



B Document

Service Specification

Tender No: DSCC2019/T/004 [2433399]

Tender Name: Advocacy Service for Deaf Adults

Contract Period: 1st April 2020 – 31st March 2023 (with the option to extend the contract for further two periods of 12 months)

Glossary of Terms

<p>Access NI</p>	<p>A branch within the Department of Justice, established in April 2008. Its job is to supply certificates that show whether people who want to work in certain types of jobs, for example with children and or vulnerable adults, have a criminal record or if other important information is known about them. This enables employers to make safer recruitment decisions.</p> <p>Access NI operates within Part V of the Police Act 1997 and issues three types of disclosure, Basic, Standard and Enhanced. Enhanced can include a check of those barred from working with children or adults.</p>
<p>Advocacy</p>	<p>In this context Advocacy means: ‘taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice’ (Action for Advocacy 2010).</p> <p>“Advocacy is about enabling every person to have a voice of their own and ensuring that they are not excluded because they do not express their views in ways that people understand.” (A voice of their own, British Institute of Learning Disabilities (BILD), 2006).</p> <p>According to the Social Care Institute for Excellence, professional advocacy involves independent advocates supporting and enabling people to speak up and represent their views. Such advocacy is issue-based and the advocate may only need to work with the person for a short time (https://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/inclusion-empowerment-human-rights/types.asp). In the case of this specific Service, advocacy may include, though not as a mandatory element, <i>peer</i> advocacy i.e. one-to-one support provided by advocates with a similar disability or experience to a person using services. Trained and supported volunteers often provide peer advocacy as part</p>

	of a coordinated project.
BME	Black and Minority Ethnic community
Carer	A carer is a person who is unpaid and looks after or supports someone else who needs help with their day-to-day life.
Disability	In this context disability is: ‘a physical, sensory or learning disability or prolonged illness or condition which, in interaction with various barriers, and without the provision of adequate support services, may hinder a person’s full and effective participation in society on an equal basis with others and hinder their optimal potential for personal development and social inclusion’.
Health & Social Care Board	The Regional Health and Social Care Board known as the Health and Social Care Board.
‘Health & Social Care Trusts’ (HSC Trusts or Trusts)	<p>The five Health and Social Care Trusts (HSC Trusts) who provide integrated health and social care services across Northern Ireland: Specifically the Belfast HSC Trust, South Eastern HSC Trust, Western HSC Trust, Southern HSC Trust and Northern HSC Trust. HSC Trusts manage and administer hospitals, health centres, residential homes, day centres and other health and social care facilities and they provide a wide range of health and social care services to the community.</p> <p>There is a sixth HSC Trust, namely the Northern Ireland Ambulance Service, which operates a single Northern Ireland wide service to people in need and aims to improve the health and well-being of the community through the delivery of high quality ambulance services.</p>
HSC Organisations	http://www.dhsspsni.gov.uk/index/hss.htm
HSC Services	<p>For the purposes of this Specification Health and Social Care Services include the following:</p> <ul style="list-style-type: none"> • All hospital and community services (Primary and Secondary Health and Social Care) • All hospital and community services commissioned by HSC Organisations for example: community and voluntary groups, independent hospitals, etc.

	<ul style="list-style-type: none"> • General Practitioner Services • Dentists • Pharmacies • Opticians / Optometrists
Provider	The successful tenderer who submits the most economically advantageous tender and is awarded the contract to provide the services described in the tender documentation.
Safeguarding	This is used as an umbrella word to capture notions of both 'promoting welfare' and 'protecting from harm' (SCIE)
Schedule 1 of the Contract Document	This is the Progress Monitoring Report template attached as Schedule 1 to E Document the Terms and Conditions of Contract.
Section 75 NI Act	Section 75 Statutory Duty Equality Office of the First Minister and Deputy First Minister
Serious Adverse Incidents	Defined as any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation arising during the course of the business of a Health and Social Care Organisation / Special Agency or Commissioned Service. (http://www.hscboard.hscni.net/publications/Policies/102%20Procedure for the reporting and followup of Serious Adverse Incidents-Oct2013.pdf)
Service or Services	This is the services as set out in detail in B Document Service Specification
Service User	For the purposes of this Specification: an individual in receipt of the Service.
Sign Language	Sign Language is a visual means of communicating using gestures, facial expression, and body language. Sign Language is used mainly by people who are Deaf or have hearing impairments.
Tenderer	A supplier who submits a tender

1 INTRODUCTION

1.1 The role of the Health and Social Care Board (HSCB) is broadly contained in three functions:

- To arrange a comprehensive range of modern and effective health and social services for the 1.81 million people who live in Northern Ireland;
- To work with the Health and Social Care Trusts that directly provide services to people to ensure that these meet their needs;
- To deploy and manage its annual funding from the Northern Ireland Executive to ensure that all services are safe and sustainable.

1.2 The Health and Social Care Board is responsible for contracting health and social care services across Northern Ireland. Some services are contracted directly by the HSCB and some indirectly through Health and Social Care Trust procurement. The Advocacy Service for Deaf Adults will be contracted by the HSCB.

1.3 The organisational structure and emphasis of care will be changing within HSC. At a point in time, it may be necessary to amend current details of organisations and corresponding addresses and the Contractor will be advised accordingly.

2 OBJECTIVES

2.1 The objective of this procurement is to secure a Provider that will deliver a regional advocacy service for deaf adults, specifically to improve how they access and benefit from Health and Social Care services across Northern Ireland.

2.2 The overarching aim of the service is to facilitate, support, and ensure equality of access for deaf adults to Health and Social Care services.

2.3 To achieve this aim, the Provider will be required to:

- Provide individual assistance to deaf adults as required, to access and/or participate in the full range of Health and Social Care services available across Northern Ireland;
- Support deaf adults engaged with Health and Social Care services to achieve agreed health and wellbeing goals;
- Facilitate the participation of the deaf community in relevant public consultations;
- Raise awareness and understanding among Health and Social Care and other relevant staff of the needs of deaf people and how to meet them;
- Promote a culture of service user and stakeholder involvement, demonstrating how views have been sought and have influenced the service.

3 BACKGROUND

3.1 The Regional Physical and Sensory Disability Strategy and Action Plan 2012 – 2015/18 states that the services commissioned and provided by Health and Social Care organisations for people with disabilities should:

“Support disabled people to become well informed and expert in their own needs and encourage the social inclusion of disabled people and work to address the stigma associated with disability”.
(Page 8)

3.2 The Strategy specifies the need to support disabled people to better exercise their rights, choices, and life opportunities. A specific recommendation is:

“to enhance access to information, advice and advocacy for patients, clients, families and carers with a view to increasing independence for people with disabilities” (Page 86).

3.3 The 2011 Census identified that 5.1% of the Northern Ireland population or 93,091 people reported that they were deaf or had partial hearing loss.¹ These statistics indicate a clear need for responsive services that are accessible to people who are deaf or hard of hearing.

3.4 Recognising this need, in 2016, the HSCB conducted a consultation on its *Regional Review of Communication Support Services for People who are Deaf or Hard of Hearing*. The responses received from the public and representative organisations provide important insights into the needs of people who are deaf and hard of hearing, and the challenges they encounter when accessing Health and Social Care services. The submission published by the British Deaf Association is illustrative:² it highlights the following key points:

- While significant improvements in accessibility to Health and Social Care Services have been made in recent years, feedback from deaf service users suggests that services across different Trust areas still tend to provide varying levels of standards, service, and ease of accessibility for people who are deaf and hard of hearing;
- Members of the Deaf community have various forms of communication, and experience a distinctive cultural and language context that is quite different to spoken English, Irish, or other languages; and
- It is vitally important that these distinctive cultural and linguistic factors are understood, considered, and accommodated when providing communication support in a health setting.

3.5 The advocacy service detailed in this document is designed to engage with and address these issues.

¹ See: <https://www.nisra.gov.uk/publications/2011-census-key-statistics-northern-ireland>, Table K302

² See: *Regional Review of Communication Support Services - Northern Ireland* (2016) available at: <https://bda.org.uk/research/> and <https://bda.org.uk/wp-content/uploads/2017/03/Final-RCSSR-Report.pdf>

4 AWARD

- 4.1 The HSCB invites tender bids from organisations, who wish to provide an Advocacy Service for Deaf Adults.
- 4.2 The HSCB will award one Tenderer to deliver this contract regionally on an equitable basis across the five Health and Social Care Trust areas in Northern Ireland.
- 4.3 HSCB will accept tender bids from single organisations, partnerships and/or consortia working together to provide the required service.
- 4.4 The contract value will not exceed £102,500 per annum for the period of the contract.
- 4.5 The HSCB may commission up to 40% additional service volumes should additional budget funding become available. The HSCB will allocate any additional funding available based on an assessment of the needs.

5 SCOPE

- 5.1 The Provider must have an Advocacy Service for Deaf Adults in place at the commencement of the contract period.
- 5.2 This Service contract is for an initial period of 3 years with the option of two extensions of 12 months each. The Provider must put in place an exit strategy, to secure the satisfactory run down of the project in the final year. (See Exit Strategy at Section 15 for more details)
- 5.3 The Provider must ensure that access to the Service is flexible and addresses the education, work and lifestyle patterns of adults within Northern Ireland who require support in relation to the Service.

6 SERVICE REQUIREMENTS

The Provider must ensure the requirements outlined below are met at the commencement and during the life of the contract.

The Provider will be required to:

- 6.1 Provide individual assistance to deaf adults as required, to ensure access and/or participate in the full range of Health and Social Care services available across Northern Ireland.
- 6.2 Support deaf adults engaged with Health and Social Care services to achieve agreed health and wellbeing goals.
- 6.3 Raise awareness of the needs of and issues faced by deaf people by:
 - Developing and delivering tailored training for staff in Health and Social Care, and in relevant community/voluntary and independent sector organisations;
 - Gathering information and reporting on the barriers to accessing Health and Social Care; and
 - Facilitating the participation of the deaf community in public consultations in relation to Health and Social Care.
- 6.4 Develop understanding and awareness among deaf adults of the services and standards they can expect when accessing Health and Social Care services.
- 6.5 Ensure that confidentiality between staff and those using or engaged in any aspect of the Service is respected unless there are safeguarding concerns, which will necessitate breaking confidence to ensure a person is kept safe from harm.
- 6.6 Ensure that service user feedback is sought and included as a key element of service monitoring and evaluation.

Services will take the form of:

- 6.7 **Personal advocacy** - offering support to deaf adults to overcome barriers in accessing health and social care services.
- 6.8 Provision of **information sessions** on targeted health improvement and prevention topics for the deaf community, thereby ensuring that deaf people are offered the opportunity for inclusion in health promotion and well-being.
- 6.9 The **development of new media and communications strategies/tools for sharing Health and Social Care-related information** e.g. video clips, mobile apps, etc. This should be done in conversation with and taking account of existing health promotion activities across the Health and Social Care system.
- 6.10 **Community forums** organised to facilitate discussion of Health and Social Care-related issues affecting the deaf community.
- 6.11 **Education and awareness-raising among Health and Social Care service providers** and commissioners on deaf friendly service adjustments to improve access to Health and Social Care, ensuring that services are appropriately designed with the needs of deaf people taken into consideration.
- 6.12 **Deaf awareness and deaf equality training** in HSC Trust locations (as agreed with the Trusts following award of the contract), for staff who provide Health and Social Care services.

6.13 Specific Service Delivery Volumes

With reference to the services outlined at 6.7-6.12 above, the Provider will be expected to deliver the following:

Health and Social Care Focused Activity	Minimum number per annum	Minimum attendance per annum
Personal Advocacy (new referrals)	125 service users (approx. 25 service users per Trust)	
Community Forum Events	10 (2 per Trust)	60
Information Session Events	10 (2 per Trust)	100
Development of new media and communications strategies/tools for sharing Health and Social Care-related information with Deaf people	4	<i>Reach / audience to be determined, depending on the medium</i>
Education and Awareness raising with HSC service providers to include Statutory and Independent Sector re key issues affecting deaf people	10 meetings / activities (2 per Trust)	<i>Reach / audience to be determined, depending on the format</i>
Provide Deaf Equality Training	12 sessions (minimum 2 per Trust)	120

7 REFERRALS / ACCESS / ALLOCATION

Referrals to the Service will be accepted from: HSC Trusts; Primary & Secondary Care professionals or Agencies; community and voluntary organisations and directly from individuals within the deaf community.

8 STAFFING REQUIRED TO DELIVER THE SERVICE

8.1 The Provider must meet the following essential requirements:

- Have a proven track record in the provision of advocacy services for adult deaf people/groups.
- Have a proven record in outreach work with representative and community groups
- Have available for the duration of the contract staff who have experience of advocacy work, and have recognised qualifications such as City & Guilds Independent Advocacy (Level 3 Certificate and Diploma).
- Have staff available with the necessary communication skills to communicate effectively with the deaf community, including Sign Language (BSL and ISL level 2) and Lip Reading.
- Have a proven record of engagement with statutory and government bodies.

8.2 The Provider must comply fully with the relevant requirements for the vetting of staff as detailed in the Safeguarding Vulnerable Group (NI) Order 2007 and will comply with Regional Child Protection Policy & Procedures and Regional Protection Policy and Procedural Guidance “Safeguarding Vulnerable Adults” September 2006.

8.3 The Provider must comply with Advocacy Network for Northern Ireland (ANNI) Code of Practice for Independent Advocates and the Independent Advocacy Standards.

8.4 The Provider must ensure that all staff employed or engaged in any capacity are satisfactorily Access NI checked to the Enhanced level, and, where relevant, registered with their appropriate registering authority.

8.5 The Provider must be responsible for ensuring that

- staff have access to training and ongoing development which enables them to meet the needs of this skilful work;
- all staff (and volunteers if appropriate) have completed both child protection and safeguarding vulnerable adults training at a level that is consistent with their role and function before the commencement of the contract.³;
- they demonstrate that all staff, and where applicable volunteers, have been trained to carry out their roles, and have completed equality and diversity awareness training;
- they can provide robust supervision, both management and professional as appropriate, and oversight of all their staff and volunteers.

In addition, the Service must accept the following underpinning principles:

- 8.6 The safety and welfare of users of the Service is the first consideration and the safety and welfare of children/young people that may come into contact with the Service is paramount.

9 OUTCOMES

The key outcomes that the HSCB seeks to obtain through commissioning this Service include:

- 9.1 Improved access to Health and Social Care Services among deaf adults.
- 9.2 Improved awareness of Health and Social Care Services among deaf adults.
- 9.3 Improved capacity and confidence within the deaf community to advocate for accessible and responsive services.

3

http://www.hscboard.hscni.net/download/PUBLICATIONS/SAFEGUARDING%20VULNERABLE%20ADULTS/guidance_and_protocols/NIASP-Training-Framework-revised-7-June-2016.pdf

- 9.4 Improved understanding at both operational and strategic levels among Health and Social Care staff of the needs of deaf adults accessing Health and Social Care Services.
- 9.5 Improved capacity within Health and Social Care services to respond effectively to and accommodate the needs of deaf adults, at both operational and strategic levels.

10 MONITORING

- 10.1 Progress will be monitored and measured through an Outcomes and Performance Management Framework using measurement tools to reflect an Outcomes Based Accountability (OBA) approach.
- 10.2 The HSCB will monitor the outcomes of individual services against a set of key measures under the following broad headings:
- How much did we do? –i.e. the quantity of service delivery
 - How well did we do it? – i.e. the quality of service delivery
 - Is anyone better off? – i.e. the quality of effect of the service on service users and their carers.
- 10.3 The most relevant indicators of population-wide outcomes for this project will be identified and will feed into the process of outcomes monitoring on an on-going basis.
- 10.4 The primary performance measures for the project are outlined at Schedule 1 of the E Document: Terms and Conditions of Contract.
- 10.5 Given that this is the first time that Outcomes information is being specifically sought in relation to this contract, the baseline indicators and performance measures will be developed and set at the outset of the contract period and refined with the Provider, with

reference to good practice examples in terms of monitoring and reporting for outcomes based accountability.⁴

11 COMMUNICATION AND WAYS OF WORKING

11.1 The Provider will be expected to:

- Develop and maintain close working relationships with the Health and Social Care Professionals across the region who will refer Service Users to the Service for support. This should include, for example: where possible, basing workers from this Service alongside local HSCT teams at regular intervals;
- Respond and adapt the Service to work within any relevant Health and Social Care initiatives that may develop during the lifetime of the contract;
- Be willing to work in partnership with other statutory and non-statutory organisations and signpost or refer on for support services with other organisations as necessary, while maintaining a focus on access to Health and Social Care;
- Participate in relevant meetings at the request of the HSCB and/or HSCTs;
- Develop mechanisms for storing and sharing of information relating to the client in line with HSCB core standards as defined in the Contract, relevant legislation, and any information sharing protocols that are in place, as part of the Terms and Conditions of Contract (E Document);
- Report all Adverse Incidents using the email address seriousincidents@hscni.net within 72 hours of any incident occurring;

⁴ For example, see: https://www.niauditoffice.gov.uk/sites/niao/files/media-files/NIAO_performance%20management%20for%20outcomes.pdf

- Engage with the HSCB to facilitate access to service users, when requested, for the purpose of wider engagement with service users to help inform HSCB commissioning intentions;
- Provide services that are accessible to people with a disability and have arrangements to enable access for people whose first language is not English, British Sign Language (BSL), or Irish Sign Language (ISL) if required.

12 CONTRACT MANAGEMENT

12.1 The Provider must:

- nominate a lead person who will manage this contract on their behalf. This will include but is not limited to; dealing with communications, service levels, complaints, reporting and attendance at regular review meetings with the HSCB. They must also provide advice and support to the volunteers;
- have in place, appropriate policies and procedures to meet HSCB and professional standards which are periodically reviewed and updated as required. The HSCB reserves the right to inspect policies and procedures prior to award of Contract or at any time during the life time of the Contract;
- have in place suitable data management systems to meet the HSCB requirements to safeguard client information. Good data management and record keeping is essential as a means of telling the HSCB what, where and when something was done, why a decision was made, who was involved and under whose authority. It provides evidence of activity and promotes accountability and transparency. The principles of good record keeping apply to all types of records regardless of how they are held and should be maintained in line with the DHSSPS (NI) “Good Records Good Management Policy” 2004(updated

December 2011) (<http://www.dhsspsni.gov.uk/index/gmgr/gmgr-section3/gmgr-3h.htm>);

Data Protection Considerations and Schedule of Processing, Personal Data and Data Subjects

- have confidentiality and information sharing protocols in place which aim to improve communication between statutory, and non-statutory organisations regarding the delivery of services when appropriate. Confidentiality and information sharing protocols must be in line with data protection legislation (<http://www.legislation.gov.uk/ukpga/1998/29/contents>) (<https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr>) and the Information Commissioner’s Office “Data Sharing Code of Practice”. (http://www.ico.org.uk/for_organisations/data_protection/topic_guides/data_sharing). To support this, the *Schedule of Processing, Personal Data, and Data Subjects* included at Appendix 2 shall be completed by the Controller prior to commencement of the contract. The Controller may take account of the view of the Processor/s, however the final decision as to the content of this Schedule shall be with the Controller at its absolute discretion. For the purposes of this procurement exercise the Controller is the HSCB and Processor is the successful Provider.

12.2 In addition, the following contract management requirements must be met:

- The Provider must continue to maintain for the duration of this contract, the appropriate infrastructure to meet the standards and deliver the service. HSCB reserve the right to inspect the service prior to award of contract and at any time during the life of the contract and to ensure that appropriate infrastructure is in place.
- The Provider will make arrangements to ensure effective monitoring of the service and record keeping and provide

management reports to the HSCB as specified in Schedule 1 of the Terms and Conditions of Contract document.

- The Provider will attend service performance reviews in line with the Terms and Conditions of Contract (Document E).
- The Provider will facilitate visits of the HSCB's monitoring officers and provide them with required information. The HSCB reserves the right to make unannounced visits.

13 CURRENT SERVICE PROVISION

13.1 The HSCB will expect the Provider to ensure continuity of provision.

13.2 There is a current Service in place to address the needs of this target group, some of whom will be in receipt of the current Service. Any proposal must take into account how the needs of this cohort of existing target group can continue to be met.

13.3 The HSCB as the statutory authority will facilitate the obtaining of informed consent for the transfer of the minimum necessary personal data for current and past service users, to any new Provider.

13.4 The current contract is currently provided by the British Deaf Association and is due to expire on 31 March 2020. The Provider must consider their obligations under the Transfer of Undertakings (Protection of Employment) Regulations 2009 (TUPE) and/or the Service Provision Change (Protection of Employment) Regulations (Northern Ireland) 2006 (SPC). Tenderers are strongly advised to obtain their own independent and expert legal advice in relation to the applicability and impact of these Regulations.

14 CONTINUITY OF SERVICES

- 14.1 The Provider must have in place a plan that ensures continuous delivery of the Service including capacity and contingency arrangements to manage any potential risk to Service provision caused by staff absence or any other unforeseen event including, but not restricted to, financial instability.

15 EXIT STRATEGY

- 15.1 It is the responsibility of the Provider to have an exit strategy which includes passing all records held and information generated in respect of this Contract to the HSCB in a timely manner. This exit strategy will need to be agreed in good time before the end of the Contract and must result in the minimum of disruption for Service Users.

Appendix 1: Safeguarding and Protection for Children and Vulnerable Adults

The Safeguarding Board Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2015 – 2018, sets out guidance on training for staff working with Children⁵

The strategy and framework is aimed at all SBNI member agencies, any agencies providing services to a member agency under contractual/service level agreement and is applicable and relevant to all organisations and individuals who come into contact with children and young people, and their families. It also includes those who work with adults who are parents or have contact with children and young people through the course of their work and/or service users who have contact with children.

The framework has been designed in 4 levels which are not incremental but offer a continuum of learning and development where an individual may move between levels.

Each organisation is responsible for determining if staff/volunteers require a certain level within a specific timeframe from date of appointment. Where possible, organisations / individuals should take a multi-disciplinary/multi-agency approach to accessing learning and development.

At each level, the framework identifies:

- Safeguarding knowledge and skills
- Key learning outcomes
- Target audience
- Potential development opportunities
- Organisational responsibility for implementation

⁵ See Appendix 1.

The 4 levels include:

Level 1) All staff/volunteers within the organisation

Level 2) All staff/volunteers who have direct contact with:

- o Children and young people
- o Adult carers/parents and those who have regular contact with children
- o Adults known or suspected of posing a risk to children and young people

Level 3) All staff/volunteers who:

- o Could potentially contribute to assessing, planning, intervening and evaluating the needs of children and parental capacity where there are safeguarding issues
- o Have a managerial or supervisory role

Level 4) All staff/volunteers with specialist safeguarding roles and responsibilities

Appendix 2: Schedule of Processing, Personal Data and Data Subjects (Reference: Procurement Policy Note 02/18)

Note: As outlined in Section 12, this Schedule shall be completed by the Controller (i.e. the Health & Social Care Board) prior to commencement of the contract. It is included here for information purposes only.

Description	Details
Identity of the Controller and Processor	<p>The Parties acknowledge that for the purpose of the Data Protection Legislation, the Customer is the Controller and the Contractor is the Processor in accordance with Clause 1.1</p> <p>Guidance :</p> <p>You may need to vary this section where (in the rare case) the Customer and Contractor have a different relationship. For example where the Parties are Joint Controller of some Personal Data :</p> <p>“Notwithstanding Clause 1.1 the Parties acknowledge that they are also Joint Controllers for the purposes of the Data Protection Legislation in respect of :</p> <p>(Insert the scope of Personal data which the purposes and means of the processing determined by the both Parties)</p> <p>In respect of Personal Data under Joint Control, Clause 1.1-1.15 will not apply and the Parties agree to put in place a Joint Controller Agreement as outlined in Schedule Y instead.”</p>
Subject matter of the processing	<p>(This should be a high level, short description of what the processing is about i.e. its subject matter of the contract.</p> <p>Example : The processing is needed in order to ensure that the Processor can effectively deliver the contract to provide a service to members of the public.)</p>
Duration of the Processing	<p>(Clearly set out the duration of the processing including dates)</p>
Nature and purpose of the processing	<p>(Please be as specific as possible, but make sure that you cover all intended purposes.</p> <p>The nature of the processing means any operation such as</p>

	<p>collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction of data (whether or not by automated means) etc.</p> <p>The purpose might include : employment processing, statutory obligation, recruitment assessment etc.)</p>
Type of Personal Data being Processed	(Examples here include: name, address, date of birth, NI number, telephone number, pay, images, biometric data etc.)
Categories of Data Subject	(Examples include : Staff (including volunteers, agents and temporary workers), customers/clients, suppliers, patients student/pupils, members of the public, users of a particular website etc.)
<p>Plan for return and destruction of the data once the processing is complete</p> <p>UNLESS requirement under union or member state law to preserve that type of data.</p>	(Describe how long the data will be retained for, how it be returned or destroyed)