HSC Public Health Agency

agenda

PHA Board Meeting

Date and Time 18 October 2024 at 10.00am

Venue Conference Rooms 1/3, 2nd Floor, 12/22 Linenhall Street, Belfast

1 10.00	Welcome and Apologies	Chair
2 10.00	Declaration of Interests	Chair
3 10.00	Minutes of Previous Meeting held on 28 August 2024	Chair
4 10.05	Actions from Previous Meeting / Matters Arising	Chair
5 10.10	Reshape and Refresh Programme	Chair
6 10.20	Reports of New or Emerging Risks • Corporate Risk Register as at 30 September 2024 **[PHA/01/10/24]**	Chief Executive
7 10.30	Raising Concerns • Raising A Concern in the Public Interest (Whistleblowing) Policy 2024 **[PHA/02/10/24]**	Chief Executive
8 10.40	Updates from Committees **[PHA/03/10/24]**: • Governance and Audit Committee **[PHA/04/10/24]** • Remuneration Committee • Planning, Performance and Resources Committee • Screening Programme Board • Procurement Board • Information Governance Steering Group • Public Inquiries Programme Board	Committee Chairs
9 10.55	Operational Updates: • Chief Executive's and Executive Directors' Report	Chief Executive/ Executive Directors
	• Finance Report **[PHA/05/10/24]**	Ms Scott
10 11.20	Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2023/2024 **[PHA/06/10/24] (For approval)**	Dr McClean

11 11.35	Review of Assurance Framework **[PHA/07/10/24] (For approval)**	Ms Scott
12 11.45	Mid-Year Assurance Statement **[PHA/08/10/24] (For approval)**	Chief Executive
13 11.55	Complaints, Compliments and Claims Quarterly Report **[PHA/09/10/24] (For noting)**	Chief Executive
14 12.00	Update on Avian Flu	Dr McClean
15 12.05	Policies for Approval: • Data Protection Confidentiality Policy **[PHA/10/10/24]** • Access to Information Policy **[PHA/11/10/24]** • Anti-Fraud and Anti-Bribery Policy Statement & Response Plan **[PHA/12/10/24]**	Ms Scott
16 12.15	Items for Noting: • HSCQI Annual Report 2023-2024 **[PHA/13/10/24]**	
17 12.20	Chair's Remarks	Chair
18 12.30	Any Other Business	Chair

19 Details of next meeting:

Thursday 21 November 2024 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

HSC Public Health Agency

minutes

PHA Board Meeting

Date and Time 28 August 2024 at 1.30pm

Venue Conference Room, Tower Hill, Armagh

Present

Mr Colin Coffey	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Joanne McClean	-	Director of Public Health
Ms Heather Reid	-	Interim Director of Nursing, Midwifery and Allied Health Professionals
Ms Leah Scott	-	Director of Finance and Corporate Services
Mr Craig Blaney	-	Non-Executive Director
Mr John Patrick Clayton	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Dr Aideen Keaney	-	Director of Quality Improvement
Mr Stephen Wilson	-	Head of Chief Executive's Office
Mr Robert Graham	-	Secretariat

Apologies

None

87/24	**Item 1 – Welcome and Apologies**
87/24.1	The Chair welcomed everyone to the meeting. There were no apologies.
87/24.2	The Chair said that the session facilitated by Ms Colette Rogers in advance of today's meeting was very useful given the Minister's recent announcement regarding Live Better.
87/24.3	The Chair said that from today's meeting he wished to get a clear understanding of a number of things. He commented that the Live Better proposal is a huge opportunity for PHA and he looked forward to hearing an update on preparations for that.
87/24.4	The Chair said that he would like to receive an update on preparation for avian flu. He noted that the Department sees avian flu as a test for its

	preparedness arrangements. He asked that this is put on the agenda of the next meeting for discussion **(Action 1 – Mr Graham)**.
87/24.5	The Chair advised that he wished to take time to consider the first quarter's report on PHA's KPIs as this report is in a new format.
87/24.6	The Chair noted that this is Dr Keaney's last Board meeting as Director of HSCQI before she leaves PHA. He thanked her for her professionalism, dedication and commitment to PHA and said that he had enjoyed working with her.
87/24.7	The Chair asked that late papers should not be issued the evening before the Board meeting.
88/24	**Item 2 – Declaration of Interests**
88/24.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda.
88/24.2	After he joined the meeting, Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.
89/24	**Item 3 – Minutes of previous meeting held on 20 June 2024**
89/24.1	The minutes of the Board meeting held on 20 June 2024 were **APPROVED** as an accurate record of that meeting.
90/24	**Item 4 – Actions from Previous Meeting / Matters Arising**
90/24.1	An action log from the previous meeting was distributed in advance of the meeting. The Chair said that he would speak to Ms Scott around the action relating to recruitment. It was noted that the other actions were either in progress or had been completed.
90/24.2	The Chair advised that he had received the terms of reference for all of the Committees that Non-Executive Directors sit on and he would like to have a meeting shortly to discuss their participation on these. He asked that Mr Wilson also join this meeting **(Action 2 – Chair)**. *At this point Mr Clayton joined the meeting.*
90/24.3	Ms Henderson asked about the costing of the new structure under the Reshape and Refresh programme. Ms Scott replied that phase one has been costed, but there are a number of assumptions and unknowns. She advised that there is enough funding for this year, but the assumptions will need to be reviewed again in December when looking at next year's budget. Ms Henderson asked if a short summary paper could be prepared. The Chair noted that June was a key month as by that date job descriptions had to be graded. He added that correspondence has now been issued to those individuals who will be impacted by the changes and once their responses have been received, there will be a better understanding of the overall picture so he

suggested that would be a more appropriate time for an update. However, he said that the cost of the new structure needs to be finalised as soon as possible because PHA has advised that the Permanent Secretary that it may need additional funding for next year.

91/24 **Item 5 – Reshape and Refresh Programme**

91/24.1 The Chair reported that PHA has written to those staff impacted by the new structure and a duty of care is being applied to those staff.

91/24.2 The Chair advised that an oversight board has been established to oversee the transfer of HSCQI to RQIA and that a number of meetings have taken place with this work now moving forward. He said that RQIA had not appreciated the impact on staff. The Chief Executive advised that the target date for the transition is 14 November, and added that PHA staff have behaved very professionally throughout this process.

91/24.3 The Chair said that the MOU that PHA has with SBNI is currently being reviewed. He advised that the Connected Health function is within scope for TUPE, and that work has commenced to establish an R&D office in the Agency.

91/24.4 The Chair advised that the People Plan has been launched and that the Skills Framework is continuing to be rolled out. He announced that a celebration event is taking place on 4 December. The Chief Executive explained that this date was chosen due to the availability of the venue as it is one of the only venues that can facilitate this number of staff. He added that this event will celebrate the achievements for this year, but after that an event will be held every 2 years. The Chair noted that he while he accepted that, he felt that given June 2025 will see the conclusion of the Reshape and Refresh programme and the new Corporate Plan in place, there should be an event then. He added that staff should be briefed on the direction of travel as PHA moves away from silo working. The Chief Executive advised that he has given a commitment to visiting all of the local offices and he will doing another round of visits shortly.

91/24.5 Dr Keaney suggested that as HSCQI will have moved to RQIA by that date, that their staff should be invited to the event as an opportunity to say “thank you” and “goodbye”. The Chair agreed with this.

91/24.6 The Chair reported that the job description for the Director of the digital directorate is out for comment. The Chief Executive noted that there is a KPI on the Business Plan relating to a Digital Strategy and not having this individual in post is an issue so an interim appointment will be made to take this work forward.

91/24.7 The Chair advised that staff engagement sessions continue to take place on the first Tuesday of each month with over 140 staff on average attending each event.

92/24 **Item 6 – Reports of New or Emerging Risks**

Corporate Risk Register as at 30 June 2024 ***[PHA/01/08/24]***

92/24.1 The Chief Executive advised that the main risk, from a public health perspective, relates to avian flu which has already been discussed. He said that he did not think that it will have an impact here in Northern Ireland.

92/24.2 Mr Stewart noted that a new risk has been placed on the Corporate Risk Register regarding the financial outlook for 2025/26 and he welcomed the fact that this has been put on the Register.

93/24 **Item 7 – Raising Concerns**

93/24.1 The Chair noted that there is a new policy on raising concerns which has been shared with Departments. The Chief Executive commented that health may delay updating its policy given the Urology Inquiry and the ongoing Muckamore Inquiry.

93/24.2 The Chair advised that he will be asking one of the Non-Executive Directors to take on the role as the nominated NED for whistleblowing as outlined in the policy.

94/24 **Item 8 – Updates from Board Committees**

Governance and Audit Committee ***[PHA/02/08/24]***

94/24.1 Mr Stewart said that the minutes of the Governance and Audit Committee meeting of 13 June were available for members and that the Committee had met again on 8 August.

94/24.2 Mr Stewart advised that the Committee had considered the updated Corporate Risk Register where two new risks had been added. He said that an update on Direct Award Contracts (DACs) had been received and he had raised an issue as to whether the limit on DACs should be increased from £5k. He noted that External Audit were not clear where that figure had come from.

At this point Dr McClean joined the meeting

94/24.3 The Chair asked that Directors develop a plan around procurement that could be discussed at a separate session of the Board **(Action 3 – Chief Executive)**.

94/24.4 Mr Stewart advised that the complaints report had been considered, and there was an issue in relation to an employment law matter which relates to an individual who works for SBNI, but SBNI is being released as a respondent and PHA will be the sole respondent. He said that this again raises the matter of PHA being held responsible for matters over which it has no control because the individual is employed by PHA. The

Chief Executive said that PHA has attempted to clarify this in the revised MOU in that PHA will only be responsible for core staff.

94/24.5 The Chair asked whether SBNI should report to the PHA Board once a year. He said that the hosting arrangement is not ideal. Ms Scott said that under the Reshape and Refresh programme she is now accountable for the hosting responsibilities and she is meeting with Ms Helen McKenzie twice a year to look at accountability issues. Mr Irvine commented that there should be a formal link between SBNI and the PHA Board. The Chief Executive noted that this is a delicate issue and the Board would need to be very clear about what comes to the Board because the SBNI's governance reporting is through its Chair and up to the Department so only issues relating to digital, employment and finance could be discussed by this Board. The Chair proposed that through Ms Scott, there could be annual update for the Board.

94/24.6 Professor Rooney asked what the long-term aim is in terms of the hosting. The Chief Executive replied that he has already raised with the Department that there is another organisation that could host it.

94/24.7 Mr Clayton said that the difficulty for him is that while PHA cannot direct SBNI operational matters, it does have oversight for how SBNI discharges its financial obligations in meeting its objectives. The Chief Executive agreed, but noted that if there is a financial issue, he would raise this immediately with the Permanent Secretary and that protects the PHA Board, but Ms Henderson pointed out that SBNI's accounts appear within PHA's accounts. Mr Stewart said that the Board needs to be satisfied that the Chief Executive is satisfied that he can exercise his responsibilities and if he cannot, then the Board should step in.

94/24.8 Mr Stewart reported that the Committee had considered its terms of reference and deemed that they remain adequate for the Committee to discharge its responsibilities.

94/24.9 Mr Stewart advised that Internal Audit had presented a report on vaccination programmes where a limited level of assurance was given. He gave an overview of the main findings of the report which related to the need for a formal MOU between the different parties, improved checks in relation to invoices, and a better process for validating stock levels. He said that all of the findings had been accepted by management. He noted that he and Mr Wilson had an issue in relation to one area, that relating to evaluating the impact of campaigns on uptake rates because Mr Wilson had not been consulted and therefore further discussion was required.

94/24.10 Mr Stewart said that there needs to sort out the arrangements with pharmaceutical companies and GPs, noting that GPs cannot access the Vaccine Management System (VMS). Dr McClean acknowledged that there are a number of weaknesses and areas that need to be tightened up.

94/24.11 Mr Stewart advised that the Committee had held its annual private meeting with representatives from Internal and External Audit and that had been useful.

Remuneration Committee

94/24.12 The Chair noted that the Remuneration Committee has not met since the last Board meeting.

Planning, Performance and Resources Committee ***[PHA/03/08/24]***

94/24.13 The Chair said that the recent meeting of the Planning, Performance and Resources Committee had been useful. He advised that there was an extensive presentation on Trust expenditure and he was surprised by some of the areas of spend and felt that this could be tidied up. The Chief Executive advised that this has been discussed at the Agency Management Team (AMT) meeting and that these are areas of funding which would sit more appropriately within SPPG or Trust baselines. Mr Stewart noted that Internal Audit has commenced an audit of Trust spend.

94/24.14 The Chair advised that there had been a lengthy discussion on the quarterly KPI report, and his main comment was around the presentation. He said that this is the opportunity to link activity with strategic intent and to ensure that the Board is assured that PHA is moving in the right direction. He added that there needs to be a link between the Corporate Plan and what PHA is doing "on the ground" and have a paper to monitor that. He said that PHA should not be doing activity for activity's sake. Ms Scott advised that this should be possible. The Chair stated that the Board needs to be assured that PHA is spending its funding in the best possible way. Ms Scott said that if PHA is reshaping, then it will have to review what it is doing, but that is a longer-term ambition. She added that this may mean PHA stopping doing certain work.

94/24.15 The Chair said that he wants all Directors to be comfortable that PHA is going in the right direction. The Chief Executive noted that there have been improvements in reporting, but it is not yet perfect, and that the Corporate Plan will further help this process. Mr Wilson advised that the new planning teams will be responsible for looking at evidence and looking at how PHA spends its money and ensuring that there is a sound rationale for why investments are being made.

94/24.16 The Chair advised that he is comfortable with the current terms of reference of the Committee and that although there had been a discussion about delegation of powers, he could not foresee a situation where the Committee would be approving anything in place of the Board.

Screening Programme Board

94/24.17 The Chair noted that the Screening Programme Board has not met since the last Board meeting.

Procurement Board

94/24.18 Ms Henderson advised that the Procurement Board is due to meet on Thursday. She reported that she had attended the launch of the Substance Use Implementation Plan which was excellent. She said that while she was pleased with the Plan, she had concerns around the timescales for procurement. It was agreed that Ms Henderson would brief the Chair following the Procurement Board meeting **(Action 4 – Ms Henderson)**.

Information Governance Steering Group

94/24.19 Mr Clayton reported that the next meeting of the Information Governance Steering Group is due to take place in September.

Public Inquiries Programme Board

94/24.20 Mr Wilson advised that the Public Inquiries Programme Board continues to meet. He reported that two former Directors of Nursing, Mrs Mary Hinds and Mr Rodney Morton had received Rule 9 requests and have now been asked to appear in person at the Muckamore Inquiry. In relation to the COVID Inquiry, he advised that the Chief Executive will be travelling to London on 5 November to appear at the Inquiry in relation to Module 3.

94/24.21 Professor Rooney commented that the Board has not had clarity in terms of PHA's role with regard to Serious Adverse Incidents (SAIs), and that there has been a lot of discussion around what information was shared with the PHA Board. Mr Wilson noted that while Mrs Hinds and Mr Morton have been asked to appear in person, another former Director of Nursing, Mrs Pat Cullen has made a written statement, in which she indicated that she was not given access to files and that she had written to PHA and had not received a response. The Chief Executive advised that he had responded to Mrs Cullen and the same offer was made to her as was made to Mrs Hinds and Mr Morton. He indicated that this will be communicated to the Inquiry. Mr Stewart said that it is important that this is placed on public record.

95/24 Item 9 – Operational Updates

Chief Executive's and Executive Directors' Report

95/24.1 The Chief Executive said that it was a privilege for Northern Ireland to host the first ever face-to-face meeting of the public health Chief Executives from across the UK, and that there is a now a commitment for this to happen once a year. He advised that following the meeting a

number of working groups have been established to look at areas such as obesity, alcohol, vaping and a population health needs assessment.

95/24.2 The Chief Executive noted that, within the Report, Ms Reid has given an overview of the Live Better initiative and Dr McClean has given an update on monkey pox.

95/24.3 The Chair said that the fact that Northern Ireland hosted the first 4 Nations meeting was significant and that he had met with the group for dinner and for lunch. He commented that there is a massive amount of knowledge and expertise that PHA can tap into, and vice versa. He added that it would be useful to get information on the working groups. He noted that in Wales there is work ongoing looking at a "wellbeing economy", where the Departments are working together.

95/24.4 The Chair noted that there was previously a forum for Chairs of the 4 Nations and the Chief Executive said that this will be reinvigorated and Scotland is taking the lead on this.

95/24.5 Professor Rooney said that the information gained from these events would be useful for the new Corporate Plan. The Chief Executive advised that Ms Jeanelle de Gruchy from the Office for Health Improvement and Disparities (OHID) had outlined the approach the new Labour Government will be taking to tackle inequalities.

95/24.6 Mr Clayton said that he had two queries, the first of which related to the review of screening processes. He also asked about the Live Better initiative. He advised that he had attended the workshop which was held last week and had found it very useful with a lot of information being put forward, but added that he was not clear in how this will be different to the work that PHA is doing on a day-to-day basis. He acknowledged that this may come down to how the initiatives are chosen. He said that much of what is done now is about monitoring the status quo rather than reducing persistent inequalities. From looking at the timeline for this, he queried how the PHA Board could have an input and how this links to the Corporate Plan and the Business Plan.

95/24.7 Dr McClean advised that for the review of screening, PHA has not been able to secure an external body to undertake this and consideration is being given as to whether this new proposal of a joint review will meet the brief. She said that it would have been preferable to have had a review of PHA's quality assurance processes but PHA has not been able to secure help with this. She explained that the RCPath report did not get into the detail of quality assurance, and that a review will now be carried out of the incident that led to the review of the slides. She advised that there are some individuals who can carry out this work, but the proposal would need to be discussed with the Department. As it is an independent review, she explained that the Department may wish to commission it. She added that it would have been her preference for NHS England to undertake the review.

95/24.8 Dr McClean explained that in 2019, there was a recommendation that quality assurance processes should be reviewed, but this was not taken forward. She added that it must be borne in mind that primary HPV has now been implemented. Professor Rooney said that PHA needs to be seen to be doing something, and it should advise that the Department that it has not been able to get a response. Dr McClean explained that Public Health Wales could undertake the work, but will not produce a report, while NHS England is undergoing some form of reorganisation. She said that there needs to be a review of what happened in the Southern Trust and a review of PHA's own quality assurance processes, but it has a challenging getting someone to do it. She added that there had been a suggestion to approach colleagues in Scotland, but there are different standards there.

95/24.9 Mr Blaney said that not having a response to PHA's request is not acceptable. Dr McClean agreed, but noted that PHA is asking these organisations to do them a favour. Mr Blaney noted that PHA had met with these other organisations and asked if they should not all be working together. Ms Henderson asked if there is pressure to undertake this independent review. Dr McClean replied that while primary HPV has been introduced, there is a need to see if processes are performing as they should. Ms Henderson asked if there is political pressure, but Dr McClean replied that this can come in waves.

95/24.10 Ms Henderson asked about the audit of invasive cancers. Dr McClean said that some of the Trusts are behind in their audits and therefore there will be several years outcomes reported at once.

95/24.11 Ms Henderson asked if it is the position of the Board that the review be carried out. Dr McClean said that in her opinion, a review is needed because there needs to be a quality assurance of all screening programmes. She suggested that the request could be escalated within NHS England.

95/24.12 The Chief Executive advised that over the summer, a process was completed whereby all of the laboratory services were combined into one single laboratory so going forward there will be more centralisation. He said that a piece of work is ongoing with all of the laboratories regarding that. Professor Rooney asked whether there will be a different system if all work is being carried out by one laboratory, but Dr McClean replied that it will be easier to work with one. The Chief Executive added that there will be consistency.

95/24.13 Dr McClean advised that there have been discussions about how to take forward quality assurance and if it would be possible to have external quality assurance. She said that there was unhappiness with Belfast being chosen. Mr Blaney said that with only one laboratory there is a risk of standards not being as high, or of an issue in case of a power outage, but Dr McClean advised that the Belfast laboratory has always performed across a range of services and also has a range of contingency measures. Mr Blaney asked about the closure of the other

laboratories. Dr McClean advised that there is a group looking at how those staff can be redeployed.

95/24.14 The Chair said that there is a lot of work going on, but that there is a need for a peer review.

95/24.15 The Chair asked Ms Reid for an update on the Minister's Live Better initiative and if PHA has the capacity to deliver. Ms Reid advised that the Minister had met with AMT to highlight that inequalities is a priority issue for him and he was seeking ideas for how PHA could strengthen work in communities. She said that at a follow up meeting, the Minister proposed to call his initiative Live Better, and that he had presented it to the Assembly. She explained that the initiative will focus on two geographical areas where there is to be increased community involvement which will have a lasting impact. She said that this is major request given the timescales so there has been a focus on working with primary care and general practice. She added that primary care colleagues have been interested in work relating to health inequalities and there has also been interest from dentists and pharmacists.

95/24.16 Ms Reid outlined that as part of the initial planning, a workshop was arranged. She noted that there is no additional funding for this initiative so it is about optimising services that are already in place. At the workshop, she advised that many practical ideas were put forward and so the wish is to do a proof of concept as to how systems can work better together as Trusts, primary care and the community and voluntary sector do not often work together on the same issues. She said that the focus is around how to reach truly deprived areas where individuals cannot access primary care and there has been a look at practice elsewhere where GPs and health visitors are reaching out and engaging with individuals. She noted that in some areas it can be difficult to access a GP. She said that there were good ideas put forward about accessing care and how to reduce the threshold for admission to hospital.

95/24.17 Mr Clayton sought clarity that the two areas being chosen for the pilot will be chosen by PHA and Ms Reid confirmed this. He noted that there was a reference to Deepend, and said that Deepend initiatives usually have additional resource, but this will not be the case here although it is to be a Deepend-style project. Ms Reid confirmed that some resource will be needed. She explained that Deepend was about GPs working together to look at how to reduce inequalities, but now it is about reaching out to local Trusts and the community and voluntary sector. She said that in terms of working with the wider community, a good example would be working with schools regarding vaccinations. She outlined that the work is still in the planning phase and the intention is to get around half a dozen initiatives can PHA can focus on. She advised that PHA has written to GPs in 50 of the most deprived areas and the intention is to facilitate a session in early September to get support and test PHA's thinking.

95/24.18 The Chief Executive outlined that this initiative is about working differently. He explained that traditionally Health Improvement and GPs would have worked in silos, but this is about working together in same community and targeting those groups which are hard to reach, those individuals who do not access health fair or attend their GP. Mr Blaney referred to the stand that PHA had at the Balmoral Show for farmers to have health checks. He added that at the PPR meeting there was a discussion around instilling habits in young people as spending small amounts of money now could make bigger savings in the long term.

95/24.19 Professor Rooney sought clarity that there is no funding for this. The Chair said that funding may be required and he encouraged PHA to put funding in to make this initiative as big as possible and it is strategically important for PHA. Professor Rooney asked what work PHA would then stop if it funds, but also asked if this type of work is work that PHA should be doing in any case. Ms Reid explained that PHA needs to be cautious because if PHA provides funding then there needs to be an exit strategy. She added that there has not been a focus before on this type of work as there has been a silo mentality so this is a genuine effort to pull various strands together. She said that having this relationship with GPs will be beneficial.

At this point Mr Irvine left the meeting.

95/24.20 Professor Rooney asked why PHA has not done this type of work before. The Chair said that the approach is obvious and people should be working together. He stated that PHA should be working to make a difference and this should start now. He added that this fits in with the Reshape and Refresh programme and the new Corporate Plan which will give PHA a new sense of purpose. He said that PHA has to take the lead in community health.

95/24.21 Ms Henderson sought confirmation that the model is going to based around GPs and so far 43 are on board. She asked if it is PHA that will come up with the ideas and how content PHA is that GPs will have the capacity to do this when the public cannot access their GP. Ms Reid replied that PHA is working hard on this and has made contact with the Royal College of GPs and it has a GP on board. She said that she is confident that practices will come forward but there will be more clarity next week. Professor Rooney reiterated her concern about how PHA is doing this within its existing resource. Ms Reid replied that PHA is re-prioritising and there is resource coming from public health nursing within Trusts.

95/24.22 Mr Stewart said that while he was pleased that PHA is taking an approach not to “over promise”, but at the same time he expressed concern that PHA staff are being stretched in all directions to facilitate the Minister’s request. The Chief Executive advised that this is PHA work and that before the new Minister’s arrival, PHA had been meeting with RCGP to discuss this type of project, but the appointment of the Minister has accelerated that. He said that these are “proof of concept” projects and they need to have a beginning, a middle and an end point.

He added that the development of a new Corporate Plan has brought PHA into the space of setting priorities, developing these concepts and then handing them over. He said that this is an opportunity for PHA as there is a Minister in place who is interested in this work so PHA has to seize this chance to take this forward. The Chair advised that he has arranged a meeting with Ms Reid on Monday and felt that all NEDs would find a detailed briefing useful. He suggested that this should be organised when the programme is finalised and asked that a meeting be arranged **(Action 5 – Mr Wilson)**.

95/24.23 Ms Henderson said that her initial response to this initiative is a positive one. She asked if it is two projects targeting one community and whether PHA will have control. Ms Reid replied that PHA will be managing this. She added that data is also important in this and an approach has been made to Digital Health and Care (DHCNI) about getting access to data. She advised that the Minister will be well briefed before his next announcement. She noted that the last thing PHA will want to do is cause harm so if PHA is working with primary care, it has to be in a stable area as there will be a limitation in terms of what will work.

95/24.24 Dr McClean advised that this work will have an impact, but there is a risk because it means more work on teams that are already depleted.

*Finance Report **[PHA/04/08/24]***

95/24.25 Ms Scott reported that PHA received confirmation of its annual budget in July and as expected there are a number of challenges. She advised that PHA's recurrent funding has been reduced by £1m, but there has been an additional allocation of £700k for pay. She reported that the £3.2m of funding for the National Institute for Health Research (NIHR) has been set aside pending a decision by the Department.

95/24.26 Ms Scott advised that at the end of June PHA is reporting a surplus of £162k. She said that programme expenditure to Trusts is on target, and that there is an underspend in the management and administration budget. She stated that PHA is forecasting a year-end break-even position albeit there are a number of risks. She said that there are some assumptions within the management and administration budget. With regard to monies owed by the Special EU Programmes Body (SEUPB), she reported that a payment of €600k has been made with a further €1.1m due to be paid by the end of August/early September. She noted that there is £2.7m relating to pay awards and shingles vaccinations that PHA has not yet received funding for.

95/24.27 Ms Scott reported that the capital budget is on target, and that this relates largely to R&D expenditure.

95/24.28 The Chair said that this was a good report, and said that there is a need to have plans in place in the event of any further slippage.

95/24.29 The Board noted the Finance Report.

96/24 **Item 10 – Performance Management Report [PHA/05/08/24]**

96/24.1 The Chair noted that there had already been discussion on this Report and that it had been discussed at length at the PPR Committee meeting.

96/24.2 The Chief Executive commented that he is content with the Report, but would like to see quicker progress.

96/24.3 The Board noted the Performance Management Report.

97/24 **Item 11 – Draft Annual Progress Report 2023-24 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order [PHA/06/08/24]**

97/24.1 Ms Scott advised that the Annual Report for submission to the Equality Commission is for members' approval. She reported that PHA has made good progress in relation to training. During the year, she said that PHA screened two policies and both were screened out without the need for an Equality Impact Assessment She advised that there has been one policy consultation.

97/24.2 The Chair noted that within the Plan there was reference to a re-tender that was due to be completed last year, and asked if this would be completed in 2024/25. He said that he had some other queries and he would pick these up with Ms Scott outside of the meeting **(Action 6 – Chair/Ms Scott)**.

97/24.3 Mr Clayton said that the Report is in a prescribed format which makes it unwieldy. He noted that the purpose of the screening process is to inform policy development which should help organisations adopt actions to mitigate against any equality implications. What he found concerning, he said, was that although there is an exceptionally high number of PHA staff trained, this has not translated into screenings. He commented that there are lots of initiatives which promote equality of opportunity, but there is not much visible evidence to say that this work is being done, and added that perhaps the Board needs to play a role in encouraging staff to do this. He pointed out that PHA is required to undertake screenings under its Equality Scheme and it can be challenged by the Equality Commission for not doing so. He reiterated that the low number of screenings is a concern and it should be highlighted to staff that undertaking a screening can assist them. He said that when a business case comes to AMT it should indicate if it has had an equality screening.

97/24.4 Mr Clayton advised that there is an action within the Action Plan that appears to have stopped after Year 1 and he said he would welcome further information on that **(Action 7 – Ms Scott)**.

97/24.5 Ms Scott said that there are check boxes on AMT papers where staff must indicate if they have carried out an equality screening. She noted that staff do undertake screenings on policies and procedures but not

necessarily on programmes. Mr Clayton said that this should happen. Ms Henderson advised that when proposals are brought to the Procurement Board, they are accompanied by Equality Screening documents and this should be reflected in this Report.

97/24.6 Professor Rooney recalled that after last August's Board meeting there was a discussion about meeting the Equality Commission to look at changing the format of this Report. Mr Wilson advised that PHA did meet with the Equality Commission who considered PHA to be an exemplar organisation. He agreed that PHA should not be only carrying out screenings on policies. Ms Scott advised that PHA is going to create a group. Mr Wilson added that PHA did speak to the Equality Commission about the format of this Report.

97/24.7 The Board **APPROVED** the draft Annual Progress Report 2023-24 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order.

98/24 Item 12 – Complaints and Claims Report [PHA/07/08/24]

98/24.1 The Chief Executive reported that there have been no new complaints. He noted that complaints can arrive in batches where they relate to a specific issue. He advised that the Ombudsman has closed one complaint that had been forwarded to them.

98/24.2 The Chief Executive said that going forward, this report will be a "complaints and compliments" report.

98/24.3 The Board noted the Complaints and Claims Report.

99/24 Item 13 – ALB Self-Assessment [PHA/08/08/24]

99/24.1 The Chair said that he hoped that this will be the last time that PHA completes this form of self-assessment. He advised that he had some comments that he will incorporate. With regard to the appointment of a new Non-Executive Director, he updated members on a request he has made to the Department. He advised that the Chief Medical Officer is attending the Board meeting in November and that he has also invited Mr Peter Toogood to a future meeting.

99/24.2 Mr Clayton suggested that within Section 4 of the document, there needs to be a more specific reference about what PHA's plan is with regard to reaching out to external groups. The Chair advised that there is a Stakeholder Engagement Plan as part of the development of the Corporate Plan. Mr Clayton also noted that PHA does not have external input into its Business Plan, or the Self-Assessment.

99/24.3 The Board **APPROVED** the ALB Self-Assessment.

100/24	**Item 14 – Partnership Agreement between Department of Health and Public Health Agency [PHA/09/08/24]**
100/24.1	Ms Scott advised that PHA has been liaising with the Department on the Partnership Agreement for some time and that this Agreement is based on a template that reflects the status quo in terms of roles and responsibilities. She said that there are a number of areas where PHA needs to get clarity, but this is a good first draft. In terms of earned autonomy, she explained that PHA can decrease control and increase outcomes. She advised that the Agreement will be reviewed annually and that the Engagement Plan will be refined as the year goes on. She added that the Department is keen to get this agreed.
100/24.2	Mr Stewart commented that all departments are keen to get these agreed. He said that given PHA has been established since 2009, he did not see this as a "starting point". The Chair agreed and noted he had some queries. He asked about the Strategic Outcomes Framework referenced at section 9.2 as he has not seen this. Mr Stewart noted that there is reference to the Department's Risk Register which the PHA Board has never seen. The Chair noted that in section 9.3 it refers to an exchange of skills between PHA and the Department and said that while PHA staff may assist the Department, he queried if the reverse happened.
100/24.3	The Chair referred to Section 11 and the Engagement Plan, and said that while he is not averse to the PHA and the Department agreeing shared outcomes, he is not clear in terms of what this seeks to achieve. Ms Scott noted that there is more detail on the Engagement Plan in Appendix 2 and that is really for officers.
100/24.4	The Chair said that the section on strategic planning needs to be beefed up. He asked how PHA wants to work with the Department. Mr Stewart noted that there is no reference to engagement between the Chair and the Minister and the Chair and the Permanent Secretary. Mr Clayton added that the Department has a power to direct the PHA and that is not referenced. He queried whether this should be highlighted because there have been some difficulties in the past.
100/24.5	Professor Rooney suggested that there should be a separate meeting to discuss this. The Chair noted that he did not know if this document is to alongside the Management Statement, but Ms Scott said that this is to replace it. The Chair said that it is a good document, but is lacking in some critical areas. Ms Scott advised that PHA has pushed back on some areas with the Department.
100/24.6	Mr Stewart said that fundamentally this Agreement should document the relationship between PHA and the Department, and that it does not do that, and that it needs to cover the relationship between the Chair and the Board. He added that it does not cover the issues raised in the report around RQIA.

100/24.7 The Chief Executive suggested that there should be a focus on the areas that are missing. Ms Scott asked whether it would be helpful to have a representative from the Department present. Mr Wilson added that it would be helpful if this Agreement was accompanied by an updated Framework Document. The Chief Executive said that PHA has asked for this on numerous occasions.

At this point Ms Scott left the meeting.

101/24 Item 15 – Information Management Systems in the Population Screening Programmes [PHA/10/08/24]

101/24.1 Dr McClean noted that there had been a concern around IT systems in screening programmes as this had been on the Corporate Risk Register for some time. She said that there needs to be a review to determine if the risk is high because PHA is in a better place. She explained that the Chief Executive will be chairing a Programme Board that will look at the different issues, what software is going out of date and how Encompass will help mitigate the risk.

101/24.2 Mr Stewart said that while his concerns have been reduced, they have not totally cleared. He pointed out that this issue has featured on the Corporate Risk Register for some time, and has been an area of concern for the Governance and Audit Committee, and he did not understand how the risk can now be deemed as low when there is a high probability that the systems could collapse leading to reputational damage for the PHA. He said that this is a big change and he was not assured that having a Programme Board will produce an outcome. He added that he is not clear with regard to Encompass, timescales or risk.

101/24.3 Dr McClean explained that the issue in the past related to skills as PHA did not have the required expertise in relation to IT and that when HSCB migrated into SPPG, the responsibility for the systems sat with eHealth and PHA now has Mr Gary Loughran who has been to give PHA a better understanding of the situation. She said that there is a programme of work that needs to be resourced and PHA needs to have individuals who understand IT and who can link with Encompass and this has been a challenge. She added that the Chief Executive is now on the Encompass Programme Board and he will ensure that there is a senior representative from PHA on the PHA Programme Board.

101/24.4 Mr Stewart said that he is not clear how this will protect the system if its collapses. Dr McClean replied that there was an audit undertaken and the systems have a low risk of collapsing. Mr Clayton noted that in terms of categorising the risk, the impact would be catastrophic, but the chances of this have reduced. He said that having this oversight is sensible but pointed out that there are many different programmes with different systems. From a risk perspective, he commented that this will only mitigate the risk if all the systems are gone through one by one. He stated that the Board should be kept informed and agreed that not having IT expertise previously was an issue.

101/24.5 The Chief Executive acknowledged that this has been on the Risk Register for some time, but advised that the difference now is that PHA has brought in Mr Loughran who he asked to undertake a review of all of the systems and how they could be moved over to Encompass. He added that he asked Mr Loughran to advise, programme by programme, which system was in place, where it stood, when it would go out of contract and beyond its useful life and how it would go into Encompass. In completing that review, he said that he also asked Mr Loughran to outline the risks and the mitigations that need to be put in place.

101/24.6 The Chief Executive advised that Mr Loughran had reported that although some contracts will come to an end, there is no risk of the system collapsing. He said that the new Programme Board will help understand the landscape and the link with Encompass. He added that there will be a benefits realisation group. He noted that hospitals are having some difficulties with Encompass, but said that there are always risks. He said that he is trying to assure the Board that PHA has looked at the risk and has brought in an individual with the relevant expertise and that the previous issues arose because PHA did not have someone with Mr Loughran's expertise.

101/24.7 Professor Rooney said that her query is around the fourth directorate in PHA because PHA still does not have the right intelligence. She noted that PHA has Mr Loughran and is also buying expertise from the Strategic Investment Board. The Chief Executive advised that PHA can utilise Mr Loughran for as long as it wants. He said that PHA is developing a digital directorate because it has never had that type of directorate previously and that it will play a significant part. He noted that in the past PHA would have attended meetings regarding IT without the right expertise so there is a need to address that. Professor Rooney said that during the pandemic, it was noted that PHA did not have the knowledge, intelligence or population overview.

101/24.8 Mr Blaney noted that PHA now has full ownership of VMS and that previously it was not going to fall under the Encompass programme, but with the Chief Executive now sitting on the Encompass Programme Board, it could be raised there. The Chair said that that is a separate issue.

101/24.9 The Chair said that PHA had a risk which was rated high, and whether the Board now accepts that this should be reduced and that the plan of action outlined addressed the concerns raised by members. Mr Blaney asked whether VMS should be included, but the Chief Executive explained that it is currently well supported and is a system that Mr Dan West would like to see brought in at a future date. He advised that PHA has taken forward a Discovery project where all of this will be explained. He added that while Epic is not in a position to take on what VMS can deliver at present, it may be able to do in 4/5 years' time.

101/24.10 Ms Henderson advised that in her view, the programme of mitigation can be supported by the Board and that there should be a report back on progress **(Action 8 – Chief Executive)**.

101/24.11 The Chair said that the Board still has concerns, and there is a need to bring something back that can give the Board an overview and an understanding of what the plan is. Mr Blaney commented that all PHA can do is mitigate as best as it can as no system is completely fool proof. Mr Stewart said that one of the biggest shifts is that Encompass is now willing to take on these systems. The Chief Executive said that Mr West has acknowledged that PHA should not have been excluded from the Encompass programme.

101/24.12 The Board noted the update on information management systems in screening programmes.

102/24 Item 17 – PPI Update Report [PHA/12/08/24]

Mr Martin Quinn joined the meeting for this item.

102/24.1 Mr Quinn thanked members for the opportunity to present at today's meeting. He delivered a short presentation outlining the recent work of the PPI team. He began with an overview of leadership and the changing culture before moving on to outline how PPI and PCE (Patient and Client Engagement) are like strands of DNA. He showed the increase in PPI-related activity, both internal and external, and made specific reference to a project in the Western Trust that his team has been involved in which highlighted the importance of meaningful involvement.

102/24.2 Mr Quinn advised that there has been an increasing number of individuals who have completed training or participated in webinars.

102/24.3 Mr Clayton said that when it comes to hospital reconfiguration it is important that there is meaningful engagement. He asked if communities can see that there has been meaningful engagement and if that is something that PHA would be involved in. Mr Quinn explained that PHA has a member of staff who has been seconded to the Department which helps ensure consistency because if one Department carries out engagement one way and another does it in a different way, there could be criticism. He outlined that while PHA does not take responsibility for the day-to-day training of Trust staff, it does try to ensure that there is consistency. He added that PHA is a touchstone for guidance and advice as per a Department Circular.

102/24.4 Mr Quinn advised that PHA cannot compel organisations to undertake engagement, but he would have a good working relationship with the PPI leads in the Trusts so he would use that to try to bring about consistency. He added that PHA continues to receive queries about providing guidance, but sometimes when it is too late in the consultation process. He said that engagement needs to take place as soon as possible and that he would advocate for the use of a decision-making matrix to be able to track decisions that have been made.

102/24.5 Mr Clayton noted that PHA is the lead for PPI and would previously have received PPI reports from each Trusts. He asked what is done with

	those reports. Mr Quinn said that as the Engage website grows and develops these reports could be placed there.
102/24.6	The Chair said that he thought this was an excellent Report and he is keen to see how PPI will fit in with the Reshape and Refresh programme. He added that he envisages that the Strategic Planning Teams (SPTs) will be key going forward. Mr Quinn said that his team works with the SPTs.
102/24.7	The Board noted the PPI update report.
103/24	**Item 16 – UK Covid-19 Inquiry - Module 1 Update Paper [PHA/11/08/24]**
103/24.1	The Chief Executive said that although PHA is not directly criticised in the Module 1 Report, that it would be helpful to extract the learning and look at how PHA can take this forward. He explained that it will be the Department who will take the lead in progressing the actions. Mr Stewart asked if the Department has put this into writing. The Chief Executive replied that he has discussed the matter with Mr Peter Toogood and has been advised that this matter will sit with Mr Chris Matthews, but he undertook to write to Mr Toogood **(Action 9 – Chief Executive)**.
104/24	**Item 18 – Chair's Remarks**
104/24.1	The Chair reiterated his best wishes to Dr Keaney in her role. Mr Blaney thanked Dr Keaney for being his Board "buddy".
104/24.2	The Chair again stated that the presentation the members had received in advance of today's meeting had been excellent.
105/24	**Item 19 – Any Other Business**
105/24.1	Mr Clayton noted that he had welcomed the statement released by the Chair and Chief Executive regarding the recent racist violence. He said that, from a PHA Board perspective, it would be useful to have a statement stating that the Board abhors what has happened and that it supports those organisations which work with ethnic minorities, and the staff who support them.
106/24	**Item 20 – Details of Next Meeting**
	Friday 18 October 2024 at 10.00am
	Conference Rooms 1-3, 2nd Floor, 12/22 Linenhall Street, Belfast
	Signed by Chair:
	Date:

HSC Public Health Agency

item 6

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	18 October 2024
Title of paper	Corporate Risk Register as at 30 September 2024
Reference	PHA/01/10/24
Prepared by	Karen Braithwaite
Lead Director	Leah Scott

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to bring the Corporate Risk Register, as at 30 September 2024, to the Board for noting.

2 Background Information

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.

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 attached Corporate Risk Register reflects the review as at 30 September 2024 and has been carried out in conjunction with individual directorate register reviews for the same period.

The Corporate Risk Register was approved by the Agency Management Team at its meeting on 2 October 2024, and by the Governance and Audit Committee at its meeting on 10 October 2024.

3 Outcome

There have been no risks added to, or removed from, the Register this quarter.

Corporate Risk 71 relating to Public Inquiries has had its rating reduced this quarter. The Agency Management Team (AMT) agreed to downgrade the impact of this risk having considered in the round both the progress made in developing relevant processes and capacity for the collation of relevant information, alongside the performance in responding to Inquiry requests.

Whilst the findings of the respective Inquiries remain at all times independent, AMT noted the reporting of the COVID Inquiry has focused to date on the need for lessons to be learned and recommendations made pertaining to systemic changes in line with its Terms of Reference. AMT agreed to keep this rating under review.

4 Next Steps

The next review of the Corporate Risk Register will be undertaken after 31 December 2024.

PHA Corporate Risk Register

Date of Review:
30 September 2024

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 a systematic and unified process in place to ensure a fully functioning risk register at both corporate and directorate levels as set out in the PHA Risk Management Srategy and Policy.

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 DoH 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 30 September 2024

Number of new risks identified	0
Number of risks removed from register	0
Number of risks where overall rating has been reduced	1 Public Inquiries
Number of risks where overall rating has been increased	0

CONTENTS

Corporate Risk		Lead Officer/s	Risk Grade	Page
39	Cyber Security	Director of Finance and Corporate Services	→ HIGH	6
55	Shortage of Staff / Skill mix	All Directors	→ HIGH	10
59	Quality Assurance and Commissioning of Screening	Director of Public Health	→ HIGH	15
64	Cyber Security (compromise of HSC network due to cyber-attack on a supplier or partner organisation)	Director of6 Finance and Corporate Services	→ HIGH	18
71	Public Inquiries – PHA ability to respond to requests from various Public Inquiries	Head of Chief Executive's Office	↓ MEDIUM	21
73	Financial Planning Context 25/26	Director of Finance and Corporate Services	→ HIGH	24
74	Impact of the introduction of a new HSC system wide planning, delivery, performance monitoring and governance system on the PHA.	Director of Finance and Corporate Services	→ MEDIUM	26
75	Pandemic Preparedness	Director of Public Health	→ HIGH	28

Key:

Risk rating:

↑ increased from previous quarter

↓ decreased from previous quarter

→ remained the same as previous quarter

Control Effectiveness RAG Rating:
RED
AMBER
GREEN

Corporate Risk 39					
RISK AREA/CONTEXT: Cyber Security					
DESCRIPTION OF RISK: Information security across the HSC is of critical importance to delivery of care, protection of information assets and many related business processes. If a cyber incident should occur, without effective security and controls, HSC information, systems and infrastructure (including those used by the PHA, as well as Trusts providing services for the PHA) may become unreliable, not accessible when required (temporarily or permanently), or compromised by unauthorised 3rd parties including criminals. This could result in significant business disruption. It could also lead to unauthorised access to any of our systems or information, theft of information or finances, breach of statutory obligations, substantial fines and significant reputational damage. Whilst the BSO is primarily responsible for managing this system wide risk as IT lead for HSC, the Agency has a key responsibility to safeguard against any actions by its staff that could compromise IT security.				**DATE RISK ADDED:** June 2017 **REVISED:** June 2024 **CLOSED:** N/A	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Major		**HIGH**	
Target	Possible	Moderate		MEDIUM	
LEAD OFFICER: Director of Operations					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
Technical Infrastructure: • HSC security hardware (eg firewalls); • HSC security software (threat detection, antivirus, email & web filtering); • Server/client patching;	1st and 2nd line Technical risks assessments and penetration tests; 1st and 2nd line Reports to GAC/PHA board on reported incidents as appropriate.	Gaps in Assurance: • Level of corporate recognition and ownership of cyber security threat as a service delivery risk. • An HSC Cyber Gap analysis (ISO 27001) was carried out. (external carried out by DXC) -		BSO ITS provides PHA IT services. PHA will continue to work with BSO ITS, DHCNI and through the HSC Cyber Scurity Programme Board. Work has continued in a number of priority work streams including Incident response and third party management. Further	~~Sept 2024~~ Dec 2024

• 3rd party Secure Remote Access; • Data & system backups **Policy, Process:** • Regional & local ICT/information security policies; • Data protection policy; • Change Control Processes; • User Account Management processes; • Disaster Recovery Plans; • Emergency Planning & Service/Business Continuity Plans; • Corporate Risk Management Framework, processes & monitoring; • Regional & local incident management & reporting policies & procedures; **User Behaviours – influenced through:** • Induction/ Annual Appraisal • Mandatory Training; • HR Disciplinary Policy; • Contract of employment; • 3rd party contracts/data access agreements • Metacompliance monthly training now operational	1st & 2nd line PHA represented on cyber programme board 1st & 2nd line External security review carried out by ANSEC (external security company) 3rd line Internal Audit/BSO ITS self-assessment against 10 Steps towards NCSC; 3rd line: An HSC Cyber Gap analysis (ISO 27001) was carried out (externally carried out by DXC)	need to work through the recommendations • External security review carried out by ANSEC (ext security co) <u>Gap in Controls</u>: – • programme not delivered yet. • SoC sent to DoH for consideration which shows gaps: A SIEM (security incident management system) Privleged accounts management (PAM) • BSO led Cyber strategic plan developed for implementation over next 4 years to deliver outputs of the cyber secrutiy strategy, however funding via DHCNI not yet secured.	cyber projects are being undertaken to enhance capabilities across the region, under 3 key work streams:. • Communications and culture which contains Cyber training for all staff, Senior Teams, ICT, Department specific • Strategy and Policy, the development and implementation of HSC wide Cyber Security policies, standards and processes and Supplier Management • Technical and Infrastructure including a HSC Network Security Review, Implementation of Network Discovery and vulnerability Management Tools and Incident Response management See below for update on key projects ongoing under these workstreams Debrief of full HSC-wide cyber incident response test – Incident test report tabled at cyber programme board (6 Oct 23) and agreed to take forward a review of current incident response plan and recommendations from report – ongoing (approx six month	

PHA member of the Regional HSC Cyber Security Business Continuity Group BSO cyber project manager co-ordinating regional cyber security work. Regional cyber security programme board (BSO representing PHA) taking forward actions arising from DXC report and recommendations Ongoing work being taken forward and overseen by the Regional Cyber Security Programme Board. A regional cyber Incident Response Plan has been developed to effectively manage a cyber incident within the HSC. Cyber Incident Response Action Plan finalised and launched A baseline audit against ISO27001 across all ICT Departments and Internal audits against NSCS Cyber Essentials 10 steps have been completed and recommendations accepted			timescale) Review of Incident response plan now completed with finalisation due early July 2024. Training programme for Board members will continue to be delivered in consultation with Regional Cyber Security Programme Board) Update from Cyber Security Progamme Board – revised training being planned for roll-out with ALB Board members and senior teams. Now re-commenced May 2024 and ongoing roll-out planned. Review Sept 2024 Targetted training and 'all users' training (Metacompliance) to be provided. New schedule to run April 24 – March 25. Revised (June 24) HSC cyber elearning material due to be launched ~~July 2024~~ Oct 2024	

Several Business Cases have been approved and implemented re ongoing resource funding for Cyber staff across HSC this includes: (i) Cyber Resource for one year (ii) Tactical Business Case for resource to implement the tactical recommendations from the network security review. PHA Business Continuity Plan test carried out 13 March 2023 Full HSC-wide cyber incident response test - Incident response plan completed on 1 June 2023 Targetted training and 'all users' training (Metacompliance) provided during years 2022/23 (May-Mar) and 2023/24 (Apr-Mar) HSC cyber elearning material current review completed June 2024 including Management review of compliance.				

Corporate Risk 55

RISK AREA/CONTEXT: Shortage of Staff / Skill mix required to discharge full range of public health statutory responsibilities

DESCRIPTION OF RISK:

The Public Health Agency does not currently have the appropriate retained staffing capacity / skill mix in order to be able to safely and sustainably discharge all of its statutory responsibilities pertaining to protecting and improving the health of the population of Northern Ireland. In particular, it is currently unable to fill Public Health Consultant positions due to the unavailability of suitably qualified people in the labour market. Whilst this has been managed to date through use of Retire & Return as well as some reprofiling of skill mix this is not sustainable in the medium to longer term. There is therefore a risk that the absence of core public health services in key areas such as Health Protection and preventing the transmission of communicable diseases could directly impact the health of the population.

Outside of the Consultant roles, with effect from 26th April 2024, posts at Band 8 are only being filled on a temporary basis through internal trawls as a precautionary step in light of planned organisational change programme Reshape Refresh. This will naturaly bring a level of instability whilst the change programme unfolds.

A number of specific staffing-related risks have been identified in the organisation including:

- A number of consultant in public health posts are vacant and attempts to fill them have been unsuccessful. Following recent retirements and leavers the position within the Health Protection service has become acute.
- Existing posts at Band 8 which become vacant are being filled by temporary appointments with backfilling of posts creating knock on effect in vacancies.

DATE RISK ADDED:
June 2020

REVISED:

August 2020 - HSCQI Risk added.

June 2022 - Merged.

September 2023 - Updated to cover all Directorate risks.

March 2024 - Updated to detail specifc high impact staffing risks at March 2024

June 2024 – Redrafted to reflect core risk.

CLOSED:

N/A

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension and Operational Performance and Service Improvement Dimension

LINK TO ANNUAL BUSINESS PLAN 2024/25: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).

GRADING	LIKELIHOOD	IMPACT	RISK GRADE

Current	Likely	Major	**HIGH**
Target	Possible	Moderate	**MEDIUM**
LEAD OFFICER: All Directors			

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**
Interim leadership arrangements have been put in place in health protection to ensure safe high quality health protection service being provided. This has involved re-deployment of staff from other parts of the directorate to support health protection function including acute response, surveillance and governance. 3 Deputy Director posts appointed since April 23 to support DPH in providing leadership across the directorate. These will focus on • Governance and standards • Training and workforce • Epidemiology and public health science	1st & 2nd line: • Reports to CEx and AMT. • Updates to GAC via Corporate Risk register • Briefings provided to PHA Board. 3rd line: • Vacancy updates provided to Sponsor Branch via Ground clearance process. • Ongoing engagement with HSCQI Leadership Alliance and Network. • Link with DOH Safety and Quality Standards branch.	**Gap in Controls** • Ability to recruit to consultant posts and other key posts is very constrained currently due to a number of external factors including availability of suitably qualified professionals and market forces **Gaps in Assurance:** • Deficits in the PHA workforce across a range of functions compromising the performance of the organisation and ability to deliver statutory functions.		Reshape and Refresh – Management of Change: • Level 2 Job Descriptions (Director level) ~~drawn up and moving through job evaluation process - review June 24~~ 2 posts require job descriptions to be finalised for evaluation. It is anticipated 1 of these will be sent for evaluation during October 2024 with the other likely to be ready for evaluation in Q4 – review April 2025 • Level 3 (AD level) ~~Job descriptions under development and will be included in job evaluation process by end of June 24~~ entered the pools process in August 2024 with outcomes anticipated by mid October 2024. It is likely that a number of posts at this tier will not be filled through the initial	~~Sept 2024~~ Dec 2024

Locum consultant in place to support health protection. Consultants on retire and return are providing support to the service. Consultant posts are advertised on a rolling basis. PH Directorate are developing a refreshed JD to facilitate a wider campaign approach Public health specialist/consultant workforce report developed and approved by AMT in January 2023. The report includes a number of recommendations to increase the supply of specialist and consultant public health staff who are registered with a certificate of completion of training or equivalent. Working with HR to implement a number of steps with individuals in relation to long term sick and absenteeism due to work related stress. £1.8M investment from DoH secured to enhance health protection staffing. Recruitment to the posts created largely complete –		**HSCQI** **Gaps in assurance:** • Unable to respond with agility to requests from the system. Prioritisation given to strategic areas of work as determined by the HSCQI Leadership Alliance. **Gaps in control:** • Funded Staffing levels are insufficient to build a reliable and responsive HSCQI infrastructure for NI HSC services.	process requiring further stages to be instigated. Continue advertisement of Consultant Posts and upskilling nursing workforce (increase numbers undertaking masters in public health - ongoing Develop action plan to ensure the recommendations from workforce plan are implemented – Establish strong consultant led multidisciplinary teams in health protection and across directorate to make best use of skills of all staff – ensuring specialised skills of consultants are used to best effect. Reform of Acute response service - ongoing Training and development of a resilient workforce under a delegation framework to support emergency response and emerging situations has been completed. A business case for recurring funding to employ a resilience workforce is in progress – by Sept 24 The numbers of registrars training in public health has been increased. This is the main route	

some posts still to be recruited on a permanent basis. Bank staff list created following the closure of contact tracing service. Staff from the bank have received training and are able to provide support to acute health protection service both in hours and out of hours. Introduction of SpR rota for acute response (Delegated responsibility to release Consultant capacity. Redeployments across admin team to provide cover for key areas. Admin support arrangements were reviewed during 2023 and a new post to support the business is in recruitment process. **HSCQI** • On-going monitoring and prioritising of HSCQI work. • Ongoing Director review of existing HSCQI Directorate structures and support arrangements. • Prioritisation of Regional HSCQI Improvement			to consultant appointment so this is designed to increase supply. Discussions have commenced with the Faculty of Public health about supporting experienced staff in PHA to receive additional training and support with a view to specialist registration in the future. **HSCQI** Ongoing discussions around funding/temp funding between Director HSCQI, CEO PHA, DOH Safety and Quality Standards Branch, and chair of HSCQI Leadership Alliance. PHA CEO has approved the recruitment of a temp 8C Assistant Director for 18 months via management of change process. Director HSCQI in regular communication with HR lead for PHA and CEO PHA - JD matched as Band 8b , resubmitted and rescheduled for discussion at matching meeting. ITM advertised to fill an 8C HSCQI Transition Lead post for	

Programmes and training. Learning System, scale and spread activity and other programmes of work. • Temp Q2020 project manager in post. Temp post extended for 12 months from March 2024. • Permanent Band 4 PA post filled effective from 8th April 2024. Nursing, Midwifery & AHP (NMAHP) • Temporary post for Interim Director of Nursing and AHP in position • Admin review has been carried out, findings to be confirmed in July. Operations Reshape and Refresh • Management of change process designed (end of Mar 24)			up to 6 months with a closing date of 12th September. As at 30th September, shortlisted applicants being progressed to interview which will take place on 4th October 2024. NMAHP • Vacant senior posts held until R&R process progressed. Resulting impact on capacity.	

Corporate Risk 59

RISK AREA/CONTEXT: Quality Assurance and Commissioning of Screening

DESCRIPTION OF RISK:	**DATE RISK ADDED:**
The commissioning and quality assurance of population screening programmes is a core PHA function. Screening programmes are delivered within complex systems, involve a number of organisations and are supported by a range of bespoke IT systems. As well as maintaining the core PHA functions associated with the programmes, the PHA is increasingly leading on complex change and development projects for the screening programmes in response to policy changes or the impact of wider HSC IT or service changes. There is a risk that PHA will not have the systems, capacity and/or digital expertise to manage and maintain comprehensive and robust provision of all of these functions for all screening programmes. This may result in a failure to deliver safe and effective screening programmes to the population, an inability to monitor, identify and respond to concerns regarding quality and performance, adversely impact public confidence in participating in screening programmes and negatively impact the reputation of the PHA.	November 2020 **REVISED:** Dec 2023 - Risks revised (CR61 closed and integrated into CR 59) June 2024 **CLOSED:** N/A

LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension

LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objectives 1 – 4

GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
Current	Likely	Major	**HIGH**
Target	Possible	Major	**MEDIUM**

LEAD OFFICER: Director of Public Health

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating**	**Action Plan/Comments/ Timescale**	**Review Date**
Screening Programme Board re-established to provide broader oversight (at CEx/Director level across regional organisations) **IT systems**	**1st and 2 line assurance** • Reports to AMT and briefing/updates to PHA Board; • Report on screening internal audit follow-up to GAC.	Gaps in Controls: • Commissioning and delivery of screening programmes is a HSC wide system based approach (ie. a number of partners). PHA relies upon		**Southern Trust Cervical Cytology Review**: Ongoing support to the cytology review in Southern Trust including co-chairing the Steering and Operational Groups, development and	~~Sept~~ Dec 2024

• Project structure for implementation of Breast Screening Select has been established, business case approved and implementation ongoing. • Processes are in place within each programme to attempt to manage any identified current risk – manual processes / reporting /monitoring/failsafe systems. • Technical review of screening IT systems completed by BSO ITS **Screening programmes –** Consultant screening group providing cross-programme oversight; regular updates provided to CMO Sponsorship branch. Ongoing monitoring of uptake, activity and capacity within each programme with escalation of risks and concerns as required. Baseline screening budget reviewed and recurrent inescalpable funding	• Quality assurance site visits re-established in breast and cervical screening programmes. • Desktop QA reviews in bowel screening • Ongoing meetings between the Encompass team and screening leads to ensure intregrity of interfaces is mainitained with Encompass going live. • PHA CEX represented on encompass Programme Board • A programmed series of messaging to media/ public is ongoing to ensure that public confidence is maintained in the cervical screening programmes as a result of the Southern Trust Review. • Separate workstream established within the NIDIS project to extend the scope to replace the NHAIS functionality for cervical screening. **3rd line assurance:**	each part of the system having appropriate controls in place • Funding insufficient to meet delivery needs within some screening programmes • Funded staffing levels in PHA are insufficient to provide a robust and responsive QA infrastructure for all programmes • Limited technical and information governance expertise available to support the screening programmes <u>Gaps in Assurances</u>: • Limited resources (staffing, financial and technical) particularly to establish and support an enhanced QA structure for the newborn and antenatal screening programmes. • Limitations to core QA work as prioritisation given to responding to significant and urgent issues	maintainance of an Information system to manage all affected patients through the process and public messaging. Review to complete Sept/Oct 24. Peer evaluation of PHA cervical QA functions being explored with NHS England. Dec 2024 **IT systems:** • Ongoing pressures in Diabetic eye, call recall functions of bowel, and cervical screening programmes continue to be a feature.Need for additional recurrent funding continue to to be raised as inescapable for 2024/25. June 2024 • A Screening Digitial Modernisation Programme to be established and led by PHA. October 2024 • A digital directorate to be established as part of Reshape and Reform organisational restructure. Date TBC	

needs have been highlighted. **Programme specific issues:** • Cytology revew – PHA staff in membership of Southern Trust Cervical Cytology Review Steering group and subgroups, advising on the delivery and assurance of the review programme. • Quarterly performance management meetings established with BSO for bowel and cervical screening delivery - with review of progress against audit action plan and SLA. • PHA leading the primary HPV implementation project for cervical screening through a multi-organisational Steering Group **Staffing** – approval received to redirect programme monies to PHA staffing budget and 2xband 7 appointed in 2023/24	• Regular updates provided to CMO group through sponsorship arrangements • Reporting to regular meetings of the DoH Cervical Screening Oversight and Assurance Group	• Absence of cross organisation strategic approach to screening IT systems	**Primary HPV implementation in cervical screening** Ongoing oversight of the project to reconfigure cervical screening laboratory services. Transition and People workstreams established to work through challenging operational changes within wider context of reducing activity and timings of new laboratory IT system. Nov 2024	

Corporate Risk 64					
RISK AREA/CONTEXT: Cyber Security (compromise of HSC network due to cyber-attack on a supplier or partner organisation)					
DESCRIPTION OF RISK: There is a risk to the HSC network and organisations in the event of a cyber-attack on a supplier or partner organisation resulting in the compromise of the HSC network and systems or the disablement of ICT connections and services to protect the HSC and its data. The risks and consequent impacts include the ability of the HSC to continue to deliver services to patients/service users/clients and therefore, potential harm to patients/service users/clients, compromise or loss of personal and organisational information, and loss of public confidence.				**DATE RISK ADDED:** September 2021 **REVISED:** June 2024 **CLOSED:** N/A	
LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively					
GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**		
Current	Likely	Major	**HIGH**		
Target	Possible	Moderate	MEDIUM		
LEAD OFFICER: Director of Operations					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
BSO Cybersecurity Strategy, Programme & Workplan (via Regional Cyber Security Progamme Board)	1st & 2nd line: Technical risks assessments and penetration tests; 1st & 2nd line: HSC SIRO Forum for shared learning	Gaps in Control: • Business continuity plans to be up to date in relation to a cyber incident,		PHA Business Continuity Plan, approved by AMT August 2023, now being revised starting with - Business Impact Analysis reports to develop/document Directorate	~~Sept 2024~~ Dec 2024

Information Governance Team support & advisory services Info Gov Advisory Group (regional) Corporate Risk Management framework PHA BCP tested and updated February 2018 with a focus on cyber security PHA member of the Regional HSC Cyber Security Business Continuity Group Regional cyber security programme board led by programme manager – PHA representation on board Cyber Incident Response Action Plan finalised and launched Regional IT Security/cyber security training was refreshed and launched in September 2020. Information Governance Team support & advisory services Info Gov Advisory Group (regional) available Cyber Incident Response Supplier on Retainer contract	and collaborative action planning and delivery; 1st & 2nd line: IGAG oversight 1st & 2nd line: Reports to GAC/PHA board on reported incidents as appropriate. 1st & 2nd line: HSC Supplier framework developed for contractors who provide any service to HSC (approved by SIRO as part of Programme Board). Worked with PALS, Legal & CPD. 3rd line: IA report on 3rd party suppliers undertaken 2022	implemented and regular testing • Develop and test an Information Governance emergency plan in response to a Cyber attack • ICT Security and data protection clauses in all contracts. Partner organisations to meet security and IG standards of the HSC being addressed via supplier framework for new contracts going forward • Legal binding agreements are in place where contracts not required • Review existing contracts for Security and Data Protection clauses <u>Gaps in Assurance</u>: • PHA does not have in-house ICT systems expertise and is reliant on BSO partner to provide expert analysis of cyber related issues with PHA contracted orgs.	Level Plans (1st review June 2024 with roll-out across all Directorates due June-Sept 24) With the QUB and other cyber incidents, HSC SIROs are commissioning, through the Information Governance Advisory Group, a Regional IG Task & Finish Group to address the risks/review data flows from HSC/Partner organisations and issues associated with data loss by a partner organisation. Proposal considered at IGAG 27/5/21. This action currently with DHCNI for decision/funding, etc. Ongoing – lack of funding is holding up progress. Review again September 2024. Development and testing of IG emergency plan in response to cyber attack being led by IGAG. Currently with DHCNI to support financially. IGAG regularly seek input from DoH/DHCNI. – Currently not happening – no funding identified by DHCNI and no one identified to take it forward. Agreed to keep on risk register as an action and review in 6 months if there has been any change. (Review Sept 24).	

established to provide further cyber incident preparedness support in the event of an incident. HSC Supplier framework – to include Security and IG clauses, risk assessment and security management plans, approved by Cyber Security Programme Board in June 2022 now being implemented. Report to PHA IGSG at March 24 meeting re review of new and existing contracts in line with UK GDPR (working wih Cyber Security colleagues, PaLS and DLS as appropriate) and IG awareness raising re data sharing and other IG documentation to be considered/completed as required.			Assistant IG Manager appointed to support Service Leads in a review of new and existing contracts in line with UK GDPR (working wih Cyber Security colleagues, PaLS and DLS as appropriate). IG awareness raising ongoing across PHA in relation to data sharing and other IG documentation to be considered/completed as required (ongoing) Standing item at PHA IGSG agenda – further update will be given at next meeting Jan 2025 (~~Sept 2024~~; ~~June mtg dedicated to IAR workshop)~~	

RISK AREA/CONTEXT: Public Inquiries - Reputational damage to the PHA as a result of criticism received from any of the statutory public inquiries that the Agency is actively engaging with. This risk encompasses the ability of the PHA to respond to the requests made of it by each Public Inquiry.

DESCRIPTION OF RISK: There is a risk that the PHA may suffer reputational damage and loss of professional credibility if the outcome of any public inquiry results in criticism of the PHA. The PHAs ability to adequately respond to Public Inquiries in a timely and complete manner is critically important. Factors such as loss of corporate memory with many key members of staff no longer in PHA employment, capacity of current staff to devote the time required to input into responses, no dedicated Public Inquiries Team within PHA and no corporate document retrieval system to readily locate relevant files are relevant. There is also the risk of adverse impacts on other significant PHA deliverables, if key staff are required to reallocate their time to input into the work of ongoing Public Inquiries. There has been no dedicated support / increase in core funding for staff from DoH. The PHA is actively involved in three open public inquiries alongside a requirement to review the work undertaken in respect of the now closed Hyponatraemia, Neurology and Infected Blood Inquiries	**DATE RISK ADDED:** 30 April 2023 **REVISED:** June 2024 **CLOSED:** N/A

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension

LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	~~Likely~~ Possible	~~Major~~ Moderate	~~HIGH~~ MEDIUM
Target	Unlikely	~~Moderate~~ Minor	~~MEDIUM~~ LOW

LEAD OFFICER: Head of Chief Executive's Office and Strategic Engagment

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating (RED)	Action Plan/Comments/ Timescale	Review Date
A formal governance structure has now been put in place in	1st & 2nd line: -Dedicated Inquiries team led by staff	Gaps in Assurance:		In the immediate term (~~June – September~~ September 24 – March	~~Sept 2024~~

relation to PI work within the Agency: - A PI Programme Management Board chaired by the CEXE - A PI Steering Group chaired by the Director of Operations which meets as required. These groups are supported by a dedicated Inquiries team aligned to the Operations Directorate who co-ordinate the day to day response. The Agency has dedicated legal support for its PI work through a named Solicitor Consultant financed by PHA.	working at AfC Ba 8A level with access to a formal Steering Group chaired by Director of Operations. 1st & 2nd line - Dedicated input by DLS Solicitor Consultant - Fortnightly reporting to PI Programme Management Board chaired by CEXE and containing Director and NED representation. - Update reports and escalation pathway to PHA board as appropriate. 3rd line - None Identified	• ~~The PI governance structure remains relatively new and it will take time for a level of corporate ownership and accountability to be established. This process will also need to be considered against wider structural change within the PHA.~~ Although now in place for over a year, the PI governance structure has been put in place on a temporary basis and will require review depending on the extent/longevity of any recommendations that are directed towards the Agency from a given Inquiry. <u>Gaps in Control</u>: • No dedicated financial support from DoH (ie no increase in core funding) • Concerns that the current staff resource may be inadequate given the envisaged extent and longevity of PI work which will take place well into 2027. • Scoping the work of the Public Inquiries Team to be undertakenin relation to	25) the Agency will continue to respond to the requests made of it - primarily in relation to the UK Covid-19 Inquiry. This work will extend to the ~~consideration of the impending recommendations from Module 1~~ preparations required for the CEXE's evidence session in respect of Module 3 and the progression of formal witness statements in respect of Modules 5, 6 and 7 of the Covid-19 Inquiry. ~~of the Inquiry and the preparations required for the CEXE's evidence session in respect of Module 3~~. The Agency will also ~~undertake~~ continue a review exercise in respect of the now published final report of the Infected Blood Inquiry. Creation of long-term formal PI work plan. This will necessitate agreement around longer term staff resourcing and lines of accountability curently being considered alongside the outworkings of Reshape and Refresh ~~within the new PHA structure.~~ ~~To be Reviewed September 24~~	March 2025

		recommendations from now closed Inquiries. • PHA response will neccesiate successfully engaging with a number of senior staff who have left the organisation. • ~~Psychological impact for staff responding to Inquiries / reliving experiences remains a live issue under consideration.~~ Although the psychological impact of the Covid-19 response may have left an indelible mark upon staff, it is hoped that the tangible acts of recognition and engagement stemming from ODEF are helping to address this legacy of the pandemic.		

Corporate Risk 73
RISK AREA/CONTEXT: Financial Planning Context 25/26 Finance / Operational Performance and Service Improvement Dimensons

DESCRIPTION OF RISK: In light of the current financial planning context, and the financial deficit facing the HSC sector in NI, there is a risk that PHA will be required to to deliver further savings against its current baseline budget. To achieve the savings, PHA will need to prioritise current investments. There is therefore a risk that PHA to will be required to stop a significant number of existing contracts it has in place with Providers from March 2025 Without continued investment and growth it will not be possible to develop and deliver a Corporate Plan to deliver statutory requirements of Health Protection, Health improvement and tackle Health inequalities in NI.	**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**

LINK TO ASSURANCE FRAMEWORK: Corporate Control Arrangements Dimension

LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively

GRADING	LIKELIHOOD	IMPACT	RISK GRADE
Current	Likely	Major	**HIGH**
Target	Likely	Moderate	**MEDIUM**

LEAD OFFICER: Chief Executive

Existing Controls	1st, 2nd & 3rd lines of Assurance	Gaps in Controls and Gaps in Assurances	Control Effectiveness RAG rating	Action Plan/Comments/ Timescale	Review Date
PHA approach will be guided by AMT and PHA board direction Development of Financial plan in advance of agreement of budgets. Engagement at highest level with DOH officials including Perm Sec and Director of Health Engagement with Minister and SPAD on importance of PHA to the public health outcomes.	1st and 2nd line assurances AMT/ PHA board to be updated on budget position on a regular basis. PHA staff to continue to engage with DoH Finance and Policy colleagues to ensure impact of achieving additional savings is understood.	Gaps in Controls 24/25 budget not agreed by NI Executive. Gaps in Assurances One year budget cycle		Discussions on-going with DoH Finance colleagues to agree approach for achieving savings in 2024/25 PHA to develop draft financial plan for 25/26, based on available budget information - by May 2025	~~Sept 2024~~ Dec 2024

Corporate Risk 74					
RISK AREA/CONTEXT: ICS: Impact of the introduction of a new HSC system wide planning, delivery, performance monitoring and governance system on the PHA.					
DESCRIPTION OF RISK: A new system for the planning, delivery and performance management of health and social care is being designed and implemented in Northern Ireland. Integrated Care System (ICS) is the overall title for this. The primary risk is that the design and implementation of this new system and consequent legislation does not fully recognise the importance of public health in the role of planning and delivering better health for the population of Northern Ireland. The delay in the full programme of legislative instruments may mean that the PHA is at risk of operating 'ultra vires' in relation to accountability arrangements at an operational level with regard to joing planning and commissioning teams.				**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**	
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension					
LINK TO ANNUAL BUSINESS PLAN 2024/25: Potentially all corporate objectives; particularly corporate objectives 4 (working together to ensure high quality services) and 5 (our organisation works effectively).					
GRADING	**LIKELIHOOD**	**IMPACT**		**RISK GRADE**	
Current	Possible	Moderate		**MEDIUM**	
Target	Unlikely	Minor		**LOW**	
LEAD OFFICER: Chief Executive					
Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
The Agency Chair and Chief Executive sit on the group led by the permanent secretary tasked with the design elements of the new planning and governance approach.	1st and 2nd lines - PHA Multi Disciplinary SPTs - Multi Disciplinary Planning and Commissioning teams	Control gaps: - Clarity around PHA role and resourcing - PHA does not currently have the planning capacity to support the anticipated requirements of joint commissioning and Planning bodies.		- Joint PCT workshop with SPPG/ PHA ~~taking place in August~~ was deferred and a new date is being sought to take place prior to December.	Dec 2024

The Chief Executive sits on the regional project board for ICS and AIPBs The senior officers of the PHA are involved in the developing the SOPs for how the systems of governance of planning will run at SPPG and PHA level.	- Regular reporting into JAM (PHA/SPPG joint assurance meetings) 3rd line - Internal Audit programme - Reporting to PTEB	- This is being developed in parallel to the Reshape and Refresh programme. Assurance: - There is no legislative framework currently underpinning the Governance arrangements for the PHA - PHA ICS hub in place to oversee the exchange of information and development of appropriate actions - PHA CEO is engaged with SPPG interim Chief Operating Officer to develop a partnership approach to establishing and agreeing oversight arrangements for the new Planning and Commissioning Teams -	SPT governance arrangements to be further developed within Reshape and Refresh programme	

Corporate Risk 75			
RISK AREA/CONTEXT: Pandemic Preparedness			
DESCRIPTION OF RISK: A key responsibility of the PHA is to provide the NI public health response to a pandemic. An emerging infectious disease including newly recognised infectious agents could result in large numbers of people falling ill and the next pandemic. The novel pathogen causing the epidemic could emerge abroad, with no effective treatment or vaccine. The immediate and critical public health response in NI will be focused on detection of the infection, surveillance, public health management of cases including testing, isolation, contact tracing, vaccination and treatments (if available). This needs to be scalable and will require co-ordination and implementation of national guidance and a supporting communications plan. National Risk Register 2023. Key area of risk is the capacity of the organisation to deliver on its requirements for planning and response to a pandemic.			**DATE RISK ADDED:** June 2024 **REVIEWED:** **CLOSED:**
LINK TO ASSURANCE FRAMEWORK: Safety and Quality Dimension			
LINK TO ANNUAL BUSINESS PLAN 2024/25: Corporate Objective 5 Our Organisation Works Effectively			

GRADING	**LIKELIHOOD**	**IMPACT**	**RISK GRADE**
Current	Possible	Major	**HIGH**
Target	Possible	Moderate	**MEDIUM**

LEAD OFFICER: Director of Public Health

Existing Controls	**1st, 2nd & 3rd lines of Assurance**	**Gaps in Controls and Gaps in Assurances**	**Control Effectiveness RAG rating (RED)**	**Action Plan/Comments/ Timescale**	**Review Date**
Establishment of PHA; SPPG and BSO Joint Pandemic Planning Preparedness Group (June 2023)	• Submission of draft plans to DoH assurance group by end August 2024. • Preliminary identification of business needs • Preliminary identification of	• Resources (capital and human) required to deliver a surge response for the required time period. • Joint planning with RoI re border response for a pandemic including a 5 nations approach for the management of travel with respect to data		• Draft plans being developed with expected date for submission ~~of end August 2024~~ of early October 2024 Work ongoing with DoH and SPPG in relation to pandemic planning. • Directorate level business continuity plans to be	~~Sept 2024~~ Dec 2024

Completion table top exercises; • All Ireland table top exercise for HPAI- June 2023 • PHA;SPPG;BSO Table Top exercise Nov 23. • Detailed work on pandemic plans taken forward by SPPG and PHA and a workshop held September 2024. Establishment of NI Regional Pandemic Preparedness Planning Board – June 2024 PHA representation on UKHSA 4 Nations planning groups PHA represented as observers on RoI National co-ordinating Group for HPAI	areas of planning which will require additional resource. • Regular review, updating and testing of draft plans. • Update of PHA business continuity plans by end October 2024. .	sharing around passenger locator forms. • Review of data sharing agreements with respect to data sharing for pandemic response including border health security and travel (PLFS). • Ability to deliver a robust contact tracing service to meet the requirements of the specific guidance with respect modelling assumptions as reflected in the UK National Risk register (20230 and UKHSA modelling assumptions (currently being finalised). • Identification and funding of a digital solution for contact tracing. • Further testing of plans required once finalised	developed ~~by end August 2024~~ early October 2024 • Training programme being delivered by emergency planning team. • Resources required being quantified as part of the planning and will be shared with DoH and business cases developed as required.	

APPENDIX 1

RISKS ADDED TO CORPORATE RISK REGISTER AS AT 30 September 2024

APPENDIX 2

RISKS REMOVED FROM CORPORATE RISK REGISTER AS AT 30 September 2024

Public Health Agency

item 7

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	18 October 2024
Title of paper	Raising a Concern in the Public Interest (Whistleblowing) Policy 2024
Reference	PHA/02/10/24
Prepared by	Karen Braithwaite
Lead Director	Leah Scott

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to bring the Raising a Concern in the Public Interest (Whistleblowing) Policy 2024 to the Board approval.

2 Background Information

The attached policy is the PHAs revised Whistleblowing Policy – now Raising a Concern in the Public Interest (Whistleblowing) Policy (2024). The policy has been updated to reflect the DoH HSC Framework and Model Policy which was issued to ALBs and referenced in correspondence from John McKeown, Head of Governance Unit, DoH dated 15 May 2024.

This updated Policy was approved by the Agency Management Team at its meeting on 2 October 2024, and by the Governance and Audit Committee at its meeting on 10 October 2024.

3 Next Steps

Following approval this new policy will be brought to the attention of staff through the Connect Intranet site and the staff newsletter.

RAISING A CONCERN IN THE PUBLIC INTEREST (WHISTLEBLOWING) POLICY 2024

Version	**2.0** **(Replaces PHA Whistleblowing Policy 2018)**
Previous Version	**1.0** **(Replaces PHA Whistleblowing Policy 2011)**
Approved by AMT	**02 October 2024**
Approved by GAC	**10 October 2024**
Approved by PHA Board	
Review Date	**September 2027**

(Based on DoH Raising a Concern in the Public Interest (Whistleblowing) HSC Framework and Model Policy)

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1. Introduction

All of us at one time or another may have concerns about what is happening at work. The Public Health Agency (PHA) wants you to feel able to raise your concerns in the public interest with your managers at any time. We expect our managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when a concern raised in the public interest appears to be potentially serious because it is about a possible danger, professional misconduct or financial malpractice, illegality or wrongdoing that might affect patients, colleagues, or *the PHA* itself, it can be difficult to know what to do.

The PHA recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. This policy and procedure are aimed at those issues and concerns raised in the public interest which **remain unresolved, require help to get resolved or are about serious underlying concerns.**

Raising concerns in the public interest refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next. Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you, which you think we should know about or look into, please let us know. The PHA has implemented these raising concerns in the public interest arrangements for you to raise any concern in the public interest where the interests of others or the organisation itself are affected or are at risk.

2. Aims and Objectives

The PHA is committed to running the organisation in the best way possible. The aim of this policy is to promote a culture of openness, transparency and learning in line with the HSC shared values which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by the PHA;
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the PHA is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise concerns in the public interest so that patients, clients and the public can be safeguarded.

The PHA roles and responsibilities in the implementation of this policy are set out at Appendix A**.**

3. Scope

The PHA recognises that existing policies and procedures (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate for concerns raised in the public interest.

This policy provides a procedure for raising concerns in the public interest where the interests of others or of the organisation itself are at risk.

It applies to the following groups:

• staff of the PHA, including permanent, temporary and bank staff;

• staff in training/placements working within the PHA;

• independent contractors engaged to provide services;

• volunteers;

• agency staff;

• members of the public.

Examples may include:

- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected theft or fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- failing to declare a conflict of interest;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think is in the public interest that the PHA should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you personally have been treated, you should follow the PHA grievance

procedure, Working Well Together policy or Bullying and Harassment policy for making a complaint about Bullying and/or Harassment. This policy complements professional and ethical rules, guidelines and codes of conduct. It is not intended to replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. Suspected Fraud

If your concern is about possible fraud or bribery the PHA has a number of avenues available to report your concern. These are included in more detail in the PHA Fraud Policy, Fraud Response Plan and Bribery Policy and are summarised below.

Suspicions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Senior Manager
- Head of Department
- Director of Finance
- Fraud Liaison Officer (FLO)

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.reporthealthfraud.hscni.net These avenues are managed by BSO Counter Fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for the PHA or under its control. The PHA expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

5 The PHA commitment to you

5.1 Your safety

The PHA, Board, the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern in the public interest under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). The PHA will not tolerate the harassment or victimisation of anyone who raises a genuine concern in the public interest.

The PHA expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a concern in the public interest or victimises them, this will be viewed as a disciplinary matter.

Provided you raise a concern in the public interest and with a reasonable belief in its truth, it does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. If staff raise a matter they know to be untrue, protection under the law cannot be guaranteed and the PHA reserves the right to take disciplinary action if appropriate.

5.2 Confidentiality

With these assurances, the PHA hopes that you will raise concerns openly in the public interest. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to a member of staff in the Governance Team.

Where possible the PHA is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. As far as possible confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times

when we will be unable to resolve a concern without revealing your identity, for example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

5.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. Further, without additional evidence, it may be difficult to investigate such complaints properly in order to establish the facts. So, while we will consider anonymous reports in a similar manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

6. Raising a concern

If you are unsure about raising a concern in the public interest, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in Section 7. You should also remember that you do not need to have firm evidence before raising a concern in the public interest only a reasonable belief that an act of wrongdoing has occurred or that there has been a deliberate attempt to cover up a wrongdoing. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

If you are unsure about raising a concern you can get independent advice from Protect (see contact details under Independent Advice).

6.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager. ~~But~~ Where you do not think it is appropriate or it has failed to resolve the matters satisfactorily ~~to do this~~, you can contact one of the following people:

- Your Director
- Director of Finance and Corporate Services

- Director of Nursing, Midwifery and AHPs
- Director of Public Health
- the designated advisor (AD Planning and Business Services)

If you still remain concerned after this, you can contact:

- Director of Finance and Corporate Services (Director with responsibility for raising concerns in the public interest)
  or
- Chief Executive
  or
- Designated Non-Executive Director

All these people have been trained in receiving and identifying how best to respond to concerns in the public interest and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see paragraph 7 below).

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the concern raised should progress.

6.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation.

Advice is also available through the independent charity Protect,
(tel) 020 3 117 2520 website: www.protect-advice.org.uk

6.3 How should I raise my concern?

You can raise your concerns in the public interest with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

7. Raising a concern externally

The PHA hopes this policy reassures you of its commitment to have concerns raised in the public interest under the policy ~~it~~ taken seriously and where appropriate and/or necessary fully investigated, and to protect an individual who raises such concerns in the public interest.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, the PHA would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, the PHA recognises that there may be circumstances where you can raise a concern in the public interest with an outside body as specified in the following schedule to The Public Interest Disclosure (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014 at https://www.legislation.gov.uk/nisr/2014/48/schedule/made for a full list of contacts.

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Protect (or your trade union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

8. The media

You may consider going to the media in respect of your concerns if you feel the PHA has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. The PHA reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by the Communications Department

on behalf of the PHA. Staff approached by the media should direct the media to this department in the first instance.

9. Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and thoroughly. By using these raising concerns in the public interest - arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (as amended) (the Order which provides employment protection for raising concerns in the public interest.

The Public Interest Disclosure (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014 gives significant statutory protection to the staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that the matters specified in the concern raised occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to the PHA listed in the Public Interest Disclosure (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014.

10. Equality, Human Rights & DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Public Health Agency to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories.

The policy has been screened out without mitigation or an alternative policy proposed to be adopted.

11. Alternative Formats

This document can be made available on request on disc, larger font, Braille, audio cassette and in other minority languages to meet the needs of those who are not fluent in English.

12. Sources of advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.

Policy Sign Off Lead

Policy Author	Date 2 October 2024
Director of Finance and Corporate Services	Date 2 October 2024

APPENDIX A

Roles and Responsibilities

The role of the PHA Board (including the designated Non-Executive Director (NED))

- To have responsibility for oversight of the culture of raising concerns in the public interest within their organisation in accordance with the HSC Board Member Handbook (sections 4.12) **https://www.health-ni.gov.uk/publications/hsc-board-member-handbook**

The Public Health Agency

- To listen to our staff, learn lessons and strive to improve patient care;
- To ensure that this policy enables genuine issues that are raised to be dealt with effectively;
- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously;
- To ensure that employees who raise concerns in the public interest do not suffer any detriment for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue; and
- To share learning, as appropriate, via our shared learning procedures.

The Responsible/Designated Senior Manager/s

- To take responsibility for ensuring the implementation of the raising concerns in the public interest arrangements.

Managers

- To take any concerns raised with them in the public interest seriously and consider them fully and fairly and respond appropriately taking any necessary and appropriate action;
- To recognise that raising a concern in the public interest can be a difficult experience for some staff and to treat the matter in a sensitive manner if required;

- To seek advice from other professionals within the PHA where appropriate;
- To invoke the formal procedure and ensure the Raising Concerns in the Public Interest Advocate or Director of Finance and Corporate Services is informed, if the issue is appropriate;
- To ensure feedback/learning at individual, team and organisational level on concerns and how they were resolved.

Raising Concerns in the Public Interest Advocate

- To ensure that any safety issue about which a concern has been raised is dealt in accordance with the procedures promptly and escalated appropriately through all management levels;
- To intervene, and if appropriate, escalate if there are any indications that the person who raised a concern in the public interest is suffering any detriment;
- To work with managers and HR to address the culture in the organisation and tackle the obstacles to raising concerns in the public interest.

All Members of Staff

- To recognise that it is your duty to draw to the PHA attention any matter of concern in the public interest;
- To adhere to the procedures set out in this policy; and
- Where possible, to maintain the duty of confidentiality to patients and the PHA and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical / Dental Council.

Role of trade unions and other organisations

All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Northern Ireland Social Care Council.

APPENDIX B

ADVICE FOR MANAGERS RESPONDING TO A CONCERN

1. Managers should maintain an understanding of the process for raising a concern in the public interest;
2. Seek advice from the PHA lead on raising concerns in the public interest if in doubt at any stage
3. Thank the staff member for raising the concern, even if they may appear to be mistaken;
4. If appropriate refer the member of staff to other independent sources of advice and guidance on raising concerns in the public interest
5. Respect and heed legitimate staff concerns about their own position or career;
6. Manage expectations and respect promises of confidentiality;
7. Discuss reasonable timeframes for feedback with the member of staff;
8. Remember there are different perspectives to every story;
9. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;
10. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager as quickly as possible. (Note: Any such conflict must be considered, and acted on, by the manager);
11. Managers should bear in mind that they may have to explain how they have handled the concern;
12. Feed back to the person who raised the concern and those identified as

the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;

13. Consider reporting to the board and/or an appropriate regulator (if appropriate) the outcome of any concern raised in the public interest where malpractice or a serious safety risk was identified and addressed; and
14. Record-keeping – it is prudent to keep a record of any concern raised formally with those designated under the policy, and these records should be anonymous where necessary. Managers should record any concerns raised informally and document action taken to resolve matters.

APPENDIX C

PHA PROCEDURE FOR RAISING A CONCERN

Step one (informal)
Manager

If you have an honest and reasonable belief that a concern which is in the public interest about malpractice, risk, abuse or wrongdoing has occurred, is occurring, or is likely to occur, then the matter should be raised informally in the first instance with your Line Manager. This may be done verbally or in writing.

You are entitled to representation from a trade union/fellow worker or companion to assist you in raising your concern in the public interest.

Step two (informal)
Alternative to Manager

If you feel unable to raise the matter with your Line Manager, for whatever reason, please raise the matter with our raising concerns in the public interest advocate (Stephen Murray, Interim Assistant Director of Planning and Business Services) or a more senior manager from the organisation

This person has been given special responsibility and training in dealing with concerns raised in the public interest. They will:

- (where possible) treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the appropriate authority any indications that you are being subjected to detriment for raising your concern in the public interest;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support through, for example, your employee assistance programme (e.g., Inspire etc.) since raising your concern in the public interest may be stressful.

Whilst it would be the preference of the PHA for you to raise the matter openly, if you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

Director of Finance and Corporate Services

or

Chief Executive

or

Designated Non- Executive

Screening

The PHA will undertake a screening process for any formally raised concern. This process will determine the most appropriate route/s and process/es for all or parts of your concern.

Step four Prescribed Bodies (or media)

You can raise your concerns in the public interest formally with the prescribed external bodies listed at section 7 or to the media – note that you don't have to exhaust either of the above stages if you decide to go straight to the prescribed bodies or media – see also at a glance section above:

- If you choose to bypass the routes available for you to make a disclosure (directly to the PHA or via outside organisations referred to in the legislation) and instead approach the media with your concerns, it is likely you will lose your right to protection under Whistleblowing legislation. The exception to this is a case where the wrongdoing is exceptionally serious and where you reasonably believe that the PHA will subject you to 'detriment' or conceal/destroy evidence

if you were to raise your concerns via the routes available to you.

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when updates or feedback have been provided. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, or if the matters raised are serious in nature we will carry out a proportionate investigation – using someone suitably independent and trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation e.g., a Serious Adverse Incident (SAI) investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales.

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of the PHA to follow the process as above.

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the PHA Policy - Raising Concerns in the Public Interest.

Communicating with you

We welcome the raising of concerns in the public interest and will treat you with respect at all times. We will discuss your concerns with you to ensure we understand exactly what you are worried about. In the event that an investigation is required, we will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. In so far as it is appropriate, we will provide feedback to the person who raised the concern.

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. The final outcome and 'lessons learned' will be documented and approved as final by the responsible Director. In addition, the relevant professional Executive Director will independently assess the findings and recommendations for assurance that the matter has been robustly considered and

appropriately addressed.

Board oversight

The PHA board and the Department of Health will be given high level information about all concerns raised in the public interest by our staff and others through this policy and what we are doing to address any problems. We will include similar high-level information in our annual report. The organisation's board supports staff and others raising concerns in the public interest and want you to feel free to speak up. The Chair has nominated a non-executive director (NED) with responsibility for the oversight of the organisation's culture of raising concerns in the public interest.

The PHA NED responsible for Raising Concern is [*TBC*].

Review & Reporting

We will provide regular reports to senior management and to our HSC's Designated Committee within the Assurance Framework on our raising concerns in the public interest caseload and an annual return to the Department of Health setting out the actions and outcomes.

This policy has been reviewed against the NI Audit Office – Raising Concerns – A good practice guide for Northern Ireland Public Sector.

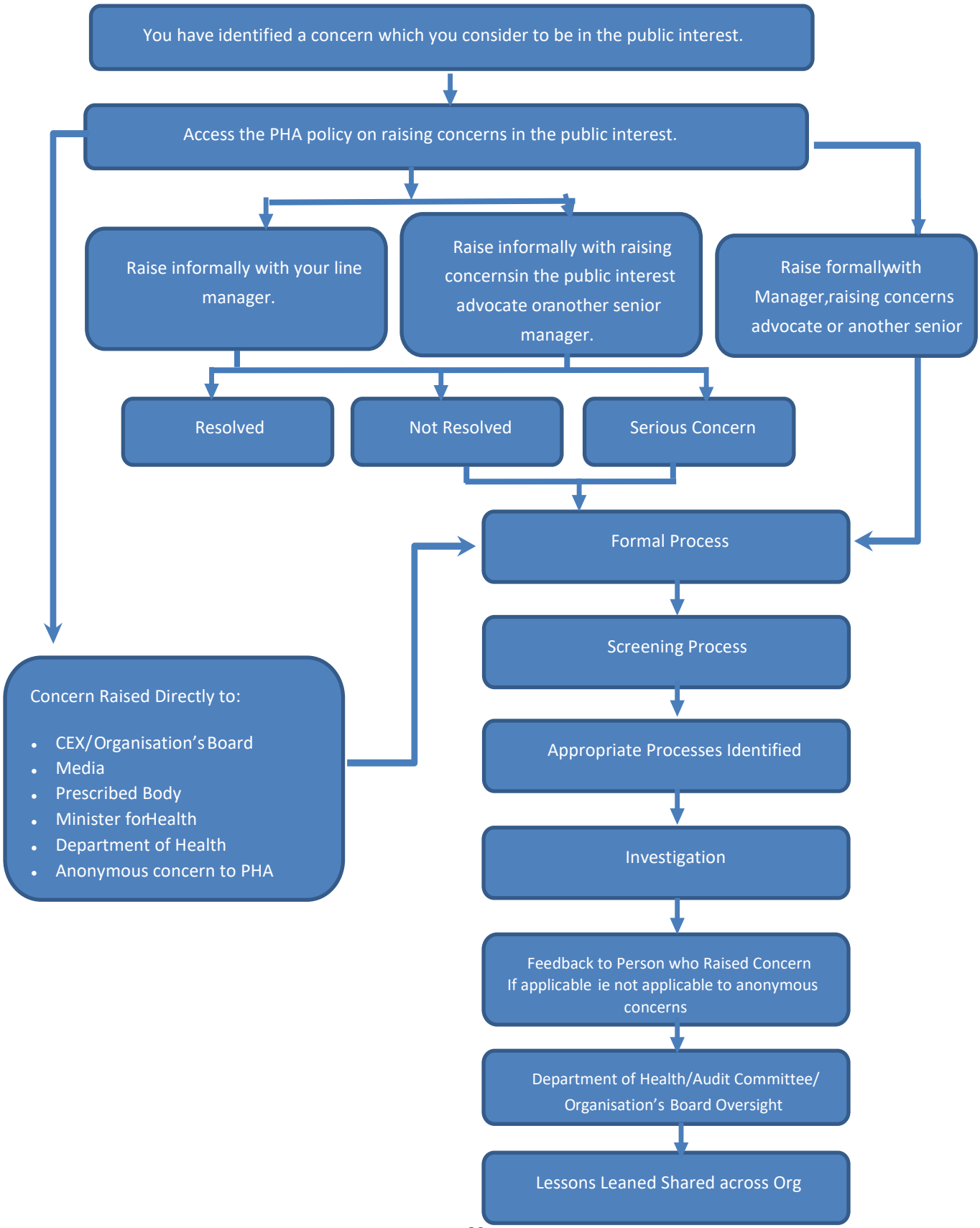
APPENDIX D

PHA CONTACT DETAILS

Title	Name	Email	Phone
Directors:			
Director of Finance and Corporate Services	Mrs Leah Scott	Leah.Scott@hscni.net	028 9536 3920
Interim Director of Nursing, Midwifery and AHP	Mrs Heather Reid	Heather.Reid@hscni.net	028 9536 3913
Director of Public Health	Dr Joanne McClean	Joanne.McClean@hscni.net	028 9536 3512
Designated Advisor:			
Interim Assistant Director Planning and Business Services	Mr Stephen Murray	Stephen.Murray@hscni.net	028 9536 3534
Chief Executive	Mr Aidan Dawson	Aidan.Dawson@shcni.net	028 9536 3422
Designated Non-Executive Director	*TBC*		
PHA Chair	Mr Colin Coffey	Colin.Coffey@hscni.net	
Governance Team			
Interim Assistant Director Planning and Business Services	Mr Stephen Murray	Stephen.Murray@hscni.net	028 9536 3534
Senior Operations Manager (Delivery)	Ms Karen Braithwaite	Karen.Braithwaite@hscni.net	028 9536 3487

APPENDIX E

RAISING CONCERNS IN THE PUBLIC INTEREST & WHISTLBLOWING PROCESS



HSC Public Health Agency

item 8

PHA Board Meeting

Title of Meeting PHA Board Meeting

Date 18 September 2024

Title of paper Update on Board Committees

Reference PHA/03/10/24

Prepared by Robert Graham

Lead Director Chair

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is for the Board to consider the current Non-Executive Director representation across different Committees and Programme Boards within the PHA and determine the appropriateness of NED involvement.

2 Key Issues

The table below outlines the current participation of NEDs on Committees / Programme Boards.

Board/Committee	Joe	John Patrick	Nichola	Anne	Robert	Craig
Governance and Audit Committee						
Remuneration Committee						
PPR Committee						
Information Governance Steering Group						
Screening Programme Board						

Board/Committee	Joe	John Patrick	Nichola	Anne	Robert	Craig
Procurement Board						
Reshape/Refresh Programme Board						
Public Inquiries Programme Board						
Disability Champions Network						

3 Next Steps

The Board should review the list above and determine next steps.

HSC Public Health Agency

minutes

Governance and Audit Committee Meeting

Date and Time 8 August 2024 at 10.00am

Venue Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Joseph Stewart	-	Chair
Mr John Patrick Clayton	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director

In Attendance

Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services
Mr Stephen Wilson	-	Interim Head of Chief Executive's Office
Mrs Catherine McKeown	-	Internal Audit, BSO
Mr Ryan Falls	-	Cavanagh Kelly
Mr Roger McCance	-	NIAO
Mr Robert Graham	-	Secretariat

Apologies

Ms Leah Scott	-	Director of Finance and Corporate Services
Mr Stephen Bailie	-	Head Accountant

38/24	**Item 1 – Welcome and Apologies**
38/24.1	Mr Stewart welcomed everyone to the meeting. Apologies were noted from Ms Leah Scott and Mr Stephen Bailie.
39/24	**Item 2 - Declaration of Interests**
39/24.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.
39/24.2	Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.
40/24	**Item 3 – Minutes of previous meeting held on 13 June 2024**
40/24.1	The minutes of the previous meeting, held on 13 June 2024 were **approved** as an accurate record of that meeting, subject to a minor amendment in paragraph 33/24.3.

41/24 **Item 4 – Matters Arising**

41/24.1 Mr Stewart went through the actions for the last meeting. For action 1 regarding the Internal Audit recommendation on screening, Mr Murray noted that members had asked for a summary paper and this will be picked up as part of the mid-year review of audit recommendations.

41/24.2 Mr Stewart noted that action 2 regarding share the Internal Audit HSC General Report with the PHA Board, and action 3, which related to the updating of the Annual Report following comments by members, had both been completed.

41/24.3 Mr Stewart advised that an update paper regarding monies owed to PHA by the Special EU Programmes Body (SEUPB) had been circulated to members. Mr Clayton said that the paper was useful, but noted that there was still a large amount of debt to be recovered. He acknowledged that there is an expectation that this will be received by the end of the year and he asked that a further update be brought to the Committee. Mr Murray advised that the delay in with SEUPB, and PHA is not the only organisation impacted, but that PHA will continue to keep up the pressure.

42/24 **Item 5 – Chair's Business**

42/24.1 Mr Stewart advised that he had no business to update on.

43/24 **Item 6 – Corporate Governance**

Corporate Risk Register as at 30 June 2024 [GAC/31/08/24]

43/24.1 Mr Stewart said that he was pleased to see that the Corporate Risk Register has been substantially revised and a lot of work has gone into it.

43/24.2 Mr Murray agreed that a lot of work has gone into this review to ensure that it reflects the current position. He reported that 3 new risks have been added, the first of which relates to the financial planning context for 2025/26, thereby changing the focus of the previous risk on finance. He added that a new risk has been added around the new HSC planning system, which replaces the risk around migration and puts more focus on the Integrated Care System (ICS) and PHA being clear about its role. He advised that the last new risk relates to pandemic preparedness and PHA's ability to stand up a response given its staffing capacity. He said that the risk around information governance, which related specifically to health protection, had been removed as a paper had been presented to the Agency Management Team (AMT) giving an update on the current position and it was felt that there was sufficient assurance that the issues were under control and could be managed at directorate level. Mr Stewart said that all of these new risks were significant and should be reported to the Board.

43/24.3	Mr Clayton said that redrafting some of the previous risks has been beneficial. He asked why there is a risk around the financial context for 2025/26 given we are still in 2024/25 and if PHA has received an indication from the Department about what can be expected going forward. Mr Murray explained that there is a degree of uncertainty going into next year. He advised that PHA has been asked for an additional £1m of savings this year, and it is the recurrent element that brings a risk. He added that PHA will need to constantly review its budget and the impact of having to make more savings. He noted that to date PHA has been able to make savings without impacting services, but the longer this goes on, that could change.
43/24.4	Mr Clayton said that there should be a fuller discussion at the Board about the risk on pandemic preparedness. He noted that previously there was a concern about the multiplicity of different groups working this space and asked if PHA has been involved in any of the discussions around the new Regional Board. In terms of the risk around staffing and public health consultants, he said that it was his understanding that the Chair was raising this issue with the Permanent Secretary.
43/24.5	Mr Stewart said that it was encouraging that AMT is looking ahead to next year with regard to the financial context, because following the meeting he attended with other HSC Audit Committee Chairs, it was felt that there might be more funding put into health, but he was not confident.
43/24.6	Mr Stewart asked what "SoC" stood for in the risk around cyber security and Mr Murray advised that it meant Strategic Outline Case.
43/24.7	Members **APPROVED** the Corporate Risk Register. *At this point Mr Wilson joined the meeting.*
43/24.8	As Mr Clayton had to leave the meeting, Mr Stewart asked if he had any comments on any of the other papers being presented today.
43/24.9	Mr Clayton said that with regard to the terms of reference for the Committee, it should be flagged up that the Committee does not currently have a full complement of members. He noted that there is also a reference to the Committee having expertise in clinical and social care governance, and he was not sure if that was relevant to PHA, or was more applicable to Trusts.
43/24.10	Mr Clayton said that with regard to Direct Award Contracts (DACs), there should be a rationale for why there is a DAC in place, although he appreciated that there are issues around procurement. Mr Murray explained that there are 44 DACs linked to contracts and the time required for the tender process to be completed. Mr Clayton noted that the number of social care DACs is relatively low, but said that that it is an area that PHA needs to keep control of, and reiterated the suggestion for narrative around the rationale for DACs.

At this point Mr Clayton left the meeting.

Update on Use of Direct Award Contracts [GAC/33/08/24]

43/24.11 Mr Stewart said that he had not fully appreciated the levels at which a DAC is required and he speculated whether it would be worth getting those levels reviewed and increased from £5k to £10k given inflation. He noted that this goes back to the principle of organisations having to expend huge effort for minimal value and suggested that this should be raised with the Department of Finance because unless it is challenged, it will never change. He added that it feeds into the concern expressed by smaller organisations about the administrative burden on them, but these organisations can make a big difference. Mr Murray said that there is that balance to be found between good governance and open competition, but PHA works under the Minicode.

43/24.12 Mr Stewart asked if this is something that External Audit could look at. Mr McCance noted that the limits are set and the role of External Audit is to ensure that organisations are adhering to them, but he added that if there is rationale for changing the limits, they would be open to having that discussion. Mr Stewart said that the new ICS model will require working with Local Council to pool resources and minimise duplication of effort so there needs to be an alignment of systems and processes. He suggested that this should be raised with the PHA Board as a whole.

43/24.13 Mr Irvine commented that PHA is wallowing in process and paperwork and that the biggest enemy is the need to conform to a process. He noted that the private sector is more streamlined than the public sector where audit is directing organisations to process-driven ways of doing business. He said that people would see that there is a reduction in business, but they would not appreciate the amount of work going on in the background. He added that the PHA has a limited pot of funding and it needs to make the best use of it.

43/24.14 Mr Irvine said that PHA commissions many services on a cyclical basis, but the question is not asked as to whether this is the right service, or how outcomes can be measured, but rather the focus is on delivery. He added that there needs to be a decision to change how things are done. He said that a process is audited, and mistakes may be identified, but the question should be around whether it is the right process.

43/24.15 Mr Irvine said that he would query if PHA has enough capacity to look after all of its contracts. He added that if PHA is using a Shared Service and it is under pressure, then External Audit should be looking at that. He suggested that each ALB should have a dedicated team within that Shared Service to improve efficiency. Mr Murray agreed that there are capacity issues within PALS, but PHA is mandated to use them. He said that the system is under pressure since changes were made to the social care procurement regulations and that PHA has not been properly resourced both in terms of pre-planning and technical procurement. He added that PHA's resource is stretched in many different directions, and that is not a criticism of staff, but a recognition that PHA is an

operational organisation, as well as a strategic one. He advised that one of the fundamental reasons for using DACs is because the timeline for tenders has expired. He noted that one positive is that the number is reducing.

43/24.16 Mr McCance advised that the Public Accounts Committee is looking at procurement with a particular interest in the strategic infrastructure. He said that it comes down to having the right people in the right place, and that procurement is not just a PHA issue, but one for the public sector as a whole. Mr Stewart said that if the Comptroller and Audit General releases a report, the way it is interpreted makes departments produce recommendations which makes processes more complicated. Mr Irvine commented that across the EU, the United Kingdom is top in terms of making a bureaucracy out of statutory rules and regulations where other countries adopt a "light touch" approach. He added that there is a mindset within the Civil Service that everything has to be gold-plated, which makes processes constricted and confined.

43/24.17 Mrs McKeown said that from an Internal Audit perspective, they do not set the rules, but look at compliance. However, she added that they would consider looking at the design of the process. She agreed that procurement could be more efficient, but by and large the rules are set by the Department of Finance. She noted that from looking at social care procurement, the main challenge is the planning stage, rather than the Shared Services element. Mr Murray said that while he would not disagree with that, he pointed out that if that part of the process became unblocked PALS would not be able to deal with the volume of work. He added that if work has to be completed by the end of the financial year, then it needs to be with PALS by November/December. He said that PHA needs to look at what skills it requires over the next 3/5 years.

43/24.18 Mr Stewart said that all PHA can do is lobby, but from an Executive point of view, it needs to ensure that its internal systems are operating to the best of their ability. He suggested that this report should be brought to the PHA Board.

43/24.19 Members noted the update on Direct Award Contracts.

HSCQI Directorate Risk Register as at 30 June 2024 [GAC/32/08/24]

Dr Keaney joined the meeting for this item.

43/24.20 Dr Keaney presented the HSCQI Directorate Risk Register as at 30 June and reported that there are five risks with no new risks having been added. She added that the risk ratings have remained the same with the risk around accommodation rated as medium, while the risks around staffing, the impact of the Reshape and Refresh programme, the resources required to deliver programmes and the impact of competing priorities across the system to allow HSCQI to compete its workplan all remain rated as high.

43/24.21 Mr Stewart asked about the impact of the Reshape and Refresh programme on HSCQI staff and how Dr Keaney would gauge this. Dr Keaney said that her team has handled the uncertainly well as there is not yet clarity on the timescales for the move to RQIA. She added that the process is causing some anxiety, but the staff are content with the move.

43/24.22 Mr Stewart asked whether Dr Keaney has seen any increased difficulty with people across the system engaging with HSCQI given current pressures. Dr Keaney replied that through the work of HSCQI, there has been good engagement with over 41 teams coming together at a recent event. She noted that during the period of industrial action it was difficult for people to attend events. She added that if the HSCQI work is in a priority area, people do make the effort to ensure they are represented.

43/24.23 Mr Stewart asked if Dr Keaney's team is engaged in the ICS work, but Dr Keaney replied that it is not. Mr Stewart suggested that engagement may be useful in terms of looking at processes and Dr Keaney agreed that it could be something that is looked at in the future.

43/24.24 Mr Stewart noted the risk around accommodation and asked whether that is now academic given the move to RQIA. He also noted that there has been an accommodation review carried out and if this was now defunct post-COVID. Dr Keaney said that at a time, there was a specific request for HSCQI to have its own accommodation, and she felt that there is still a need for that given the number of regional events HSCQI organises and which it has to pay for by using external venues. She added that in the long term, there is a vision to grow the team.

43/24.25 Mr Irvine said that it is important that there is certainty around what is happening with the move to RQIA. Dr Keaney said a number of meetings are taking place and perhaps there will soon be certainty.

43/24.26 Members noted the HSCQI Directorate Risk Register.

Complaints Report [GAC/34/08/24]

43/24.27 Mr Stewart noted that within the Complaints Report, there is a claim relating to an employment law issue and he wished to draw attention to the fact that this highlights the implications of PHA hosting SBNI because PHA is going to become the single respondent for a case relating to an individual who is not employed by PHA and works under the direction of SBNI. He said that this is why the hosting arrangement is not satisfactory.

43/24.28 Mr Wilson agreed that this case does flag up the failings of the corporate hosting arrangement, but he advised that the current MOU that PHA has with SBNI is currently being revised by all parties.

43/24.29 Members noted the Complaints Report.

44/24 **Item 8 – Governance and Audit Committee Terms of Reference [GAC/36/08/24]**

44/24.1 Mr Stewart asked if members wished to raise any issues on the terms of reference. Mr Irvine noted Mr Clayton's earlier comments around the composition of the Committee and the need for particular expertise. Mr Stewart said that he would flag this with the PHA Board and suggested that there should be a member on the Committee with clinical and social care governance expertise.

44/24.2 Members **APPROVED** the terms of reference, subject to the references around having the relevant expertise.

45/24 **Item 7 – Internal Audit**

Mr Andrew Cheung, Mr Eamon Farrell and Dr Louise Flanagan joined the meeting for this item.

Internal Audit Progress Report [GAC/35/08/24]

45/24.1 Mrs McKeown reported that with regard to the Internal Audit plan for the year, a report on the audit of vaccination programmes had been completed and is being presented at this meeting, and that an audit on board effectiveness is ongoing. She added that the mid-year follow-up on outstanding recommendations will be completed in a few weeks' time.

45/24.2 Mrs McKeown reported that for the audit on vaccination programmes, a limited level of assurance is being given. She acknowledged that there are arrangements in place for monitoring the uptake of vaccines, that PHA's responsibilities are being fulfilled and that advice is being given to stakeholders to minimise wastage.

45/24.3 Mrs McKeown advised that there are three significant findings, the first of which relates to the need for a formal MOU between all of the various stakeholders. She said that the second finding was that although PHA has a contract with a pharmaceutical supplier to receive, store and deliver vaccines, spend was approved against invoice without appropriate checks. She advised that the third finding was that there is no process to validate stock levels.

45/24.4 Mrs McKeown said that there was one key finding which related to the need for formal evaluation and monitoring of the impact of promotional activity on uptake rates. She advised that management has accepted all of the recommendations.

45/24.5 Mr Stewart commented that he would be keen to understand whether PHA can achieve some of the recommendations it has signed up to within the timescales. With regard to stock management, he noted that this would be an issue of interest to politicians for example, and many of the actions relate to PHA being able to obtain information. He asked how confident PHA is that it can bring all of the parties together to get

this information. Mr Farrell replied that PHA is currently recruiting a logistics co-ordinator and an integral part of their role will be to liaise with stakeholders. He added that PHA does carry out validation checks and has received assurances from Movianto around deliveries. Dr Flanagan explained that PHA has no control over those vaccines that go to GP surgeries, added that for certain vaccines these are logged on VMS, but VMS does link with systems in GP surgeries so there is a challenge in getting a work around.

45/24.6 Mr Stewart asked about community pharmacies. Mr Cheung explained that pharmacies do not receive payment for vaccinations until the information has been recorded on VMS, but the GP system is not set up that way. He advised that there are weekly meetings with stakeholders and there is good communication with Movianto. Mr Stewart asked if PHA has access to Movianto's system. Mr Cheung replied that PHA does not, but it can obtain data when required.

45/24.7 Mr Stewart asked who manages the contract with GPs and Dr Flanagan replied that this is done through SPPG. She said that payments used to form part of that contract but this is no longer the case. She advised that another stakeholder in this is the Trusts. Mr Stewart asked if the Trusts are responsible for staff. Dr Flanagan explained that school nurses are employed by Trusts. She said that that the MMR campaign was partly done by GPs and partly done by Trusts and work is continuing to work out the best way to deliver it.

45/24.8 Mr Stewart said that vaccines change every year, and asked why the GP contract cannot be changed. Dr Flanagan advised that it is currently being renegotiated. Mr Stewart said that, given what PHA knows about vaccinations, should it not be having an influence over SPPG to ensure that PHA has greater visibility. Dr Flanagan said that while there are discussions with SPPG, those discussions also include the BMA and GMC. Mr Farrell noted that PHA has more control over catch up campaigns rather than general ones. Dr Flanagan said that each vaccine programme is different and some of the issues are historical. Mr Murray said that the GP contract predates many of the vaccination programmes.

45/24.9 Mr Stewart pointed out that PHA has an audit report that indicates that systems need to be improved and asked PHA is doing and if the Chief Executive needs to be influencing these discussions. He said that PHA needs to use whatever levers it can. Mr Wilson advised that a Vaccine Management Programme Board has been established and there is a representative on it from Integrated Care so issues are being fed back. He added that now that PHA has overall responsibility for vaccines, it is bringing pressure to bear, and not simply accepting that the system has worked well. Dr Flanagan said that it would be preferable that GP systems were tied to VMS as GP can claim for payments up to 6 years later. Mr Stewart said that this issue needs to be raised at the PHA Board.

45/24.10 Mr Stewart noted that there is a recommendation around promotion and monitoring of campaigns. Mr Wilson explained that it would be very difficult for PHA to trace the impact of its social media outputs, whereas there is always an evaluation carried out of a mass media campaign. He said that no advertising campaign would be able to track this at a generic level and he expressed concern about having this recommendation. Mrs McKeown said that it is a general recommendation, but she would be happy to discuss it with Mr Wilson. Mr Wilson explained that as PHA does not administer vaccines, it does not have that direct contact with clients.

45/24.11 Mr Farrell advised that for the MMR campaign, PHA was able to go out and link with different agencies and was able to monitor the uptake, but for general vaccination programmes, these are tied into the school nursing programme or GPs allocating specific time. He added that PHA can monitor specific programmes if it puts out social media content about those programmes.

45/24.12 Mr Stewart said that if PHA has VMS and can get GPs on board, then it should be able to see clearly the uptake of vaccines which is an important issue politically and one which the Minister has an interest in. He added that it is important that PHA can get access to good information from a social benefit point of view. Mr Wilson noted that VMS will specifically allow PHA to see those areas where it is missing its mark. Dr Flanagan pointed out that VMS is only used for certain vaccines, and these are adult vaccines and not children. Mr Stewart asked what PHA needs to do to get information on children's vaccines onto VMS and Dr Flanagan explained that this is currently done through the Child Healthcare System (CHS) which is a paper-based system, but she is keen to be able to get better data and hopes that Encompass will assist with this.

45/24.13 Mr Stewart noted that PHA is content to take on these responsibilities and said that the Board will be supportive of any measures that need to be taken to advance this work. He said that he will look forward to hearing how this work is progressing.

45/24.14 Members noted the Internal Audit Progress Report.

46/24 Item 9 – Any Other Business

46/24.1 There was no other business.

47/24 Item 10 - Annual meeting with Auditors (External and Internal) without Officers present

47/24.1 This meeting took place in advance of today's meeting.

48/24 **Item 11 – Details of Next Meeting**

Thursday 10 October 2024 at 2pm

Fifth Floor Meeting Room, 12/22 Linenhall Street

Signed by Chair:

Joseph Stewart

Date: 10 October 2024

chief executive and directors' report

Update from Chief Executive

On the 7th and 8th of October I attended a meeting in Armagh hosted by CAWT and the North South Ministerial office. The meeting brought together Chief Executives from the North and South to explore possible areas where we could co-operate and work together going forward.

One such area of co-operation identified was addressing the health inequalities faced by Irish Travellers. The Agency will work with the Regional Executive Officer, HSE for Dublin and South East on this project.

On the 9th of October I attended the Bengoa Conference. The PHA's Live Better initiative was the subject of a presentation in the second session and was well received.

On 13th and 14th October I was part of a regional group that went on a visit to Humberside to the NHS Humber and North Yorkshire ICS to learn from their approach to place-based partnerships and provider collaboratives. This is relevant to our work in commissioning and AIPBs going forward.

Update from Director of Public Health

Pandemic Preparedness (*including response to avian influenza cases in USA*)

Work with SPPG to update our pandemic plans continues. A group jointly chaired by Paul Cavanagh (SPPG Director of Hospital Services) and Dr Louise Herron (Deputy DPH) was established over a year ago and has overseen work to update plans across a wide range of areas. A workshop was held in September to review plans and identify gaps for further work. Draft plans have been developed by workstreams and an initial draft overarching summary has been shared with the Department of Health. The fact that these are draft and not a final version has been stressed. The plans highlight areas for further discussion with DoH both on matters of policy and resourcing (for example having a permanent "reserve" bank to help manage increases in activity such as during an outbreak who would also be the initial workforce to support response to a pandemic requires resource).

DoH have established a HSC pandemic preparedness oversight board – DPH is a member along with representatives from all Trusts – where the drafts will be discussed. The next meeting is on Friday 18th October 2024.

Clade One MPOX

Significant work to prepare for clade one cases has been undertaken. The work related to HSC preparedness has been taken forward jointly with SPPG. A steering group chaired by DPH is meeting shortly. Plan is to move to business as usual once sufficient assurance around preparedness (likely soon). At the minute the most likely scenario seems to be that there will be occasional imported cases, however, we need to be ready to respond should more widespread transmission be seen. A key difference between this year and 2022 is that by the time clade two MPOX was identified as a new threat, transmission was established and geographically spread.

A weekly situational awareness report is now produced by the health protection and surveillance team following our weekly meeting on Wednesdays at 12md. Issues are reviewed at this meeting and the content of the report agreed. It is shared across the team and with the Department on a Thursday. A wider circulation list is being agreed. A copy is attached for information.

Flu and winter virus bulletins started on 10th October 2024 (attached for info). These are produced every year throughout the season. Activity is currently low. Respiratory infections | HSC Public Health Agency (hscni.net)

Vaccine Programmes

Winter COVID and flu vaccine programme – the programmes officially stared in early October. This is slightly later than in previous years in line with JCVI advice to delay vaccination of at-risk groups so there is less immunity waning during the peak winter period which is usually December/January for flu. We are concerned that uptake will be disappointing this year for a number of reasons – not least because of the lack of a paid for campaign for the second year in a row.

The new RSV programme which commenced on 1st September has had a strong start. GPs are calling those aged 75-80 who are eligible. The other eligible group are pregnant women who are offered the vaccination as part of their antenatal care in Trusts. It is too early to assess uptake in either group but numbers so far are encouraging. There is ongoing work with Trusts to support uptake of vaccines among pregnant women.

Preliminary information is now available for the **MMR catch up** which took place in the spring as well as for the **pertussis vaccine in pregnancy** push we have been leading. We are still waiting on returns from just under half of the participating GP practices for the MMR catch up.

Minding Your Head (MYH) Website

The Health Improvement Mental Health and Suicide Prevention Team together with colleagues from PHA's Communications Team recently showcased the redeveloped Minding Your Head (MYH) website to AMT. The timely redevelopment of MYH was

required due to the inability to update the service directory (creating risk) and impending security issues which means the current site will be unavailable beyond Dec 24.

The parameters of the redevelopment were to provide a like-for-like offer to the public, namely:

- Provision of information on suicide prevention, mental health and emotional wellbeing for the general population
- Provision of a service directory for suicide prevention, mental health and emotional wellbeing services
- Information on suicide prevention, mental health and emotional wellbeing training
- Information on suicide prevention, mental health and emotional wellbeing campaigns

The highlights of the redevelopment include:

- **Design refresh** with a focus on ensuring those seeking information in relation to Mental health and suicide prevention feel valued and hopeful.
- **New content** was developed following a review of the current site www.mindingyourhead.info The project team focused on user journeys; health literacy and embedding calls to action.
- **New service directory** and management system has been developed with protocols and workflows embedded as well as stakeholder engagement and user testing.

Protect Life 2 Review

PHA is the lead organisation with the responsibility for co-ordinating implementation of the Strategy. The team recently completed a review of the Protect Life 2 Strategy Protect Life 2 - Suicide Prevention Strategy | Department of Health (health-ni.gov.uk). This Review is going to be used to inform the future Action Plan and its implementation. PHA team are now progressing the review of the action plan in preparation for further consultation and engagement in Nov 24.

Needle and Syringe Exchange Conference

PHA organised the first regional needle and syringe exchange conference which was held on Wednesday 2nd October in Antrim. The conference brought together colleagues involved in the NSES service from Trusts, pharmacy, Community and Voluntary Sector as well as PHA. Speakers were a mix of local and experts from outside Northern Ireland. Since starting in 2001 the NSES has grown from two services to over 40. For many of those using the NSES they are the only contact they have with healthcare and the care and assistance they receive goes beyond the provision of clean needles and equipment. This is a very challenging area of work for

a range of reasons. It is an excellent example of work led by PHA which is delivering and making a difference to people who inject drugs who experience some of the worst health outcomes in the population.

Cervical screening

The Southern Trust Cervical Screening Review of slides is now complete. The attached report gives detail on the progress and outcomes to date. Please note it is **confidential** and is being shared to provide Board colleagues with assurance on the detail and diligence with which the work is being progressed. DPH continue to co-chair the steering group with the Medical Director in the Trust.

A report on the outcome of the review is being developed. We hope this will be complete early in November and will go to Trust and PHA Board before publication at the end of November 2024. This will be a factual report on the findings of the review. We are currently seeking external experts in cervical screening to provide an independent view of the report findings. It would be preferable if this was available prior to publication but the timescales may not allow this. The Minister has committed to publication of the report in the Autumn.

As well as detail on the findings of the review, the report will contain summary information from the audit of invasive cancer carried out in SHSCT from 2008 – 2024. Work on this aspect of the report is ongoing. Data from audits carried out prior to 2019 (when PHA published the audit framework) is less complete.

There has been continued media coverage of the review and some of the women's calls for a public inquiry. Our comms team are working closely with the SHSCT comms team on this.

Update on Review of PHA Quality Assurance in Cervical Cytology

Colleagues in NHS England have been in touch to advise that they are now in a position to undertake a piece of work for us looking at our cervical cytology QA processes and to consider if there are any areas for improvement. This will be a retrospective piece of work that will include the time period (from 2009) when issues have been highlighted in SHSCT laboratory. A meeting will take place on Monday 14th October to discuss in more detail. It remains important that this work is carried out. While the RCPath consulting report on the issues in SHSCT lab referenced PHA, they did not seek any input from PHA to their review. Furthermore they did not make any assessment of PHA's role in relation to cervical screening quality assurance. It is important that we identify any learning for PHA during that period.

Going forward, the model for cervical screening and associated quality assurance activity is completely different. From 1st November we will have a single laboratory in Belfast Trust undertaking all cervical screening in Northern Ireland. This compares with four during the period under consideration.

The move from four laboratories to one has been complex. Given it involves staff across four Trusts and requires a movement of funding, equipment and staff time it is extremely complicated. There has been intensive work to move to one laboratory. Much of this has been led by the PHA team. DPH chairs a project board with membership from SPPG, pathology network and external experts. Consideration has been given to the model of PHA quality assurance as we move to the new laboratory configuration.

Development of ICS and role of AIPBs

PHA staff continue to engage with colleagues in SPPG to establish multidisciplinary commissioning teams. The roles and responsibilities of the teams and the PHA co-chairs is still being finalised.
PHA were asked to provide the first meeting of the Integrated Care System Partnership Forum with a needs assessment for discussion at the first meeting. The work undertaken focused on the main causes of inequalities in life expectancy in Northern Ireland. The paper produced is attached for information. We have agreed to provide information about children and young people for the next meeting of the group in November. This is to ensure the forum can provide guidance to the AIPBs.

Update from Director of Nursing, Midwifery and AHPs

Maternal Mortality

Northern Ireland participates in a number of national Clinical Outcome Review Programmes (CORPs). The maternal and perinatal mortality and morbidity is currently run by MBRRACE-UK.

https://npeu-webpublic.ndph.ox.ac.uk/mbrrace-uk

The programme in NI is co-ordinated by the NIMACH (NI Maternal and Child Health) team who work closely with trusts to gather surveillance data on all maternal deaths in the NI that occur during pregnancy or up to one year after pregnancy. The maternal death inquiry in the UK has been running for over 70 years. As the number of maternal deaths in the UK is small, maternal mortality rates for the UK are calculated using three years' worth of data to identify meaningful trends.

A full confidential case note review is undertaken for every maternal death by clinical experts to identify learning.

The MBRRACE-UK Saving Lives, Improving Mothers' Care report for 2024 was released on the 10th October 2024. Key summary messages include:

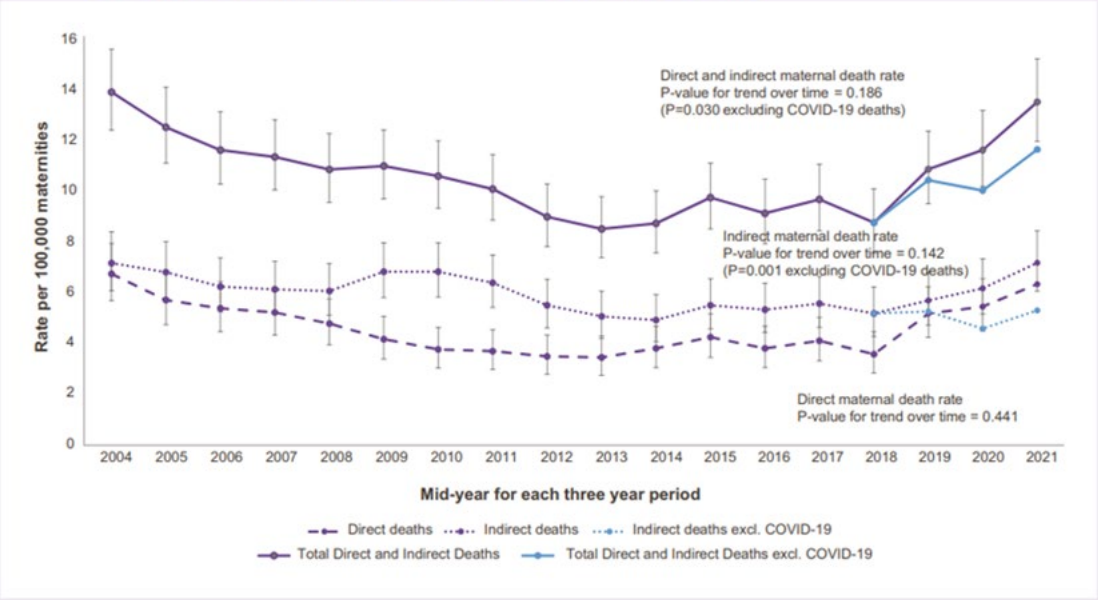
- In 2020-2022, 275 women died during, or up to six weeks after, pregnancy in the UK and a further 329 women died between six weeks and one year after the end of pregnancy. There was a statistically significant increase in the overall maternal death rate in the UK between 2017-19 and 2020-22. This increase remained statistically significant when deaths due to COVID-19 were

excluded, which suggests a concerning trend independent of COVID-19 specific deaths.

- Thrombosis and thromboembolism is now the leading cause of maternal death followed by COVID-19 and cardiac disease; together, these three causes represent 43% of maternal deaths during or up to six weeks after pregnancy.
- Deaths from mental health-related causes continue to account for a large proportion (34%) of deaths occurring between six weeks and a year after the end of pregnancy with deaths due to substance misuse and other psychiatric causes the leading cause of deaths in this period.
- Women living in the most deprived areas had a maternal mortality rate twice that of women living in the least deprived areas, emphasising the need for a continued focus on action to address these disparities.
- There was a nearly three-fold difference in maternal mortality rates amongst women from Black ethnic back[1]grounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women.

Rates between the UK countries are not statistically different (noting significant limitations in statistical power).

Figure 1: Direct and indirect maternal mortality rates per 100,000 maternities using ICD-MM and previous UK classification systems; three-year rolling average rates 2003-2022



Sources: CMACE, MBRRACE-UK

Update from Head of Chief Executive's Office

Reshape and Refresh Programme

Implementation of the Reshape & Refresh Operating model is ongoing with fortnightly Implementation Team meetings overseeing progress and the next Programme Board is scheduled for 25th October. Staff -side forum was held on 12th Sept and outstanding queries were addressed.

Structure: Tier 3 of the Management of change process is underway with Round One expression of interests scheduled for completion by mid-October. Where posts remain vacant at this tier, a second round of recruitment will commence, restricted to internal trawl across the organisation. A review of overall timeline will be undertaken for any necessary adjustments based on the final timeline for achievement of tier 3.

Functions: Transfer of HSCQI to RQIA is underway with anticipated transfer date on 1st November. Oversight Board scheduled for 18th October to finalise arrangements.

Governance: A professional governance framework is under development which will be consulted on with staff and trade unions. This will be a tool which will support registrant staff working within the organisation.

Work relating to roll out of planning teams is due to commence in November with a focus initially on developing a health inequalities framework.

Culture: Work is ongoing through ODEF group to identify culture champions and the development of health and well-being action plans has commenced. Plans are well underway for the Annual Staff Event scheduled for 4th Dec which will provide a platform for the development of a 'Staff recognition framework'.

Data: Director Job description is in final stages and will be submitted to DoH for evaluation.

Communication: Communication Is ongoing with wider staff through weekly staff news, first Tuesday sessions etc. A series of drop in clinics were scheduled for October 24 with Reshape & Refresh Programme Manager. A 'Chat with Chief Exec' will commence in November, providing staff with the opportunity to ask questions and provide feedback.

Statutory Public Inquiries

The PHA public inquiry response remains underway.

Over recent months, the response has been predominantly focused on the Muckamore Abbey Hospital Inquiry and the UK Covid-19 Inquiry.

In respect of the Muckamore Inquiry, the evidence sessions of Mary Hinds and Rodney Morton, former PHA Executive Directors of Nursing and AHP, took place during late September. Noted that although both former employees, the Inquiry has treated their evidence as that of the PHA.

In respect of the Covid-19 Inquiry, the Agency has successfully submitted its finalised corporate witness statement for module 4 (Vaccines and Therapeutics). Work up of the draft corporate witness statements for module 5 (Government Procurement) and module 6 (Care Sector) remains underway as the Agency works to late October submission dates. Preparatory work has also now commenced in advance of the Chief Executive's module 3 (Impact of pandemic on healthcare systems in the 4 nations of the UK) evidence session which has been confirmed for Tuesday 5 November.

Communications

NI Social Media Awards

We were delighted to win the Best Use of Social Media in Healthcare Award, and runner-up Award for Best Social Media Campaign in Public Sector/Charity/Education/Not For Profit, at the 2024 NI Social Media Awards. The PHA was shortlisted in a total of five categories, with the judges impressed by how the team successfully utilised social media to educate and empower individuals to make informed decisions about healthcare through the creation of impactful social media messages to promote health-related topics, including vaccinations, cancer detection, screening, drugs and alcohol, sexual health, smoking, physical activity, nutrition, obesity, breastfeeding and health inequalities.

Needle Exchange

With the relocation of Extern's PHA-funded needle and syringe exchange, we undertook a series of stakeholder engagements and held a targeted media event to help ensure the smooth transition of the service and enhance local awareness of the valuable work of the new Enhanced Needle and Syringe Exchange. Briefings were provided to key political representatives – Health Minister, and the Health Committee Chair, Deputy Chair and Members – and visits to the new facility were arranged for the party leaders and independent councillors at Belfast City Council, BCC chief executive, local business representatives, PHA, PSNI and local community and voluntary organisations. Briefings were also provided to the Ulster University and UU Students' Union. The extensive public affairs engagement programme and media approach proved successful in highlighting the role of the PHA in the Needle and Syringe Exchange Services, providing clarity and reassurance on what they do, and showing an excellent example of the collaborative work the agency undertakes in this sector.

AAA screening

Over the past couple of months, the team has been working with the BBC to develop an Abdominal Aortic Aneurism (AAA) screening feature piece to raise awareness about the importance of attending screening when invited. Michael Hughes and Trevor Johnston, who found out they had an AAA after they attended their screening appointment both shared their experiences of how screening saved their lives and why they would encourage others to attend when invited. See link below and video attached to find out more. The piece went live on BBC on Friday 4th October across TV, radio and online, as well as PHA's social channels. The story was aired on every BBC news bulletin that day and it was viewed over 100,000 times online. It was also the top performing story on BBC that week. The AAA screening programme office has received over 100 calls since the story went live, all from men who were keen to self-refer or had missed their appointment – the exact people we were trying to target. (https://www.bbc.co.uk/news/articles/cy43005pjwdo)

Breast Cancer Awareness Month

This month is also Breast Cancer Awareness month and we have featured two case studies, Catherine Bell and Wendy Dalzell, who found out they had breast cancer after they attended their first ever breast screening appointment. Our video content and photography has highlighted the importance of breast screening and symptom awareness throughout the month. The content is performing well and we have received prominent coverage so far in Belfast Live and News Letter, with more anticipated.

(https://www.belfastlive.co.uk/news/northern-ireland/derry-women-diagnosed-breast-cancer-30071938)

Sexual Health website - refresh

Communication leads have worked with BSO ITS on the redevelopment of the sexual health site Home - Sexual Health NI. The website features a new layout, design and content and was transferred from Drupal to Wordpress. The redevelopment included engagement with stakeholders and end users. The website was launched on 1 October as part of the *Looking after your sexual health* Living Well campaign running in community pharmacies. The website and campaign aim to contribute to the objectives set in the Department of Health's Sexual health action plan by focusing on the availability of and access to contraception; the availability of and access to testing for sexually transmitted infections (STIs).

Organ Donation

A very busy Organ Donation Week was delivered, celebrating 30 years of the Organ Donor Register and encouraging everyone to register decisions. A wide range of events took place locally as well as a UK-wide initiative which saw over 50 people scale Slieve Donard. PHA CEO was in attendance at a launch event with the Health Minister, and also at an event to highlight the importance of paediatric organ donation.

Publications

To date we have completed a total of 60 health protection publication titles. These focus on vaccination and include flu, COVID-19, the new RSV maternal programme and older adult programme, the childhood routine programme and the safe storage of vaccines. New materials have been created for pressure ulcers in pregnancy and reprints of a range of material on vaping.

Update from Director of Finance & Corporate Services

The development of the Corporate Plan 2025-30 is currently underway. The team facilitated workshops with the PHA Board and 2 successful staff engagement sessions taking place in October. Work continues to develop a draft for November 2024 in line with the project plan.

The financial context remains challenging and based on finance reports to August 2024, the Agency expects to break even in 2024/25. Ongoing and positive engagement with Department of Health officials aims to highlight future pressures arising through policy decisions and agree funding going forward.

The Directorate continues to implement new structures through the Reshape and Refresh programme with plans to fill 2 Assistant Director posts and restructure teams to focus on Planning, Performance Finance and Corporate Services.

Health Protection Situational Awareness

Produced by PHA Health Protection

3rd October 2024

HSC Public Health Agency

Improving Your Health and Wellbeing

NI situational awareness summary

Assessment of the overall risk to NI from domestic signals / situations and horizon scanning, including a short explanation of the considerations included in the overall risk assessment.

COVID-19: Infection episodes relatively stable. Admissions generally reduced over the past twelve weeks.

Influenza: Activity low, remaining at inter-seasonal levels.

RSV: Small rise in episodes in recent weeks but activity remains low.

Measles: No confirmed cases reported in recent weeks.

Pertussis: Activity has further decreased in the latest reporting week.

Domestic situations: acute situations

Disease/Incident	Location	Situation Overview	Implications
Mpox	International	• Occurrence of clade I within Africa, primarily DRC and other adjoining countries. • UKHSA incident response moved from standard to enhanced based on an imported case into Europe and complex communication requirements across the region. • Risk assessment remains unchanged no cases in NI/UK.	• No change in implications for NI, planning work ongoing. • PHA attending UKHSA daily brief and IMT. • Internal PHA response team and cells continue to meet- work ongoing.
Peanut contamination of mustard products imported from India (Food Standards Agency (FSA))	International	• FSA advised of a national incident regarding peanut contamination of mustard products from India on a UK and global scale. • Concerns from hospitality of illness, hospitalisation, and cases of anaphylaxis in the UK (6 at last report). • IMT in progress (FSA/DEARA), regular briefings being provided to UKHSA and Public Health authorities, and the DoH. • Indian authorities have been notified and response is awaited. A growing list of potentially implicated products has been identified and work is ongoing.	• FSA following up with all relevant NI businesses and local councils regarding withdrawal and recall of products and have issued extensive communications. • FSA will commence more targeted communications, liaising with HCWs via Trust Directors, SPPG Primary Care/Pharmacy, and to consider monitoring data for relevant clinical presentations. • FSA identified six businesses with affected products and are working with relevant councils to identify, withdraw, and recall products where required.

Domestic situations: surveillance signals

COVID-19

Flu/RSV

Measles

Pertussis

Domestic situations: surveillance signals

COVID-19

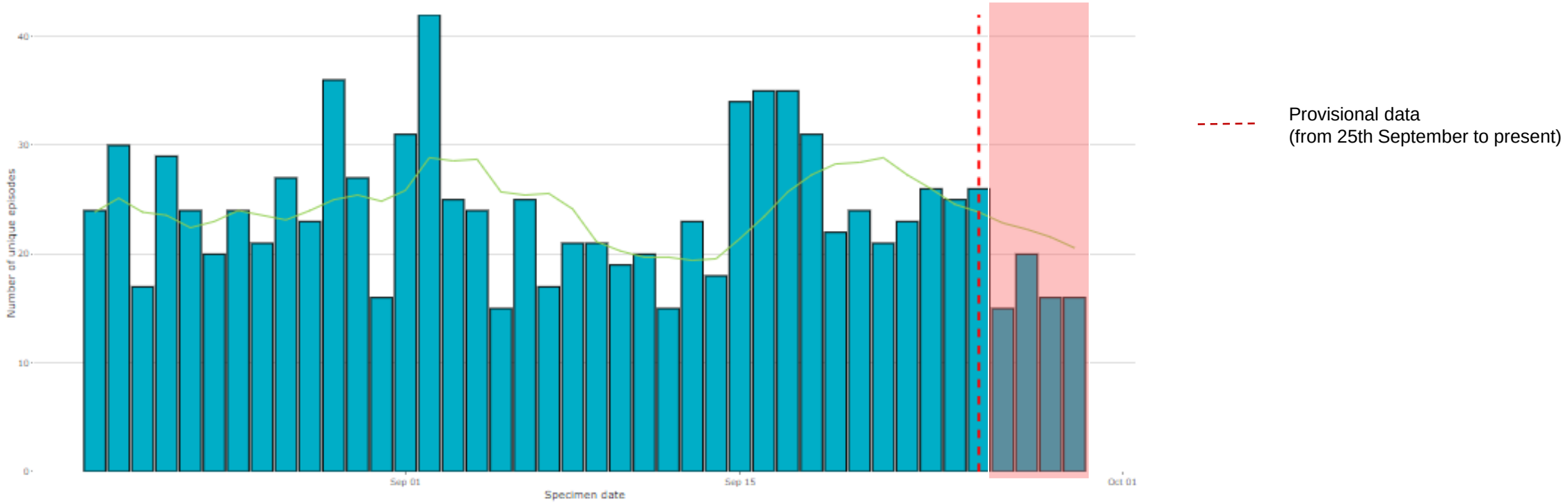


Figure 1. Number of unique episodes of COVID-19 by specimen date, by day, 19th of August – 29th September 2024.

The number of new daily unique COVID-19 episodes is relatively stable, with a rolling 7-day mean of 25 episodes on 24th September 2024. Data to the right of the red dashed line are considered incomplete due to the lag time from a specimen being taken to the result being available.

For more information please refer to COVID-19 Epidemiological Bulletin available here.

Domestic situations: surveillance signals

COVID-19

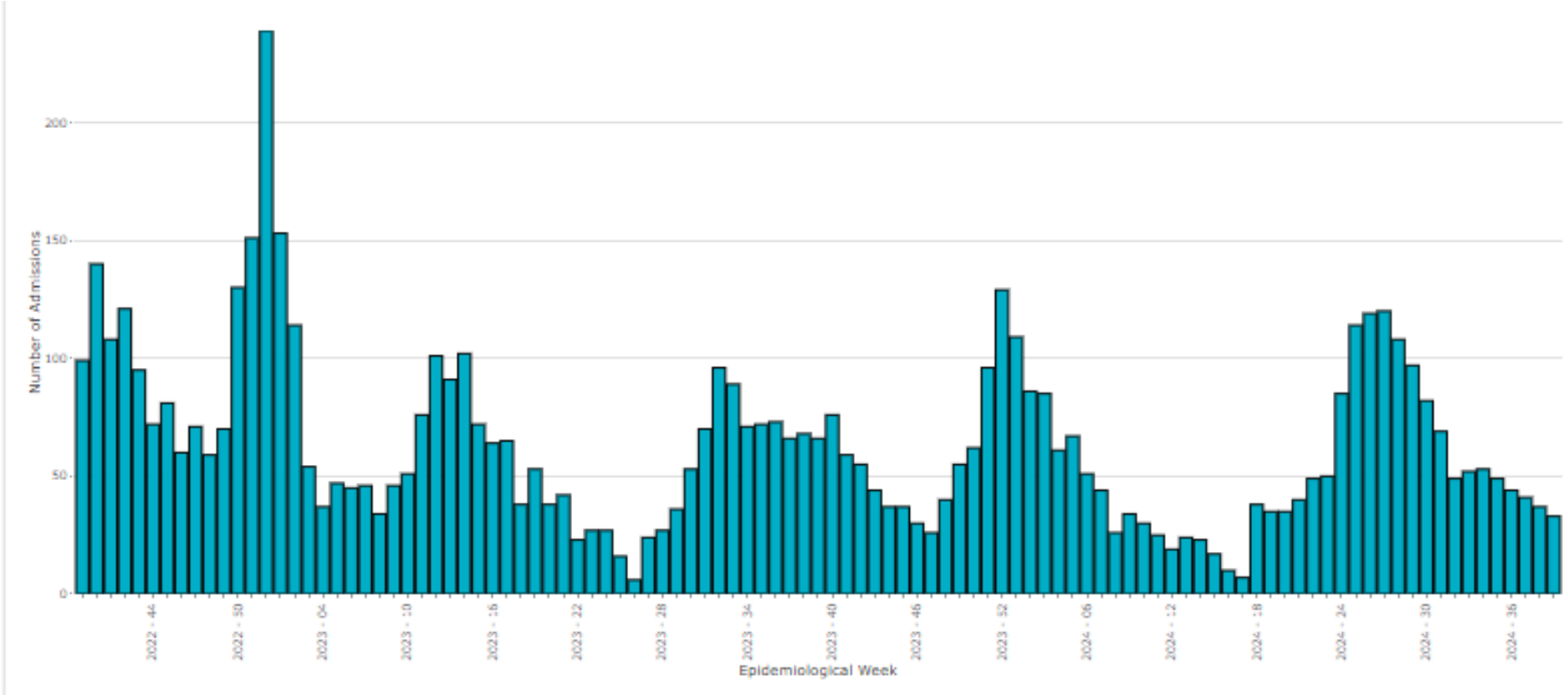


Figure 2. Community onset, community acquired emergency COVID-19 admissions by epidemiological week.

In the last twelve weeks, there has been a general decrease in COVID-19 admissions, with 36 admissions in week 39 (week ending 29th September 2024), consistent with the lagged trend in community COVID cases.

For more information please refer to COVID-19 Epidemiological Bulletin available here.

Domestic situations surveillance signals

COVID-19 Genomics

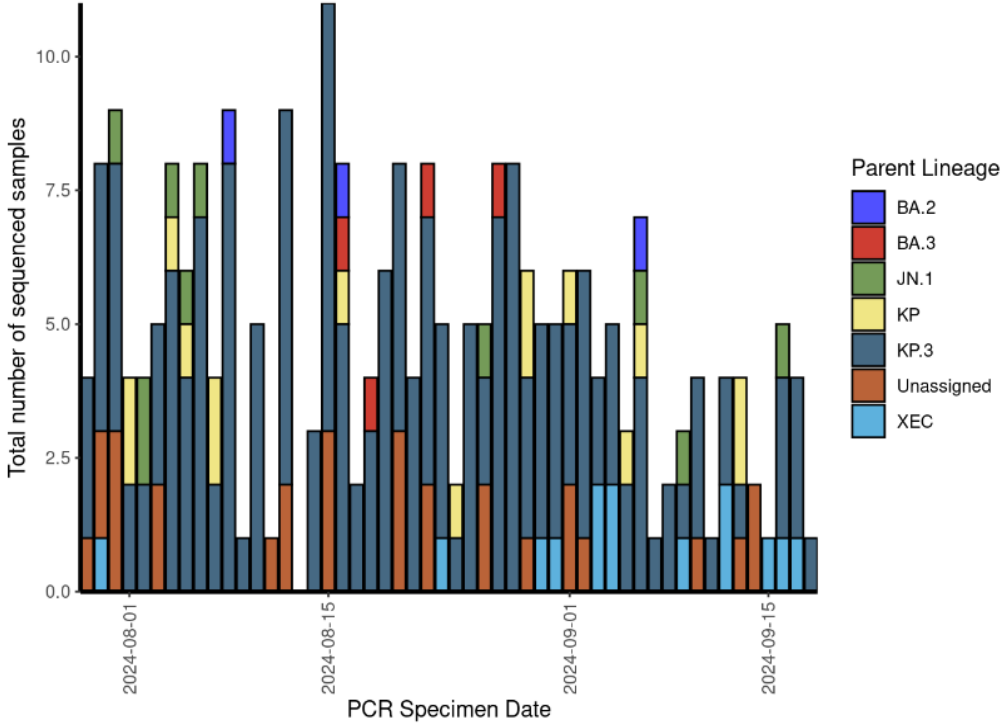


Figure 3. Sequenced COVID-19 cases in Northern Ireland, by parent lineage and day, for the last 8 weeks of sequencing data

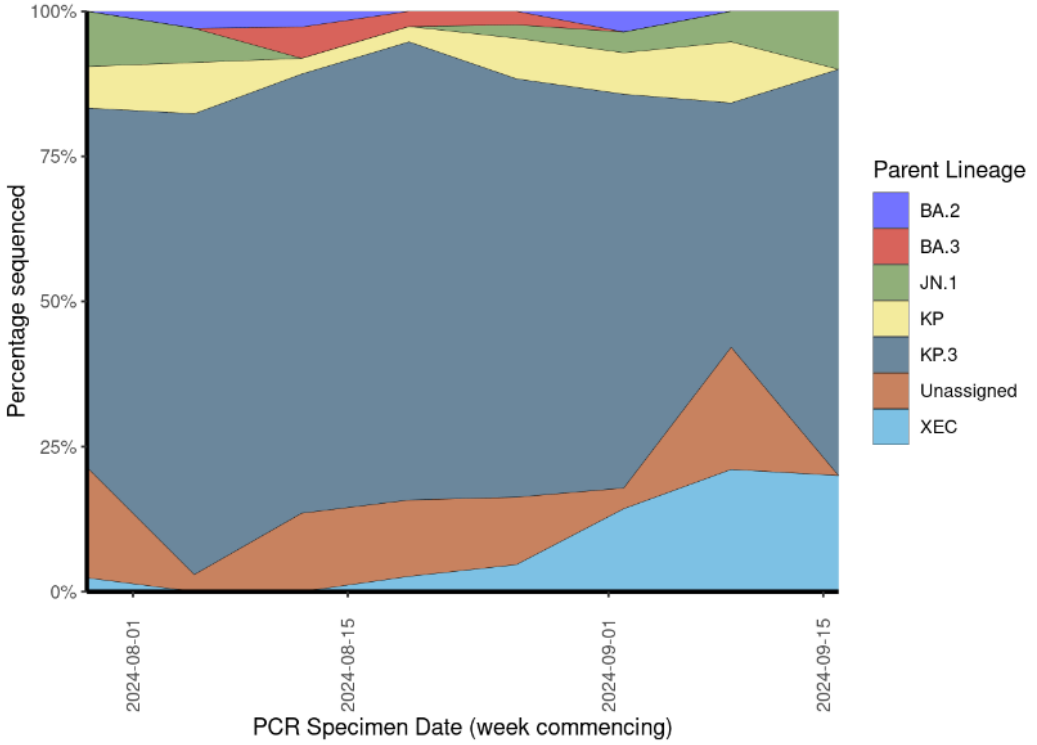


Figure 4. Percentage of sequenced COVID-19 cases in Northern Ireland, by parent lineage and epidemiological week, for the last 8 weeks of sequencing data

In the 8 weeks 29th July 2024 to 22nd September 2024, 251 COVID-19 samples were sequenced. Of these, 176 were KP.3 (70.1% of all sequenced samples), 15 were other KP sub-lineages (6.0% of all sequenced samples), and 14 were XEC (5.6%) (Figures 3 and 4).

For more information, please refer to the COVID-19 Genomics Bulletin available here.

Domestic situations: surveillance signals

Influenza and RSV

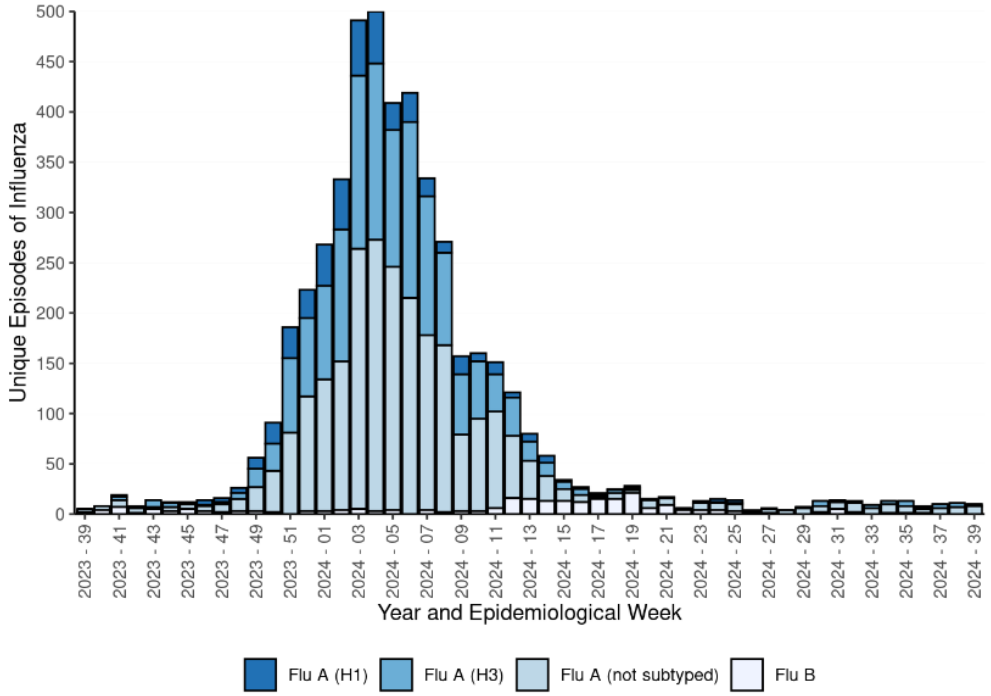


Figure 5. Weekly number of unique episodes of influenza, by epidemiological week

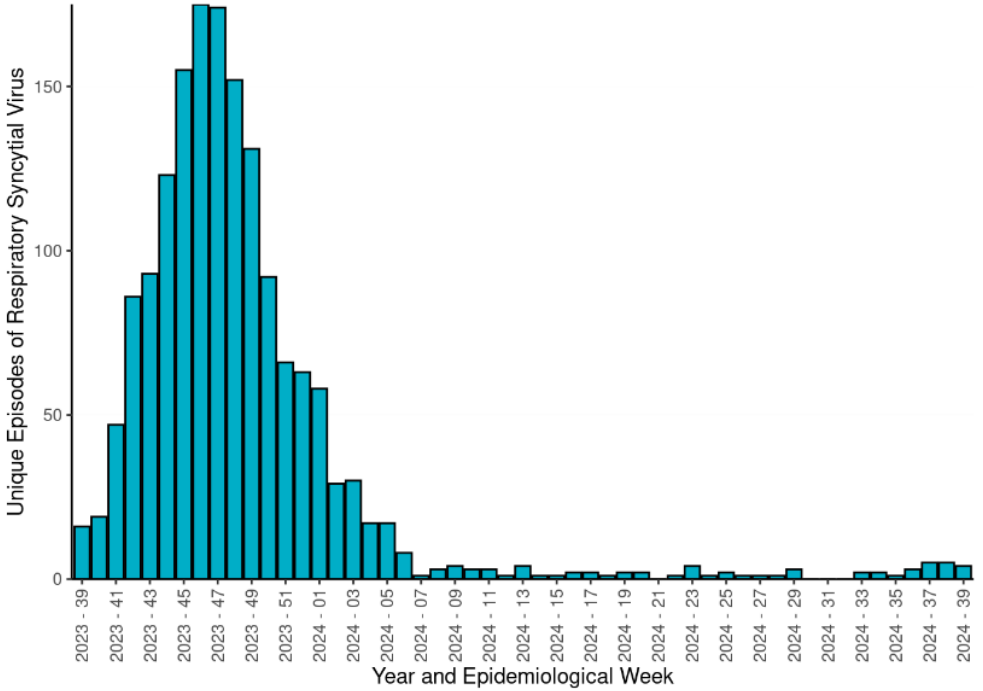


Figure 6. Weekly number of unique episodes of Respiratory Syncytial Virus, by epidemiological week

There were **10 unique episodes** of influenza (all influenza A). This is similar to the previous week (11 episodes). For RSV, there were **four unique episodes** identified. Again, similar to the previous week but lower than during the same period in 2022/23. These trends have remained relatively stable during the past few weeks.

Domestic situations: surveillance signals

Influenza and RSV

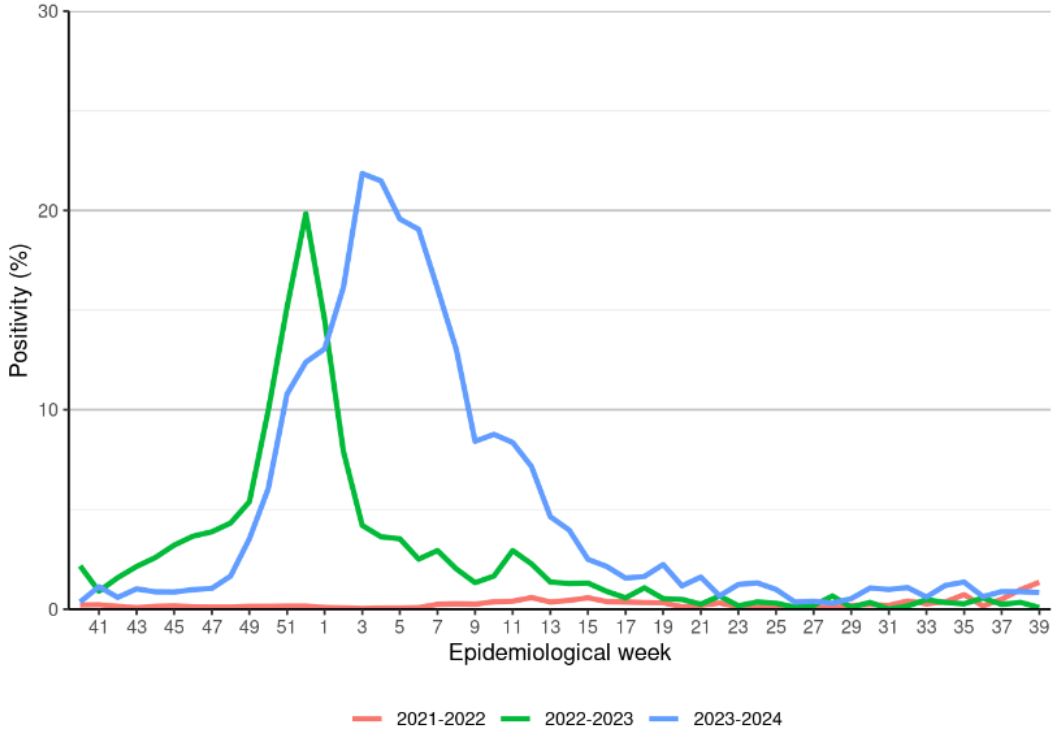


Figure 7. Sentinel and non-sentinel weekly positivity for influenza, by epidemiological week, 2021/22 – 2023/24

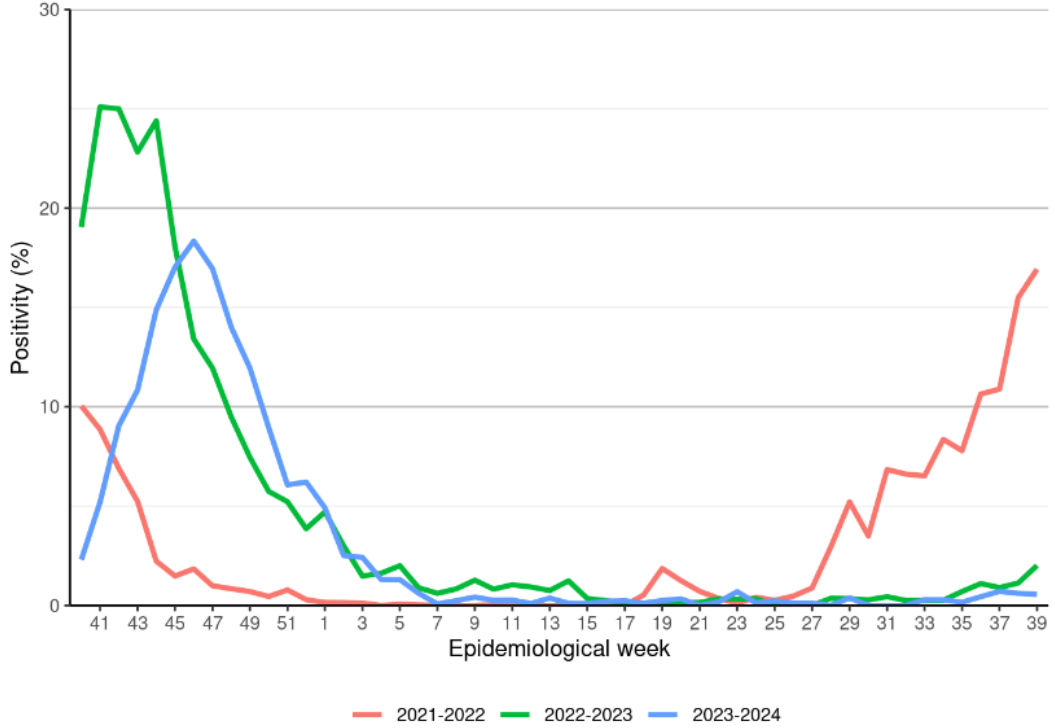


Figure 8. Sentinel and non-sentinel weekly positivity for RSV, by epidemiological week, 2021/22 – 2023/24

Overall **influenza positivity** was 0.8%, similar to the previous week (0.9%) but higher than the same period in 2022/23 (0.1%). Overall **RSV positivity** was 0.9% which is slightly higher than the previous week (0.6%) but lower than the same period in 2022/23 (2.0%). During 2022/23 the RSV season started earlier than normally observed, this has not been replicated in 2023/24.

Domestic situations: surveillance signals

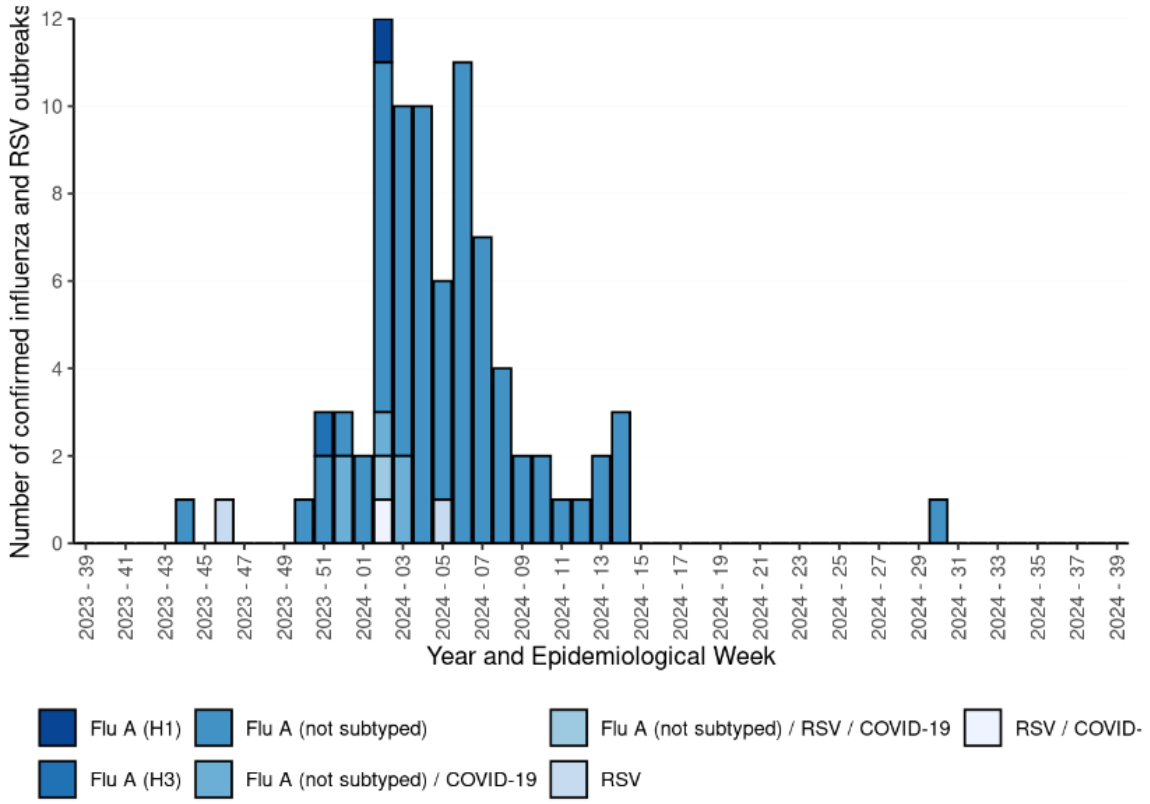


Figure 9. Weekly number of confirmed influenza and respiratory syncytial virus outbreaks, by year and epidemiological week

There have been no confirmed influenza or RSV outbreaks reported to the PHA Health Protection acute response duty room during the past 5 weeks.

Influenza and RSV

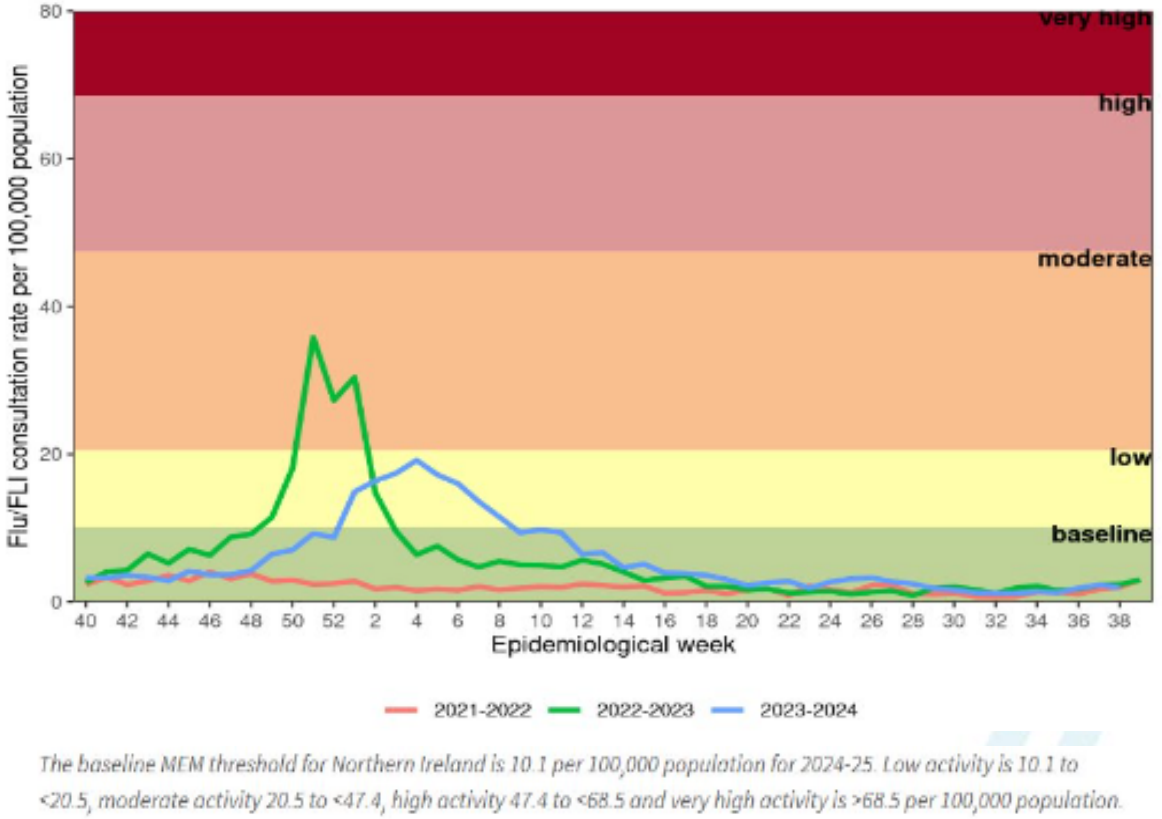


Figure 10. Northern Ireland GP consultation rates for 'flu/FLI', by epidemiological week, 2020-21 – 2023-24

The GP influenza/flu-like-illness (flu/FLI) consultation rate remained at inter-seasonal levels at 2.0 per 100,000 population. This is similar to the same period in 2022/23 (2.4 per 100,000 population). This data is for week 38, 2024 as week 39 has not currently been updated.

Domestic situations surveillance signals

Measles

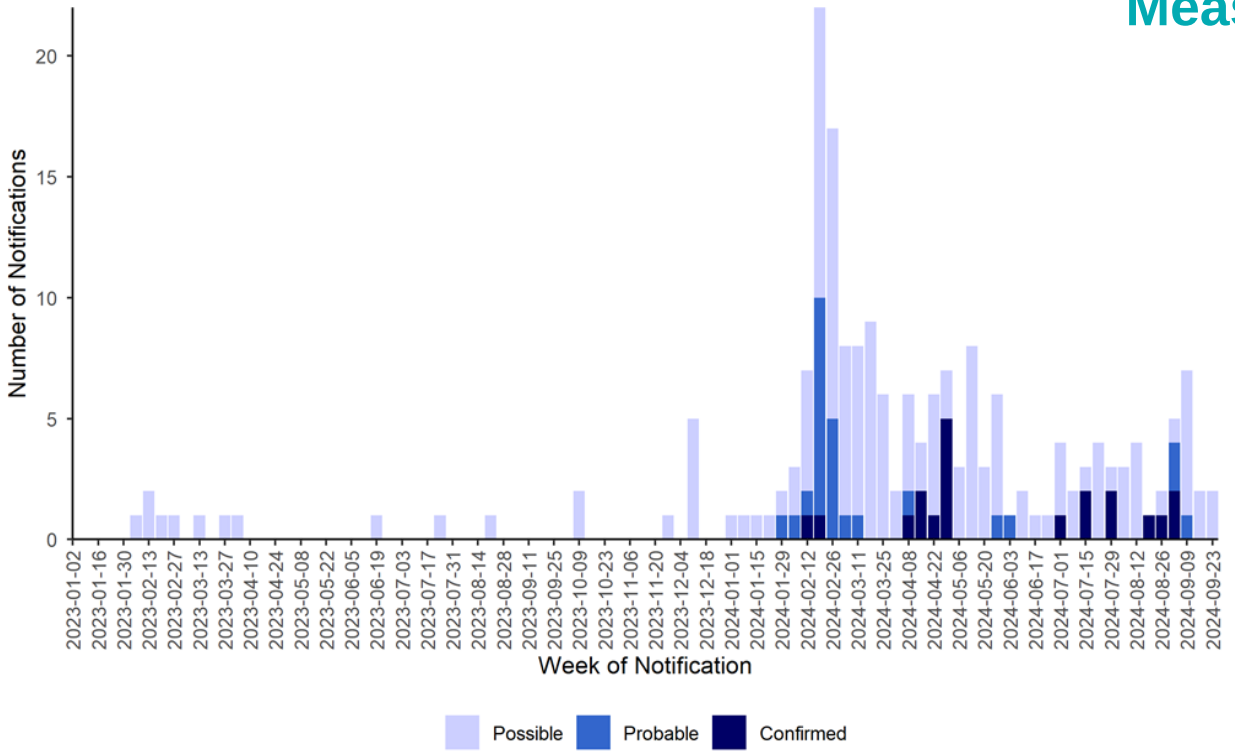


Figure 11. Incidence of measles notifications, by week of notification, all ages, 2023-24.

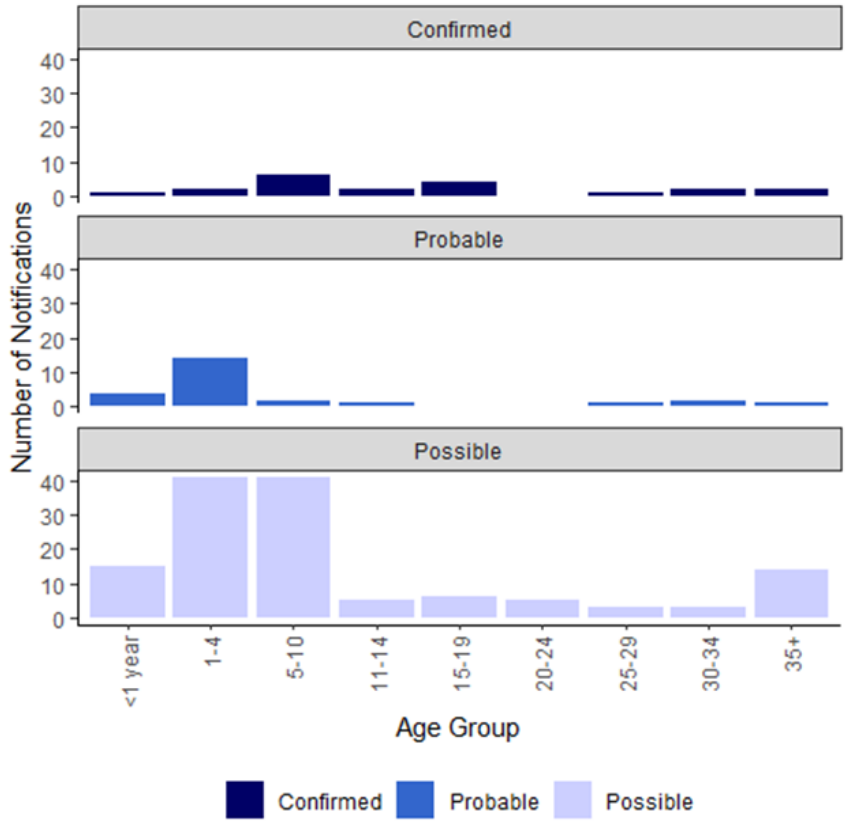


Figure 12. Measles notifications by age group and confidence, 2024.

From 01 January to 29 September 2024, **20 confirmed measles** cases have been notified to the PHA (Figure 5). Most notifications of clinically suspected measles reported to date have been in those aged 10 years and younger (Figure 6). Of the four most recently confirmed cases; one case reported a history of travel to a measles endemic country, one reported history of travel (Europe), and two cases were contacts of a confirmed case with travel history.

For more information please refer to Measles infection in Northern Ireland Bulletin available here.

Domestic situations surveillance signals

Pertussis

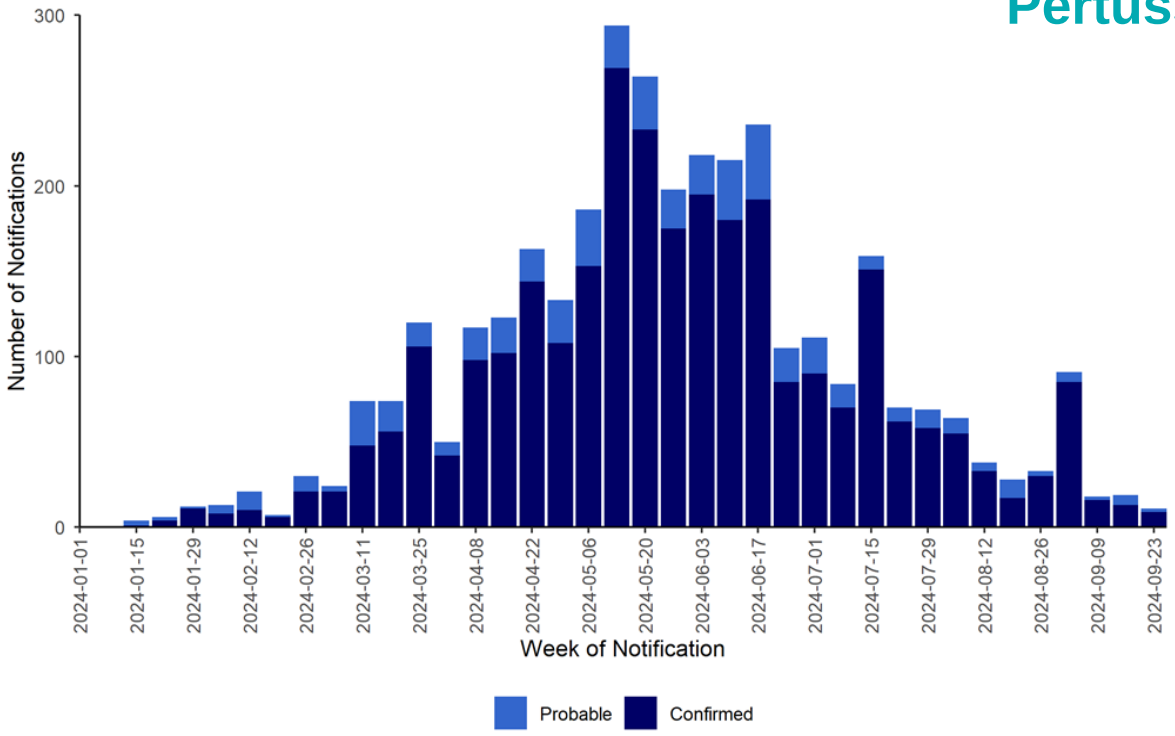


Figure 13. Incidence of pertussis, by week of notification, all ages, 2024.

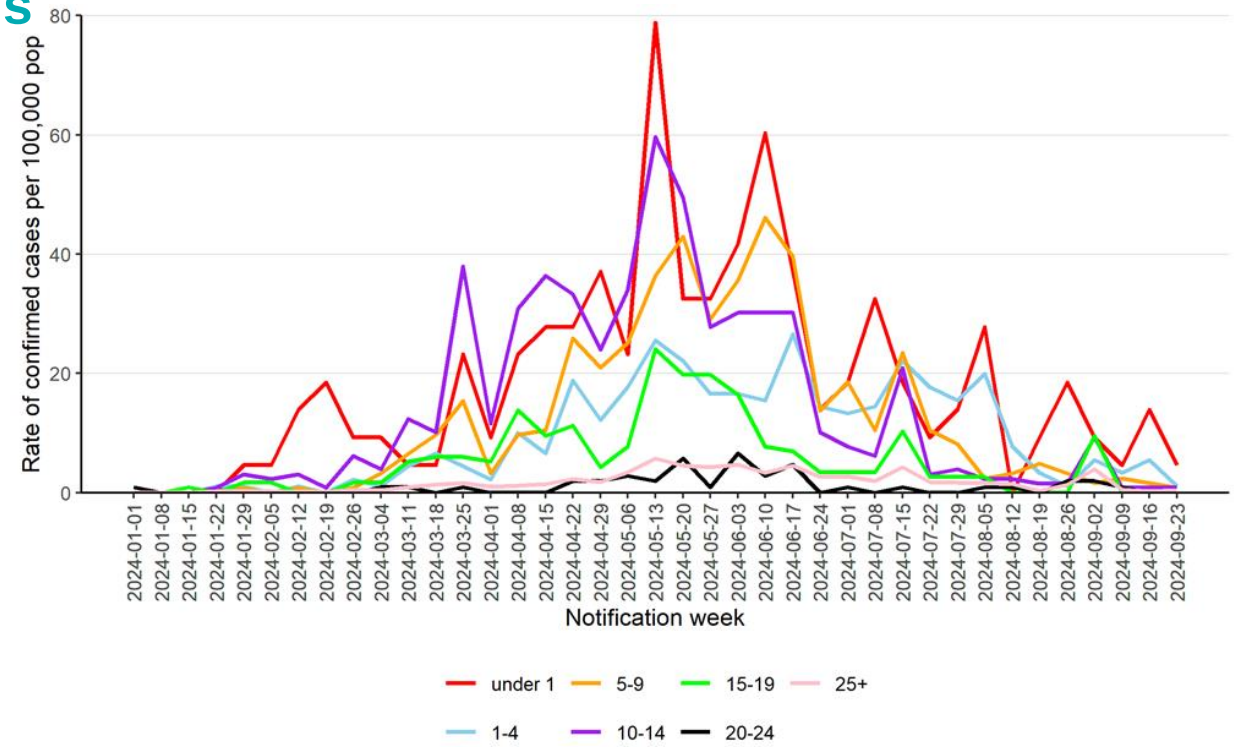


Figure 14. Rates of confirmed pertussis cases by age group, 2024.

2,958 confirmed pertussis cases have been notified to the PHA from 01 January to 29 September 2024. PHA received updated serological lab reports resulting in an artefactual rise in notifications in the following weeks; week commencing 15 July 2024 (n=86), week commencing 26 August 2024 (n=6) and week commencing 02 September 2024 (n=71). These results relate to tests during the period January to July 2024. Excluding the historic notifications, weekly notifications have continued to decrease since week commencing 24 June (Figure 7).

The highest **number** of confirmed cases to date have been reported in those **aged 25 years and older** (n=899), 10-14 years (n=710) and 5-9 years (n=578). The **rate** of confirmed cases per 100,000 population in week commencing 23 September were highest in those **aged under 1 year** (4.6 cases per 100,000) (Figure 8). A reduction in incidence from late June may be due to changed testing behaviour, school holidays and testing guidance.

For more information please refer to Pertussis in Northern Ireland Bulletin available here.

Domestic situations surveillance signals

Pertussis

Pertussis hospital admissions by week

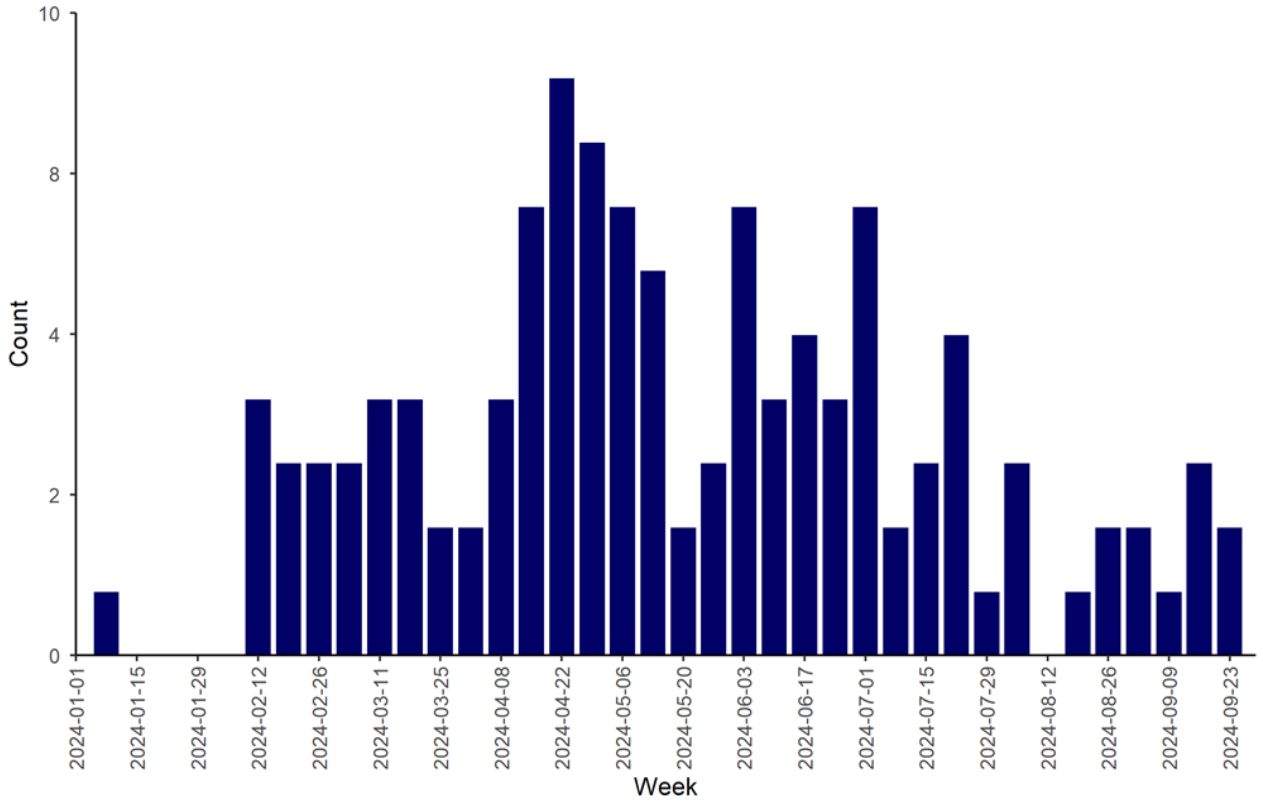


Figure 15. Pertussis admissions by week, all ages, 2024.

Pertussis hospital occupancy by day

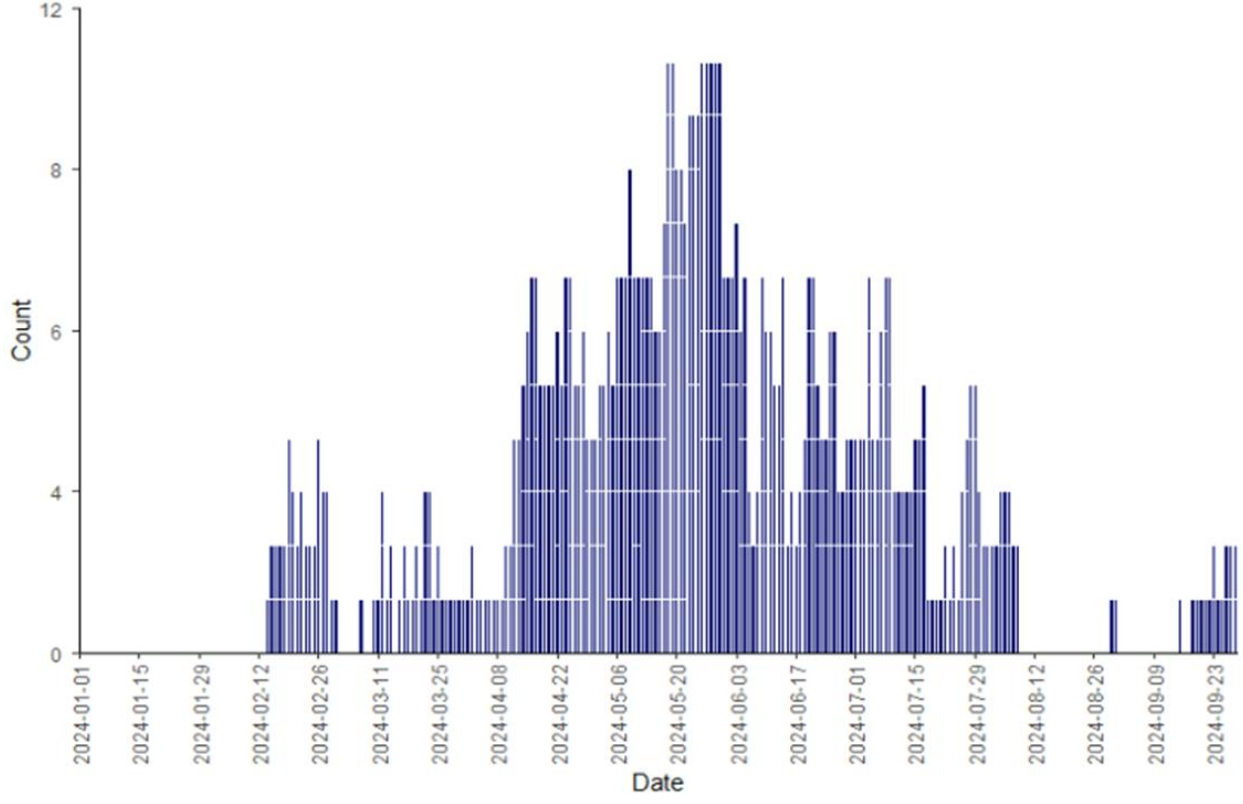


Figure 16. Pertussis inpatients by day, all ages, 2024.

Pertussis hospital admissions and occupancy have remained relatively low to date in 2024.

Domestic acute situations: Hospital-associated incidents*

During the past 7-day period from 25th September – 1st October 2024, there were 11 **new incidents** associated with hospital settings, 8 (73%) of which were related to Covid-19, 2 CPE and 1 Gastroenteritis.

As of 1st October, there were 23 **active incidents**, 65.2% (15) of which were COVID-19. The remaining incidents included 3 – CPE, 2 – Tuberculosis, 1 Parvovirus B19, 1 – Gastroenteritis and 1 Candida auris.

**An incident may comprise only a single case.*

Domestic acute situations: Trust-led facility incidents*

During the past 7-day period from 25th September – 1st October 2024, there was **1 new incident** associated with care home settings related to COVID-19, this was the only active incident.

**Includes residential homes, day centres and supported living facilities*
New data flow, data provisional while quality assurance is ongoing

Domestic acute situations: Care home outbreaks*

During the past 7-day period from 25th September - 1st October 2024 , there were 3 **new outbreaks** associated with care home settings (2 COVID-19 and 1 norovirus).

As of 1st October, there were 11 **active outbreaks**, of which 64% (7) were related to COVID-19. The remaining incidents included 3 – norovirus and 1 influenza A.

** New data flow, data provisional while quality assurance is ongoing*

Public Health Agency

UK Situations

Disease/Incident			Implications for NI
Salmonella Blockley ST52	UK	• Ongoing national incident, led by UKHSA. • As of 30 September, 106 cases reported across England, Wales and Scotland, with sample dates between 27 July 2024 and 12 September 2024. • 60–69-year-olds most affected (range 2-88 years), 55% female • East of England most affected region (26%). • Higher than expected hospitalisation (49%). • Strain also identified in the U.S, France and Germany. No cases in ROI. • Focus of enhanced surveillance has been to identify a more defined exposure list for FSA investigations and onward testing. Shared with micro for laboratory typing information and awareness. • IMT remains ongoing	No cases identified in NI to date. For awareness and linking with national IMT

HSC Public Health Agency

Horizon scanning

Disease/Incident	Location	Situation Overview	Implications for NI
Avian Influenza A (H5N1)	USA	• **238** dairy herds affected and 1 herd of alpacas in 14 US states. • There have been **15** human cases (since 2022) to date across 4 states. 4 associated with dairy cattle, 10 with poultry – 1 with no immediate known animal exposure (mild clinical cases with conjunctivitis). The last human case was reported on 06/09/24. • No definitive evidence of human-human transmission, including case's close contacts. • Sequencing of latest human case (with no animal contact) is still being attempted, early speculation "Almost certainly consistent with the bovine strain". • **UK Risk Assessment:** Level 4 with moderate confidence (Sustained and/or multispecies mammalian outbreaks; increasing human zoonotic cases or limited person-to-person spread, linked to zoonotic exposures). Updated 02/10/24 - CDC Updated 17/09/24 - UKHSA AHSA	PHA linked into UKHSA groups. PHA planning and preparation ongoing. No further situational awareness updates from 17/9/2024.
Avian influenza A(H9N2)	Ghana	• On 26 August 2024, the International Health Regulations (IHR) National Focal Point (NFP) for Ghana notified WHO regarding the country's first reported human case of infection with a zoonotic (animal) influenza virus. • Subsequent laboratory tests confirmed avian influenza A(H9N2) virus. • According to epidemiological investigations, the patient, under 5 years old, had no known history of exposure to poultry or any sick person with similar symptoms prior to the onset of symptoms. • The Ghanaian government has implemented a series of measures aimed at monitoring, preventing, and controlling the situation. • According to the IHR (2005), a human infection caused by a novel influenza A virus subtype is an event that has the potential for high public health impact and must be notified to the WHO.	None

Public Health Agency

Horizon scanning

Disease/Incident	Location	Situation Overview	Implications for NI
Avian influenza A(H3N2)v	United States	• On 22 September 2024, the US CDC reported 2 new human cases of influenza A(H3N2)v in Minnesota during week 36 (week ending 7 September 2024). • Both cases aged under 18 years, not hospitalised and have subsequently recovered. • No other subsequent illness identified among contacts.	None
Marburg virus disease	Rwanda	• First haemorrhagic fever detected in Rwanda. • On 27 September 2024, the Rwanda Ministry of Health reported an outbreak of Marburg virus disease (MVD) in health facilities in Kigali. • On 29 September 2024, the Rwanda Ministry of Health provided an update to state that 26 confirmed cases of MVD and 8 deaths (case fatality rate of 31%) have been reported in the current outbreak so far. • 18 cases are currently in isolation and undergoing treatment. • Media have reported that the WHO are sending experts to assist with outbreak response efforts. • Additional media reports have stated that cases have mainly been amongst healthcare workers in a hospital intensive care unit in the capital of Rwanda, Kigali. Up to 300 contacts are currently being contact traced by health officials. • Next IMT UKHSA Friday 30/09/24 from UKHSA Epi intel 01/10/24 UKHSA have produced guidance for trusts and HP units. UKHSA initiating returning HCW programme for those returning from Rwanda.	PHA attended UKHSA led IMT 30 Sept 2024 Risk to UK assessed as **Low**

HSC Public Health Agency

Horizon scanning

Disease/Incident	Location	Situation Overview	Implications for NI
Mpox clade I	**Global**	See table below	No cases of Clade I reported in NI to date.

Country	Data as of	Confirmed	Suspected	Trend	Clade sublineage	Source
Democratic Republic of the Congo (DRC)	21/09/2024	5,716	22,101	Deteriorating	Ia and Ib	Democratic Republic of the Congo Ministry of Health (Internal Comms)
Burundi	29/09/2024	801 (+105)	1,183	Deteriorating	Ib	Media, WHO
Central African Republic (CAR)	20/09/2024	54	265	Stable	Ia	WHO
Republic of the Congo (RoC)	17/09/2024	21	163	Stable	Ia	Africa CDC
Rwanda	22/09/2024	6	0	-	Ib	Media
Uganda	21/09/2024	24	59	Deteriorating	Ib	Uganda Ministry of Health
Gabon	06/09/2024	2	13	-	Unknown	Africa CDC
Kenya	29/09/2024	8 (+1)	5	-	Ib	Media, Kenya Ministry of Health
Sweden	15/08/2024	1	0	-	Ib	Public Health Agency of Sweden
Thailand	22/08/2024	1	0	-	Ib	Thai Disease Control Department
India	27/09/2024	1*	0	-	Ib	Internal comms, media

*Official confirmation in the public domain from authorities is awaited for the reported case of mpox in India.

Currently no cases of Clade I reported in the UK. Health inequalities were assessed as part of the Dynamic Risk Assessment and it was recognised that the illness disproportionately affects groups from ethnic minority groups, GBMSM and children.

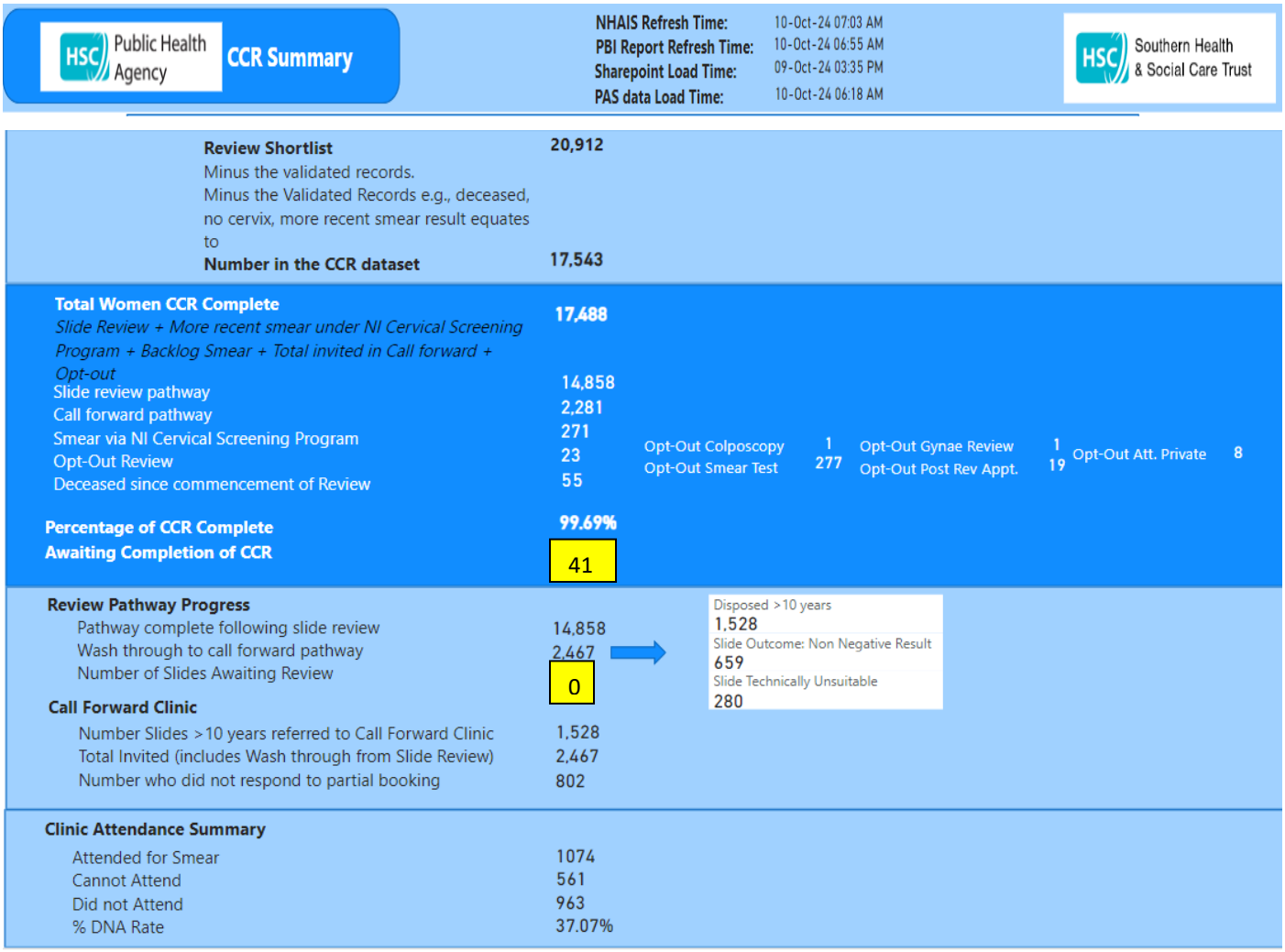
UKHSA daily emerging infections horizon scanning results (27 September 2024)
Epi Intel blood safety entries from horizon scanning (23-27 September 2024)

UK and ROI situations

Disease/Incident	Location	Situation Overview	Implications for NI
Mpox clade II	UK	• 10 new cases in England in latest reporting week (as of 25th September 2024). • Total number of 339 clade II in 2023/24. • 154 presumed UK acquired, 108 imported, and 77 unclassified. • UKHSA continues to actively follow up all new cases of mpox in England; including ascertaining the clade type and providing public health guidance and advice to the public and professionals. **Assessment (23/09/24):** Vaccination campaign likely to mitigate number of new cases (moderate confidence). Clade II no longer considered HCID, unlikely mpox clade II will have significant impact on local and hospital services (moderate confidence). UK has purchased more than 150 000 doses of mpox vaccine Real-Time & Enhanced Surveillance of STIs (RESTI) Daily clade IIb mpox epi update - 27/09/2024	• In NI there have been 4 confirmed mpox cases during 2024. • Last confirmed case on 13/09/24 (specimen date).

CERVICAL CYTOLOGY REVIEW HIGHLIGHT REPORT	
Date of Report:	10/10/2024
Prepared by:	Louise Devlin, Assistant Director Cervical Cytology Review

CORE CCR REVIEW – COHORTS 1 -5



OPT OUT – the breakdown of Opt Out reflects that women have 'Opt Out' at different stages of the pathway/journey not necessarily from the entire review. They may wish to have their previous slide outcome but may not wish to undergo invasive smears/tests if offered ie:

- **23** Opt Out of the entire process at the outset.
- Opt Out of Smear at outset when no slide available.
- Had Slide Review and required Colposcopy but woman opt out of colposcopy.
- Had slide review and required both colposcopy + smear test but opted out of both tests.

TOTAL NUMBER OF SLIDES TRANSFERRED	
Number Slides Sent Past Week	➢ **WHSCT – 0 Slides** ➢ **BHSCT – 0 Slides**

POINTS TO NOTE

All Slides Reviews are now complete therefore no further requirement for transfer of slides.

REVIEW COMPLETION DATES

Cohorts 1- 5

1. **All Slides** have been Reviewed for Cohorts 1-5
2. Outcome letters have been sent for all women in these cohorts with the exception **38** who are booked for Call Forward appointments ie who have not finished their pathway and therefore no definitive outcome until this is complete (detail below)
1. The Call forward pathway for Cohorts 1-5 will complete 7-10 days after the clinic date to allow time for results to be available/reported.

Call Forward Apointment Breakdown	Number	Date Last Appointment
Booked to Colposcopy Appointment	8	5 awaiting Histo results 3 booked for repeat LLETZ (01.10.2024, 8.10.2020, 21.10.20248)
Booked to Red Flag Gynae Clinic	6	3 x Cohort 1-5 (booked 2.10.2024 +1 further TBA) 3 x Cohort 6 (booked 2.10.2024) *All incidental endometrial cells*
Further Gynae Treatment	1	1 x awaiting histeroscopy 15.10.2024 *Incidental finding*
Booked for a Consultant Smear	1	2.10.2024
Booked to Smear Clinic (due to reasons cited below *	**25	12.10.2024
Total	**41**	

**A number of women required repeat smear due to an inadequate initial smear one and therefore had to wait the recommended 12 weeks before having a repeat smear. Additionally there were a small number of women who were pregnant during the period of the review and had to wait the recmommended interval before having a repeat smear.*

**** This number has increased in the past week by 3. This is because women who did not respond to their partial booking letters to make an appointment for a smear phoned in following recent media coverage and booked it.**

Addendum Review – Cohort 6 + Embarked

The addendum cohort includes:

- *Women who have had a more recent smear through the NICSP (Cohort 6) plus*
- *Women who have moved outside of Northern Ireland who have not had a more recent smear (Embarked).*

Cohort 6

All Slides have been reviewed for Cohort 6.

1. A total of **3657** Letters posted 2.10.2024
    - **3646** Negative to Negative Outcome Letters printed 1/10/2024 – post 2/10/2024
    - **11** Inadequate to Negative Outcomes Letters printed 1/10/2024 – post 2/10/2024
2. **131** Letters to be posted w/c 07.10.2024
    - **45** Negative to Low Grade
    - **22** Negative to Inadequate
    - **22** Misplaced Slides
    - **13** Technical Fail
    - **7** Inadequate to Inadequate
    - **22** Negative to Negative

This means that by Friday 11th October (based on the information in the database) all women in the CCR Review will have received an outcome letter with the exception of the 41 who are completing their call forward pathway.

Embarked

- Primary Slide Review is now complete for the **79** embarked women.
- These outcomes will be sent via PHA to the respective Scotland, England, Wales HSC to advise outcomes to these women.

SLIDE REVIEW OUTCOMES FOR ALL COHORTS (1-6)

Slide Review Outcomes

Below are the total outcomes of Slide Review for Cohorts.
Only the Negative outcomes in the Slide Review Outcomes are the final outcome, all other outcomes were progressed to the Call Forward pathways.

- **95.72%** of outcomes have had **No Change** to the original slide review report (95.28% - Negative to Negative plus 0.44% - Inadequate to Inadequate).
- A further **0.49%** (n=77) have had a negative result reported.
- **Total Negative Results** reported - **95.77%**

Slides Reviewed

Original Slide Result	Slide Review Outcome	Count	% Slide Review
Negative	Negative	14845	95.28%
Inadequate	Negative	72	0.46%
No NHAIS Result	Negative	5	0.03%
Inadequate	Inadequate	69	0.44%
Negative	Inadequate	243	1.56%
Negative	Borderline Low-Grade	212	1.36%
Negative	Low-grade	65	0.42%
Negative	Mild Low-Grade	36	0.23%
Negative	Borderline Endo	23	0.15%
Inadequate	Low-grade	3	0.02%
Inadequate	Borderline Endo	1	0.01%
Negative	?GN non-Cx	1	0.01%
Negative	High-grade	6	0.04%
Total		**15581**	**100.00%**

High-Grade Outcomes from Slide Review:

Cohort	Number	Outcome
Cohort 1-5	**4**	3 - Negative following smear 1 - Positive smear, awaiting LLETZ Result
Cohort 6	**2**	2 - Negative HPV result of more recent NICSP

Please Note: *A "High Grade Outcome" does not mean the women have cervical cancer. It indicates further investigations are required.*

Borderline Endometrial Outcomes from Slide Review:

Cohort	Number	Outcome
Cohort 1-5	**15**	2 – await 2nd LLETZ procedure 2 – await histology result 3 – No response to invites for Colposcopy appointment (all written to x 3 times, telephone calls + written to GP) 1 – Declined Colposcopy (Opt Out)
Cohort 6	**9**	8 – Negative HPV result of more recent NICSP 1 – HPV positive with mild dyskaryosis on cytology – Has had Colposcopy – Result CIN I – Repeat June 2025

INCIDENTAL FINDINGS

	Cohort 1-5	Cohort 6
Trichomonas	2 cases	0 cases
Endometrial Cells	14 cases	5 cases
Total Incidental Findings	**16 cases**	**5 cases**

Cohort 1-5	
Trichomonas Follow Up	**2 Cases**
2	➢ Both cases were informed of the findings in writing and contacted 1 week thereafter by GUM Consultant to discuss. ➢ Offered GUM assessment and no further response. Final letter issued to patient and GP.
2	**Total**
Endometrial Cells Follow Up	**14 Cases**
1	➢ Declined Gynae Review ➢ Letter issued explaining results/ Opt Out and copy issued to GP.
6	➢ Attended Gynae Review/ No Further Follow Up Required by Gynae ➢ Team Letters issued on review results and copy issued to GP.
3	➢ Attended Gynae Review/ Further Follow UP Required by Gynae Team ▪ 1 is awaiting Hysteroscopy on 15.10.24. Awaiting results. ▪ 1 has been discussed at MDM for finding of Ovarian Cyst (non ca) & options given. For Review Oct to determine plan. ▪ 1 case had a fibroid identified and will be on 6 monthly surveillance with gynae team.
2	➢ Booked to attend Gynae Review ➢ Both booked to attend 2.10.24.
1	➢ Awaiting to be booked to Gynae Review Patient unable to travel to CAH for 2.10.24 clinic. ➢ Awaiting confirmation of DHH clinic Oct.
1	➢ Patient with endometrial cancer diagnosis identified as SAI as endometrial cells present on slide pre diagnosis. Gynae Team are to meet and Disclose findings.
14	**Total**

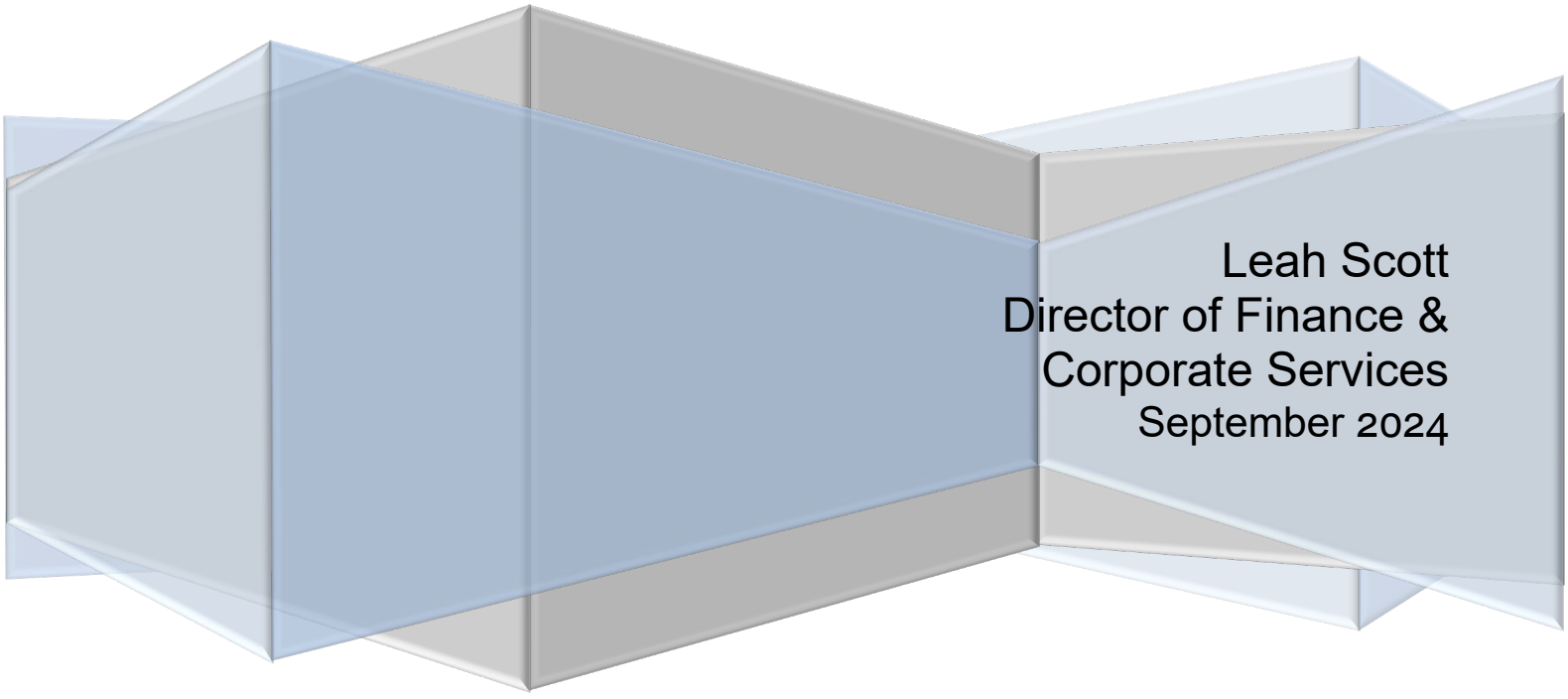
Cohort 6	
Endometrial Cells Follow Up	**5 Cases**
1	➢ Attended Gynae Review/ No Further Follow Up Required by Gynae Team ➢ Letter issued on review results and copy issued to GP.
1	➢ Attended Gynae Review/ Further Follow UP Required by Gynae Team ➢ Had a fibroid identified and will be on 6 monthly surveillance with gynae team.
3	➢ Booked to attend Gynae Review ➢ All booked to attend 2.10.24

Pathway will complete 7-10 days after clinic date allow time for results to be available/reported.

GLOSSARY	
Wash Through from Slide Review to Call Forward Clinic	• Where the Slide is >10 years old and therefore has been destroyed per Retention/Disposal Guidelines. • Where the slide is not technically suitable for slide review e.g., mountant, fading of stain or damaged. • Where the slide may be missing from Laboratory archives • Where the Outcome from Slide Review is anything other than Negative eg inadequate, low grade etc. Determines the requirement for a smear
Opt Out	Women who have contacted the CCR Team to advise they do not wish any further contact and do not wish to engage in the Review.
Number who did not respond to Partial Booking	Partial booking has been used to invite women to attend smear clinics ie they are sent 1st letter inviting them to make contact to arrange a smear appointment in the Trust. If they do not respond after 2 weeks, they are sent a 2nd reminder letter. After 2 weeks if they do not respond to this 2nd letter they are discharged from the Review and both they and their GP receive a letter to advise same. However, should the woman subsequently contact the CCR Team requesting a smear appointment this will be facilitated and their episode re-opened in the Review.
Did Not Attend (DNA)	Per agreed CCR Protocol women will be discharged from the review if they DNA x 2 appointments which have been partial booked ie 2 appointments where they have agreed their appointment date & time however do not turn up on the day of their appointment.
Cannot Attend (CNA)	Where the woman will agree a date and time for a smear appointment however contacts the CCR Team in advance to advise she is no longer able to attend and will either book a new appointment or decide to opt out of the Review.
Slide Review Complete	In Slide Review Pathway - complete is when there is a negative outcome. All other outcomes ie inadequate, low-grade, borderline endo will be invited for a smear at the call forward clinic. These are therefore only complete when they have an outcome from call forward smear whether that be a smear result or closed due to non-response to partial booking.
Call Forward Complete	The Call forward pathway is only complete when a woman has either: • attended the smear clinic and had her outcome/smear result. • when she doesn't respond to partial booking invites and is discharged following completion of the full partial booking cycle ie 2 invites without response • when the woman has booked an appointment to attend and DNA's and books a second appointment which she DNA's.

HSC Public Health Agency

Finance Report
August 2024



Leah Scott
Director of Finance &
Corporate Services
September 2024

Section A: Introduction/Background

1. The PHA Financial Plan for 2024/25 has set out the funds notified as available, risks and uncertainties for the financial year and summarised the opening budgets against the high-level reporting areas. It also outlined how the PHA would manage the overall funding available, in the context of cash releasing savings targets applied to the organisation. It received formal approval by the PHA Board in the June 2024 meeting.

2. The Financial Plan identified a number of areas of projected slippage and how this was to be used to address in-year pressures and priorities.

3. This executive summary report reflects the draft year-end position as at the end of August 2024 (month 5). Supplementary detail is provided in Annex A.

Section B: Update – Revenue position

4. The PHA has reported an approximate breakeven position for the year to date (month 4, £0.5m) against the annual budget for 2024/25.

5. In respect of the year to date position:

    - The annual budget for programme expenditure to Trusts of £46m has been profiled evenly for allocation, with £19.2m expenditure reflected as at month 5 and a nil variance to budget shown.
    - The remaining annual programme budget is £57.0m. Programme expenditure of £19.3m has been recorded for the first five months of the financial year with an overspend of £0.1m reported (month 4, £0.5m underspend). This budget is currently anticipated to achieve planned overspend of £0.9m by the end of the financial year which will be used to absorb the anticipated underspend in Administration budgets outlined below. Budget holders are required to continually keep all programme budgets under close review and report any expected slippage or pressures at an early stage.
    - A year-to-date underspend of £0.1m (month 4, breakeven) is reported in the area of Management & Administration, which is primarily being generated by

underspends in the areas of Nursing and Operations due to high levels of vacancies, offset by the application of the balance of the 23-24 savings target held in the PHA Board (£1.2m). The year-end underspend is expected to be approximately £0.9m (month 4, £0.6m) which has increased due to more prudent estimations of the expected dates for filling vacant posts.

- Most ringfenced funding has been mainstreamed in 2024/25, including all Transformation and Safe Staffing funding, leaving only the NI Protocol funding (£0.156m), Tackling Paramilitarism Fresh Start (£0.528m) and COVID (£0.025m) as ringfenced. A small variance is reported on this budget to date, however a breakeven position is forecast for the full year.

6. The month 5 position is summarised in the table below.

Table 1: PHA Summary financial position - Aug 2024

	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Projected year end surplus / (deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	13,242	5,518	5,518	0	
Health Protection	9,726	4,053	4,053	0	
Service Development & Screening	15,370	6,404	6,404	0	
Nursing & AHP	7,674	3,198	3,198	0	
Centre for Connected Health	0	0	0	0	
Quality Improvement	25	10	10	0	
Other	0	0	0	0	
Programme expenditure - Trusts	**46,038**	**19,183**	**19,183**	**0**	**0**
Health Improvement	31,961	10,890	11,518	(628)	
Health Protection	19,614	7,481	7,333	148	
Service Development & Screening	4,647	892	814	79	
Research & Development	52	0	0	0	
Campaigns	662	239	318	(79)	
Nursing & AHP	529	67	71	(4)	
Quality Improvement	18	8	30	(22)	
Other	472	0	(808)	808	
Savings target	(1,000)	(417)	0	(417)	
Programme expenditure - PHA	**56,955**	**19,160**	**19,275**	**(116)**	**(938)**
Subtotal Programme expenditure	**102,993**	**38,343**	**38,458**	**(116)**	**(938)**
Public Health	17,589	7,310	7,270	40	
Nursing & AHP	6,371	2,619	2,276	343	
Operations	6,443	2,642	2,284	359	
Quality Improvement	755	314	302	12	
PHA Board	(503)	(504)	108	(612)	
Centre for Connected Health	458	187	237	(50)	
SBNI	900	322	293	29	
Subtotal Management & Admin	**32,014**	**12,889**	**12,770**	**119**	**938**
Trusts	0	0	0	0	
PHA Direct	709	172	157	15	
Ringfenced	**709**	**172**	**157**	**15**	**0**
TOTAL	**135,715**	**51,405**	**51,386**	**19**	**0**

Note: Table may be subject to minor roundings.

7. As noted above, the projected year-end position is breakeven (month 4, breakeven) and work will continue to identify measures to maintain this breakeven position.

Section C: Risks

8. The following significant assumptions, risks or uncertainties facing the organisation were outlined in the Financial Plan.

9. **Balance of savings still to be identified recurrently**: The 2023/24 opening allocation letter applied a £5.3m recurrent savings target to the PHA budget. While PHA has identified a recurrent source for £4.1m of the £5.3m savings target, there remain challenges in delivering the full requirement recurrently. The balance of £1.2m will be achieved non-recurrently from slippage on Administration budgets in 2024/25, as set out in the Financial Plan approved in June 2024 by PHA Board. An additional £1m recurrent savings has been applied in 2024/25, and it is expected this will be achieved non-recurrently from slippage on Administration budgets in 2024/25. Savings targets will continue to be monitored throughout the year with the identification of further recurrent savings plans finalised for 2024/25.

10. **EY Reshape & Refresh review and Management and Administration budgets**: The PHA is currently undergoing a significant review of its structures and processes, and the final proposed structure will not be available until later in the year. There is a risk in implementing the outcomes of this review in a savings context, and careful management will be required at all stages of this process.

11. **SEUPB / CHITIN income**: PHA receives income from EU partner organisations for the CHITIN R&D project. Claims are made on a quarterly basis, however PHA have experienced delays in receiving payment for claims. At 31 March 2024, the value of funding due was c£1.7m however, PHA had an equal and opposite creditor listed for monies due to other organisations. R&D staff are continuing to work closely with colleagues in partner organisations and the relevant funding body to ensure the expected full reimbursement of all claims. From the 1 April 2024 to date, PHA has received £281k (€342k) and c.£1.4m remains outstanding.

12. **Demand led services:** There are a number of demand-led budgetary areas which are more difficult to predict funding requirements for, presenting challenges for the financial management of the Agency's budget. For example, smoking cessation / Nicotine Replacement Therapy (NRT) and Vaccines. The financial position of these budgets is being carefully tracked.

13. **Funding not yet allocated**: At the start of the financial year there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include Shingles vaccination funding (approx. £3.0m) and Pay awards for the 2024/25 financial year. No expenditure will be progressed in these areas until allocations are approved and issued by DoH.

14. Due to the complex nature of Health & Social Care, there will undoubtedly be further challenges with financial impacts which will be presented going forward into the future. PHA will continue to monitor and manage these with DoH and Trust colleagues on an ongoing basis.

Section D: Update - Capital position

15. The PHA has a capital allocation (CRL) of £13.3m. This mainly relates to projects managed through the Research & Development (R&D) team. The overall summary position, as at August 2024, is reflected in **Table 2**, being a forecast breakeven position on capital funding.

16. R&D expenditure is managed through the R&D Division within PHA, and funds essential infrastructure for research such as information databanks, tissue banks, clinical research facilities, clinical trials units and research networks. The element relating to 'Trusts' is allocated throughout the financial year, and the allocation for 'Other Bodies' is used predominantly within universities – both allocations fund agreed projects that enable and support clinical and academic researchers.

17. CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and

deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position. Activity on the CHITIN project has now ended, therefore no funding is shown in Table 2 below, however a number of claims remain outstanding and the R&D team continue to actively engage with SEUPB to ensure these are paid in full. Further information on delays experienced in the reimbursement of costs is provided in Section C, above.

Table 2: PHA Summary capital position – August 2024

Capital Summary	Total CRL	Year to date spend	Full year forecast	Forecast Surplus/ (Deficit)
	£'000	£'000	£'000	£'000
HSC R&D:				
R&D - Health ALBs	7,705	0	7,705	0
R&D - Trusts	565	0	565	0
R&D - Other Bodies	2,933	1,153	2,933	0
R&D - Capital Receipts	(385)	(42)	(385)	0
Subtotal HSC R&D	**10,818**	**1,110**	**10,818**	**0**
Other:				
Congenital Heart Disease Network	764	0	764	0
iReach Project	614	0	614	0
R&D - NICOLA	778	0	778	0
VMS Enhancement (Exc. Child flu)	196	0	196	0
VMS Pertussis Vaccination	45	0	45	0
VMS RSV Vaccination	45	0	45	0
Path Safe Eastewater Surveliance	752	104	752	0
Other - Capital receipts	(752)	0	(752)	0
Subtotal Other	**2,442**	**104**	**2,442**	**0**
Total PHA Capital position	**13,260**	**1,215**	**13,260**	**0**

18. PHA has also received other smaller capital allocations, including for the Congenital Heart Disease (CHD) Network (£0.8m), iReach Project (£0.6m) and NICOLA (£0.8m), all of which are managed through the PHA R&D team.

19. The capital position will continue to be kept under close review throughout the financial year.

Recommendation

20. The PHA Board are asked to note the PHA financial update as at August 2024.

Public Health Agency

Annex A - Finance Report

2024/25

Month 5 - August 2024

PHA Financial Report - Executive Summary

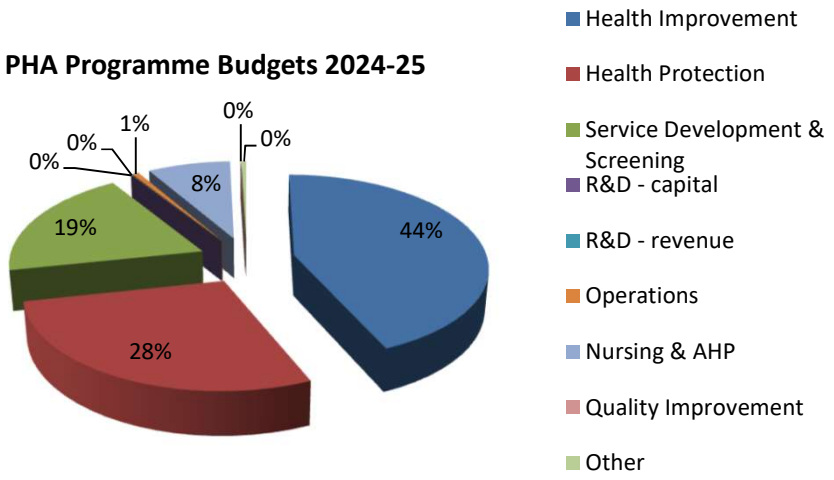
Year to Date Financial Position (page 2)

At the end of month 5, PHA is reporting an approximate breakeven position against its profiled budget. This position incorporates a small underspend on Admin budgets (£0.1m) being offset by a year-to-date overspend on Programme budgets (page 4).

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

Programme Budgets (pages 3&4)

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

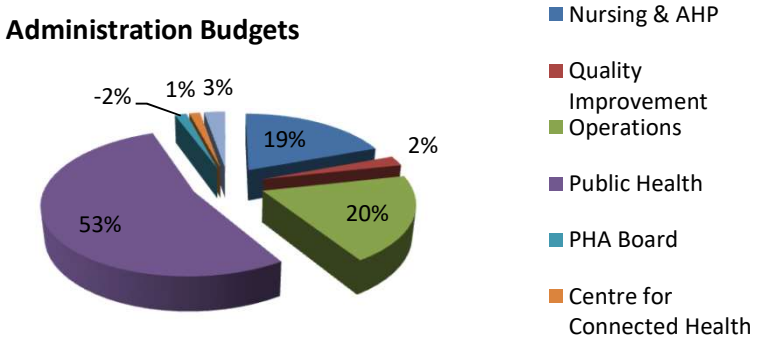


Administration Budgets (page 5)

The breakdown of the Administration budget by Directorate is shown in the chart below. Over half of the budget relates to the Directorate of Public Health.

A number of vacant posts remain within PHA, and this is creating slippage on the Administration budget which is offset by expenditure on the PHA Reshape and Refresh programme and other pressures noted in the Financial Plan.

Management will review the need for the recruitment of vacant posts to ensure business needs continue to be met.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year.

Of the £5.3m savings target applied to PHA in 2023/24, £4.1m has been identified recurrently, and a balance of £1.2m is expected to be achieved non-recurrently from Admin budgets in 2024/25 while a recurrent source is identified. A further £1m of recurrent savings has been applied to the PHA in 2024/25 and is being met non recurrently in-year from an unrequired prior year accrual while a recurrent solution is identified.

Public Health Agency
2024/25 Summary Position - August 2024

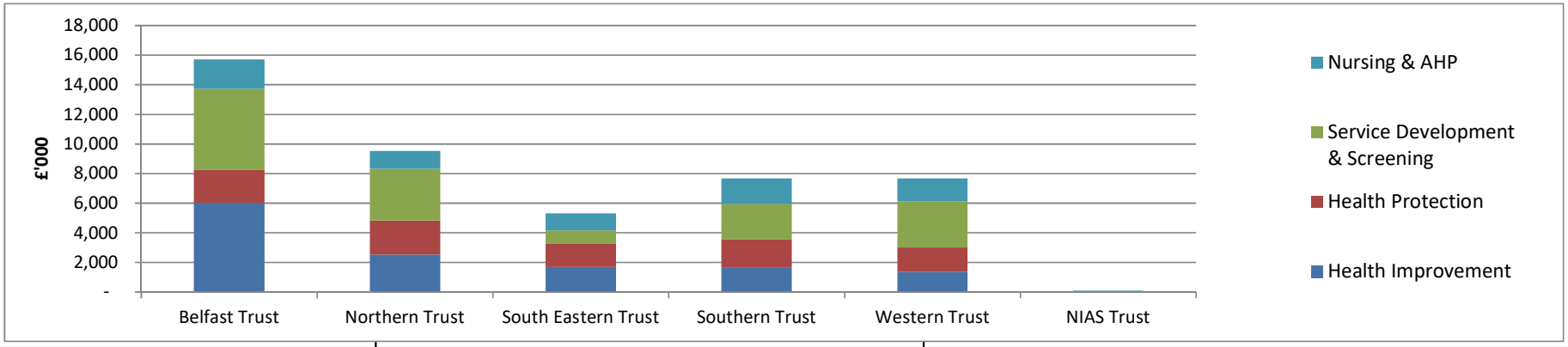
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	46,038	56,950	709	31,328	**135,025**	19,183	19,155	172	12,582	**51,093**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	5	-	686	**691**	-	5	-	307	**312**
Total Available Resources	46,038	56,955	709	32,014	**135,715**	19,183	19,160	172	12,890	**51,405**
Expenditure										
Trusts	46,038	-	-	-	**46,038**	19,183	-	-	-	**19,183**
PHA Direct Programme *	-	57,893	709	-	**58,602**	-	19,276	157	-	**19,434**
PHA Administration	-	-	-	31,076	**31,076**	-	-	-	12,770	**12,770**
Total Proposed Budgets	46,038	57,893	709	31,076	**135,715**	19,183	19,276	157	12,770	**51,386**
Surplus/(Deficit) - Revenue	-	(938)	-	938	-	-	(116)	15	119	**19**
Cumulative variance (%)						***0.00%***	***-0.61%***	***8.51%***	***0.92%***	***0.04%***

Please note that a number of minor rounding's may appear throughout this report.
** PHA Direct Programme may include amounts which transfer to Trusts later in the year*

The year to date financial position for the PHA shows an approximate breakeven position, with a small underspend on Management and Admin budgets due to vacancies offset by a year-to-date overspend on Programme budgets.

The PHA is forecasting a breakeven position at year end, which includes the full absorption of the projected Management & Admin underspend.

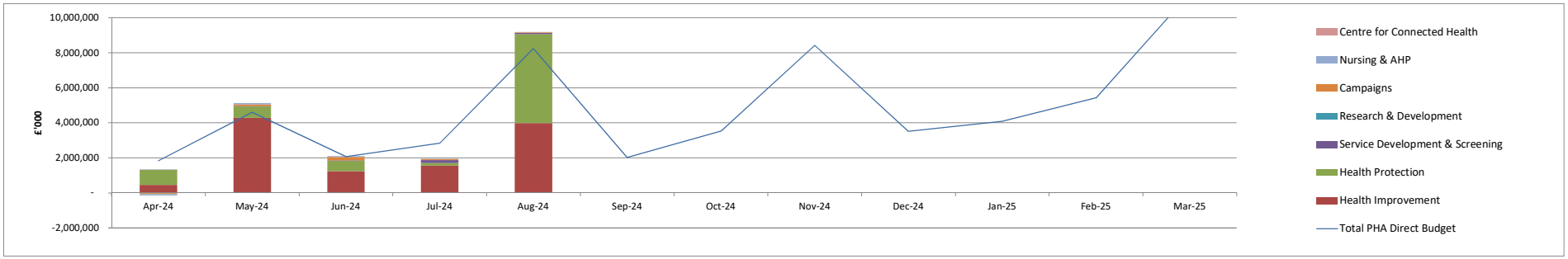
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NIAS Trust	Total Planned Expenditure	YTD Budget	YTD Expenditure	YTD Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Improvement	6,022	2,529	1,689	1,638	1,364	-	**13,242**	5,518	5,518	-
Health Protection	2,211	2,296	1,560	1,940	1,648	70	**9,726**	4,053	4,053	-
Service Development & Screening	5,491	3,487	924	2,367	3,102	-	**15,370**	6,404	6,404	-
Nursing & AHP	1,999	1,218	1,141	1,716	1,570	30	**7,674**	3,198	3,198	-
Quality Improvement	25	-	-	-	-	-	**25**	10	10	-
Total current RRLs	**15,748**	**9,531**	**5,315**	**7,661**	**7,684**	**100**	**46,038**	**19,183**	**19,183**	-
Cumulative variance (%)										***0.00%***

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date.

PHA Direct Programme Expenditure



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total	YTD Budget	YTD Spend	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Profiled Budget																	
Health Improvement	1,593	3,013	1,269	1,819	3,196	1,288	2,986	3,067	2,439	3,325	4,370	3,597	**31,961**	10,890	11,518	(628)	*-5.8%*
Health Protection	182	1,429	441	438	4,991	230	357	5,085	350	467	706	4,939	**19,614**	7,481	7,333	148	*2.0%*
Service Development & Screening	0	150	143	452	147	417	143	172	538	167	187	2,131	**4,647**	892	814	79	*8.8%*
Research & Development	-	-	-	-	-	-	-	-	-	-	52	-	**52**	-	-	-	*0.0%*
Campaigns	-	3	155	122	- 40	40	34	63	65	43	15	162	**662**	239	318	(79)	*-32.9%*
Nursing & AHP	59	11	55	0	- 59	47	7	28	116	27	97	140	**529**	67	71	(4)	*-5.8%*
Quality Improvement	2	2	2	2	2	2	2	2	2	2	2	2	**18**	8	30	(22)	*-292.3%*
Other	-	-	-	-	-	-	-	-	-	55	-	417	**472**	-	(808)	808	*100.0%*
Savings target	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	**(1,000)**	(417)	0	(417)	
Total PHA Direct Budget	**1,753**	**4,525**	**1,980**	**2,749**	**8,153**	**1,940**	**3,445**	**8,334**	**3,427**	**4,002**	**5,344**	**11,303**	**56,955**	**19,160**	**19,276**	**(116)**	
Cumulative variance (%)																***-0.61%***	
Actual Expenditure	**1,143**	**5,313**	**2,220**	**2,037**	**8,563**								**19,276**				
Variance	**609**	**(788)**	**(240)**	**712**	**(410)**								**(116)**				

The year-to-date position shows an overspend of £0.1m against profile mainly caused by overspends to date in Health Improvement offset by a unmaterialised accrual from 2023-24 which is being held in the Other line and set against the 2024-25 savings target (£1m). An overall year-end Programme overspend of c£0.9m is anticipated, and this is being managed closely in order to offset a forecast underspend in Administration budgets.

Whilst £4.1m of £5.3m savings target applied to PHA in 2023/24 has been achieved, the remaining £1.2m has been identified non-recurrently from Management & Administration budgets while a recurrent solution is identified. A further £1m of recurrent savings has been applied to the PHA in 2024/25 and has been met non-recurrently in-year from an unrequired prior year accrual while a recurrent solution is identified.

Public Health Agency
2024/25 Ringfenced Position

	Annual Budget				Year to Date			
	Covid	NDNA	Other ringfenced	Total	Covid	NDNA	Other ringfenced	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources								
DoH Allocation	25	-	684	**709**	25	-	147	**172**
Assumed Allocation/(Retraction)	-	-	-	-	-	-	-	**-**
Total	25	-	684	**709**	25	-	147	**172**
Expenditure								
Trusts	-		-	**-**	-	-	-	**-**
PHA Direct	25	-	684	**709**	25	-	133	**157**
Total	25	-	684	**709**	25	-	133	**157**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**0**	**-**	**15**	**15**

The Covid funding is a small allocation for sessional vaccinators in 2024-25.

Other ringfenced relates to NI Protocol funding and Fresh Start funding for SBNI. A breakeven position is expected on these budgets for the year.

PHA Administration

2024/25 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	6,148	742	4,944	17,343	557	408	616	**30,758**
Goods & Services	223	13	1,499	246	(1,060)	50	284	**1,255**
Total Budget	**6,371**	**755**	**6,443**	**17,589**	**(503)**	**458**	**900**	**32,014**
Budget profiled to date								
Salaries	2,537	309	2,059	7,217	79	170	257	**12,628**
Goods & Services	82	5	583	93	(584)	17	65	**261**
Total	**2,619**	**314**	**2,642**	**7,310**	**(504)**	**187**	**322**	**12,889**
Actual expenditure to date								
Salaries	2,172	299	1,662	6,790	99	153	239	**11,415**
Goods & Services	104	4	621	480	9	84	54	**1,355**
Total	**2,276**	**302**	**2,284**	**7,270**	**108**	**237**	**293**	**12,770**
Surplus/(Deficit) to date								
Salaries	365	10	397	427	(20)	17	17	**1,213**
Goods & Services	(22)	1	(38)	(387)	(593)	(67)	12	**(1,094)**
Surplus/(Deficit)	**343**	**12**	**359**	**40**	**(612)**	**(50)**	**29**	**119**
Cumulative variance (%)	*13.09%*	*3.68%*	*13.58%*	*0.54%*	*121.44%*	*-26.86%*	*8.95%*	***0.92%***

PHA's administration budget is showing a year-to-date deficit of £0.1m, which is being generated by a number of vacancies, particularly within the Operations and Nursing & AHP Directorates, offset by the application of the balance of the 23-24 savings target held in the PHA Board (£1.2m). Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year.

The full year surplus is currently forecast to be c£0.9m, and this is being managed by PHA through a managed deficit in Programme expenditure in the financial year. Whilst £4.1m of £5.3m savings target applied to PHA in 2023/24 has been achieved, the remaining £1.2m has been identified non-recurrently from Management & Administration budgets while a recurrent solution is identified.

PHA Prompt Payment

Prompt Payment Statistics

	August 2024 Value	August 2024 Volume	Cumulative position as at August 2024 Value	Cumulative position as at August 2024 Volume
Total bills paid (relating to Prompt Payment target)	£5,664,583	534	£31,850,410	2,586
Total bills paid on time (within 30 days or under other agreed terms)	£5,556,766	526	£30,695,875	2,484
Percentage of bills paid on time	**98.1%**	**98.5%**	**96.4%**	**96.1%**

Prompt Payment performance for August shows that PHA achieved its target on value and volume. The year to date position shows that the PHA is achieving its target of 95% on value and volume. Prompt payment targets will continue to be monitored closely over the 2024/25 financial year.

The 10 day prompt payment performance remains above the DoH target for 2024/25 of 70%, at 82.3% on volume for the year to date.

Public Health Agency

item 10

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	18 October 2024
Title of paper	Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2023/2024
Reference	PHA/06/10/24
Prepared by	Mary Carey / Catherine Curran / Frances McNicholl (SPPG)
Lead Director	Dr Joanne McClean

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to bring the annual Joint Report on Emergency Preparedness to the PHA Board for approval.

2 Background Information

The following Joint Public Health Agency (PHA) /Strategic Planning and Performance Group (SPPG) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for the reporting period 2023-2024 seeks to provide an overview and update on Emergency Preparedness arrangements across the Health and Social Care (HSC) organisations. The key areas reflected in this report are;

- Leadership
- Multi-agency collaboration including cross-border initiatives
- Planning, Validating and Review of plans for the PHA, SPPG and BSO
- Key issues and areas of risk identified for the reporting period
- Incidents notified and responded to by PHA, SPPG, BSO and HSC Trusts for the reporting period
- Lessons learnt through exercising, debriefing and actions taken
- Training and exercising including associated expenditure
- Business Continuity Management
- Core Standards Assurance
- Agreed action plan
- Relevant appendices.

3 Key Issues

Core Standards Return (2023-2024)

PHA

The PHA Emergency Planning HSC Core Standards for the timeframe 2023-2024 have been scored as partial (amber). The return has met partial compliance on for 7 standards (4, 5, 8,9, 26, 27 and 28). The PHA's ability to co-ordinate a response to a public health incident (single or multiple) was limited due to a gap in the staff levels for Health Protection Consultants. This is documented on the Directorate's risk register along with a supporting action plan which is being addressed by the Director for Public Health and the Agency Management Team.

Service development plans incorporating for the enhancement of the consultant staff group are being addressed by the Director for Public Health and the PHA Chief Executive. This is the second year the organisation has submitted partial compliance against the same core standards.

SPPG

The SPPG Emergency Planning HSC Core Standards for the timeframe 2023-2024 were submitted to the DoH Emergency Planning Branch with a green RAG self-assessment indicating substantial compliance.

BSO

The Emergency Planning HSC Core Standards for the timeframe 2023-2024 was submitted to the DoH Emergency Planning Branch with a green RAG self-assessment indicating full compliance apart from point 4 as dedicated Emergency Planning Manager is required. This is recognised by the BSO and is being addressed.

HSC Trusts

HSC Trusts were required to submit their Emergency Planning HSC Core Standards and Annual Reports on Emergency Preparedness for 2023/24 to SPPG no later than 28 June 2024.

In line with the monitoring processes outlined within the Emergency Planning Policy Circular (September 2022), the SPPG and PHA Emergency Preparedness Leads reviewed the submissions received and met with the HSC Trusts to discuss key pressures and gaps.

Of note, NIAS reported an overall non-compliant position (RED) with 18 Standards being partial and 4 being non-compliant. However, it is acknowledged that NIAS' Emergency Preparedness, Resilience and Response Department is undergoing a significant programme of transformation. Whilst this has demonstrated an improvement in compliance with the HSC Core Standards Framework 2023/24 compared to 2022/23, compliance remains limited in some areas. A programme of work has been identified to address areas of concern which will be reviewed by internal assurance processes and through external assessment via the Association of Ambulance Chief Executives.

Similar to previous years, the HSC Trusts have reported issues regarding the number of staff required to complete CBRN/HAZMAT training. Discussions remain ongoing with NIAS/SPPG/PHA for a longer-term solution.

Further, a number of Trusts have reported pressures around Cyber Security, and the requirements of the NIS regulations, as well as general resource shortages in supporting the emergency preparedness agenda.

The following scores were recorded by the HSC Trusts with regards to Emergency Preparedness Core Standards;

- NIAS Non-Compliant (RED)
- BHSCT – Substantial
- SEHSCT – Substantial
- NHSCT – Substantial
- WHSCT – Substantial
- SHSCT – Partially Compliant (AMBER)

Training

A dedicated recurring emergency planning budget of £30,000 per annum was agreed with the Department of Health in 2012. Annually approximately 50% of this budget is dedicated to the provision of the ALSG Hospital Major Incident Medical Management Systems (HMIMMS) training for Trusts. This leaves approximately £15,000 for all other emergency preparedness training for the PHA, SPPG, BSO and HSC Trusts. This budget allocation has not been reviewed by DoH since 2012 and does not meet the requirements of delivering a robust emergency preparedness training and exercise programme for HSCNI and relevant partner organisations.

Following completion of a training needs analysis and a review of training expenditure, it is apparent that the budget allocation does not sufficiently meet HSC organisations' emergency preparedness training needs. The 2017 and 2018 mass terrorist events, the threat of a cyber security incident, the risk of pandemic disease and High Consequence Infectious Diseases (HCID) and the increasing number of mass gathering events in NI have highlighted the need for accredited specialised training courses for emergency response for HSC NI. This is further supported by the requirements for the Minimum occupational Standards for EPRR and the Core Standards for HSC Emergency Planning.

The provision of a robust adequately resourced HSC NI emergency preparedness training programme will support organisational resilience, succession planning for staff, and provide assurance on HSC capability to respond to incidents. This is an area of concern which continues to be identified by all HSC Trusts, PHA, SPPG and BSO.

Chemical, Biological, Radiological, Nuclear (CBRN) preparedness

As per previous years, due to service pressures NIAS are unable to support training related to HAZMAT/CBRN. However, during the reporting period, the Trust engaged with the National Ambulance Resilience Unit (NARU) to provide PRPSi training. Further, Decontamination Structure Training was delivered by the manufactures of the Mobile Decontamination Units. Nevertheless, whilst “Train the Trainer” sessions have been conducted, due to staff turnover, and the increased risk of CBRN related incidents, this remains a risk for the HSC and has been subsequently escalated to Emergency Planning Branch (DOH).

Business Continuity/Cyber Security

Audits on Business Continuity arrangements specifically relating to Cyber Security have been conducted by BSO within 4 HSC Trusts. Whilst vulnerabilities have been highlighted (noting “limited assurance”), Trust action plans have been developed to ensure implementation of recommendations. Further, there is an increased focus on the delivery of Business Continuity Training Programmes, exercise schedules as well as reviewing Business Continuity Plans in order to achieve NIS compliance.

4 Next Steps

Following approval, this Report will be submitted to the Department.

HSC Public Health Agency

item 11

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	18 October 2024
Title of paper	Review of Assurance Framework
Reference	PHA/07/10/24
Prepared by	Robert Graham
Lead Director	Leah Scott

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to bring the revised PHA Assurance Framework to the Board approval.

2 Background Information

Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

The PHA's Assurance Framework is designed to meet these duties. It provides the systematic assurances required by the PHA Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

3 Key Issues

As per the reporting arrangements documented within the Assurance Framework it is required to review the Framework regularly. This new iteration of the Framework has been titled Assurance Framework 2024/25.

The Assurance Framework has been updated to reflect the appointment of the Director of Finance and Corporate Services. All reference to the Director of Operations or the Director of Finance in SPPG have been updated accordingly.

Other changes that have been minor (and have been marked in green font) as it is acknowledged that the Framework will require a comprehensive overhaul to reflect the new structures under the ongoing Reshape and Refresh programme.

Under Dimension 1 the order of the items has been amended in order to try to group items concurrently that sit together e.g. items relating to the Governance and Audit Committee or the Planning Performance and Resources Committee. The date on the Information Governance Action Plan has been amended as a new Plan is now in place. The reference to complaints reporting has been amended to reflect the new arrangements now in place.

The Assurance Framework was approved by the Agency Management Team at its meeting on 2 October 2024, and by the Governance and Audit Committee at its meeting on 10 October 2024.

4 Next Steps

The next Review of the Assurance Framework is due to take place in March 2025.

HSC Public Health Agency

Assurance Framework 2024-2025

Review as at October 2024

INTRODUCTION

The PHA has a duty to carry out its responsibilities within a system of effective control and in line with the objectives set by the Minister. It must also demonstrate value for money, maximizing resources to support the highest standards of service.

A key element of a system of effective control is the management of risk. It is vital the PHA discharges its functions in a way which ensures that risks are managed as effectively and efficiently as possible to meet corporate objectives and to continuously improve quality and outcomes. This means that equal priority needs to be given to the obligations of governance across all aspects of the organization whether financial, organisational or clinical and social care and for governance to be an integral part of the organisation's culture. Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

In order to meet these duties, the PHA has prepared this Assurance Framework. The framework will provide the systematic assurances required by the PHA Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

BACKGROUND

In April 2009, DHSSPS issued 'An Assurance Framework: *A Practical Guide for Boards of DHSSPS Arm's Length bodies'.* The Framework guidance is intended to help the boards of HSC organisations improve the effectiveness of their systems of internal control, by showing how the evidence for adequate control can be marshalled, tested and strengthened within an Assurance Framework.

The HSC Paper Performance and Assurance Roles and Responsibilities (MIPB 74/09) issued in April 2009, sets out performance and assurance roles and responsibilities in relation to four key HSC domains and identifies the key functions and associated roles and responsibilities of DoH, HSCB (now SPPG), PHA, BSO, Trusts and other Arm's Length Bodies.

In September 2011 the then DHSSPS produced a Framework Document to meet the statutory requirements placed upon it by the Health and Social Care (Reform) Act (NI) 2009. The Framework Document describes the roles and functions of the various health and social care bodies and the systems than govern their relationships with each other and the Department. The Framework Document outlines the four performance and assurance dimensions previously introduced in the MIPB 74/09 paper.

STRATEGIC CONTEXT

The PHA is governed by Statutory Instruments: HPSS (NI) Order 1972 (SI 1972/1265 NI14), the HPSS (NI) Order 1991 (SI 1991/194 NI1), the Audit and Accountability (NI) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009.

The primary functions of the PHA can be summarised under 3 broad headings:[1]

- Improving health and social well-being and reducing health inequalities;
- Health protection;
- Professional input to commissioning of health and social care services and providing professional leadership.

In carrying out these functions the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social well-being. The PHA also has a range of statutory duties in the area of Public Health and PPI under the duty to Involve and Consult. It is also responsible for the commissioning and quality assurance of existing and new screening programmes. In discharging these duties the Agency shall maintain the highest standards of decision-making. The detail of these duties is set out in various legislation, regulations or other guidance documents.

The Agency's Business Plan 2023/24 sets out the key priorities that will be taken forward by the PHA that will help to improve health and social wellbeing and protect the health of the community. The priorities and targets set have been shaped by the Departmental priorities and the longer term goals that have been set out in the PHA Corporate Plan 2017-21. The Business Plan is focused around the 5 key outcomes as set out in the Corporate Plan 2017-21. These are:

- All children and young people have the best start in life
- All older adults are enabled to live healthier and fulfilling lives
- All individuals and communities are equipped and enabled to live long healthy lives
- All health and wellbeing services should be safe and high quality
- Our organisation works effectively

[1] DHSSPS Framework Document September 2011

PHA ASSURANCE FRAMEWORK

The PHA assurance framework is based broadly around the four HSC performance and assurance dimensions as set out in the DHSSPS Framework Document (September 2011) namely:

1. Corporate Control – the arrangements by which the PHA directs and controls its functions and relates to stakeholders.

2. Safety and Quality – the arrangements for ensuring that health and social care services are safe and effective and meet patients' and client's needs.

3. Finance – the arrangements for ensuring the financial stability of the PHA, for ensuring value for money and ensuring that allocated resources are deployed fully in achievement of agreed outcomes in compliance with the requirements of the public expenditure control framework.

4. Operational Performance and Service Improvement – the arrangements for ensuring the delivery of Departmental targets and required service improvements.

The Framework Document states that "each HSC body is locally accountable for its organisational performance across the four dimensions and for ensuring that appropriate assurance arrangements are in place. This obligation rests wholly with the body's board of directors. It is the responsibility of boards to manage local performance and to manage emerging issues in the first instance."

The PHA Assurance Framework must also link with its corporate objectives and risks. An effective Assurance Framework provides a clear, concise structure for reporting key information to boards, and should be read alongside the corporate risk register to provide structured assurance about how risks are managed effectively to deliver agreed objectives.

The following tables form the basis of the Assurance Framework and have been structured according to the DOH performance and assurance dimensions, with a link to the relevant corporate objectives and primary risks.

This Assurance Framework provides the organisation with a simple but comprehensive method for effectively managing the principal risks to meet its objectives. It also provides a structure for acquiring and examining the evidence to support the Governance Statement and the Mid-Year Assurance Statement.

LINKS TO OTHER PHA POLICIES AND DOCUMENTS

The following policies and documents should be read in conjunction with the PHA Assurance Framework:

- PHA Risk Management Strategy and Policy
- PHA Corporate Risk Register
- PHA Corporate Plan 2017-21
- PHA Annual Business Plan 2024/25
- PHA Governance Framework
- PHA Board Performance Framework

REVIEW AND APPROVAL

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

Dimension 1 – Corporate Control

The dimension of 'corporate control' encompasses the policies, procedures, practices and internal structures which are designed to give assurance that the PHA is fulfilling its essential obligations as a public body. For that reason, most of the requirements reflect those in place across the wider public sector; however, there are a number that have been instituted specifically for the field of health and social care, notably the statutory duty of care created by Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, and the statutory duty to Involve and Consult with the recipients of health and social care created by sections 19 and 20 of the HSC (Reform) Act (NI) 2009.

The staple public sector requirements include the existence of appropriate board roles, structures and capacity; compliance with prescribed standards of public administration, national or regional policy on procurement and pay, operation of a professional internal audit service and corporate and business planning approvals. The accounting officer letter of appointment spells out the principles underlying many of these obligations, while the letters appointing chairs and non- executive members of the board also gives due emphasis to this aspect of the appointees' duties.

The table below highlights the corporate control requirements for the PHA along with how the PHA meets each obligation by way of providing assurances to the board and its Committees.

Dimension 1 – PHA Corporate Control Arrangements

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

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Governance Statement signed by the Chief Executive	Chief Executive	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register		
Mid-Year Assurance Statement signed by the Chief Executive	Chief Executive	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register		
PHA Annual Report	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			
Corporate Plan	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	4-5 yearly 4-5 yearly 4-5 yearly			
Annual Business Plan	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually			
Corporate Risk Register (supported by Directorate Risk Registers)	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Quarterly Quarterly Quarterly			
Assurance Framework	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Board Performance Framework	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually			
ALB Self-Assessment	Chair	Board	Approval	Annually			
Sealing of Documents	Chief Executive	Board	Approval	As required			
Review of Standing Orders and Standing Financial Instructions	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			
Partnership Agreement	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually			
Register of Board Members Interests	Director of Finance and Corporate Services	Board	Noting	Annually			
Gifts and Hospitality Register	Director of Finance and Corporate Services	AMT GAC	Noting Noting	Annually Annually			
Minutes of Governance and Audit Committee	Committee Chair	GAC Board	Approval Noting	Quarterly Quarterly			
Governance and Audit Committee Annual Report	Director of Finance and Corporate Services	GAC Board	Approval Noting	Annually Annually			
Internal Audit Plan	Head of Internal Audit	GAC	Approval	Annually			
Internal Audit Reports	Head of Internal Audit	GAC	Noting	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Mid-Year and End-Year Head of Internal Audit Report	Head of Internal Audit	GAC	Noting	Annually			
Audit Committee Self-Assessment Checklist	Committee Chair	GAC	Approval	Annually			
Minutes of Planning, Performance and Resources Committee	Committee Chair	PPR Board	Approval Noting	Quarterly Quarterly			
Minutes of Remuneration and Terms of Service Committee	Chair	RTSC Board	Approval Noting	Biannually Biannually			
Remuneration of Executive Directors	Chair	RTSC Board	Approval Approval	Annually Annually			
Report on Progress in respect of Equality and Disability Duties under Section 75 of the Northern Ireland Act 1998 and Disability Section 49a of the Disability Discrimination Order (DDO) 2006	Director of Finance and Corporate Services	AMT Board	Approval Approval	Annually Annually			
Equality Scheme and subsequent review	Director of Finance and Corporate Services	AMT Board	Approval Approval	5-yearly 5-yearly			
Equality and Disability Action Plan	Director of Finance and Corporate Services	AMT Board	Approval Approval	5-yearly 5-yearly			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Article 55 Review (report to Equality Commission on staffing composition)	Director of Finance and Corporate Services	AMT Board	Approval Approval	3-yearly 3-yearly		Checking with HR	
Rural Needs Annual Monitoring Report	Director of Finance and Corporate Services	AMT	Approval	Annually			
Information Governance Strategy 2023-2026	Director of Finance and Corporate Services	AMT IGSG GAC Board	Approval Approval Approval Approval	3-yearly 3-yearly 3-yearly 3-yearly	Risk 39 – Cyber Security		
Information Governance Action Plan	Director of Finance and Corporate Services	AMT IGSG GAC	Noting Noting Noting	Quarterly Quarterly Quarterly	Risk 39 – Cyber Security		
PPI Update Report	Director of Nursing and AHPs	AMT Board	Noting Noting	Annually Annually			
Approval of new/revised PHA strategies and policies	Relevant Director	AMT Committee Board	Approval Approval Approval	As required As required As required			
Business Continuity Plan (Annual Review)	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			
Joint Report on Emergency Preparedness	Director of Public Health	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	Risk 75 – Pandemic preparedness		
Complaints, Compliments and Claims Report	Chief Executive	AMT GAC Board	Approval Approval Approval	Quarterly Quarterly Quarterly			

Dimension 2 – Safety and Quality

The second dimension covers the arrangements whereby the PHA ensures that health and social care services, are safe and effective and meet people's needs. This covers a broad field and applies to all programmes of care and to infrastructure.

In addition to the numerous operational/professional requirements that concern or touch on safety and quality, there are more general requirements with which compliance is demanded. In the latter category, those issued by DOH include the Quality Standards[2], Care Standards, and applicable Controls Assurance standards The most notable, being the statutory duty of quality created under the HPSS (Quality, Improvement and Regulation) (NI) Order 2003.

The table below highlights the safety and quality functions required by the PHA. It also shows how the PHA meets each obligation by way of providing assurances to the board and its Committees.

[2] The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DHSSPS, March 2006)

Dimension 2 - Safety and Quality

Link to Corporate Objectives:
Corporate Objective 1 – All children and young people have the best start in life
Corporate Objective 2 – All older adults are enabled to live healthier and fulfilling lives
Corporate Objective 3 – all individuals and communities are equipped and enabled to live long healthy lives
Corporate Objective 4 – All health and wellbeing services should be high quality

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

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Annual Quality Report	Director of Nursing and AHPs	AMT Board	Approval Approval	Annually Annually			
Director of Public Health Annual Report	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
Population Screening Annual Reports	Director of Public Health	AMT Board	Approval Noting	Annually Annually	Risk 59 – Quality Assurance and Commissioning of Screening		
Health Protection Annual Reports	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
Research and Development Annual Report	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
GMC Revalidation / Appraisal – Assurance of Annual Appraisal Cycle	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
Confirmation of Progress against NIMDTA/GMC Requirements for Doctors in Training	Director of Public Health	AMT Board	Noting Noting	Annually Annually			

Dimension 3 – Finance

Appropriate financial accountability mechanisms are necessary to:

- Ensure that the optimum resources are secured from the Executive for Health and Social Care
- Ensure the resources allocated by Minister/Department deliver the agreed outcomes and represent value for money
- Deliver and maintain financial stability
- Facilitate the delivery of economic, effective and efficient services by rewarding planned activity that maximises effectiveness and quality and minimises cost
- Facilitate the development of innovative and effective models of care

The table below highlights the PHA finance requirements. It also identifies how the PHA meets each obligation by way of providing assurances to the board and its Committees.

Dimension 3 - Finance

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

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Finance Report	Director of Finance and Corporate Services	AMT Board	Noting Noting	Monthly Monthly			
Response to budget proposals prepared by PHA contributed to by the Finance Department contribution to the development of Joint Commissioning Plan	Director of Finance and Corporate Services	AMT Board	Noting Noting	Annually Determined by DoH		To note - Commissioning Plan from 2019/20 remains the extant Plan	
PHA Financial Plan	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually	Risk 73 – Financial Planning context 2025/26		
Annual Report and Accounts *GAC and PHA board full accounts and supporting financial excerpt from Annual Report.* *AMT summary financial statements*	Director of Finance and Corporate Services	AMT GAC Board	Approval Approval Approval	Annually Annually Annually		Not formally presented to AMT prior to the board due to time constraints	Financial Report shared in advance and full accounts shared at Board and with GAC members and Chief Executive when draft complete. Issues discussed as necessary.

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
External Audit Report to those Charged with Governance	External Audit	AMT GAC Board	Noting Noting Noting	Annually Annually Annually		Not formally presented to AMT prior to the board due to time constraints	Discussed with AMT officers for management responses.
Fraud Prevention and Detection Report	Director of Finance and Corporate Services	GAC	Noting	Quarterly			
Use of External Management Consultants	Director of Finance and Corporate Services	AMT	Noting	Annually			
PHA capital expenditure in excess of £50,000 or £1.5m for R&D capital expenditure. Note – May be required to be submitted to DoH/DoF dependant on delegated limits.	Director of Finance and Corporate Services	AMT Board	Approval Approval	As required As required			
Disposal of PHA assets in excess of £50,000	Director of Finance and Corporate Services	AMT Board	Approval Approval	As required As required			

Dimension 4 – Operational Performance and Service Improvement

Performance management and service improvement arrangements are those that are necessary to ensure the achievement of Government and Ministerial objectives and targets.

The table below highlights the PHA requirements identifying how the PHA meets each obligation by way of providing assurances to the board and its Committees.

Dimension 4 – Operational Performance and Service Improvement

Link to Corporate Objectives:
Corporate Objective 1 – All children and young people have the best start in life
Corporate Objective 2 – All older adults are enabled to live healthier and fulfilling lives
Corporate Objective 3 – all individuals and communities are equipped and enabled to live long healthy lives
Corporate Objective 4 – All health and wellbeing services should be high quality
Corporate Objective 5 – Our organisation works effectively

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Performance Report (including Commissioning Direction targets and corporate objectives)	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Quarterly Quarterly Quarterly			
Commissioning Plan	Chief Executive	AMT Board	Approval Approval	Annually Annually		To note - Commissioning Plan from 2019/20 remains the extant Plan	
PEMS Report	Director of Finance and Corporate Services	AMT Board	Approval Noting	Annually Annually			
Procurement Plan	Director of Finance and Corporate Services	AMT PPR Board	Approval Approval Approval	Annually Annually Annually			

HSC Public Health Agency

item 12

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	18 October 2024
Title of paper	Mid-Year Assurance Statement
Reference	PHA/08/10/24
Prepared by	Janine Watterson
Lead Director	Aidan Dawson

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to seek PHA Board approval of the PHA Mid-Year Assurance Statement.

2 Background Information

All arm's length bodies are normally required to submit a Mid-year Assurance Statement to the Department of Health in a template that is set by the Department.

The Statement was approved by the Agency Management Team on 2 October and by the Governance and Audit Committee on 10 October.

3 Key Issues

The Mid-Year Assurance Statement provides assurance on the systems of internal control in line with Departmental guidance. It includes details of Internal Audit assignments for 2024/25 completed to date.

4 Next Steps

Following approval by the PHA Board, the Statement will be signed by the Chief Executive and forwarded to the Department of Health for information.

DoH ARM'S LENGTH BODY: MID-YEAR ASSURANCE STATEMENT

This statement concerns the condition of the system of internal governance in the Public Health Agency as at **30 September 2024**.

The scope of my responsibilities as Accounting Officer for the Public Health Agency, the overall assurance and accountability arrangements surrounding my Accounting Officer role, the organisation's business planning and risk management, and governance framework, remain as set out in the Governance Statement which I signed on 20 June 2024. The purpose of this mid-year assurance statement is to attest to the continuing effectiveness of the system of internal governance. In accordance with Departmental guidance, I do this under the following headings.

1. Governance Framework

The Governance framework as described in the most recent Governance Statement continues in operation. The Governance and Audit Committee, the Remuneration and Terms of Service Committee and the Planning, Performance and Resources Committee have continued to meet and to discharge their assigned business. Minutes of their meetings, together with board meeting minutes containing the Committees' reports, are available for Departmental inspection to further attest to this.

2. Assurance Framework

An Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the board. Minutes of board meetings are available to further attest to this.

3. Risk Register

I confirm that the Corporate Risk Register has been regularly reviewed by the board of the organisation and that risk management systems/processes are in place throughout the organisation. As part of the board-led system of risk management, the Corporate Risk Registers are reviewed quarterly by the Agency Management Team and Directorate Risk Registers are also reviewed by the Agency Management Team and the Governance and Audit Committee on a rotational basis. The Corporate Risk Register is brought to a PHA Board meeting at least annually, most recently on 28 August 2024.

In addition, I confirm that Information Risk continues to be managed and controlled as part of this process.

4. Performance against Business Plan Objectives/Targets

I confirm satisfactory progress towards the achievement of the objectives and targets set out in the organisation's business plan as approved by the Department. The latest Performance Report to the Board as at 30 June, advised that of the **33** actions across 5 Key Priorities, **2** actions have been categorised as red (significantly behind target/will not be completed), **3** actions have been categorised as amber (will be completed, but with slight delay), **25** actions have been categorised as green (on target to be achieved/already completed) and **3** actions have been categorised as blue (action completed).The two actions categorised as red relate to Level 1 – 3 Education and Training Tools for the Advance Care Planning Programme and implementation structures for the RESPECT programme. Both actions sit within the wider implementation of the Advance Care Planning Programme which is being led by the Department of Health and it is anticipated that these actions will be completed by December 2024.

5. Finance

I confirm that proper financial controls are in place to enable me to ensure value for money, propriety, legality and regularity of expenditure and contracts under my control, manage my organisation's budget, protect any financial assets under my care and achieve maximum utilisation of my budget to support the achievement of financial targets.

I confirm compliance with the principles set out in MPMNI and the Financial Memoranda which includes:

- safeguarding funds and ensuring that they are applied only to the purposes for which they were voted;
- seeking Departmental approval for any expenditure outside the delegated limits in accordance with Departmental guidance;
- preparation of business cases for all expenditure proposals in line with FD(DoF)11/20 Better Business Cases NI and Departmental guidance and ensuring that the organisation's procurement, projects and processes are systematically evaluated and assessed;
- accounting accurately for the organisation's financial position and transactions;
- securing goods and services through competitive means unless there are convincing reasons to the contrary; and
- procurement activity should be carried out by means of a Service Level Agreement with a recognised and approved Centre of Procurement Expertise (CoPE)

6. Information Governance – General Data Protect Regulation (GDPR) & Data Protection Act (DPA) 2018

I can confirm that my organisation has taken appropriate steps and is carrying out the necessary actions to ensure ongoing compliance with GDPR and DPA 2018.

7. External Audit Reports

I confirm implementation of the external auditor's accepted priority 2 recommendations with the exception of below. No priority one recommendations were issued by external audit.

Special EU Programmes Body (SEUPB)

HSC R&D Division has continued to liaise with SEUPB to seek payment of outstanding claims relating to CHITIN funding. The team has been liaising closely with SEUPB throughout recent months, including meetings with senior management, and there have been dedicated contacts for us to work with. While there has been some further progress, it remains slow, we aim to complete the outstanding work by 31 December, but this also depends on the performance of SEUPB. We have sought a further meeting with senior management to highlight issues and try to expedite completion of the remaining claims.

8. Internal Audit

I confirm implementation of the accepted recommendations made by internal audit, with the following exceptions.

Internal Audit carried out a full review of priority 1 and 2 accepted audit recommendations where the implementation date had now passed and provided a detailed progress report to the Governance and Audit Committee on 10 October 2024. The outcome of this report highlighted that 70 (78%) of the outstanding 90 recommendations examined were fully implemented, a further 16 (18%) were partially implemented and 4 (4%) were not implemented. Action is currently being taken to ensure all recommendations are being fully implemented. A copy of this report is available if required.

As at 30 September 2024 the following internal audit reports have been finalised.

Title	Level of Assurance
Management of Vaccination Programme	**Limited**
Review of Board Effectiveness	**Satisfactory**

There were no priority one findings issued in the above reports.

9. RQIA and Other Reports

The PHA confirms that work continues in collaboration with SPPG colleagues to ensure recommendations within reports such as RQIA/NCEPOD/MBRRACE, which are for the PHA, are implemented within the specified timeframes.

A working group led by the Department of Health is also supporting this area of work around RQIA reports and the process of assurance into PHA. PHA Safety and Quality Team are involved in this work.

10. NAO Audit Committee Checklist

I confirm completion of the NAO Audit Committee Checklist and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

11. Board Governance Self-Assessment Tool

I confirm completion of the Board Governance Self-Assessment Tool and that action plans will be implemented to address any issues. I also confirm that any relevant issues will be reported to the Department.

12. Internal Control Divergences

I confirm that my organisation meets, and has in place controls to enable it to meet, the requirements of all extant statutory obligations, that it complies with all standards, policies and strategies set by the Department; the conditions and requirements set out in the MSFM, other Departmental guidance and guidelines and all applicable guidance set by other parts of government. Any significant control divergences are reported below.

a) Update on prior year control issues which have now been resolved and are no longer considered to be control issues

All prior year control issues are ongoing.

b) Update on prior year control issues which continue to be considered control issues

Financial Performance

The budget for Health and Social Care in Northern Ireland continues to be challenging. PHA achieved a breakeven financial position in 2023/24 and continues to closely manage expenditure to ensure it meets its breakeven obligations. The PHA approved a financial plan in June 2024 which forecast a breakeven position for the financial year. Financial performance will continue to be monitored against this plan during the financial year.

It is expected that the financial outlook 2024/25 and beyond will be challenging for HSC and in the light of this financial performance of PHA will continue to be monitored and assessed in this context.

Management of Contracts with the Community and Voluntary Sector

Previous Internal Audit reports on the management of health and social wellbeing improvement contracts have provided satisfactory assurance on the system of internal controls over PHA's management of health and social wellbeing contracts reflecting the

significant work that has been undertaken by the PHA. Service Level Agreements are in

place, appropriate monitoring arrangements have been developed and payments are only released on approval of satisfactory performance monitoring returns.

During 2024/25, we have continued to work with providers to review contract activity and agree revised performance measures, taking into account any changes in how services are targeted and delivered. A more detailed review of the current PMR process will also be undertaken to ensure that the measures of performance included in contracts are more focused on demonstrating the outcomes being achieved.

Work continues to fully address the partially implemented priority one weakness in control relating to the implementation of the PHA Social Care Procurement Plan. The PHA Procurement Plan continues to be regularly reviewed by the PHA Procurement Board and progress against agreed timescales for completing procurements closely monitored.

The PHA Procurement Plan contains all contracts that will be awarded under a formal tender process and need to be managed in line with the NI Public Contract Regulations 2015. A total of 64 contracts are currently included on the Plan with an annual value of £9.45m.

The following procurements have been successfully completed during 2024/25.

Contract Name	**Number of Contracts**	**Date Completed**	**Annual Budget**
Shared Reading Groups in the NI Criminal Justice Setting	**1**	Sep 2024	£0.05m
Self Harm Intervention Project	**5**	August 2024	£1.1m

During 2024/25, good progress has been made in implementing phase 1 of the Regional Drug and Alcohol service re-tender, which is focused focus on Adult Step 2 Services and Workforce Development.

Under Protect Life 2, pre tender work for Low Intensity CBT is being progressed with the intention that this will be issued to the market in mid October. Pre planning work with the Post-vention services for Under 18s is progressing with the Business case, Equality Screening, Rural Needs Impact Assessment, DPIA and Data Mapping all drafted.
Whilst PHA places a high priority on the delivery of the Procurement Plan, it remains challenging to progress all planned procurements in line with agreed timescales. This is primarily due to staff having to prioritise other immediate work pressures; on-going staffing changes and, in some instances, long term absence of key staff who are the lead managers for specific programmes of work. In addition, there is a recognition that there is limited resources and skills across the organisation to manage the additional scale of work now involved in the pre-planning and completion of tender processes.

The PHA has recognised the need to build planning and procurement expertise in the organisation and is supporting a further 5 staff to complete the post graduate commissioning leadership programme in 2024/25, that aims to build the knowledge and skills of senior staff across HSC in relation to planning, procurement and contract management processes. An assessment of additional resources required to support the delivery of the procurement plan is also being undertaken and will be considered when implementing the new Operational Model for the PHA. The PHA is also continuing to pilot multi-disciplinary strategic planning teams that will oversee the development of strategic plans for key business areas. These planning teams will help to ensure future procurements are progressed more efficiently, in line with required processes.

The PHA will continue to work closely with colleagues in SPPG (DOH), BSO (Directorate of Legal Services and Procurement and Logistics service), HSC Trusts and the DoH, to ensure that procurement processes continue to meet regional policy and guidance.

PHA Staffing Issues / Staff Resilience

During the 2023/24 year the PHA has continued to consider the workforce requirements

both in terms of recruitment and retention, supporting staff resilience.

PHA continues to face challenges in respect to consultant staffing. Consultant capacity is currently constrained due to a mixture of vacant posts and staff not being available for work due to sick or other leave. In addition, locums are being used to ensure there is cover for the health protection service. Recruitment is ongoing for permanent and locum consultants. A range of other measures are in place to mitigate the impact of the reduction in consultant staffing. These include consultants in Public Health whose main area of work has not been health protection are inputting to strategic areas of health protection work. For example, service development consultants are providing consultant input to areas; blood borne virus, immunisations and avian influenza. The development of six senior programme manager roles to deliver in a range of areas to ensure consultant expertise is applied where it is much needed (there are four in post and recruitment of two ongoing) . There has also been an appointment of a senior operational lead to ensure operational matters are not impacting clinical resource. Arrangements have also been put in place with the UK Health Security Agency to provide advice and support on health protections matters in and out of hours should that be required. In addition, links have been formed with UKHSA teams which have allowed PHA staff to avail of training which previously was not available to our staff.

On the recruitment side the scrutiny process has been further refined to ensure robust information is available at the point of decision making and all activity processed through to the recruitment centre is monitored for timely actions. Reporting on recruitment performance is a key component of monthly reporting to the Agency Management Team. In the area of retention, the Organisation Development Engagement Forum (ODEF) is now established with a clear workplan split into 3 key workstream:

- Staff Experience (looking after our people) – following on from the Health and Wellbeing survey an action plan is currently being developed, based on the results to support staff to improve their health & wellbeing. This is supported by the

- identification and training of a range of champions who will support the implementation of the action plans.

- Workforce Development (Growing and Developing our People) – within this group there is a continuous focus on supporting learning and development of staff with the introduction of a new skills competency framework a key focus. In addition, work is underway to develop some key training programmes to support staff in their roles including 'What is Public Health' and 'Introduction to Health Inequalities'.

- Culture (our People as Leaders) – supporting all of the above is the culture workstream who are developing mechanisms which will support the organisations communication systems with staff to ensure clarity, engagement and effectiveness this includes improved internal communication such as weekly staff news, revised connect platform and regular site visits led by the chief executive. Work relating to recognition and celebration will be a key focus of this group moving forward, using the upcoming Staff event to influence the development of a recognition & celebration framework.

Activity across these three workstreams is progressed through the engagement of a wide range of staff from across the PHA under the leadership of 2 sponsors per workstream with 3 underpinning targets being to ensure staff:

- are inspired with a shared sense of purpose, to improve and protect Public Health;
- feel valued, supported and engaged in all they do;
- are knowledgeable, skilled and competent.

A People Plan has been launched setting out the PHA's goals for each of these areas.

HSCQI

The establishment of the HSCQI function, in April 2019, was a key action from 'Health and Wellbeing 2026: Delivering Together'. The DoH established HSCQI within the PHA, providing temporary funding through transformation monies for the Director of HSCQI and a number of additional posts. The Safety Forum, already within the PHA, also became part of the new HSCQI Directorate.

The budget allocation for 2021/22 included funding for some HSCQI posts, however it did not cover the totality of posts required. While the PHA welcomed the funding allocation, given the remaining ongoing gap in funding, it remains challenging for HSCQI to deliver on the design intent.

The PHA Chief Executive and Director HSCQI will continue to work with the Department and the HSCQI Leadership Alliance to agree the priorities for HSCQI (in light of constrained resources) and continue to discuss funding for HSCQI.

Previously, the PHA supported HSCQI programme work through an annual allocation of slippage. However, in order to realise the 2023/24 and 2024/25 savings target required by the DoH, the PHA was no longer in a position to fund the HSCQI programme work. Without confirmed recurrent programme funding HSCQI will not be in a position to deliver future programmes of work on a recurrent basis.

The HSCQI Director continues to discuss a way forward with the PHA Chief Executive, Director of Finance, the HSCQI Alliance and DoH colleagues.

During the PHA Refresh and Reform organisation change programme it was agreed that HSCQI was not aligned with PHA strategy and corporate objectives. Therefore, a recommendation was made that HSCQI should move from hosted arrangement within PHA to an integrated arrangement within an alternative organisation. At present HSCQI are participating in a transition programme from PHA to RQIA. A key element of this transition will be clarifying recurrent funding for HSCQI staff and programmes. Until a recurrent funding stream for HSCQI is identified HSCQI remains fragile.

Public Inquiries

The PHA has continued to discharge its responsibilities in respect of the following public statutory inquiries: Infected Blood Inquiry, Muckamore Abbey Hospital Inquiry, Urology Services Inquiry and the UK Covid-19 Inquiry. Each of these inquiries has been established to investigate an issue of serious public concern and necessitates that the PHA responds promptly and thoroughly to every request made of it.

During 2024/25, the PHA has provided oral evidence, prepared witness testimony and disclosed a broad range of historical documentation and records at the request of given inquiries. These demands continue to consume significant time, resource and attention of senior staff within the PHA.

While the live response to a number of Inquiries has concluded in-year, the demands placed upon the PHA particularly in relation to the UK Covid-19 Inquiry will continue for some time. The PHA will also have to consider the implications of any recommendations that it is tasked with implementing from the outworking's of each Inquiry and its constituent modules.

In order to ensure good governance arrangements are in place, the PHA's collective response remains under the direction of a Public Inquiries Programme Management Board comprising of the CEO, Executive Directors and the Directorate of Legal Services. The management board also has Non-Executive Director representation.

Pause on Campaign Programme

As a result of current pressures on the HSC budget the DoH moved to introduce a pause on campaign related mass advertising by its ALB's during 2023/24. Public health campaigns play a significant role and are deployed regularly by Governments and Public Health Authorities worldwide in raising awareness and influencing attitudes and behaviours around a range of key public health issues. As one of its key functions, the PHA has significant experience and expertise in developing successful population wide

campaign programmes which have proven to be very effective when delivered as part of a wider programme of measures including legislative change and other programme interventions. Awareness raising campaigns are recommended within a number of current NI health strategies e.g. Tobacco control, Mental Health and suicide prevention, Fitter Futures and Organ Donation and the PHA is responsible for taking this work forward. Whilst other communication channels can be deployed the evidence base demonstrates that they are less effective in reaching population wide audiences. The PHA therefore recognises that the pause in its campaign programme is likely to have a detrimental impact on its ability to meet strategic commitments and annual business plan targets.

PHA submitted a business rationale paper to DoH in year highlighting the evidence base underpinning the deployment of mass media led campaigns. Notwithstanding, DoH has confirmed that the pause on campaign advertising has been further extended into 2024/25 and therefore the PHA considers it to remain open as a control divergence.

Cervical Screening

Following concerns about the performance of a small number of screening staff in the SHSCT laboratory the Trust asked the Royal College of Pathologists (RCPath) to: undertake a review of laboratory data; assess whether there were any issues with laboratory performance; undertake a risk assessment; and advise of actions that should be taken forward.

The RCPath report was published by SHSCT on 30th Sept 2023 and contains a number of critical findings relating to performance in the SHSCT laboratory and arrangements to

identify and address underperformance within the laboratory over a protracted period of time from 2008 - 2021. The report also recommends that primary HPV screening is implemented as soon as possible.

Staff from the PHA have been working intensively with the SHSCT to implement a Review exercise in order to identify women whose last screening samples were processed in the SHSCT by one of the screeners whose performance has been highlighted in the report. The main review is now 99.54% complete and to date no cases of cervical cancer have been identified. There are approximately 80 women currently completing the call forward pathway who need a repeat smear test and it is expected that this work will complete by the end of October 2024. Initial findings of the review confirm that the vast majority of previous smear results are unchanged and have been reconfirmed as normal. As expected, some low grade abnormalities (around 300) and a very small number of higher grade abnormalities (fewer than 5) have been found. This has been and will continue to be a draw on senior staff from the Public Health Directorate. The work is being supported by a senior member of staff on loan from the SPPG.

The report highlights the importance of implementing primary HPV testing as soon as possible. After a period of intensive work, primary HPV screening was introduced across Northern Ireland on 11 December 2023. This has also been able to facilitate the clearance of backlogs in cytology reporting in the cervical screening laboratories which were resulting in long delays to women receiving results. All backlogs were cleared by early May 2024.

The PHA commissions the provision of three Cancer Screening Programmes and oversees Quality Assurance for those programmes. Cervical screening is one of these programmes. There is a Quality Assurance Structure in place, led by the PHA, the core purpose of which is to maintain national standards and promote continuous improvement in the cancer screening programmes to ensure that all eligible people have access to a consistent high quality service wherever they live and in line with NI Department of Health's population screening policy.

While the RCPath Consulting report was commissioned by and focused on the Southern Trust laboratory, it is prudent to review the Quality Assurance function carried out by PHA and how the issues relating to underperformance were present in one of the laboratories carrying out cytology for the screening programme over a 13 year period. Screening

experts from NHS England have agreed to undertake a detailed peer evaluation of our oversight and QA processes within the cervical screening programme. The purpose of this is to identify any areas for improvement and to make recommendations in that regard. The terms of reference are being drafted and timing of this work is to be agreed.

c) Identification of new issues in the current year and anticipated future issues

The PHA has not identified any new or anticipated future issues in respect of the current year.

13. Mid-Year Assurance Report from Chief Internal Auditor

I confirm that I have referred to the mid-year Assurance report from the Chief Internal Auditor, which details the organisation's implementation of accepted audit recommendations.

14. Annual Assurance of Fitness of Accounting Officer

I confirm that I remain fit to carry out the role of Accounting Officer in accordance with MPMNI Chapter 3 and that any issues arising which question my ability to carry out the role (e.g. bankruptcy, disqualification, serious conflicts of interest, etc.) are notified immediately to the Departmental Accounting Officer.

Signed: *Date:*

CHIEF EXECUTIVE & ACCOUNTING OFFICER

HSC Public Health Agency

item 13

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	18 October 2024
Title of paper	Complaints, Compliments and Claims Quarterly Report
Reference	PHA/09/10/24
Prepared by	Alastair Ross / Catherine Collins
Lead Director	Aidan Dawson

Recommendation For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is for the Board to note the latest report on complaints and claims against the PHA.

2 Background Information

Following the receipt of an internal audit recommendation, the Agency now produces a quarterly Complaints Report to ensure that senior leaders within the PHA, at both Executive and Non-Executive level, are adequately briefed in respect of complaints handling.

This Report has been updated as at quarter 2 2024/25 to include information in respect of compliments received by the Agency.

3 Key Issues

During the first two quarters of 2024/25, the PHA received one formal complaint and has closed two complaints. A total of four compliments have been received, one claim has been withdrawn and one claim remains open.

4 Next Steps

The next Report will be brought to the Board in February 2025.

2024/2025
Complaints, Compliments and Claims
Quarterly Report

Internal Qtr 2 Report

Position as at 30 September 2024

Report Prepared by PHA Complaints Office



CONTEXT

This report has been created as a mechanism to ensure that senior leaders within the PHA, at both Executive and Non-Executive level, receive regular and adequate information in respect of complaints, compliments and claims received by the organisation.

SECTION 1 - COMPLAINTS

1. Definition

In line with the guidance set out in the HSC Complaints Procedure, a complaint is '*an expression of dissatisfaction that requires a response*' in relation to the work undertaken by the PHA.

This is in contrast to the many general queries, public health concerns or complaints made against other organisations that make their way to the PHA - these being dealt with through alternate channels.

2. Key Performance Indicators

The management of complaints are monitored in line with the following key performance indicators (KPIs):

a. A complaint should be acknowledged in writing within 2 working days of receipt;

b. A complaint should be responded to within 20 working days of receipt;

c. Where a full response within 20 days is not possible, a complainant should be updated every 20 working days on the progress of their complaint.

3. 2024/25 Overview

During the period, 1st April 2024 - 30 September 2024, the PHA received one formal complaint.

During the same period in 2023/24, the PHA received five complaints as set out in Table 1.

Table 1 Number of complaints by month/quarter 2023/24 VS 2024/25

	Q1			Q2			Q3			Q4			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**TOTAL**
2024/25	0	0	0	0	1	0							**1**
2023/24	1	1	1	2	0	0	1	0	0	0	1	1	**8**

Table 2 Complaints by Directorate 2023/24 VS 2024/25

	Number of Complaints Received	
Responsible Directorate	**2023/24**	**2024/25***
Chief Executive's Office	N/A	0
Nursing Midwifery & AHP	3	0
Operations	1	0
Public Health	4	1
Quality Improvement	0	0
TOTAL	**8**	**1**

** Position as at 30 September 2024.*

4. 2024/25 Closed Complaints

The PHA has closed two complaints during 2024/25. One of these being a complaint received in March 2024 (C08/2324) and the other a complaint received in August 2024 (C01/2425).

Tables 3, 4 and 5 provide information in respect of these closed complaints.

Table 3 Performance Against Key Performance Indicators for Closed Complaints 2023/24 VS 2024/5

		KPI 1		KPI 2		KPI 3	
	Number of Complaints Closed	Number of complaints acknowledged within 2 working days of receipt	Percentage of complaints acknowledged within 2 working days of receipt	Number of complaints responded to within 20 working days of receipt	Percentage of complaints responded to within 20 working days of receipt	Number of complainants updated every 20 days (where KPI 2 was not met)	Percentage of complainants updated every 20 days (where KPI 2 was not met)
2024/25	2	2	100%	2	100%	N/A	N/A
2023/24	7	6	85%	4	57%	3	100%

Table 4 Tenure of Closed Complaints 2023/24 VS 2024/25

	Average Time taken to conclude Complaint (working days)	Longest Time taken to conclude Complaint (working days)	Shortest Time taken to conclude Complaint (working days)
2024/25	17 Days	17 Days	17 Days
2023/24	27 Days	106 Days	3 Days

Table 5 Synopsis of Closed Complaints 2024/25

PHA Ref	Responsible Directorate	Synopsis of Complaint and Response
C01/2425	Public Health	Complaint - Concerns in relation to the inclusion of a breast screening risk section within the PHA 'breast screening - helping you decide leaflet'. Response - Complainant advised that the PHA leaflet was developed using guidance from the UK National Screening Committee who advise that public information should include both information on the potential benefits and the risks of screening.
C08/2324	Public Health	Complaint - Dissatisfaction with the approach taken by the PHA in relation to the management of an E Coli outbreak within a childcare setting. Response - A full rationale for the PHA response was provided to the complainant. The response acknowledged the level of disruption and stress that the management of the outbreak had caused which had to be considered against the need to prevent the transmission of a life-threatening illness.

5. 2024/25 Open Complaints

As at 30 September 2024, the PHA has no open complaints.

6. Northern Ireland Public Services Ombudsman

Upon the completion of the PHA complaints process, each complainant is signposted to the Ombudsman should they be dissatisfied with the outcome they have received.

As at 30 September 2024, the PHA is aware of no open PHA investigations with the Ombudsman.

SECTION 2 - COMPLIMENTS

A compliment is an expression of appreciation felt by service users, carers, relatives, members of the public and/or external professional bodies for the work undertaken by the PHA.

During the period, 1st April 2024 - 30 September 2024, the PHA Complaints Office have been notified of four compliments received by PHA staff members. A record of each compliment is set out at table 6.

Table 6 Summary of Compliments 2024/25

PHA Ref	Directorate in Receipt of Compliment	Sender of Compliment	Compliment
01/2425	Nursing Midwifery & AHP	Deputy Chief Nursing Officer (Department of Health)	*'Excellent briefing highlighting the key strategic and professional issues for nursing. The engagement event was excellent, a very good news story for primary care nursing'*
02/2425	Nursing Midwifery & AHP	Director of Nursing (Eastern GP Federation Support Unit)	*'Thank you for a great workshop last night-I'm sure you agree it was a great success- there was a real buzz with very enthusiastic engagement.'*
03/2425	Nursing Midwifery & AHP	Policy Adviser (Royal College of Speech and Language Therapists NI)	*'… express our gratitude for your help and support in everything that we do'*
04/2425	Nursing Midwifery & AHP	GP (GP Practice)	'*Massive thank you to all of you. The psychological positive impact this has had on the team this week is immense, especially with such a difficult week managing change and starting without having any practice nurses formally on the books. I've approached a friend who is an advanced nurse practitioner to see if she would help with a bit of additional mentorship/teaching/support as well. If ever need anything from us as a GP practice in the future we would be glad to help.'*

SECTION 3 - CLAIMS MANAGEMENT

1. Potential Liabilities

Claims within the PHA are aligned to four types of potential liability:

- Clinical/Medical Negligence,
- Employer's and Occupier's Liability,
- Injury Benefit and
- Employment Law.

The level of provision made in respect of potential liabilities for claims is based on professional legal advice from the Directorate of Legal Services (DLS). Information in respect of provisions are set out in the PHA Annual Report.

2. 2024/25 Closed Claims (Settled and Withdrawn)

The PHA has closed one claim during 2024/25. Table 7 provides information in respect of this closed claim.

Table 7 PHA Closed Claims

Date Opened	Type of Potential Liability	Date Closed	Claim Synopsis/Rationale for closing
November 2021	Clinical/ Medical Negligence	September 2024	This was a potential litigation claim threatened by an individual under the guise of a 'freeman' claim which essentially challenges the lawfulness and legality of requiring citizens to abide by laws/be regulated by the state. DLS have advised that this file has been closed due to inactivity and the likelihood that it will not be pursued by the Claimant.

3. 2024/25 Open Claims

As at 30 September 2024, the PHA has one live claim. Table 8 provides further detail in respect of this claim.

Table 8 PHA Open Claims

Date Opened	Type of Potential Liability	Claim Synopsis
March 2023	Employment Law	This is a claim that has been lodged with the Office of the Industrial Tribunal and Fair Employment Tribunal in which both SBNI and PHA are named Respondents. The Claimant is challenging the Respondents in relation to their personal employment status which precludes them from contributing to the HSC Pension Scheme. The Case Management Review Hearing in respect of this claim has been rescheduled from August until late October 2024. At the hearing, the claim will be further defined and a determination made as to whether SBNI should be removed from the claim to leave the PHA as the sole Respondent.

PHA Complaints Office
complaints.pha@hscni.net

END

HSC Public Health Agency

item 15

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	18 October 2024
Title of paper	Policies for Approval
Reference	PHA/10/10/24 / PHA/11/10/24 / PHA/12/10/24
Prepared by	Information Governance Team / Stephen Bailie / Karen Brown
Lead Director	Leah Scott

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to seek PHA Board approval of the following updated Policies and Procedures:

- Data Protection Confidentiality Policy
- Access to Information Policy
- Anti-Fraud and Anti-Bribery Policy Statement and Response Plan

2 Key Issues

A scheduled review of the Data Protection Confidentiality Policy and Access to Information Policy policies has been carried out with minimal changes required.

A review was also undertaken of the PHA's Anti-Fraud and Anti-Bribery Policy as the last update was in January 2022. The policy needed refreshed to reflect the new Finance arrangements within the Agency.

The policies were approved by the Governance and Audit Committee on 10 October, with the Data Protection Confidentiality Policy and Access to Information Policy policies also being reviewed by the Information Governance Steering Group.

3 Next Steps

Following approval by the PHA Board, these policies will be shared as appropriate with PHA staff.

Data Protection/Confidentiality Policy

Version 2 approved by IGSG	**05/10/2023**
Version 1.5 approved by AMT	**01/05/2018**
Version 1.5 approved by GAC	**06/06/2018**
Version 1.5 approved by PHA Board	**11/06/2018**
Review Date	**30/06/2026**

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1.0 INTRODUCTION

1.1 Data Protection policy – Background

The ease with which personal information can be passed within Public Health Agency (PHA), often by computer, is of undoubted benefit for patients and clients, for those involved in their care and treatment and in the planning and commissioning of services. However, all those concerned need to be aware of the legal duty to protect the confidentiality of personal information, whether it relates to patients, clients or staff members.

The PHA recognises that it has a responsibility to respect the individual's rights afforded by the Data Protection Act 2018 and UK General Data Protection Regulation (GDPR). We recognise that there is a legitimate expectation on the part of our service users and staff that their information will be treated as confidential and that sharing or processing of that information will be legitimate, necessary, lawful and transparent. This policy is based on that expectation and acknowledges that HSC staff will need to have strictly controlled access to personal information, anonymised wherever possible, to enable the effective and efficient delivery of Health and Social Care Services to the local population within Northern Ireland.

All PHA staff, agents and contractors are reminded of their responsibilities under Data Protection, UK GDPR legislation and all associated Codes of Practice and governing Principles. Any breach of PHA policy will be treated as a serious matter and may result in disciplinary action including dismissal, or, in the case of an Agent or Contractor, consideration will be given to the review or termination of any formal arrangements.

1.2 Purpose of the Policy

This policy aims to clarify why it is necessary to collect, store or process information, how long information may be stored for and how and when personal information may be shared.

It also addresses the need to make patients, clients and staff aware of the ways in which their information might be used and emphasises the use of anonymised information wherever possible, setting out the circumstances in which information may be passed on for other purposes or as a legal requirement.

It also confirms and reinforces that a Common Law duty of confidence applies to everyone working for or with the HSC and aims to inform all staff working within the PHA of the personal role they must play in the correct, appropriate and legitimate sharing of information, and what measures they must take to protect that information when it is in their charge.

This policy should be read by staff in conjunction with all Information Governance and ICT Security policies available on the PHA Intranet, as well as mandatory Information Governance eLearning training on the HSC Leadership Centre website. This policy should also be read in conjunction with the PHA privacy notices which can be found on the PHA Website.

This policy should be read alongside the PHA's Facilities Management Policies for each of the locations, which deal with the physical security of the PHA's premises and give important guidance in this respect.

The policy has been written in line with current legislation and guidance on data protection, with particular reference to the Department of Health guidance document "Code of Practice on Protecting the Confidentiality of Service User Information" (April 2019). Reference is also made to the Data Protection Act 2018, UK GDPR and the revised Principles set out in Caldicott 2. This policy has been reviewed to reflect the additional Caldicott Principle "*The duty to share information can be as important as the duty to protect patient confidentiality*". Whilst not binding in the context of Northern Ireland, HSC has adopted these principles in spirit and they remain at the heart of all related policy developments.

1.3 Governing Principles

The following governing principles underpin this policy document, and should be viewed as the defining principles when handling personal data.

1 The use to which Personal Information is to be put within or by an organisation should be clearly defined, justified and regularly reviewed.

2 Personal data items should not be included in transfers of information within or between organisations unless it is absolutely necessary and there is a robust business need and sufficient security measures employed to protect the transfer.

3 Only the minimum amount of identifiable information should be transferred or be accessible as is necessary for any given, specified and approved function or purpose.

4 Only those individuals who need access to personal information should have access to it, and limited to what they need to see for their particular business need.

5 Managers and 'Information Asset Owners' should take such actions as are necessary on an on-going basis to ensure that all staff are made fully aware of their contractual and legal responsibilities and obligations to respect and protect individuals' personal information from unauthorised use, disclosure, loss or destruction.

6 Every use to which personal data is put should be lawful and comply with all relevant applicable guidance.

7 No personal information should be transferred within or between organisations unless adequate, robust and approved security mechanisms are in place – see 2 above.

8 When collecting personal data from data subjects, PHA should inform the subject as to the proposed use or uses to which the data will be put, as well as who it is to be shared with, how it will be secured and how long it will be retained.

9 Personal Information will, when no longer required, be permanently and verifiably destroyed.

This policy also takes cognisance of the following UK GDPR principles:-

- Lawfulness, fairness and transparency in the handling and use of personal data.
- Limiting the processing of personal data to specified, explicit and legitimate purposes.
- Minimising the collection and storage of personal data.
- Ensuring accuracy of personal data and enabling it to be erased or rectified.
- Limiting the storage of personal data.
- Ensuring security, integrity and confidentiality of personal data.
- Accountability (the need to take responsibility for what you do with personal data and how you comply with the other principles).

The above principles should also be read in conjunction with the Individual's Rights under UK GDPR, which have been summarized in Appendix 6.

Compliance with this policy will ensure:-

- That the data collection is lawful and complies with the Data Protection Act 2018 and UK GDPR.

- That data access is restricted to those with legitimate need to view the data.
- That all records and systems, electronic and manual, are secured and that all information held is a minimum data set, is collected and processed for specific purposes, is held only as long as is necessary for the purpose for which it was collected, is processed fairly and lawfully and transparently, and is disposed of in a way which continues to protect confidentiality.
- That personal information is shared with those staff who have a legitimate relationship with the service user, are involved in the management and/or delivery of Health and Social Care Services or are regulated and registered Health and Social Care Professionals.

1.4 Definitions

"Personal Data" - The term "personal information" applies to personal data/ information, as is defined in law, about living individuals held by or for Health and Social Care organisations, agents or staff. Personal data is data which relates to a living individual who can be identified from those data.

This definition covers the obvious, such as medical and staff records, in addition to personal 'non-health' information such as a patient or client's name and address or details of his or her financial or domestic circumstances. It relates to both computerised and manual records and can be held in different formats, and include, for example, CCTV images microfiche, audio recording or still photographic images.

"Sensitive Personal Data" - Some "personal data" is classed as "sensitive personal data" or "Special Category Data" by the Data Protection Act and UK GDPR. Additional safeguards and regulations are afforded to this type of information. This information can only be processed under certain, defined circumstances.

'Personal data' becomes 'sensitive personal data' if it includes any of the following types of information about an identifiable, living individual:

- racial or ethnic origin;
- political opinions;
- religious or philosophical beliefs;
- trade union membership;
- physical or mental health;
- genetic data
- biometric data
- data concerning a person's sex life or sexual orientation;
- commission of offences or alleged offences.

If you process information containing one or more of the types of information described above and have any queries relating to the extent of its use, transfer or permanent destruction, you may seek advice from the Senior Operations Manager (Delivery) or Information Governance Team (IGTeam.PHA@hscni.net).

'Data Controller' - For the purpose of this document the Public Health Agency (PHA) is the "Data Controller" and, therefore, the organisation and its employees are subject to, and required to comply with, the principles set out in the Data Protection Act 2018 and the UK GDPR.

The Ministry of Justice defines the 'Data Controller' as, "*a person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed*".

'Data Processor' - The Ministry of Justice defines the 'Data Processor', in relation to personal data, as any person (other than an employee of the data controller) who processes the data on behalf of the "data controller".

These definitions are also consistent with UK GDPR.

In relation to the PHA, this definition would define, for example, the Business Services Organisation, as a PHA data processor, in so far as the BSO processes information or carries out certain functions on behalf of the PHA.

In a legal context the PHA "owns" the "personal data" it "controls" and is responsible for ensuring compliance with the principles set out in the Data Protection Act 2018 and UK GDPR.

This extends to ensuring that adequate safeguards, that are at the very least equal to those employed by the PHA, are implemented and operated by a Data Processor to protect and comply with the Principles of the Data Protection Act when carrying out processing of personal information on our behalf.

1.5 Further Information

Further information regarding any aspect of data protection and use of personal information can be found on the Information Commissioner's Office website: https://ico.org.uk. The PHA Senior Operations Manager (Delivery) or IG Team will also be able to provide information about this policy.

2.0 BASIC PRINCIPLES

2.1 Every person, irrespective of Nationality, whose information is held by the PHA is afforded certain rights under the United Kingdom Data Protection Act 2018 and UK GDPR. The PHA is legally obliged to respect and maintain these rights in both practice and policy.

2.2 All PHA staff are legally bound by a Common Law duty of confidence to maintain confidentiality of information and abide by the principles of the Data Protection Act 2018 and UK GDPR.

2.3 Information provided in confidence may not be used for a purpose other than that for which it was collected, or be passed to anyone else without the consent of the provider of the information (Data Subject). If occasion arises where it is proposed that personal information be used for another purpose, then expert opinion should be sought before any additional processing takes place.

2.4 Patients, clients and staff should, where it is reasonable and practicable to do so, be informed in advance of the uses to which their information may be put. (i.e. via PHA privacy notices).

2.5 Patients and clients' right to object or withdraw the use of their information must be respected (except in exempted circumstances where this is required by law).

2.6 The PHA is required to comply with all legislation and guidance relating to the protection and use of personal information.

2.7 Access to, and release of, personal information will be strictly controlled; where possible anonymised and aggregate information will be used. Only the minimum data required will be processed by the PHA.

2.8 Personal information will be held only for as long as it is required for the purpose for which it was collected. It will be disposed of in a manner that continues to protect confidentiality. Patients, Clients and Staff should be informed at the outset regarding the period that their information will be retained.

2.9 Individuals have a right to complain to the ICO if they have concerns regarding the handling of their personal or sensitive information.

2.10 Contractors with access to personal information held by, or on behalf of, the PHA are required to comply with this policy and have in place their own complementary policies and procedures that will provide the same or greater protection to information processed on behalf of the PHA (see 1.3). The PHA will require that Contractors or Agents acting at the direction of the PHA provide assurances and evidence of this requirement. Where it is deemed necessary, the PHA will require Contractors or Agents to implement certain organisational and/or technical measures to enhance their existing information security measures. Contractors or Agents will also be expected to follow PHA good practice developments in information security, and amend their own processes to meet PHA expectations.

3.0 PROTECTION AND USE OF INFORMATION

3.1 Uses and restrictions

3.1.1 Patients, clients and staff should be advised in advance of the uses to which the information they provide may be put. This may be verbally, in written form on standard documentation used to collect information, or on literature on protection and use of personal information designed specifically for this purpose. These are known as 'Privacy Notices'.

3.1.2 Personal information may *in appropriate circumstances* * be used for:

- The delivery of personal care and treatment, including needs assessment and Service Planning.
- For assuring, improving or auditing the quality of care and treatment delivered by HSC.
- To monitor and protect public health including the prevention, detection and control of disease.
- To co-ordinate HSC care with that of other associated agencies.
- For effective Health and Social Care administration.
- Teaching, training and education of Staff.
- In statistical analysis and/or Health and Social Care research.
- Staff Administration and records including pay, superannuation, work management and discipline.

- Accounting and Auditing including the provision of accounting and related services, the provision of an Audit where such an audit is required by statute.
- Crime prevention and prosecution of offenders.
- The administration of licensing or maintenance of official registers.
- Benefits, grants and loans administration.
- Investigation of complaints.
- Defending legal challenge.
- Auditing of Bodies in receipt of monies from the HSC.

*** Note**: This list of possible uses is not exhaustive. If you are unsure whether or not a particular use is covered here, advice should be sought from the PHA Senior Operations Manager (Delivery) or Information Governance Team (IGTeam.PHA@hscni.net)

3.1.3 Sometimes, personal information is required by statute or court order and the PHA will be obliged to release the information in these circumstances.

3.1.4 Release of information necessary for the protection of the public and tackling serious crime is covered by the DoH "Code of Practice on Protecting the Confidentiality of Service User Information" April 2019 which should be studied in conjunction with this policy.

3.1.5 The PHA will not and does not permit personal details to be released or sold on for fundraising or commercial marketing purposes.

3.1.6 The PHA does not permit external Agents or Contractors to pass on information to third parties unless the purpose is legitimate and the PHA has agreed to that sharing in writing via a Data Access Agreement or Memorandum of Understanding.

3.1.7 The PHA is obliged by law to comply with requests from the Comptroller and Auditor General Northern Ireland to provide information in an electronic format relating to PHA staff for the purpose of Data Matching exercises conducted under the National Fraud Initiative. These powers are based on amendments to the Audit and Accountability Order (Northern Ireland) 2003, at Articles 4A and 4G respectively.

3.2 Collection, Retention and Disposal of Information

3.2.1 Data subjects will be advised of the uses to which their information may be put. This should take the form of information to patients and clients as laid out in the DoH "Code of Practice on Protecting the Confidentiality of Service User Information" April 2019. They will also be advised on request of the rights of access which apply to certain records under the Data Protection Act 2018 and UK GDPR.

3.2.2 Information sharing between HSC bodies may require a signed Data Access Agreement between the parties. It is recommended that such an agreement is in place for those information flows regularly shared, for example, between the PHA and their Providers. A sample Data Access Agreement is included (Appendix 1).

3.2.3 Information sharing between HSC bodies and non-HSC bodies must also be covered by a Data Access Agreement.

3.2.4 Patients or Clients who consider withholding or restricting transfer of information should be advised that such restriction could possibly have an adverse impact on their care or treatment as the sharing of personal information between HSC professionals is critical to ensuring that the highest level of service is afforded to the individual. Legal or statutory requirements should also be explained. HSC staff should ensure that these discussions are handled with sensitivity and care and that the opinion of the individual is respected when making decisions about the use to which their information is to be put.

3.2.5 Only the minimum set of data should be collected, sufficient to the task.

3.2.6 Computerised personal information will be held on systems that are at the very least password protected and comply with the PHA ICT security policies and to which access is restricted to authorised personnel. Guidance on use of passwords is laid out in the PHAs ICT Security Policy. Any unauthorised access to restricted information must be brought to the attention of a senior officer immediately and the Senior Operations Manager (Delivery) or IG Team must be informed at the earliest opportunity.

3.2.7 Removable media such as PHA approved 'SafeStick' USB devices, laptops and tablet devices must have encryption software installed to protect against unauthorised access to sensitive information in the event of a loss or theft of that equipment. It is not permitted to store or transfer sensitive information, either corporate or personal, on media that is not encrypted, such as personal laptops, tablet devices or 'SafeStick' USB devices.

For security purposes each electronic or physical set of data is assigned an 'information asset owner'. The IAO is responsible for:-

- Identifying all the data within their area of responsibility;
- Specifying how the data can be used;
- Agreeing who can access the data and what type of access each user is allowed. (See Appendix 1 addendum for PHA 'Data Access Agreement Form').
- Determining the classification or sensitivity level(s) of the data;
- Periodically reviewing that classification;
- Ensuring and approving appropriate security protection for the data, e.g. encryption software
- Ensuring compliance with security controls;
- Ensuring compliance, where necessary, with the Data Protection Act 2018, UK GDPR and any other relevant legislation covering personal or medical data;
- Ensuring all staff that they are responsible for are aware of their responsibilities and have access to policies and specialist advice when required.

Data classed as 'sensitive' within one system should maintain at least the same sensitivity level across all systems.

Access rights given to users should be consistent across all areas. Particular attention should be paid to data being downloaded to a computer. Corporately sensitive information often ceases to be sensitive after a period of time, for example, when the information has been made public.
This should be taken into account, as over-classification can lead to unnecessary expense.

Please note: As a general statement, it is not permitted for PHA personal data or PHA business information to be held on unencrypted desktops/laptops, in unauthorised files or files with unrestricted access.

Such information should be held on a dedicated records management system, a dedicated server or at a sufficiently secure location to mitigate against the risk of a loss or theft of that equipment and to ensure there are regular backups of that data to maintain business continuity. It is recognised that business needs will occasionally dictate that sensitive information is held on laptops or desktops. Staff should seek advice from the Senior Operations Manager (Delivery) or IG Team to ensure adequate alternative safeguards are in place on these occasions.

3.2.8 Manual personal information will be held securely, for example in locked filing cabinets, and access restricted to authorised staff. Access will be granted at the direction of the Information Asset Owner or designated deputy (see 3.2.7)

3.2.9 Staff should operate a clear desk policy whereby personal (or business sensitive) information is not left in clear view of others (see PHA Clear Desk Policy).

3.2.10 Information will be retained only for as long as the purpose/s require(s) it, bearing in mind legal timescales for retention of particular records (Appendix 2). Individual departments within the PHA are required to be familiar and comply with the timescales under which the personal information they hold is governed. Reference should be made to the DoH document "Good Management Good Records" and the PHA "Records Management Policy" and "Retention and Disposal Schedule". These can be found on the PHA Connect site under Information Governance.

3.2.11 Methods used for disposal of confidential information must continue to protect confidentiality. Paper information should be shredded by means of a 'cross cut' shredder. It is not permitted to shred sensitive information by means of a 'strip' shredder as this method is no longer considered secure.

All redundant, faulty or obsolete PHA removable storage media, such as 'SafeStick' USB devices or external hard drives which did or which may have contained sensitive or valuable information during their life cycle, should be returned to the BSO Information Security Team (ITS) for complete and verifiable destruction rendering them unusable. A VFIRE call should be logged to facilitate this type of equipment disposal.

Officers responsible for the formal disposal of media should ensure that a disposal certificate is sought from any contractor employed to carry out this task. Further information on this area can be found in the PHA Waste Management Policy.

3.3 Processing and Presentation

3.3.1 Staff who are authorised to do so will process and present information in line with uses and restrictions set out in 3.1.

3.3.2 Information will be presented in an aggregate, anonymised form where disclosure of an individual's information would not be authorised for the purpose. Anonymisation does not, in itself, remove the duty of confidence in relation to the information. Confidentiality must still be protected.

3.3.3 With increasing usage of geographical information mapping tools (GIS) it is important to emphasise that, within the PHA, mapping systems are utilised only by trained staff who are fully aware of their personal responsibilities in protecting individual information from disclosure, both in its raw form and in any way in which it is potentially represented.

3.3.4 To allow the sharing of personal identifiable data within the terms of the Data Protection Act 2018 and UK GDPR, it is essential, when information is being gathered, that the purpose or purposes to which that information is to be used is clearly defined and understood by the data subject and that they agree to the proposed usage.

If you have captured this consent, sharing is legitimate within the terms and conditions of use to which the subject agreed. Any secondary use of patient level data should be considered in conjunction with advice from the PHA Senior Operations Manager (Delivery) or IG Team in conjunction with the third party from which the information was received. In many cases, this will involve Trust IG and providers' input.

3.3.5 **Information labelling and handling**.
Sensitive information should be labelled appropriately and output from systems handling such data should carry an appropriate classification label (in the output). The marking should reflect the classification of the most sensitive data in the output. Output includes all types of storage media and file transfers.

The document "Code of Practice on Protecting the Confidentiality of Service User Information" was updated by the Department of Health in 2019. Care should be taken to meet its requirements. This document can be found at the following web address:

https://www.health-ni.gov.uk/publications/code-practice-protecting-confidentiality-service-user-information.

3.4 Disclosure

3.4.1 Disclosure of personal information will be on a strictly "need to know" basis in accordance with the uses detailed in 3.1 and, where necessary, in consultation with the Information Asset Owner.

3.4.2 Information disclosed will be the minimum dataset, sufficient to carry out the task.

3.4.3 All requests made to the PHA by an individual, other than from a member of PHA staff, seeking access to their own personal information should be forwarded to the FOI Team (foi.pha@hscni.net) who will process the request in accordance with relevant statutory obligations.

3.4.4 Where information has been sought for research purposes by external organisations/individuals, a Data Access application should be issued and returned before an informed decision is taken on appropriateness of disclosure – Requestors should follow the research protocol (UK Policy Framework for Health and Social Care Research) (Appendix 3).

3.4.5 For some guidance in relation to the risks associated with information requests, refer to the Department's revised "Code of Practice on Protecting the Confidentiality of Service User Information" (April 2019).

3.4.6 In line with guidance laid down in the PHA's ICT Security Policy and various protocols operating within the PHA, disclosure of any information must be via media appropriate to the sensitivity of the information concerned. Security measures such as passwords and encryption must be employed when transferring or storing personal (or corporately sensitive data) and that transfer or storage must be authorised by the department's nominated Information Asset Owner.

You should also refer to the Information Governance Leaflets entitled 'Information Transfers: Your Options', 'Information Security Leaflet' and HSCNI Information Security Standards on Connect for advice.

Further advice can be sought from the Senior Operations Manager (Delivery)/IG Team or the Business Services Organisations Information Security Department (BSO ITS) in terms of Cyber Security.

3.5 Data Access Requests

Data subjects (individuals whose information we hold) have the right to see or request a copy of data which is held about them, whether this be computerised or manual. All requests for access to personal information must be received in writing. The procedures for dealing with such requests are laid out at Appendix 4. Further advice may be sought through the Senior Operations Manager (Delivery)/IG Team.

3.6 Information for Statistics and Research

The sharing of PHA information for statistics and research purposes is governed primarily by the principles and schedules of the Data Protection Act 2018, UK GDPR and other complimentary Legislation and Regulatory Codes of Practice. The Body / Organisation requesting information is required to complete an 'Application for Access to Personal Level Data for Research Purposes' (Appendix 3) which must be submitted to the PHA for consideration. In the event that the PHA approves a disclosure of patient level data, a Data Access Agreement (Appendix 1 addendum) would be drafted to cover the disclosure and describe the use and extent of the disclosure. Note: Using information for research purposes is addressed within the Data Protection Act 2018 and UK GDPR. However, strict guidelines will apply and appropriate safeguards must be present in order for data to be used for research purposes within the strict definitions provided within the Act. Further advice may be sought from the Senior Operations Manager (Delivery)/IG Team or PHA Personal Data Guardian (PDG).

3.7 Human Resources Records

Personal information is collected for recruitment purposes, for salaries and wages, for maintenance of the employment relationship between the PHA and its staff and to ensure that the PHA complies with its HR policies and procedures.

HR policies are available on the PHA Connect site. It is important to recognise that any staff information held by managers (manual or electronic) should be afforded the highest levels of privacy and security. It should be noted that rights afforded to the individual under the Data Protection Act 2018 and UK GDPR extend to employees of the PHA and these rights are not lessened by virtue of the employer / employee relationship.

(Note: The PHA is a Public Authority as defined by the Freedom of Information Act 2000. In certain circumstances, information relating to employees' public roles within the PHA may be disclosed, for example, on receipt of a Freedom of Information request.)

3.8 Audit Records

The PHA is required to provide access to all its records to Internal Audit. This access extends to all records, documents and correspondence relating to any financial or other relevant transaction, or function or activity conducted by the PHA or its Officers and includes documents of a confidential nature. This disclosure of information is covered by the PHA's Data Protection registration with the Information Commissioner and Internal Auditors are contractually bound to maintain the security and confidentiality of all records in their care as with all personal information held at PHA level.

Further to this, the Comptroller & Auditor General under powers conferred to his Office through the introduction of the 'Audit and Accountability (Northern Ireland) Order 2003' will periodically require disclosure of information from the HSC when conducting Data Matching Exercises under the National Fraud Initiative. It should be noted that the HSC is legally bound to comply with any request for access to information held on both employees and contractors.

Release of such information does not require the consent of the individuals concerned under the Data Protection Act 2018 and UK GDPR. Staff will be notified prior to any disclosure and additional information can be sought at that time from the PHA Senior Operations Manager (Delivery).

3.9 Responsibilities of Staff and Contractors

3.9.1 All staff are bound contractually to protect the confidentiality of information to which they have access in the course of their employment.

3.9.2 Provision currently exists in contracts between the PHA and its Providers to maintain confidentiality of information that is utilised in any dealings arising from the operation of the contract. Providers should ensure that any information disclosed to the PHA is anonymised where possible. Where identification of individuals is necessary, the Controller, often the Service Provider, should ensure that an appropriate legal basis, often the consent of data subjects, is in place for the purpose of disclosure and that disclosure is in line with the provisions of all relevant legislation and applicable guidance. Providers should describe any conditions which are attached to the data at the time of transfer, such as retention and disposal timescales.

3.9.3 Comprehensive confidentiality clauses are currently written into contracts between the PHA and computer companies/agencies and general maintenance contractors which refer directly to the protection of personal data and confidentiality. All contractors have a responsibility under this policy and existing legislation to protect the information to which they have access under the terms of their contract.

3.9.4 Protocols, such as those for faxing information and operation of 'safe haven' addresses and associated contact persons, are currently shared with those Providers/contractors to whom they may apply.

3.10 Out of the Office

It is PHA policy that patient/client-identifiable information remains on-site where possible. The PHA expects that no patient, client or employee identifiable information will be removed from the building without the approval of a sufficiently authorised officer, normally the Information Asset Owner or Assistant Director level or above. Information Security measures such as passwords and encryption software should be present on any removable media device, such as a laptop, external hard drive or PHA approved and issued 'SafeStick' USB device, before any decision to allow information to leave the premises is taken. Reference should be made to PHA ICT Security Policy.

All existing PHA staff have Remote Access functionality, with new staff receiving this automatically on appointment to allow for home-working. It is important to note that Data Protection principles continue to apply even when not in the office.

3.11 Breaches of policy

3.11.1 All staff, contractors and agents are reminded that they are bound by a Common Law Duty of Confidence in the protection and use of personal patient, client and staff information. All staff, contractors and agents should be aware of and abide by the contents of this policy.

3.11.2 The UK GDPR introduces a duty on all organisations to report certain types of data breach to the ICO within 72 hours. **Any suspected breach of this Policy must be reported to the Senior Operations Manager (Delivery)/IG Team immediately.**

The incident can then be assessed and appropriate immediate and remedial corrective action taken to contain the breach. (Please refer to PHA Data Breach Response Policy).

4.0 PHA RESPONSIBILITIES

4.1 Management Arrangements

4.1.1 The PHA has approved this policy document in recognition of its responsibilities in relation to the protection and use of personal information as governed by the Data Protection Act 2018 and UK GDPR.

4.1.2 The PHA requires that Management make appropriate arrangements to ensure communication of this policy to all levels of staff within the organisation and ensure that staff receive and attend training courses relating to this particular subject.

4.1.3 Any queries arising in relation to this policy should be directed to the Senior Operations Manager (Delivery)/IG Team (IGTeam.PHA@hscni.net).

4.2 Resources

4.2.1 The PHA will consider the use of resources in developing materials to inform patients, clients and staff of the uses to which their information will be put and to their rights of access where appropriate.

4.2.2 Training to communicate the responsibilities laid out in this and associated policy documents and practical measures that can be taken to comply with the contents will be provided for all PHA staff in formats that meet the identified need with emphasis on mandatory e-learning packages.

4.2.3 Practical guidance for compliance with this policy and the ICT Security Policy will be provided for all staff. This information may also be provided in hardcopy, through the PHA Connect site and through e-learning packages accessible via staff computers.

4.2.4 It is envisaged that all new staff will be informed of their responsibilities in relation to this policy and the ICT Security Policy as part of the PHA induction to the organisation. All Managers will be responsible for ensuring staff are familiar with both policies and are aware of their responsibilities in relation to their particular business activity.

4.2.5 Periodically, internal audit will review PHA arrangements for adequately protecting and appropriate usage of personal information.

4.2.6 The Senior Operations Manager (Delivery) will make arrangements for periodic 'audits' of the main PHA buildings to ensure that all staff are familiar with and abiding by the contents of the policy and its associated guidance. Reports on these audits will be prepared for consideration by the relevant directing committees of the PHA.

4.2.7 Contractors will be made aware of the contents of this policy and their associated responsibilities through the HSC standard contract clauses.

4.3 Ensuring Adherence

4.3.1 Through effective communication, the PHA requires that staff act responsibly and within the confines of this policy document. However, breaches will be dealt with as serious matters and the PHA will not hesitate in exercising its rights in such situations.

4.3.2 Contractors working with or on behalf of the PHA will be informed that they too are bound by the principles laid down in this policy and the relevant clauses included in all contracts.

4.4 Equality and Human Rights Screening

4.4.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998.

Equality Commission for Northern Ireland Guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to them.

4.4.2 Using the Equality Commission's screening criteria, no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.

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

4.4.4 This policy has been included in the PHA's Register of Screening Documentation and maintained for inspection whilst it remains in force.

4.4.5 This document can be made available on request in alternative formats and in other languages to meet the needs of those who are not fluent in English.

4.5 Review of policy

This policy will be periodically reviewed and updated to ensure that it is in line with current guidance and legislation relating to the protection and use of patient and client information, as well as any changes across PHA.

Appendix 1

PHA DATA ACCESS AGREEMENT FORM (DAA)

The PHAs 'Data Access Agreement' pro-forma is provided as a separate file and can be accessed on the PHA Connect site under the Information Governance Section – link.

Appendix 2

Retention of Records

The retention and disposal of PHA records must be in line with both the PHA Records Management Policy and the corresponding Retention and Disposal Schedule. The Retention and Disposal Schedule is based on the DoH publication 'Good Management, Good Records' and outlines minimum retention periods for records created in the PHA. The Schedule also details the final action for PHA records by identifying those which need to be transferred to the Public Record Office for Northern Ireland (PRONI) and those which can be destroyed once they have been retained for the sufficient period of time.

The following link will take you to the Good Management, Good Records facility on the DOH website - link.

Appendix 3



APPLICATION FOR ACCESS TO PERSONAL LEVEL DATA FOR RESEARCH PURPOSES

1. Personal Details – Researcher / Planner

Surname :_____

Forenames :_____

Postal Address :_____

_____

_____

Postcode:_____

Organisation :_____

Telephone No. :_____

Fax No. :_____

Email :_____

2. Project Details

Title of Project :_____

_____

Project purpose:_____

/ background _____

_____

_____

_____

_____

_____

_____

Proposed Start Date : _____

Duration : _____

3. Approval sought by the Researcher / Planner

Identify organisations or individuals from which assurances of co-operation will be required and whether these assurances have yet been given.

Name of individual/organisation and contact name	**Co-operation confirmed (Y/N)**

Has this research been cleared by the Ethical Committee (where appropriate): _____

(*copy of authorisation to be attached to this application)*

Terms and Conditions of Support

The following are the Terms and Conditions under which the Public Health Agency (PHA) will consider supporting the proposed research:

4. GENERAL CONDITIONS

4.1 The Applicant will acknowledge the support of the PHA in any final report.

4.2 The Applicant will provide the PHA with an opportunity to contribute to the design of the research.

4.3 The Applicant will provide the PHA with a presentation of the findings of the research if requested to do so.

4.4 The Applicant will comply with all Data Protection requirements and will exercise proper safeguards to prevent any breach of confidentiality and/or privacy. Any disclosed results of the research shall not be able to identify an individual without that individual's written consent.

4.5 Data made available by the PHA to the Applicant is done so in confidence solely for the purpose of the above research project.

4.6 Data made available by PHA to the Applicant directly will not be divulged to any individual not associated with the research.

4.7 When the research project is concluded, all personal data will be entirely destroyed.

4.8 The Applicant will provide the PHA with a pre-publication draft of any report generated from the research prior to publication.

4.9 The Applicant will pay for any reasonable costs incurred by the PHA in supporting the research, including costs incurred by other organisations.

5. AGREEMENT (To be completed by the Researcher / Planner)

I agree to the terms and conditions laid out in this document.

Signed
Project Leader: _____

Organisation: _____

Date: _____

6. Declaration of Data Protection Co-ordinator and Data Custodian

I declare that the Public Health Agency's involvement in the above research complies with the Data Protection Act and UK GDPR that all notification requirements have been completed.

Signed: _____ **(Data Guardian)**

Date: _____

Signed: _____

(Senior Operations Manager (Delivery))

Date: _____

6.1 Chief Executive PHA (or Designated Deputy)

Signed: _____ **(Chief Executive/Deputy)**

Date: _____

Appendix 4

Procedure for dealing with Subject Access Requests

Sample Letter

PHA ADDRESS

Dear xxxxx

Ref: Subject Access Request – DPA xx -24

Thank you for your request for personal information. Your request was received by the Public Health Agency on xxxxxxxx and will now be processed under the terms of the Data Protection Act 2018.

In order to comply with the Act, the Agency must gather certain information to help confirm your identity and to ensure, as far as possible, that all steps are taken that would prevent a breach of confidentiality. With that in mind, it would be helpful if you could please complete (as appropriate) the attached application form and return this along with proof of identity, for example, a copy of your passport or driving licence. Where your ID documents do not contain your current address we may ask you to verify this.

Once the completed application form and proof of identity has been received, any relevant information we may hold will be collated and issued to you. This will be carried out within the statutory timeframe of one calendar month from receipt of the completed application form and proof of identity.

If you have any queries about this communication, please do not hesitate to contact us quoting the reference number above.

We hope you find this helpful.

FOI Team

Appendix 5 - Application for access to personal Health and Social Care records

HSC Public Health Agency

Request for Access to Personal Health and Social Care Records

General Data Protection Regulation 2018 / Access to Health Records (NI Order) 1993

Please complete application form in BLOCK CAPITALS and BLACK PEN and provide identification as below.

I am requesting access to (please tick as appropriate):-

1. my own personal record. Please complete sections **A, C, D & F** ☐
2. records belonging to another living individual. Please complete sections **A, B, C, D & F** ☐
3. records of a deceased person. Please complete sections **A, B, C, E & F** ☐

Please Note

- Access to personal information is normally provided free of charge. However, PHA reserves the right to charge a fee or to refuse to respond to a request that is manifestly unfounded or excessive. Please ensure your request is as clear as possible. We may contact you for further details.
- Requests will normally be responded to within 30 days. However, please note that the UK General Data Protection Regulation (GDPR) allows up to 90 days for providing a response to complex requests.
- For access to deceased patient healthcare records the Access to Health Records (NI) Order 1993 allows up to 40 days to respond to a request, or 21 days where the requested healthcare records have been created within the last 40 days of the date of the request.

SECTION A – Details of the person the records / information relates to:

Surname:		**First name(s)**	
Date of Birth:		**Former name:**	
Current Address:			
Post Code:		**Tel. Number:**	
Any Previous address:			
Hospital / Healthcare Number (if known):			

SECTION B – Details of the person requesting the records *(if different from section A above)*

Surname:		**Forename(s):**	
Applicant's Address:			
Post Code:		**Tel. Number:**	
Relationship to the named Patient / Client:			

SECTION C – Details of the record(s) you wish to access

Name of hospital, ward, clinic or community service:	
Type of Service Received:	
Date(s) of treatment or service provided (i.e. from / to)	
Doctor / Health Professional / staff seen (if known):	

SECTION D – Authorisation and Proof of Identity.

In all cases a form of identification is required and must be provided with completed applications. (Acceptable forms of proof of identity are, for example, a copy of your passport, driving licence, Translink Senior Citizen Smart Pass, electoral card, birth certificate or medical card).

Please also select 1, 2, 3 or 4 from the following options; (if 4, please also select further criteria)

☐ **1) I am the patient** and enclose proof of my identity (copy or original ID documents)

☐ **2) I have parental responsibility** however the child **is capable** of understanding this request and I attach their written consent allowing me to access their personal information on their behalf

☐ **3) I have parental responsibility** and the child named above **is NOT capable** of understanding this request or consenting to the release of his/her records. I am acting in his/her best interests.

☐ **4) I am acting as an advocate on the patient's / client's behalf and confirm that either:**

- ☐ The patient / client is capable of understanding this request and has asked that I act on their behalf. Their written signed consent is enclosed along with a copy of ID for myself and for the patient/client
- ☐ The patient/client is NOT capable of understanding the request. I confirm that I am acting on their behalf and in their best interests. I understand that capacity will be checked with relevant health / social work professional(s) and records will only be disclosed if, in the opinion of the relevant professional, it is in the patient's / clients best interests. If approved, I understand that any access provided will be limited to information that will meet the needs of the patient/client.

SECTION E – Requesting Access to the Records of a Deceased Person –

The Access to Health Records (NI) Order 1993 (AHR) provides a legal right of access only to HEALTHCARE RECORDS; however access is only granted to individuals who are the personal representative of the deceased or individuals who may have a claim resulting from the death of the patient and where evidence of entitlement is provided. In these cases only information relevant to the claim will be considered for disclosure. A view may be sought from health care professionals

Date of Patient / Client Death _____

Please select from the following options;

1) I am the personal representative of the deceased patient / service user and enclose documents confirming my role as personal representative e.g. Grant of Probate / Letters of Administration. I also enclose proof of my identity

2) I am the personal representative of the deceased patient / service user and include evidence of this from a solicitor or court office. I also enclose proof of my identity

3) I have enclosed documentation from a solicitor detailing the claim I may have arising out of the patient / service user's death and I also enclose proof of my identity.

SECTION F – DECLARATION

- ***I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the records / information referred to***
- ***I understand that applications received without the necessary ID / consent / legal documentation will not be processed and will be returned***
- ***I understand that the PHA is no longer responsible for the security and confidentiality of any patient / service user records which have been supplied to me/copied.***

Applicant's signature:_____Date:_____

Return completed and signed Subject Access Request form along with supporting documents to:

Information Governance Team,

Public Health Agency, Towerhill, Armagh BT61 9DR

Or

Email: FOI.PHA@hscni.net

Appendix 6

DATA PROTECTION PRINCIPLES, 2018 ACT

The principles of protection of personal data are contained within the Data Protection Act 2018. These impose specific requirements on PHA staff when handling Personal Data.

First Principle: Personal data shall be processed lawfully and fairly and, in particular, shall not be processed unless:

- At least one of the conditions in Schedule 2 is met.
- In the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.

(NB: Health and Social Care data is, by nature, sensitive data and consequently requires grounds drawn from both schedules to justify processing. In legal terms, if data subject consent, explicit or otherwise, is lacking, then performance of functions under enactment of government functions or performance of a medical function may suffice).

Second Principle: Personal data shall be obtained only for one or more specified and lawful purposes and shall not be further processed in any manner incompatible with that purpose or those purposes.

Third Principle: Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

Fourth Principle: Personal data shall be accurate and, where necessary, kept up to date.

Fifth Principle: Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.

Sixth Principle: Personal data shall be processed in accordance with the rights of the data subjects under this Act.

Seventh Principle: Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to personal data.

Eighth Principle: Personal data shall not be transferred to a country or territory outside the EEA (now EU), unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

These principles are further referenced as follows in the UK GDPR:-

1. Transparency, fairness and lawfulness in the handling and use of personal data.

2. Limiting the processing of personal data to specified, explicit and legitimate purposes.

3. Minimising the collection and storage of personal data.

4. Ensuring accuracy of personal data and enabling it to be erased or rectified.

5. Limiting the storage of personal data.

6. Ensuring security, integrity and confidentiality of personal data.

7. Accountability.

More detailed information on the Data Protection Act 2018 and UK GDPR can be obtained from the Senior Operations Manager (Delivery), IG Team, or the Information Commissioner's website at https://ico.org.uk/.

Appendix 6

Individual Rights under UK GDPR

The UK GDPR provides the following rights for individuals:

1. The right to be informed

Individuals have the right to be informed about the collection and use of their personal data. This is a key transparency requirement under the UK GDPR.

Organisations must provide individuals with information including: the purposes for processing personal data, the retention periods for that personal data and who it will be shared with. This is called 'privacy information'.

2. The right of access

Individuals have the right to access their personal data and supplementary information. The right of access allows individuals to be aware of and verify the lawfulness of the processing.

3. The right to rectification

The UK GDPR includes a right for individuals to have inaccurate personal data rectified, or completed if it is incomplete. An individual can make a request for rectification verbally or in writing.

4. The right to erasure

The UK GDPR introduces a right for individuals to have personal data erased. The right to erasure is also known as 'the right to be forgotten'. Individuals can make a request for erasure verbally or in writing.

The right is not absolute and only applies in certain circumstances.

5. The right to restrict processing

Individuals have the right to request the restriction or suppression of their personal data. This is not an absolute right and only applies in certain circumstances.

When processing is restricted, you are permitted to store the personal data, but not use it.

An individual can make a request for restriction verbally or in writing.

6. The right to data portability

The right to data portability allows individuals to obtain and reuse their personal data for their own purposes across different services.

It allows them to move, copy or transfer personal data easily from one IT environment to another in a safe and secure way, without hindrance to usability.

7. The right to object

Individuals have the right to object to:

processing based on legitimate interests or the performance of a task in the public interest/exercise of official authority (including profiling);

direct marketing (including profiling); and

processing for purposes of scientific/historical research and statistics.

8. Rights in relation to automated decision making and profiling

The UK GDPR has provisions on:

automated individual decision-making (making a decision solely by automated means without any human involvement); and

profiling (automated processing of personal data to evaluate certain things about an individual). Profiling can be part of an automated decision-making process.

Appendix 7

The Caldicott Principles (Best Practice)

The principles for dealing with patient-identifiable information are:

1) Justify the purpose(s). Every proposed use of transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented with continuing uses regularly reviewed by an appropriate guardian.

2) Don't use personal confidential data unless it is absolutely necessary. Personal confidential data should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

3) Use the minimum necessary personal confidential data. Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data transferred or accessible as is necessary for a given function to be carried out.

4) Access to personal confidential data should be on a strict need to know basis. Only those individuals who need access to personal confidential data should have access and then only to the specific data items they need. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

5) Everyone with access to personal confidential data should be aware of their responsibilities. Action should be taken to ensure that those handling personal confidential data – both clinical and non-clinical staff – are made fully aware of their responsibilities and obligations to respect patient confidentiality.

6) Comply with the law. Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

7) The duty to share information can be as important as the duty to protect patient confidentiality. Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Access to Information Policy

2022-2025

Version	**3.0**
IGSG	**05/10/23**
Approved by AMT	
Approved by GAC	
Approved by PHA Board	
Review Date	**October 2025**

Version	**2.0**
Approved by AMT	**01/05/2018**
Approved by GAC	**06/06/2018**
Approved by PHA Board	**11/06/2018**
Review Date	**30/06/2021**

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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 subject 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, digital 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 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 five 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 2018 (DPA - Subject Access);
- UK General Data Protection Regulation (GDPR) 2018;
- 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 underlying principles of data protection, as outlined in the Data Protection Act (DPA) 2018 and UK GDPR:-

1. Transparency, fairness and lawfulness in the handling and use of personal data.
2. Limiting the processing of personal data to specified, explicit and legitimate purposes.
3. Minimising the collection and storage of personal data.
4. Ensuring accuracy of personal data and enabling it to be erased or rectified.
5. Limiting the storage of personal data.
6. Ensuring security, integrity and confidentiality of personal data.
7. Accountability

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.

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, 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 must be made in writing, this may cause difficulties for some requestors, for example due to 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 Senior Operations Manager (Delivery)/Information Governance Team 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 Senior Operations Manager (Delivery) and FOI Team 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 (hard copies may be posted to the Senior Operations Manager (Delivery), Tower Hill, Armagh BT61 9DR or the PHA FOI Team, 12-22 Linenhall Street Belfast BT2 8BS. Requests may also be received in any office of the PHA. All FOI requests should be forwarded to the FOI Team immediately (foi.pha@hscni.net).

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 secure database 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 FOI Team will agree with the relevant Information Asset Owner (IAO) how each request will be dealt with. The IAO will then nominate an Information Handler to prepare the relevant response information and forward this to the FOI Team within 10 working days, to allow sufficient time for consideration of exemptions, redactions and drafting of response. The FOI Team will manipulate the data into the standard response template for issue.

If you are asked by the FOI Team to gather information for an FOI request you should do so quickly and within 10 working days. Remember, the FOI Team may be dealing with multiple requests at any given time and ensuring prompt transfer of relevant information is essential if PHA is to meet its statutory obligations within the designated timescales and avoid sanctions from the Information Commissioner's 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 – the relevant IAO will be asked to approve final responses prior to release by the FOI Team.

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 FOI Team at the earliest opportunity for 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 relevant Director will appoint a review panel (verified by the Senior Information Risk Officer (SIRO) and normally consisting of one or more individuals not directly involved in the original process). Finally, the FOI Team will communicate the outcome of the review to the applicant. 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.

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 FOI Team (foi.pha@hscni.net).

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 Senior Operations Manager (Delivery) / FOI Team 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 Senior Operations Manager (Delivery) / FOI Team 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, Regulation 12(4)(b) 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 (DPA) 2018 and UK General Data Protection Regulation (GDPR)

Subject Access Requests for personal information under the DPA must be made in writing by the living individual concerned or their representative. The request must include evidence of identity, sufficient information to locate the relevant files or records and, in the case of a representative or child, evidence of authority to act.

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

- the individual concerned;
- their authorised representative;
- an adult with parental responsibilities (in the case of children deemed not yet competent to make their own decisions, UK GDPR suggests the age at which a child might give their own consent regarding the collection and processing of personal information at around 16);
- 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 Data Protection Act 2018, UK GDPR 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 if this is necessary to comply with 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 FOI Team immediately (foi.pha@hscni.net). The FOI Team will record the request on the database, and send the requester an acknowledgement letter, along with a Subject Access to Health Records application form and request for identification as appropriate.

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

Exemptions under DPA and UK GDPR

There are limited exemptions that can be considered when responding to a Subject Access Request.

PHA may refuse a request if manifestly unfounded or excessive, or 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.

A request may also be refused 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 Commissioner's Office.

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. 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

one month 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 they reapply directly to them; if the requestor 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, UK GDPR or AHRO due to confidentiality requirements, unless the requestor 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 2020-2023. 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 2020-2023.

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

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 and a Reference Number will be assigned to it. An acknowledgement email will be sent to the Senior Operations Manager (Delivery)/FOI Team (foi.pha@hscni.net).

Preparing Responses - The Senior Operations Manager (Delivery)/FOI Team will forward the Open Data request, i.e. the publication suggestion, to the relevant IAO/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 IAO/Assistant Director (or nominated officer) will forward responses to the Senior Operations Manager (Delivery)/ FOI Team. The response will be completed by the Senior Operations Manager (Delivery)/ FOI Team 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 Senior Operations Manager (Delivery)/FOI Team at the earliest opportunity for advice and support on the 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 2018 and UK GDPR and that staff are aware of the relevant 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 (UK policy framework for health and social care research).

Privacy notices will ensure that individuals are aware of how their personal data may be used, who it is shared with, how long it will be stored and of the right to have personal data deleted. A template is available on Connect and staff are asked to contact the Information Governance Team (IGTeam.PHA@hscni.net) with any queries.

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 Department of Health, Health and Social Care 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.

Arrangements for access to personal data may already be covered by a contract (e.g. 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 Connect or contact the IG Team for relevant Templates.

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 Data Protection Act 2018 and UK GDPR.

14.4 **The Data Protection Officer (DPO)** – the DPO will have overall responsibility for monitoring and ensuring compliance with this policy, acting as the contact point with the Information Commissioner's Office, training staff, advising on data protection impact assessments (DPIAs) and conducting internal audits (as necessary) across the organisation.

14.5 **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 FOI Team (overseen by the Senior Operations Manager (Delivery). The information will be provided to the FOI Team in line with agreed timescales. They will provide a point of contact (Information Handler) for clarification of issues and will work with the FOI Team to agree the factual correctness of and approve responses prepared for release.

14.6 **Assistant Director Planning and Business Services –** The Assistant Director has responsibility delegated from the SIRO for ensuring that effective systems and processes are in place to address the information governance agenda. The Assistant Director is also the Data Protection Officer with responsibility for data protection and privacy.

14.7 Senior Operations Manager (Delivery) - The Senior Operations Manager (Delivery) will manage the processing of all requests for information under the relevant legislative frameworks identified in this policy. The Senior Operations Manager (Delivery) and FOI Team will also 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 Senior Operations Manager (Delivery) will, alongside the FOI Team, maintain appropriate performance statistics on activity and submit update reports to the Information Governance Steering Group.

14.8 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 FOI Team (foi.pha@hscni.net) 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. All breaches must be reported to the Senior Operations Manager (Delivery) or Information Governance Team (IGTeam.PHA@hscni.net)) immediately as UK GDPR requires notification to the Information Commissioner's Office within 72 hours.

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

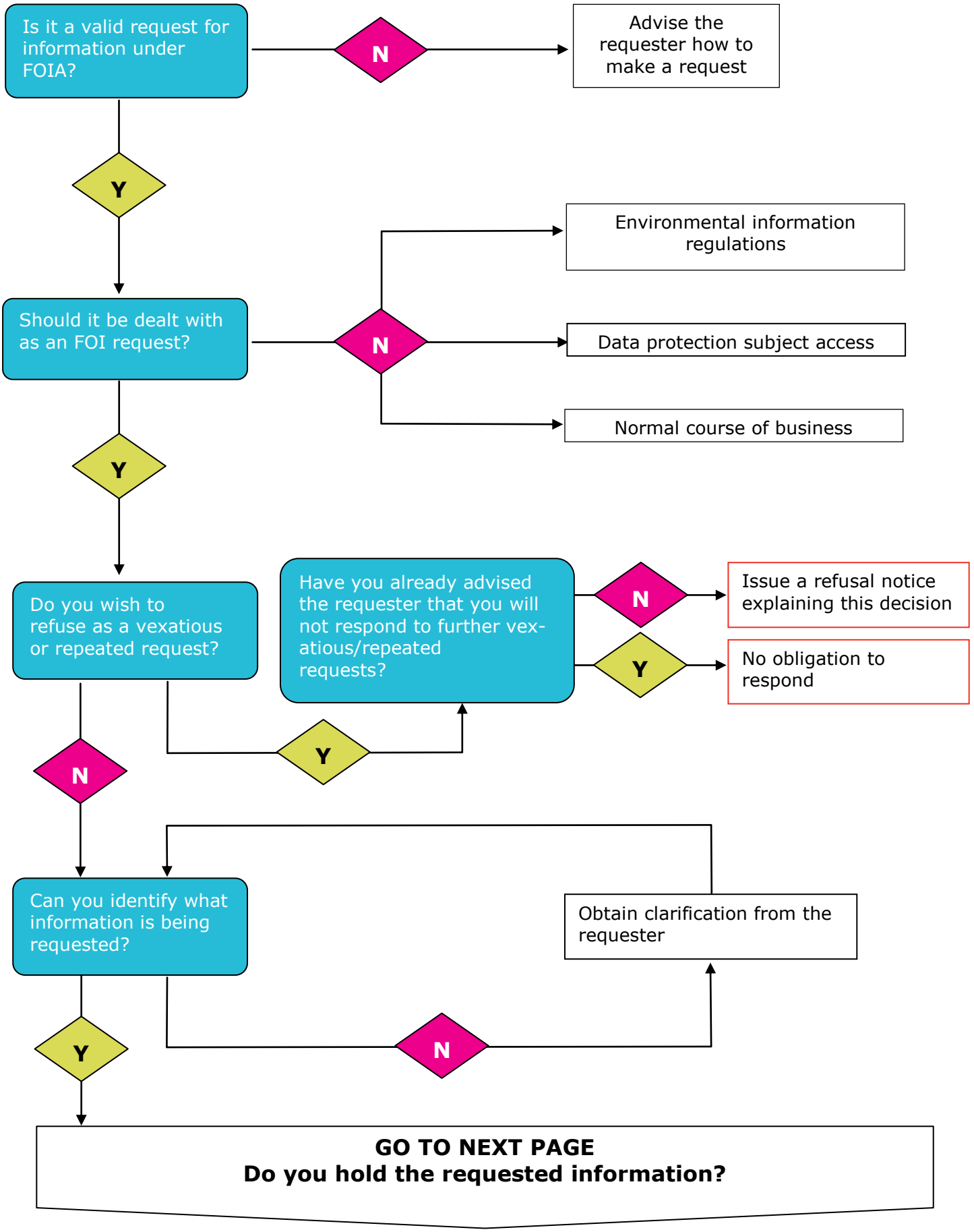
This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. It was found that there were no negative impacts on any grouping. This policy will therefore not be subject to an Equality Impact Assessment.

17.2 Human Rights

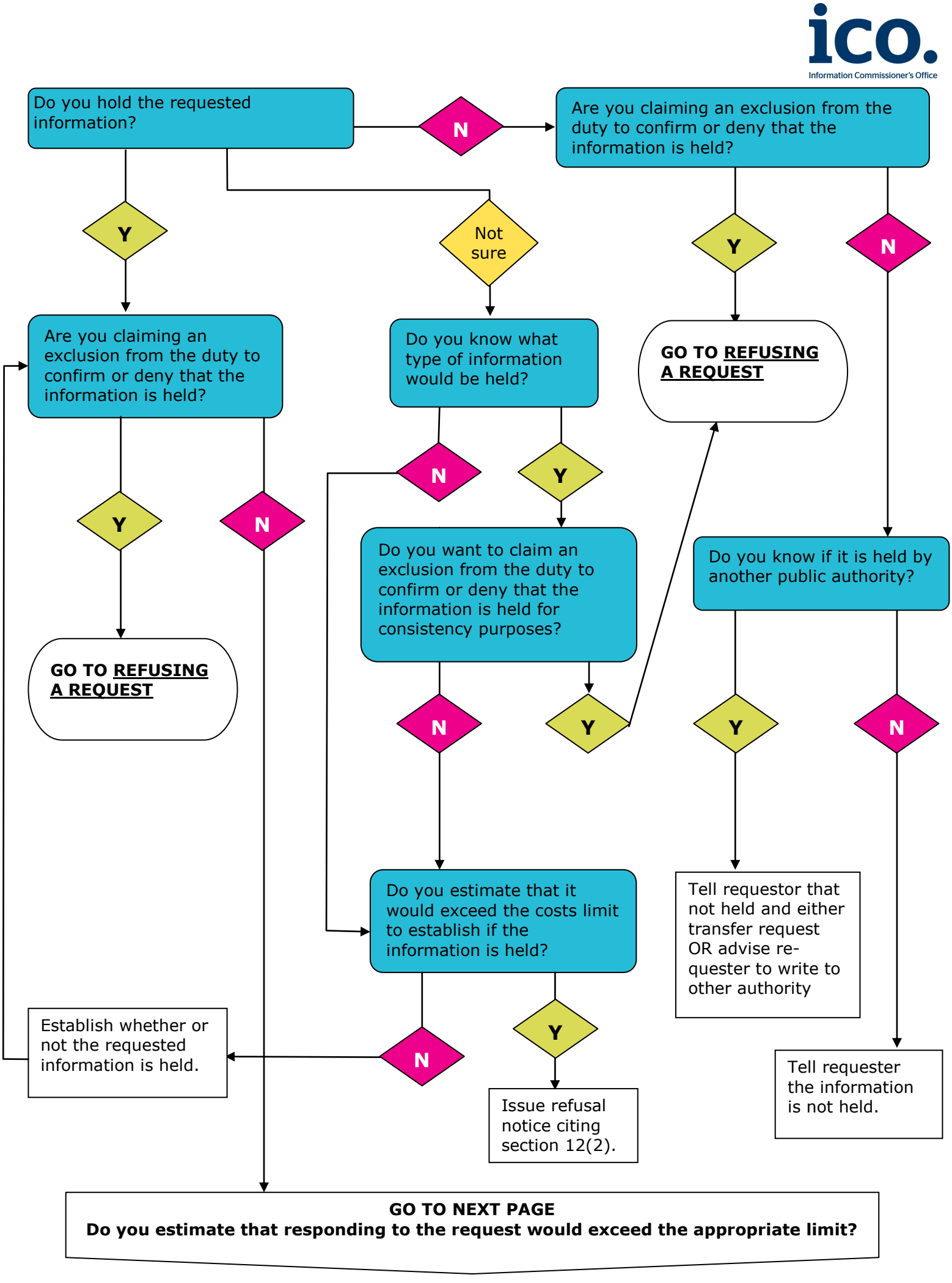
This policy has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained in the Act.

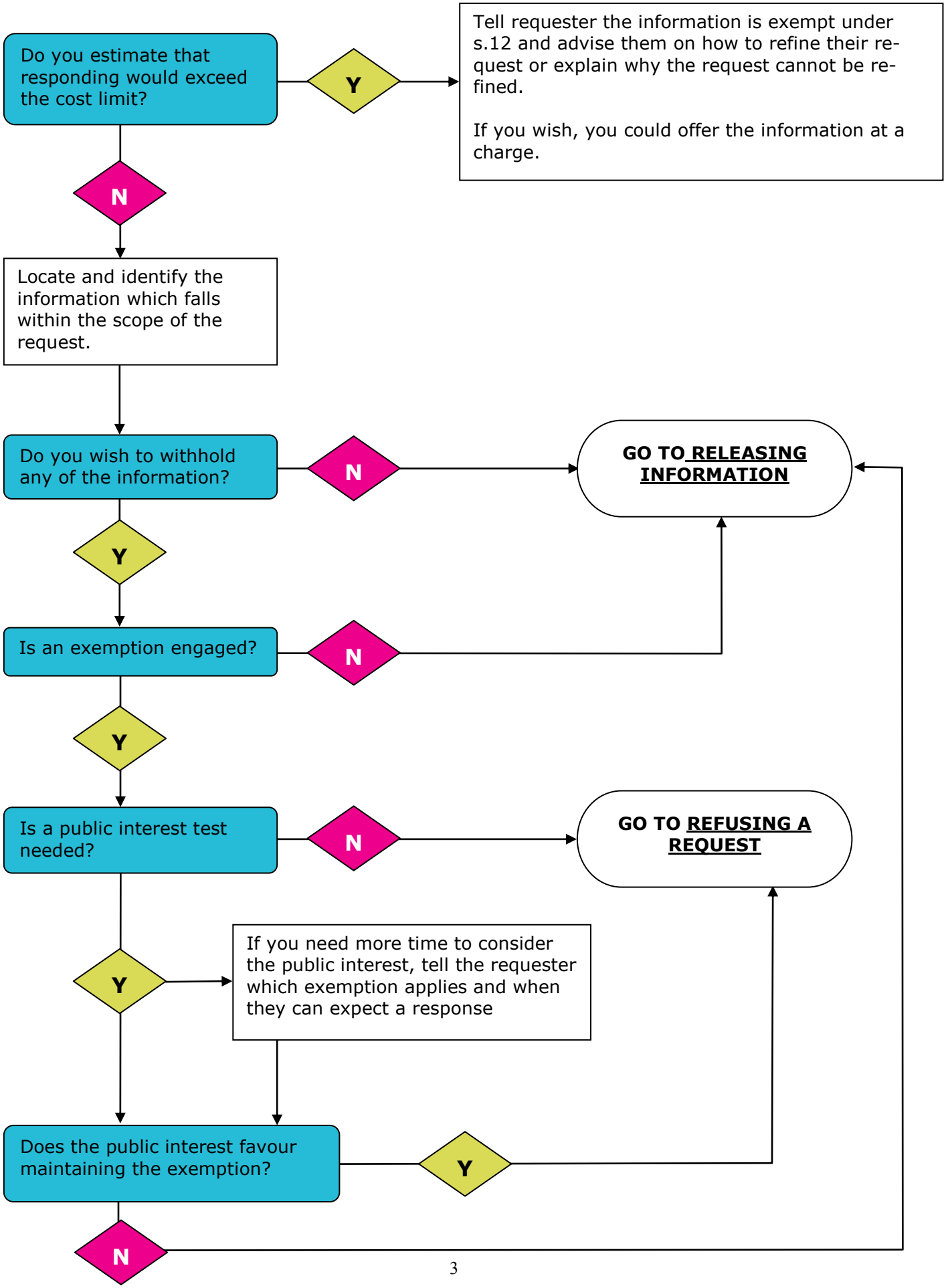
This policy will be included in the PHA's Register of Screening documentation and will be published on the PHA website.

Start here

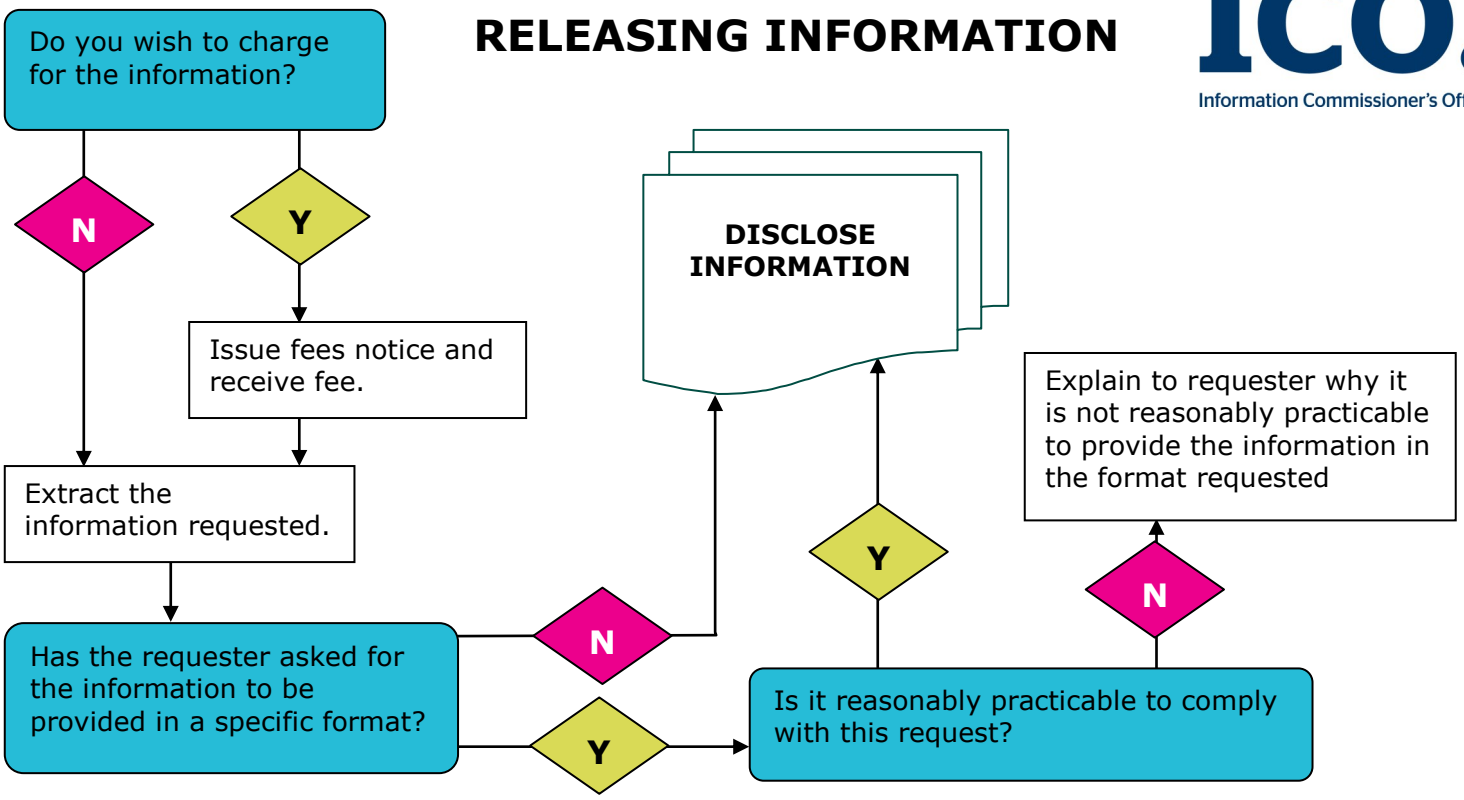


27 November 2012 v1.0

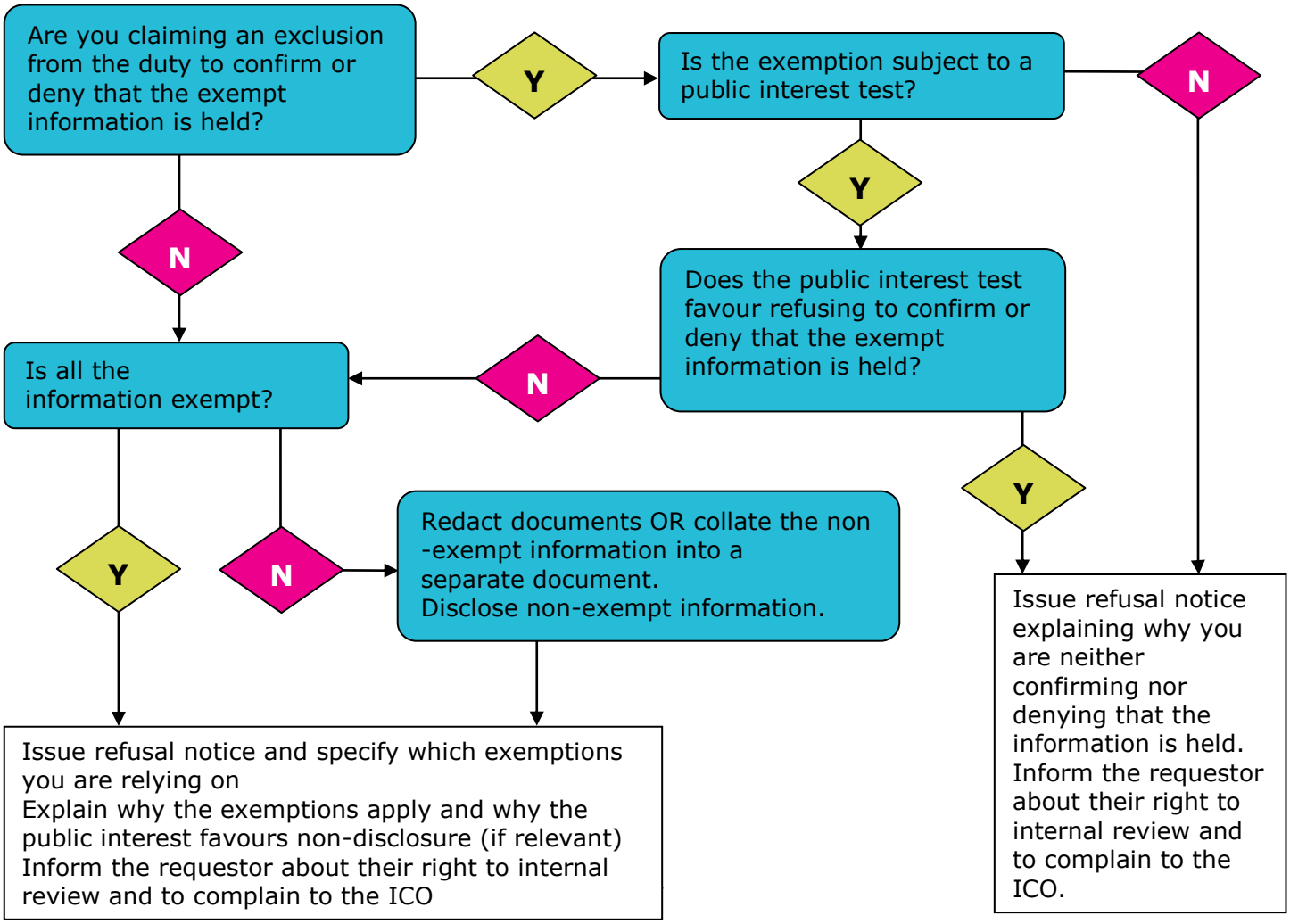

Do you hold the requested information?
N
Are you claiming an exclusion from the duty to confirm or deny that the information is held?
Y
Not sure
Y
N
Are you claiming an exclusion from the duty to confirm or deny that the information is held?
Do you know what type of information would be held?
GO TO REFUSING A REQUEST
Y
N
N
Y
Y
N
GO TO REFUSING A REQUEST
Do you want to claim an exclusion from the duty to confirm or deny that the information is held for consistency purposes?
Do you know if it is held by another public authority?
N
Y
Y
N
Y
N
Do you estimate that it would exceed the costs limit to establish if the information is held?
Tell requestor that not held and either transfer request OR advise re-quester to write to other authority
Establish whether or not the requested information is held.
N
Y
Tell requester the information is not held.
Issue refusal notice citing section 12(2).
GO TO NEXT PAGE
Do you estimate that responding to the request would exceed the appropriate limit?

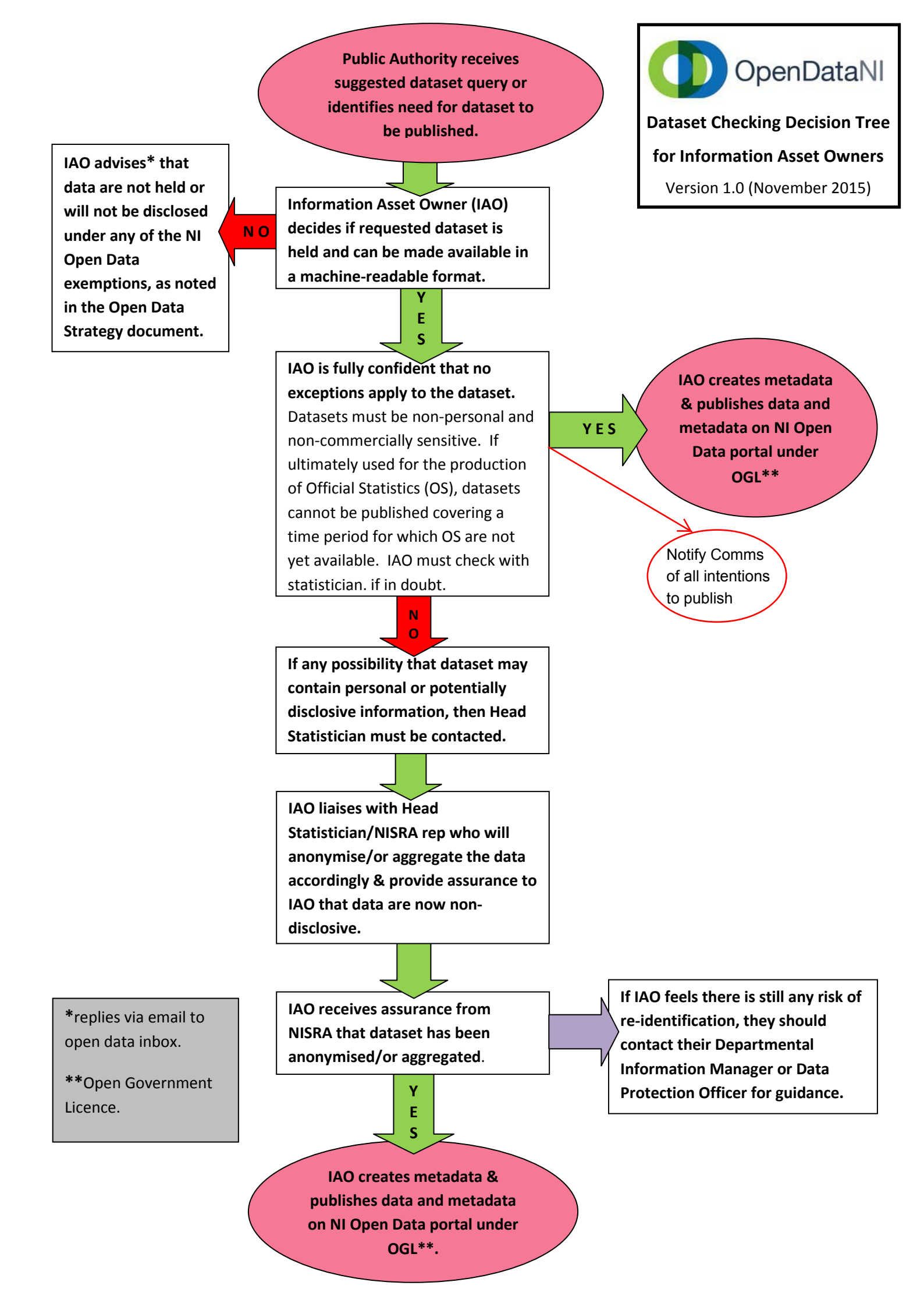

Do you estimate that responding would exceed the cost limit?
Y
Tell requester the information is exempt under s.12 and advise them on how to refine their request or explain why the request cannot be refined.
If you wish, you could offer the information at a charge.
N
Locate and identify the information which falls within the scope of the request.
Do you wish to withhold any of the information?
N
GO TO RELEASING INFORMATION
Y
Is an exemption engaged?
N
Y
Is a public interest test needed?
N
GO TO REFUSING A REQUEST
Y
If you need more time to consider the public interest, tell the requester which exemption applies and when they can expect a response
Does the public interest favour maintaining the exemption?
Y
N

RELEASING INFORMATION



REFUSING A REQUEST

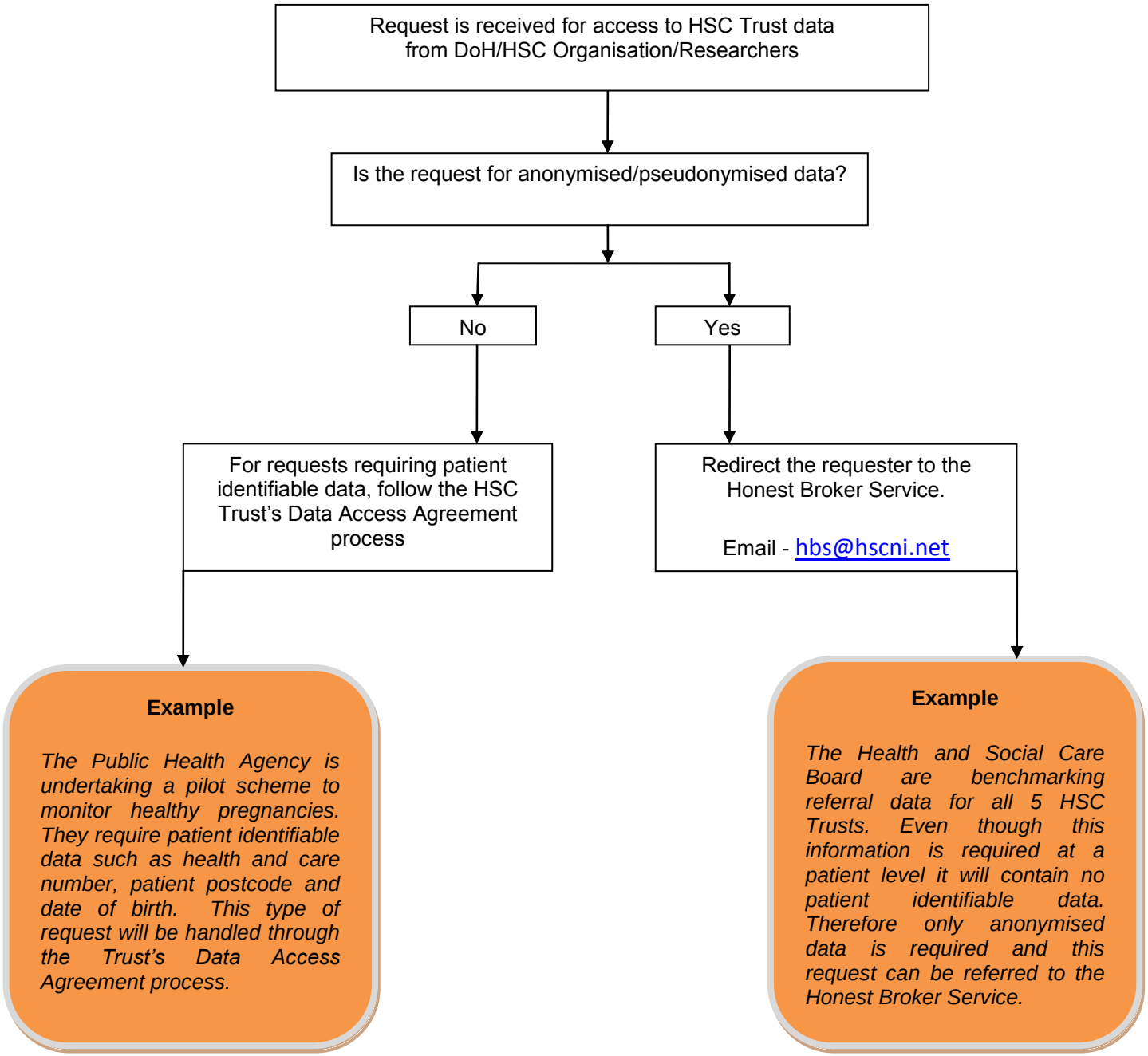



Public Authority receives suggested dataset query or identifies need for dataset to be published.
OpenDataNI
Dataset Checking Decision Tree for Information Asset Owners
Version 1.0 (November 2015)
Information Asset Owner (IAO) decides if requested dataset is held and can be made available in a machine-readable format.
NO
IAO advises* that data are not held or will not be disclosed under any of the NI Open Data exemptions, as noted in the Open Data Strategy document.
YES
IAO is fully confident that no exceptions apply to the dataset. Datasets must be non-personal and non-commercially sensitive. If ultimately used for the production of Official Statistics (OS), datasets cannot be published covering a time period for which OS are not yet available. IAO must check with statistician. if in doubt.
YES
IAO creates metadata & publishes data and metadata on NI Open Data portal under OGL**
Notify Comms of all intentions to publish
NO
If any possibility that dataset may contain personal or potentially disclosive information, then Head Statistician must be contacted.
IAO liaises with Head Statistician/NISRA rep who will anonymise/or aggregate the data accordingly & provide assurance to IAO that data are now non-disclosive.
IAO receives assurance from NISRA that dataset has been anonymised/or aggregated.
If IAO feels there is still any risk of re-identification, they should contact their Departmental Information Manager or Data Protection Officer for guidance.
YES
IAO creates metadata & publishes data and metadata on NI Open Data portal under OGL**.
*replies via email to open data inbox.
**Open Government Licence.

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 DoH/HSC or organisations undertaking research. Please note, organisations outside of the DoH/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

Title:	***Draft* Anti-Fraud and Anti-Bribery Policy Statement & Response Plan**
Author(s):	**Karen Brown - Fraud Liaison Officer, PHA Finance** **Stephen Bailie – Head Accountant, PHA Finance**

Equality Screening Completed:	**27/9/2024**
AMT Date of Review:	**02/10/2024**
Governance & Audit Committee Date of Review:	**10/10/2024**
Review Frequency:	3 years
Responsible Director:	Leah Scott

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ANTI-FRAUD and ANTI-BRIBERY POLICY STATEMENT

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 The majority of people who work in the Public Health Agency (PHA) are honest and professional and they rightly consider fraud and bribery to be wholly unacceptable. Nevertheless, fraud and bribery are an ever-present threat and must be a concern for all members of staff. Fraud and bribery may occur internally or externally and may be perpetrated by staff, clients, suppliers, contractors, FHS contractors or development partners, individually or in collusion with others.

1.2 PHA is committed to the highest possible standards of openness, probity and accountability in the exercise of its duties.

1.3 This policy is intended to provide advice to all staff on their responsibilities to prevent and detect fraud or bribery and to report all cases of actual, suspected or potential of the same. The purpose of this document is to set out the PHA's position on fraud and bribery and thereby set the context for the ongoing efforts to reduce fraud and bribery to the lowest possible level.

1.4 To this end PHA is committed to maintaining an anti-fraud and anti-bribery culture in the organisation and takes all cases very seriously, adopting a zero-tolerance approach. It is also PHA policy that there will be a thorough investigation of all allegations or suspicions of fraud or bribery and robust action will be taken where fraud or bribery is proven in line with the PHA's Anti-Fraud and Anti-Bribery Response Plan.

1.5 In addition, the PHA works closely with the Business Services Organisation's (BSO's) Counter Fraud Service (CFS) with regard to all of these matters.

2.0 SCOPE OF THE POLICY

2.1 This policy is for the attention of all staff within the organisation, particularly line managers, who need to be aware of their responsibilities in, not only minimising fraud and bribery, but also ensuring that all incidents of suspected or actual fraud and bribery are reported to the Fraud Liaison Officer (FLO) within the PHA, for onward reporting to the BSO CFS.

2.2 Throughout the document the term **fraud** is used in its widest sense, and covers acts such as deception, **bribery**, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, money laundering, concealment of material facts and collusion. Appendix 3 sets out some common types of fraud. Fraud and bribery offences are criminal acts as defined in the Fraud Act 2006 and the Bribery Act 2010. For more information please see Appendix

2. After proper investigation of any allegation or suspicion of fraud, in line with the PHA's Anti-Fraud and Anti-Bribery Response Plan, the PHA will consider the most appropriate action to be taken, including disciplinary if involving employees, or instigating criminal or civil proceedings in conjunction with the CFS and the Police Service of Northern Ireland (PSNI).

2.3 This document should be read in conjunction with the organisation's Whistleblowing Policy.

3.0 ROLES/ RESPONSIBILITIES

3.1 The ultimate responsibility for ensuring awareness of this Protocol rests with the Chief Executive and the Director of Finance & Corporate Services.

3.2 Directors and Managers have responsibility for ensuring their staff are familiar with this Protocol, and for adhering to the Anti-Fraud and Anti-Bribery Response Plan in respect of allegations / suspicions of fraud reported.

3.3 The FLO is responsible for supporting the promotion and development of an anti-fraud and anti-bribery culture in the organisation; co-ordination of the Anti-Fraud and Anti-Bribery Response Plan, where necessary and liaising with the CFS in all matters relating to fraud within the PHA (see Appendix 4 for Roles and Responsibilities).

3.4 The FLO is the key point of contact when a member of staff suspects, or has been informed of, a suspected fraud. The FLO is responsible for reviewing the situation and either:

- Advising the staff member to carry out further internal investigations alongside seeking advice from CFS to ensure the chain of evidence is not hampered; or
- Reporting the suspicions directly to CFS.

If after discussions between FLO and CFS it is concluded an investigation should occur, the FLO should formally refer the case for investigation through the CFS case management system, the REFRAIN portal.

3.5 All members of staff must also be aware of their responsibilities if they suspect fraud or bribery and know how to report any suspicions (Please refer to DoH Circular Reference HSC (F) 15-2023 Counter Fraud Responsibilities of all HSC & NIFRS Employees).

3.6 It is the responsibility of the Accounting Officers, senior managers, finance staff, procurement professionals, contract managers and any staff within PHA who are involved in any way, no matter how small, in the procurement life cycle to be mindful of procurement fraud – from

identifying a need for goods or services through to contract management and contract exit. (See DoH Circular Reference HSC (F) 41-2020).

3.7 It is the responsibility of all staff of the PHA, including permanent, temporary, staff in training working within the PHA, independent contractors engaged to provide services, volunteers and agency staff to adhere to this Protocol and the **Anti-Fraud and Anti-Bribery Response Plan** as detailed in Appendix 1.

4.0 MONITORING

4.1 The FLO ensures the Protocol for reporting fraud and bribery within the PHA is reviewed and amended as necessary in light of any legislative changes or local decisions.

4.2 The FLO is responsible for recording reported cases of actual / suspected fraud on the REFRAIN System and, in conjunction with BSO CFS, regularly reviewing and monitoring the status of cases.

4.3 The FLO is responsible for providing a report to PHA Governance & Audit Committee (GAC) as a scrutiny of the management of cases reported under this policy.

4.4 The FLO has a lead role in monitoring cases under this policy for the purposes of completing the PHA Annual Fraud Return and Annual Whistleblowing Return (fraud related) to the DoH.

4.5 The Internal Audit team is actively involved in the review of the adequacy and effectiveness of control systems, thereby further deterring the commissioning of fraud. In addition, the GAC is responsible for the oversight of all Audits giving further assurance in monitoring fraud.

5.0 EQUALITY STATEMENT

This policy and response plan has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. The screening has identified no equality impacts. Mitigation has been outlined in relation to the potential Human Rights impacts identified. The equality screening has been published and can be accessed here:
Equality Screenings 2018 to 2024 - Business Services Organisation (BSO) Website (hscni.net)

SIGNATORIES
(Protocol – Guidance should be signed off by the author of the Protocol and the identified responsible director).

_____ **Date: _**

Karen Brown
Fraud Liaison Officer

Date: _

_____
Stephen Bailie
Head Accountant, PHA Finance

_____ **Date: _**

Leah Scott
Director of Finance & Corporate Services

6.0 APPENDICES / ATTACHMENTS

Appendix 1: Anti-Fraud and Anti-Bribery Response Plan
Appendix 2: Definition of Fraud and Bribery
Appendix 3: Examples of Common Types of Fraud
Appendix 4: Fraud Liaison Officer
Appendix 5: Contact Details
Appendix 6: Fraud Reporting Process Map

APPENDIX 1: Anti-Fraud and Anti-Bribery Response Plan

1.0 ACTIONS TO BE TAKEN WHEN FRAUD/ BRIBERY IS SUSPECTED BY A MEMBER OF STAFF.

1.1 When a member of staff suspects that a fraud or act of bribery may have occurred by another member of staff, they must report their suspicion without delay. Confidentiality should be maintained at all times as there may be a reasonable explanation for the suspicion or the perpetrator(s) may be alerted. To help your understanding of the process please refer to the PHA Fraud/Bribery reporting process map (Appendix 6).

1.2 Suspicions should normally be reported to line managers (who should subsequently report to the Fraud Liaison Officer), however there may be occasions when it is not deemed appropriate to inform the line manager, in these matters the suspicion should be reported to any of the following:

- Their Director/Assistant Director (who must onward report to the Fraud Liaison Officer)
- Fraud Liaison Officer directly
- Director of Finance & Corporate Services / Assistant Director of Finance & Corporate Services (who must onward report to the Fraud Liaison Officer)
- The confidential HSC Fraud Hotline 0800 096 33 96
- Online reporting www.cfs.hscni.net
- In line with the organisation's whistleblowing policy

1.3 Each HSC organisation has a dedicated Fraud Liaison Officer (FLO). The role of the FLO is attached at Appendix 4. The contact details of the PHA FLO and Counter Fraud Services CFS can be found at Appendix 5.

1.4 Staff can also contact the Counter Fraud Services (CFS) at the Business Services Organisation (BSO) for help and advice in respect of HSC fraud at any time. CFS is the regional department tasked by the Department of Health (DoH) to investigate frauds within or against the HSC, in conjunction with the appropriate organisation.

2.0 KEY AREAS WHERE SUSPECTED FRAUD OR BRIBERY CAN OCCUR.

Within the PHA there are key areas where potential fraud or bribery can occur. Below details such areas and the subsequent steps required to report the suspected fraud or bribery.

3.0 ACTIONS TO BE TAKEN WHEN PROCUREMENT FRAUD IS SUSPECTED

3.1 Procurement

Procurement is a complex area due to the various stages involved including:

- Pre-tender stage
- Tender stage
- Award of Contract
- Monitoring of Contract
- Non-competitive procurement

All staff involved in the various stages should be proactive in looking for fraud and bribery due to the level of expenditure, volume of transactions and number of stakeholders involved including contractors and sub-contractors.

Staff should be alert to:

- Unethical behaviour including bribery and corruption
- Undeclared conflict of interest
- Tender/contract award manipulation
- Concerns from bidders/customers
- Excessive contract variations/cost overruns.
- Investigating Whistle blowing concerns immediately

For more information, NIAO has published the following guide to Procurement Fraud (November 2020):
NIAO Procurement Fraud Risk Guide.pdf (niauditoffice.gov.uk)

4.0 ACTIONS TO BE TAKEN WHEN FRAUD RELATING TO FUNDING PROVISION IS SUSPECTED

4.1 All staff involved in the funding of projects / purchasing of services from third parties (not through procurement route outlined in section 4 above) should be mindful of the potential for fraud and bribery from the outset of the agreement/contract through to the monitoring process.

Staff should be alert to:

- Unethical behaviour including bribery and corruption
- Excessive variations/cost overruns.
- Becoming too familiar with clients/service providers
- Concerns from service users
- Investigating Whistleblowing concerns immediately

4.2 When staff suspects that a fraud or bribery may have occurred within the delivery of services or funding process they must report their suspicion without delay. Confidentiality should be maintained at all times as there may

be a reasonable explanation for the suspicion or the perpetrator(s) may be alerted.

4.3 Suspicions should normally be reported to line managers (who should subsequently report to the FLO) however there may be occasions when it is not deemed appropriate and the FLO can be contacted directly (or through any avenue outlined in paragraph 1.2 of this Anti-Fraud and Anti-Bribery Response Plan).

5.0 ORGANISATION RESPONSE

5.1 As stated previously, the organisation will undertake a preliminary review to determine if there is substance to the allegation. At this stage the FLO may be involved and they will support the most appropriate senior officer in undertaking initial discreet enquiries to determine whether or not there is a plausible explanation for the allegation.

5.2 This action must be undertaken on a timely basis as failure to act immediately could have implications for any subsequent investigation. Steps must also be taken to ensure that any action taken does not prejudice any future investigation or corrupt evidence where necessary. The organisation should contact CFS for advice and guidance when undertaking a preliminary review.

5.3 Where no satisfactory explanation can be found the allegation must be reported and where appropriate, referred for investigation by the FLO to CFS. This process is set out at Appendix 6. Staff and line management should not contact the Police directly. They should contact the FLO and / or Counter Fraud in the first instance for advice.

6.0 MAKING A DECISION

6.1 Once the matter has been reported to CFS and depending on the nature of the allegation, the FLO and the most appropriate senior officer must decide the next steps. This may involve undertaking further internal enquiries. The CFS investigation team can advise organisations regarding the most appropriate action to take based on the particular circumstances of the matter. This advisory service also includes matters that may not be referred to CFS for formal investigation.

6.2 Due to the diversity of the HSC there cannot be one generic process that can be applied to all allegations. However, in every situation the full range of sanctions should be considered at the earliest opportunity. It should also be noted that in some matters it may be appropriate to pursue more than one sanction simultaneously.

When the organisation's review is complete, the most likely outcomes are as follows:

- No action necessary, a satisfactory explanation has been established. The FLO will update CFS and close the matter and there will be no need to formally refer the matter to CFS.

- Internal disciplinary investigation/referral to Regulatory Body (dependent on the circumstances of each matter, disciplinary and criminal investigations may run in parallel ensuring that steps taken do not interfere with the PSNI investigation).

- The matter will be referred to CFS requesting that an investigation takes place.

6.3 If the findings of the initial enquiry suggest that a fraud has been attempted or perpetrated, then the relevant Director must be advised to immediately take steps to prevent the possible destruction of evidence and ensure that all original documentation is preserved in a safe place for further investigation. If the removal of documentation would impair the efficient operation of work, arrangements should be made to have copies available for continued use. The safe retention of original documents is essential for any potential future legal action.

6.4 The decision as to how to progress a potential allegation may be reviewed at any time as new information comes to light.

7.0 DISCIPLINARY PROCESS

7.1 Where it is deemed that a disciplinary process should be instigated this will be done in accordance with PHA disciplinary policy.

8.0 FORMAL REFERRAL TO CFS

8.1 If it appears that a criminal offence may have been committed the matter will be formally referred to CFS for investigating. CFS deliver a specialist fraud investigation service across all of the HSC organisations. A team of specially trained investigators are employed to undertake this work.

8.2 All investigations are required to comply with a range of legal requirements, including those specified in the Police and Criminal Evidence (PACE) (Order) 1989, the Criminal Procedure and Investigations (CIPA) Act 1996 and the Human Rights Act 1998.

8.3 Once a referral has been made to CFS, it will be assessed against case acceptance criteria and where appropriate reviewed by a named Investigating Officer (IO) who will undertake an assessment to determine whether the case should be pursued criminally.

9.0 CFS RESPONSIBILITY

9.1 On receipt of a fraud/bribery report, CFS immediately forward the report to the Comptroller and Auditor General (C&AG) at the Northern Ireland Audit Office (NIAO), the Accountability and Financial Management Division (AFMD) within the Department of Finance (DoF) and the Finance Policy, Accountability Unit (FPAU) at the Department of Health (DoH).

9.2 If a suspicion is reported to CFS directly via the HSC fraud hotline or website, the information will be forwarded to the FLO who will instigate the process as set out at Section 2.

10.0 MANAGING THE INVESTIGATION

10.1 The objective of any investigation is to establish the facts. This is done by undertaking enquiries into all the circumstances of the case. This process may involve interviewing members of staff.

11.0 INTERVIEWING

11.1 Fraud and bribery investigation is a specialist area of expertise and staff tasked with carrying out an investigation should have appropriate experience and training. For the purposes of criminal proceedings, the admissibility of evidence is governed by the Police and Criminal Evidence (NI) Order 1989 (PACE).

11.2 Where criminality is suspected, interviewing of suspects must not be carried out by PHA staff but must be conducted by PSNI/CFS.

11.3 Where disciplinary action is being pursued, interviews are usually carried out by the appropriate line manager in conjunction with a representative from BSO Human Resources directorate. In these circumstances it is essential that specialist HR advice is sought regarding the appropriate disciplinary procedures before interviewing takes place.

11.4 It is the responsibility of the FLO to ensure appropriate co-ordination between BSO HR staff on behalf of PHA and CFS.

12.0 FINDINGS OF A CFS INVESTIGATION

12.1 On conclusion of the investigation by CFS a final report will be produced.

This report will include information under the following headings:

- Introduction
- Background to the Case
- CFS actions
- Findings
- Recommendations

12.2 The CFS IO will make recommendation as to the most appropriate next steps based on the evidence gathered during the investigation which could be:

- **Closure of the case with no further action**
  There is insufficient evidence to pursue the case further or the evidence gathered shows that there is no case to answer.

- **Closure of the case with recovery of funds**
  There will be no further proceedings but agreement will be sought to recover the funds.

- **Referral to PSNI for criminal prosecution**
  Where CFS suspects that there is criminality they will recommend that the case is referred to the Police Service of Northern Ireland (PSNI).

  CFS will prepare the evidence pack on behalf of the organisation, and the Director of Finance & Corporate Services will ensure all relevant information is provided to the PSNI.

  PHA staff and / or line management should not contact the Police directly. They should contact the FLO and / or Counter Fraud in the first instance for advice.

- **Disciplinary proceedings**
  The CFS IO may recommend that it is more appropriate to consider disciplinary action. All disciplinary proceedings will be carried out in line with the organisation's disciplinary policy.

- **Referral to professional body**
  Depending on the nature of the allegation the organisation may consider it necessary to report the individual to their professional body.

- **Civil proceedings**
  Civil actions may be recommended but only after the organisation receives advice from the Directorate of Legal Services.

13.0 RECOVERY OF LOSS

13.1 Preventing further loss and recovery of any losses incurred are the key elements of any investigation. The Director of Finance & Corporate Services shall ensure that in all fraud investigations, the amount of any loss shall be quantified, where possible. Every effort should be made to recover any losses incurred as a result of fraud.

13.2 Where the loss is substantial, legal advice should be obtained without delay and consideration should be given on the potential to freeze the suspect's assets through the court, pending conclusion of the investigation. Legal

advice should also be obtained on the prospect for recovering losses through the civil court, should the suspect refuse to repay the loss.

14.0 LESSONS LEARNED

14.1 The Director of Finance & Corporate Services shall discuss with the FLO and the IO the findings of investigations (relating to internal matters) and consider any recommendations made.

14.2 Action should be taken immediately where any system weakness has been identified by the investigation.

14.3 The Director of Finance & Corporate Services may also initiate a follow-up examination of the relevant areas to ensure that any revised procedures are operating effectively.

15.0 PUBLIC RELATIONS

15.1 In the case of criminal proceedings the FLO in conjunction with relevant senior officers within the organisation will work with CFS to produce a press release. The organisation should ensure that this complies with any Departmental direction.

15.2 The organisation will decide whether it is necessary to convey any other information regarding the investigation to other members of staff within the wider organisation.

APPENDIX 2

1.0 DEFINITION OF FRAUD

1.1 The Fraud Act 2006 was introduced on 15 January 2007. Under the Act fraud is now a specific offence in law. The Fraud Act 2006 supplements the Theft Act (Northern Ireland) 1969 and the Theft (Northern Ireland) Order 1978. Fraud is used to describe acts such as deception, bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, concealment of material facts and collusion.

1.2 For practical purposes, the term "Fraud" is usually used to describe depriving someone of something by deceit, which might take the form of a straightforward theft, bribery, misuse of funds or other resources, or a more complicated crime, such as false accounting or the supply of false information.

1.3 The Fraud Act 2006 gives a statutory definition of the criminal offence of fraud, defining it in three classes – fraud by false representation, fraud by failing to disclose information and fraud by abuse of position. The following classifications are used to determine what should be reported under the auspices of fraud, whether actual or suspected.

1.3.1 Fraud by false representation - this is defined in the Act as a case where a person makes "any representation as to fact or law expressed or implied" which they know to be untrue or misleading.

1.3.2 Fraud by failing to disclose information - this is defined by Section 3 of the Act as a case where a person fails to disclose any information to a third party when they are under a legal duty to do so.

1.3.3 Fraud by abuse of position - this is defined in Section 4 of the Act as a case where a person occupies a position where they are expected to safeguard the financial interests of another person and dishonestly abuses that position. This includes cases where the abuse consists of an omission rather than an overt act.

1.4 Theft

1.4.1 This is defined as dishonestly appropriating the property of another with the intention of permanently depriving them of it (Theft Act (Northern Ireland) 1969).

1.4.2 False Accounting - dishonestly destroying, defacing, concealing or falsifying any account, record or document required for any accounting purpose, with a view to personal gain or gain for another, or with intent to cause loss to another or furnishing information which is or may be misleading, false or deceptive (Theft Act (Northern Ireland) 1969).

2.0 DEFINITION OF BRIBERY

The Bribery Act 2010, which came into effect in 2011, defines bribery as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so.

OFFENCES UNDER THE BRIBERY ACT 2010

2.1 The act creates the following offences for activities in the public or private sector:

Under sections 1 and 2 of the Act, it is an offence to promise, offer or give (active bribery) or request, agree to receive or accept (passive bribery) an advantage (financial or otherwise), in circumstances involving the improper performance of a relevant function or activity.

Offences of bribing another person

- General Offence (active bribery) – the offering, promising or giving of a bribe. It does not matter whether the person giving the bribe is the same person who will perform the function or activity concerned.

Offences relating to being bribed

- General Offence (passive bribery) – the requesting, agreeing to receive or accept a bribe. It does not matter whether the recipient of the bribe receives it directly or through a third party, or whether it is for the recipient's benefit or not.

Failure of commercial organisations to prevent bribery

- Corporate liability for failing to prevent bribery – applies to a commercial organisation where it fails to prevent bribery by those performing services on its behalf.

2.2 Under section 7 of the Act, a corporate organisation is guilty of an offence where an active general offence or the Foreign Public Official (FPO) offence is committed anywhere in the world by someone performing services on the corporate's behalf in any capacity intending to obtain/retain business or a business advantage for the corporate.

2.3 An organisation will have a defence if it can show that it had adequate procedures' in place to prevent any 'associated persons', i.e. employees, agents or other third parties acting on the organisation's behalf, including any contractors or suppliers from committing bribery.

2.4 This defence cannot apply where it has been proved that a senior officer of the organisation has consented to the offence and both the organisation and senior officer will be guilty of the offence.

2.5 Penalties

The penalties under the Act for bribery and corruption are severe.

There is a maximum penalty of 10 years' imprisonment and/or an unlimited fine for individuals.

3.0 DEFINITION OF COLLUSION

3.1 The term "collusion" in the context of reporting fraud is used to cover any case in which someone incites, instigates, aids and abets, conspires or attempts to commit any of the crimes listed above.

3.2 The criminal act is the attempt to deceive; attempted fraud is therefore treated as seriously as an accomplished fraud.

3.3 The act provides that a person found guilty of fraud is liable to a fine or imprisonment on summary conviction, or fine or imprisonment of up to ten years on conviction of indictment.

3.4 Computer fraud is where information technology equipment has been used to manipulate programs or data dishonestly or where an IT system was a material factor in the perpetration of a fraud.

APPENDIX 3

Examples of Common Types of Fraud:

- Payment for work not performed
- Forged endorsements
- Altering amounts and details on documents including FMRs
- Collusive bidding
- Overcharging
- Writing off recoverable assets or debts
- Unauthorised transactions
- Selling information
- Altering stock records
- Altering sales records
- Cheques made out to false persons
- False persons on payroll
- Theft of official purchasing authorities such as order books
- Unrecorded transactions
- Transactions (Expenditure/Receipts/Deposits) recorded for incorrect sums
- Cash stolen
- Supplies not recorded
- False official identification used
- Damaging or destroying documentation
- Using copies of records and receipts
- Charging incorrect amounts with amounts stolen
- Delayed terminations from payroll
- Bribes
- Over-claiming expenses
- Running private business with official assets
- False compensation and insurance claims
- Using personal loyalty cards for work purchases
- Selling waste/scrap metal

APPENDIX 4

FRAUD LIAISON OFFICER

Roles and Responsibilities:

- To work with Counter Fraud Services (CFS) to promote and develop an anti-fraud culture within their respective HSC organisations;

- To develop distribution network(s) within their organisation for receipt of information including fraud circulars from the Department;

- To provide advice and guidance where required to mitigate the risk of fraud within their HSC organisation;

- To be involved in the development, production and updating of the organisation's Fraud Response Plan;

- To be involved in the planning, organising and delivering of Fraud Awareness training within the organisation;

- To ensure the organisation's Governance and Audit Committee is kept appraised of fraud developments and the status of cases under investigation;

- In all cases of suspected fraud, to work with the lead officer for the case to ensure that appropriate actions are followed;

- To participate in discussions and training sessions with other FLOs and CFS on the development and revision of operational protocols through the sharing of information and knowledge;

- To ensure compliance within the organisation in respect of fraud reporting requirements as currently set out in Departmental Circular HSC (F) 15-2023 both in terms of reporting and providing updates;

- To be the key point of contact when a member of staff suspects or has been informed of a suspected fraud. The FLO should review the situation and either:
    - Advise the staff member to carry out further internal investigations and receive advice from CFS to ensure the chain of evidence is not hampered; or

    - Report directly to CFS.

  If after discussions between FLO and CFS it is concluded an investigation should occur the FLO will then formally refer the case for investigation through the CFS case management system, the REFRAIN portal.

- To co-ordinate as required participation in counter fraud initiatives such as the National Fraud Initiative and provide reports on outcomes to CFS and/or NIAO.

APPENDIX 5

Contact Details for PHA's Fraud Liaison Officer (FLO)

Name: Karen Brown
Email: karen.brown3@hscni.net

Contact Details for PHA's Director of Finance & Corporate Services

Name: Leah Scott
Email: Leah.Scott@hscni.net
Telephone Number: 028 95 363920

Contact Details for Counter Fraud Services (CFS)

Telephone: Regional HSC Fraud Hotline: 0800 096 33 96

Website/ Reporting Tool;

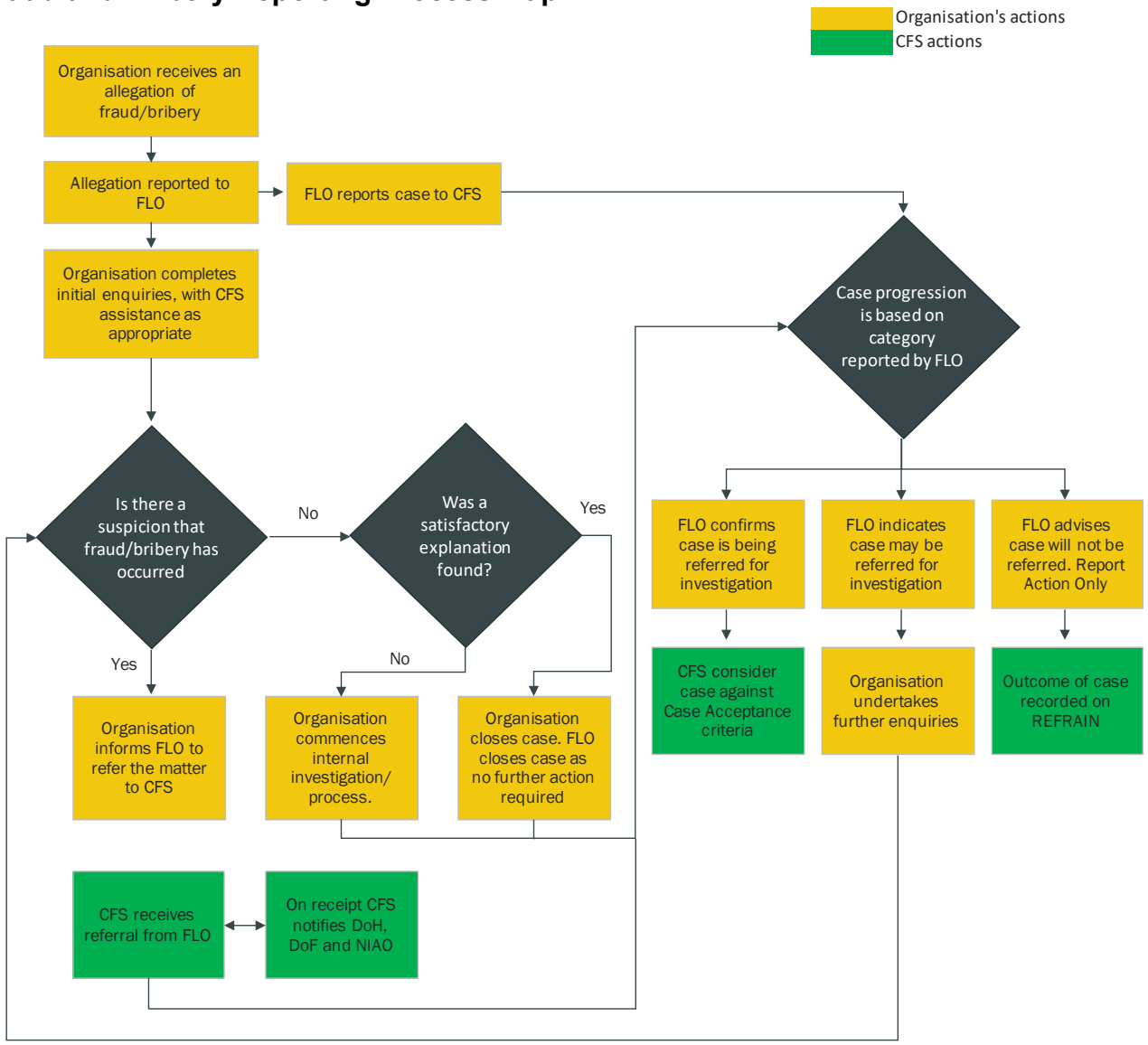
www.cfps.hscni.net or www.reporthealthfraud.hscni.net

Email: cfs@hscni.net

Contact Details for Head of Counter Fraud & Probity

Name: Donna Scott
Email: donna.scott@hscni.net
Telephone Number: 028 95 36291

APPENDIX 6: PHA Fraud and Bribery Reporting Process Map



Public Health Agency

item 16

PHA Board Meeting

Title of Meeting	PHA Board Meeting
Date	18 October 2024
Title of paper	HSCQI Annual Report
Reference	PHA/13/10/24
Prepared by	Tony Sheridan
Lead	Levette Lamb

Recommendation For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is for the Board to note the HSCQI Annual Report for 2023/24.

2 Background Information

The HSCQI Annual Quality Report highlights the range of work undertaken by the HSCQI Network during the 2023/24 year.

It is divided into four key sections, each being aligned to one of the four primary drivers detailed in the HSCQI Strategy 2022-2024 Moving Forward, Shaping the Journey:

1. Developing Leadership for improvement;
2. Building a HSCQI Learning System;
3. Quality Improvement (QI) methodologies and building QI capability;
4. Partnership working and co-production.

3 Next Steps

As part of World Quality Week, which commences on 11th November 2024, all Annual Quality Reports are published at the same time.

HSCQI

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ANNUAL REPORT 2023 2024

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Foreword

Dr Aideen Keaney, Director, HSCQI



It gives me great pleasure to present you with the 2023/24 Health and Social Care Quality Improvement (HSCQI) Annual Report.

As we celebrate the five-year anniversary of HSCQI since its launch in April 2019, it is clear that 2023/24 has been another busy and challenging year for everyone in health and social care (HSC).

However, despite these challenges, many HSC staff have continued to lead and support ongoing improvement work, building upon the four primary drivers identified in the HSCQI strategy, *Moving Forward, Shaping the Journey 2022–2024*. These primary drivers focus on:

- Leadership for Improvement;
- Establishing a HSCQI Learning System;
- Building QI Capability;
- Ensuring Partnership working and co-production.

These drivers will assist us in achieving our vision for HSCQI which is:

> ***To inspire and influence Northern Ireland's Health and Social Care Community to become a global leader in quality improvement and innovation by working together and focusing on person-centred care.***

As Director of HSCQI, I am certain that we are well on our way to achieving this vision.

During 2023/24 we made significant progress regarding the continued development of a HSCQI Learning System through the design and delivery of three HSCQI regional programmes. Two of these programmes were focused on the scale and spread of best practice aligned to the priority areas of improving timely access to safe care (TASC) and delivering value (DV). The third regional programme was focused on improving medication safety through the HSCQI Medication Safety Collaborative Programme.

Establishing these three regional programmes is a significant achievement for everyone across the HSC and marks the beginning of the delivery of a rolling programme of system-wide improvement and system-wide scale and spread, a key action stated within the HSC 10-year Transformation Strategy *Health and Wellbeing 2026: Delivering Together*.

In June 2023, TASC participants celebrated the completion of year one of the programme. Following an assessment process, three areas of improvement were identified as being in an optimal state of readiness to progress into year two of the programme, namely:

- the management of unallocated cases in children's social care;
- improving access to adult psychological services;
- improving access to physiotherapy and occupational therapy outpatient services.

By the end of March 2024, 21 Trust teams were actively participating in year two of TASC.

In August 2023, HSCQI commenced a second regional scale and spread programme called Delivering Value. Eleven Trust teams are participating in this programme which is focused on two key areas for improvement, namely:

- improving length of stay in mental health care settings;
- improving hospital discharge processes for older people.

Also, in August 2023, HSCQI established the HSCQI Medication Safety Collaborative Programme which is supporting nine project teams from Primary and Secondary Care to lead improvements in opioid prescribing for the management of non-malignant pain. The work of this programme is aligned with, and supports, the Northern Ireland Transformation Medication Safety agenda.

During 2023/24, HSCQI continued to work in a collaborative partnership with NHS Education for Scotland (NES) in order to deliver a regional ScIL programme. A total of 24 HSC staff members from a wide range of HSC organisations graduated from this programme in June 2023. All these ScIL graduates become part of the wider HSCQI Community and we look forward to seeing them mentor, lead and contribute to local and regional (HSCQI) improvement work in the future.

In March 2024, HSCQI launched another regional ScIL programme in partnership with NES. Another 32 HSC employees are participating in the programme and are expected to graduate in January 2025.

During 2023/24, the HSC QI Community participated in a series of learning events linked to the four drivers of the HSCQI Strategy. These included 'teach back' sessions following attendance at notable quality improvement and patient safety conferences; and, sessions delivered by: Professor Brian Dolan OBE, Honorary Professor of Leadership in Healthcare, University of Salford, who delivered a one-day workshop examining his TODAY model for change; Dr Anita Rowe, HSCQI Regional Senior Improvement Advisor, who delivered an online learning set focused on survey design; and, Dr Marie Ward, embedded researcher at St James's Hospital, Dublin, who delivered a virtual session on human factors entitled, 'The joys of making change happen'.

Through attendance at national and international conferences, HSCQI continued to expand its knowledge, reach, and access to national and international QI expertise. Coupled with delivery of local QI awareness sessions, for example, to Business Services Organisation (BSO) colleagues, HSCQI had many opportunities during 2023/24 to share learning from Northern Ireland with national and international audiences. Further details can be found within this report.

In the Autumn of 2023, Dr Cathy Jack, Chief Executive of the Belfast Health and Social Care Trust, stepped down from her role as Chair of the HSCQI Leadership Alliance in order to focus on the implementation of the new HSC digital platform, encompass. Mr Aidan Dawson, PHA Chief Executive, subsequently assumed the role of Chair of the HSCQI Leadership Alliance. On behalf of the HSCQI Network, I would like to thank Cathy for her unwavering commitment and leadership throughout her tenure as Chair of the HSCQI Leadership Alliance and I would like to thank Aidan for all the support he has given to HSCQI since taking up his post.

Finally, I would like to take this opportunity to acknowledge the steadfast commitment of everyone involved in delivering the work of HSCQI. None of the improvement work and achievements outlined above, and described further throughout the rest of this report, would be possible without every single individual's dedication and passion. I thank you all.

As Director of HSCQI I am looking forward to the year ahead with positivity and enthusiasm and, while there will no doubt be continuing challenges and an ever-changing landscape across health and social care, I am confident that the HSCQI Network is more than capable of rising to any challenge and that HSCQI will continue to embrace fresh opportunities for system-wide improvement and transformation in the year ahead.



Dr Aideen Keaney, Director, HSCQI.

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Message from the HSCQI Leadership Alliance Chair

Aidan Dawson, Chief Executive, PHA; Chair, HSCQI Leadership Alliance



As the recently-appointed Chair of the HSCQI Leadership Alliance, I am immensely proud of not only having been asked to assume this role, but also of the excellent work being undertaken throughout the HSC system that is outlined in this report.

On behalf of the Alliance, I would like to take this opportunity to thank Dr Cathy Jack for the strong leadership she provided at the helm of the HSCQI Leadership Alliance for the past two years.

Being relatively new to the role, I am looking forward to continuing to provide support for the successful delivery of the HSCQI Strategy and agreed annual HSCQI workplan, and to contributing to the development of the ongoing improvement work of the HSCQI Network.

This annual report is a snapshot of the excellent work delivered across the HSCQI Network during 2023/24 and I am confident that it has continued to deliver on the HSCQI annual workplan, which has been mandated by the Alliance. Delivering this work ensures that the HSCQI Network fulfils its strategic vision, aims and obligations set out in the HSCQI strategy *Moving Forward, Shaping the Journey 2022–2024*.

The work outlined in this report demonstrates how a quality improvement approach creates the conditions for system-wide change that results in improved outcomes for patients, families, service users, carers and staff alike.

Looking to the future, I want to reaffirm the commitment of the HSCQI Alliance to supporting HSC to deliver the highest standard of services, and that the Alliance will continuously seek to support and develop the HSCQI Network. Making sure we, as a system, maximise every opportunity to work in partnership with key stakeholders locally, nationally and internationally, to improve services in Northern Ireland.

Finally, I wish to commend all the staff in the HSCQI Hub, Network and Community for striving every day to improve health and care services for patients, families, service users and carers across Northern Ireland.



Aidan Dawson
Chair, HSCQI Leadership Alliance

1.0 Introduction

Health and Social Care Quality Improvement, otherwise known as HSCQI, has its origins in the 2014 Donaldson Report, *The Right Time, The Right Place* and was committed to in the 10-year Health and Social Care Transformation Strategy, *Health and wellbeing 2026: Delivering together*.



After a two-year design and development phase, the Department of Health launched HSCQI as a hub-and-spoke network in April 2019. The network hub was established as a Directorate within the Public Health Agency (PHA) and the QI Leads working across the Northern Ireland healthcare system (though mainly in Trusts) became the network spokes.

The work plan for HSCQI is set and overseen by a group of senior system leaders, known as the HSCQI Leadership Alliance (The Alliance).

1.1 HSCQI Vision



The vision for HSCQI is to inspire and influence Northern Ireland's Health and Social Care community to become a global leader in Quality Improvement and innovation by working together and focusing on person-centred care.

To achieve this vision, the HSCQI strategy *Moving Forward, Shaping the Journey 2022–2024* identifies four primary drivers:

- developing leadership for improvement;
- building a HSCQI learning system;
- quality improvement methodologies and building QI capability;
- partnership working and co-production.

This report highlights the range of work undertaken by the HSCQI Network during 2023/24. It is divided into four sections, each being aligned to one of the four primary drivers.



2.0 Developing Leadership for Improvement

2.1 HSCQI Leadership Alliance

During 2023/24, the Alliance endorsed three regional programmes of work for HSCQI, each aligned to key system priorities. These include:

- commencing the second year of the two-year HSCQI regional scale and spread programme focused on improving timely access to safe care, known as 'TASC2';
- a HSCQI regional scale and spread programme focused on delivering value, known as 'DV';
- commencing a 12-month HSCQI Medication Safety Improvement Collaborative focused on safer opioid prescribing for non-malignant pain management.

Further details on each of these programmes can be found in the Learning System section of this report. (See Section 3)



scale&spread.

3 TASC2 DV & Med Safety

2.2 New HSCQI Alliance Chair appointed

In December 2023, the Permanent Secretary at the Department of Health, Mr Peter May, appointed Mr Aidan Dawson, current Chief Executive of the Public Health Agency, to the role of Chair of the HSCQI Leadership Alliance.

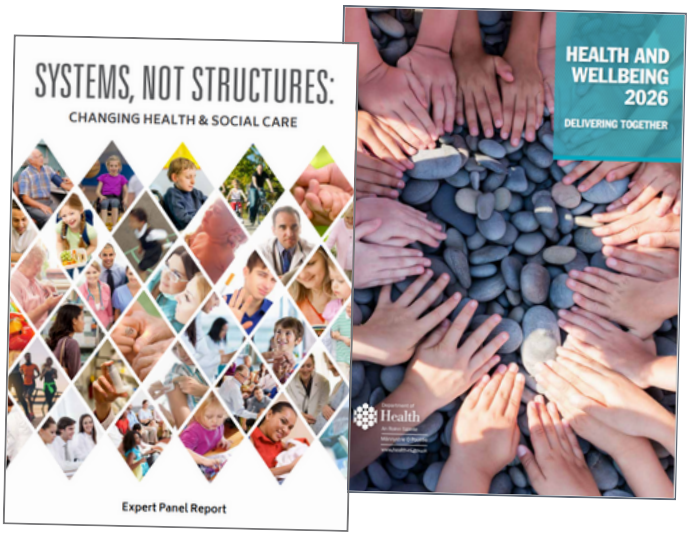
On taking up his appointment, Mr Dawson thanked Dr Cathy Jack, the outgoing Chair, for the strong leadership she provided in her role as Chair of the Alliance from November 2021 to the middle of January 2024.

2.3 HSCQI Network

The HSCQI Network is central to the codesign and delivery of HSCQI programmes of work and HSCQI Strategy implementation.

In doing so, it enables the HSC system to identify areas of best practice, to scale and spread improvement at pace, and, to do so in line with the recommendations in the Bengoa Report, *Systems not structures: Changing health and social care*, and in the 10-year Health and Social Care transformation strategy, *Health and wellbeing 2026: Delivering together*.

This network reports to the HSCQI Leadership Alliance through the Director of HSCQI.



During 2023/24, the HSCQI Network continued to meet on a regular basis to codesign, coordinate and support QI and innovation across all parts, and at all levels, of the Northern Ireland Health and Social Care system.

Figure 1, opposite, shows the ongoing commitment of network members to these meetings.

In addition, a network development day was held in May 2023, facilitated by the HSC Leadership Centre.

This was an excellent opportunity for network members to explore the existing resources, roles and governance structures across the network and discuss opportunities to reduce variation.

For additional information, see the QI Leads section of the HSCQI website at hscqi.hscni.net/about-hscqi/people

Trust Senior Management Team roadshows

During the summer of 2023, the HSCQI Director, along with HSCQI Senior Improvement Advisors, conducted a 'roadshow' series of face-to-face engagement meetings with Senior Management Teams (SMTs) at all six HSC Trusts.



These meetings provided each SMT with an update on progress of year one of the TASC scale and spread programme and to inform them of the projects that had been identified as 'ready to progress' to the second stage of the programme.



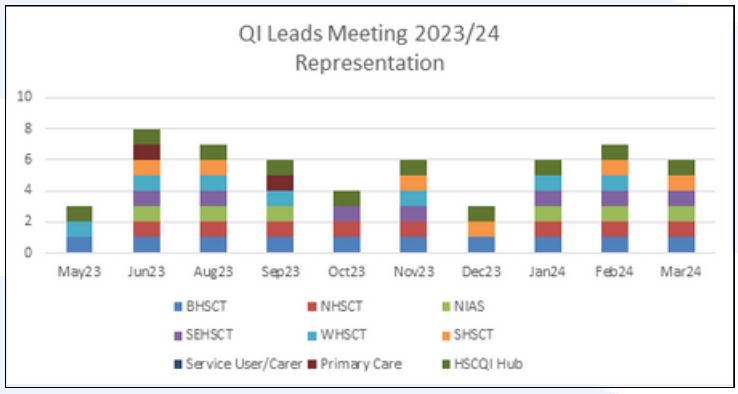
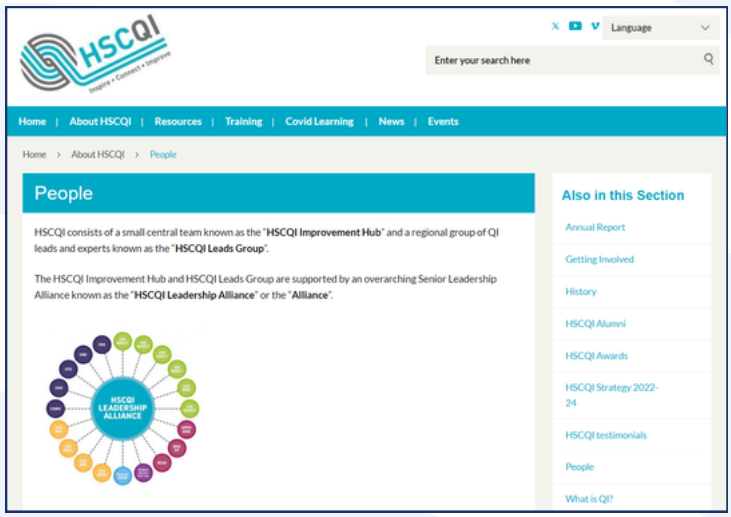
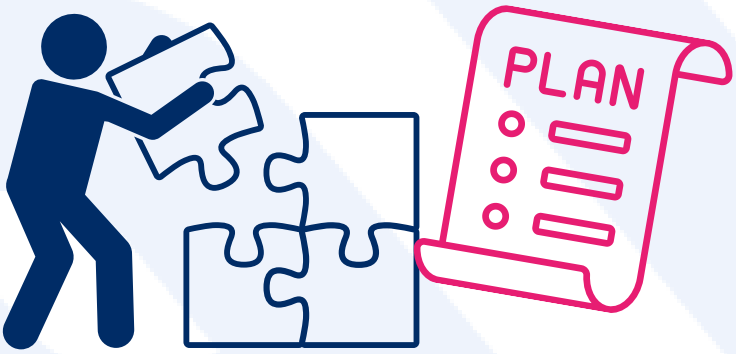


Figure 1 – QI Leads meeting organisation representation





In addition, these meetings afforded the teams the opportunity to share learning from TASC, which, in turn helped to inform the design of the DV programme. It also identified areas of focus for year one of the DV programme as well as an opportunity to discuss plans for the future and the prospect for further collaboration.



Feedback from these meetings was very positive and highlighted the importance of ensuring good communication with SMTs and the importance of identifying executive sponsorship to drive system-wide improvement activity.

3.0 Building a Learning System

A Learning Health System is described as a health system in which outcomes and experience are continually improved by applying science, informatics, incentives and culture to generate and use knowledge in the delivery of care. A Learning Health System can also improve value, reduce unjustified variation, support research and enhance workforce education, training and performance.

(Foley et al. 2021)

During 2023/24, HSCQI designed and delivered a number of programmes to support improvement across the HSC system and to build QI capability. The timeline for these programmes is detailed in the Gannt chart below (Figure 2), which outlines how TASC, DV, Medication Safety and the Scottish Improvement Leader Programme (ScIL) progressed throughout 2023/24, emphasising the scheduled engagement between HSCQI and the programme participants.

HSCQI Programmes Timeline: April 2023–March 2024

	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Timely Access Safe Care – Year 1		Thu 4th	Tue 13th Thu 29th									
Timely Access Safe Care – Year 2						Mon 4th		Thu 2nd Thu 30th			Thu 1st	Fri 1st
Delivering Value – Year 1					Tue 15th		Thu 26th	Mon 20th			Mon 19th	
Medication Safety - Opioid					Fri 4th		Tue 3rd Wed 25th	Tue 21st	Tue 12th	Tue 9th	Tue 6th	Tue 12th
ScIL												Tue 5th (V) Tue 19th (F2F)

Figure 2

The Gannt chart in Figure 2 depicts how TASC, DV, Medication Safety and ScIL, progressed through 2023/24, emphasising the breadth of work undertaken by HSCQI.

3.1 HSCQI Regional Scale and Spread Programme: Timely Access to Safe Care

In November 2021, the HSCQI Leadership Alliance mandated the HSCQI Network to align regional Quality Improvement resource and effort to identifying Trust-based improvement projects focused on improving access to safe care, with a view to scaling and spreading a number of these projects system wide and supported by the HSCQI regional TASC learning system. This was in keeping with the strategic priority of reducing waiting lists post the Covid19 pandemic.

In response to this mandate, HSCQI established the Improving TASC regional Scale and Spread programme. TASC was designed as a two-stage programme and was launched in November 2022.

TASC Stage 1 (November 2022–May 2023) focused on identifying and assessing the potential of 21 Trust-based QI projects within six workstreams for system-wide scale and spread.

Following an evidence-based assessment process, three project areas/workstreams were selected to progress to Stage 2 (September 2023–May 2024) on the basis of their readiness for scale and spread at that time.

Stage 2 was focused on system-wide co-innovation and adoption of projects selected during Stage 1, with 21 project teams taking part, working across three work-streams as detailed in Figure 3 and Figure 4 on the next page.



Timely Access to Safe Care Programme Timeline

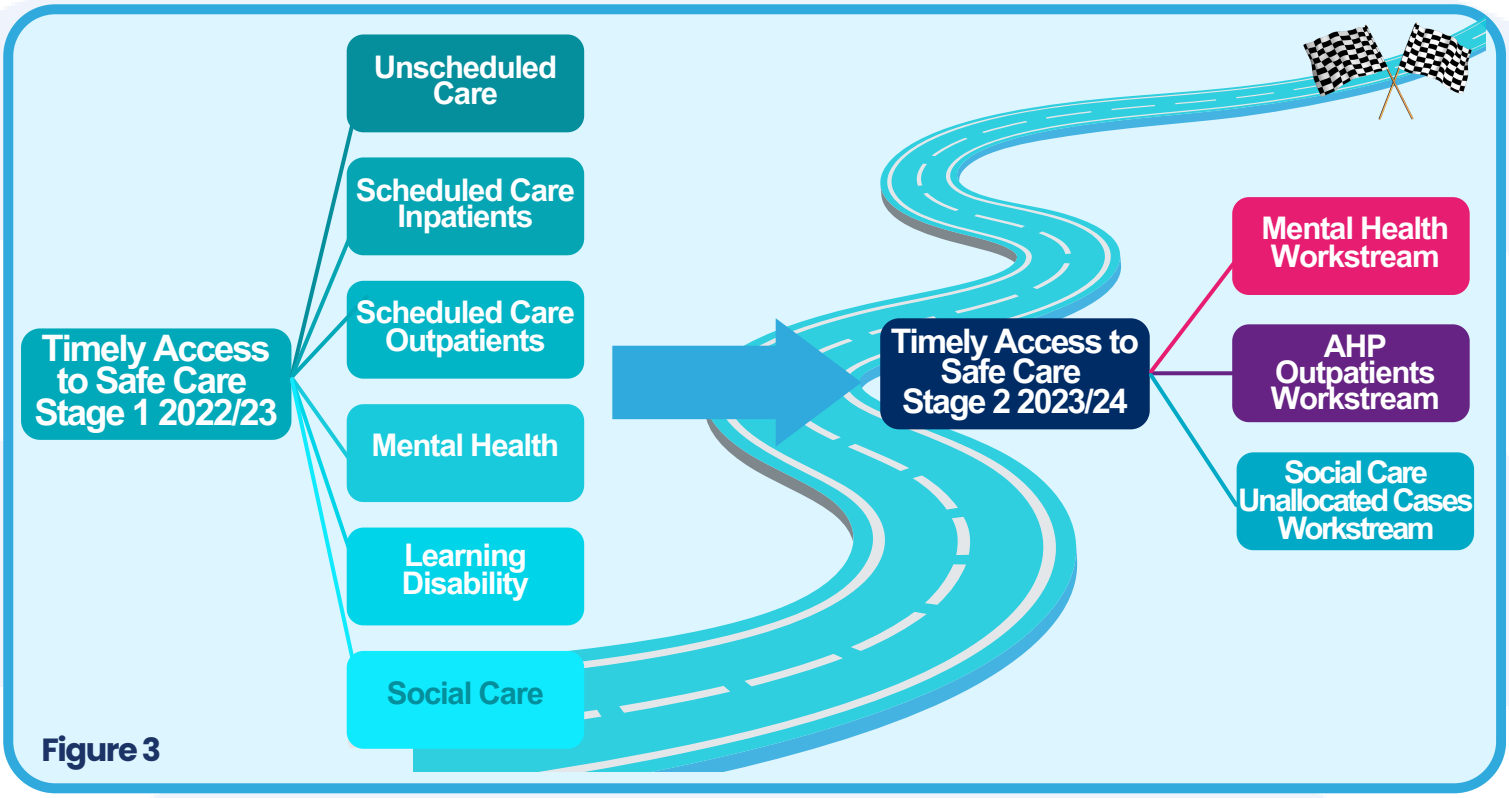


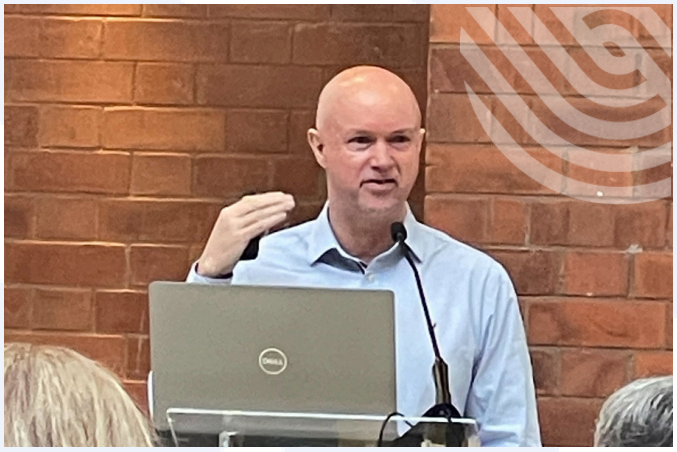
Figure 3

During the programme, project teams shared their learning, data and evidence by attending face-to-face and virtual learning sets or workshops.

Timeline

Date	Format	Topics
4 September 2023	In person	TASC 2 strategic context, theory of scale and spread, outcome measures, psychological safety
2 November 2023	Online	Collective problem-solving and sharing of knowledge and resources to address common challenges
30 November 2023	In person	Understanding driver diagrams, telling your story with data, documenting change ideas
1 February 2024	Online	Demand and capacity, developing change ideas, project planning
1 March 2024	In person	Project reports, documenting change ideas, poster guidance
2 May 2024	Online	Planning for June group presentations
25 June 2024	In person	Regional scale and spread, sharing and learning

Figure 4



From September 2023–March 2024, delegates rated the in-person and online sessions highly, scoring 7.32–8.1 out of 9. (Figure 5)

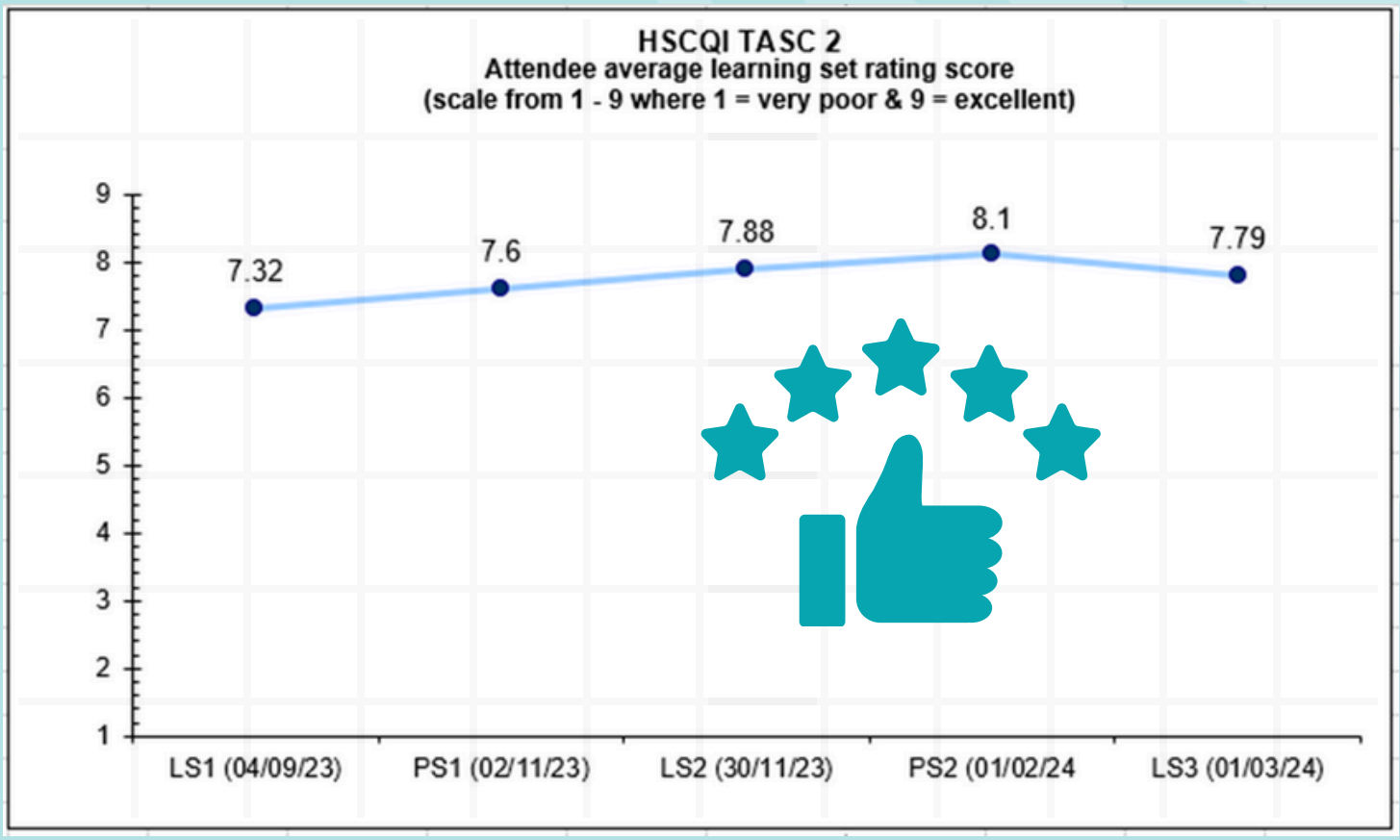


Figure 5

From September 2023–March 2024, the total number of delegates attending sessions reduced slightly. (Figure 6)

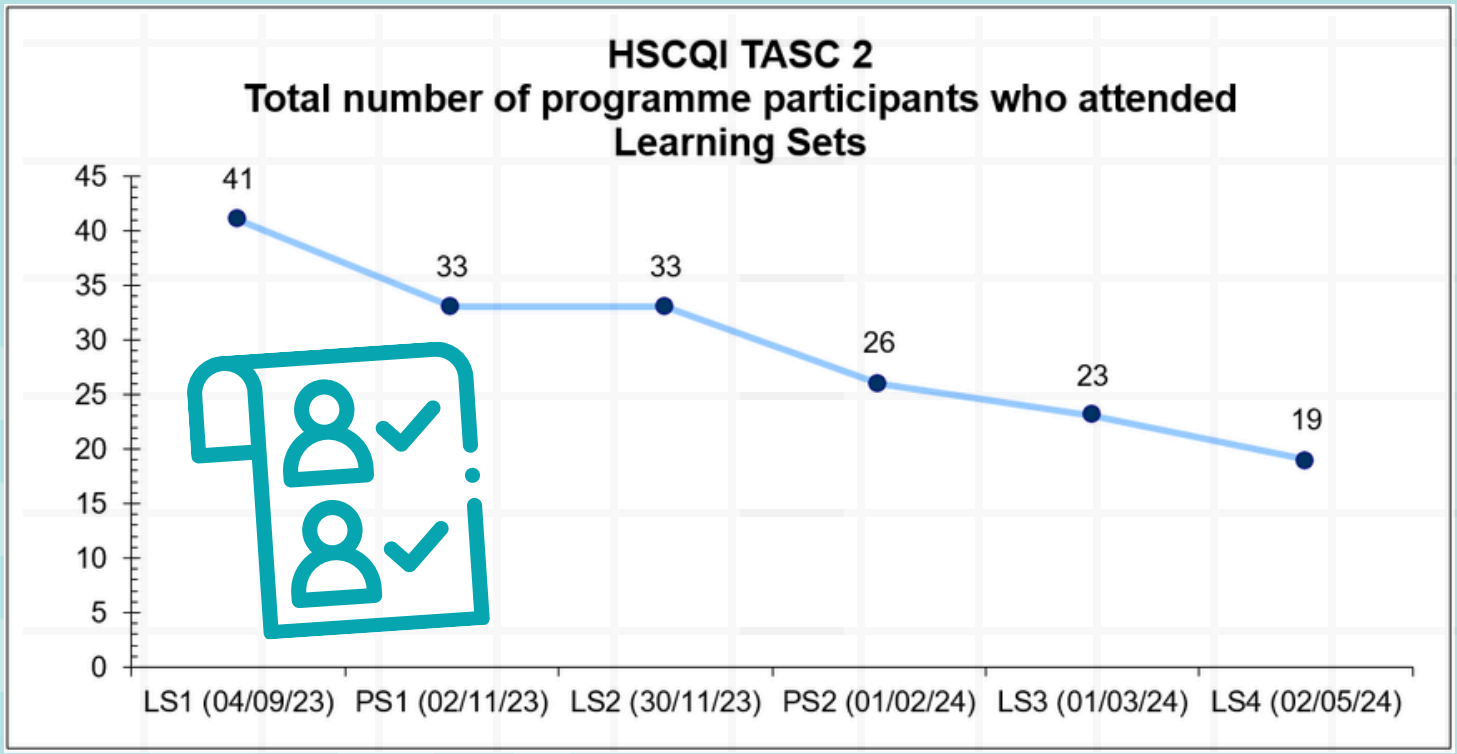


Figure 6

What did you find most useful

Participants were asked what they found most useful about the TASC programme and many positive comments and substantial, useful feedback was received. A selection of comments received is detailed below.



> **TASC is about sharing the fantastic projects and learning in the region. It's about recognising the passion for the work that project teams are doing and continue to do, and it's about looking to a future where regional collaboration continues to accelerate learning to improve our services.**

Evaluation of TASC Stage 1

In order to understand how Stage 1 of the TASC programme functioned within the complex health and social care system, and how the programme outcomes were enabled and constrained by its interaction with this wider context, a realist process evaluation of the programme has been carried out.



The initial phase of the evaluation was carried out by the HSCQI Hub. In order to strengthen the robustness of this evaluation, HSCQI also commissioned an independent evaluation which began in January 2024.

Learning obtained from this evaluation process will be key to understanding what worked or didn't work during TASC Stage 1. This understanding will be used to inform the design of future HSCQI regional programmes.

Next Steps

Between April 2024–June 2024, teams participating in TASC Stage 2 will continue to test and refine data-supported change ideas.

Teams will submit project reports and documented change ideas which will be hosted on the HSCQI TASC SharePoint site. Each TASC workstream will deliver a group presentation at the final sharing and learning event on 25 June 2024.



3.2 HSCQI Regional Scale and Spread Programme: Delivering Value

The HSCQI scale and spread programme for Delivering Value (DV) was launched in August 2023.

This programme aims to support local Quality Improvement projects to deliver value for patients, service users and carers, and is aligned to two key regional priorities:

- length of stay in adult mental health settings;
- discharge for older people.





Eleven project teams from five of the Health and Social Care Trusts, namely, Belfast; Northern; Southern; South Eastern; and, Western, have participated in the programme.

Consistent with the HSCQI's model for scale and spread (developed and refined through the TASC programme), the eleven project teams have participated in peer-to-peer learning through facilitated in-person and online learning sets.

During the timeframe of this report, the project teams attended four action learning sets, with an average of 32 participants attending.

HSCQI Delivering Value - Total number of programme participants who attended learning sets

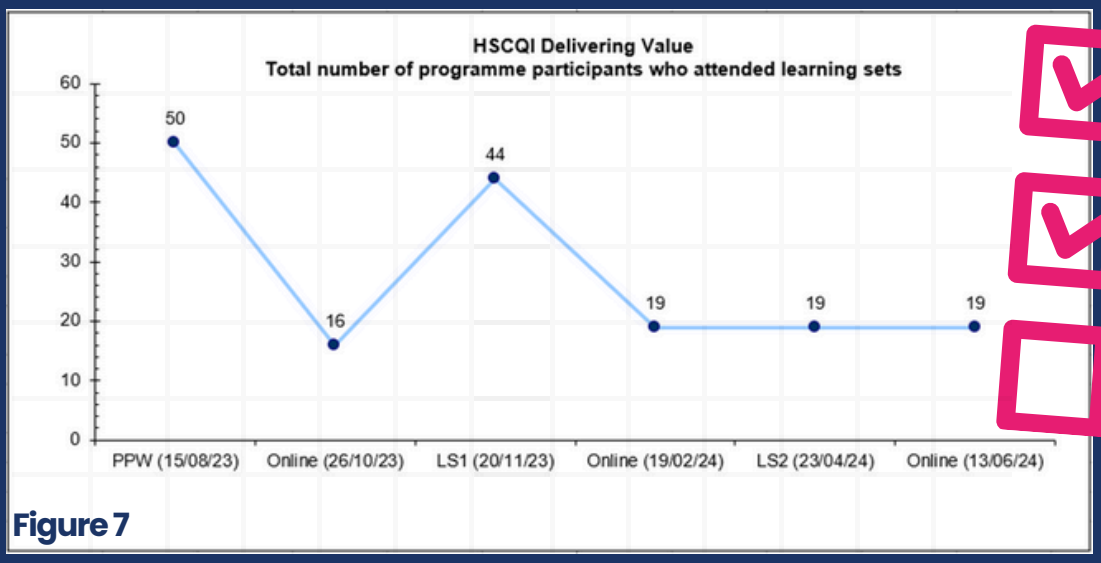


Figure 7

Programme evaluation

Core components of the Delivering Value Programme



Figure 7

Timeline

Date	Format	Topics
15 August 2023	In-person	Setting up your QI Team; stakeholder analysis and communication plan; developing a project charter; gathering baseline data.
26 October 2023	Online	Sharing project progress and peer-to-peer learning.
20 November 2023	In-person	Personal and Public Involvement in QI; Carrying out and recording Plan Do Study Act (PDSA) cycles.
19 February 2023	Online	Introduction to demand, capacity and flow.

Figure 8

The programme evaluation carried out by HSCQI, which is further outlined on the next page, has indicated that participants have benefitted from attendance at the learning sets. In particular, participants have reported that the opportunity to learn from colleagues working on similar projects in other Trusts was very beneficial.





Benefits to participants

All of the 11 participating project teams are making good progress towards their aims.



Caption: Dr Anita Rowe, Senior Improvement Advisor, HSCQI, and lead for the Delivering Value Programme, introduces the programme for the DV Learning Set on 22 November 2023.

DV

Evaluation of Delivering Value Stage 1

Evaluation has been integral to Stage 1 of the DV programme.

Consistent with the evaluation of the TASC prorgamme, HSCQI's evaluation of the DV programme has been underpinned by a realist perspective.

This allows the examination of each component of the programme and their acceptability to participants, such as the learning sets and the use of a common platform for the sharing of documentation and data across project teams.



Furthermore, it supports HSCQI's understanding of the mechanisms by which a system-wide collaboration-based approach to scale and spread can effectively bring about positive change for service users and staff.

The DV programme has been very well received with many positive comments received among the feedback.

Positive comments

> Small scale changes can have wider reaching and often lasting impact

> The engagement opened my mind to other aspects of our project and who to involve



Next steps

In September 2024, the readiness of these projects for scale and spread will be assessed. HSCQI is looking forward to working with lived experience representatives and colleagues from across health and social care to conduct this assessment and to identifying a number of projects to proceed to the second stage of the programme.



3.3 HSCQI Medication Safety Collaborative 2023/24

The focus of the HSCQI Medication Safety Collaborative Programme 2023/24 was safer opioid prescribing for non-malignant pain management.

The Transforming Medication Safety in Northern Ireland (TMSNI) strategy was launched in September 2020. It sets out a number of commitments, including: "To reduce the burden of avoidable harm from high-risk medicines" and, "To undertake a targeted improvement programme with the main aim of reducing preventable harm associated with high-risk medicines".

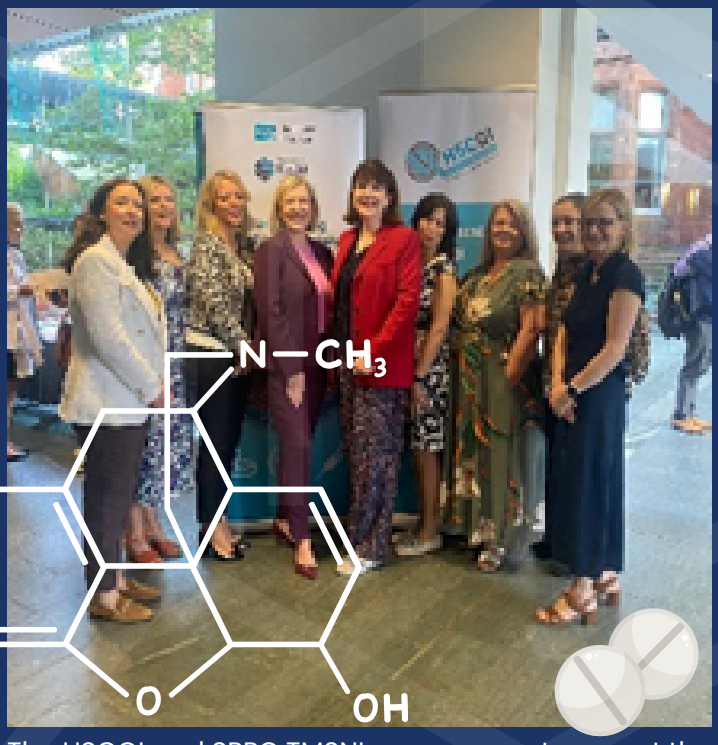


The HSCQI and SPPG TMSNI programme team co-hosted a regional stakeholder engagement workshop in Riddel Hall on 4 August 2023, welcoming over 100 system-wide stakeholders with expert knowledge of pain treatment and opioid prescribing for non-malignant pain management.

The programme model is underpinned by the principles of the Institute for Healthcare Improvement's (IHI) breakthrough series collaborative model for achieving breakthrough improvement and is aligned to *Quality 2020: Attributes Framework* Level 2 QI training.



Nine multidisciplinary project teams from Primary and Secondary Care are focusing improvements on opioid prescribing for non-malignant pain management. (Figure 9)



The HSCQI and SPPG TMSNI programme teams at the regional stakeholder engagement workshop in Riddel Hall, 4 August 2023.

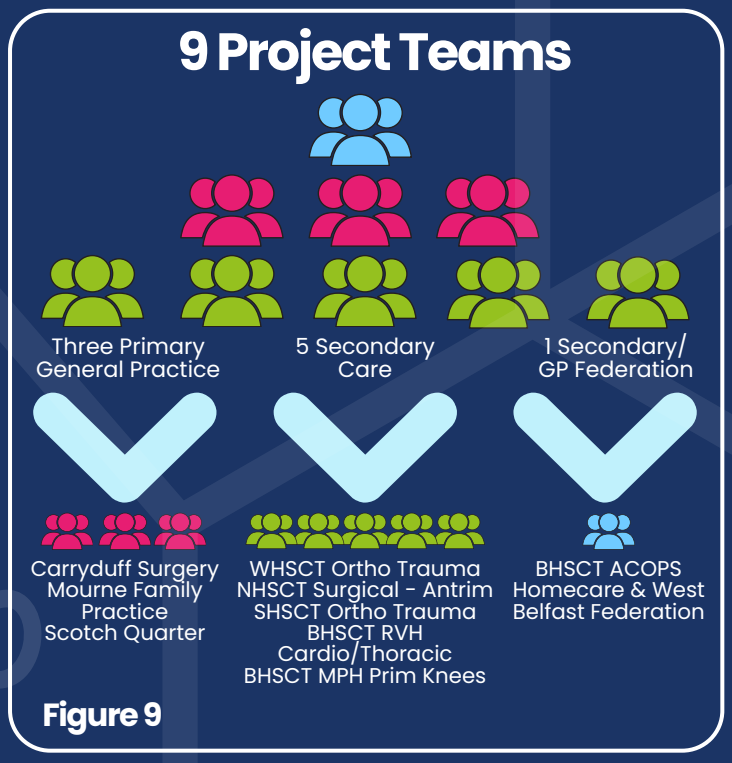


Figure 9

During 2023/24 project teams attended three in-person and one virtual learning sets, creating conditions for collaborative sharing, learning and improving together which included lived experience voice volunteers sharing their personal experience of living with pain and use of opioids.



Evaluation

Programme evaluation will be facilitated by the Medicines Optimisation Innovation Centre (MOIC) by December 2024 which will be informed by a series of focus groups. (See Figure 10)

HSCQI Medication Safety Opioid Improvement Collaborative Programme Timeline 2023/24

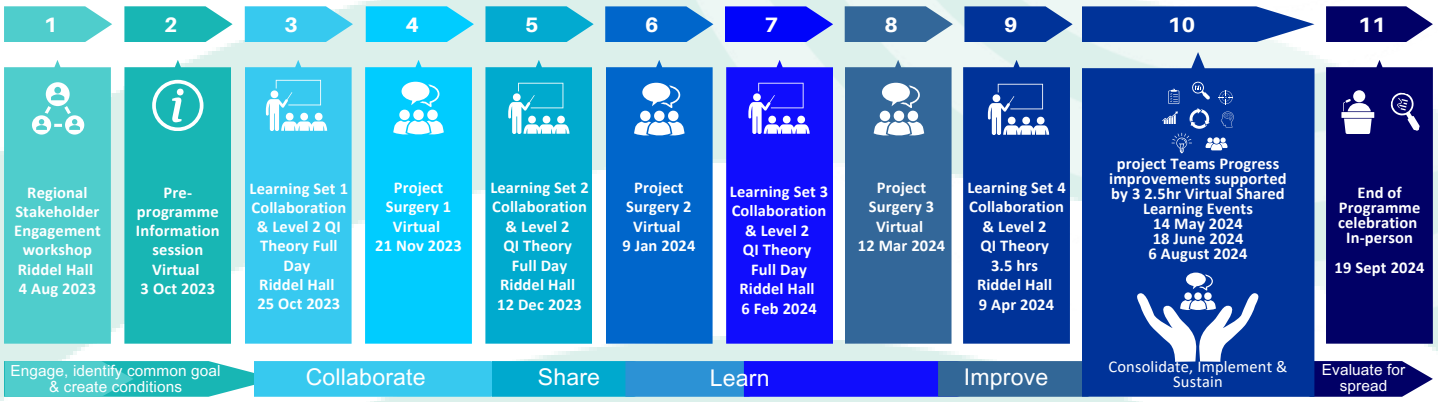


Figure 10

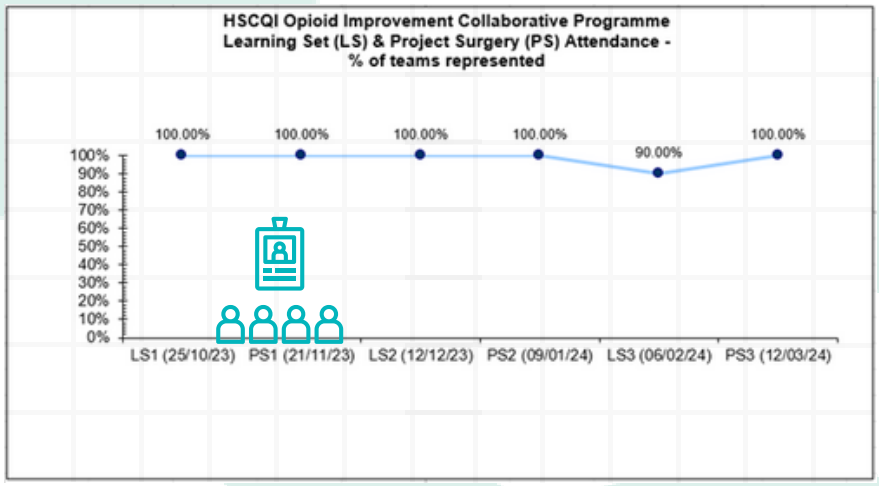




Figure 11

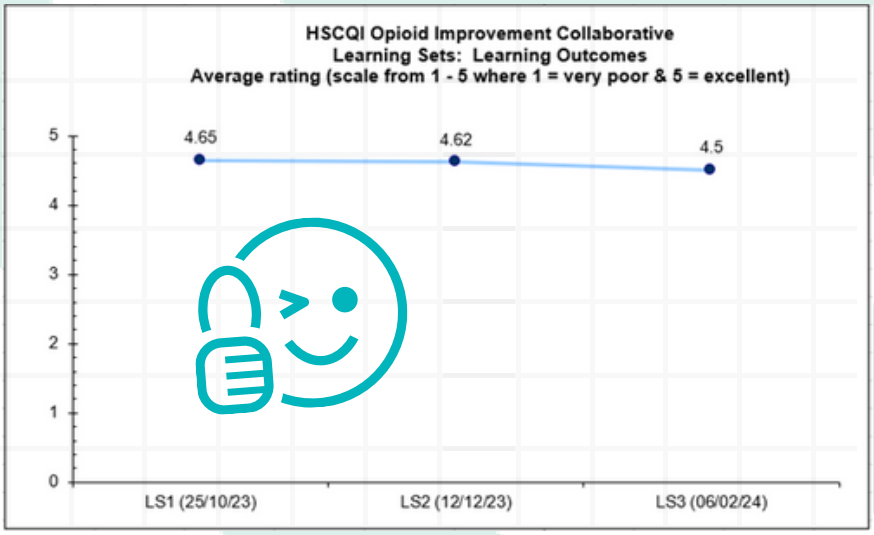




Figure 12

What worked well?

Service user experience was incredibly impactful – reinforces the 'why'?

Workshops on QI tools were very useful to bring all methods together, patients' perspective on pain management

Enjoyed the collaboration with other team members and teach back

Even better if...

Need to hear the 'hard' stories – eg user feedback from addictions/heavy users. How to engage with reluctant/ refusing patients, addiction service

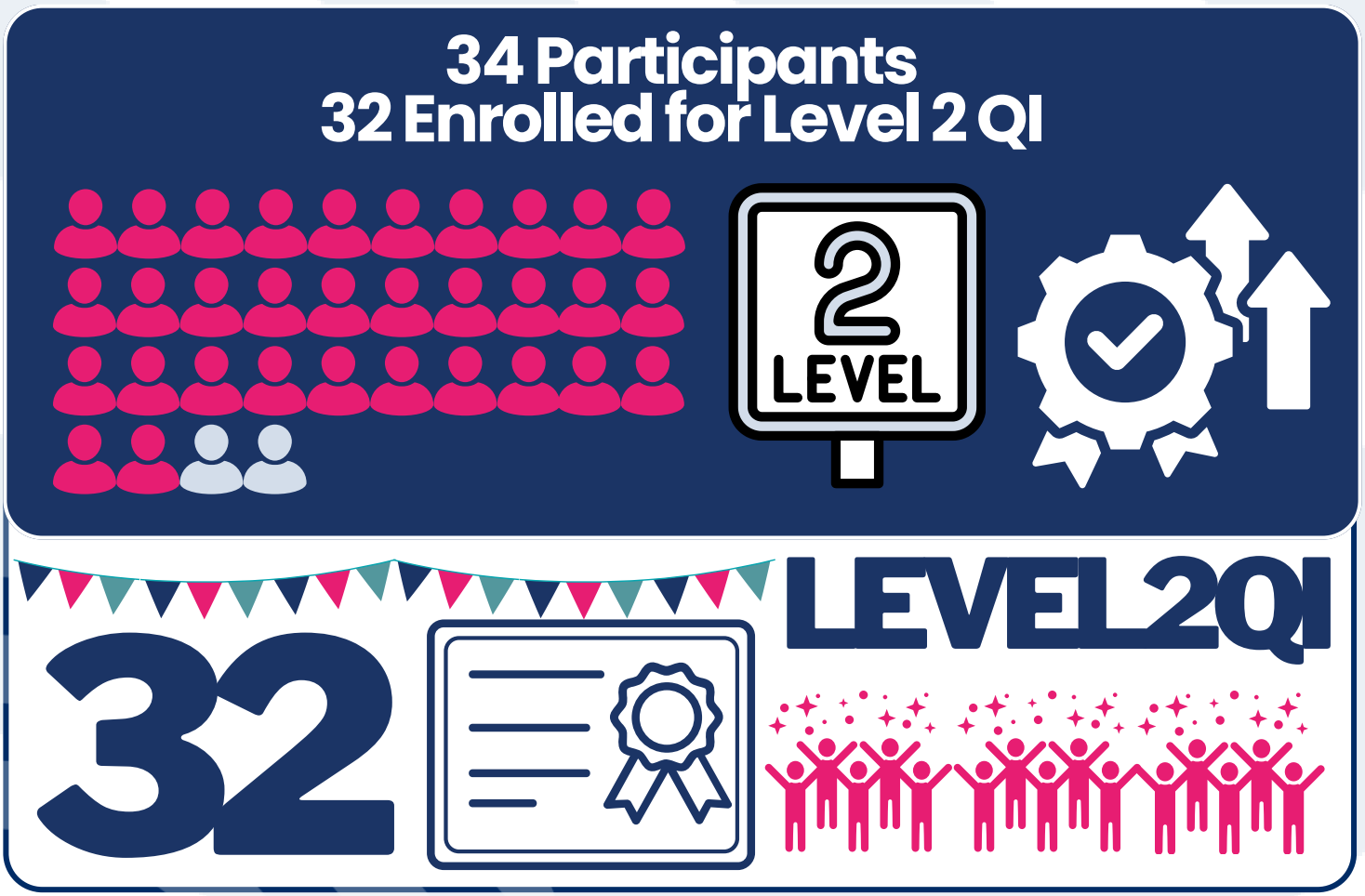
Maybe some more info on community resources and bio-psychosocial models

Next steps

Project teams will remain engaged through a further virtual learning set in April 24 and three subsequent shared learning sessions supporting project teams to progress improvements and prepare QI posters.

Programme completion will be marked by a celebration event on 19 September 2024, joined by system-wide stakeholders to learn about project teams' improvements.

A total of 32 programme participants will also graduate with a Level 2 QI training certificate, helping building QI capability across Primary and Secondary Care. (Figure 6).



Summary of project teams participating in HSCQI regional programmes during 2023/24

The scope of the work of HSCQI and the level of successful engagement HSCQI achieved during 2023/24 is detailed below through the number of project teams participating in each programme, broken down by Trust area and Primary Care.

During 2023/24 total of 41 teams participated across all programmes.



HSCQI Learning System Rolling Programmes of Work 23/24												
	Programme type and mandated area of focus	Workstream	BHSCT	NIAS	NHSCT	SET	SHSCT	WHSCT	Primary Care	Primary Care & Trust	Sub-total	Total No. of projects per programme
1.	**Scale and Spread**											
	TASC 2	Social Care	2 "C"	_	1 "C"	_	1 "I", 3 "C"	1 "C"		_	8	**21**
	"I" = Innovator (yr1 teams)	Mental Health	2 "C"	_	2 "C"	_	1 "C"	1 "I"		_	6	
	"C" = Co-Innovator (new yr2 teams)	Outpatients	2 "C"	_	2 "C"	_	1 "I"	2 "C"		_	7	
2.	**Scale and Spread**											
	Delivering Value 1	Length of stay – mental health	1	_	1	1	1	1	_	_	5	**11**
		Discharge – older people	2	_	1	1	1	1	_	_	6	
3.	**Improvement Collaborative**											
	Medication Safety 1	Opioid prescribing non-malignant pain	2	N/A	1	_	1	1	3	1		**9**
	Total		**12**	_	**8**	**2**	**9**	7	**3**	**1**		41

Figure 13

3.4 HSC QI Community Events

HSC QI community events are facilitated by the HSCQI Hub throughout the year to continue to build QI capability and support those leading improvements across HSC. These events are linked to the four key drivers of the HSCQI strategy. The sessions are open to all those interested in improving quality and patient safety across our healthcare services. During 2023/24, the following sessions were facilitated:

1

21/04/23 – Partnership and Co-Production

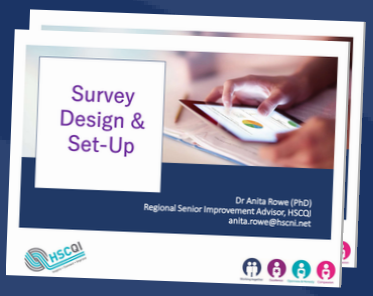
- The virtual event, 'Patients' time is the most valuable currency', delivered by Professor Brian Dolan OBE, Honorary Professor of Leadership in Healthcare, University of Salford, attracted over 90 attendees from across the HSC system. It enabled participants to reflect on the importance of a patient's/client's time as a valuable component of care. Feedback was very positive from the event, with participants requesting a longer session with more time to explore this important topic. This was facilitated at a full-day workshop on 6 December 2023.
- For more information click the following link: Why patients' time is the most important currency in healthcare (21 April 2023) (hscni.net)



2

24/05/23 – Building QI Capability

- Dr Anita Rowe, Regional Senior Improvement Advisor, HSCQI, hosted a virtual workshop on survey design which was attended by approximately 140 participants. At this event, participants explored the advantages and disadvantages of surveys as a data collection tool and we discussed how to recognise the common pitfalls in survey design and how to avoid them.
- The session received very positive feedback and the resources shared have been further utilised in other HSCQI training and programmes.
- To view the slides from the workshop, click the following link: HSCQI Survey design workshop 24 May 2023



3

27/09/23 – Building a HSCQI Learning System: HSC Staff Learning from IHI/BMJ International Forum

- In May 2023, delegates from across Europe, the USA and the UK attended the IHI International Forum in Copenhagen. The focus of the conference was 'Adapting to a changing world: sustainability and wellbeing for all'.
- HSCQI hosted a virtual session on 27 September to share the experiences and learning from Northern Ireland delegates with the wider HSCQI community. Among many others, sessions were held on theatre utilisation; patient safety; inequalities; and, service user involvement. The session attracted approximately 50 attendees with speakers from across HSC.



4

06/12/23 – Leadership

- On 6 December 2023, the HSCQI Hub hosted a regional workshop led by Professor Brian Dolan. At this workshop, participants explored how, as staff in HSC, we can value time, lead change and enhance care.
- Brian is the originator of #EndPJparalysis and the 'last 1,000 days' social movements, which, in the last few years, have resulted in multiple international mobility challenges and Global Deconditioning Summits.
- The workshop was attended by 57 members of staff and service users from across the HSC system. Participants had the opportunity to explore their leadership styles, personal impact and influencing skills, and how they can develop a social currency for engaging others in effective change.
- Feedback from the workshop was very positive with an average rating for the day of 4.7 out of 5.



5

21/02/24 – Building a HSCQI Learning System: Professor Marie Ward

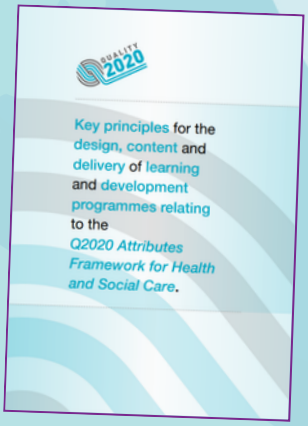
- Professor Marie Ward, embedded researcher at St James's Hospital, Dublin, hosted a virtual session on Human Factors and change management on 21 February.
- Marie is an international, award-winning, embedded researcher at St James's Hospital, Dublin, where she is engaged in a programme of Health Systems Research and Improvement. She is also Adjunct Assistant Professor at Trinity College Dublin's multidisciplinary Centre for Innovative Human Systems.
- During her talk, Marie used her own personal journey through many change projects, across different safety-critical sectors, from aviation to healthcare, to outline the joys and challenges of achieving change.
- There were approximately 42 participants from HSC at this session and feedback was very positive with 100% rating the workshop as good or very good.



4.0 Quality Improvement Methodologies and Building QI Capability

4.1 HSCQI Scottish Improvement Leaders Programme (ScIL)

In June 2023, 24 members of staff from across HSC graduated from the ScIL programme. ScIL aims to develop individuals to design, develop and lead improvement projects, generate support for change and provide expert improvement advice. It is aligned to a Level 3 QI qualification in the Quality 2020 document *Supporting Leadership for Quality Improvement and Safety – An attributes framework for Health and Social Care*.



Places on the cohort were allocated on a pro rata basis and nominations were supported by senior leaders from across the Health and Social Care system.



To date, over the last 3 cohorts, 82 staff have graduated from the HSCQI ScIL programme, helping to build capability within the HSC system.

The course was hosted virtually and was jointly facilitated by faculty members from NHS Education for Scotland (NES) and the HSCQI Network.

As part of the programme, each participant is required to undertake a QI project to apply their learning. The focus of the projects for cohort 38 was timely access to safe care, in keeping with the overarching mandate from the HSCQI Leadership Alliance.

The subsequent, regional ScIL programme cohort commenced on 5 March 2024. This programme, led by local faculty members, consists of 19 modules and will run until January 2025.



Next steps

HSCQI, in partnership with NES, has been supporting the devolved delivery of the regional ScIL programme to Northern Ireland.

This is a staged process; the intention of which is to develop sufficient Northern Ireland ScIL faculty resource to run the 2025/26 Northern Ireland regional cohort, independent of Scottish faculty support.

This transition will support a more sustainable model for delivery and will offer development opportunities for HSC staff already trained at Level 3.



4.2 Scottish Quality and Safety Fellowship (SQSF)

In October 2023, four members of staff from Northern Ireland commenced Cohort 15. This cohort will run up to September 2024.

The Scottish Quality and Safety Fellowship programme is a quality improvement and clinical leadership course. It is managed by a number of Scottish Public Service Improvement partners and is aligned to a Level 3 QI qualification (as per the Quality 2020 attributes framework mentioned above).

SQSF aims to develop and strengthen clinical leadership and improvement capability. The programme is aimed at healthcare staff who currently undertake clinical practice and have a direct influence on improving the delivery of safe patient care.

Next steps

As part of the HSCQI commitment to building a HSC Learning System, SQSF participants will be asked to share their learning locally, in Trusts, and regionally, through HSCQI events.

SQS Fellowship

SQSF

COHORT15

The programme is also aimed at staff in clinical professions, for example, medical; nursing; pharmacy; Allied Health Professions (AHPs); and, healthcare scientists; who do not currently deliver hands-on care but do have a role in improving patient care or safety.

Participants are expected to undertake their own improvement project throughout the duration of the programme. In addition to the taught programme, there are opportunities for local, national and international networking.

4.3 Medical Students Selected Study Component in Patient Safety and Quality Improvement at Queen's University

In 2023, HSCQI coordinated a student selected component module on patient safety and quality improvement.

The module consisted of seminars, taught sessions, web-based learning and completing a quality improvement project in small groups.

Assessment consisted of a written assignment and presentation of a group quality improvement project.

First year medical students at Queen's University, Belfast, are offered a choice of student selected component in semester two.

Thirteen students completed the module in April 2023. Feedback from the module has been positive with participants reporting that it was interactive, informative and relevant to their medical training.

Students commented that the group project provided an opportunity to engage in a QI project and apply the learning from the taught components of the module.

QUEEN'S UNIVERSITY BELFAST

EST?1845



4.4 Spreading the QI story

In addition to formal teaching programmes, the HSCQI Network has, in response to requests, provided advice and delivered bespoke sessions across the HSC to enhance QI knowledge and share the learning from regional QI work.

HSCQI received a total of 20 additional requests for the period April 2023 to March 2024.

A total of 55% (N=11) of requests required signposting only, provided via email or via an email and a brief meeting.

A further 30% required a HSCQI Senior Improvement Advisor(s) to prepare and deliver a one-off quality improvement-related presentation or awareness training session.



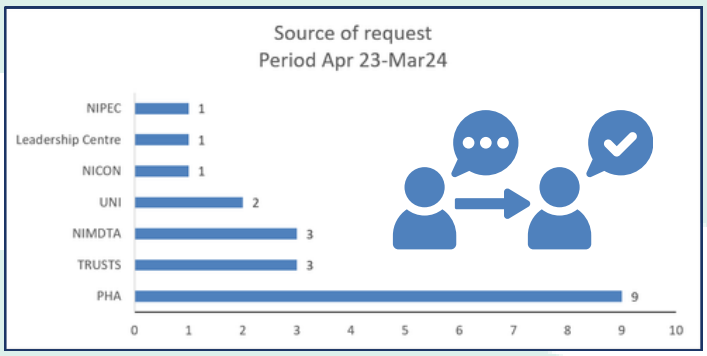


Figure 14

Source of request: 45% (N=9) of requests were from the PHA; 15% (N=3) from Trusts; 15% (N=3) from the Northern Ireland Medical and Dental Training Agency, (NIMDTA).

Next steps

In order to streamline and enhance the response to requests, the HSCQI team are developing a Microsoft Forms link to be completed by any service requesting HSCQI input.

This will ensure the correct information is available to inform how to progress the request. This will also be available on the HSCQI website.

5.0 Partnership Working and Co-production

5.1 Health Foundation Programme

The Health Foundation Q Community was established in 2015 in response to a recommendation from Don Berwick's 2013 report, *A promise to learn – a commitment to act*, which highlighted the need to urgently enhance the 'bottom up' capacity of the health and care system.

HSCQI is the Northern Ireland country partner for 'Q' which has members from across the UK and Ireland, including, NHS England; Healthcare Improvement Scotland; Improvement Cymru; and, the Health Services Executive, Ireland, who utilise opportunities to collaborate to improve the safety and quality of health and care.

The community thrives on its diverse range of skills, knowledge and perspectives – inspiring, supporting and connecting with other members to improve care. In Northern Ireland, there are approximately 288 HSCQI Q members.

Q, in partnership with HSCQI, supports the promotion of improvement across the UK's health and social care system by encouraging and connecting a wide range of people to effectively lead improvement and build capacity across the system.

Connections and collaborations made within Q play an important role in developing the community, and the membership offers are designed to support this.

Q Exchange

Part of the Q Community is the Q Exchange Programme, which offers Q members the opportunity to develop project ideas and submit bids for funding. Once ideas are submitted, Q members, from across the UK and Ireland, can collaboratively contribute to these improvement project ideas via the Q web portal.

These frontline-driven projects have the potential to create impact across the respective health and care systems.

In 2023, the Northern Health and Social Care Trust (NHSCT) QI lead applied to the Health Foundation's Q Community Q Exchange scheme on behalf of the HSCQI Network.

This application aims to support an improvement project entitled 'Leveraging capacity for improvement within the HSCNI workforce in reducing waits'. Learning from this project will be shared throughout the HSCQI Network.



Click the image above to go to the NHSCT project on the Q website.

Q Exchange project – Leveraging capacity for improvement within the HSCNI workforce

Systematic approaches to building staff capability and capacity to lead improvement are frequently identified as important success factors for organisations carrying out Quality Improvement.

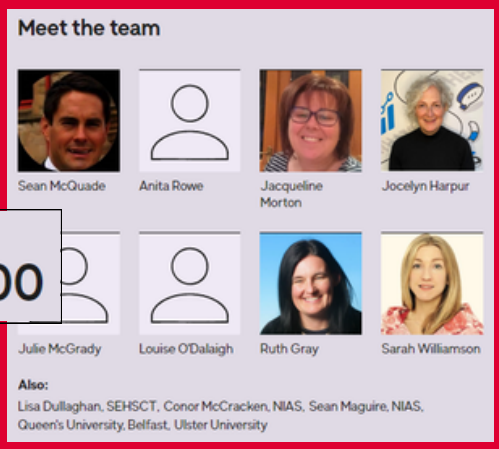
The scope of the project is firstly aimed at those staff who have undertaken the highest level of Quality Improvement training (Level 3) and would have the knowledge and skills to lead improvements in their respective organisations.

The first phase of the project, initially undertaken in the NHSCT, was to develop a better understanding of the barriers and challenges to staff dedicating time to actively engage in Quality Improvement, and to understand the maturity of Quality Improvement across Trusts.

The next phase of the project uses the same method across all Trusts and, once all the evidence is gathered, will design a systematic approach for QI capacity which will be used as a construct for all Trusts.

Amount requested

£40,000



Next Steps

The HSCQI Network will continue to work in partnership with the Health Foundation and the Q Community to maintain and foster this relationship.

In addition, the learning from projects engaged in the Q exchange programme will be shared via the HSCQI Network and Community.

Led by The Health Foundation

Supported by HSC Health and Social Care

5.2 International Forum on Quality and Safety in Healthcare

In 2023, the three-day International Forum on Quality and Safety in Healthcare conference was held in Copenhagen from the 15–17 May.

The conference theme was, 'Adapting to a changing world: equity, sustainability and wellbeing for all'.

32

A total of 32 members of staff from across HSC attended the conference. Participants included those who were undertaking the Scottish Quality and Safety Fellowship Programme.

Following the conference, delegates shared their learning locally within their own organisations and regionally, through a HSCQI learning session held on 27 September 2023.

The learning session was attended by 49 members of staff from across HSC. Key learning from the forum shared at the HSCQI session included:

- service user engagement;
- patient safety and inequality;
- the use of Randomised Coffee Trials;
- theatre utilisation;
- how can we help people to do things differently in healthcare?















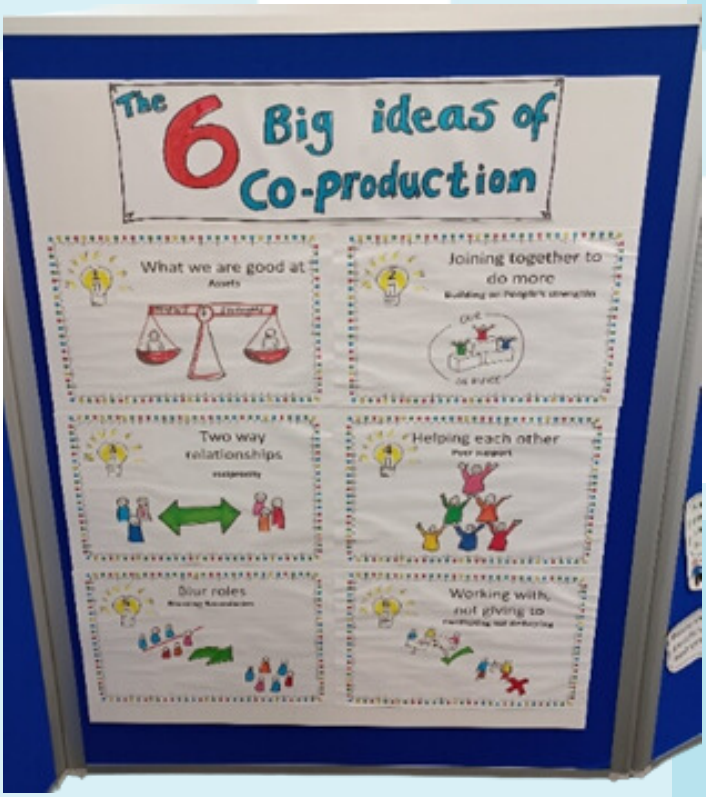
5.3 Health Improvement Alliance Europe

HSCQI has been a member of the IHI Health Improvement Alliance Europe (HIAE) since 2018 alongside a number of other HSC organisations, which have adopted a 'cluster' approach to membership.

The HIAE is a "coalition of European leaders united for change, driven by collaboration, and focused on achieving health and health care results."

Membership of the HIAE provides access to online work groups and each cluster is given one place at up to three in-person multi-day meetings.

HSCQI attended the multi-day in-person meeting on 14–15 November 2023, hosted by HIAE member colleagues from NHS England, and, Leeds and York Partnership NHS Foundation Trust.



The theme of this two-day event was, 'Improving together: partnering with people and communities', during which attendees heard from a wide spectrum of speakers, including Chris Pointon, husband of the late Dr Kate Granger, MBE, who led the 'Hello, my name is' campaign for more compassionate care in the NHS, as well as numerous case studies of how teams across Leeds use co-production to improve patient care.

HSCQI has invited several of the presenters to a future HSCQI Community event focused on involvement, engagement and co-production.

Institute *for* Healthcare Improvement



Site visit to the Involvement Team, Learning Disability Service, Leeds and York Partnership NHS Foundation Trust, to hear how they live out principles of co-production to improve care.



Chris Pointon husband of late Dr Kate Granger MBE 'Hello, my name is' campaign
Domenica Gilroy, HSCQI, with HIAE Leeds hosts Helen Hassell & Sarah O'Brien (NHS England Lived Experience Partners), Richard Wylde (Leeds and York Partnership NHS Foundation Trust, Helen Lee (Improvement Experience and Partnership Team, NHS England)

#hello my name is...

5.4 Primary Care – Northern Ireland Medical and Dental Training Agency's (NIMDTA) Experience in Quality Improvement Programme (EQUIP).

HSCQI was invited by the Northern Ireland Medical and Dental Training Agency (NIMDTA) to the GPST2 trainees in-person QI training days on 31 August 2023 and 15 February 2024.



This was an opportunity to highlight how HSCQI partners with Primary Care through the HSCQI Network and HSCQI Leadership Alliance. Five GPST2 trainees, selected from each of the five locality GP training areas, presented their quality improvement projects, which were completed through the NIMDTA Experience in Quality Improvement Programme (EQUIP).

This has provided inspiration for the next cohort of GPST2 trainees as they commence their improvement journey in General Practice.

equip
Education Experience Excellence

5.5 NIMDTA's ENGAGE Clinical Leadership and Improvement Programme

HSCQI also supported NIMDTA's ENGAGE Clinical Leadership and Improvement Programme for final year GP, dental and specialty trainees across HSC, through assisting with judging their sixth annual showcase evening, held on Monday 26 June 2023.

Northern Ireland mdta Medical & Dental Training Agency





5.6 Dragon's Heart Institute (DHI) – Spread and Scale Academy, Cardiff

In March 2024, five delegates representing the HSCQI Network attended a three-day immersive Spread and Scale Academy in Cardiff, co-hosted by: the Dragon's Heart Institute (DHI); Cardiff and Vale University Health Board; and, Becky Margiotta of Billion's Institute (CA, USA).



SEFYDLIAD CALON Y DDRAIG
DRAGON'S HEART INSTITUTE

billions institute

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

The purpose of this scale and spread programme is to immerse project teams in a supercharged learning environment that helps spread solutions.

The training offered prepares future healthcare leaders and teams to scale their solutions across their system. During the training, the HSCQI Network focused on the Q Exchange project (leveraging capacity – see section 5.1) to apply the principles of the DHI's spread and scale model for 'unleashing'.

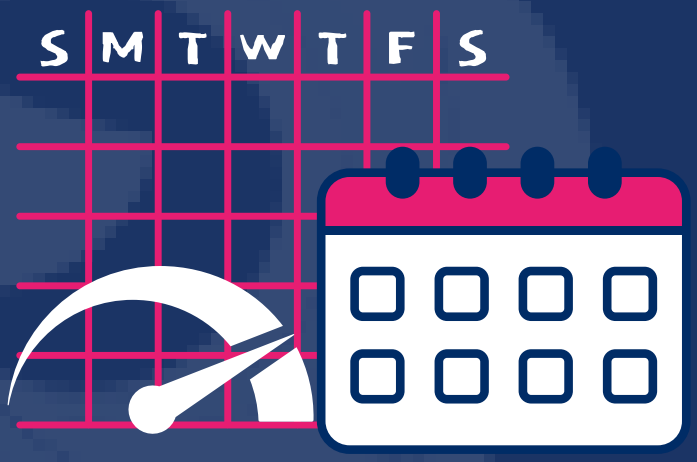
A major benefit derived from the programmme was an increased understanding, wtihin the HSCQI Network, of how to use this methodology to support the scale and spread of improvement in the two regional scale and spread programmes, TASC and DV.

Attendance at this training was a unique opportunity to enhance the capability of HSCQI Network leaders, whose role is to lead improvement both locally and regionally. Over the three days, the HSCQI Network team experienced the four principles of the model for unleashing which are:



The programme aimed to accelerate the development of the project team and the project by helping teams to:

- refine their idea;
- increase their ambition;
- expand their network;
- become better organised and more cohesive as a team;
- create a robust 90-day plan for delivery.





5.7 World Quality Week 2023

During World Quality Week, the HSCQI Network hosted events across the HSC system highlighting and celebrating improvement projects under way and raising awareness of QI resources and training opportunities.

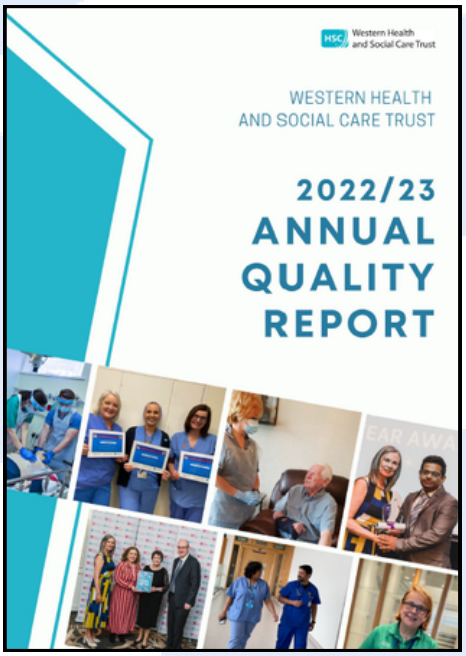
On World Quality Day, Trusts also launched their annual quality reports. See links opposite.

WORLD QUALITY WEEK 2023



Annual Quality Reports – 2022-2023

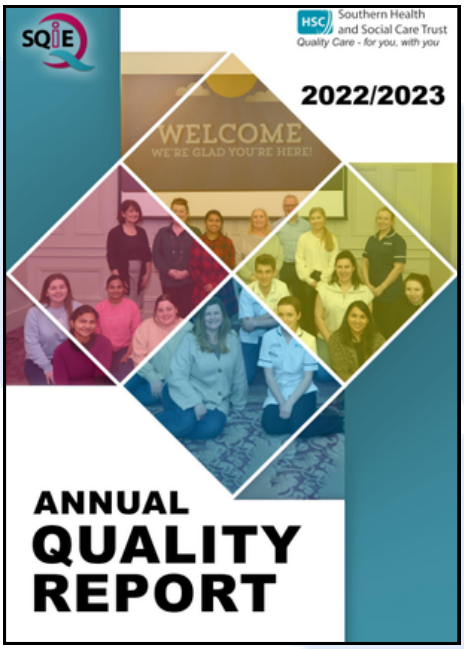
- HSCQI Annual Quality Report 2022-2023
- Northern Health and Social Care Trust Annual Quality Report 2022–2023
- Southern Health and Social Care Trust Annual Quality Report 2022–2023
- South Eastern Health and Social Care Trust Annual Quality Report 2022–2023
- Western Health and Social Care Trust Annual Quality Report 2022–2023
- Belfast Health and Social Care Trust Annual Quality Report 2022–2023
- NIAS Annual Quality Report 2022–2023













5.8 Personal and Public Involvement

Embedding lived experience into improvement activity helps teams bring about the person-centred delivery of safe care required for the efficient and effective services to the population of Northern Ireland.

During 2023/24, HSCQI strengthened its connections with the **Regional Personal and Public Involvement** (PPI) team.

Engage
A central resource for Involvement in Health and Social Care

This included the Regional Lead for PPI attending and presenting at the HSCQI Network meeting in October 2023. At this meeting, Network members explored how to strengthen the voice of lived experience and have meaningful and purposeful involvement in HSCQI programmes.



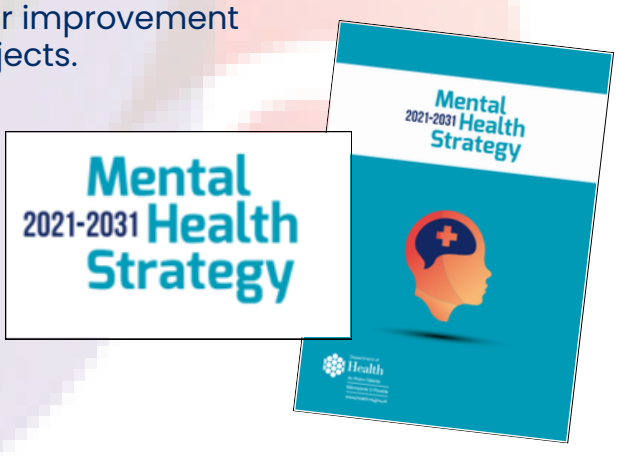


age NI
Love later life

HSCQI has also developed an ongoing collaboration with the **Age NI** Consultative Forum in relation to the Delivering Value scale and spread programme and **Versus Arthritis** for the Opioid Improvement Collaborative. The photo, below left, features Mark Johnston, HSCQI Project Manager, with members of the Age NI Consultative Forum, at a meeting in November 2023.

VERSUS ARTHRITIS

This has allowed the lived experiences of forum members to inform the development of these programmes and also provided project teams with valuable feedback on their improvement projects.

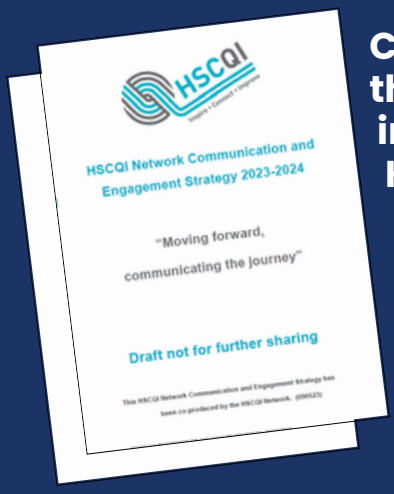


In addition, HSCQI has met with the **HSC Trusts' Mental Health Service User Consultants** to seek their input on the mental health workstreams in both the Timely Access to Safe Care and Delivering Value scale and spread programmes.

scale&spread.

6.0 Communications and engagement

In July 2023, the HSCQI Network Communication and Engagement Strategy 2023-2024, *Moving forward, communicating the journey*, was launched.



Co-produced with the HSCQI Network, incorporating the HSCQI Hub Team, HSCQI Leads and the HSCQI Communication Ambassadors group, the strategy ensures that HSCQI communications activity strategically supports the implementation of the HSCQI Strategy *Moving Forward, Shaping the Journey 2022–2024*, which was officially launched by the then Health Minister in October 2022.



The overall aim of the Communication and Engagement strategy is to enhance the understanding of the HSCQI Network locally, nationally and internationally to enable HSCQI to deliver on its strategic objectives. To achieve this aim, the following objectives are focused upon:

- develop communications plans to support the implementation of key programmes within the HSCQI Strategy;
- integrate communications into all HSCQI planning processes and enable opportunities to share learning and improvement stories system-wide;
- build greater system-wide understanding of the role of HSCQI;
- build the HSCQI brand across the HSC system, nationally and internationally.

The HSCQI Communications Ambassadors Group, chaired by the HSCQI Communications and Engagement Lead, met three times during the year to enhance joint communications working and engagement across HSC.

Programme Support

During 2023/24, a wide range of communications activity and programme support took place in fulfilment of the HSCQI Communication and Engagement strategy.



Communications support for the programmes covered a wide range of activities including: events support; website maintenance; intranet development; social media management; brand development; marketing collateral design/procurement; corporate documents production; strategic advice and support; programme communications support; key partner relationship development; communications training delivery; graphic design/video animation provision; and, ongoing monitoring and evaluation of communications measurement tools.

Social Media

The main social media channel used by HSCQI continues to be X, formerly known as Twitter.



A watching brief is kept on other available and emerging channels, for example, LinkedIn, Instagram, Facebook and TikTok, and their value in targeting key HSCQI stakeholder groups should they become more relevant.

Internet and Intranet development

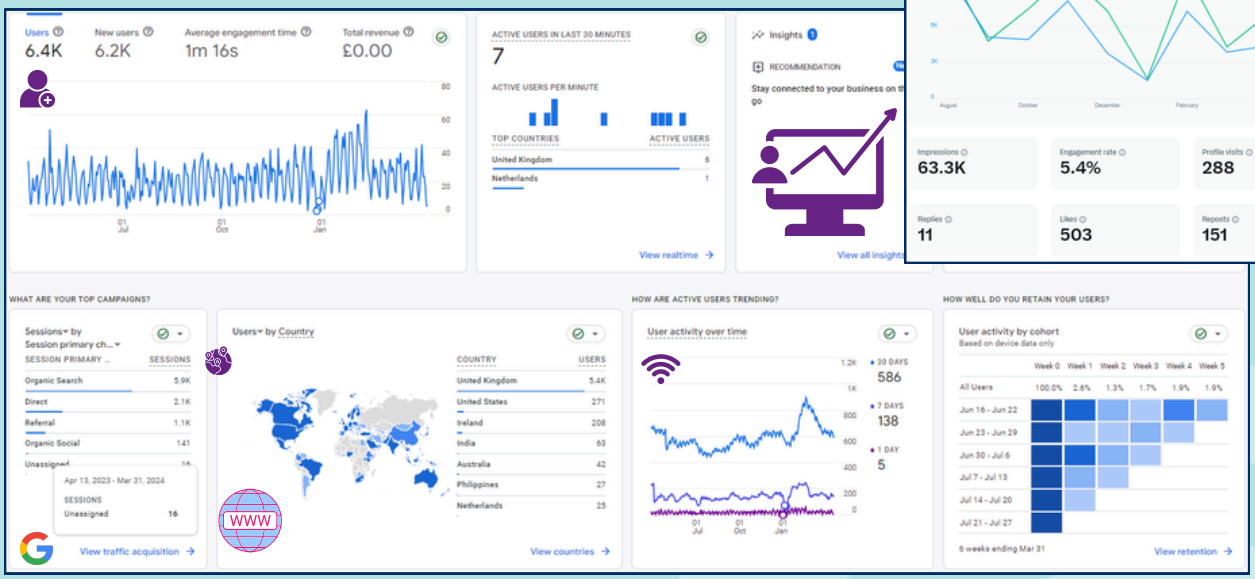
The HSCQI website was officially launched in October 2021 and continues to be a valuable source of information which enables the HSCQI community to share the latest quality improvement news stories and links to toolkits and resources.

The site was updated and maintained during the year including updates to plugins and SEO activity.

In addition to this public facing site there is a need for a more secure space for HSC staff to share materials and knowledge with HSC colleagues. During the year, HSCQI worked with key stakeholders to codesign the structure of an intranet site and with BSO ITS to develop the wireframe.

Branding and site build progressed well during the year and the new site will be launched in 2024/25.





Next steps

Looking forward, HSCQI will continue to strive to communicate and engage in the most appropriate and timely ways with all key stakeholders.

HSCQI will achieve this through:

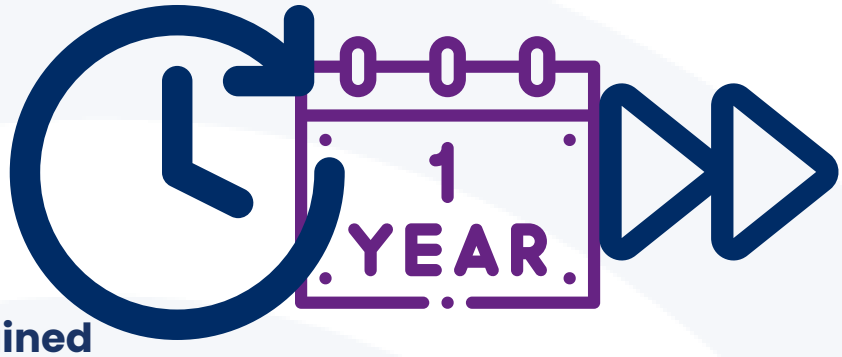
- ongoing review and monitoring of all of the methods of communication being utilised;
- proactively looking at new and emerging communication technologies that could be harnessed by the HSCQI network.

One major development for the coming year is the launch of a new HSCQI intranet site, entitled 'The ROOM (for improvement)', which will further enhance communication and knowledge sharing within the HSCQI Community.



7.0 Looking Forward

Looking ahead to the next 12 months, and, in line with the HSCQI strategy, the HSCQI Network will continue to support the existing improvement and scale and spread programmes.



Building on the learning obtained from the evaluation of HSCQI's current regional programmes, HSCQI will facilitate the HSC to work as a connected system in the codesign of further programmes, focused on regional priorities, which will deliver improvements for: patients; families, carers; service users; and, citizens.

As a connected system, the HSCQI Network will support the training of staff in Quality Improvement science and approaches through local and regional training programmes and events, building capability and supporting those leading change within the HSC system.



To enable this, HSCQI will continue to foster strong partnerships at local, national and international levels in order to maximise opportunities for shared learning, develop mutually beneficial relationships and avoid duplication of effort.



The HSCQI Network will explore opportunities enabled by the roll-out of the 'encompass' system to support the optimisation and innovation of services, underpinned by data to guide effective decision making.

As a team, we look forward to the challenges and successes that 2024/25 will bring.





Acronyms



AHP – Allied Health Profession
BHSCT – Belfast Health and Social Care Trust
BMJ – Previously called the British Medical Journal, the title was officially shortened to BMJ in 1988
BSO – Business Services Organisation
DHI – Dragon's Heart Institute
DV – Delivering Value
HIAE – Health Improvement Alliance Europe
HSC – Health and Social Care
HSCQI – Health and Social Care Quality Improvement
HSCTs – Health and Social Care Trusts
IHI – Institute for Healthcare Improvement
MOIC – Medicines Optimisation Innovation Centre
NES – NHS Education for Scotland
NHS – National Health Service
NIMDTA – Northern Ireland Medical and Dental Training Agency
PDSA – Plan Do Study Act
PHA – Public Health Agency
PPI – Personal and Public Involvement
QI – Quality Improvement
ScIL – Scottish Improvement Leaders
SEHSCT – South Eastern Health and Social Care Trust
SPPG – Strategic Planning and Performance Group
SQSF – Scottish Quality and Safety Fellowship
TASC – Timely Access to Safe Care
TMSNI – Transforming medication safety in Northern Ireland
WQW – World Quality Week

References

- Bengoa, R. Stout, A. Scott, B. McAlinden, M. Taylor, M. (2016). Systems Not Structures - Changing Health and Social Care. Available: https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report
- Berwick, D (2013). A promise to learn – a commitment to act. Improving the Safety of Patients in England
- Department of Health. Supporting Leadership for Quality Improvement and Safety – An attributes framework for Health and Social Care https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/Q2020%20Attributes%20Framework.pdf
- Department of Health (2011). Quality 2020 Strategy. Available: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/q2020-strategy.pdf
- Department of Health (2016). Health and Wellbeing 2026: Delivering Together. Available: https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together
- Department of Health (2018). Key principles for the design, content and delivery of learning and development programmes relating to the Q2020 Attributes Framework for Health and Social Care https://www.health-ni.gov.uk/sites/default/files/publications/health/Q2020%20Key%20Principles.pdf
- Donaldson, L., Rutter, P. and Henderson, M., (2014). The Right Time - The Right Place. Department of Health. Available: https://www.health-ni.gov.uk/publications/right-time-right-place
- Foley et al. 2022. A framework for understanding, designing, developing and evaluating learning health systems
- HSCQI Network Communication and Engagement Strategy 2023-2024: Moving forward, communicating the journey
- HSCQI Strategy 2022-2024: Moving Forward, Shaping the Journey (2022) Available: https://hscqi.hscni.net/about-hscqi/strategy-2022-24/
- Medicines Optimisation Innovation Centre (MOIC), Opioid Programme Evaluation
- Transforming Medication Safety in Northern Ireland (TMSNI) strategy, September 2020. Available: book test flips / 4 document (health-ni.gov.uk)

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