in NI. Key achievements to date include a review of the literature and consultation on the findings with providers and</p>
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service users across NI, undertaken by the Institute for Conflict Research. Based on the review findings, phases two and three will entail the development, design and evaluation of an appropriate programme for delivery which will contribute to addressing identified needs and building community capacity in relation to promoting minority ethnic mental and emotional wellbeing.

Travellers

A business case for investment in Travellers' health and wellbeing in three Health and Social Care Trust areas has been developed, including the southern area where the largest proportion of Travellers reside. The PHA has consulted with the SHSCT's Promoting Wellbeing Team and local Traveller Support Groups (TSGs) to discuss the potential investment in Traveller health and wellbeing and how to make best use of this funding. In April 2015, funding was utilised to employ a Health Training Coordinator in order to provide an accredited Health Trainer Programme for members of the Traveller community and other participants as required. This will provide participants with the opportunity to gain qualifications, knowledge and skills thereby improving access to employment and enhance the employability of Travellers.

Objectives of the Health Training Coordinator

- Identify, organise and manage the delivery of accredited health training programmes in each locality for participants.
- Facilitate partnership working with the Traveller Support Groups and other relevant stakeholders to recruit a minimum of 8 Travellers to participate in the programmes and complete accreditation.
- Develop, organise and manage the delivery of additional support training to assist participants to address barriers

	<ul style="list-style-type: none">• Organise and manage the delivery of additional Promoting Wellbeing training courses. <p>Outcomes: Level 2 Community Health Champions (CHC)</p> <p>During 2015/16 16 Travellers were trained in the southern area and completed accreditations as Community Health Champions. The 3 day accredited training programme prepares and supports volunteers to tackle health issues in their local community. The 'Facilitation skills for Community Health Champions' consists of 2 OCN Level 2 units (Community Health Champions and Group work skills for health and wellbeing). CDHN delivered the Community Health Training programme in each locality (Portadown, Coalisland, and Newry). The Traveller participants were trained alongside volunteers from the local Neighborhood Renewal areas which provided excellent networking opportunities.</p> <p>CHC training provided Traveller participants with the opportunity to enhance their skills and potential for employment, with a raised awareness and level of information on how to access appropriate services to meet the needs within their community.</p> <p>Outcomes: Level 3 Health Trainer</p> <p>This accredited training programme (OCN Level 3) provides participants with the knowledge, understanding and skills to deliver health improvement initiatives in their community or voluntary organisation and enable individuals to change their behaviour in order to improve their health and wellbeing. The Traveller participant also completed Walk Leader training in December 2015.</p> <p>Way forward</p> <p>The Health Training Coordinator will:</p> <ul style="list-style-type: none">• Continue to provide support and mentoring to existing 16 Community Health
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Champions and Community Health Trainer

- Identify volunteer placement opportunities in partnership with local Traveller Support Groups for the CHC and CHT. Placements will provide Community Health Champions and Community Health Trainer with opportunities to acquire and utilise their skills
- Continue to identify and tailor (as required) additional health and wellbeing training programmes and other additional support training to assist participants to address barriers such as low literacy, confidence and self-esteem, time-management, communication, presentation and interview and job application skills.
- Recruit further Traveller participants to undertake the Health Champion and Health Training course.
- Explore training opportunities for Community Health Champions and Community Health Trainer provided by the SHSCT's Promoting Wellbeing Team, including accredited / endorsed and relevant in-house training.

Mental Health and Emotional Wellbeing

Mindset Adult and Mindset Adolescent mental health awareness training was commissioned in June 2015. Some 132 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: LGBT; participants from the top 20% most deprived SOA; Long Term Unemployed; Looked After young people; BME, including Travellers.

The course consist 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.

	<p>Alcohol and Drugs</p> <p>Following consultation with substance misuse treatment providers, the PHA in 2015/16 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 will be made available to services in 2016/17 when the graphic design work is completed.</p>
Persons of different age	<p>Nursing and Allied Health Professions</p> <p>Interviews have taken place to recruit Family Nurses as part of the Family Nurse Partnership (FNP) Programme. The PHA Lead for FNP has ensured that teenage parents have been voting members of interview panels.</p> <p>Communications</p> <p>Over 70s leaflet for breast screening was developed.</p> <p>Health and Wellbeing Improvement</p> <p>Young People</p> <p>There are eight One-Stop-Shops commissioned throughout Northern Ireland. These universal services are based on engagement with young people and services are made more accessible by the use of 'youth friendly' environments. One Stop Shops target young people aged 11- 25 years and provide a range of services, support and training to address their needs. This includes providing sexual support for young people as part of the C Card scheme.</p> <p>The PHA has been working with the SHSCT and Further Education Colleges to develop</p>

sexual health services Clinics in three colleges. The services offered include a comprehensive contraceptive, STI testing, information / support and treatment service and C Card scheme for young people in college settings.

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.

A range of services were commissioned to deliver alcohol and drug services across NI as part of a regional tendering. This included:

- Barnardos to provide support for young people experiencing the effect of parental alcohol abuse, as well as family support services in 2015/16 as part of the a regional tender for alcohol and drug services. This entails one to one therapeutic support for young people and parents, groupwork and residentials for the young people experiencing 'hidden harm'.
- Dunlewey addiction services to provide a step 2 community based service for young People aged 11-25 years who are identified as having substance misuse difficulties.

In 2015/16 the PHA tendered for the provision of Relationship and Sexuality Education (RSE), to be delivered in community settings to young people aged 11-25 years, across Northern Ireland. Four providers were appointed including a consortium of Rainbow, Nexus and Relate NI for which the southern area holds and monitors the contract. The service delivers Relationship and Sexuality Education in community settings:

- To improve the sexual health and well-being of young people aged 11-25 years across Northern Ireland by enabling them to make healthier choices.

- To contribute to the reduction in the numbers of young people having underage sex, number of teenage pregnancies and incidence of sexually transmitted infections (STIs) among young people.

In 2015/16 the PHA, in partnership with the Southern Education and Library Board (SELB), provided funding for GCSE support for pupils who were expected to achieve Grade D to help them attain grades A*-C in English or Mathematics. 17 schools availed of the funding. The success of the programme will be determined following release of GCSE grades in August 2016.

Mindset Adolescent training has been provided to 14-17 year olds. In 15/16 there were 331 males; 331 females and 2 trans participants.

Mindset Adult training is targeted at the 18+ age group. In 15/16 there were

Age range	No of Male participants	No of Female participants
18-39	170	298
40-69	112	210
70+ yrs	24	22

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) is being established in five areas across Northern Ireland and will provide 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 arise before they need involvement with statutory services. The EISS will deliver and coordinate person centred, evidence based, early intervention for families with children 0-18

years old within Tier 2 of the Hardiker Model.

Older People

PHA has been working across agencies to promote a focus on older people in order to ensure the development of collaborative approaches to improving health and wellbeing in relation to policy, strategy and practice.

This work includes promoting approaches to maintain social involvement and reducing the risk of social isolation and loneliness amongst all older people. These programmes particularly focus on those older people who may be at risk of a change in their social circumstances such as loss of friends or family members, increased disability and mobility problems or change in their income and status.

A range of coordinated interventions and services has been developed to reduce the risk of social isolation among older people across Northern Ireland. This has included the development of 'Age Friendly' environments with the aim of promoting Northern Ireland as an age friendly region. The Belfast Strategic Partnership has prioritised active ageing and an action plan is currently being implemented, based on the active engagement of older people. Age Friendly is also being progressed in the council areas of Derry/Strabane, Omagh/Fermanagh, Limavady, North Down and Ards and Lisburn and Castlereagh areas.

The Newry and Mourne Age Friendly Initiative aims to make Newry and Mourne a welcoming and supportive place to grow older. The priorities and concerns of older people have been the driving force behind an intense year of discussions, consultations, and meetings to shape direction of the initiative. The alliance is currently developing an action plan for 2016/17.

The Western Later Years group has delivered on a range of actions which has included completion of 350 individual. Health and Wellbeing plans, signposting to appropriate services, targeting the existing ageing well, attending clubs and groups and engaging with

isolated older people who are not engaged in social activities.

Good Neighbourhoods for Ageing Well addresses the needs of older people through the Southern Strategic Health Improvement Partnership (SSHIP). Community Conversation events were held in 5 pilot areas identified by the partnership and older people participated in a consultation process to identify local needs and issues. This process led to the development of 4 Good Neighbourhood for Ageing Well Forums in the legacy council areas of Armagh, Banbridge, Craigavon, Newry and Mourne.

In the Northern area, a Community Navigator post in the Causeway

Area (Ballycastle, Ballymoney, and Coleraine), part-funded by PHA, includes signposting and raising awareness of available services.

In the south eastern area, the Caring Communities Safe and Well Service offers individuals who are 65 plus years and who have experienced social isolation, or have been identified 'at risk' of social isolation, a multi-faceted needs assessment , intervention and education programme. PHA also invests in the development of volunteer befriending services as an element of the Caring Communities Safe and well Service.

PHA continues to work closely with Alzheimer's Association to plan the roll out of Dementia Friendly communities. PHA has funded the development of Altnagelvin Hospital in the Western Trust to become Dementia Friendly.

PHA continues to work with Artscare NI to engage older people in arts based activities to promote health and wellbeing.

This work will be developed further in 2016/17. Over 250 workshops and 5 Arts and Health festivals have taken place, with over 3,000 older people participating in the programme.

PART A

	<p>During 2015-16, PHA also continued to work in partnership with Arts Council NI to deliver the Arts and Older People programme. A major conference was held on 27 April 2015 in order to promote the work of the programme over the past three years.</p> <p>This programme aims to strengthen the voice of older people through creative activities and highlighting social justice issues that impact on older people such as health and well-being, isolation and loneliness, poverty and social inclusion to showcase the value of Arts for the development of health with older people. As part of this programme, some 47 grant awards were made to a variety of projects across Northern Ireland.</p> <p>Training for carers was also provided for staff working in 10 residential homes to develop skills in Arts delivery.</p>
<p>Persons with different marital status</p>	
<p>Persons of different sexual orientation</p>	<p>The Staff Health and Wellbeing Group is currently developing a Dealing with Domestic Abuse at Work Policy. It recognises the importance of the issue in same sex relationships. It will impact on men and women who are working in PHA who identify as lesbian, gay or bisexual and who are experiencing domestic abuse. The policy will provide information for staff experiencing domestic abuse on where to get help and information for managers on how to safely and effectively deal with situations which may arise in the work setting. This policy has been developed and equality screened and currently with HR, it is hoped to launch it in summer 2016.</p>

Service Development and Screening

Funded by the PHA, the Women's Resource and Development Agency (WRDA) has from June 2015 raised awareness of cancer screening programmes, thereby promoting informed choice. LGB people constitute one of the defined target groups for the work. See category of 'disability' for further details.

Communications

The Rainbow Project advised on the development of the new Sexual Health Public Information Campaign as screening confirmed higher levels of STIs amongst key sections of the LGB community.

Health and Wellbeing Improvement

Mindset Adult and Adolescent Training specifically focuses on the needs of LGB&T communities. In 2015/16, 36 adults and 9 adolescents attended mental health awareness training.

PHA has commissioned The Rainbow Project to provide a range of services across NI Northern Ireland for LGB&T clients, including:

- Providing counselling, group work sessions and personal development courses to individuals who are LGB
- Distribution of safer sex packs to MSM at sites and venues
- Providing training for counsellors from within the southern area on Gay Affirmative Therapy and co-cultural counselling
- Providing workshops for health professionals on LGB Health and Social Wellbeing issues

	<ul style="list-style-type: none"> • Providing ‘rapid testing’ for HIV and syphilis for MSM. <p>The PHA also commissioned Positive Life to:</p> <ul style="list-style-type: none"> • 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. <p>(N.B. HIV is experienced by both heterosexual and homosexual individuals)</p>
<p>Men and women generally</p>	<p>The Staff Health and Wellbeing Group is currently developing a Dealing with Domestic Abuse at Work Policy which will impact on men and women who are working in PHA and who are experiencing domestic abuse. The policy will provide information for staff experiencing domestic abuse on where to get help and information for managers on how to safely and effectively deal with situations which may arise in the work setting. This policy has been developed and equality screened and currently with HR, it is hoped to launch it in summer 2016.</p> <p>Nursing and Allied Health Professions</p> <p>The PHA acts as the Local Supervising Authority (LSA) on behalf of the Nursing & Midwifery Council. This responsibility is primarily associated with service provision to pregnant women. The LSA Midwifery Officer has worked with the PHA’s Personal and Public Involvement staff to put in place arrangements for user representation for the annual LSA Audits for the</p>

Supervision of Midwives at each of the 5 Trusts. 4 Trust have been audited to date with user representation and a remaining audit will be completed on the 11th of May 2016.

The 10,000 Voices Initiative is targeted at men and women generally 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 ensure that the responses are statistically representative.

Health and Wellbeing Improvement

Mindset Adult and Adolescent Training specifically focuses on the needs of LGB&T communities. In 2015/16, 36 adults and 9 adolescents attended mental health awareness training (2 of which were Transgender).

PHA has commissioned The Rainbow Project to provide a range of services across NI Northern Ireland for Transgender clients, including:

- Providing counselling, group work sessions and personal development courses to individuals who are Transgender
- Distribution of safer sex packs to MSM at sites and venues
- Providing workshops for health professionals on Transgender Health and Social Wellbeing issues
- Providing 'rapid testing' for HIV and syphilis for MSM.

Mindset Adult mental health awareness training is a whole population approach. In 2015/16, 802 adult men and women attended training.

<p>Persons with and without a disability</p>	<p>Nursing and Allied Health Professions</p> <p>The implementation of an Anti-absconding Intervention Tool in Adult Acute Inpatient Mental Health settings is changing how staff engage with patients in relation to risk of absconding. This tool identifies patients at high risk of absconding and triggers therapeutic interventions that significantly reduce the risk. This validated tool has been piloted with significant input from service users and in the pilot site resulted in a 70% reduction in the incidence of absence without leave (AWOL), improving patient safety and overall experience of the service. Implementation of the intervention has been rolled out regionally and compliance is being measured through a Key Performance Indicator. This Tool focuses on promoting and enhancing the therapeutic relationship between the patient and staff.</p> <p>Service Development and Screening</p> <p>An audio cd of the bowel screening leaflets has been made available on the cancer screening website with DVD's available on request.</p> <p>A new pathway for completing the bowel screening test kit has been implemented for blind/partially sighted individuals.</p> <p>These measures have improved support to facilitate participation in the screening programmes by individuals with a physical or sensory disability.</p> <p>Based on a three year PHA funded contract, the Women's Resource and Development Agency (WRDA) has from June 2015 raised awareness of cancer screening programmes, thereby promoting informed choice in women and men from communities and populations who are often hard-to-reach, and historically have low uptake levels of screening programmes.</p> <p>WRDA's target service user groups include (but are not limited to) deprived communities (as</p>
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per the NISRA deprivation index); people from a black or ethnic minority; travellers; LGB people; Transgender people; and people with learning, physical or sensory disabilities (additional support needs).

Health Protection

We developed infection, prevention & control leaflets in alternative formats including Braille, CD & MP3 in collaboration with RNIB.

Health and Wellbeing Improvement

People with a Learning Disability

The Regional Health and Social Wellbeing Improvement Forum (one of three work-streams of the Regional Learning Disability Health Care and Improvement Steering Group) developed a 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 2 (2015/16) actions within this action plan have been delivered within the agreed timeframes. The work-plan for 2016/17 is currently being revised to take account of emerging priorities and building on work to date.

Examples of Impacts, Outcomes and Good Practice include:

- **Smoking Cessation Brief Intervention Training** - Training of the remaining 20% of HSC Trust Learning Disability Healthcare Facilitators was delivered over the April 2015 – September 2015 period.
- **Promoting physical activity** - The Step by Step for Health, fitness and fun walking booklet for people with a learning disability was published by the PHA in March 2015. 1000 copies of the booklet have been sent to each of the Physical Activity co-ordinators in the Health and Social Care Trusts in 2015/16 – HSC Trusts continue to

	<p>promote the Step by Step walking booklet to adults with learning disabilities with related support walk programmes and training for walk-leaders.</p> <ul style="list-style-type: none"> • Developing local health and wellbeing plans – During 2015/16 each of the 5 HSC Trusts were required to develop a Health and Social Wellbeing Improvement Action Plan for people with a Learning Disability – these plans will now be developed on an annual basis by the Trusts and submitted to the Regional Learning Disability Health Care and Improvement Steering Group for approval. <p>Obesity Prevention</p> <p><i>Cook It!</i> is a well-established community based nutrition education and cooking skills programme, which increases knowledge and understanding of healthy 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.</p> <p>In recognition of the specific and significant needs of people with learning disabilities, <i>Cook it!</i> has now been adapted for use with people with learning disabilities. Training in the new programme, I can <i>Cook it!</i> is now being 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 <i>Cook it!</i> programme to learning disabled people living locally.</p>
Persons with and without dependants	<p>Nursing and Allied Health Professions</p> <p>Interviews have taken place to recruit Family Nurses as part of the Family Nurse Partnership (FNP) Programme. The PHA Lead for FNP has ensured that teenage parents have been voting members of interview panels.</p> <p>GAIN audit on delivery of the child health promotion programme included a parental survey.</p>

PART A

	This, alongside other data informed audit recommendations that will be taken forward by Health Futures Programme Board.
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Equality monitoring

During the year, the Business Services Organisation (BSO) Equality Unit, on behalf of ourselves and our partners, coordinated a six week staff monitoring initiative which targeted messages at staff through direct email, screen pop ups and posters, to encourage them to fill out their staff data on our new Human Resources systems, the HRPTS. This produced some marginal increases across some of the Section 75 categories however we acknowledge that we have some more work to do to improve the data.

Over and above the particular initiative, prompts to staff on completing equality information on HRPTS were issued at several times during the year.

Good Relations Statement

Following engagement with Trade Union Colleagues we agreed a Good Relations Statement, in partnership with the 10 other regional Health and Social Care (HSC) Organisations. Mary Hinds, the PHA Director of Nursing and Allied Health Professions launched the statement in March 2016 in the premises of the Islamic Centre, Belfast, with input by the Community Relations Council. The launch included a visit and introductory lecture on Islam.

We will work with our partners in 2016-2017 to develop some actions that put meaning to our new statement.

Gender Identity Employment Policy

Together with our colleagues from the HSC Trusts we jointly progressed the development of a gender identity employment policy. To this end, equality and human resources staff engaged with groups and individuals from the gender identity sector as well as the LGB& T staff forum in Health and Social Care. Likewise, staff from the regional gender identity service fed into the process.

We will review the draft policy in light of the outcome of this engagement in 2016-17.

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:

- Disability Staff Network information and Staff Survey
- Disability Work Placements Awareness Article
- Hearing Loss Awareness Day Information & Feature
- Learning Disabilities Awareness Day Information & Feature

- Launch of Disability Staff Forum and Promotional Article.

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

- Screening Pitfalls
- Disability Work Placements - Request for placement offers
- Five Year Review
- OFMDFM age proposals
- Disability Duties Information Leaflet
- Website Accessibility.

Website Accessibility

We gave consideration to a number of ways of assessing and improving accessibility of our website, including self-assessment, automated testing tools, website accessibility evaluation services and user-based accessibility testing. We decided to promote compliancy of web accessibility by addition of Accessibility tabs to PHA websites; we developed and agreed an accessibility statement and we added it to the accessibility link on all public health sites.

Standards and Guidance for the Involvement of Disabled People

There are many reasons why it is important to consult and involve service users, carers and the wider community.

People with disabilities tend to be excluded from public services and when health and social care outcomes are agreed with communities, needs are better met and people can be supported to manage their own care. There is a growing body of literature to show that good quality involvement can lead to improved health and social care outcomes, better value for money and improved quality of life for service users, their families and carers, community and the whole of Health and Social Care.

We therefore, in partnership with the BSO Equality Unit and our HSC regional colleagues, developed standards and guidance for the involvement of disabled people in our work. We also developed a checklist for staff to ensure that people with a disability can be fully involved when we are arranging meetings or running events.

This was developed in consultation with disabled people and organisations representing disabled people such as; ARC NI, Autism NI, British Deaf Association NI, Omnibus Partnership, Patients Group of Royal College of GPs, Positive Futures, SHSCT, Telling it like it is group.

Disability Staff Forum

We finalised the establishment of a Disability Staff Forum for staff members in our organisation. This Forum is open to staff working in all 11 HSC regional organisations who have an interest in disability. The Forum is being sponsored in 2016-17 by the Health and Social Care Board, one of our partner organisations.

We worked with HSC colleagues in the BSO Equality Unit to develop and agree a workable and effective structure for the Forum.

The Forum was launched at the end of 2015-16 and will begin formal meetings, draft terms of reference and an action plan, and establish and promote itself throughout 2016-17.

We will work with partners during 2016-2017 to determine the long term sponsorship of the Forum.

Disability Work Placements

Two individuals began their 26-week work placement with us under the Disability Placement Scheme. The scheme is run jointly with the other regional HSC organisations and in partnership with Supported Employment Solutions. Overall, 25 opportunities were created in 2015-16; at the end of March, 15 individuals were participating in the scheme.

Disability Awareness Days

Featuring two staff awareness days on disabilities during the year was also one of our objectives. In September, we focused on Hearing Loss. In February, we drew the attention to Learning Disabilities.

On both days, we offered our staff the opportunity to attend a talk by Action on Hearing Loss, Mencap and the Evergreen Centre in a number of our office locations. In addition, we provided staff with information materials and signposting information on how to access further support.

Moreover, we continue to be represented on working groups relating to the Regional Contract on Interpreting and Translation Services as well as the Physical and Sensory Disability Strategy (Information and Training Workstream).

- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2015-16 (or append the plan with progress/examples identified).

Please see Appendix 1: Equality Action Plan Progress Report 2015-16

- 3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2015-16 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 2015-16 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 2015-16 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 2015-16 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 2015-16 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:

The following wording is included in job descriptions:

- To lead by example to ensure that the PHA demonstrates commitment through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services.
- To promote the corporate values and culture of the organisation through the development and implementation of relevant policies and procedures, and appropriate personal behaviour.
- Maintain good staff relationships and morale amongst the staff reporting to him/her.
- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the PHA.
- Promote the PHA's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by

staff for whom he/she has responsibility.

Equality

- To assist the Public Health Agency to fulfil its statutory duties under Section 75 of the Northern Ireland Act 1998, the Human Rights Act 1998, and other equality legislation.

5 Were the Section 75 statutory duties integrated within performance plans during the 2015-16 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 2015-16 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 2015-16 report

Not applicable

Please provide any details and examples:

In our Business Plan for 2015-16, we specified a wide range of objectives directly related to promoting equality and good relations for the Section 75 groups. These included:

(1) Improving health and wellbeing and tackling health inequalities

- Implement Phase One of Early Intervention Transformation Programme in relation to universal midwifery, health visiting and pre-school services (Work stream one).
- Implement the regional Infant Mental Health plan and commission training to HSC and early years workforce.
- Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB ensuring that good practice is promoted and health inequalities are identified and addressed in this area, and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability.
- 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.
- Further develop the Travelers Health and Wellbeing Forum and delivery of the regional Action Plan.

(2) Improving the quality of HSC services

- Along with the HSC Board lead the implementation of the NI Dementia Strategy and lead the OFMDFM/AP funded Dementia Signature Project (due to complete June 2017).
- Continue the Review of AHP Support for Children/Young people with Statements of Special Educational Needs. Working with relevant partners, provide an interim report on findings and common themes identified from Phase 2 and work towards the agreement of a proposed regional model and implementation plan.
- 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.

Equality action plans/measures

7 Within the 2015-16 reporting period, please indicate the **number** of:

Actions completed:	<input type="text" value="17"/>	Actions ongoing:	<input type="text" value="9"/>	Actions to commence:	<input type="text" value="1"/>
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Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2015-16.

8 Please give details of changes or amendments made to the equality action plan/measures during the 2015-16 reporting period (*points not identified in an appended plan*):

Please see Appendix 4: Updated Equality Action Plan 2016-17.

9 In reviewing progress on the equality action plan/action measures during the 2015-16 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. The EQIA consultation on the Future of the Lifeline Crisis Intervention Service illustrates this approach.

- 11** Please provide any **details and examples of good practice** in consultation during the 2015-16 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 2015-16 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?
Dealing with Domestic Abuse	Screening template	representatives on the group	Staff health and	NA	This worked well as staff

PART A

<p>at Work Policy</p>		<p>from all of the divisions have responsibility for discussion at staff meetings and groups and then provide feedback to the Group.</p> <p>Staff, managers, HR, Trade Unions</p>	<p>Wellbeing group which has a membership of staff, managers and HR</p>		<p>involved in the group were able to circulate the policy across colleagues and provide feedback to the main group.</p>
<p>Health and Wellbeing Improvement</p> <p>Infant Mental Health Strategy and Framework</p>	<p>Equality Screening Document</p>	<p>Parental engagement through Surestarts, voluntary and community sector workshops through Children in NI (CiNI), engagement with young people through</p>	<p>Website and dissemination -31 written responses</p>	<p>The issues raised including positive feedback on the approach/themes represented in the Plan as well as concerns, aspirations and alternative/complementary suggestions were reviewed and the Equality Screening Document and Draft Plan amended to take account of the overall</p>	

PART A

		National Childrens Bureau (NCB) NI. Wide dissemination of consultation documents through a Plan Advisory Group, Child Development Project Board and production of draft Plan documentation on PHA and Children and Young Peoples Strategic Partnership Websites.		consultation.	
Lifeline Crisis Intervention Service Beyond 2016	EQIA	Formal notification of the public consultation and a copy of the draft EQIA was distributed	Workshops.	A number of changes made as a result of feedback received from consultees.	It was a positive experience in terms of the number and diversity of responses

PART A

		<p>via a range of media outlets and network databases containing over 600 organisations, in order to publicise the consultation process.</p> <p>The PHA hosted nine public workshops events throughout the five Local Commissioning Group (LCG) areas and these were attended by 125 people in total. The PHA also engaged with organisations</p>			<p>received from across the region.</p>
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PART A

		<p>which represented specific interest groups and a further 17 workshops were undertaken, attended by a further 200 people.</p> <p>A note taker was in attendance at all the workshops to record the views expressed.</p> <p>A total of 159 written responses were also received, 135 in questionnaire format and a</p>			
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PART A

		further 24 in letter form to inform the draft EQIA.			
Early Intervention Support Service	Equality & Human Rights Screening Template	Engagement through Children and Young People Strategic Partnership Outcomes groups with key stakeholders. Consultation workshops in five pilot sites Parental consultations facilitated by Parenting NI through focus groups	Workshops Parent Focus Groups	N/A	Comprehensive stakeholder engagement proved to be useful in developing and shaping the model for the Early Intervention Support Service.
Nursing and Allied Health	None (Screened by	Literature review relating	On line	Yes eg need for relationships to be	Useful. Views of parents

PART A

<p>Professions</p> <p>EITP Work stream One in relation to group based antenatal care and introduction of a 3 year review carried out by health visitors within the preschool setting</p>	<p>DHSSPS as part of the Delivering Social Change framework)</p>	<p>to user views regarding universal service provision.</p> <p>On line survey facilitated by Parenting NI – report available.</p> <p>Attendance at a father’s support group facilitated by Parenting NI</p>		<p>developed with trusted professionals to be a core element of universal service provision</p>	<p>mirrored views of professionals which was reassuring in relation to professional understanding of the views of users.</p>
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12 In the 2015-16 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 2015-16 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. Likewise, in EQIA reports we explain our commitment to undertake Equality Impact Assessments to our consultees.

14 Was the consultation list reviewed during the 2015-16 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):

14

16 Please provide the **number of assessments** that were consulted upon during 2015-16:

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

In addition, 13 policies and their equality screening templates were included in our 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 2015-16 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 2015-16 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?
HSC Research and Development Make-up of funding panels	Standard Equality monitoring tool administered electronically to past panel members	Highlighted the lack of heterogeneity in our panels and the need to widen our panel membership to representatives of different ages and ethnic backgrounds
Nursing and Allied Health Professions Outcomes based Accountability monitoring for use during 2016/17 developed in relation to EITP Workstream One include measures relating to age, ethnicity, gender		
Health and Wellbeing Improvement Regional Stop Smoking Service has been equality monitored from its inception 14 years ago	All returned monitoring forms (10 questions are entered onto the electronic monitoring system (Elite) and reported on annual in the Tobacco Report.	This equality monitoring and the geographical distribution of services help us to plan services for the following year.

PART A

<p>Alcohol and Drugs services</p>	<p>Information is gathered using Impact Measurement Tools (IMTs), quarterly monitoring reports and via annual assessments.</p>	<p>The progress and monitoring reports aid good practice and identifying services to meet the needs of section 75 groups.</p>
<p>Early Intervention Support Service (EISS)</p>	<p>Information on the primary carer and information on the child/young person is collated from the referral form – ethnicity; sex, age & disability.</p>	<p>This data is collated and included in the annual report for each EISS.</p> <p>The monitoring data is used to address service uptake and any patterns related to low or poor uptake.</p> <p>There is also a section that ensures providers deliver services from facilities that are appropriate and accessible to service users and methods used in delivery of the service are accessible to all service users.</p>
<p>Northern Ireland New Entrant Service (NINES)</p>	<p>Information in NINES quarterly monitoring reports showed an increase in the numbers of asylum seekers accessing the service who have complex health needs including mental health and emotional wellbeing needs.</p>	<p>This information was used to secure funding to increase the skill mix within the NINES team to include a peer support worker post to help support service users within their communities through community engagement, awareness raising and facilitation of access to relevant services and programmes.</p>
<p>Contract Monitoring</p>	<p>Service Providers are asked to describe</p>	<p>This information serves to highlight the</p>

PART A

Information	how they address needs of Section 75 groups.	needs of Section 75 groups and to guide the development of services to meet those needs as appropriate.
<p><i>Cook it!</i> (community-based nutrition education and food skills programme).</p>	<p>Information recorded on the final quarter PMR and regular meetings with Trust-based <i>Cook it!</i> teams.</p> <p>(The teams record details of groups availing of the training and Cook it! programmes being delivered locally).</p>	<p>Information on the uptake of the <i>Cook it!</i> programme highlighted the need for a tailored programme to meet the needs of people with a learning disability. The resulting complementary programme, <i>I can Cook it!</i> was developed, published in March 2015 and training on the programme has been offered during 2015/16.</p> <p>The same process highlighted the specific needs of people from BME groups and a complementary module of the <i>Cook it!</i> programme is being finalised for publication and delivery of training during 2016/17.</p>

- 22** Please provide any details or examples of where the monitoring of policies, during the 2015-16 reporting period, has shown changes to differential/adverse impacts previously assessed:

No monitoring was undertaken of policies previously assessed.

- 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 2015-16, 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	35
Equality Impact Assessment Training	8
Total	43

eLearning: Discovering Diversity

Module 1 to 4 – Diversity	8
Module 5 – Disability	5
Module 6 – Cultural Competencies	7

- 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 represent the percentage of participants who selected 'Very Well' or 'Well' when asked the questions below.] Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **99.0%**
- To develop an understanding of the benefits of screening: **99.0%**
- To develop an understanding of the screening process: **97.0%**
- To develop skills in practically carrying out screening: **97.0%**

[The figure in bold represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked the question below.] Participants were asked: "How valuable was the course to you personally? **97.0%**

Equality Impact Assessment Training

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 **83.0%**
- To demonstrate an understanding of the EQIA process **83.0%**
- To demonstrate an understanding of the benefits of EQIAs **78.0%**
- To develop skills in practically carrying out EQIAs **72.0%**

[The figures in bold represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked the question below.] Participants were asked: "How valuable was the course to you personally? **97.0%**

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

26 Please list any examples of where monitoring during 2015-16, 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 2015-16?

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:

We undertook the Five Year Review of our Scheme during 2015-16 and submitted the report in April 2016.

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 (2016-17) 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 business cases

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.

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 2015-16. 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			

PART B

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			

PART B

2			

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

	Action Measures partly achieved	Milestonesvi / Outputs	Outcomes/Impacts	Reasons not fully achieved
1				
2				

4. Please outline what action measures **have not 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			

PART B

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.

Equality Action Plan 2013 – 2018: Report on the progress we made during 2015-16

June 2016

This document summarises progress made during 2015-16 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.

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Theme 1: Provision of Accessible Information

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
<p>Ensure new sites are compliant with relevant guidelines and standards (such as W3C A4)</p>	<p>We promoted compliancy of web accessibility by addition of Accessibility tabs to PHA websites; accessibility statement developed and agreed; added to accessibility link on all public health sites.</p>	<p>Promotes equal access to online information and functionality by people with disabilities.</p>
<p>Monitor and review resources for positive images of equalities communities</p>	<p>Development of an HSC-wide image library discussed at Physical and Sensory Disability Strategy information workstream. Go-to list of communications contacts to be developed by PSDS group for planning purposes.</p>	<p>Promotes inclusion and recognises diversity of the equalities communities we work with.</p>

<p>Women's Resource and Development Agency (WRDA) three year PHA funded contract from June 2015:</p> <p>WRDA to raise awareness of cancer screening programmes, thereby promoting informed choice in women and men from communities and populations who are often hard-to-reach, and historically have low uptake levels of screening programmes.</p> <p>WRDA's target service user groups include (but are not limited to) deprived communities (as per the NISRA deprivation index); people from a black or ethnic minority; travellers; LGBT people; and people with learning, physical or sensory disabilities (additional support needs).</p>	<ul style="list-style-type: none"> • 73 educational awareness sessions have been delivered to approx. 725 attendees from target service user groups. • 39 bespoke specialist workshops have been delivered to 826 participants with additional support needs, including those with learning, physical or sensory disabilities. 91 staff members also attended these workshops. • 10 promotional events have been held, providing information on the three cancer screening programmes to approx. 440 attendees. • 32 community facilitators have completed their peer facilitator training with WRDA. • 6 Special Breast Screening Clinics were held with women with additional support needs. 	<ul style="list-style-type: none"> • Raised awareness of cancer screening programmes in people with reduced access to services as a result of poverty and marginalisation. WRDA reported commitment expressed by attendees to attend for breast and cervical screening and to use the FOB kit for bowel cancer screening. Participants also report disseminating course information and messages to friends and family. • 30 community facilitators received a Level 3 Certificate in Learning & Development. • 17 women with additional support needs received a mammogram.
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Theme 3: Childhood Immunisation

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
<p>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).</p>	<p>NINES identifies all new migrant children’s vaccination status, provides BCG vaccination and assists migrants in registering with a GP, who provide vaccination according to UK schedule. Plans are currently taking place to expand the number of different vaccinations opportunistically provided by NINES in the interim period before GP registration</p>	<p>The gap in uptake rates between the highest and lowest performing areas will be reduced as much as possible.</p>
<p>Continue to monitor uptake closely and work with professionals to achieve ongoing improvement.</p>	<p>We continue to monitor uptake of childhood immunisations and act as necessary to increase uptake.</p> <p>We ensure all information leaflets about vaccines are translated into the 10 most common languages in Northern Ireland.</p>	

Theme 4: Migrants

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
<p>Continue to liaise with key stakeholders on the commissioning, development, implementation and review of the Northern Ireland New Entrant Service (NINES) (Mar 2016).</p>	<p>The PHA, working in collaboration with Southern HSCT and Southern Local Commissioning Group colleagues, have established a new entrant service to meet identified BME health and social wellbeing needs in the southern area.</p> <p>Work is also underway to increase provision to meet increased demand, particularly in relation to mental and emotional wellbeing needs, in the existing Belfast based NINES.</p> <p>The PHA and the Northern Ireland New Entrant Service were involved in putting in place arrangements to prepare for and manage, support and resource the arrival of Syrian refugees into Northern Ireland and their integration into Northern Ireland society.</p>	<p>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.</p> <p>Ensuring 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.</p>
<p>Improve data collection of migrants and their health and social wellbeing needs with a particular focus on community</p>	<p>Awareness raising posters and leaflets have been produced by the Regional Ethnic Monitoring Group.</p>	<p>Information provided for service users and staff on the introduction of ethnic monitoring into HSC systems.</p>

<p>systems (SOSCARE); hospital systems (PAS) and GP systems.</p>	<p>Information on ethnic monitoring now introduced to HSC systems.</p> <p>Work is ongoing to develop data collection in relation to migrants from the PAS system.</p>	<p>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.</p>
<p>Evaluation of the Stronger Together Network to be undertaken to assess the extent to which the project has achieved its aims and objectives.</p>	<p>The Stronger Together, minority ethnic health and social wellbeing network has continued to effectively deliver its objectives during 2015/16. STEP which hosts the Stronger Together (ST) website is undertaking an evaluation of the ST initiative. An evaluation report is due on 31 March 2016.</p>	<p>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 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.</p>
<p>Develop a pilot service to support the mental health and emotional wellbeing needs of ethnic minority communities across Northern Ireland</p>	<p>A three year regional pilot project to promote mental and emotional wellbeing for ethnic minority communities in NI has been commissioned by the PHA. Phase one</p>	<p>The findings from the pilot project and the review of evidence will help to ensure that local commissioning and decision making in relation to minority ethnic mental health and emotional</p>

	of the initiative has been completed. This includes a review of evidence based approaches to improving minority ethnic mental health and emotional wellbeing.	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 2015/16 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 regional action plan continues to address health inequalities, experienced by ethnic minority communities, through cross – sectoral, partnership working 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 2016 and Comments	Outcomes for Section 75 groups
Engage with key stakeholders on eLearning programme on sexual orientation and gender identity.	E-learning programme developed with involvement of individuals who identify as LGB&T. Action completed.	The e-learning programme aims to increase awareness of the needs of LGB&T individuals in workplace settings.
Promote e-learning programme (Mar 2018).	On-going promoting of e-learning programme. Action completed.	Increase awareness of needs of LGB&T individuals and families.
Continue to support the HSC LGB&T Staff Forum (Mar 2018).	On-going support for the LGB&T Staff forum. Quarterly meetings facilitated.	Staff who identify as LGB&T have access to a dedicated Forum.
Develop a dedicated website for the Forum (Mar 2018).	Website developed and operational. Action completed.	Staff who identify as LGB&T across HSC organisation will have access to a range of information.
Conduct survey with staff across HSC Settings (Mar 2018).	As part of the Diversity Champions programme an online survey was conducted with PHA Staff. Action completed.	Recommendations from the survey will be used inform an action plan relating to the Diversity Champion programme. Improved visibility for staff who identify as LGB&T.
Work with AgeNI, RQIA, LGB&T Sector, Unison and the Independent	Guidelines developed and disseminated to all care facilities	Increased awareness of the needs of older LGB&T people.

<p>Care Sector to develop guidelines to support older LGB&T people in residential and day care facilities.</p>	<p>across Northern Ireland. Action completed.</p>	
<p>Work with RCGP to develop guidelines to support the needs of LGB&T people in General Practice (Mar 2018).</p>	<p>Two guidelines developed one for LGB and the other for Transgender individuals. Action completed.</p>	<p>Members of the LGB&T community were involved in the development of the Guidelines.</p>
<p>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.</p>	<p>Regional specification developed. Tender awarded. Services commenced in April 2015 for three years.</p>	<p>Improved mental health and emotional wellbeing for LGB&T individuals. Increased access to services to support the mental health needs of LGB&T individuals. Increased access to sexual orientation and gender identity awareness training across all 5 HSC localities.</p>

Theme 6: Personal and Public Involvement

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
Develop a protocol to evidence compliance with personal and public involvement (PPI) for planning, delivery & evaluation of services.	A PPI Checklist and monitoring process are being used to monitor PPI progress in the PHA.	The protocol provides an additional opportunity to highlight opportunities for involvement of S75 groups.
Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.	Section 75 is now included in the scoring criteria.	When funding becomes available for the Promotion and Advancement of PPI programme Section 75 will be included as scoring criteria in the allocation of funds.
Commission PPI training programme for use across HSC.	A comprehensive PPI Training programme has been commissioned and launched. Engage & Involve has an e-learning and taught component.	The training includes reference to Section 75 legislation and includes sections on hard to reach/seldom herd groups and encourages Section 75 to be included in PPI activities.
Develop a PPI communication and promotional strategy.	A PPI Communication and promotion plan has been developed.	Promotes the inclusion of PPI messages to service users and carers including Section 75 groups. It promotes using a range of communication methods to reach service users, carers to include Section 75 groups.

<p>Identify gaps in PPI research, theory & practical application.</p> <p>Commission research with a focus on lessons to be extrapolated & shared across the HSC.</p>	<p>PHA has commissioned research into PPI in Northern Ireland, the research included focus on service users and carers and included Section 75 groups.</p>	<p>The research will be published in 2016/17 and recommendations will be implemented as part of the PHA PPI Action Plan.</p>
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Theme 7: PHA as an employer

Action Point	Progress to end Mar 2016 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	This has been postponed to 2016-17 following completion of Voluntary Early Severance.	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 2016-17.	n/a
<p>Monitor staff completion figures for Section 75 data.</p> <p>Continue to encourage staff to complete equality data section on HR system via self-service</p>	<p>We now monitor diversity data and completion figures quarterly.</p> <p>We developed and delivered a staff campaign jointly across PHA and 10 partner organisations from January to March 2016.</p> <p>The campaign sought to make the case to staff for completing the data, highlighting the benefits on the one hand and data protection provisions on the other.</p> <p>Benefits for staff of disclosing the</p>	<p>Ultimately, the aim is that robust data is in place to allow assessment of impacts on staff and developing targeted actions.</p>

	<p>disability status were also highlighted in the context of disability awareness days.</p> <p>The evaluation shows a slight increase in completion figures shortly after the start of the campaign. After that, we were not successful with encouraging more people to complete the information. At the same time overall some people appear to have come forward to declare that they have a disability who had not done so before.</p> <p>We plan to engage with the new disability staff forum to discuss what else we can do to encourage staff to complete the information.</p>	
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Theme 8: Board composition

Action Point	Progress to end Mar 2016 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



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June 2016

Appendix 2

Equality and Human Rights Screening Report

April 2015 – March 2016



*1	'screened in' for equality impact assessment- <u>including date</u> of (EQIA)
*2	'screened out' with mitigation
*3	'screened out' without mitigation

Policy or Decision	Policy Aims	Date	Screening Decision
Review of Vascular Services in Northern Ireland.	The aim of this review is to identify a model which will provide safe and sustainable vascular services for patients that will deliver world class outcomes, support other clinical services and the abdominal aortic aneurysm screening programme, and improve equity of access to high quality care.	Jul-14	2
Business Case & Service Specification for Early Intervention Service	The objective of the service is to support families when problems arise before they need statutory involvement. The service will deliver and coordinate personalised, evidence based early interventions for children, young people between the ages of 0 – 18 years and their families within Tier Two of the Hardiker model.	Apr-15	2
Tender Strategy and Specification for Relationship and Sexuality Education (RSE) in the community.	The aim of the RSE in the community programme is to improve the sexual health and well-being of young people aged 11-25 years across Northern Ireland by enabling them to make healthier choices. Programmes commissioned will target young people in community settings throughout Northern Ireland.	Jan-14	2

Policy or Decision	Policy Aims	Date	Screening Decision
Sustainable Development Strategy 2015-18	The PHA is committed to the principles of sustainable development and will endeavour to integrate these principles into its daily activities. It will seek to increase awareness of sustainable development within the PHA generally and to ensure that wherever possible its overall business activities support the achievement of sustainable development objectives.	Feb-15	3
Information Governance Strategy	The general purpose of the Information Governance Strategy is to provide clear direction to the PHA in delivering the requirements of information governance and associated policies.	Jan-15	3
Development of Services to support the mental and emotional wellbeing needs of Lesbian and Bisexual Women, Gay and Bisexual Men and Transgender Individuals (LGB&T) and their families.	The Public Health Agency wish to commission a service that will provide a range of services to support the mental and emotional wellbeing needs of Lesbian and Bisexual Women, Gay and Bisexual Men and Transgender Individuals and their families across Northern Ireland.	Dec-14	2
Regional Guidelines for the Management of Patient's Absent without Leave (AWOL) from Adult Mental Health/Learning Disability Inpatient Settings	The overarching purpose of these guidelines is to promote the safety and protection of service users and others in the event of a service user going missing or Absent Without Leave (AWOL).	Aug-15	2
Disability Placement Scheme	The 26 week placement opportunities are unpaid, targeted at people with a diverse range of	Feb-15	2

Policy or Decision	Policy Aims	Date	Screening Decision
	<p>disabilities wishing to gain meaningful work experience. The objective is twofold: to support people with a disability gaining meaningful work experience and to promote positive attitudes to people with a disability.</p>		
<p>Disability Action Plan 2013-18 - reviewed August 2015</p>	<p>This plan represents our organisation's responsibilities under the Disability Discrimination Act (1995) as amended by the Disability Order 2006. The purpose of this plan is to outline some key actions that we are going to deliver upon to make a difference to people with disabilities including staff and people who use our services, and where relevant, their carers.</p>	<p>Aug-15</p>	<p>2</p>
<p>Annual Business Plan 2015-16</p>	<p>The Public Health Agency (PHA) Annual Business Plan 2015-2016 details how we will make best use of our resources to achieve our core goals, as set out in our Corporate Strategy 2011-2015. This plan focuses on significant new initiatives for 2015-16, and does not detail all the PHA's planned work.</p>	<p>Jul-15</p>	<p>2</p>
<p>Shared Reading Groups in the CJS</p>	<p>The Public Health Agency wishes to commission a service that will provide shared reading groups to prisoners in Northern Ireland.</p>	<p>Nov-15</p>	<p>2</p>

Policy or Decision	Policy Aims	Date	Screening Decision
Regional Training Framework and Business Case & Service Specification for training delivery in line with the Regional Training Framework for Stop Smoking Services	Stop Smoking Services are available across NI to assist smokers in their quit attempts. Those trained to deliver these services have participated in Specialist Stop Smoking Training in line with the Regional Training Framework for Smoking Cessation. The Training Framework has been reviewed and updated following a comparative scoping exercise of stop smoking service training standards in England, Scotland, Wales and the Republic of Ireland.	Sep-15	2
Records Management Policy	This policy sets out the requirements that must be met for the records of the Public Health Agency (PHA) to be considered as a proper record of the activity of the PHA; outlines the requirements for a PHA records management system and processes; highlights the quality and reliability standards which must be maintained to provide a valuable information and knowledge resource for the Public Health Agency.	Dec-15	3
Annual Business Plan 2016/17	The Public Health Agency (PHA) Annual Business Plan 2016-2017 details how we will make best use of our resources to achieve our core goals, as set out in our Corporate Strategy. This plan focuses on significant new initiatives for 2016-17, and does not detail all the PHA's planned work.	Mar-16	2

Appendix 3

Equality and Human Rights Mitigation Report

April 2015 – March 2016



Review of Vascular Services in Northern Ireland

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The following measures have been agreed as part of the service review: Ensured that those elements of the vascular service that can remain locally, will stay local. Only a small number of patients who require major inpatient arterial surgery or lower limb amputation will be affected and they will be travelling to a higher quality service.</p> <p>Recommended to continue provision of venous, out - patients and vascular access surgery at CAH and ALT</p> <p>Agreed to develop robust transfer protocols to ensure safe service provision for all those who require transfer to the regional arterial centre at RVH</p> <p>Agreed to develop robust repatriation protocols for all major amputation patients so that they can be discharged back to their base hospital as soon as it is clinically safe to do so.</p> <p>Committed to the provision of major limb amputation surgery locally where this is</p>	<p>We intend to monitor patient outcomes through the National Vascular Database and monitor the outcomes of all emergency transfers from Altnagelvin and Craigavon.</p>

in a patient's best interest.

Develop a vascular network to provide an outreach service with a significant specialist vascular both in and out of hours to ensure families receive support at time that are suitable to families.

Professional development has been given a high priority within the EIS to ensure staff develop professional expertise to work effectively with the diverse needs of children, young people and families by using a range of therapeutic interventions.

Continuous learning and development needs will be identified through supervision and reflecting critically on practice to identify needs.

All staff members will complete mandatory equality & diversity training

Additional equality training will be provided as required to improve and enhance the management of equality issues.

Business Case & Service Specification for Early Intervention Service

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>The objective of the Early Intervention Service (EIS) is to support families when problems arise before they need statutory involvement.</p> <p>The aim of the EIS is to de-escalate issues of concern and divert them from statutory intervention services using the combined expertise of participating agencies.</p> <p>The EIS will deliver and coordinate personalised, evidence based therapeutic early interventions for children, young people between the ages of 0 – 18 years and their families within Tier Two of the Hardiker model.</p> <p>The EIS will be flexible in tailoring services to the particular communities in which they are based and will provide individually tailored intervention plans to meet the needs of children, young people and families.</p> <p>The EIS will use a “key worker” approach there is evidence to support this approach as an effective</p>	<p>The equality screen has identified equality issues to be taken into account by the EIS.</p> <p>The EIS will review practice regularly to ensure that the team have the relevant skills and training in order to meet the needs of the children, young people and families referred.</p> <p>The EIS will develop relationships with other agencies from community, voluntary and statutory sectors to address particular issues for children, young people and families with a disability, those from BME backgrounds and those at risk from hidden harm e.g. Domestic Violence, parental mental health problems or parental alcohol and drug problems.</p> <p>The EIS will focus on specific practical actions relating to particular needs of Section 75 groupings in relation to communication and engagement.</p> <p>The EIS will develop methods of communication to meet particular needs of Section 75 groupings e.g. key publications translated into languages, use of plain English, easy read and pictures and diagrams.</p> <p>The EIS will seek the views and experiences of service users through monitoring of compliments and complaints and actively seek feedback as part of the evaluation process of the EIS.</p> <p>The EIS will seek feedback on the</p>

<p>method of getting families to engage with services which was an overarching theme that emerged from the stakeholder engagement.</p> <p>The EIS will work closely with the Family Support Hub (FSH) to facilitate communication between partner agencies from community, voluntary and statutory sectors to identify the appropriate service provision to match the variety of needs of children, young people and families.</p> <p>The EIS will provide a flexible service</p>	<p>experiences of the service from children and young people from BME backgrounds, those with disabilities and young people who are LGBT. The EIS will identify gaps in service provision and unmet need and communicate these to the relevant Outcomes Group.</p> <p>Following the piloting of the EIS model in five areas, a further equality assessment will need to be completed if EIS is to roll out into other geographical areas to reflect the demography.</p>
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Tender Strategy and Specification for Relationship and Sexuality Education (RSE) in the community

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The target group are young people aged 11-25 years. This includes young people who may have mental health issues, those who have a physical disability, are from a minority ethnic group etc. Specialist programmes have been designed and commissioned for those not included above (those with a learning or sensory disability) as these are commissioned separately by the PHA.</p> <p>In the specification the following will be highlighted for tenderer (s)</p> <ul style="list-style-type: none"> • Tenderer(s) should demonstrate how they support Trainers to ensure that they have relevant skills and training. • Tenderer(s) will demonstrate their experience of targeting and recruiting target groups of young people as listed above in 1.2 and devising innovative programmes to attract these hard to reach groups. • Tenderer(s) will demonstrate how they have developed RSE programmes for young people with literacy and other needs. • The service provided should promote social inclusion, addressing issues around disadvantage, sexual orientation, gender identity, ethnicity, disability and rural/urban communities. • Tenderer(s) will have policies for staff 	<p>As this specification is taken forward equality issues will be reviewed and addressed as appropriate. This will also be included in the monitoring forms which the successful organisation will have to complete every quarter.</p>

<p>on child protection and guidelines for staff around disclosure and other sensitive issues.</p> <ul style="list-style-type: none">• Trainers will display non-judgmental attitudes when discussing topics such as unplanned pregnancy, condom use, emergency contraception, Lesbian, Gay, Bisexual and Transgender issues.	
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Mental and Emotional Wellbeing of Lesbian, Gay, Bisexual and Transgender People

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Issues identified for and what this service is proposing to do;</p> <p>Lesbian and Bisexual Women,</p> <p><input type="checkbox"/> Mental Health problems including anxiety and depression.</p> <p><input type="checkbox"/> Increased incidence of suicide and self harm.</p> <p><input type="checkbox"/> Increased risk taking behaviours including substance misuse.</p> <p><input type="checkbox"/> Increased risk of loneliness and isolation particularly in later years.</p> <p>Becoming a victim of homophobic hate crime. Stigma and discrimination relating to Sexual Orientation. Gay and Bisexual Men</p> <p><input type="checkbox"/> Mental Health problems including anxiety and depression.</p> <p><input type="checkbox"/> Increased incidence of suicide and self-harm.</p> <p><input type="checkbox"/> Increased risk of some STIs including HIV</p> <p><input type="checkbox"/> Increased risk taking behaviours including substance misuse.</p> <p><input type="checkbox"/> Increased risk of loneliness and isolation particularly in later years.</p> <p><input type="checkbox"/> Homophobic Bullying for younger gay and bisexual men.</p> <p>Becoming a victim of homophobic hate</p>	<p>Organisations who are commissioned by PHA to deliver services from the mental health and emotional wellbeing and suicide prevention budget will be required to provide the following details on service users:</p> <p>Age.</p> <p>Gender.</p> <p>If gender identity the same as the gender you were originally assigned at birth.</p> <p>County of Birth.</p> <p>Religion. Ethnic group.</p> <p>Disability.</p> <p>Caring responsibility.</p> <p>Marital status.</p> <p>Political opinion.</p> <p>Sexual Orientation.</p>

crime. Stigma and discrimination relating to Sexual Orientation. Transgender Individuals and their families

Mental Health problems including anxiety and depression.

Increased incidence of suicide and self harm.

Increased risk taking behaviours including substance misuse.

Transphobic bullying for younger transgender people.

Becoming a victim of transphobic hate crime.

Increased risks associated with long term hormone use.

Stigma and discrimination relating to Gender Identity.

It is anticipated that the services to be commissioned by PHA will help address some of the mental health and emotional wellbeing issues faced by Lesbian and Bisexual Women, Gay and Bisexual men and Transgender individuals and their families.

It is envisaged that the services commissioned will complement existing services available to support the wide range of health and social wellbeing needs of LGB&T people in Northern Ireland.

It is recognised that although there are distinct differences experienced by each of the groups identified in Lot 1, 2 and 3 the negative health and social wellbeing impact and the health inequalities experienced by individuals as a result of sexual orientation

and/or gender identity are similar .

In order to ensure providers take into account and address diverse needs within the target groups relating to religion, age (older and younger people), marital and dependant status (those who have a family or elderly dependants), disability (those with physical, sensory or a learning disability) as well as ethnic minority people, the following has been built into the specification:

Providers must deliver the Services from geographical locations that are appropriate and accessible to the targeted Service Users for the relevant Lot and ensure an even distribution of sessions across Northern Ireland taking into account a mix of urban/rural locations. Providers must also ensure sensitivity with respect to location to allow for Service User confidentiality.

Providers must ensure that methods used in the delivery of the Service and premises are accessible to all Service Users. For the purposes of this clause, accessible means, as far as possible, ensuring the removal of barriers, or potential barriers, to the full participation of those Service Users with disabilities e.g. wheelchair access etc.

Providers must also actively engage with other organisations that are providing similar or complementary services in the area, to ensure that any benefits from working collaboratively can be realised.

As some individuals who identify as LGB and or T may wish to remain invisible and not engage with the Services, tenderers must demonstrate in their Tender Response how they would take this into consideration when developing their programme for the

relevant Lot applied for.

The provider will be asked as part of their contractual agreement with the PHA to implement the Core Standards relating to Promoting Mental and Emotional Wellbeing and Suicide Prevention. These Standards include particular standards on Equality and Diversity.

Additional requirements relating to the Equal Opportunities Monitoring Template will be gathered by the provider and collated as part of on-going monitoring returns to the PHA.

The PHA recognises that there are particular needs identified within each of the populations as outlined above and that not all of these needs will be met under this specification. However, the Equality Data gathered as part of this service will help ensure that future service developments can be tailored to meet the needs identified by each of the population groups i.e. Lesbian and Bisexual Women, Gay and Bisexual Men and Transgender Individuals and their families.

Regional Guidelines for the Management of Patient’s Absent without Leave (AWOL) from Adult Mental Health/Learning Disability Inpatient Settings

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Part of the monitoring process for the management of patients AWOL is the recording of Age and Gender; this will support analysis</p> <p>Trusts will be directed to monitor trends including for age and gender</p> <p>The guidance includes a provision instructing HSC staff to determine who the patient’s next of kin is and to keep them informed as appropriate.</p>	

Disability Placement Scheme

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The scheme incorporates provisions for identifying and making reasonable adjustments.</p> <p>Supported Employment Solutions are responsible for ensuring their communication and information is accessible for all.</p> <p>A number of placement locations are chosen to encourage access to the scheme for people in a range of areas and from a range of religious and community backgrounds.</p> <p>Identifying and addressing training and awareness needs of staff is also a key component. This should also capture training and awareness needs relating to multiple identities of participants (such as in relation to gender identity and sexual orientation).</p>	<p>Outreach measures by Supported Employment Solutions to target equality groups less likely to sign on with consortium organisations (including transgender people</p>

Disability Action Plan 2013-18 - reviewed August 2015

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>In developing the disability action plan staff with disabilities and staff who had caring responsibilities for people with disabilities were actively involved in its development</p> <p>This entire disability action plan has been developed as positive action, in order to make a difference to staff and service users with a disability.</p> <p>It offers commitments through a number of concise actions that have specified outcomes and precise timelines.</p> <p>By adopting this action plan we believe that we will be in a position to make tangible differences.</p> <p>In recognising the importance of accessibility the disability action plan includes a specific action for adaption and adoption of an accessible formats policy.</p> <p>Disability Awareness Days</p> <p><input type="checkbox"/> Work to feature specific disabilities will take into consideration the need to include a range of age groups,</p>	<p>The actions within the plan are time specific with specific outcomes highlighted. In progressing actions cognisance will be taken of the wider section 75 equality categories that are also the key characteristics of people with disabilities.</p> <p>Monitoring of the action plan on an ongoing basis is key as is the involvement of people with disabilities as identified as one of the actions in the plan.</p> <p>The following elements of the plan will be subjected to a stand alone equality screening, and where appropriate, equality impact assessment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work Placements <input type="checkbox"/> Staff Forum <input type="checkbox"/> Disability Awareness Days <input type="checkbox"/> Checklist and guidance for the involvement of people with a disability and their carers.

ethnic groups and genders when testimonials and case studies are selected.

Information distributed to staff will take on board the needs of both staff with a particular disability and staff who are carers.

Work Placements

We will work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups.

Staff Forum

We will ensure that the way the forum operates allows people with a range of disabilities and from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats and choosing accessible venues).

Annual Business Plan 2015-16

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The Annual Business Plan development included ensuring that it fully reflected the PHA role in reducing health inequalities. Some of these explicitly aim to address key equality issues.</p> <p>Using our Communication department's expertise in public information the Business Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff.</p>	<p>The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout the year and will be closely monitored through a variety of established performance monitoring systems. When preparing the plan we took the opportunity to review the direction set out in the Corporate Strategy to ensure its continued relevance to our work.</p> <p>The Annual Business Plan will be widely accessible and will be available in alternative formats. As each of the actions are taken forward equality issues will be reviewed and addressed as appropriate. Service leads have been reminded to keep under constant review the need for screening at an early stage when planning.</p> <p>We will also implement the actions detailed in our action plan which accompanies our Equality Scheme 2013-18.</p>

Shared Reading Groups in the CJS

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Bidders will be asked to demonstrate measures to be put in place to allow prisoners with sensory impairments to participate in the groups, such as allowing them a copy of the material should they be deaf.</p> <p>Working with NIPS, all reading group sessions will be held in accessible venues so that prisoners with either physical disabilities or mobility needs due to age will be able to participate.</p> <p>Project leads to work closely with NIPS staff to ensure vulnerable prisoners are encouraged and facilitated to attend.</p> <p>Bidders will be asked to demonstrate experience in running groups for prisoners of various ages, ethnic backgrounds, health status, etc. and how the literature selected is reflective of these groups.</p>	

Framework for Stop Smoking Services

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Many components of the existing arrangements work well, produce positive results and help smokers to quit smoking. One of the key components of change will be the addition of modules offered to those staff that need trained who work specifically with a particular group of clients, for example – those who work with pregnant women or those who work in Mental Health settings. When appropriate, training will incorporate information on specific smoking trends (all those smokers with higher than average prevalence – disabled, disadvantaged, mental health patients, Looked After Children, Travellers, LGB and T, Prisoners, Homeless, People who are single and differing religions) and tailored needs of these groups where appropriate.</p> <p><input type="checkbox"/> Each training programme currently on offer in NI is delivered either 100% face-face or 100% online. To facilitate learning styles we have tendered for training that asks for both online and face</p>	<p>The equality screen has identified equality issues to be taken into account for the tender specification.</p> <ul style="list-style-type: none"> •As part of the tender specification and appointment of a training contractor, monitoring and review processes will be established to ensure stop smoking specialists have the relevant skills and training in order to meet the needs of the smokers across Northern Ireland. •The tender specification and responses will consider work actions relating to particular needs of Section 75 groupings in relation to communication and engagement. •The tender specification and responses will consider training each provider with knowledge of the potential communication needs of particular Section 75 groupings e.g. information in different languages / possibility of a translation service. •TSISG will consider seeking the views and experiences of service users through any satisfaction survey / evaluation in relation to stop smoking services across Northern Ireland. This type of survey/ evaluation could capture information from a range of section 75 or other groups. • TSISG Services & Brief Intervention Group will identify gaps in service provision and unmet need. • Consideration will be given to data capture regarding Section 75 of those staff participating in training.

<p>– face delivery methods.</p> <p><input type="checkbox"/> Information relating to section 75 is not available on the staff that are trained to deliver specialist stop smoking services in Northern Ireland.</p> <p><input type="checkbox"/> Minimum age to avail of specialist stop smoking training.</p> <p><input type="checkbox"/> Providers may have a limited or little use of technology or limited access to technology if training is delivered via online mechanisms.</p> <p><input type="checkbox"/> 65% of Pharmacists (the main stop smoking service provider type in NI) are female. Females are more likely to have dependants. This will need factored in to training plans.</p>	<p>The training specification will stipulate a minimum age in order to avail of specialist stop smoking training. This will need to be detailed through the registration process to avail of training. Feedback to date from pharmacists on the ground is that they prefer to complete online courses rather than face-face.</p> <p>The training specification will look at options which are flexible and accessible for those providers availing of training.</p>
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Annual Business Plan 2016-17

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>The Annual Business Plan development included ensuring that it fully reflected the PHA role in reducing health inequalities. Some of these explicitly aim to address key equality issues.</p> <p>Using our Communication department's expertise in public information the Business Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff.</p>	<p>The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout the year and will be closely monitored through a variety of established performance monitoring systems. When preparing the plan we took the opportunity to review the direction set out in the Corporate Strategy to ensure its continued relevance to our work.</p> <p>The Annual Business Plan will be widely accessible and will be available in alternative formats. As each of the actions are taken forward equality issues will be reviewed and addressed as appropriate. Service leads have been reminded to keep under constant review the need for screening at an early stage when planning.</p> <p>We will also implement the actions detailed in our action plan which accompanies our Equality Scheme 2013-18.</p> <p>Ultimately, however, we remain committed to equality screening, and if necessary equality impact assessing, the policies we develop and decisions we take.</p>

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 2016

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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

<p>Theme 1: Provision of Accessible Information Link to Corporate Strategy: 'Ensuring effective processes'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • 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 <p>Evidence</p> <ul style="list-style-type: none"> • http://www.w3.org/standards/webdesign/accessibility 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>complete review of existing sites and ensure new sites are compliant with relevant guidelines and standards (such as W3C A4) Completed Monitor and review resources for positive images of equalities communities</p>	<p>Highest level of accessibility enables people with a disability to have equal access to information</p> <p>Positive images promote inclusion and recognise equality and diversity of the equalities communities we work with</p>	<p>Annual compliance check</p> <p>Images to be sourced through Physical and Sensory Disability Strategy Information Workstream</p> <p>Feature in CONNECT to raise awareness of need to be inclusive with images</p>	<p>Public and Professional Information Manager</p> <p>As above</p>	<p>Ongoing</p> <p>end Mar 2017</p>

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 women with learning difficulties than among women 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

	<p>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.</p> <p>Evidence</p> <ul style="list-style-type: none"> • 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	(16/17 targets) <ul style="list-style-type: none"> • Number of awareness sessions delivered (101) • Number of special clinics held (number TBC) • Number of promotional events held (5) 	WRDA/ QARC	Contract to June 2018
Meet with gender identity groups	To discuss the issues around transgender people's awareness of and access to the cancer screening programmes	Meetings held and actions taken from these meetings.	QARC	end Mar 2017

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:

- those who have missed previous vaccinations (whether as a result of parental choice or otherwise)
- looked after children
- those with physical or learning disabilities
- children of teenage or lone parents
- those not registered with a GP
- younger children from large families
- children who are hospitalised or have a chronic illness
- those from some minority ethnic groups
- those from non-English speaking families
- 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).	The gap in uptake rates between the highest and lowest performing areas will be reduced as much as possible.	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
Continue to monitor uptake closely and work with professionals to achieve ongoing improvement.		Uptake levels will be monitored on a quarterly basis as immunisation statistics are produced.	Consultant health protection & health protection nurses.	end Mar 2017

<p>Theme 4:</p> <p>Migrants (relevant to both duties under Section 75)</p> <p>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.</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • There is a lack of robust data on the health and social wellbeing needs of migrants in NI; • 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. <p>Evidence:</p> <ul style="list-style-type: none"> • 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). 			
<p>Action Point</p>	<p>Intended Outcome</p>	<p>Performance Indicator and Target</p>	<p>By Whom</p>	<p>By When</p>
<p>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</p>	<p>The gap in uptake rates between the highest and lowest performing areas will be reduced as much as possible.</p>	<p>NINES will continue to offer service to new entrant children.</p> <p>NINES will continue to offer help to ensure that essential</p>	<p>Belfast Trust and Southern HSC Trust working with PHA and</p>	<p>end Mar 2017</p>

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		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.	HSCB	
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.	Improved data collection on the health and social wellbeing needs of minority ethnic communities in NI	Review and amendment, as required, of the identified data sources across NI	Pilot Ethnic Monitoring Project	end Mar 2017
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.	Improved decision making leading to more effective programme delivery.	Ongoing feedback from key stakeholders and network users (minimum 55%) from across HSC and ethnic minority groups across Northern Ireland.	South Tyrone Empowerment Programme (STEP)	end Mar 2017
Continue to develop a pilot service to support the	Increased knowledge of effective approaches relating to promoting	Three year service delivery plan developed including	South Tyrone	end Mar

mental health and emotional wellbeing needs of ethnic minority communities across Northern Ireland	minority ethnic mental health and emotional wellbeing.	details of geographical reach; key milestones and timeframes.	Empowerment Programme (STEP)	2017
Continue to work with key agencies and organisations across the sectors to review, develop and implement an annual regional action plan to address minority ethnic health and social wellbeing issues	Co-ordinated, cross-sectoral action undertaken to address identified minority ethnic health and social wellbeing needs	Annual Action plan developed and being implemented	Regional ME Steering Group	Annually by end Mar 2017

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

	<ul style="list-style-type: none"> 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	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.	Deirdre McNamee	end March 2018
Promote e-learning programme.		E-Learning programme used as part of induction programme and ongoing Equality and Diversity Training.	Human Resources	
		Use of programme monitored and feedback from learners used to inform changes. Link to training publicised on dedicated LGB&T website.	Deirdre McNamee	
		E-learning programme promoted as part of KSF requirements for all staff.	Human Resources	

HSC staff forum				
Continue to support the HSC LGB&T Staff 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.	Deirdre McNamee	end Mar 2018
Maintain a dedicated website for the Forum.				
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				
<p>(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.</p>	<p>Individuals who identify as LGB&T will have access to services to help address their mental health and emotional wellbeing needs.</p> <p>Transgender individuals and their families will have access to support.</p> <p>Sexual Orientation and Gender identity training will be available across all HSC localities.</p>	<p>Regional specifications developed.</p> <p>Tenders awarded for three years 2015-2018</p> <p>Services delivered across all 5 HSC Localities.</p>	<p>Deirdre McNamee</p>	<p>end of March 2018.</p>

<p>Theme 6: Personal and Public Involvement</p> <p>Link to Corporate Strategy: 'Personal and public involvement'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • 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. <p>Evidence</p> <ul style="list-style-type: none"> • Research on service user and carer involvement and experience throughout HSC 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>Develop a protocol to evidence compliance with personal and public involvement for planning, delivery & evaluation of services.</p> <p>Completed</p>	<p>Identify opportunities for involvement of service users and carers including Section 75 groups</p>	<p>Protocol developed</p>	<p>PHA PPI Team</p>	<p>Dec 2013</p>
<p>Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.</p>	<p>Section 75 groups will have an opportunity to become engaged in PPI activity through PHA funding.</p>	<p>25% of PPI Projects will involve Section 75 groups.</p>	<p>PHA PPI Team</p>	<p>end March 2017</p>

<p>Commission PPI training programme for use across HSC.</p> <p>Completed</p>	<p>To raise awareness and understanding of the principles, values and practice of PPI. Helps to ensure HSC organisations are proactive in their involvement of service users, carers and Section 75 groups.</p>	<p>PPI Training Programme commissioned.</p>	<p>PHA PPI Team</p>	<p>March 2014</p>
<p>Develop a PPI communication and promotional strategy.</p> <p>Completed</p>	<p>Promote the concept of PPI. Ensure that Section 75 groups are represented in PPI Communication Strategy.</p>	<p>Communication Plan developed.</p>	<p>PHA PPI Team</p>	<p>March 2014</p>
<p>PHA to identify gaps in PPI research, theory & practical application.</p> <p>Commission research with a focus on lessons to be extrapolated & shared across the HSC.</p> <p>Publish research and implement recommendations as part of the PHA PPI Action Plan</p>	<p>Ensure that PPI is actively researched in a Northern Ireland Context, taking into consideration Section 75 groups.</p>	<p>GAP analysis. Research commissioned. Learning applied.</p>	<p>PHA PPI Team/PHA R&D Office</p>	<p>Dec 2013 June 2014 onwards end Mar 2017</p>

<p>Theme 7: PHA as an employer Link to Corporate Strategy: 'Ensuring effective processes'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • 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 <p>Evidence</p> <ul style="list-style-type: none"> • feedback from staff; submission from Older People's Advocate 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Older people				
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 event has taken place	Operations & Human Resources	end Mar 2017
Meeting section 75-related needs of staff				
work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for staff from a range of Section 75 groups	Increased capacity of line managers to identify and respond to the range of Section 75 needs of their staff staff feel that their needs are being met	resource produced	Human Resources	end Mar 2017

Section 75 monitoring				
<p>Monitor completion figures</p> <p>Continue to encourage staff to complete equality data section on HR system via self-service</p>	<p>robust data is in place to allow assessment of impacts and developing targeted actions</p>	<p>gaps have been identified and staff datasets are comprehensive</p>	<p>Human Resources</p>	<p>end Mar 2017</p>

<p>Theme 8: Board composition Link to Corporate Strategy: 'Ensuring effective processes'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • 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) <p>Evidence</p> <ul style="list-style-type: none"> • no robust information available; submission from Older People's Advocate 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>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</p>	<p>the Agency uses its influence to promote diversity</p>	<p>Engagement undertaken</p>	<p>Operations</p>	<p>end Mar 2018</p>

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.



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Updated June 2016

Disability Action Plan 2013-2018

Public Health Agency (PHA)

What we did between April 2015 and March 2016

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

(1) Communication

Action Measure (the numbering reflects the order in the Disability Action Plan itself)	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. <ul style="list-style-type: none"> • Review information materials including website. 	Disabled people are portrayed in a positive manner.	Checklist for authors developed and in use. Review of information materials including website undertaken	Business Services Organisation's (BSO) Equality Unit Year 2 onwards
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year <ul style="list-style-type: none"> • Last year we produced guidance and a checklist for our staff. We wanted to support staff in thinking about the images they use in leaflets, booklets and on the website. • This year we talked to colleagues from across Health and Social Care organisations about working together on images. We agreed with them that together we will develop an image library that all staff can use. The group to do this is called the Information Workstream of the Physical and Sensory Disability Strategy. 			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
2. Assess and improve accessibility of website <ul style="list-style-type: none"> • Continue to undertake assessment against recognised standard • Address any issues of inaccessibility 	Improved accessibility	Website accessibility of recognised standard.	Communications Year 3
Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation of disabled people in public life.			
What we did over the last year <ul style="list-style-type: none"> • We have added tabs and links on Accessibility to our websites. This also helps promote compliancy. We have also developed and agreed an accessibility statement. • This work is now completed. 			
Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Put in place contractual arrangements for the production of materials in alternative formats. <ul style="list-style-type: none"> • Undertake a scoping exercise by type of format based on current and best practice in UK 	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 Year 3

<ul style="list-style-type: none"> • Where appropriate undertake tender exercise and put contracts in place 			
<p>Relevant Duty: Encourage participation of disabled people in public life.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • Our procurement colleagues looked at contracts that health organisations in Great Britain have for other formats. Next year, we will discuss with colleagues from other health and social care organisations what we should do. Our procurement colleagues help us with this. 			

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>5. 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)</p>	<p>More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.</p>	<p>increase in completion of disability monitoring information by staff to 90%</p> <p>Prompt issued to staff on a regular basis.</p>	<p>PHA Year 2 onwards</p>
<p>Relevant Duty: Promote positive attitudes towards disabled people.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> This year for six weeks we ran a campaign to encourage our staff to tell us whether or not they have a disability. We sent emails and put up posters. In our organisation staff themselves can keep their equality data up to date on a database. We can't make staff do that. We can only ask them to do so and explain why it is good for them to let the organisation know if they have a disability. 			

- When we looked at the data afterwards we saw that only a few more people filled in this information. Also, we found that a few more people who have a disability provided this information on the database. But the changes are really small. So we need to keep working on this.
- When we asked staff what puts them off some told us they are afraid that they will be treated unfairly if they say that they have a disability. Others said they don't think that the organisation needs to know that they have a disability. We want to talk to our disability staff forum next year what we else we could do.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. 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 Year 1 onwards BSO Equality Unit Year 3

Relevant Duty: Promote positive attitudes towards disabled people.

What we did over the last year

- We featured two disability awareness days again this year. These were Hearing Loss and Deafness in September and Learning Disabilities in January 2016.

- Staff and volunteers from Action on Hearing Loss came to some of our offices and spoke about the experience of living with sight loss. They also offered doing hearing tests. We were surprised how many staff wanted to get this test done on the day.
- In January, Mencap and the Evergreen Centre helped us raise awareness of learning disabilities. They gave a talk and brought a lot of information with them.
- On both days we also put together a leaflet for staff. These were part of our series called 'Disability Insight' with key information. We also provided links to videos with testimonials from people who live with these conditions. We wanted staff to have the chance to listen to people with a disability first hand.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
7. 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 by line managers and included in application packs.	PHA Year 3

Relevant Duty: Promote positive attitudes towards disabled people.

What we did over the last year

- We looked through websites to see what other organisations have done. Next year we want to speak to our disability staff forum about what information they think would be helpful for staff with a disability to receive. After that, we want to speak with disability organisations about their thoughts. Then we want to put together a guidance document.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
8. 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	Assistant Director of Nursing, Safety Quality and Patient Experience (by Mar 2017)
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year <ul style="list-style-type: none"> Mental Health First Aid training was offered to employees of PHA/HSCB. A new programme of training will be available in 2016/17 and details will be circulated when available. Human Resources are currently conducting an analysis of training uptake to assess need. 			
Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
9. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on	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	PHA Year 2 onwards

<p>disability equality and disability legislation.</p> <ul style="list-style-type: none"> • Maternity Strategy: Get a disability specialist midwife who is disabled to provide an update on best practice. • Health Protection: Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting. 		<p>Diversity by end March 2016, 50% by end March 2017, 65% by end March 2018</p> <p>All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms</p> <p>Meeting minutes</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience (by Mar 2016)</p> <p>Assistant Director Health Protection (by Mar 2016)</p>
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Relevant Duty: Promote positive attitudes towards disabled people.

What we did over the last year

- By end March, we found that only 5 % of our staff had done eLearning training on disabilities. During the year we started producing 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. Next year, we want to do a short campaign to raise awareness of the modules and get more staff to complete them.
- **Maternity Strategy:** We had a first conversation with a midwife who has a special interest in disability in pregnancy. This is because we want to better identify these women and provide appropriate care.
- **Health Protection:** We didn't invite a speaker this year. We are planning to do this next year. In the meantime, we have added disability as a standing item to Health Protection staff meetings. This means that we talk about disability issues every time we meet. This way we make sure that staff are aware of ongoing issues.

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

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
10. Develop checklist and guidance for the involvement of people with a disability and their carers.	Greater accessibility and involvement for adults and children where relevant with disabilities. Barriers are removed.	Checklist in place and in use on involving people with a disability in meetings including payments of expenses.	BSO Equality Unit Year 3
Relevant Duty: Encourage participation by disabled people in public life.			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • We talked to people who have a disability. A number of organisations helped us. These included ARC NI, Autism NI, British Deaf Association NI, Omnibus Partnership, Patients Group of Royal College of GPs, Positive Futures, Southern Health and Social Care Trust, Telling it like it is group.. • With them we looked at what good involvement of people with a disability in our work should look like. We put that in a document for all staff. That way they can easily check whether they are doing things right when they organise meetings. • This work is now done. 			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>11. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.</p> <ul style="list-style-type: none"> • 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 	<p>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.</p>	<p>Opportunities provided in key areas. Annual review of progress to ECNI</p> <p>Correspondence in relation to the initiative, how to get involved and contact details will regularly be sent to a list of disability organisations</p> <p>Correspondence circulated to list of disability organisations and via PCC newsletter</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience (by Mar 2016)</p> <p>Assistant Director HSC Research</p>

<p>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.</p> <ul style="list-style-type: none"> 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 		<p>Training materials provided to each participant and available on website</p>	<p>and Development (annually from 2015-16 onwards)</p> <p>Assistant Director HSC Research and Development (by Mar 2017)</p>
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<p>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.</p> <ul style="list-style-type: none"> • HSC Research & Development: Offer opportunities to participate in funding panels for 2016 Doctoral Fellowship Scheme and the 2015 Enabling Awards Scheme and other opportunities as they arise. • HSC Research & Development: Offer opportunities to participate in project 		<p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members</p> <p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group</p>	<p>Assistant Director HSC Research and Development (by Mar 2016)</p> <p>Assistant Director HSC Research and</p>
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<p>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.</p> <ul style="list-style-type: none"> HSC Research & Development: Involve carers and service users with disability as speakers at annual social care conference in February 2016. HSC Research & Development: Survivors of cancer and carers will deliver Building Research Partnership Course in 2 one day workshops to encourage research collaborations between 		<p>members</p> <p>List of speakers</p> <p>List of facilitators will demonstrate involvement of people with a disability</p> <p>Training manual available and provided to facilitators</p>	<p>Development (by Mar 2017)</p> <p>Assistant Director HSC Research and Development (by Feb 2016)</p> <p>Assistant Director HSC Research and Development (by Oct 2015)</p>
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<p>researchers and service users to be held in April and October 2015.</p> <ul style="list-style-type: none"> HSC Research & 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. 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 		<p>Young people named as co-researchers in research reports and presentations</p> <p>Briefing paper provided for Health Board, DHSSPSNI and other key stakeholders</p> <p>Report produced evaluating this initiative published in peer reviewed journal and disseminated at conferences</p> <p>Minutes of meetings and correspondence with disability organisations</p> <p>Engagement with people with a disability</p>	<p>Assistant Director HSC Research and Development (by Mar 2017)</p> <p>Assistant Director Health Protection (by Mar 2017)</p> <p>Assistant Director Health</p>
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<p>those with disabilities when organising local/regional Health Protection events e.g. PHA stand at the Balmoral Show (Health Protection are displaying Hand Hygiene related events on this stand)</p> <ul style="list-style-type: none"> • 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. 		<p>Correspondence circulated to list of disability organisations</p>	<p>Protection (by Mar 2017)</p> <p>Assistant Director Health Protection (by Mar 2016)</p>
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Relevant Duty: Encourage participation by disabled people in public life.

What we did over the last year

- Health Protection:
 - We will be planning a Health Protection Symposium in 2016-17. We will consider linking up with disability organisations when we start the planning. We did not hold a symposium in 2015-16.

- Health Protection Events: This year we held a hand hygiene event at St George's Market in Belfast. We thought about people with disabilities. We made sure that the stand was located on the ground floor, close to an entrance and with no access difficulties. It also had a high level of natural light.
- We advertise all events advertised on social media and include Twitter feed where we think it is useful. We have access to email circulation lists via colleagues in the communications department who are looking into interactive websites for service users.
- Nursing and Allied Health Professions:
 - The 10,000 Voices Team have proactively targeted a range of disability charities. This is to encourage people with a disability to be involved and take part in the initiative. Many times the 10,000 Voices team have assisted patients and service users one on one to complete the survey. Also, the team approached the following groups:

RNIB

We talked to RNIB to engage with people with visual impairments or who are registered blind to become involved in the 10,000 Voices initiative. We arranged focus groups at which people with visual impairments “told their story” and described their experience of health and social care.

CAMHS and Autism

We talked to specialists who work in the Children and Adolescent Mental Health Services or in the Autism Services. This was to develop a survey. We wanted to listen to and learn from patients who use these services. The surveys were designed to meet the needs of the patients. We held workshops so that people who use the service could become involved in the design of the survey.

ARC NI – Association for Real Change

The 10,000 Voices team are working with the ARC NI Association in order to promote the 10,000 Voices initiative and enable patients who have a learning disability to become involved.

- HSC Research and Development:
 - Ok to ask campaign was held in May 2015 and currently being planned for 2016. <http://www.research.hscni.net/ok-ask-events-international-clinical-trials-day>
 - We highlighted events on our website which are open to service users and public <http://www.research.hscni.net/events>
 - Building Research Partnership Workshops were held for service users and researchers on how to implement Personal and Public Involvement in research <http://www.research.hscni.net/16-june-2016-building-research-partnerships-workshop>
 - We also updated the website to include Information and guidance for researchers and members of the public on how to implement Personal and Public Involvement in research <http://www.research.hscni.net/personal-and-public-involvement-ppi-research>
 - Two Personal and Public Involvement Representatives were part of each of the evaluation panels for the Knowledge Exchange Scheme 2015 and Doctoral Fellowship Scheme 2016 <http://www.research.hscni.net/how-funding-decisions-are-made#Panel> Equality monitoring information is now collected from all panel members.
 - 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.
 - Service users and carers were involved in the planning and delivery of the social care conference in February 2016. <http://www.research.hscni.net/social-care-conference-bridging-gap>
 - Two people living with and beyond cancer facilitated the delivery of the Building Research Partnerships course in April and November 2015. The two carers were unable to take part due to recent bereavements.
 - Young people with mental health needs who have left the care system have been trained as peer researchers. This is to collect data in a pilot study being run as part of a project funded under the Bamford Research programme, delivered by QUB. This study is currently being written up and will report soon. A young person presented the study at a Training Day held in June 2015.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>12. Explore scope and interest in the establishment of a forum for staff on disability (open to staff with a disability, carers of people with a disability and those with an interest, including trade unions).</p> <ul style="list-style-type: none"> • Engage with HSC Trusts to establish current practice • Develop regional approach to complement current structures • Engage with staff • Put forum in place and promote to staff 	<p>Better involvement of staff with a disability in decision-making.</p>	<p>Options paper</p> <p>Staff survey responses.</p> <p>HR Directors Forum Minutes</p> <p>Forum Terms of Reference.</p>	<p>Agency Management Team/BSO Equality Unit</p> <p>Year 2 onwards</p>
<p>Relevant Duty: Encourage participation by disabled people in public life.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • We did a survey with our staff to find out about their ideas for a staff forum. X people from the PHA took part. Across all our organisations together we had x staff who did the survey. After it, we invited staff to meetings to tell us more. We talked about what the forum should look like, who should be able to join it and what could people put off from taking part. These discussions really helped us. 			

- We then ran a competition to choose a name for the forum.
- In March 2016, we launched the forum. We invited all our staff to come.
- This work is now completed.

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>16. Explore the scope and options for identifying and promoting an advocate or specialist with role to support and advise staff on disability issues.</p> <ul style="list-style-type: none"> • Explore best practice • Engage with staff • Identify advocate or specialist 	<p>Improved support for staff.</p>	<p>Scoping Report. Annual Review of Progress ECNI</p> <p>Staff Feedback</p>	<p>BSO Equality Unit Year 2</p>
<p>Relevant Duty: Encourage participation by disabled people in public life.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • The newly establish Disability Staff Network will offer support and advice to staff on disability issues. This has been written into the terms of reference of the Staff Network. All members will be advocates. The network has set a work plan for the year and is keen to establish the forum as a place where staff with disabilities can turn to for advice. • This work has now been completed. 			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
17. Offer mentoring opportunities for young adults and older adults with disabilities as appropriate. <ul style="list-style-type: none"> • 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 ECNI.	BSO Human Resources Year 2
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year <ul style="list-style-type: none"> • As we said last year, we think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum next year. 			
Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
18. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice, making use of voluntary expertise in this area. Produce practical guidance on process and support available.	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 Year 1 onwards

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

What we did over the last year

- We sent information to all our senior managers about placements. We asked them to have a think whether they could offer a placement for a person with a disability. We told them about how the placements work and what they need to do. We learned from the health and social care organisations who had somebody with them last year. They told us what went well. They were also able to tell us what we need to do differently.
- Two people with a disability started with us in December. They will spend 26 weeks on their work placement. One person works in our Public Health Directorate, the other in our Directorate for Nursing and Allied Health Professions. Half way through their placement we offered them training on how to apply for jobs in Health and Social Care. We also took them through mock interviews.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
19. 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 Year 3

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

What we did over the last year

- Again, we think that staff who have a disability themselves are the ones who should decide how we best do this. We therefore want to bring this suggestion to the staff forum next year.

(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. This includes, for example, contracts that we have with voluntary sector organisations for health promotion work.

(7) Monitoring

- We evaluated what difference our campaign made to encourage staff to fill in their disability information on the Human Resources IT system.

- In March we set up a meeting with those who are on a work placement with us under the Disability Scheme and with their Employment Support Officers. 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.
- We have introduced equality monitoring forms to see how diverse our evaluation panels for the Knowledge Exchange Scheme 2015 and Doctoral Fellowship Scheme 2016 are.

(8) Revisions

- Between January and March 2015 we asked all the teams in our organisation to have a think about what else they could do to promote positive attitudes and to give people with a disability more chances to be involved in our work. We wanted to make sure that all parts of our organisation take part. They came up with new ideas. In July 2015 we published our updated plan.

(9) Conclusions

We completed 8 actions (#2,5,6,8,10,12,16,18).

We have not yet done what we said we would do under actions #7,17,19. This is because we think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum once it is up and running. We will do this before the end of June 2016. We also haven't done #9 yet. We will do so in 2016-17.

We still have some work to do to complete actions #1,3,11.

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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You can also email us through our website on:

<http://www.publichealth.hscni.net/contact-us>

June 2016

Disability Action Plan 2013-2018

Public Health Agency (PHA)

Updated June 2016

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.

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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 Eddie Rooney – 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 will review this plan

Every year we will write up what we have done of those actions we said we would take. We will send this report to the Equality Commission. We will 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.

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)
- 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)
- The Equality Unit at the Business Services Organisation worked on our behalf on the development of an elearning resource on disability. This resource was launched in May 2011 and is now 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 at the Business Services Organisation, 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.
- 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.

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
<p>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</p> <ul style="list-style-type: none"> • Review best practice guidance Completed • Develop comprehensive guidance and checklist for authors Completed • Review information materials including website 	<p>Disabled people are portrayed in a positive manner</p>	<p>Checklist for authors Guidance for authors</p> <p>Review of information materials including website undertaken</p> <p>Annual Review of Progress to ECNI</p>	<p>Business Services Organisation's (BSO) Equality Unit Year 2 onwards</p>
<p>2. Assess and improve accessibility of website</p>	<p>Improved accessibility</p>	<p>Website accessibility of recognised standard.</p>	<p>Communications Year 3</p>

<ul style="list-style-type: none"> • Continue to undertake assessment against recognised standard • Address any issues of inaccessibility 			
<p>3. Put in place contractual arrangements for the production of materials in alternative formats.</p> <ul style="list-style-type: none"> • 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 	<p>Accessible formats are more readily available</p>	<p>Contracts in place Arrangements are in place to support staff in procuring materials in alternative formats</p>	<p>BSO Equality Unit Year 3</p>
<p>4. Adopt Accessible Information policy and guidance.</p> <p>Completed</p>	<p>Improved accessibility of information</p>	<p>Common wording re. alternative formats for documents. Protocol on how to deal with requests for alternative formats. For electronic communication, support for staff to ensure that settings meet needs re. accessible font size.</p>	<p>Agency Management Team (AMT) Year 2</p> <p>BSO Information Technology Services (ITS) Year 2</p>

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>5. 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)</p>	<p>More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.</p>	<p>increase in completion of disability monitoring information by staff to 90%</p> <p>Prompt issued to staff on a regular basis.</p>	<p>PHA Year 2 onwards</p>
<p>6. 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).</p>	<p>Increased staff awareness of the range of disabilities and needs</p>	<p>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.</p>	<p>PHA Year 1 onwards</p> <p>BSO Equality Unit Year 3</p>

<p>7. In collaboration with people with a disability review current guidance and produce revised guidance on support for staff with a disability.</p>	<p>Staff with a disability are supported and staff are empowered to provide support.</p>	<p>Guidance in place for staff with a disability on what support is available. Guidance promoted via websites, newsletters, emails by line managers and included in application packs.</p>	<p>PHA Year 3</p>
<p>8. 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</p>	<p>Staff awareness and knowledge is strengthened</p>	<p>Awareness raising materials and correspondence circulated to staff</p> <p>Staff feedback</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience (end Mar 2017)</p>
<p>9. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.</p>	<p>Increased staff and Board Member awareness of the range of disabilities and needs.</p>	<p>25% of staff and Board Members have successfully completed the disability module of Discovering Diversity by end March 2016, 50% by end March 2017, 65% by end March 2018</p>	<p>PHA Year 2 onwards</p>

<ul style="list-style-type: none"> • Health Protection: Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting. 		<p>All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms</p> <p>Meeting minutes</p>	<p>Assistant Director Health Protection (end Mar 2017)</p>
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(3) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>10. Develop checklist and guidance for the involvement of people with a disability and their carers.</p> <p>Completed</p>	<p>Greater accessibility and involvement for adults and children where relevant with disabilities. Barriers are removed.</p>	<p>Checklist in place and in use on involving people with a disability in meetings including payments of expenses.</p>	<p>BSO Equality Unit Year 3</p>
<p>11. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.</p> <ul style="list-style-type: none"> • 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) 	<p>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.</p>	<p>Opportunities provided in key areas. Annual review of progress to ECNI</p> <p>Correspondence in relation to the initiative, how to get involved and contact details will regularly be sent to a list of disability organisations</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience (end Mar 2017)</p>

<p>Facilitate their involvement (make surveys accessible to people with a disability)</p> <ul style="list-style-type: none"> HSC Research & Development: Disseminate specifically to relevant disability organisations information on 'OK TO ASK' Campaign being undertaken to encourage members of the public including those with disability to participate in research and clinical trials to mark 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 		<p>Correspondence circulated to list of disability organisations and via PCC newsletter</p> <p>Training materials provided to each participant and available on website</p>	<p>Assistant Director HSC Research and Development (annually from 2015-16 onwards)</p> <p>Assistant Director HSC Research and Development (by Mar 2017)</p>
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<p>involve service users and carers as partners in the research process and to raise awareness of research with service users including those with disability and members of the public. Training for researchers and service users and carers provided through workshops and master classes facilitated by researchers as well as service users with disabilities. Training materials provided to give guidance on how to involve and support service users and carers including those with special needs at training days and on website.</p>			
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<ul style="list-style-type: none"> • HSC Research & Development: Offer opportunities to participate in funding panels for 2016 Doctoral Fellowship Scheme and the 2015 Enabling Awards Scheme and other opportunities as they arise. Completed • 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. 		<p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members</p> <p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members</p>	<p>Assistant Director HSC Research and Development (end Mar 2016)</p> <p>Assistant Director HSC Research and Development (end Mar 2017)</p>
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<ul style="list-style-type: none"> • HSC Research & 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. • Health Protection: Liaise with disability organisations and involve them in the planning process for any HP events e.g. Health Protection Symposium 2016. 		<p>Young people named as co-researchers in research reports and presentations</p> <p>Briefing paper provided for Health Board, DHSSPSNI and other key stakeholders</p> <p>Report produced evaluating this initiative published in peer reviewed journal and disseminated at conferences</p> <p>Minutes of meetings and correspondence with disability organisations</p>	<p>Assistant Director HSC Research and Development (by Mar 2017)</p> <p>Assistant Director Health Protection (end Mar 2017)</p>
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<p>12. Explore scope and interest in the establishment of a forum for staff on disability (open to staff with a disability, carers of people with a disability and those with an interest, including trade unions).</p> <ul style="list-style-type: none"> • Engage with HSC Trusts to establish current practice • Develop regional approach to complement current structures • Engage with staff • Put forum in place and promote to staff <p>Completed</p>	<p>Better involvement of staff with a disability in decision-making.</p>	<p>Options paper</p> <p>Staff survey responses.</p> <p>HR Directors Forum Minutes</p> <p>Forum Terms of Reference.</p>	<p>Agency Management Team/BSO Equality Unit</p> <p>Year 2 onwards</p>
<p>13. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.</p> <p>New Action</p>	<p>Better involvement of staff with a disability in decision-making. Better support for staff with a disability.</p>	<p>Features on intranet.</p>	<p>Agency Management Team end Mar 2017</p>

<p>14. Develop a shadowing scheme for Board members and other key public life positions in engagement with the Public Appointments Unit and with people with a disability.</p>	<p>Develop capacity of people with a disability to participate in public life positions.</p>	<p>Shadowing scheme terms of reference; people with a disability have participated.</p>	<p>Operations and Chief Executive's Office Year 5</p>
<p>15. Involve disabled people in delivery and review of this plan.</p>	<p>Better engagement by people with a disability (adults and children where relevant).</p>	<p>Feedback forms from engagement (and roundtable sessions, where appropriate)</p>	<p>BSO Equality Unit Year 5</p>

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>16. Explore the scope and options for identifying and promoting an advocate or specialist with role to support and advise staff on disability issues.</p> <ul style="list-style-type: none"> • Explore best practice • Engage with staff • Identify advocate or specialist <p>Completed</p>	<p>Improved support for staff.</p>	<p>Scoping Report. Annual Review of Progress ECNI</p> <p>Staff Feedback</p>	<p>BSO Equality Unit Year 2</p>
<p>17. Offer mentoring opportunities for young adults and older adults with disabilities as appropriate.</p> <ul style="list-style-type: none"> • Review best practice • Engage with disability organisations • Produce guidance • Identify mentors 	<p>People with a disability gain meaningful work experience.</p>	<p>Mentoring opportunities provided as appropriate and report to ECNI.</p>	<p>BSO Human Resources end Mar 2017</p>

<p>18. 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. Produce practical guidance on process and external support available.</p> <ul style="list-style-type: none"> • Review best practice Completed • Engage with disability organisations Completed • Identify placements across all work areas Completed • Undertake pilot Completed • Evaluate pilot Completed 	<p>People with a disability gain meaningful work experience.</p>	<p>Guidance paper. Provide increased number of placements. Placement participants feedback from evaluations Managers feedback from evaluations</p>	<p>BSO Equality Unit BSO Human Resources Year 1 onwards</p>
<p>19. Encourage disabled people to apply for employment opportunities and remain in the workforce</p>	<p>Greater numbers of people with a disability apply and remain in the PHA workforce.</p>	<p>Increase in disability marked on equal opportunities monitoring forms and HRPTS Information pack for applicants</p>	<p>PHA end Mar 2017</p>

(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).		with a disability developed and in use.	
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The Equality Unit in the Business Services Organisation (BSO) will support staff in the implementation of this action plan.

Signed by:

Chair

Date

Chief Executive

Date



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

Telephone: 03005550114

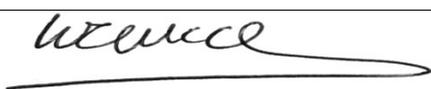
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Updated June 2016

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	16 June 2015
Title of Paper	Management Statement / Financial Memorandum
Agenda Item	15
Reference	PHA/09/06/16
Summary	
<p>It is a standard requirement of <i>Managing Public Money Northern Ireland</i> that departments must agree a DFP-approved Management Statement/Financial Memorandum (MS/FM) with each of its arm's length bodies (ALBs).</p> <p>Section 1.1.8 states that the MS/FM is required to be brought to the PHA Board annually for noting.</p> <p>No changes have been made to the MS/FM since it was last approved by the Board in June 2013.</p> <p>The Board is asked to note the MS/FM.</p>	
Equality Screening / Equality Impact Assessment	N/A
Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Operations
Date	6 June 2016

**Financial Memorandum
for the
Public Health Agency**

May 2013

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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 DHSSPS/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 DHSSPS/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 DHSSPS.

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 DHSSPS.

Competition

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

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'. www.cpdni.gov.uk/index/guidance-for-purchasers/guidance-notes.htm]

9. The PHA shall send to the DHSSPS 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 DFP or the sponsor Department.

Novel, contentious or repercussive proposals

- 12 The PHA shall obtain the approval of the DHSSPS, and DFP, 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 DHSSPS;
- 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 DHSSPS 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 DFP's guide *Managing the Risk of Fraud*.

16 All cases of attempted, suspected or proven fraud shall be reported to the DHSSPS who shall report it to DFP 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 DHSSPS. DHSSPS will confirm with the DFP 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 DHSSPS 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(DFP)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 DHSSPS 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 DHSSPS.

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 DHSSPS.

24 If there is any doubt about the correct classification of a receipt, the PHA shall consult the DHSSPS, which may consult DFP 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 DHSSPS. If the receipts are used to finance additional expenditure by the PHA, DHSSPS 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 DHSSPS, 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 DHSSPS 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 DHSSPS 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 DHSSPS to retain the excess income for specified additional expenditure within the current financial year without an offsetting reduction to grant-in-aid. The DHSSPS shall consider such applications, taking account of competing demands for resources, and will consult with DFP 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 DHSSPS.

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 DHSSPS.

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 DHSSPS. [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 DHSSPS and, where appropriate, DFP, 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 DHSSPS and DFP. 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 DHSSPS and DFP 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 DFP. Therefore, all proposed pay awards must have prior approval of DHSSPS 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 DHSSPS and DFP.

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 DHSSPS and DFP. 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 <http://www.dfpni.gov.uk/eag>
- The HM Treasury Guide, *The Green Book: Appraisal and Evaluation in Central Government*; 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 DHSSPS and, DFP 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 DHSSPS.

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 DHSSPS' and where necessary, DFP'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 DFP 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 DFP 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 DHSSPS' and where necessary, DFP'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 DHSSPS, and where necessary DFP. 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 DHSSPS 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 DHSSPS and where necessary DFP.

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 DHSSPS. 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 DHSSPS will consult DFP (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 DHSSPS and DFP. In judging such proposals the DHSSPS 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 DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment). Unless specifically agreed with the DHSSPS and DFP, 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 DHSSPS, and, where appropriate, DFP, 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 DFP 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 DHSSPS and DFP.

Commercial insurance

67 The PHA shall not take out any insurance without the prior approval of the DHSSPS and DFP, 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, DHSSPS 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 DHSSPS' funds and/or adjustment to the PHA's targets shall be considered. DHSSPS will liaise with DFP Supply where required in such cases.

Payment/Credit Cards

69 The PHA, in consultation with the DHSSPS, 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 DHSSPS, shall ensure that a comprehensive set of guidelines on the provision of hospitality is in place. Reference should be made to DAO(DFP) 10/06 (revised).

Use of Consultants

71 The PHA shall adhere to the guidance issued by DFP, as well as any produced by the DHSSPS in relation to the use of consultants. Please see the delegated limits set out in **Appendix A**.

72 PHA will provide DHSSPS 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 DHSSPS], 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 DHSSPS, which will consult with DFP, 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 DHSSPS.

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 DHSSPS. 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 DHSSPS on the PHA's updated draft corporate plan, the DHSSPS will send to the PHA:

- a formal statement of the annual budgetary provision allocated by the DHSSPS in the light of competing priorities across the DHSSPS and of any forecast income approved by the DHSSPS;

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 DHSSPS 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 DHSSPS for the year in question will be voted in the DHSSPS' 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 DHSSPS [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 DHSSPS, (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 DHSSPS and DFP;
- 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, DFP] 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 DHSSPS with such information about its operations, performance individual projects or other expenditure as the DHSSPS may reasonably require (see paragraph 87 below).

Providing monitoring information to the DHSSPS

84 The PHA, or the HSC Board and BSO on behalf of the PHA, shall provide the DHSSPS with, as a minimum, information on a monthly basis which will enable the satisfactory monitoring by the DHSSPS 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 DFP 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 DHSSPS' 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 DFP;
- *Government Internal Audit Standards*, issued by DFP
- The document *Managing the Risk of Fraud* issued by DFP;
- The Treasury document *The Government Financial Reporting Manual (FReM)* issued by DFP;
- Relevant Dear Consolidation Officer and Dear Consolidation Manager letters issued by DFP;
- *Regularity Propriety and Value for Money* issued by Treasury;
- The Consolidation Officer Letter of Appointment, issued by DFP;
- Other relevant guidance and instructions issued by DFP in respect of Whole of Government Accounts;
- Other relevant instructions and guidance issued by the central Departments (DFP/OFMDFM) including Procurement Board and CPD guidance;
- Specific instructions and guidance issued by the DHSSPS;
- 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 DFP Supply will be consulted on any significant variation proposed to the *Management Statement* and *Financial Memorandum*.

Signed: _____ Date: _____

On behalf of the PHA

Signed: _____ Date: _____

On behalf of the Department

DELEGATED EXPENDITURE LIMITS

GENERAL

These delegated expenditure limits have been agreed by the Department and the Department of Finance and Personnel 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 DFP document PGN 04/12)	The Chief Executive/The appropriate officer as notified to the DHSSPS
>£5,000 - £30,000	4 Selected Tenders	The Chief Executive/The appropriate officer as notified to the DHSSPS
> £30,000 – EU Thresholds	Publicly advertised tender competition	The Chief Executive/The appropriate officer as notified to the DHSSPS

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 DHSSPS, may authorise capital expenditure on discreet capital projects of up to £50,000. Capital projects over this amount require the approval of the DHSSPS, 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 DHSSPS and DFP.

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 www.dfpni.gov.uk/successful-delivery) 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 <u>and</u> up to £250,000 total costs	The Chief Executive/The appropriate officer as notified to the DHSSPS
Projects over £250,000	The Chief Executive with prior approval from the DHSSPS

6. ENGAGEMENT OF CONSULTANTS

General

The PHA has authority to appoint consultants for a **single contract** without recourse to the DHSSPS up to a **total** cost of £10,000, and subject to any guidance as may be issued by DFP or the DHSSPS. 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 DHSSPS 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 Personnel 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 DHSSPS for amounts below the delegated limits, and the DHSSPS, where appropriate.

**REGIONAL AGENCY FOR PUBLIC HEALTH AND SOCIAL WELL-BEING:
MANAGEMENT STATEMENT**

May 2013

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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, Social Services and Public Safety (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 DFP after consultation with the PHA, as appropriate. (The determination of those issues that are “significant” will be made by the Department and DFP on a case by case basis).

- 1.1.5 This MS/FM has been approved by DFP 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 DFP (and OFMDFM 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.

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 rôle 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 DFP;
- 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 DFP; 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 OFMDFM;
- 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 DFP 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 DFP.
- 3.4.3 As Consolidation Officer, the Chief Executive shall comply with the requirements of the PHA Consolidation Officer Memorandum as issued by DFP 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 DFP 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 DFP 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 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 (DFP) 07/09 the Treasury's *Government Internal Audit Standards (GIAS)*, 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

(DFP) 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 GIAS 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 GIAS and relevant DFP 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 (DFP) 03/06 refers) and in line with the Audit Committee Handbook DAO (DFP) 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 DFP and the C&AG. In addition the PHA shall forward to the sponsor Department the annual fraud return, commissioned by DFP, 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 DFP. 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;
- 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.

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: _____

On behalf of the PHA

Signed: _____ Date: _____

On behalf of the Department

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