HSC Public Health Agency

Equality Action Plan 2011 - 2013

March 2012

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1 Introduction

This document presents the Public Health Agency's Equality Action Plan 2011-2013.

In the development of the plan, the comments received during the three-month public consultation period from 17 December 2010 to 18 March 2011 were considered. Details on individual comments received and responses by the Agency are provided in the Consultation Report. The report can be accessed through the Agency's website:

www.publichealth.hscni.net

or by contacting us at:

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Section 2 of this document outlines the functions of the Agency. The action plan itself is presented in Section 3. The final part of this document provides information on the arrangements for monitoring and reviewing the plan.

2 Who we are and what we do

The Public Health Agency (PHA) was established in April 2009 under the Health and Social Care (Reform) Act 2009, as part of the second phase of reforms to the number and role of health and social care sector organisations made by the Health Minister under the wider Review of Public Administration. (Under this Act the organisation is referred to as the Regional Agency for Public Health and Social Well-being).

The Public Health Agency is the statutory body responsible for driving the public health and social wellbeing agenda, bringing together the wide range of public health functions and ensuring a renewed, enhanced and sustained focus on achieving key public health goals. In keeping with the nature of the public health and social wellbeing agenda, the work of the PHA requires to be multi-

professional with both a regional and a strong local presence to tackle the underlying causes of poor health and reduce health and social wellbeing inequalities. It delivers a range of functions, including:

1. Health and social wellbeing improvement;
2. Health protection;
3. Public health, nursing and allied health professional support to commissioning and policy development and screening
4. Research and development;
5. Functions relating to nursing, safety quality and patient experience
6. Functions relating to Allied Health Professions (AHPs)
7. Personal and Public Involvement (PPI).

The Public Health Agency also provides public health, nursing and allied health professional advice to support the new Health and Social Care Board and its Local Commissioning Groups in their respective roles in commissioning, resource management, performance management and improvement, and has a statutory role to develop a joint commissioning plan with the Health and Social Care Board.

Health and Social Wellbeing Improvement

Health and social wellbeing improvement is characterised by activity focused on addressing the determinants of health (poverty, housing, education, environment etc), reducing health inequalities, and promoting behaviours which lead to positive health and social wellbeing. It is also concerned with empowering individuals and communities to take responsibility for, and engage with, local health improvement initiatives.

In addressing the Health Improvement aims, the Agency is required to:

- Provide strategic direction to the development of programmes and projects which will achieve Ministerial health improvement policies and priorities;
- Work in partnership with local government, the Health and Social Care Board, Local Commissioning Groups, Trusts and other stakeholders to develop and implement health improvement programmes and projects;

- Support local government in areas of responsibility that relate to health and wellbeing;
- Ensure that health improvement programmes and initiatives are evidence-based and reflect good practice nationally and internationally;
- Provide and/or fund public health and social wellbeing programmes at a regional and local level;
- Analyse health and wellbeing trends to monitor progress against key public health goals;
- Act as a source of information and centre of expertise for Trusts, other public sector bodies and the general public, and
- Develop, produce and commission health and wellbeing campaigns and publications to raise awareness, change attitudes and help promote health choices and decision making.

Health Protection

Health protection is concerned with the prevention and control of communicable diseases, emergency planning and protecting people from environmental health hazards.

In addressing the Health Protection aims, the Agency is required to:

- Lead the coordination of HSC action to implement Ministerial health protection policies;
- Provide strategic direction to the development and maintenance of robust arrangements for health protection and emergency planning;
- Ensure that health protection and emergency planning arrangements meet recognised national and international standards and evidence-based good practice guidelines;
- Provide the statutory health protection functions previously held by Directors of Public Health in legacy HSS Boards;
- Coordinate regional and local surveillance, and the prevention and control of communicable disease and environmental hazards with support from councils, Trusts, primary care and all other relevant organisations;
- Provide a 24-hour response to the management of communicable disease incidents, including outbreaks;
- Lead the coordination of emergency planning preparedness for the HSC system to ensure that the emergency response

of individual organisations is integrated, comprehensive, and timely;
- Provide a 24-hour response to the management of emergency incidents, and;
- Provide advice on issues relating to environmental hazards and specifically, Integrated Pollution Prevention and Control (IPPC).

Commissioning and Screening

At the heart of the new organisational arrangements is the separation of the role of providers from those who plan and commission services. The PHA will aim to improve the health and well being of the population through providing high quality, independent public health (including nursing and allied health professions) advice to support the commissioning and performance management processes of the Board and Local Commissioning Groups. The PHA also oversees the population screening programmes in Northern Ireland such as breast cancer.

In the provision of professional advice to commissioning, the Agency is required to:

- Assess the health and wellbeing needs of the population and of communities and advise the Health and Social Care Board and Local Commissioning Groups on commissioning to meet those needs;
- Appraise research and evidence of good practice from elsewhere;
- Ensure that the Health and Social Care Board and Local Commissioning Groups commissioning plans reflect the evidence-base and will enable the HSC system to meet standards for good quality care;
- Through commissioning teams, provide professional input to assuring the extent to which commissioning plans have been implemented and outputs delivered;
- Advise the Health and Social Care Board and Local Commissioning Groups on the strategic development and redesign of services;
- Support development, implementation and evaluation of service frameworks;
- Support development of clinical networks and provide professional commissioning input to those networks;

- Lead the coordination of action to introduce new screening programmes, working with providers, Health and Social Care Board and relevant others;
- Provide the quality assurance function for existing screening programmes and ensure that action is taken if quality falls below recognised standards;
- Provide specialist public health input to a regional specialist commissioning group for screening, and
- Provide the statutory function on supervision of midwives.

Research and Development

The HSC Research and Development function aims to promote, coordinate and support research and development within the field of health and social care. It has a dual strategic and operational role.

The functions of the HSC Research and Development Office include:

- Provision of advice to the Department and Minister, and the development of policies and procedures governing the conduct of HSC Research and Development;
- Representation and engagement with a variety of organisations at local, national and international level, maintaining strategic links and developing collaborative partnerships;
- Development and maintenance of strategic direction within NI, Ireland, UK and International context;
- Creation of a supportive HSC Research and Development infrastructure;
- Provision of HSC Research and Development funding opportunities and the management of individual research awards and the HSC Research and Development fund, and;
- Maintenance and development of HSC Research and Development office support and infrastructure.

Nursing, Safety Quality and Patient Experience

The areas of responsibility include

- Public health, community nursing, primary care, child protection;

- Acute and children's services, cancer and palliative care, quality and standards;
- Mental health, elderly care, learning disability and physical disability;
- Professional regulation, education, workforce planning and development, research and development activities;
- Providing advice on all matters relating to midwifery and children's services; professional input into the development, monitoring and review of policy with regards to midwifery and children's services; promoting the midwifery agenda in relation to policy, practice and education, and liaising closely with colleagues in developing midwifery and children's services;
- Provision of health facility planning/nursing advice on all major capital/Priorities for Action (PfA) schemes in Northern Ireland;
- Business case analysis;
- Decontamination;
- Healthcare associated infections (HCAIs) in relation to the estate, clinical waste management and management of medical devices;
- Monitoring and investigation of adverse incidents reported to the Northern Ireland Adverse Incident Centre (NIAIC);
- Chair of GAIN Medical Devices Committee;
- Emergency planning.

Allied Health Professions (AHPs)

Allied Health Professions (AHPs) are critical to the ongoing assessment, treatment and rehabilitation of patients throughout the illness episodes whether transient or long lasting. AHPs enable children and adults to make the most of their skills and abilities and to develop and maintain healthy lifestyles. They support people of all ages in their recovery, helping them to return to work and participate in sport or education. The AHPs within the remit of the PHA are: Dietetics; Occupational therapy; Orthoptics; Physiotherapy; Podiatry; Radiography; Speech and language therapy.

Personal and Public Involvement (PPI)

Personal and Public Involvement (PPI) means actively engaging with those who use our services, carers and the public to discuss:

their ideas, our plans; their experiences, our experiences; why services need to change; what people want from services; how to make the best use of resources; and how to listen to these views and therefore improve the quality and safety of services.

- Ensuring that public engagement is effectively built into PHA work, and working with the Health and Social Care Board to establish a regional health and social care forum and develop and implement a regional HSC action plan for Personal and Public Involvement.

Corporate Support Services

In order to deliver its functions the Agency requires a strong health intelligence and knowledge management expertise. This is essential to enable rapid response to all immediate risks and demands, to support long term action to develop and sustain health and social wellbeing improvement and to support a performance management culture to ensure achievement of outcomes.

The Agency also has a range of supporting corporate, operational and management functions to enable it to discharge its core functions. These include:

- Business management (including corporate planning and performance management);
- Governance, (including risk management, information governance, equality and complaints functions);
- PR and Communications;
- Financial management (Health and Social Care Board provides support to the PHA re. management accounts, Business Services Organisation provides payroll and general ledger functions);
- ICT (ICT support provided by the Business Services Organisation);
- Registry and Secretariat Services;
- Facilities Management;
- HR Services including organisational development (provided by the Business Services Organisation)
- Procurement Services (provided by the Business Services Organisation).

Additional Functions

- European Centre for Connected Health – transferred to PHA in July 2009; among its functions is to promote improvements in patient care through the use of healthcare technology and to fast track new products and innovation in HSC services.

- HSC Safety Forum – created in 2007 to support HSC organisations as they strive to provide safe, high quality care; the HSC Safety Forum works collaboratively with stakeholders to assist the drive for improvement in safety and quality in Health and Social Care; helps service providers build and develop their quality improvement capability in line with internationally recognised theory and practice; facilitates engagement between patients, clients, commissioners and service providers in order to promote safety and quality.

3 The PHA Equality Action Plan 2011-13

Theme 1: Provision of Accessible Information	**Key inequalities and opportunities to promote equality and good relations:** • people with a disability experience barriers in accessing website information • opportunity to mainstream consideration of accessible information needs in all projects involving the production of information materials **Evidence** • http://www.w3.org/standards/webdesign/accessibility			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
complete review of existing sites and ensure new sites are compliant with relevant guidelines and standards (such as W3C A4)	highest level of accessibility enables people with a disability to have equal access to information	annual compliance check	Public and Professional Information Manager	Sept 2012
include a question on accessibility / alternative formats in the Communications Support Request Form	the need to produce information in alternative formats is considered by the lead officer in all projects key accessible information needs of equality groupings are met	request form includes a dedicated question	Public and Professional Information Manager	Mar 2012

review available research on IT, literacy and communication matters for equality groupings regarding health information issues	gaps in evidence on communication needs of equality groups are identified	review completed and report written up	Senior Health Intelligence Manager	Mar 2012

Theme 2: Cancer Screening	**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 completed by individuals at home. Due to the nature of the test (collecting a stool sample) individuals with a physical or sensory disability will have difficulty accessing the screening programme. **Evidence** • People from these minority groups may have problems accessing or understanding information about cancer screening and in some cases the methods of screening may create obstacles for some individuals. The PHA does not have data of uptake of cancer screening by individuals from section 75 groups. Our data collection is not specific enough. There is anecdotal evidence that uptake of cancer screening is lower amongst some section 75 groupings. A Strategy Group to promote informed choice in cancer screening has been established and led by the Quality Assurance Reference Centre. This Group has considered a range of research literature and held a series of meetings with community and voluntary organisations

	that represent people from section 75 groups. Organisations have offered an insight into the obstacles and inequalities that people face in accessing cancer screening.			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Hold a workshop with key stakeholders to promote informed choice in cancer screening	Proposals for actions to improve uptake of cancer screening amongst section 75 groups and people living in deprived areas.	Workshop to be held	QARC	10-11-2011
Produce a discussion paper for consultation with planned actions	Consultation and agreement on actions to be undertaken.	Consultation paper	QARC	February 2012

Theme 3: Childhood Immunisation	**Key inequalities and opportunities to promote equality and good relations:** • Whilst childhood immunisation uptake levels are generally very good in Northern Ireland and above the UK average there is variation in uptake. Lower levels occur in some areas of deprivation and also in some groups e.g. the Traveller community. There can also be problems with some recent migrants accessing vaccination services. **Evidence** • Vaccination uptake figures and reports from professionals working with affected groups.

	• NICE Public Health Guidance 21: Reducing differences in uptake of immunisations in children and young people aged under 19 years. This guidance identifies the following groups as being at risk of not being fully immunised: o those who have missed previous vaccinations (whether as a result of parental choice or otherwise) o looked after children o those with physical or learning disabilities o children of teenage or lone parents o those not registered with a GP o younger children from large families o children who are hospitalised or have a chronic illness o those from some minority ethnic groups o those from non-English speaking families o vulnerable children, such as those whose families are travellers, asylum seekers or are homeless.			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Identify those areas with lowest uptake.		Detailed uptake statistics produced showing uptake by geographical area and by GP practice.	Child health system managers working with health	Summer 2011 and ongoing from then.

			protection consultant (immunisation lead)	
Review the literature for best evidence on measures which will improve uptake.	The gap in uptake rates between the highest and lowest performing areas will be reduced as much as possible.	Literature reviewed and measures identified that will be most applicable to NI situations.	Consultant in health protection.	Summer 2011
Feed back individual uptake rates to health professionals, along with comparative data, so they know how they are performing compared with their peers.		Uptake rates and comparable data fed back to GP practices.	Health protection nurses	Summer 2011 and ongoing each time new statistics produced
Visiting individual practices with low rates to discuss how these can be improved.		Practice visits taken place.	Health protection nurses	Autumn 2011 onwards
Organising a workshop for all professionals involved in immunisations in North and West Belfast (area with		Workshop organised and attended by relevant health professionals.	Consultant Health Protection	January 2011

lowest uptake).				
Develop a one stop shop for new migrants that will include a range of services including bringing children up to date with their immunisations.		One stop shop set up and offering childhood immunisations.	Belfast Trust working with PHA	March 2012
Work with Trusts to develop initiatives to promote childhood immunisations with the Travelling community.		Initiatives developed to promote childhood immunisation with Traveller community.	Health protection nurses working with Trusts	March 2012 & continue to develop after this.
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.	March 2012 & onwards.

Theme 4:	**Key inequalities and opportunities to promote equality and good relations:**

Migrants	• 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. **Evidence:** • Health and Social Needs among Migrants and Minority Ethnic Communities in the Western area (Jarman, 2009); • Barriers to Health: migrant health and wellbeing in Belfast. A study carried out as part of the EC Healthy and Wealthy Together project (Johnston, Belfast Health Development Unit 2010); • Health Protection Issues Affecting Immigrants – A Literature Review (Veal and Johnston 2010 unpublished).			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Improve data collection of migrants and their health and social wellbeing needs with a particular focus on the	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	Ethnic Minority Forum	Mar 2012

Child Health System (CHS); community systems (SOSCARE); hospital systems (PAS) and GP systems.				
Consult with relevant colleagues across the sectors on how best to establish a Migrant Health and Wellbeing Network as an information and good practice sharing forum for health and social care professionals, ME support agencies and others.		Agreement secured and relevant action being progressed.	Regional Minority Ethnic Health and Wellbeing Steering Group	Mar 2012
Organise a conference to raise awareness of minority ethnic health and wellbeing issues, share information on best practice and stimulate action to address identified need.		Conference held on minority ethnic health and wellbeing issues in NI and report produced summarising key conference recommendations and potentially informing future planning.	Regional ME Steering Group	Oct 2011
Work with key agencies and		Action plan for 2011/12	Regional	June

organisations across the sectors to develop and implement a new regional action plan to address minority ethnic health and social wellbeing issues		developed and being implemented	ME Steering Group	2011

Theme 5: Lesbian, Gay, Bisexual and Transgender	**Key inequalities and opportunities to promote equality and good relations:** Employment generally • atmosphere and culture of discrimination, 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			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
(1) eLearning				
engage with key stakeholders	increased capacity of staff working across HSC settings to better meet the needs of the LGB&T population	programme is developed and piloted	Deirdre McNamee	end Mar 2012
develop eLearning module				
pilot with key staff including GPs, primary care staff, mental health services				

(2) HSC staff forum				
establish need for a forum	LGB&T staff working within HSC organisations feel valued and are empowered to contribute to effect change in the organisations HSC organisations visibly demonstrate their commitment to promoting equality for LGB&T staff	LGB&T staff are willing to be involved other opportunities for ongoing engagement including email and online are offered stakeholder consultation completed commitment of HSC organisations secured feedback from LGB&T staff acknowledges commitment from HSC organisations forum established Terms of Reference and priority actions agreed for 2011/12	Deirdre McNamee	end Mar 2012
secure support and commitment from management in HSC organisations				
undertake stakeholder consultation (via events and online)				
establish forum				
facilitate forum to agree and take forward actions				
(3) Research				
conduct online survey with staff across HSC settings	organisation has robust evidence to develop actions to support LGB&T	survey completed and report written up	Deirdre McNamee	end Mar 2012

establish baseline for experiences of LGB&T staff repeat Rainbow Through Our Eyes research focusing on LGB staff in the HSC sector	individuals working in the HSC sector LGB&T individuals will feel that their needs are being considered organisation is in a position to measure outcomes of agreed actions	research carried out and report written up findings disseminated		

Theme 6: Personal and Public Involvement	**Key inequalities and opportunities to promote equality and good relations:** • Work to embed the culture of Personal and Public Involvement (PPI) within this, and other HSC organisations. Strategically promote and enhance the concept and culture of personal and public involvement. **Evidence** • Research on service user and carer involvement and experience throughout HSC			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Conduct pre consultation on the joint PHA/HSCB PPI Strategy across the region.	Identify evidence of inequality in relation to PPI.	5 pre consultation events across NI	PPI Lead	April 2011

Conduct EQIA screening on the proposed PPI strategy, taking into account relevant research and information gathered during pre consultation events.	Identify potential inequalities to ensure these are considered in the PPI Strategy	Complete section75 screening exercise	PPI Lead	July 2011
Actively engage with Children and Young People, Carers and people from the Travelling community as well as other section 75 groups during the consultation of the PPI strategy.	Gain a better insight into the needs of these groups in relation to the PPI strategy.	Complete engagement exercises during the 12 week consultation period.	PPI Lead	September 2011
Develop an easy read and Children and Young Person friendly version of the PPI strategy.	To enable a wide range of people to read and understand our PPI strategy.	Publish easy read and Children and young person friendly versions.	PPI Lead	September 2011

Identify any inequalities in relation to PPI and section 75 groups and include actions in the PPI action plan to address these.	To include relevant actions in the PPI action plan to address any issues identified for section 75 groups.	Include relevant actions to address the needs of section 75 groups in the PPI action plan.	PPI Lead	Decembe r 2011
Work with PPI colleagues regionally and in the DHSSPS to develop agreed expenses and subsistence for service users involved in PPI activity.	To ensure that there is consistency across Northern Ireland in relation to providing service users and carers expenses and subsistence payments. To encourage more people to engage in PPI activity.	Finalise and agree policy	DHSSPS/P PI Lead	April 2012
Work with colleagues in HSCB to ensure that the PPI is effectively implemented across each service area.	Ensure that PPI is involved in decision making at the commissioning level.	PPI plans in place for each service area.	PPI Leads in PHA and HSCB	Ongoing
Work with colleagues to develop appropriate mechanisms for measuring impact which will also take	To identify the outcome and value of PPI activity.	Monitoring mechanisms developed and implemented.	PPI Lead	Ongoing

account of Section 75.				
Establish links with other health and social care organisation.	Ensure collaboration and working together were possible.	Review of Regional Forum achievements.	PPI Lead	Ongoing

Theme 7: PHA as an employer	**Key inequalities and opportunities to promote equality and good relations:** • opportunity to better promote equality for older staff who may wish to work on (potential lack of dedicated information) • lack of comprehensive staff equality data **Evidence** • feedback from staff; submission from Older People's Advocate			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
(1) Older people				
review the age profile of PHA staff	PHA staff are in a position to make informed choices in relation to	engagement event has taken place	Operations & Human	June 2012

engage with staff to (a) provide information on existing policies and pension arrangements (b) find out about staff preferences for working on beyond previous retirement age and suggestions for additional support	working beyond previous retirement age Older staff are choosing to work on are supported		Resources	
(2) 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	Dec 2012
(3) Section 75 monitoring				
identify scale of gaps	robust data is in place to allow assessment of impacts and developing targeted actions	gaps have been identified and staff datasets are comprehensive	Eq Manager	June 2012
develop communication strategy for staff on rationale			Tony	June

for collecting data			Sheridan	2012
collect staff data			Human Resources	Mar 2013

Theme 8: Board composition	**Key inequalities and opportunities to promote equality and good relations:** • lack of comprehensive data on the Section 75 profile of members of HSC boards; indications that some groups are under-represented (including ethnic minorities, younger people, people with a disability) **Evidence** • no robust information available; submission from Older People's Advocate			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
identify HSC partner organisations willing to make joint representation to the Office for Public Appointments	the Agency uses its influence to promote diversity	letter sent	Eq Manager and AMT	Mar 2012
draft joint letter to welcome thoughts on the matter and				

seek advice on how greater diversity can be achieved				

4 Monitoring and Review of the Plan

Progress on the delivery of actions is monitored and reported on quarterly to the Agency's Management Team. In addition, an annual report will provide a yearly update on the progress we have made. This will be part of our Annual Review of Progress on Section 75 Implementation to the Equality Commission and will be published on the PHA website to ensure transparency.

Collating information on progress across the organisation will then allow us to review our initial action plan. Taking account of new developments at the same time, we will decide whether we need to make changes to the plan.

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