

Joint Consultation Events: Equality Schemes and Action Plans

Functions of participating Health and Social Care organisations

Introduction

This paper provides background information for those interested in attending one of four consultation events on Equality Schemes and Action Plans. It collates the descriptions of functions from these various documents into one. The meetings are taking place on the following dates:

Date	Venue
14 February 2011 at 11-1pm	NI Social Care Council, 7 th floor Millennium House, Great Victoria Street, Belfast BT2 7AQ
16 February 2011 at 2-4pm	Fire Station, 77 Loughall Road, Armagh
21 February 2011 at 11-1pm	Antrim Enterprise Agency, 58 Greystone Road, Antrim
23 February 2011 at 2-4pm	St Columb's Park, Limavady Road, Derry/Londonderry

These meetings are being organised by the Business Services Organisation on behalf of a range of Health and Social Care organisations:

HSC Organisation	Website
Blood Transfusion Service	www.nibts.org
Business Services Organisation	www.hscbusiness.hscni.net
Health and Social Care Board	www.hscboard.hscni.net
NI Guardian Ad Litem Agency	www.nigala.hscni.net
NI Practice and Education Council for Nursing and Midwifery	www.nipec.hscni.net
Northern Ireland Social Care Council	www.niscc.info
Patient and Client Council	www.patientclientcouncil.hscni.net
Public Health Agency	www.publichealth.hscni.net
Regulation and Quality Improvement Authority	www.rqia.org.uk

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1 Blood Transfusion Service (NIBTS)

The list below summarises the major functions of the Northern Ireland Blood Transfusion Service.

Supply of Blood and Blood Products:

Blood and blood products used for transfusion are almost entirely dependent on human donors and with a few exceptions this position is likely to continue for the foreseeable future. The supply of blood and blood products is the core function of NIBTS and is carried out by:

- Assessing and anticipating the needs of the province for blood and blood products;
- Recruiting and maintaining adequate numbers of healthy, voluntary, non-remunerated donors;
- Ensuring the health and safety of blood donors during their contact with the Service;
- Performing appropriate processing and testing of blood and blood components;
- Ensuring that an effective quality assurance programme is applied to all aspects of the production process and other areas of the Service;
- Providing a relevant educational and advisory service in the use of blood and blood products;
- Undertaking relevant research and development;
- Maintaining appropriate links with organisations in Great Britain and elsewhere in pursuit of these objectives.

Other Blood Transfusion Service Functions

1. Reference Laboratory Service

This service is provided to all hospital blood banks in the province and involves the investigation of problems related to transfusions (adverse reactions, cross match difficulties etc) and the investigation of certain immunohaematological diseases. A 24hour on call service is provided.

2. Antenatal Service

The Antenatal service receives and tests blood samples from all antenatal clinics throughout the Province. These samples are tested to establish the mother's blood group and also determine if the sample contains clinically significant red cell antibodies, which may potentially cause harm to the foetus or newborn baby.

Antenatal blood samples, with patient consent are also tested for viral markers to Hepatitis B, HIV 1&2 and Rubella.

3. Belfast Cord Blood Bank

The Belfast Cord Blood Bank recruits, collects, processes, tests and stores cord blood units for both public and directed/family purposes.

4. Quality & Regulatory Affairs

The Quality & Regulatory Affairs and Compliance Departments work closely to deliver effective Quality systems within NIBTS. In addition the Quality Department leads Information Governance, Risk Management and Emergency Planning across the NIBTS.

5. Finance & Information Management & Technology

The Finance & Information Management & Technology department is responsible for the delivery of two key services, Financial services and Information Management and Technology. The services provided by staff include financial accounting, management accounting and reporting, capital assets accounting and financial planning. Information management and technology identifies, plans and manages all aspects of information management and technology to ensure that business and technical aspects of the service are completed.

6. Human Resources & Corporate Services

The Human Resources & Corporate Services Department is currently structured into two sections: Facilities and Human Resources. Human Resources are responsible for providing non-transactional knowledge led HR support across the organisation. Corporate services cover a range of activities including support for regulatory compliance on facilities and estate issues, health and

safety and a range of other controls assurance objectives spanning the organisation's functions.

2 Business Services Organisation (BSO)

The Business Services Organisation earns its income from the provision of services which are paid for by other HSC organisations, including the HSC Board, Trusts and other agencies in the HSC community, including the Department of Health, Social Services & Public Safety (DHSSPS). 'Customers' of the BSO are those customers and clients (organisations and individuals) who use or pay for BSO services. The BSO's customers will therefore include those members of the public who interact directly with the organisation, for example, in obtaining new medical registration cards.

In the following, the work of each service area is briefly summarised.

1 Family Practitioner Services

This service area provides a range of services relating to patients, GPs, dentists, opticians, and pharmacists. These include administering the registration of patients with Health and Social Care in Northern Ireland as well as call/recall services for cancer screening programmes. The unit also calculates and makes payments to dentists, GPs, opticians and pharmacists.

2 HSC Pension Service

HSC Pensions administer the HSC Pension Scheme which provides retirement benefits to HSC employees, GPs, dentists and employees of other organisations in Northern Ireland that are approved to join our scheme, eg. Hospices. Currently we have approximately 56,000 members.

3 Counter Fraud and Probity Services

This service area provides a range of services to the Department of Health, Social Services and Public Safety (DHSSPS) as well as HSC organisations. These include carrying out criminal investigations into cases of suspected fraud; carrying out a range of checking functions to ensure that GPs, Dentists, Opticians and Community Pharmacist claims for payment are correct; administering payments in relation to the Healthy Start Scheme; checking claims made by patients for free dental treatment and free sight tests and glasses; revising and developing policies for

probity work and fraud investigations carried out; and leading and developing fraud awareness work across all HSC organisations.

4 Procurement and Logistics Service

The services provided to HSC organisations in this area include sourcing; procurement operations; warehouse operations; warehouse stock management; warehouse customer care; and the Community Care Appliance Service, which involves supplying goods direct to patients to assist them to live within their own dwelling.

5 Information Technologies Services

This service area provides regional Information and Communication Technology (ICT) services to Health and Social Care in Northern Ireland. The unit acts as a regional centre for expertise across a broad range of ICT areas. It provides direct services but also has a vital role in the coordination of ICT development across critical areas such as security, business continuity, applications delivery, and ICT infrastructure development. The unit also plays a key role in the procurement, award and management of contracts for the provision of regional ICT equipment, software and services.

Responsibility for ICT strategy and planning now resides with the HSC Board but the unit continues to have a key input to the development of ICT strategy and policy within HSC.

6 Legal Services

The Directorate of Legal Services provides legal services to HSC organisations in Northern Ireland. These include legal representation in court and tribunal proceedings; legal advice and training; administering legal payments; and engaging counsel and other experts to assist in the provision of our services.

7 Financial Services

The Finance Directorate has a strategic role within the BSO to ensure that funds are secured to enable the achievement of the BSO's vision, aim and strategic objectives and that there is a clear framework for financial accountability and control throughout the BSO.

The Finance Directorate has an operational role within the BSO for the delivery of all financial services, including payroll, accounts payable, income collection, management of debt, banking and cash flow, management accounting and final accounts.

The Directorate also delivers a range of financial services to external clients within the HSC in Northern Ireland.

In addition, the Directorate is responsible for ensuring the BSO's compliance with the three core controls assurance standards namely, Governance, Risk Management and Financial Management and coordinating the delivery of the remaining non-core standards within the specified timetable.

The Finance Team is responsible for the provision of the statutory final accounts of BSO in accordance with DHSSPS guidance and applicable accounting standards. It also provides monitoring information to the Department on a monthly basis.

8 Human Resources Services

The unit provides a range of Human Resources services to the BSO and a number of external clients within the HSC. The main services relate to: recruitment and selection; employee relations; training and development of staff; workforce development; and policy development.

9 Corporate Services

This service area provides a range of corporate services to the BSO and external clients in relation to health and safety; controls assurance; facilities management; and information governance. It likewise leads on dealing with complaints, the development of the BSO website and it supports policy development in the organisation.

10 Internal Audit Service

The unit provides an Internal Audit service to HSC organisations. An annual programme of audits is developed for and delivered to each client organisation. An audit report is produced following each audit, providing an independent opinion on the area under review and making recommendations for improvement.

11 Customer Relations and Service Improvement

The Customer Relations and Service Improvement unit carries out a range of functions relating to the customers of the BSO.

'Customers' of the BSO are those organisations and individuals who use or pay for BSO services. The functions of the unit include facilitating the creation and agreement of contracts with customer organisations; facilitating the development of productive working relationships with the main customers of the BSO and the various BSO departments; facilitating performance management; managing the business planning and risk management processes as well as the creation of the Annual Report.

12 Office for Research Ethics Committees

The Office for Research Ethics Committees in Northern Ireland provides a service which reviews research involving patients or their data to ensure that it is managed ethically and in the best interest of the patient. It does this by use of committees who are trained in ethical review of research but are composed of members who do this voluntarily and with impartiality.

13 Equality Services

The role of the Equality Unit is to support the BSO and nine other HSC organisations in mainstreaming equality, diversity and human rights in their work.

This includes providing training; support in policy development and implementation (equality screening and equality impact assessments); developing good practice initiatives; preparing equality schemes, action plans and annual reviews of progress; and providing information and briefings to staff.

3 Health and Social Care Board (HSCB)

The Health and Social Care Board was established by the Health and Social Care Minister on 1st April 2009 and faces a diverse and challenging role as it seeks to develop health and social care services across Northern Ireland. The Board replaced the four former area-based health and social services Boards under the Review of Public Administration in Northern Ireland. This was an important process to streamline many public services, which continues at the present time.

The role of the Health and Social Care Board is contained in the Health and Social Care (Reform) Act 2009 as follows:

- 1 To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.7 million people who live in Northern Ireland.
- 2 To performance manage health and social care trusts that directly provide services to people to ensure that these achieve optimal quality and value for money, in line with relevant government targets.
- 3 To effectively deploy and manage its annual funding from the Northern Ireland Executive – currently around £3.7 billion – to ensure that this is targeted upon need and reflects the aspirations of local communities and their representatives.
- 4 In addition to these three functions that Health and Social Care Board is responsible for a range of other functions transferred from the four areas based Boards, namely social care, corporate services and integrated care. Corporate services also include employment and staffing services.

The Health and Social Care also operates in a partnership role with the Public Health Agency to help it in its role in protecting public health and actively promoting health improvement of the people in Northern Ireland.

4 NI Guardian Ad Litem Agency (NIGALA)

The functions of the NI Guardian Ad Litem Agency include the following:

- 1(a) Ensure the independent representation of the wishes and feelings and safeguard the best interests of the children who are the subject of court proceedings.
- (b) Appoint solicitors to work in tandem with guardian's in public law cases under The Children (NI) Order 1995 and in relevant proceedings under The Adoption (NI) Order 1987.
2. Improve service provision by providing the opportunity for continuous professional development and the enhancement of knowledge and skills for all staff members.
3. Regularly seek the views of users of the service and key stakeholders in order to improve standards of practice and inform service development.
4. Corporate Governance (Information Governance, ICT, Finance, Procurement, Risk Management, Health and Safety, Controls Assurance).
5. Human Resources (recruitment and selection, employee relations, policy development)

5 NI Practice and Education Council for Nursing and Midwifery (NIPEC)

NIPEC was established in 2002 under the Health and Personal Social Services Act as a NDPB, sponsored by the DHSSPS. The Act identifies the following responsibilities for NIPEC:

- (1) “It shall be the duty of the Council to promote
 - (a) high standards of practice among nurses and midwives
 - (b) high standards in the education and training of nurses and midwives; and
 - (c) the professional development of nurses and midwives.

- (2) Without prejudice to the generality of subsection (2) the Council may
 - (a) provide guidance on best practice for nurses and midwives, and
 - (b) provide advice and information on matters relating to nursing and midwifery.

- (3) The Council shall, in the exercise of its functions, act
 - (a) in accordance with any directions given to it by the Department, and
 - (b) under the general guidance of the Department.”

6 Northern Ireland Social Care Council (NISCC)

The Northern Ireland Social Care Council (NISCC) is the regulatory body for the Northern Ireland social care workforce. Social care workers provide vital care and support which enables service users to live their lives as independently and safely as possible. We are working with a wide range of people, including the workforce, employers, training providers, service users, carers and government agencies to make sure people working in social care services are trained properly to help them to do their job well; that they understand how they should work with the people they support and that they are accountable for standards in their conduct, training and practice.

The NISCC monitors and approves training and qualifications for social workers in Northern Ireland. We also develop and promote training opportunities for the wider social care and young people's workforces. In partnership with our stakeholders, we are developing a competent and credible workforce which we all have confidence in to provide high quality social care services. Registration and the requirement for Registrants to continually update their training are a major part of the drive for higher standards of care, which will help protect the public from poor standards in social care work and give social care workers the professional recognition they deserve.

7 Patient and Client Council (PCC)

The Patient and Client Council was established on the 1st April 2009, as a powerful, independent voice for people.

The Patient and Client Council has a Board made up of a Chair and sixteen non-executive directors, recruited from across Northern Ireland under the Public Appointments Process. The Board is responsible for setting the policy and direction for the Patient and Client Council and for monitoring progress and performance.

The Patient and Client Council has the following functions in relation to health and social care in Northern Ireland:

- (a) representing the interests of the public;
- (b) promoting involvement of the public;
- (c) providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which a body to which this section applies is responsible;
- (d) promoting the provision by bodies to which this section applies of advice and information to the public about the design, commissioning and delivery of health and social care;
- (e) such other functions as may be prescribed.

8 Public Health Agency (PHA)

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

The Public Health Agency is the statutory body responsible for driving the public health and social wellbeing agenda, bringing together the wide range of public health functions and ensuring a renewed, enhanced and sustained focus on achieving key public health goals. In keeping with the nature of the public health and social wellbeing agenda, the work of the PHA requires to be multi-professional with both a regional and a strong local presence. It delivers 4 primary functions, namely:

1. Health improvement;
2. Health protection;
3. Public health, nursing and allied health professional support to commissioning and policy development;
4. Research & Development (R&D).

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

Health Improvement

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

Health Protection

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

Commissioning and Screening

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

Research and Development

The HSC R&D function aims to promote, coordinate and support R&D within the field of health and social care. It has a dual strategic and operational role.

9 Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) was established on 1 April 2005. It is an independent, non-departmental public body which monitors and inspects the quality and availability of health and social care services in Northern Ireland. The mandate is set out in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, which requires RQIA to inform the Department of Health and Personal Social Services (DHSSPS) of its findings.

From 1 April 2009, RQIA assumed additional responsibilities under the Health and Social Care (Reform) Act (Northern Ireland) 2009. RQIA is now responsible for the delivery of a range of important functions for people with mental ill health and / or a learning disability. These functions were formerly carried out by the Mental Health Commission and are defined within the Mental Health (Northern Ireland) Order 1986.

In addition, following the publication of the EU directive (Council Directive 97/43 Euratom), the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2000 came into force on 1 January 2001. This order sets out legislative measures for the protection of individuals against dangers of ionising radiation in relation to medical exposure. In Northern Ireland, responsibility for monitoring, inspecting and enforcement of IR(ME)R passed from DHSSPS to RQIA on 15 March 2010.

There are many challenges facing the health and social care economy in Northern Ireland, including the need to deliver safe and effective services. RQIA has made, and will continue to make, a significant contribution to improving health and social care for everyone in Northern Ireland, through its programme of inspections and reviews. Recent review activity includes G.P. Out of Hours services, Blood Safety and Intrapartum Care.

RQIA has a responsibility to inspect and review services and to be fair and proportionate in all its activities. RQIA has a duty to focus on service improvement and to make sure that the learning from inspections and reviews is disseminated widely.

We make use of the information gathered during the course of inspections and reviews to inform the DHSSPS and the wider

public of the quality of health and social care services (HSC). We use this information to identify areas where further improvement is required. We aim to make all our information accessible to the public. RQIA has powers to take enforcement action and uses these powers to protect the public interest. Enforcement action is taken when there are serious deficiencies in services which present a risk to the public.

For the purposes of the Audit of Inequalities, a functional approach was taken whereby the following distinct operational areas were identified:

- Regulation
- Review
- Corporate Services:
 - Information (including registration, ICT)
 - Finance
 - Planning and Corporate Governance
 - Communication
 - Human Resources
 - Mental Health and Learning Disability
 - Quality Assurance (including complaints).