Report on the
Audit of Information Systems

November 2012

1. Background

1.1 Introduction

In line with Equality Commission requirements, the Public Health Agency has committed to undertaking an audit of information systems by 18 November 2012.

In this report we:

- spell out what exactly we have committed to and outline what approach we took
- report the outcome of our audit and
- describe what we will do as a result of the audit (our priorities).

1.2 Our commitment and its rationale

Under Section 75 of the Northern Ireland Act 1998, public authorities are required to undertake equality screening and if necessary equality impact assessments. Likewise, organisations have committed to ongoing monitoring to identify opportunities to better promote equality and good relations.

Our Equality Scheme (para. 4.29) requires us to carry out:

> "An audit of existing information systems within one year of approval of this equality scheme, to identify the extent of current monitoring and take action to address any gaps in order to have the necessary information on which to base decisions."

The Equality Commission thus clearly defines the audit as not an end in itself but a key stepping stone for organisations to ensure their decision-making is equality evidence-based.

While monitoring is twofold, involving not just the collection of quantitative and qualitative information but also its analysis to assess inequalities and emerging issues, the purpose of the audit was to establish and review the extent of data collection.

1.3 Our approach to the audit

In the absence of further guidance by the Equality Commission, we adopted the following approach to the conduct of the audit.

As a starting point, we drew on our Data Flow Analysis (carried out for information governance purposes), which helped to identify all information assets that we hold as an organisation including those in the

form of databases, reports and papers. For the purposes of this audit, we focused on those databases that capture information on people, relating to both services and employment.

We undertook the audit in five steps.

> STEP 1 We identified people-based information systems.

> We reviewed all databases in our organisation to identify those which relate to people.

> STEP 2 We scrutinised these systems as to the coverage and use of Section 75 and postcode data.

> We looked at which of the nine equality categories and postcode the system currently captures.

> If the system does not capture a particular group we determined whether this is because:
> (1) the data field exists but the data field is not populated (use)
> (2) the system is not capable of recording the data – no data field exists (coverage).

> STEP 3 For each system in turn we considered whether the collection of additional equality and postcode data would add value.

> We sought to determine whether there would be equality benefits from addressing the identified gaps for the particular area of work that the system supports.

> STEP 4 For those where we concluded that it would be beneficial to collect additional equality and postcode data, we undertook a high level assessment of what is required to plug the gaps (costs & benefits – feasibility).

> STEP 5 We decided on our priorities for addressing gaps in two stages: firstly at the level of individual service areas, then at the corporate level.

2. The outcome of our audit

Table 1 in the Appendix shows the results of our audit. The table lists each of the people-based information systems that we identified. Against each system, it records what Section 75 and postcode data is currently being collected. It then documents whether or not we think collecting additional equality and postcode data would add value.

For those with added value, it then records the outcome of our high-level assessment of what is required to plug the identified gaps, summarising the costs and benefits as well as the feasibility of filling the gaps.

Where relevant, it then outlines the action to be taken, who is responsible for doing so and by when.

3. Our priorities

In order to decide what actions to take and what priorities we will focus on, we applied the following criteria:

a) Assessment of Costs and Benefits

Resources (time, people and money)

- incurred in creating capacity of system (coverage) to record the missing data
- incurred in improving meaningful completion (use) of the data fields

Technology

- timescales involved
- technology upgrade (for example system is being replaced so updating current system is not cost effective)

Impact and Outcomes

- potential to contribute to improvement of health and social wellbeing of individuals
- potential to contribute to promoting equality for HSC staff
- longer term savings or opportunity costs

Unique or most efficient point of data collection within the HSC (within constraints of data protection provisions)

Practicalities of Data Collection (including ethical issues)

As a result of applying these criteria, we have identified a series of actions as our priorities. These are outlined in Table 2 below.

Table 2: Agreed actions to be taken

Database	Action to be taken	By Whom	By When
HRPTS (Human Resources, Payroll, Travel and Subsistence)	Implement new system with capacity to record data for all nine groups	Director of Human Resources	End of Mar 2013
NI Abdominal Aortic Aneurysm SMaRT Call Recall System; a web-based system supported by a managed service framework	Explore potential with regard to collecting data on disability & marital status of men to be screened. Possibly also sexual orientation.	PHA in collaboration with other stakeholders including IT solution provider, BH&SCT (as programme provider) and BSO	ongoing
Research and Development contacts database (details of funding applicants; researchers; panel members; reviewers; etc)	Consider the position of other funders (such as MRC, NIHR) in relation to collecting section 75 data and review current practice in light of this.	Research and Development	End of Mar 2015
Child Health System Northern Ireland Maternity System A&E System Patient Administration System	regional systems - refer to ICT commissioner and possibly main Regional Information Group	Health Intelligence	End of Dec 2012
Lifeline	Quality assurance work on the new data system in conjunction with provider	Health Intelligence	Ongoing

NISRA births data NISRA deaths data	PHA to respond to any NISRA consultation	Health Intelligence	In accordance with NISRA consultation timelines
Evaluation of Services: questionnaires Market Research: surveys, focus groups	where research indicates a specific link to the subject for a particular group this will be included	Health Intelligence	Ongoing

4. Conclusion

This report has outlined how we went about conducting the audit of information systems, reported its outcome and described what we will do as a result of the audit (our priorities).

We welcome your comments on this report. You can contact us at:

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In the Annual Review of Progress of Section 75 implementation in our organisation, which we publish on our website, we will report on progress against the actions we have outlined in Section 3 of this document.

This audit and action plan will be kept under review on an ongoing basis including with regards to its comprehensiveness.

Our organisation is committed to making information as accessible as possible and to promoting meaningful engagement with those who use our services.

This document can be made available on request and where reasonably practicable in an alternative format, Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

We will respond to requests for information in alternative formats in a timely manner, usually within 20 working days (unless third party timescales dictate otherwise, for example, translation providers).