

Public Health Agency board Meeting

1:30pm, Thursday 18 February 2016

**Conference Rooms 3/4
12/22 Linenhall Street
Belfast
BT2 8BS**

AGENDA

**82nd Meeting of the Public Health Agency board to be held on
Thursday 18 February 2016, at 1:30pm,
Conference Rooms 3+4, 12/22 Linenhall Street
Belfast, BT2 8BS**

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of previous meeting held on 21 January 2016		Chair
4.	1.35	Matters Arising		Chair
5.	1.35	Chair's Business <ul style="list-style-type: none"> • Update on Zika 		Chair
6.	1.40	Chief Executive's Business		Chief Executive
7.	1.45	Finance Update <ul style="list-style-type: none"> • PHA Financial Performance Report 	PHA/01/02/16 (for Noting)	Mr Cummings
8.	1.55	Review of PHA Scheme of Delegated Authority	PHA/02/02/16 (for Approval)	Mr Cummings
9.	2.05	Governance and Audit Committee Update <ul style="list-style-type: none"> • Minutes of 9 December 2015 meeting • Verbal briefing from Chair 	PHA/03/02/16 (for Noting)	Mr Coulter
10.	2.15	Review of Standing Orders and Standing Financial Instructions	PHA/04/02/16 (for Approval)	Mr McClean / Mr Cummings
11.	2.25	Records Management Policy	PHA/05/02/16 (for Approval)	Mr McClean
12.	2.35	Performance Management Report – Corporate Business Plan and Commissioning Plan Directions	PHA/06/02/16 (for Approval)	Mr McClean

Targets for Period Ending 31
December 2015

13. 3.00 Register of Interests **PHA/07/02/16** Mr McClean
(for Noting)
14. 3.10 Any Other Business
15. **Date, Time and Venue of Next Meeting**
Wednesday 16 March 2016
1:30pm
Fifth Floor Meeting Room
12/22 Linenhall Street
Belfast
BT2 8BS

MINUTES

**Minutes of the 81st Meeting of the Public Health Agency board
held on Thursday 21 January at 1:30pm,
in Conference Rooms 2, 3+4, 12/22 Linenhall Street,
Belfast, BT2 8BS**

PRESENT:

- | | |
|----------------------|-------------------------------------------------------|
| Mr Andrew Dougal | - Chair |
| Dr Eddie Rooney | - Chief Executive |
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Mr Edmond McClean | - Director of Operations |
| Mr Brian Coulter | - Non-Executive Director |
| Mr Leslie Drew | - Non-Executive Director |
| Mrs Julie Erskine | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |

IN ATTENDANCE:

- | | |
|----------------------|-----------------------------------|
| Mr Robert Graham | - Secretariat |
| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Joanne McKissick | - External Relations Manager, PCC |

APOLOGIES:

- | | |
|-------------------------|----------------------------------------------|
| Councillor William Ashe | - Non-Executive Director |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |

		Action
1/16	Item 1 – Welcome and Apologies	
1/16.1	The Chair welcomed everyone to the meeting and noted apologies from Councillor William Ashe and Mrs Fionnuala McAndrew.	
2/16	Item 2 - Declaration of Interests	
2/16.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

3/16 Item 3 – Minutes of previous meeting held on 17 December 2015

3/16.1 The minutes of the previous meeting, held on 17 December 2015, were approved as an accurate record of the meeting.

4/16 Item 4 – Matters Arising

4/16.1 There were no matters arising.

5/16 Item 5 – Chair’s Business

5/16.1 The Chair advised that he had attended a launch in the Long Gallery of a prevention campaign which seeks to reduce the number of preventable deaths in NI by 25%. He made reference to the Change of Heart campaign in 1987 which was a positive development at that time.

5/16.2 The Chair said that he had attended a recent meeting of the Chairs’ Forum at which the Comptroller and Audit General had raised concerns about the volume of paperwork which Boards receive and a need to streamline this.

5/16.3 The Chair suggested to members that more PHA Board meetings should be held offsite across Northern Ireland and he was proposing hosting a meeting at the Arc Healthy Living Centre in Irvinestown.

5/16.4 The Chair asked Dr Harper about developments in relation to the tax on sugary drinks. He noted that this had been ruled by the Prime Minister, but it seemed there had been a change in his stance and a new strategy being developed. Dr Harper said that a tax has not been ruled out but she noted that there have been a number of interventions to reduce intake of sugar and reduce obesity. She advised that in Mexico, a recent study showed that a 10% tax on sugar had resulted in a 17% reduction in consumption within the lower socio-economic groups and a 9% reduction in consumption in more affluent groups. She said that this debate in a similar position to the debate within tobacco, but she added that price is not such a factor with regard to tobacco as it is more addictive.

5/16.5 The Chair asked about e-cigarettes, noting the recent

developments in England where e-cigarettes had been approved by the Medicines and Therapeutic Products Agency and may be given out on prescription. Dr Harper said that PHA's view remains that if e-cigarettes are licensed and regulated in the context of a stop smoking service then they could be a possible mechanism for quitting. However, she went on to say that recent studies have questioned their effectiveness. She explained that on the one hand, e-cigarettes could be offered alongside gum and patches as a stop smoking aid, but on the other hand, the electric coil within them could cause cell damage and that the prolonged use of vapour could lead to cancer. She said that as the evidence remains contradictory PHA would not endorse e-cigarettes.

6/16 Item 6 – Chief Executive's Business

6/16.1 The Chief Executive advised members that, along with the other Executive Directors, he had met with the Chair of the Expert Review Panel, Professor Rafael Bengoa and that the meeting had been useful. He said that the Panel was working to inform the political summit, due to take place in February.

6/16.2 The Chief Executive said that he had attended a workshop on the development of the next Programme for Government which he advised has to be signed off by the Northern Ireland Assembly within one week of its resitting after the election. From a PHA perspective, he said that there were discussions on health and public health with a framework to be developed with emphasis on outcomes and interventions in all aspects of social development. He added that joined-up working was being promoted and that this was a positive development.

7/16 Item 7 – Finance Update – PHA Financial Performance Report (PHA/01/01/16)

7/16.1 Mr Cummings presented the Finance Report and said that PHA's financial position is currently showing a surplus which is due to two main factors; a better than expected outturn within the management and administration budget, and within programme expenditure a surplus within the Lifeline budget. He said that the management team were seeking to utilise this surplus in other non-recurrent priority areas, but that as not all of the surplus could be used DHSSPS had been advised that £600k would be

available for redistribution within the HSC system.

7/16.2 The Chair asked about the reductions in expenditure in these two areas. Mr Cummings said that there had been good management action to ensure that posts had not been replaced where they were not needed, and that within the Lifeline budget there were more appropriate referrals being made which had caused a reduction in PHA's expenditure, and that the programme was value for money. Mr McClean added that PHA would continue to ensure that the expenditure remained in line and that additional resources had been put in to monitor the budget.

7/16.3 Mr Drew asked whether it was possible to carry forward its surplus into 2016/17. Mr Cummings said that this was not possible but he noted that the Comptroller and Audit General had recently expressed a view that health organisations in Northern Ireland should operate their finances on a 3-year cycle as is in the case in England. Alderman Porter noted the additional savings within management and administration can be carried forward into 2016/17 but he did not agree that HSC should operate on a 3-year cycle as this could encourage organisations to build up surpluses which would be detrimental to smaller third sector organisations seeking additional funding.

7/16.4 Mr Coulter asked whether the underspend would be £600k or could be liable to change. The Chief Executive said that each year there are challenges for PHA, particularly within demand-led services to judge what the financial outturn will be, but he said that once any surplus has been identified, PHA always seeks to invest it in non-recurrent priority areas. He added that there are meetings held with budget managers which give a good indication of what the year-end outturn may be and that PHA has improved its performance in terms of getting funding out more quickly. Mr Cummings said he was confident that £600k was the appropriate figure.

7/16.5 Mr Coulter asked about the retraction of R&D funding to the Belfast Trust. The Chief Executive said that if a large scale R&D project slips, it does have an impact, but that historically the R&D budget has always delivered. The Chair expressed concern that the Research Governance Committee may be the cause of the delay. Dr Harper said that R&D staff report delays in getting IT

or office space established, but she advised that Professor Ian Young had taken up post as Director of R&D and that one of his priorities will be to engage with the Trusts. She said that R&D is an important area and that the previous Health Minister had seen the economic benefits of HSC R&D in Northern Ireland.

7/16.6 Members noted the Finance Report.

8/6 Item 8 – Unscheduled Care Update

8/16.1 The Chief Executive informed members that the work of the joint Unscheduled Care Group between PHA and HSCB was continuing and that there had recently been an increase in the number of 12-hour breeches due to increased attendances at Emergency Departments. He said that older and sicker people were presenting at EDs and that a review of the 12-hour breeches showed that there is a delicate balance within the system, both from a demand-side into the service, and on the discharge side out of the service. He added that there is a genuine willingness to review all processes and that to this end, a meeting had been held with Professor John Bolton, the outcome of which showed that although progress has been made, there remains a long way to go.

8/16.2 The Chair asked about placing GP Out of Hours Services on the same sites as Emergency Departments. He asked what the uptake on GP OOH is. Dr Harper said that utilisation is currently at 110%. She added that there are issues around call back with patients waiting up to 9 hours for a return call when they telephone the service.

8/16.3 Mr Drew asked about the new ED facilities at the Royal Hospitals. Mrs Hinds said that the physical environment is much better and that staff are happier, but that there remain some issues with patient flow.

8/16.4 Mr Coulter asked about the segregation of patients who attend due to alcohol-related reasons. Dr Harper said that a very low number of patients fall into this category, and Mrs Hinds said that that there only been small numbers of patients presenting at the Alcohol Recovery Centre. Dr Harper expressed concerns about the safety of these types of units as there had been SAIs reported.

8/16.5 Members noted the update on Unscheduled Care.

9/16 Item 9 – Lifeline Consultation Response (PHA/02/01/16)

9/16.1 The Chair noted the original consultation proposals and the variety of submissions received. He also noted the various workshops held to give consideration to the comments received and the extent to which PHA might be able to positively reflect these.

9/16.2 The Chair also acknowledged the huge amount of meticulous work that had gone into the preparation of the final report on the consultation on the Lifeline Crisis Response Service. He asked that members consider each of the proposals in turn and to confirm their contentment or concerns with each of the recommendations being made.

9/16.3 Members considered the two options for the proposed telephone crisis helpline service model; namely:

Option 1: To signpost callers to relevant follow-on Lifeline Crisis Service support dependent on their level of need and, in exceptional circumstances, the helpline provider could directly refer the individual into the appropriate Lifeline Crisis follow-on support; or

Option 2: Following clinical assessment and, dependent on the level of need, the helpline operator would refer the client directly into the relevant Lifeline follow-on support service. For those of low or no-risk of suicide or self-harm, they would then be signposted into other appropriate community based services. The Lifeline Crisis Helpline will also include the provision for check-in/safety checks if deemed clinically appropriate.

9/16.4 Members **approved** the recommendation that the model proposed in the SOBC should be amended and that Option 2 is recommended as first preference, with Option 1 as second preference.

9/16.5 Members considered the recommendations for the proposed model for psychological therapy service, namely:

Option 1: As proposed in the SOBC, a crisis intervention model with an average of 5 sessions per client (maximum 12 in line with NICE guidelines); or

Option 2: A crisis intervention model with an average of 5 sessions (maximum 12 as per NICE guidelines) plus an additional session for family/carer support.

9/16.6 Members **approved** the recommendation that the model proposed in the SOBC should be amended and that Option 2 is recommended as first preference, with Option 1 as second preference.

9/16.7 Members considered the recommendations for the proposed model of follow-on support to include complementary therapies, namely:

Option 1: A lifeline service model that included the provision of service user evidence informed non-invasive complementary therapy services (average of 2 sessions per person) for those with high anxiety to help them access talking therapies; or

Option 2: A model that provided only clinically evidence based interventions such as psychological therapies as part of the Lifeline service and therefore excludes complementary therapies.

9/16.8 Members **approved** the recommendation that the model proposed in the SOBC should be retained and that Option 1 is recommended as first preference, with Option 2 as second preference.

9/16.9 Members considered the proposal that the model should include face-to-face de-escalation as part of the service and the two options for this service element, namely:

Option 1: A service model that includes community based walk-in de-escalation, with on-ward signposting to the helpline to access psychological therapies if appropriate; or

Option 2: A model that focused the funding available for de-escalation and assessment by the telephone helpline only and excluded funding for community walk-in de-escalation

9/16.10 Members **approved** the recommendation that the SOBC model should be amended to remove this element from the Lifeline Crisis Intervention service model and the identified funding should be invested in the telephone helpline crisis element to ensure the provision of the proposed safety check-in element with Option 2 recommended as a first preference, with no second

preference.

9/16.11 Members considered the proposed separation of the delivery of telephone crisis help from the delivery of the follow-on support services and the two options, namely:

Option 1: A fully integrated service model which was procured through public tender; or

Option 2: A model with separated service elements which could be either procured or directly commissioned.

9/16.12 Members **approved** to retain the model as set out in the SOBC and select Option 2 as the preferred choice. There is no second preference in this instance.

9/16.13 Members considered the proposal to commission the telephone helpline of the service from the Northern Ireland Ambulance Service and the two options, namely:

Option 1: Directly commission the telephone service from NIAS as outlined in the SOBC; or

Option 2: Procure the telephone helpline service via public tender

9/16.14 Members **approved** the recommendation that the model proposed in the SOBC should be amended and that Option 2 is recommended as first preference, with Option 1 as second preference.

9/16.15 Members considered the proposed procurement of the Lifeline follow-on support services through competition from non-HSC organisations based on the five LCG/Trust boundaries, and the two options, namely:

Option 1: Procure the follow-on support services as a single regional contract; or

Option 2: Procure the follow-on support services as five local contracts reflecting the HSC Trust boundaries.

9/16.16 Members **approved** the recommendation that Option 2 is the first preference and Option 1 the second preference.

9/16.17 Finally, members considered the communications/public

relations, monitoring and evaluation options, namely:

Option 1: The provider of the telephone helpline service will be manage the Comms/PR for the whole service; or

Option 2: The budget would be split between the various providers to work collectively the promotion of the service; or

Option 3: The Comms/PR element is brought in-house to the PHA and made part of the wider Protect Life Strategy Comms/PR service; or

Option 4: An independent provider is procured to provide the Comms/PR work

- 9/16.18 Members **approved** the recommendation that the Communications/PR work should be brought into the PHA as part of the wider Protect Life communications strategy and that Option 3 is recommended as a first preference, with Option 4 as a second preference, and Option 1 as a third preference.
- 9/16.19 Mrs Erskine expressed her thanks to the staff involved in preparing this submission. The Chair repeated these views and acknowledged how important it had been for the Board to consider the earlier drafts in its workshop and to give full and proper consideration to the broad variety of views put forward.
- 9/16.20 The Chair also thanked non-executive Directors for their distinct and challenging input.
- 9/16.21 Alderman Porter said that exercise showed the value of consultation. He asked when PHA would report back to all of those who responded to the consultation. Dr Harper said that there will be a paper submitted to the Minister and this will be published on the PHA website. Mr McClean added that it is good practice to publish a summary report and the aim was to have this finalised as quickly as possible and available on the PHA website.
- 9/16.22 Mr Coulter said that he wanted to emphasise the importance of the independent monitoring and that when the service is being procured there are clear standards which will be audited against. He asked whether the CORE standards were robust. Mr Bonner said that they are internationally recognised. The Chair asked if there was a link between CORE and NICE guidance. Mr Bonner

said that NICE guidance are derived from CORE.

9/16.23 Mr McClean said that there was further work to be done in terms of the procurement as this is a complex issue, which will be framed within procurement and legal advice from BSO and which has to be delivered within very tight timescales. He anticipated that further updates would be brought back to the PHA Board.

10/16 Item 10 – Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme Annual Report 2013/14 (PHA/03/01/16)

10/16.1 Dr Harper welcomed Dr Adrian Mairs and Mrs Jacqueline McDevitt to the meeting.

10/16.2 Dr Mairs explained that this was the second Abnormal Aortic Aneurysm (AAA) Screening report and represents the year 2013/14. He said that the programme is delivered by the Belfast Trust in 19 locations across the whole of Northern Ireland and is targeted at men who are 65 and over. During 2013/14, he advised that 9,415 men had presented for screening among whom 132 aneurysms were detected of which 16 were large and required treatment. Dr Mairs explained that those men who present with an aneurysm that is classed as medium or low risk are monitored regularly.

10/16.3 The Chair asked how many men cumulatively are being monitored and what the uptake level is for the programme, compared to other programmes. Dr Mairs said that there are approximately 400 men being monitored and that the uptake for the programme is 82% which is very high, but this may be because it is a smaller programme.

10/16.4 Mrs Erskine thanked Dr Mairs for the report and asked about whether there was a requirement to produce such a detailed report, albeit that it is useful, particularly given that PHA is required to make savings and staff are under further pressure. Mrs McDevitt said that there is a streamlined process for producing this report, given that PHA now has better access to the data that is required to complete it. She added that the report has become more succinct and user friendly.

10/16.5 Dr Mairs acknowledged the comments made by Mrs Erskine and

explained that this report is being brought to the Board as part of its role in the oversight of screening programmes. He added that it is useful to provide these reports as they are informative for people who do not understand the programme and that there is not a huge effort required to compile the information in the report as the data is easily available.

10/16.6 Mr Drew said that he found the Report to be helpful, and he asked whether it should be brought to the Governance and Audit Committee. Mr Coulter said that there has always been an issue in terms of the role of the Governance and Audit Committee vis-à-vis clinical governance. He asked whether GP practices would issue information to its patients and about the role of primary care in promoting the programme. Mrs McDevitt cited the example of a GP in Randalstown who ran sessions from his own practice.

10/16.7 Mr Mahaffy asked why the programme was targeted at men who are 65, and if there is a difference among different socio-economic groups. Dr Mairs explained that the prevalence of AAA among men who are aged 55 is so rare, it is not cost effective to undertake screening at an age earlier than 65 years.

10/16.8 Dr Harper returned to the issue of whether the Report should be brought to the PHA Board and. She said that screening and health protection are two of the biggest work areas for the PHA and it is through these reports that members receive assurance. She said that the report goes to DHSSPS after it has gone to the PHA Board. Mrs Erskine acknowledged the importance of the report but expressed concern about the time and effort required to produce it. Dr Harper reiterated earlier comments that the data is readily available and she added that there is a PPI element which shows how this programme is promoting outreach in lower uptake groups. She said that it is good practice to produce such a report. Dr Mairs pointed out that following a recent RQIA review of the Diabetic Eye Screening Programme, a recommendation had been made that there should be an annual report produced on its work. He acknowledged that there is a need to define the minimum requirement of the information needed for such reports.

10/16.9 The Chief Executive said that the information in this report is only a small subset of what is gathered routinely and it is presented in

an efficient and effective way. He said that he appreciates the value of this report as it provides that assurance, but he acknowledged the concerns about the level of detail coming through to the Board.

10/16.10 Members noted the AAA Screening Programme Report.

11/16 Item 11 – Section 75 (2) Duty to Promote Good Relations: Good Relations Statement (PHA/04/01/16)

11/16.1 Mr McClean explained the background for the development of the Good Relations Statement, which applies to PHA staff in terms of how they treat each other and the people with whom they work.

11/16.2 Members approved the Good Relations Statement.

12/16 Item 12 - Patient and Client Experience Standards Biennial Report April 2013 to March 2015 (PHA/05/01/16)

12/16.1 Mrs Hinds said that this Report was for the period April 2013 to March 2015 but that next year's report would be linked with the work on 10,000 Voices. She outlined the three-year cycle whereby in the first year the report would identify issues, the second year would focus on the action to mitigate the issues and the final year would revisit the issues to see if improvements had been made. She added that the recent reports on Mid Staffordshire emphasised the importance of listening to the voice of the patient.

12/16.2 The Chair asked if the multi-disciplinary group had been set up with the Northern Ireland Ambulance Service. Mrs Hinds said that NIAS had engaged with the process and was making a big contribution.

12/16.3 Members noted the Patient and Client Experience report.

13/16 Item 13 – Any Other Business

13/16.1 There was no other business.

14/16 Item 14 – Date and Time of Next Meeting

Date: Thursday 18 February 2016

Time: 1:30pm

Venue: Conference Rooms 3+4

2nd Floor

12/22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair: _____

Date: _____

Public Health Agency

Finance Report

2015-16

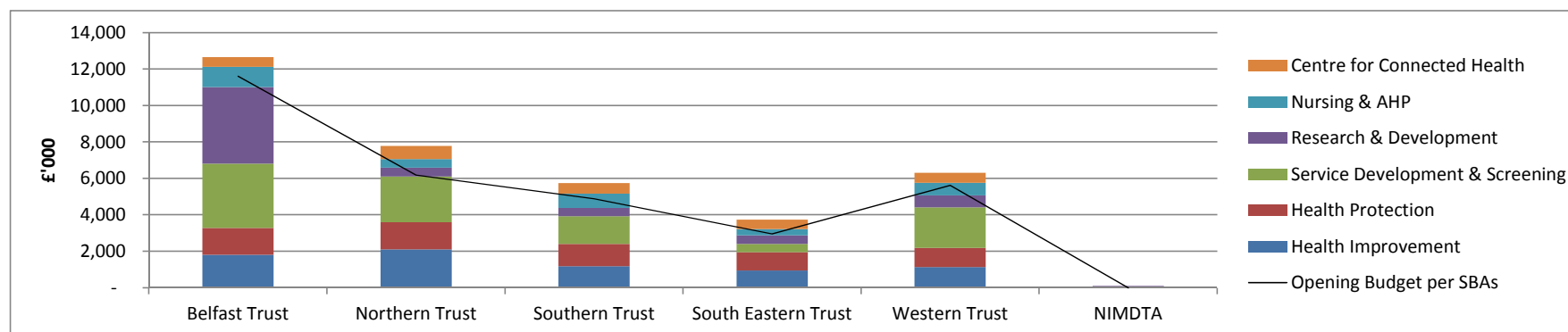
Month 9 - December 2015

Public Health Agency
2015-16 Summary Position - December 2015

	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust £'000	Non-Trust £'000	£'000	£'000	Trust £'000	Non-Trust £'000	£'000	£'000
Available Resources								
Adjusted Departmental Allocation	36,381	48,329	21,734	106,444	27,274	26,810	14,417	68,501
Income from Other Sources	-	771	575	1,346	-	688	412	1,099
Total Available Resources	36,381	49,100	22,310	107,791	27,274	27,498	14,829	69,601
Expenditure								
Trusts	36,381	-	-	36,381	27,274	-	-	27,274
Non-Trust Programme	-	48,916	-	48,916	-	29,898	-	29,898
PHA Administration	-	-	21,810	21,810	-	-	14,416	14,416
Total Proposed Budgets	36,381	48,916	21,810	107,107	27,274	29,898	14,416	71,588
Surplus/(Deficit)	-	184	500	684	-	(2,401)	413	(1,988)

The year to date financial position for the PHA shows an overspend against profiled budget of £1.988m. This is caused by an underspend on Management & Administration budgets, combined with a year to date overspend on Non-Trust Programme activity, as explained on pages 3 and 4 of this report. It is currently anticipated that the PHA will generate a full year surplus of £684k, mainly as a result of a £1.1m underspend on the Lifeline contract, with most of this underspend being utilised on other opportunities within health improvement, and overachieving on the 15% Administration retraction.

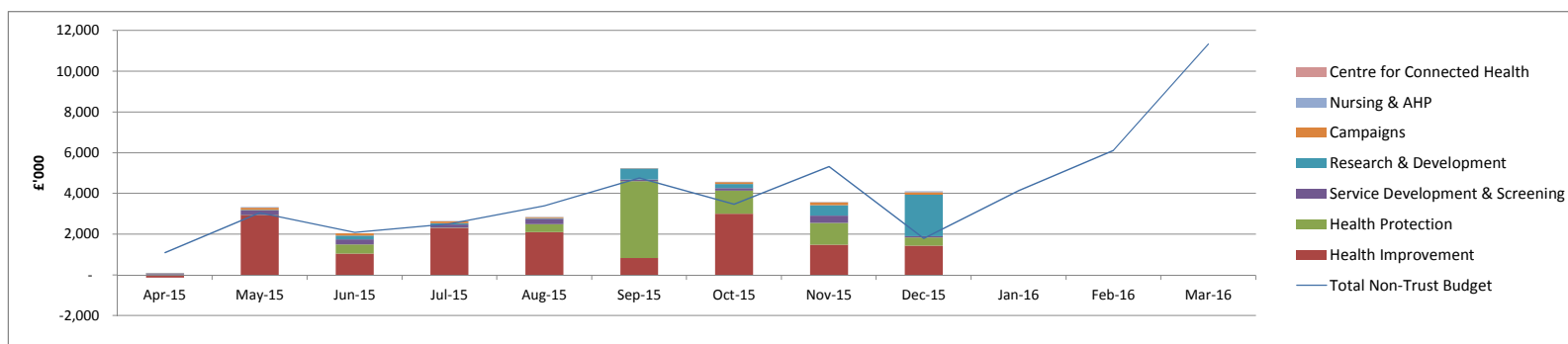
Programme Expenditure with Trusts



	Belfast Trust £'000	Northern Trust £'000	Southern Trust £'000	South Eastern Trust £'000	Western Trust £'000	NIMDTA £'000	Total Current Budget £'000
Current Trust RRLs							
Health Improvement	1,818	2,117	1,187	951	1,132	-	7,205
Health Protection	1,469	1,474	1,218	999	1,058	-	6,217
Service Development & Screening	3,520	2,520	1,520	460	2,227	-	10,246
Research & Development	4,204	482	454	465	657	107	6,369
Nursing & AHP	1,119	465	785	347	697	-	3,412
Centre for Connected Health	536	732	590	525	549	-	2,932
Total current RRLs	12,665	7,790	5,753	3,746	6,319	107	36,381
Opening Budget per SBAs	11,604	6,183	4,887	2,950	5,626	-	31,250

As part of a service improvement project the Finance Directorate has coded the Trust Revenue Resource Limits to their budget area, as shown by the summary above. During December a small number of minor allocations totalling £30k were made to Trusts.

Non-Trust Programme Expenditure



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total	Budget (YTD)	Expenditure (YTD)	Variance (YTD)	Projected Full Year Expenditure
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Budget																	
Health Improvement	719	2,378	919	2,006	2,190	627	1,190	3,438	788	2,410	3,629	3,105	23,399	14,255	15,049	(794)	24,582
Lifeline	292	292	292	292	292	292	292	-	402	352	352	352	3,500	2,444	1,773	671	2,370
Health Protection	-	15	418	12	460	3,026	1,494	375	264	372	241	2,167	8,845	6,064	7,242	(1,178)	8,729
Service Development & Screening	83	368	85	83	368	93	127	290	124	81	346	215	2,263	1,620	1,557	63	2,142
Research & Development	-	-	237	60	45	501	185	1,120	113	603	1,181	4,635	8,679	2,261	3,596	(1,335)	8,679
Campaigns	-	1	131	58	32	230	180	95	85	290	230	414	1,746	812	711	101	1,746
Nursing & AHP	-	3	3	-	3	-	-	8	23	39	143	411	635	41	144	(103)	635
Centre for Connected Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	33	33	-	(174)	174	33
Total Non-Trust Budget	1,094	3,056	2,085	2,511	3,390	4,768	3,468	5,327	1,799	4,147	6,123	11,332	49,100	27,498	29,898	(2,401)	48,916
Actual Expenditure	233	3,506	2,306	2,681	3,109	5,292	4,815	3,841	4,113	-	-	-	29,898				

The financial position to date shows expenditure is £2.4m ahead of profile. This is due to the combined effect of some Health Protection payments for vaccination costs being made earlier than anticipated, some accelerated invoicing on R&D contracts and the continuing underspend on the Lifeline contract. The Programme position is being closely managed and a plan has been developed to manage the variances and ensure a breakeven position for the financial year.

A significant portion of the budget is currently profiled in the last quarter which Budget managers have confirmed will be utilised in 2015-16. Budget managers have been asked to review these figures closely and liaise with the Financial Management team if amendments to profiles are required.

PHA Administration
2015-16 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget							
Salaries	2,883	3,480	10,160	295	318	428	17,563
Goods & Services	288	1,408	549	(121)	82	409	2,616
VER Scheme				2,054		77	2,131
Total Budget	3,172	4,888	10,708	2,228	400	914	22,310
Budget profiled to date							
Salaries	2,120	2,609	7,574	201	236	318	13,059
Goods & Services	152	1,007	383	(13)	63	177	1,770
Total	2,272	3,616	7,958	188	299	496	14,829
Actual expenditure to date							
Salaries	2,154	2,598	7,475	182	242	318	12,969
Goods & Services	85	891	229	52	13	177	1,447
Total	2,239	3,489	7,704	234	255	496	14,416
Surplus/(Deficit) to date							
Salaries	(33)	11	100	19	(5)	(0)	90
Goods & Services	67	116	154	(65)	50	(0)	323
Surplus/(Deficit)	33	127	254	(46)	44	(0)	413

The Management & Administration (M&A) budget for the PHA was reduced by the DHSSPS in 2015-16 by 15%, or £2.8m. However, after discussion and liaison with the DHSSPS, it was agreed that, for the current year only, a total of £1.3m will be generated from within M&A budgets and the balance of £1.5m will be managed across the total PHA budget. This process will allow a more strategic review to be completed in order to deliver a recurrent 15% reduction in future years.

Total recurrent budgets allocated to Directorates have been reduced by the actual 2014-15 surplus and a 20% travel saving, totalling £1.1m. This leaves a balance of £0.151m against the £1.3m savings target, and this is currently held in the PHA Board cost centre being managed centrally through Scrutiny and other measures. While cumulatively to date a surplus of £0.413m is shown, this has largely been generated from Goods & Services budgets within Operations, some of which may be required in the last quarter. PHA must therefore continue to manage discretionary expenditure and savings plans to ensure a breakeven position at the end of the financial year.

The PHA has received a ringfenced allocation of £1.840m to fund a Voluntary Exit Scheme in 2015-16. This funding is currently held in the PHA Board cost centre, profiled at the end of the year so as not to impact year to date figures. It is currently anticipated that VES costs will amount to £2.131m in 2015-16, and it has been assumed in this report that the Department will fund the balance of £0.291m. These funds will be monitored and reported on separately, with greater detail provided in this report as the year progresses.

PHA Prompt Payment

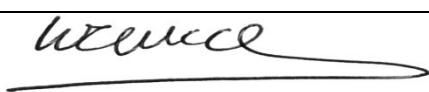
Prompt Payment Statistics

	December 2015 Value	December 2015 Volume	Cumulative position as at 31 December 2015 Value	Cumulative position as at 31 December 2015 Volume
Total bills paid (relating to Prompt Payment target)	£5,365,110	367	£39,474,568	4,214
Total bills paid on time (within 30 days or under other agreed terms)	£5,359,145	352	£38,217,419	3,858
Percentage of bills paid on time	99.9%	95.9%	96.8%	91.6%

Prompt Payment performance to the period ending December 2015-16 shows that on value paid (97%) the PHA is meeting the 30 day target of 95%, while the volume of invoices is below the target at 91.6%. Generally PHA is making excellent progress on ensuring that high value invoices are processed promptly, supported by the December value performance of 99.9%.

In addition, 10 day prompt payment performance was 87.6% by value for the year to date, which significantly exceeds the 10 day DHSSPS target for 2015-16 of 60%.

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	18 February 2016
Title of Paper	Review of PHA Scheme of Delegated Authority
Agenda Item	8
Reference	PHA/02/02/16
Summary	
Equality Screening / Equality Impact Assessment	No equality implications identified
Audit Trail	This policy was approved by the Information Governance Steering Group on 19 January, AMT on 26 January and by the Governance and Audit Committee on 4 February.
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	4 February 2016

PHA (Including SBNI) Scheme of Delegated Authority February 2016

	CASH PAYMENTS					SALARY		LEGAL	CONTRACTING /BUSINESS CASE APPROVAL			LOSSES	SINGLE TENDER ACTIONS	NOTES	
	STOCK/NON-STOCK WITH PURCHASE ORDER INC CAPITAL (E-procurement system)	NON-PURCHASE ORDER ADMIN COSTS. (FPM system manual payments including 3rd party orgs)	TRAVEL OR OTHER STAFF EXPENSES (HRPTS)	3RD PARTY/VOL.ORG G PAYMENTS WITHIN SLA. (Non-invoice i.e. Upload or manual memo generated by PHA ONLY)	USE OF EXTERNAL/MGT CONSULTANT PROJECTS PAYMENTS	S &W AMENDMENTS	EARLY RETIREMENT PAYMENTS	LEGAL PAYMENTS	CAPITAL APPROVAL FOR CONTRACTS	SLAs / SBAs INTER HSC (including adjustments and release of RRL)	SLAs / SBAs 3RD PARTY ORG'S (incl. adjustments - contracts only (Voluntaries))	INITIAL APPROVAL OF USE OF EXTERNAL/MGT CONSULTANT PROJECTS	WRITE OFF/LOSSES		SINGLE TENDER ACTIONS EXC MANAGEMENT CONSULTANCY
CHAIR	17,500	✓	✓	17,500	0	✓	0	0	0	0	0	0	0	0	
CHAIR SBNI	✓	✓	✓	50,000	✓	✓	20,000	✓	0	50,000	50,000	0	✓	0	Limit reduced from £100k to £50k
CHIEF EXECUTIVE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	106,047	EU THRESHOLD (106,047 from 1st January 2016) - if this changes it will be automatically updated
DIRECTORS (inc any new Directors)															
Director of Operations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	106,047	EU THRESHOLD (106,047 from 1st January 2016) - if this changes it will be automatically updated
Director of Public Health	✓	✓	✓	100,000	0	✓	20,000	✓	0	100,000	100,000	0	✓	0	
Director of Nursing and Allied Health Professions	✓	✓	✓	100,000	0	✓	20,000	✓	0	100,000	100,000	0	✓	0	
Director of Operations SBNI	✓	✓	✓	50,000	✓	✓	20,000	✓	0	50,000	50,000	0	✓	0	Limit reduced from £100k to £50k
ASSISTANT DIRECTORS (inc any new AD's)															
Assistant Directors Operations	30,000	30,000	30,000	50,000	0	✓	0	0	0	25,000	50,000	0	0	0	INCREASE FROM £17.5K TO £25K
Assistant Directors Public Health	25,000	25,000	25,000	50,000	0	✓	0	0	0	25,000	50,000	0	0	0	INCREASE FROM £12.5K TO £20K
Assistant Director R&D	25,000	25,000	25,000	60,000	0	✓	0	0	0	60,000	50,000	0	0	0	INCREASE FROM £12.5K TO £20K
Assistant Directors Nursing & Allied Health Professions	25,000	25,000	25,000	50,000	0	✓	0	0	0	25,000	50,000	0	0	0	INCREASE FROM £12.5K TO £20K
Director of ECCH	25,000	25,000	25,000	50,000	0	✓	0	0	0	0	0	0	0	0	
Tier 4 Officers (inc any new Tier 4)															
Tier 4 Operations	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	INCREASE FROM £3K TO £10K
Tier 4 Public Health	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	20,000	0	0	0	INCREASE FROM £3K TO £10K
Tier 4 R&D	10,000	10,000	10,000	35,000	0	✓	0	0	0	0	10,000	0	0	0	INCREASE FROM £3K TO £10K
Tier 4 Nursing & Allied Health Professions	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	INCREASE FROM £3K TO £10K
Professional Officer SBNI	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	
Specified Tier 5 (No lower than band 6)															
Specified Tier 5 (No lower than band 6)	1,000	1,000	1,000	0	0	0	0	0	0	0	0	0	0	0	NEW LEVEL 5
OTHERS															
Director's PAs	500	500	0	0	0	0	0	0	0	0	0	0	0	0	
Office Managers	500	500	500	0	0	0	0	0	0	0	0	0	0	0	
Office Managers SBNI	500	500	500	0	0	0	0	0	0	0	0	0	0	0	

NB: All open limits designed by a tick are to be in line with PHA and Accounting Officer Delegated limits, be within Agency approved policy and within allocated budget. Please refer to the Standing Orders and Standing Financial Instructions for further details.

SLAs with 3rd party organisations of £50k and above, or where they are novel or potentially contentious, MUST be brought to AMT for prior approval.

Delegated limits for SLAs/SBAs/3rd party organisations and approval of payments to 3rd party organisations are in respect of authorising payments and signing letters of offer, only after the necessary approvals to allocate have been obtained through AMT in line with PHA policies

It is the responsibility of all authorised signatories to ensure that the necessary approval to allocate/invest have been obtained, that any invoices are correct in line with contracts etc., and that they are within budget.

**Minutes of the 33rd Meeting of the Governance and Audit Committee held on 9
December 2015, at 9.30am
Conference Rooms 3 & 4, 12-22 Linenhall Street
Belfast, BT2 8BS**

Present:

- | | |
|----------------------|--------------------------|
| Mr Brian Coulter | - Chair |
| Alderman Paul Porter | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |

In Attendance:

- | | |
|-----------------------|----------------------------------------------------------------------------------|
| Mr Edmond McClean | - Director of Operations |
| Mr Paul Cummings | - Director of Finance |
| Mrs Mary Hinds | - Director of Nursing |
| Miss Rosemary Taylor | - AD Planning & Operational Services |
| Mr David Charles | - Internal Audit |
| Mr Brian Clerkin | - External Audit, ASM |
| Mr Mark Anderson | - Sponsor Branch, DHSSPSNI |
| Mrs Oriel Brown | - Nurse Consultant Service Development/Service Improvement (<i>For Item 6</i>) |
| Mrs Michelle Tennyson | - AD Allied Health Professions/Personal Public Involvement |
| Mrs Cathy McAuley | - Secretariat |

Apologies:

- | | |
|----------------|--------------------------|
| Mr Leslie Drew | - Non-Executive Director |
|----------------|--------------------------|

84/15	Item 1 - Welcome and Apologies	Action
	The Chair welcomed everyone to the meeting and apologies were noted from Leslie Drew.	
85/15	Item 2 - Declaration of Interests	
	The Chair asked if anyone had any interests to declare relevant to any items on the agenda. No interests were declared.	
86/15	Item 3 - Chair's Business	
	<p>The Chair informed members he had attended a recent meeting of the Audit Committee's Chairs' Forum and noted the presentations;</p> <ul style="list-style-type: none"> • Strategic Procurement Value For Money, NIAO • Review of DHSSPS Assurance and Accountability Arrangements • Shared Learning across HSC, BSO • Procurement 	
87/15	Item 4 - Notes of previous Meeting <ul style="list-style-type: none"> • Meeting of 14 October 2015 	

The minutes of the previous meeting, held on 14 October 2015, were approved as an accurate record of the meeting.

88/15 Item 5 - Matters Arising

There were no matters arising.

89/15 Item 6 – PHA Professional Assurance Framework for Nursing and Midwifery

Mrs Mary Hinds introduced Mrs Oriel Brown to the meeting and invited her to give an update on the professional assurance framework. Mrs Brown said the framework had been revised as part of the outworking of the HSC Framework Document and had been developed in consultation with HSC Trust Directors of Nursing.

Members **noted** the report.

90/15 Item 7 – Corporate Risk Register as at 30 September 2015

Mr McClean presented the updated Corporate Risk Register he said this quarter saw no additions or deletions to the register.

CR25 - PHA Belfast Accommodation

The Chair asked if clarity had been given from the Department following the recent ministerial announcement regarding changes to HSC structures. Mr McClean said that following a recent meeting with the Departmental the position was still unclear. He added a follow up meeting is scheduled for early January. The lease for Alexander House has expired and the landlord was now pressing for an extension to the lease and the lease for Ormeau Baths would expire in February 2017. He advised that CR25 would remain high and although this was unsatisfactory the PHA would continue to work with the Department.

VES Exit Scheme

The Chair asked how many VES Exit Scheme applications had been received. Mr McClean said 30 applications had been received. He added the Chief Executive had met with Directors and Sponsor Branch to discuss the proposals for meeting the 15% savings in administration costs for 2015/16. The Chair asked if a timeframe for exit of staff was available. Mr McClean advised VES exit could be in this current financial year.

Members **noted** the report.

91/15 Item 7.1 – Gifts and Hospitality Register

Mr McClean presented the update and said that the report showed the number of instances of gifts and hospitality declared in the past year.

Members **noted** the update.

92/15 Item 8 - IA Progress Report

Management of Complaints, Incidents and Claims 2015/16

Mr Charles advised that Internal audit had provided a satisfactory level of assurance with no priority 1 findings, and 2 priority 2 findings identified. All recommendations have been accepted by management.

Members **noted** the report.

93/15 Item 9 – Single Tender Action Register

Mr McClean presented the Single Action Tender Register for noting and highlighted the updated changes.

- Reduction in the EU threshold from £172,514 to £111,676 and anything above this level needed approval by the Permanent Secretary.
- Removal of 'Part B' services designation for Social Care and Healthcare in terms of procurement law.

He added that each STA application was signed off by an Assistant Director or a Director before being submitted to PaLS, and then returned to the Chief Executive or the Director of Operations approval and that a database of all STA is maintained in the Operations Directorate.

This Chair asked for clarification regarding the term “exclusive rights” relating to suicide intervention. Mr McClean replied this was a resource for teaching suicide interventions skills which was unique in this field in Northern Ireland.

Members **noted** the report.

94/15 Item 10 – Business Continuity Plan

Miss Taylor advised that the updated Business Continuity Plan had been prepared in liaison with all directorates in PHA as well as with HSCB and BSO. She added that a desktop exercise was held on 5th November. She said following the major power cut which affected parts of Belfast and County Down on 30 April the BCP had been amended to reflect the learning e.g. if the telephones/emails systems were lost in the Health Protection Duty Room.

The Chair noted the observations from Mr Drew; “The BCP is a robust document and should be noted that the effectiveness of a BCP is really only tested during a real event and/or simulation as close to a real event as possible. Knowledge captured following a real incident and/or test should be used to update plans appropriately and widely communicated across Incident Management Teams. It is also important to ensure that the BCP contains details of dependencies on IT Systems and Key Business Processes, this should include details of contingency and recovery arrangements that have been agreed.”

Members **approved** the Business Continuity Plan and recommended it for PHA Board approval.

96/15

Item 15 - Date of next meeting

Date | 4 February 2016

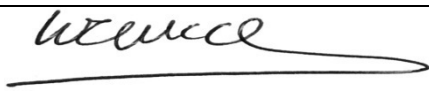
Time | 10am

Venue | 5th Floor Meeting Room, Linenhall Street, Belfast

Signed: Brian Coulter

Date: 3 February 2016

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	18 February 2016
Title of Paper	Review of Standing Orders and Standing Financial Instructions
Agenda Item	10
Reference	PHA/04/02/16
Summary	
<p>The PHA Standing Orders and Standing Financial Instructions are reviewed on an annual basis by HSCB Financial Governance on behalf of PHA and amendments made in response to updates in procedures or DHSSPS Circular guidance.</p> <p>A cover sheet to summarise the changes made is included along with a full version of the PHA Standing Orders and Standing Financial Instructions highlighting where changes have been made.</p> <p>A review of the Scheme of Delegated Authority (SoDA) has also been undertaken as part of the Review.</p>	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This review was approved by AMT on 26 January and by the Governance and Audit Committee on 4 February.
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	4 February 2016

PHA amendments to SO's January 2016

Overall

Some minor typographical and formatting errors have been changed.

Section 2.3 Key Functions of the Agency Board

Under Section 2.3.4, "Corporate Governance & Personal Behaviour and Conduct", part L, the wording, "*and aligned with DHSSPS Circular HSS(F) 07/2009 "Whistleblowing" – New circular issued HSC(F) 32-2015 with details of DFP good practice guide*" has been added to the Controls column.

Section 5.1.3 Composition of the Board

In the section, "Details of board members are as follows:", the make-up of non-officer members has been updated to reflect legislation.

Appendix 2 – Administrative Schemes of Delegation

The EU threshold limit in Section 3.4.7 has been updated.

Section 3.4.8 has been updated to show that Circular HSC(F) 29-2014 is now replaced with Circular HSC(F) 51-2015.

PHA amendments to SFI's January 2016

Overall

Some minor typographical and formatting errors have been changed.

Section 12.2.6(c)

This External consultancy section has been amended to include reference to updated DHSSPS circular guidance HSC(F) 51-2015 regarding the dissemination of lessons learned from post project evaluations, following engagement of an external consultant.

STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

March 2016

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STANDING ORDERS

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Foreword

The proper running of the Regional Agency for Public Health and Social Well-being (elsewhere referred to as the Public Health Agency, PHA or the Agency) requires Standing Orders (SOs) and Schedules to address in particular:

- Powers reserved to the Agency Board; and
- Powers delegated by the Agency Board

The Standing Orders' reserved and delegated powers and Standing Financial Instructions provide a comprehensive business framework for the Agency.

These documents fulfil the dual role of protecting the Agency's interests (ensuring, for example, that all transactions maximise the benefit to the Agency) and those of staff carrying out their work on behalf of the Agency.

All Executive Directors, Non-Executive Directors and all members of staff shall be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions required to comply fully with the regulations.

The Agency is committed to conducting its business and its meetings as publicly and openly as possible. It is intended that people shall be able to know about the services provided by the Agency and, particularly, be able to contribute to discussion about the Agency's priorities and actions.

The Agency is required to comply with all existing legislation, Department of Health, Social Services and Public Safety (DHSSPS) Framework Document, Management Statement/Financial Memorandum, Circulars and Regulations in so far as they impact upon the Agency's functions, activities and conduct.

The PHA's original Standing Orders and Standing Financial Instructions were approved by the Agency board at its meeting on 1 April 2009 and were subsequently forwarded to the Department of Health, Social Services and Public Safety (DHSSPS).

These current Standing Orders and Standing Financial Instructions were approved by the Agency board on 19 March 2015.

Chairperson

Chief Executive

Dated: **16 March 2015**

1. Introduction - Contents

1.1 Statutory Framework

1.2 Functions of the Agency

1.3 Health & Social Care Frameworks (Ministerial Codes and Guidance)

1.4 Financial Performance Framework

1.5 Delegation of Powers

1.6 Interpretation

1. Introduction

1.1 Statutory Framework

The Agency is a statutory body, which came into existence on 1 April 2009.

The Headquarters Office of the Agency is at 12-22 Linenhall Street, Belfast, BT2 8BS.

The Agency 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. Their provisions are incorporated in these Standing Orders.

As a statutory body, the Agency has specific powers to act as a regulator, to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Minister responsible for Health, Social Services and Public Safety.

1.2 Functions of the Agency

The PHA incorporates and builds on the work previously carried out by the Health Promotion Agency, the former Health and Social Services Boards and the Research and Development office of the former Centrals Services Agency. Its primary functions can be summarised under three headings:

- **Improvement in health and social well-being** – with the aim of influencing wider service commissioning, securing the provision of specific programmes and supporting research and development initiatives designed to secure the improvement of the health and social well-being of, and reduce health inequalities between, people in Northern Ireland;
- **Health protection** – with the aim of protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies;

- **Service development** – working with the HSCB with the aim of providing professional input to the commissioning of health and social care services that meet established safety and quality standards and support innovation. Working with the HSCB, the PHA has an important role to play in providing professional leadership to the HSC.

In exercise of 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 and for anticipating the new opportunities offered by community planning.

The PHA acts as a corporate host for the Safeguarding Board for Northern Ireland (SBNI), supporting the SBNI by securing HR, financial and other corporate support functions. The SBNI and its objectives and functions of safeguarding and promoting the welfare of children in NI are entirely separate from that of the PHA. The PHA is accountable to the Department for the discharge of its corporate host obligations to SBNI but is not accountable for how the SBNI discharges its own statutory objectives and functions. A Memorandum of Understanding is in place which sets out in detail the respective obligations of the PHA and the SBNI.

1.3 Health and Social Care Frameworks (Ministerial Codes and Guidance)

In addition to the statutory requirements, the Minister, through the Department of Health, Social Services and Public Safety (DHSSPS), issues instructions and guidance. Where appropriate these are incorporated within the Agency's Standing Orders or other corporate governance documentation. Principal examples are as follows:

The DHSSPS produced the **Framework Document** (September 2011) meeting the requirement of The Health and Social Care (Reform) Act (NI) 2009, Section 5(1). The Framework Document sets out, in relation to each health and social care body:

- The main priorities and objectives of the body in carrying out its functions and the process by which it is to determine further priorities and objectives;
- The matters for which the body is responsible;
- The manner in which the body is to discharge its functions and conduct its working relationship with the Department and with any other body specified in the document; and
- The arrangement for providing the Department with information to enable it to carry out its functions in relation to the monitoring and holding to account of HSC bodies.

The **Code of Conduct and Code of Accountability for Board Members of Health and Social Care Bodies** (April 2011), was issued by the DHSSPS under cover of letter dated 18 July 2012. The Code of Accountability requires the board of the Agency to:

- Specify its requirements in terms of the accurate and timely financial and other information required to allow the board to discharge its responsibilities;
- Be clear what decisions and information are appropriate to the board and draw up standing orders, a schedule of decisions reserved to the board and standing financial instructions to secure compliance with the board's wishes;
- Establish performance and quality targets that maintain the effective use of resources and provide value for money;
- Ensure the proper management arrangements are in place for the delegation of programmes of work and for performance against programmes to be monitored and senior executives held to account;
- Establish audit and remuneration committees on the basis of formally agreed terms of reference which set out the membership of the committee, the limit of their powers, and the arrangements for reporting back to the main board; and
- Act within statutory, financial and other constraints.

The **Code of Conduct** draws attention to the requirement for public service values to be at the heart of Health and Social Care (HSC) in Northern Ireland. High standards of corporate and personal conduct are essential. Moreover, as the HSC is publically funded, it is accountable to the Northern Ireland Assembly for the services provided and for the effective and economical use of taxpayers'

money. It also sets out measures to deal with possible conflicts of interest of board members.

The **Code of Practice on Openness** in the HPSS sets out the requirements for public access to information on the HPSS and for the conduct of board meetings. The Agency is required to ensure appropriate compliance with the Freedom of Information Act (2000).

1.4 Financial and Performance Framework

The **Management Statement** establishes the framework agreed with the DHSSPS within which the Public Health Agency operates. The associated **Financial Memorandum** sets out in detail certain aspects of the financial provisions which the PHA observes.

The Management Statement/Financial Memorandum (MS/FM) will be reviewed by the DHSSPS at least every 5 years.

A copy of the MS/FM will be given to all newly appointed PHA board members and senior executive staff on appointment. Additionally the MS/FM will be tabled for information of board members at least annually at a full meeting of the PHA board. Amendments made to the MS/FM will also be brought to the attention of the full PHA board on a timely basis.

The PHA's performance framework is determined by the DHSSPS in the light of its wider strategic aims and of current Public Service Agreement (PSA) objectives and targets. The PHA's key targets, standards and actions are defined by the DHSSPS within the Commissioning Directions and other priorities approved by the Minister. The DHSSPS also determines, by direction, the format and broad content of the Commissioning Plan, which is to be drawn up by the HSCB in accordance with section 8 of the Health and Social Care (Reform) Act (NI) 2009 i.e. in consultation with the PHA, having due regard for any advice or information provided by the Agency, and published only with its approval. The Commissioning Plan explains how the PHA will meet each of the targets, standards and actions for which it is deemed by the DHSSPS to have sole or lead responsibility. The document will also set out the PHA's contribution to the commissioning process through its professional expertise.

Consistent with the timetable for Northern Ireland Executive Budgets, the PHA will submit annually to the DHSSPS a draft of the Corporate Plan covering up to 3 years ahead; the first year of the Corporate Plan, amplified as necessary, shall form the Annual Business Plan. Plans will be subject to DHSSPS approval. The Corporate/Business Plan shall be published by the PHA and made available on its website (www.publichealth.hscni.net)

The PHA will comply in full with the control framework requirements set out in the MS/FM issued by the DHSSPS.

The PHA shall publish an annual report of its activities, including the required extracts from its audited accounts, after the end of each financial year in line with the timescales set out by the DHSSPS.

The PHA has a number of financial targets and policies within which it is obliged to operate. These are as follows:

- to break even on its Income and Expenditure Account year on year and to maintain its Net Current Assets;
- to maintain annual management and administration costs at or below limits set by the Department;
- to stay within its cash limit for the year;
- to promote financial stability in the HSC;
- to operate within the Resource Limits, both Capital and Revenue set by the Department; and
- to comply with the Confederation of British Industry “Better Payments Practice Code” and the Late Payment of Commercial Debts (No2) Regulations 2013 which advocates:
 - explaining payment procedures to suppliers;
 - agreeing payment terms at the outset and sticking to them;
 - paying bills in accordance with agreed terms, or as required by law;
 - telling suppliers without delay when an invoice is contested and settling quickly when a contested invoice gets a satisfactory response; and
 - payment to be made within agreed terms or 30 working days of the receipt of goods or valid invoice, failure to do

so may permit businesses to charge statutory interest on overdue payments.

1.5 Delegation of Powers

The Agency board is given powers as follows:

Subject to such directions as may be given by the Department of Health, Social Services and Public Safety, the Agency board may make arrangements for the exercise, on behalf of the Agency, of any of its functions by a Committee, sub-Committee or joint Committee, appointed by virtue of Standing Order 4.1, or by an officer of the Agency, in each case subject to such restrictions and conditions as the Agency board thinks fit.

Delegated Powers are covered in separate sections of this document entitled Powers Reserved to the Agency board (Standing Order 2) and Powers Delegated by the Agency board (Standing Order 3).

1.6 Interpretation

Save as permitted by law, at any meeting the Chairperson of the Agency board shall be the final authority on the interpretation of Standing Orders (on which he/she shall be advised by the Chief Executive and/or Secretary to the board.)

Any expression to which a meaning is given in the Health and Personal Social Services Orders of 1972 or 1991 and the Health and Social Care (Reform) Act (Northern Ireland) 2009 shall have the same meaning in this interpretation and in addition:

“Accounting Officer” shall be the Chief Executive (as specified by the DHSSPS Permanent Secretary as Accounting Officer). She/he shall be responsible for ensuring the proper stewardship of public funds and assets.

“Agency or Public Health Agency (PHA)” means the Regional Agency for Public Health and Social Well-being

“board” shall mean the Chairperson, and Non-Executive (or non-officer) members of the Agency, appointed by the Minister with

responsibility for Health, Social Services and Public Safety and the Executive (or officer) members appointed by the PHA board.

“BSO” means Regional Business Services Organisation.

“Budget” means a resource, expressed in financial terms, approved by the board for the purpose of carrying out, for a specific period, any or all of the functions of the Agency.

“Budget holder” means the Director, Assistant Director or other named senior manager with delegated authority to manage finances for a specific area of the organisation.

“Chairperson” is the person appointed by the Minister to lead the Agency board and to ensure that it successfully discharges its responsibility for the Agency as a whole. The expression the ‘Chairperson of the board’ shall be deemed to include the member of the board deputising for the Chairperson if he/she is absent from the meeting or is otherwise unavailable.

“Chief Executive” means the chief officer of the Agency.

“Commissioning” is an ‘end to end’ process comprising assessment of need, prioritising need within available resources, building capacity of the population to improve their own health and wellbeing, engaging with stakeholders, securing – through service and budget agreements – the delivery of value for money services that meet standards and service frameworks for safe quality care: safeguarding the vulnerable and using investment, performance management and other initiatives to develop and reform services.

“Contracting and procurement” means the systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

“Committee” shall mean a Committee created by the board either for its own good governance or by Departmental direction or by Legislation.

“Committee members” shall be persons formally appointed by the board to sit on or to chair specific Committees.

“Co-opted member” means a person who may be appointed by the board as necessary or expedient for the performance of the board’s functions (without voting rights).

“Department” means the Department of Health, Social Services and Public Safety (DHSSPS). The term Department does appear as part of the title of other Government organisations and in these instances the title is given in full.

“Director” – there may be three categories - Executive Director means an officer member of the board, Non-Executive Director means a non-officer member of the board and the term Director may also be applied to a functional Director of the Organisation.

“Director of Finance” – means the Director of Finance for the HSCB, who also acts as the Director of Finance for the PHA.

“Head of Internal Audit” means the lead manager responsible for Internal Audit Provision and shall include external providers or agents of internal audit services

“HSC” refers to Health and Social Care (this was previously known as HPSS and references to HPSS relate to previously published documents).

“HSCB” means the Regional Health and Social Care Board.

“Legal advisors” means the properly qualified person(s) appointed by the board to provide legal services

“Local Commissioning Groups” (LCGs) means committees of the Regional Health and Social Care Board (HSCB) established to exercise such functions to the commissioning of health and social care as may be prescribed by the DHSSPS or HSCB.

“Member” shall mean non-executive Director (Non-Officer Member) or Executive Director (Officer Member) of the board, but excludes the Chairperson.

“Minister” means the Minister for Health, Social Services and Public Safety in the Northern Ireland Assembly

“Nominated officer” means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

“Non-officer member” means a member of the board appointed under the Health and Social Care (Reform) Act (Northern Ireland) 2009.

“Officer” shall mean an employee of the Agency. In certain circumstances, an officer may include a person who is employed by another HSC organisation or by a Third Party contracted to or by the Organisation who carries out functions on behalf of the Organisation.

“Officer member” means a member of the board who is a member by virtue of or appointed under the Health and Social Care (Reform) Act (Northern Ireland) 2009.

“PCC” means the Patient and Client Council.

“Public” means any person who is not a board member or a member of staff servicing the board meeting and shall include any person with the status of observer.

“Secretary” means a person who is independent of the board’s decision making process and who shall be appointed, by the board, to have responsibility for the administration of the board of the Agency.

“SFIs” is an abbreviation for Standing Financial Instructions.

“SOs” is an abbreviation for Standing Orders.

“Sub-Committee” means a committee of a committee created by the board.

“Vice-Chairperson” means a non-executive director who may be appointed by the board to take on the Chairperson’s duties if the Chairperson is absent for any reason.

“Voting member” means the Chairperson, non-executive directors and officer members of the board

2. Powers Reserved to the Agency Board - Contents

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2.3.5 System for Appointment of Senior Executives

2.3.6 Dialogue with Local Community

2.3.7 Additional Functions

2.1 Introduction

The matters reserved to the Board of each HSC Organisation are derived from the **Code of Conduct and Code of Accountability** (April 2011) issued by the Department 18 July 2012. The **Code of Conduct and Code of Accountability** applies to the board of the Agency created through the Health and Social Care (Reform) Act (Northern Ireland) 2009.

Section 7 of the Code of Accountability directs that HSC boards have corporate responsibility for ensuring that the organisation fulfils the aims and objectives set by the Department/Minister, and for promoting the efficient, economic and effective use of staff and other resources. To this end, the board shall exercise the following functions:

- To establish the overall *strategic direction* of the organisation within the policy and resources framework determined by the Department/Minister;
- to oversee the delivery of planned results by *monitoring performance* against objectives and ensuring corrective action is taken as necessary;
- to ensure effective *financial stewardship* through value for money, financial control and financial planning and strategy;
- to ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation;
- to *appoint, appraise and remunerate senior executives*; and
- to ensure that there is *effective dialogue between the organisation and the local community* on its plans and performance and that these are responsive to the community's needs; and
- to ensure that the HSC body has robust and effective arrangements in place for clinical and social care governance and risk management.

2.2 Composition of the board

In accordance with the Constitution Regulations, the composition of the board consists of 8 non-executive (non-officer) members and four officer members as well as representatives from the Health and

Social Care Board (Finance Director and Social Services Director) and the Patient Client Council. The composition of the board is set out in detail in **Section 5.1.3** which also describes members' roles.

2.3 Key Functions of the Agency board

The attached Schedule of Powers Reserved to the Agency board is sub-divided to correspond with the key functions specified above.

These matters are to be regarded as a guideline to the minimum requirement and shall not be interpreted so as to exclude any other issues which it might be appropriate, because of their exceptional nature, to bring to the board.

The Chairperson, in consultation with the Chief Executive, shall determine whether other issues out with the following schedules of reserved powers shall be brought to the board for consideration.

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.1
Establish Strategic Direction**
To establish the *strategic direction* of the Agency within the policies and resources framework determined by the Department/Minister.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	Programme for Government	Approve response to consultation	*Within timescale set by Government for response	Director of Operations
B	Commissioning Plan	Approve annual Joint Commissioning Plan to achieve DHSSPS Commissioning Directions and advance PHA objectives	By 31 March each year or as soon as practicable thereafter within DHSSPS timescales	Director of Operations
C	Northern Ireland Budget proposals	Approve response to consultation	*Within timescale set by Government for response	Director of Operations
D	Agency Financial Plan	Approve recurrent expenditure proposals annually	By 31 March each year consistent with DHSSPS principles of 'Promoting Financial Stability'	Director of Finance
E	Departmental (DHSSPS) Strategic Proposals	Approve response to Departmental consultation proposals	As determined by consultative documents	Appropriate Executive Director

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.1
Establish Strategic Direction**
To establish the *strategic direction* of the Agency within the policies resources framework determined by the Department/Minister.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
F	Other Departmental proposals which relate to Public Health and Social Well-Being	Approve response to consultative proposals	As determined by consultative documents	Appropriate Executive Director
G	Strategic plans and processes identified by the Agency on specific Public Health and Social Well-being issues	Approve the strategy and agree action plans and monitoring arrangements	As they arise	Appropriate Executive Director
H	Approval of New/Revised Agency Policy, as appropriate	Consider the implications of any proposals to introduce new or revised policy including the identification of any significant financial risk	Affordability within Department expenditure limits and other statutory controls	Appropriate Executive Director to identify all significant financial or other implications

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.2
Monitoring Performance**
To oversee the delivery of planned results by *monitoring performance* against objectives and ensuring corrective action is taken as necessary.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	Ministerial Priorities and Objectives	Monitor performance against Ministerial priorities and objectives as set out in the Commissioning Plan Directions and ensure corrective action is taken.	Periodic reports as prescribed by the DHSSPS	Director of Operations and appropriate Executive Director
B	Service agreement performance	Monitor performance of providers against service agreements, ensure corrective action is taken and ensure appropriate action plans are pursued with providers	Monthly and quarterly reports supplemented by additional monitoring of specific issues on an as needs basis	Director of Operations and appropriate Executive Director
C	Monitoring the public health and social well-being of the population	To monitor trends and identify critical issues for Department	Annual/periodic as specified by Department	Director of Public Health
D	Staffing Levels	Monitor staffing levels and approve submission to Equality Commission.	Submission of three yearly returns	Chief Executive or Designated Director

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.2
Monitoring Performance**
To oversee the delivery of planned results by *monitoring performance* against objectives and ensuring corrective action is taken as necessary.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
E	Section 75: Statutory Duties/ Responsibilities	Statement of the Agency's commitment to fulfilling its Section 75 statutory duties, including procedures for measuring performance	Schedule 9 N.I. Act 1998 Annual Report to Equality Commission by 31 August	Chief Executive/ Director of Operations
F	Complaints Monitoring	Monitor complaints handling and contribute to regional policy and approve annual report	Annual report	Director of Nursing and Allied Health Professions

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.3
Financial Stewardship**
To ensure effective *financial stewardship* through value for money, financial control and financial planning and strategy.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	Financial Performance Framework	To ensure that the Agency achieves its financial performance targets	As determined by the Department	Chief Executive
B	Annual Financial Plan including Commissioning Plan and Commissioner costs	Approve plan within Departmental expenditure limits	By 31 March each year	Director of Finance
C	Monitoring	Consider monthly monitoring reports including: <ul style="list-style-type: none"> • Health improvement • Health protection • Screening • Commissioning input • Research and Development • PHA Management and Administration 	Monthly	Director of Finance

2.3.3**Financial Stewardship**

To ensure effective *financial stewardship* through value for money, financial control and financial planning and strategy.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
D	Agency Capital Expenditure & Disposal of Assets			
D (i)	Agency Capital expenditure	Consider submissions & authorise expenditure	Expenditure proposals in excess of £50,000	Chief Executive
D (ii)	Disposal of Agency Assets	Consider submissions, approve decision and means of disposal	Net book value in excess of £50,000	Director of Operations
E (i)	Annual Accounts (and supporting financial excerpt in the Annual Report)	Approve for submission to Department and for inclusion in Annual Report	Recommended for approval by Governance and Audit Committee. To include detailed scrutiny of reconciliation to board approved Financial Plan	Chief Executive/Director of Finance
E (ii)	Report to those charged with Governance	Consider recommendations and approve requisite action plan and response to External Auditor	Each year following recommendation by Governance and Audit Committee	Director of Operations/Director of Finance
E (iii)	Fraud prevention and detection	Receive assurance from the Governance and Audit Committee	Annual report from Committee	Director of Finance/Director of Operations

STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD

2.3.4
Corporate Governance & Personal Behaviour and Conduct
 To ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	Schedule of Matters Reserved to the board	Approve new or revised versions	Following consideration & recommendation by Governance and Audit Committee	Chief Executive
B	Scheme of Delegation of Powers	Approve new or revised versions	Following consideration & recommendation by Governance and Audit Committee	Chief Executive
C	Standing Financial Instructions	Approve new or revised versions	Following consideration & recommendation by Governance and Audit Committee	Director of Operations/Director of Finance
D	Conduct of board Meetings	Approve new or revised versions	If/When required or revised	Chief Executive
E	Scheme of Delegation of Specific Statutory Functions.	Approve new or revised versions and submission to DHSSPS for approval	Within 3 months of new legislation being implemented.	Appropriate Executive Director

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.4
Corporate Governance & Personal Behaviour and Conduct**
To ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
F (i)	Assurances on Internal Control	Approval of a PHA Governance Framework, setting out the key components of governance within the PHA; Approval/adoption of the PHA Assurance Framework, which provides assurances on the effectiveness of the system of internal control	Recommended for approval by the Governance and Audit Committee	Chief Executive
F (ii)	Statements on Internal Control (Governance Statement and Mid Year Assurance Statement)	Confirms that a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives whilst safeguarding public funds and assets has been established and is in place	Recommended for approval by Governance and Audit Committee in time to meet Department reporting timetable	Chief Executive/Director of Operations

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.4
Corporate Governance & Personal Behaviour and Conduct**
To ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
G	PHA Corporate Plan	Production of a Corporate Plan covering up to three years ahead, with an annual business plan. Regular monitoring reports	Three yearly Annually	Chief Executive/Director of Operations
H	PHA board Committees	Approve establishment, terms of reference, membership & reporting arrangements of board Committees: <ul style="list-style-type: none"> • Governance and Audit Committee • Remuneration & Terms of Service Committee • Others as required or directed 	Following recommendation for approval by Governance and Audit Committee & for submission to Department for final approval	Chair/Chief Executive

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.4
Corporate Governance & Personal Behaviour and Conduct**
To ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
I	PHA board sub-committees (defined as a committee of a committee)	Approve establishment, terms of reference, membership and reporting arrangements of board sub-committees	Section 8 of Health and Social care reform ad NI 2009	Chief Executive/Director of Operations
J	*Advisory and other Committees	There may be a range of committees to advise the board. These may be set up by statute or regulation but are not delegated a power reserved to the board	Appropriate advice notified to board	Appropriate Executive Director
K	Declaration of Chairperson and Members' Interests	board Members' Interests to be declared and recorded in minutes	Within 4 weeks of a change or addition; to be entered in Register available for scrutiny by public in Agency offices or at board meetings and on the PHA website	Board Members

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.4
Corporate Governance & Personal Behaviour and Conduct**
To ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation.

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
L	Code of Conduct and Code of Accountability:			
L (i)	Implementation of measures to ensure authorised officers behave with propriety, i.e. withdrawal from discussion where there is a potential perception of a conflict of interest	Approve measures to ensure that all Directors and staff are aware of the public service values which must underpin their conduct	<u>Code of conduct and code of accountability April 2011</u>	Chief Executive
L (ii)	Concerns of Staff & Others	Ensure arrangements are in place to guarantee that concerns expressed by staff & others are fully investigated & acted upon as appropriate and that all staff are treated with respect	<u>The Public Interest Disclosure (NI) Order 1998 (whistle blowing) and aligned with DHSSPS Circular HSS(F) 07/2009 “Whistleblowing” – New circular issued HSC(F) 32-2015 with details of DFP good practice guide</u>	Chief Executive
M	ALB Board Self-Assessment Tool	Review actions and agree Board self-assessment	<u>DHSSPS ALB Board Self-Assessment tool and guidance</u>	Board Members

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

2.3.5
Appoint, Appraise & Remunerate Senior Executives
To appoint, appraise and remunerate senior executives

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	Executive Director Appointments	Ensure that proper arrangements are in place for the composition of interview panels for the appointment of Executive Directors	Panel composition in accordance with Agency selection and recruitment policies	Chief Executive
B	Terms and Conditions	Scrutinise decisions of the Remuneration & Terms of Service Committee		Chairperson of board
C	Remuneration	Scrutinise decisions of the Remuneration & Terms of Service Committee for the total remuneration package of Executive Directors to assure compliance with Ministerial/Departmental direction	Annually In line with current approved terms including Salary review and Performance Related Pay arrangements Including any termination payments	Chairperson of board

STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD

2.3.6
Dialogue with Local Community
 To ensure that there is *effective dialogue between the organisation and the local community* on its plans and performance and that these are responsive to the community's needs.'

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	board Meetings	To hold meetings in public	Monthly or as agreed by board. Only exceptional categories of items to be considered in a section of the meeting not open to the public	Chairperson
B	Meeting with Patient and Client Council (PCC)	To convene meeting with PCC	* Annually or to be determined	Chairperson
C	Consultation	Invite & receive views from the Public on proposals for strategic change	Consistent with Departmental guidance on consultation and processes	Appropriate Executive Director
D	Personal and public involvement; Requirement to introduce a consultation scheme	For submission to DHSSPS	Section 19 and 20 Health and Social care (reform) Act (NI) 2009	Director of Nursing and Allied Health Professions

STANDING ORDERS

SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD

2.3.6

Dialogue with Local Community

To ensure that there is *effective dialogue between the organisation and the local community* on its plans and performance and that these are responsive to the community's needs.'

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
E	Annual Report	Approve report	To be signed by Chairperson and Chief Executive & submitted to DHSSPS by due date	Chief Executive
F	Monitoring of Services	Ensure dissemination of service monitoring and other relevant reports to a cross section of interest groups and community organisations	Reports and follow up of specific issues on an as needs basis.	Chief Executive/other appropriate Executive Directors

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.7
Clinical and Social Care Governance and Risk Management**
To ensure that the Agency has robust and effective arrangements in place for clinical and social care governance and risk management

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	PHA Corporate Risk Register	Approval of a fully functioning PHA Corporate Risk Register, which is supported by Directorate Risk Registers	Governance and Audit Committee reviews quarterly; PHA board reviews annually	Director of Operations/Appropriate Director

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

**2.3.8
Additional Functions**

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	<p>Safety and Quality</p> <p>Quality improvement plans and associated governance plans</p>	<p>Scrutinise Assessment and Approve Management Plans</p>	<p>Standing item on the board agenda</p>	<p>Director of Public Health/Medical Director and Director of Nursing and Allied Health Professionals, as appropriate</p>
B	<p>* Statutory Responsibilities</p> <p>All responsibilities placed upon the Agency board through statute for which a formal Scheme of Delegation is not in place.</p> <p>Including the following matters:</p> <ul style="list-style-type: none"> • Public Health (Health Promotion/Health Improvement/Health Protection) • Supervision of Midwives 	<p>As defined in statute</p>	<p>As relevant to specified statutory responsibilities</p>	<p>Appropriate Executive Director</p> <p>Director of Public Health/Medical Director Director of Nursing and Allied Health Professionals</p>

**STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD**

2.3.8 Additional Functions				
	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
C	Public Health Annual Report	Scrutinise and receive for submission to DHSSPS	Annually	Director of Public Health/Medical Director
D	Appointment of members to board committees	Approval of appointment of members to board committees where such persons are not members of the Public Health Agency for onward submission to the Department of Health, Social Services and Public Safety for formal approval	Schedule 2 Section 7, Health and Social Care (Reform) Act (NI)	Director of Operations

3. Powers Delegated by the Agency Board - Contents

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Expenditure

3.5.4 Authority to Initiate and Approve Cash Advances

3.1 Arrangements for Delegation by the Agency Board

3.1.1 Introduction

Subject to such directions as may be given by the DHSSPS, the PHA may make arrangements for the exercise, on behalf of the board, of any of its functions by a Committee, sub-Committee or joint Committee, appointed by virtue of SO 4 below or by an officer of the Agency board, or by another Officer, in each case subject to such restrictions and conditions as the board thinks fit.

The HPSS (NI) Order 1972 and the HPSS (NI) Orders 1991 and 1994 and the Health and Social Care (Reform) Act (Northern Ireland) 2009 allow for functions of the board to be carried out on behalf of the board by other people and bodies, in the following ways:

- By a Committee or sub Committee or officer of the board or another HSC Board; and
- by a joint Committee or joint sub-Committee of the board and one or more other Boards.

Where functions are delegated: this means that although the carrying out of the function (i.e. day to day running) is delegated to another body, the Agency board retains the responsibility for the service.

The board of the Agency may also delegate statutory functions to HSC Trusts in accordance with the provisions of the HPSS (NI) Order 1994.

3.1.2 Urgent Decisions

Where decisions which would normally be taken by the board need to be taken between meetings, and it is not practicable to call a meeting of the board, the Chairperson, in consultation with the Chief Executive, shall be authorised to deal with the matter on behalf of the board. Such action shall be reported to board members via email/phone with a formal report delivered at the next meeting.

3.1.3 Delegation to Committees

The PHA shall, in accordance with Paragraph 7 of Schedule 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009, appoint a number of committees.

The PHA has established two Committees:

- Governance and Audit Committee; and
- Remuneration and Terms of Service Committee.

The terms of reference pertaining to each are set out in appendices 4 and 5 to the Standing Orders.

The Agency board may also establish other Committees or sub-Committees as appropriate, including a Joint Committee or a Joint sub-Committee between the PHA and the HSCB to facilitate inter-organisational working.

The board shall agree the delegation of executive powers to be exercised by committees, or sub-committees, or joint committees, which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, or joint committees, and their specific executive powers shall be approved by the board.

The board shall agree any amendment to the delegation of executive powers to be exercised by Committees, or sub-Committees, or joint-Committees, which it has formally constituted, as part of the annual review of Standing Orders, or as required.

3.1.4 Delegation to Officers

The Chief Executive shall exercise those functions of the board, which are not reserved to the board or delegated to a Committee, sub-Committee or joint-Committee, on behalf of the board. The Chief Executive shall determine which functions she/he shall perform personally and shall delegate to nominated officers the remaining functions for which she/he shall still retain accountability to the board.

The Chief Executive shall prepare a Scheme of Delegation identifying her/his proposals which shall be considered and approved by the board, subject to any amendment agreed during discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation, which shall be considered and approved by the board as indicated above.

Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the board of the Director of Operations, the

Director of Public Health/Medical Director, the Director of Nursing and Allied Health Professions or any other Officer to provide information and advise the board in accordance with statutory requirements. Outside these statutory requirements the roles of the Director of Operations, the Director of Public Health/Medical Director, the Director of Nursing and Allied Health Professions and all other Officers shall be accountable to the Chief Executive for operational matters.

The arrangements made by the board as set out in the Powers Reserved to the Agency board and Powers Delegated by the Agency board (SOs 2 & 3) shall have effect as if incorporated in these Standing Orders.

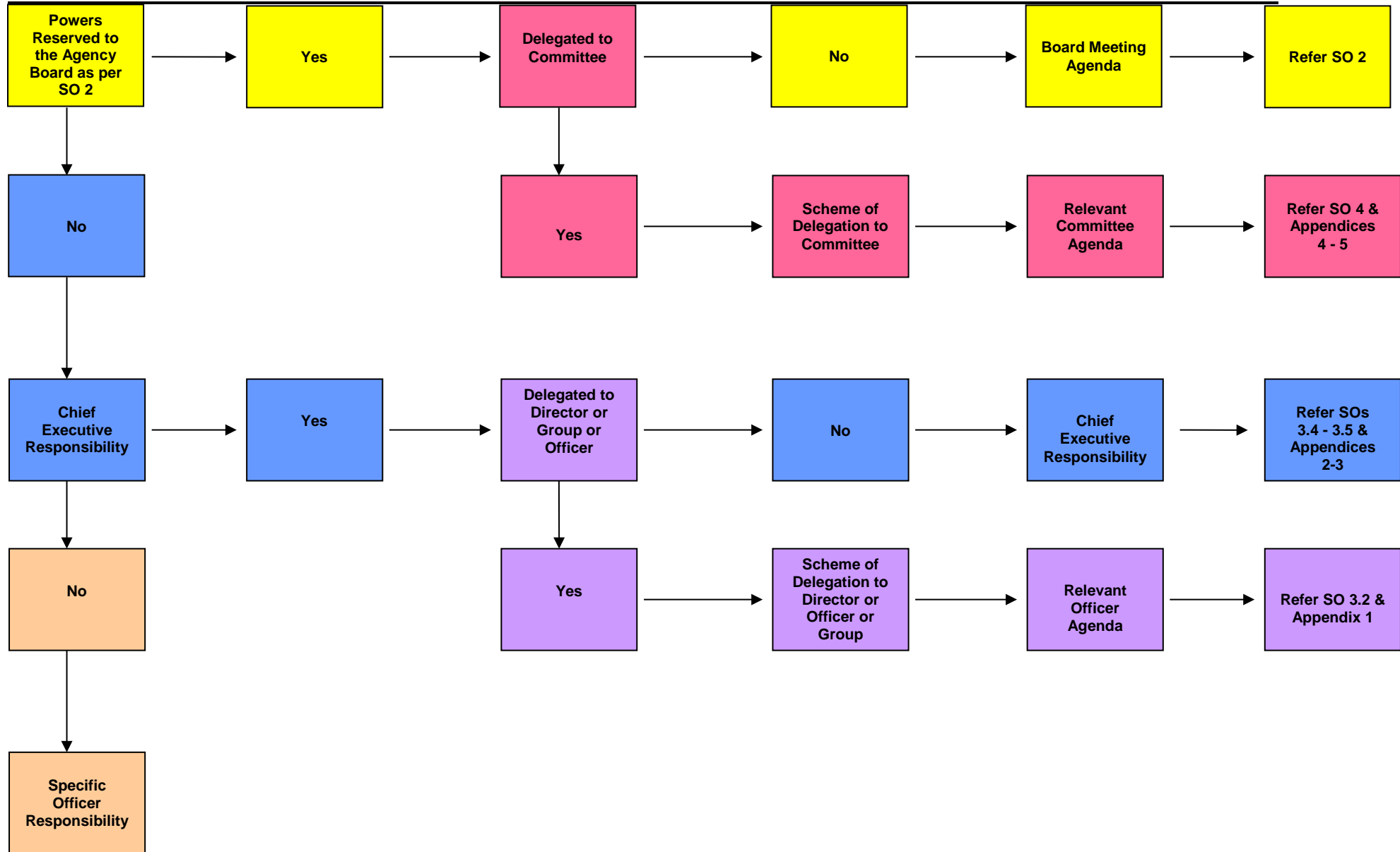
3.1.5 Decision Tree - Flowchart

The flowchart overleaf seeks to show the decision tree for the powers and responsibilities that are:

- Reserved to the Agency board;
- delegated by the Agency board to committees;
- exercised by the Chief Executive for which he/she is personally accountable to the Agency board;
- delegated by the Chief Executive to nominated officers; and
- specific Officer responsibility for example Director of Public Health/Medical Director.

Flowchart

POWERS RESERVED TO THE AGENCY BOARD AND DELEGATED BY THE BOARD - DECISION TREE



3.2 Chief Executive's Scheme of Delegation

The Chief Executive will delegate specific areas of the board's responsibility which are not reserved to the board and may be delegated to a Director, Group or Officer. The Chief Executive's Scheme of Delegation is set out in Appendix 1 and corresponds to the purple section of the Decision Tree Flowchart (SO 3.1.4).

3.3 Statutory Schemes of Delegation

None applicable to the Agency at this time.

3.4 Administrative Schemes of Delegation

3.4.1 Custody of Seal

The Common Seal of the Agency shall be kept by the Chief Executive (or Secretary) in a secure place.

3.4.2 Sealing of Documents

The Seal of the Agency shall not be fixed to any documents unless the sealing has been authorised by a resolution of the board or of a Committee, thereof or where the board has delegated its powers. Before any building, engineering, property or capital document is sealed it must be approved and signed by the Director of Operations (or an officer nominated by her/him) and authorised and countersigned by the Chief Executive (or an officer nominated by her/him who shall not be within the originating directorate).

3.4.3 Register of Sealing

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. An application of the Common Seal shall be reported to the board at the next formal meeting. The report shall contain details of the seal number, the description of the document and date of sealing.

3.4.4 Signature of Documents

Where the signature of any document shall be a necessary step in legal proceedings involving the Agency, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the board shall have given the necessary authority to some other person for the purpose of such proceedings.

The Chief Executive or nominated officers shall be authorised, by resolution of the board, to sign on behalf of the Agency any agreement or other document not requested to be executed as a deed, the subject matter of which has been approved by the board or any Committee or sub-Committee thereof or where the board has delegated its powers on its behalf.

3.4.5 Delegation of Budgets for Agency Administration

Each year, on behalf of the Chief Executive, the Director of Operations will bring forward for AMT consideration and approval, a schedule of budgetary delegation to individual Directors of the Agency's budget for management and administration expenditure within the financial limits specified by DHSSPS.

3.4.6 Procedure for Delegating Power to Authorise & Approve Expenditure

Each year on behalf of the Chief Executive, the Director of Operations will bring forward for AMT consideration and approval, a schedule of delegated authority for authorisation and approval of specific expenditure by Director – nominated individuals and their associated authorisation and approval limits. Following approval these will be shared with the Director of Finance and the Business Services Organisation (BSO) to ensure only authorised individuals commit the Agency to expenditure within approved monetary limits.

3.4.7 Procedure for Quotations and Tendering

Procedures for tendering and contracting are set out in section 8 of the Standing Financial Instructions. The tendering and contracting for most services and supplies to the PHA will be undertaken by Procurement and Logistics Service (PALS) of the BSO in its role as a recognised centre of procurement expertise. Certain specified areas of procurement e.g. health improvement commissioning/procurement will be reserved to the

board/Chief Executive and delegated to nominated committees/officers of the PHA.

3.4.8 Use of Management Consultants

DHSSPS retains strict control over the use of Management Consultants and specifies the delegated limits within which the PHA may select and appoint consultants, using its tendering and contracting procedure. The PHA and its officers must comply with the most recent DHSSPS guidance, as set out in DHSSPS Circulars HSC(F) 25/2012 and HSC(F) 48/2012. In particular the DHSSPS must be advised of **ALL** proposals to use External Management Consultants in advance with **prior** approval from the Minister and/or DFP where the anticipated cost is £10,000 or above. Additionally, any proposal to use External Management Consultants which proposes a Single Tender Action / Direct Award Contract (any level of cost) must also have **prior** approval from the Permanent Secretary of the DHSSPS.

Further detail is set out in The Administrative Schemes of Delegation, Appendix 2 (section 3.4.8).

The Administrative Schemes of Delegation are set out in Appendix 2 and correspond to the blue section in the Decision Tree Flowchart (SO 3.1.4):

3.5 Financial Schemes of Delegation

The following Financial Schemes of Delegation are set out in Appendix 3 and correspond to the blue section in the Decision Tree Flowchart (SO 3.1.4):

- 3.5.1 Procedure for Delegation of Budgets;
- 3.5.2 Authorisation & Approval of Payroll Expenditure;
- 3.5.3 Authorisation & Approval of Non Payroll Expenditure; and
- 3.5.4 Authority to Initiate and Approve Cash Advances.

4. Agency board Committees - Contents

The arrangements for Powers Delegated to Committees on behalf of the board are outlined in the pink section of the Decision Tree Flowchart (SO 3.1.4).

4.1 Appointment of Committees

4.2 Committees

4.1 Appointment of Committees

Subject to such directions as may be given by the Minister, the board may and, if directed by the Department, shall appoint Committees of the Agency board, or together with one or more other bodies appoint a Joint Committee consisting, in either case, wholly or partly of the Chairperson and members of the board or other bodies or wholly of persons who are not members of the board or other bodies in question.

A Committee or Joint Committee appointed under this Standing Order may, subject to such directions as may be given by the Minister, the board or other bodies, appoint sub-Committees consisting wholly or partly of members of the Committee or Joint Committee (whether or not they are members of the board or other bodies in question) or wholly of persons who are not members of the board or other bodies or the Committee of the board or other bodies in question.

The Standing Orders of the board, as far as they are applicable, shall apply, as appropriate, to meetings of any Committees established by the board.

Each Committee shall have such terms of reference and powers, membership and be subject to such reporting back arrangements as the board shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.

Where Committees are authorised to establish sub-Committees they may not delegate executive powers to the sub-Committee unless expressly authorised by the board.

The board shall approve the appointments to each of the Committees, which it has formally constituted. Where the board determines, and regulations permit, that persons, who are neither members nor officers,

shall be appointed to a Committee the terms of such appointment shall be within the powers of the board as defined by the Minister. The board shall define the powers of such appointees and shall agree the terms of their remuneration and/or reimbursement for loss of earnings and/or expenses.

Where the board is required to appoint persons to a Committee and/or to undertake statutory functions as required by the Minister; and where such appointments are to operate independently of the board such appointment shall be made in accordance with the regulations laid down by the Minister.

See also SO 5.2.24 on Potential Conflicts of Interest.

4.2 Committees

Board Committees

Refer to:

Appendix

- | | |
|-----------------------------------------------|---|
| • Governance and Audit Committee | 4 |
| • Remuneration and Terms of Service Committee | 5 |

Other board Committees may established as necessary

Sub Committees

* To be determined

Joint Committees

* To be determined

5. Conduct of Agency Board Business - Contents

5.1 Constitution and Remit of Agency

5.2 Procedures for Meetings

5.1 Constitution and Remit of Agency

5.1.1 Constitution

All business shall be conducted in the name of the Agency.

All funds received in trust shall be held in the name of the Agency board as corporate trustee of the Agency.

5.1.2 Remit

The powers of the Agency established under statutory instruments shall be exercised by the Agency board meeting in public session except as otherwise provided for in SO 3.

The board shall define and regularly review the functions it exercises on behalf of the Minister.

The board has resolved that the board may only exercise certain powers and decisions in formal session. These powers and decisions are set out in 'Powers Reserved to the Agency board' SO 2.3.1-7 and have effect as if incorporated into the Standing Orders.

5.1.3 Composition of the Board

The Department of Health, Social Services and Public Safety determines the composition of the Agency board, which is currently as follows:

- A Chairperson appointed by the DHSSPS;
- a prescribed number of persons appointed by the DHSSPS;
- the chief officer of the PHA;
- such other officers of the PHA as may be prescribed;
- not more than a prescribed number of other officers of the PHA appointed by the Chairperson and the members specified the points above; and

- a prescribed number of members of district councils as appointed by the DHSSPS.

Except in so far as regulations otherwise provide, no person who is an officer of the PHA may be appointed as the Chairperson or by the DHSSPS. Regulations may provide that all or any of the persons appointed by the DHSSPS must fulfil prescribed conditions or hold posts of a prescribed description.

Details of board members are as follows:

The Chairperson

The role of the Chairperson is outlined in Appendix 7.

Non Officer Members

- 5 Non-Executive Directors (Non-specified);
- 2 Non-Executive Directors (Local Government Representatives);

The Officer Members are

- Chief Executive;
- Director of Nursing and Allied Professions;
- Director of Operations;
- Director of Public Health/Medical Director; and
- Any other Officer who the Chief Executive determines should be a member of the Agency Management Team.

Others in Attendance at board meetings

The Director of Social Care & Children and the Director of Finance, both from HSCB or their deputies, will attend all Agency board meetings and have attendance and speaking rights.

A representative from the Patient and Client Council (PCC) will be in attendance.

5.1.4 The Agency Management Team comprises:

- Chief Executive;
- Director of Public Health/Medical Director;
- Director of Nursing/Allied Health Professionals;
- Director of Operations;
- Director of Social Care and Children, HSCB;
- Director of Finance, HSCB, and
- Any other Officer who the Chief Executive determines should be a member of the Agency Management Team.

Details of the role and remit of the AMT are outlined in Appendix 6.

5.2 Procedures for Meetings - Contents

- 5.2.1 Code of Practice on Openness
- 5.2.2 Open Board Meetings
- 5.2.3 Conduct of Meetings
- 5.2.4 Calling of Meetings
- 5.2.5 Setting Agenda
- 5.2.6 Petitions
- 5.2.7 Notice of Meetings
- 5.2.8 Notice of Motion
- 5.2.9 Deputations & Speaking Rights
- 5.2.10 Admission of the Public and media
- 5.2.11 Attendance of other HSC Organisation representatives
- 5.2.12 Chairperson of Meeting
- 5.2.13 Quorum
- 5.2.14 Record of attendance
- 5.2.15 Confidential Section of meetings
- 5.2.16 Motions
- 5.2.17 Voting
- 5.2.18 Joint Members
- 5.2.19 Suspension of Standing Orders
- 5.2.20 Minutes
- 5.2.21 Committee Minutes
- 5.2.22 Variation & Amendment of Standing Orders
- 5.2.23 Appointments
- 5.2.24 Potential Conflict of Interests

5.2.1 Code of Practice on Openness

The board shall pursue the aims of the **Code of Practice on Openness**:

‘...to ensure that people may easily obtain an understanding of all services that are provided by the HSC and, particularly, changes to those services that may affect them or their families.’

The board shall accept the strong duty imposed on it by the Code to be positive in providing access to information; the presumption shall be in favour of openness and transparency in all its proceedings.

5.2.2 Open board Meetings

The Agency shall hold all its board meetings in public, although certain issues may be taken in a confidential section of the meeting.

A schedule of PHA public board meeting dates and venues will be posted on the Agency website (www.publichealth.hscni.net) for the financial year.

Public meetings shall be held in easily accessible venues across the region and at times when the public are able to attend. (**Code of Practice on Openness**; Annex A, Para 3.1)

5.2.3 Conduct of Meetings

The meetings and proceedings of the board shall be conducted in accordance with these Standing Orders.

Proceedings shall be in accordance with section 54 (1) and (2) of the Health and Social Services Act (Northern Ireland) 2001 which provides that sections 23 to 27 of the Local Government Act (Northern Ireland) 1972 (c9) shall also apply. This is specified in the Guidance on Implementation of the **Code of Practice on Openness**, Annex A, Para. 2.3.

The **Code of Practice on Openness** is not statutory, it does not set aside restrictions on disclosure, which are based in law and decisions shall rest on judgement and discretion. (See Guidance on the implementation of the **Code of Practice on Openness**, Para 6.3).

5.2.4 Calling of Meetings

Ordinary meetings of the board shall normally take place monthly and be held at such times and places as the board may determine although, as good practice, some meetings may be held outside normal working hours to facilitate wider attendance by the general public. The board shall pay particular attention to the commitments within its Equality Scheme when calling meetings.

The Chairperson may call a meeting of the board for a special purpose (including in the event of an emergency) at any time.

The notice, agenda and papers for such a meeting shall be conveyed to members as far in advance of the meeting as the circumstances shall allow. Notice of meetings and agenda shall be posted on the Agency web site.

If requested by at least one third of the whole number of members, the Chairperson shall call a meeting of the board for a special purpose. If the Chairperson refuses to call a meeting or fails to do so within seven days after such a request, such one third or more members may forthwith call a meeting. In the case of a meeting called by members in default of the Chairperson, the notice shall be signed by those members and no other business, other than that specified in the notice shall be transacted at the meeting. Failure to service such a notice on more than three members of the board shall invalidate the meeting. A notice shall be presumed to have been served one day after posting.

5.2.5 Setting the Agenda

The board may determine or may be directed to ensure that certain matters shall appear on every agenda for a meeting of the board and shall be addressed prior to any other business being conducted. If so determined these matters shall be listed as an appendix to the Standing Orders.

A member desiring a matter to be included on an agenda shall normally make his/her request in writing to the Chairperson at least 14 clear days before the meeting. The request may include appropriate supporting information and a proposed motion. It may also note any grounds which would necessitate the item of business being dealt with in a confidential section of the meeting. Requests made less than 14 days before a meeting may be included on the agenda at the discretion of the Chairperson.

The agenda and supporting papers shall be despatched to members 5 working days in advance of the meeting and certainly no later than three working days beforehand, except in cases of emergency.

5.2.6 Petitions

Where the board has received a petition of at least 100 signatures the Chairperson shall include the petition as an item for the agenda of the next meeting, providing it is appropriate for consideration by the board. The Chairperson shall advise the meeting of any petitions that are not granted and the grounds for refusal. However if the petition is deemed to be urgent the Chairperson may call a special meeting.

5.2.7 Notice of Meetings

Before each meeting of the board, a notice of the meeting, specifying the business proposed to be transacted at it, and any motions relating to it, and signed by the Chairperson or by an officer of the board authorised by the Chairperson to sign on his/her behalf shall be delivered to each member and posted on the PHA website at least five clear days before the meeting.

Absence of service of the notice on any member shall not affect the validity of a meeting. Failure to serve such a notice on more than three members shall invalidate the meeting. A notice shall be presumed to have been served one day after posting.

In the case of a meeting called by members in default of the Chairperson, those members shall sign the notice and no business shall be transacted at the meeting other than that specified in the notice.

5.2.8 Notices of Motion

With reference to matters included in the notice of meetings, a member of the board may amend or propose a motion in writing at least 10 clear days before the meeting to the Chairperson. All notices so received, shall be inserted in the agenda for the meeting subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice, on any business mentioned on the agenda.

5.2.9 Deputations and Speaking Rights

Deputations from any meeting, association, public body or an individual, in relation to a matter on the Agency board agenda, may be permitted to address a public meeting of the board provided notice of the intended deputation and a summary of the subject matter is given to the board at least two clear days prior to the meeting and provided that the Chairperson of the board is in agreement. The specified notice may be waived at the discretion of the Chairperson. In normal circumstances this facility shall be confined to the making of a short statement or presentation by no more than three members of the deputation and making a copy of the presentation available in advance (at least one clear day) of the meeting. The Chairperson shall determine the actual allotted time and if the deputation has sufficiently covered the issue.

5.2.10 Admission of the Public and Media

The PHA board shall undertake the necessary arrangements in order to encourage and facilitate the public at open board meetings. Reasonable facilities shall be made available to enable representatives of the press and broadcasting media to report the meetings.

The Chairperson shall give such directions as he/she thinks fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press and broadcasting media, such as to ensure that the board's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public shall be required to withdraw upon the board resolving as follows:

'That in the interests of public order the meeting adjourns for (the period to be specified) to enable the board to complete business without the presence of the public.'

Nothing in these Standing Orders shall require the board to allow members of the public or representatives of the press and broadcasting media to record proceedings in any manner whatsoever, other than in writing, or to make an oral report of proceedings as they take place from within the meeting, without prior agreement of the Chairperson.

5.2.11 Attendance of other HSC Organisation representatives

Officers representing the HSCB, HSC Trusts, the PCC and the BSO may attend and participate in meetings of the Agency board, with the agreement of the Chair.

5.2.12 Chairperson of Meeting

At any meeting of the board, the Chairperson, if present, shall preside. In the absence of the Chairperson the Vice Chairperson, if previously appointed, shall preside, if not previously appointed then such member (who is not also an officer of the board) as the Chairperson may nominate shall preside or if no such nomination has been made, such non executive member as those members present shall choose, shall preside.

If the Chairperson is absent temporarily on the grounds of a declared conflict of interest such non-executive member as the members shall choose shall preside.

5.2.13 Quorum

No decisions may be taken at a meeting unless at least one-third of the whole number of the Chairperson and voting members appointed, (including at least one non-officer member and one officer member) are present. Members may receive items for information, which are included on the agenda, providing this is also recorded in the minutes.

An officer in attendance for an officer member but without formal acting up status may not count towards the quorum. If the Chairperson or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest, he/she shall no longer count towards the quorum. If a quorum is then not available for the passing of a resolution on any matter, that matter may be discussed further but not voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting.

5.2.14 Record of Attendance

A record of the names of the Chairperson, and members present at the meeting shall be noted in the minutes. If necessary, the point at which they join, leave or resume their place at the meeting shall also be noted. The name of those 'in attendance' shall also be included along with the items for which they attended.

5.2.15 Confidential Section of Meetings

The board may by resolution exclude the public or representatives of the press or broadcasting media from a meeting (whether during the whole or part of the proceedings at the meeting) on one or more of the following grounds:

- By reason of the confidential nature of the business to be transacted at the meeting;
- when publicity would be prejudicial to the public interest; or
- for such special reasons as may be specified in the resolution being reasons arising from the exceptional nature of the business to be transacted or of the proceedings at the meeting.

5.2.16 Motions

The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

When a motion is under discussion or immediately prior to discussion it shall be open to a member to move:

- An amendment to the motion;
- the adjournment of the discussion or the meeting;
- that the meeting proceed to the next business (+);
- the appointment of an ad hoc Committee to deal with a specific item of business;
- that the motion be now put (+); or
- a motion resolving to exclude the public (including the press).

In the case of sub-paragraphs denoted by (+) above: to ensure objectivity, only a member who has not previously taken part in the debate may put motions.

No amendment to the motion shall be admitted if, in the opinion of the Chairperson of the meeting, the amendment negates the substance of the motion.

When an adjourned item of business is re-commenced or a meeting is reconvened, any provisions for deputations or speaking rights, not previously undertaken or other arrangements shall be treated as though no interruption had occurred.

(a) Withdrawal of Motion or Amendments

The proposer may withdraw a motion or amendment once moved and seconded with the concurrence of the second and the consent of the Chairperson.

(b) Motion to Rescind a Resolution

Notice of motion to amend or rescind any resolution (or the general substance of any resolution) that has been passed within the preceding 6 calendar months, shall bear the signature of the member who gives it and also the signature of 4 other board members.

When any such motion has been disposed of by the board, it shall not be appropriate for any member other than the Chairperson to propose a motion to the same effect within 6 months; however the Chairperson may do so if he/she considers it appropriate.

(c) Chairperson's Ruling

Statements of members made at meetings of the board shall be relevant to the matter under discussion at the material time and the decision of the Chairperson of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

5.2.17 Voting

Every item or question at a meeting shall be determined by the Chairperson seeking the general assent of voting members or the expression of a wish to proceed to a vote. A vote shall be determined by the majority of the votes of the Chairperson of the meeting and members present and voting on the question; in the case of the number of votes for and against a motion being equal, the Chairperson of the meeting shall have a second or casting vote.

All questions put to the vote shall, at the discretion of the Chairperson of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the members present so request.

If at least one third of the members present so request, the voting (other than by paper ballot) on any question may be recorded to show how each member present voted or abstained.

If a member so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

An officer who has been appointed formally by the board to act up for an officer member during a period of incapacity or temporarily to fill an officer member vacancy, shall be entitled to exercise the voting rights of the officer member. An officer attending the board to represent an officer member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the officer member. An officer's status when attending a meeting shall be recorded in the minutes.

5.2.18 Joint Members

Where more than one person shares the office of a member of the board jointly:

- Either or both of those persons may attend or take part in meetings of the board;
- if both are present at a meeting they shall cast one vote if they agree;
- in the case of disagreement no vote shall be cast; and
- the presence of one or both of those persons shall count as the presence of one person for the purposes of a quorum.

5.2.19 Suspension of Standing Orders

Except where this would contravene any statutory provision or any direction made by the Department, one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the board are present, including one officer and one non-officer member, and that a majority of those present vote in favour of suspension.

A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairperson and members of the board.

No formal business may be transacted while Standing Orders are suspended.

The Governance and Audit Committee shall review every decision to suspend Standing Orders.

5.2.20 Minutes

The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where the person presiding at it shall sign them.

No discussion shall take place upon the minutes except upon their accuracy or where the Chairperson considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public upon request as required by **Code of Practice on Openness** in the HPSS and the **Freedom of Information Act 2000**.

5.2.21 Committee Minutes

The minutes of all board Committee meetings shall be presented to the public board meeting immediately following the committee where they have been approved except where confidentiality needs to be expressly protected.

At the board meeting following the meeting of the committee, the committee Chairperson will give a verbal update of the meeting in the absence of the full minutes being available.

Where Committees meet infrequently, the draft minutes may be presented to the subsequent confidential meeting of the board for information only.

5.2.22 Variation and Amendment of Standing Orders

These Standing Orders shall be amended only if:

- A notice of motion under the appropriate Standing Order has been given;
- at least two-thirds of the board members are present;
- no fewer than half the total of the board's non-officer members present vote in favour of amendment; and
- the variation proposed does not contravene a statutory provision or direction made by the Department.

5.2.23 Appointments

(a) **Appointment of the Chairperson and Members, and Terms of Office**

The legislative provisions governing the appointment of the Chairperson and members, and their terms of office, are contained in, Schedule 2, paragraphs 3-6, of the Health and Social Care (Reform) Act (Northern Ireland) 2009. Non-Executive appointments are made in accordance with the **Code of Practice**, issued by the Commissioner for Public Appointments for Northern Ireland.

(b) **Appointment of Vice-Chairperson**

Subject to the following, the Chairperson and members of the board may appoint one of their number, who is not also an officer member of the board, to be Vice-Chairperson, for such period, not exceeding the remainder of his/her term as a member of the board, as they may specify on appointing him/her.

Any member so appointed may at any time resign from the office of Vice-Chairperson by giving notice in writing to the Chairperson. The Chairperson and members may thereupon appoint another member as Vice-Chairperson in accordance with the provisions above.

If no Vice-Chairperson is available and the Chairperson is unable to conduct a board meeting, members shall appoint one from among the Non Executive members present to act as Chairperson for that meeting.

If no meeting is scheduled or the Chairperson is not available and the Chief Executive needs to take advice on an urgent matter, the Chief Executive may obtain the agreement of non-executive members to appoint one of their number as Chairperson for this purpose.

Where the Chairperson of the board has passed away or has ceased to hold office, or where he/she has been unable to perform his/her duties as Chairperson owing to illness, absence from Northern Ireland or any other cause, the Vice-Chairperson, if previously appointed, shall act as Chairperson until a new Chairperson is appointed or the existing Chairperson resumes his/her duties, as the case may be. If not previously appointed the board may appoint one of their number, who is not also an officer member of the board, to be Chairperson, for such period. References to the Chairperson in these Standing Orders shall, so long as there is no Chairperson able to perform his/her duties, be taken to include references to the Vice-Chairperson.

(c) Joint Members

Where more than one person is appointed jointly to a post in the board which qualifies the holder for officer membership or in relation to which an officer member is to be appointed, those persons shall become appointed as an officer member jointly, and shall count for the purpose of Standing Orders as one person.

5.2.24 Potential Conflict of Interests

Subject to the following provisions of this Standing Order, if the Chairperson or a board member has any potential conflict of interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the board at which the contract or other matter is the subject of consideration, he/she shall, at the meeting, and as soon as practicable after its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision, and the member shall withdraw from the meeting while the consideration or discussion of the contract or other matter and the vote is being taken.

In **exceptional circumstances** the individual who has declared a potential conflict of interest may be permitted to remain for the discussion where their expertise is specifically required to inform the other members in their discussions. This expert advice shall be restricted to the giving of factual and objective information before withdrawing while the decision and vote is taken.

The DHSSPS may, subject to such conditions as it may think fit to impose, remove any disability imposed by this Standing Order in any

case in which it appears to be in the interests of the HSC that the disability shall be removed.

The board may exclude the Chairperson or a board member from a meeting of the board while any contract, proposed contract or other matter in which he / she has a pecuniary interest, is under consideration.

Any remuneration, compensation or allowances payable to the Chairperson or a board member shall not be treated as a pecuniary interest for the purpose of this Standing Order.

For the purpose of this Standing Order the Chairperson or a board member shall be treated, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

- He/she, or a nominee of his/hers, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in any other matter under consideration; or
- he/she is a partner of, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in any other matter under consideration; and in the case of persons living together the interest of one partner shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

The Chairperson or a board member shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only:

- of his/her membership of a company or other body, if he/she has no beneficial interest in any securities of that company or other body;
- of an interest of his as a person providing Family Health Services which cannot reasonably be regarded as an interest more substantial than that of others providing such of those services as he/she provides; or
- of an interest in any company, body or person with which he/she is connected as mentioned in Standing Orders above which is so remote or insignificant that it cannot reasonably be regarded as

likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

Where the Chairperson or a board member has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company body, whichever is the less, and if the share capital is of more than one class, the total nominal value of shares of any one class in which he/she has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class, this Standing Order shall not prohibit him/her from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it, without prejudice however to his/her duty to disclose his/her interest.

This Standing Order applies to a Committee or Sub-Committee and to a Joint Committee as it applies to the board and applies to a member of any such Committee or Sub-Committee (whether or not he/she is also a member of the board) as it applies to a member of the board.

6. Code of Conduct and Code of Accountability – Contents

- 6.1 Introduction
- 6.2 Public Service Values – General Principles
- 6.3 Openness and Public Responsibilities
- 6.4 Public Service Values in Management
- 6.5 Public Business and Private Gain
- 6.6 Counter Fraud Policy
- 6.7 Gifts, Hospitality and Sponsorship
- 6.8 Declaration of Interests
- 6.9 Employee Relations
- 6.10 Personal Liability of Board Members
- 6.11 Staff Policies and Procedures
- 6.12 Staff Concerns

6.1 Introduction

The **Code of Conduct and Code of Accountability**, issued in July 2012, provides the basis on which the HSC bodies should seek to fulfil the duties and responsibilities conferred upon them by the DHSSPS

The Codes state that high standards of corporate and personal Conduct must be at the heart of the Health and Social Care Organisations.

Since Health and Social Care Organisations are publicly funded, they must be accountable to the Minister for Health, Social Services and Public Safety and ultimately to the Northern Ireland Assembly and the Public Accounts Committee, for the services they provide and for the effective and economical use of taxpayers' money.

6.2 Public Service Values – General Principles

All board members must follow the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the 'Nolan Principles'):

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

The PHA is committed to these principles and all individuals are expected to adhere to them in the course of their work.

Those who work in the HSC have a duty to:

- Conduct business with probity;
- deal with patients, clients, carers, staff, residents and suppliers impartially and with respect;
- achieve value for money from public funds; and
- demonstrate high ethical standards of personal conduct.

The Chairperson, board members and all Agency employees/officers are required to accept the provisions of the **Code of Conduct and Code of Accountability** on appointment and to follow the principles set out herein.

The board must set a rigorous and visible example and shall be responsible for corporate standards of conduct and ensure acceptance and application of the Code. The Code shall inform and govern the decisions and personal conduct of the Chairperson, board members and all Agency employees/officers.

6.3 Openness and Public Responsibilities

The Code of Conduct advises that there should be a willingness to be open and to actively involve the public, patients, clients and staff as any need for change emerges. HSC business should also be conducted in a way that is socially responsible.

The duty of confidentiality of personal and individual patient/client information must be respected at all times.

6.4 Public Service Values in Management

It is a long established principle that public sector bodies, which include the PHA, must be impartial, honest and open in the conduct of their business, and that their employees shall remain beyond suspicion. It is also an offence under the Public Bodies Corrupt Practices Act 1889 and Prevention of Corruption Acts 1906 and 1916 for an employee to accept any inducement or reward for doing, or refraining from doing anything, in his or her official capacity, or corruptly showing favour or disfavour, in the handling of contracts.

In the **Code of Conduct** issued by the Department in July 2012, it was emphasized that public service values must be at the heart of the Health and Personal Social Services.

HSC organisations, including the PHA, are accountable to the Minister of Health, Social Services and Public Safety and ultimately to the Northern Ireland Assembly and the Public Accounts Committee for the services they provide and for the effective and economical use of taxpayer's money.

It is unacceptable for the board of any HSC organisation, or any individual within the organisation for which the board is responsible, to ignore public service values in achieving results. The Chairperson, board members and all staff have a duty to ensure that public funds are properly safeguarded and that at all times the board conducts its business as efficiently and effectively as possible.

Proper stewardship of public monies requires value for money to be high on the agenda of the board at all times. Employment, procurement and accounting practices within the Agency must reflect the highest professional standards.

Individuals are expected to:

- ensure that the interests of patients and clients remain paramount at all times;
- be impartial and honest in the conduct of their official business; and

- use public funds entrusted to them to the best advantage of the service as a whole always ensuring value for money in the procurement of goods and services.

Public statements and reports issued by the Agency, or individuals within the Agency, shall be clear, comprehensive and balanced, and shall fully represent the facts. They shall also appropriately represent the corporate decisions of the Agency, or be explicit in being made in a personal capacity, where this is considered necessary.

Annual and all other key reports shall (on request) be made available to all individuals and groups in the community who have a legitimate interest in health and social care issues to allow full consideration by those wishing to attend public meetings on such issues.

6.5 Public Business and Private Gain

The **Code of Conduct** issued in July 2012 also outlined the principle that the Chairperson, board members and all staff shall act impartially and shall not be influenced by social or business relationships. No one shall use their public position to further their private interests.

It is the responsibility of all staff to ensure that they do not:

- Abuse their official position for personal gain or to benefit their family or friends or to benefit individual contractors; or
- seek to advantage or further private business or other interests in the course of their official duties.

Where there is a potential for private, voluntary or charitable interests to be material and relevant to board or HSC business, the relevant interest shall be declared and recorded in the board minutes and entered into a register, which is available to the public. This is set out in more detail in SO 6.11.

When a conflict of interest is established or perceived, the Chairperson, board member or member of staff shall withdraw and play no part in the relevant discussion or decision.

6.6 Counter Fraud Policy

The Agency is committed to maintaining an honest, open and well-intentioned atmosphere. It is therefore also committed to the elimination

of any fraud within or against the Agency, and to the rigorous investigation of any such cases.

The Agency has in place a Fraud Policy and Response plan, to give officers specific direction in dealing with cases of suspected fraud, theft, bribery or corruption. Advice may also be obtained from the Director of Operations and the Fraud Liaison Officer (FLO) role provided by the Department of Finance. The PHA's Fraud Liaison Officer (FLO) will ensure that all reporting requirements detailed in Circular HSC(F) 44/2011 are complied with.

The Agency wishes to encourage anyone with reasonable suspicions of fraud to report them. The PHA Whistleblowing Policy enables staff to raise concerns about issues of public interest either internally or externally at an early stage.

6.7 Gifts, Hospitality and Sponsorship

6.7.1 Providing and Receiving Hospitality

The use of public funds for hospitality and entertainment shall be carefully considered within the guidelines issued by the Department in circular HSS(F) 49/2009, and within Standing Financial Instruction 18.

6.7.2 Gifts and Hospitality

Token gifts (generally at Christmas) of very low intrinsic value such as diaries or calendars may be accepted from persons outside the Agency with whom staff have regular contact. At present a limit of £50 is used as a guide to identifying gifts of low intrinsic value but the nature or number of gifts may mean that items whose value is less than this may be considered inappropriate. The number of gifts accepted shall be limited within any financial period.

Apart from trivial/inexpensive seasonal gifts, such as diaries, no gift or hospitality of any kind from any source should be accepted by anyone involved in the procurement or monitoring of a contract. This will ensure that no criticism can be made regarding bias to a particular company or supplier and that the principles of the Bribery Act are complied with.

More expensive or substantial items, valued at £50 or more and gifts of lottery tickets, cash, gift vouchers or gift cheques, cannot on any account be accepted.

All gifts offered, even if they are declined/returned must be recorded in the central register.

If in doubt, staff shall decline the gift or consult their Line Manager/ Director before accepting it. Full details are contained within the Agency's Gifts and Hospitality Policy.

6.7.3 Sponsorship

Commercial sponsorship is not generally acceptable, as acceptance may be perceived as compromising the organisation's integrity.

Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses might be acceptable providing the employee seeks permission in advance and the Agency can be absolutely satisfied that its decision making processes are not compromised.

Members of the board must be satisfied that their acceptance of any commercial sponsorship could not compromise or be perceived to compromise future decisions.

Acceptance of commercial sponsorship of conferences, courses or other events run by the Agency may only be accepted if it can be demonstrated that:

- Promotional material of the sponsor does not unduly dominate the event;
- no particular product is being promoted or receiving an implicit endorsement by association with the Agency; and
- other commercial bodies have been given an equal opportunity to sponsor and be associated with a particular event or other such events over a period of time.

Any decisions regarding sponsorship are to be referred to the Agency Management Team in the case of Agency organized events. Decisions, together with all relevant information, shall be recorded in the minutes for future scrutiny.

A suitable contract shall be drawn up with the prospective sponsor, which sets out the Agency's requirements in line with this Standing Order.

6.7.4 Register(s) of Hospitality, Gifts and Sponsorship

All instances when hospitality, gifts (of less than £50 in value) and sponsorship are accepted or rejected by any Officer and Non-Officer members of the board and by members of staff shall be notified to the Chief Executive's Office with a record thereof. The basis of the decision to accept or reject shall be maintained in the Register and monitored within performance management arrangements set out in the PHA Gifts and Hospitality Policy (compliant with circulars FD(DFP) 19/09 and DAO(DFP) 10/06 revised as at 3 Sept 2009) and shall be made available for public inspection on request.

6.8 Declaration of Interests

The **Code of Conduct and Code of Accountability** requires the Chairperson and board Members to declare interests, which are relevant and material to the Agency on their appointment. All existing managers or budget-holders within the Agency, having delegated responsibility to commit or influence commitment of Public Funds, shall declare such interests on appointment.

Interests that shall be regarded as 'relevant and material' are:

- Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
- ownership or part-ownership of private companies, businesses or consultancies likely, or possibly seeking, to do business with the HSC;
- majority or controlling share holdings in organisations likely, or possibly seeking to do business with the HSC;
- a position of trust in a charity or voluntary organisation involving the field of health and social care;
- any connection with a HSC organisation, voluntary organisation or other organisation contracting (or seeking to contract) for HSC services, or applying for or receiving financial assistance from any NHS body; and
- any other commercial interest in the decision before the meeting.

At the time board members' interests are declared, they shall be recorded in the board minutes. Any changes in interests shall be declared at the board meeting following the change occurring and recorded in the minutes. Such minutes will be drawn to the attention of the board's internal and external auditors.

Board members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the HSC shall be published in the board's Annual Report. The information shall be kept up to date for inclusion in succeeding Annual Reports.

During the course of a board meeting, if a conflict of interest is established, the Member concerned shall, as soon as practicable after its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision. The member shall withdraw from the meeting and play no part in the relevant discussion or decision (see SO 5.2.24).

There is no requirement under the code, for members to declare 'relevant and material' interests as defined above, held by their spouses or partner. However, it is a requirement of the Constitution Regulations that in the case of married persons, or persons (whether of different sexes or not) living together as if married, the pecuniary interest of one partner shall, if known to the other, be deemed to be also an interest of the other and shall be so disclosed.

The principles of the Bribery Act 2011 must be borne in mind by all Agency officers in conducting business.

6.8.1 Register of Interests

The Chief Executive shall ensure that a Register of Interests is established to record formally declarations of interests of members (including associated and co-opted) and officers. In particular the Register shall include details of all directorships and other relevant and material interests, which have been declared by executive and non-executive board members, managers and budget-holders as defined above.

These details shall be kept up to date by means of an annual review of the Register in which any changes to interests declared during the preceding twelve months shall be incorporated.

The Register shall be available to the public and the Chief Executive shall take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing.

If board members or relevant officers have any doubt about the relevance of an interest, this shall be discussed with the Chairperson, Chief Executive or Executive Director as appropriate

The general principle to be adopted is that if there is uncertainty regarding the need to disclose a particular interest then, in the interests of openness, disclosure shall be made.

6.9 Employee Relations

The Public Health Agency must comply with legislation and guidance from the DHSSPS, respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to their staff and represent good value for taxpayers' money.

Appointments to Agency posts shall be made on the basis of merit and in line with all appropriate HR regulations.

The Agency Board shall ensure, through the Remuneration Committee, that executive board members' total remuneration can be justified as reasonable in the light of general practice in the public sector. All board members total remuneration from the organisation of which they are a member shall be published in the Annual Report.

6.10 Personal Liability of Board Members

The Code of Accountability sets out the personal liability of board members. Legal proceedings by a third party against individual board member are very exceptional. A board member may be personally liable if he or she makes a fraudulent or negligent statement which results in a loss to a third party; or may commit a breach of confidence under common law or a criminal offence under insider dealing legislation, if he or she misuses information gained through their position. However, the Department of Health, Social Services and Public Safety has indicated that individual board members who have acted honestly, reasonably, in good faith and without negligence will not have to meet out of their own personal resources any personal civil liability which is incurred in execution or purported execution of their board functions.

6.11 Staff Policies and Procedures

The Agency has a number of policies and procedures on a range of issues affecting staff and how they work within the Agency. Staff can access these from the policies and procedures sections of the PHA intranet site 'Connect' <http://connect.publichealthagency.org/> , or directly from their Senior Officer.

The content of these policies has been consulted on with recognised staff side organisations and cover issues such as:

- Health and safety;
- equal opportunities;
- ICT security;
- HR policies (including attendance at courses/conferences, grievance, disciplinary, working well together, flexible working, special leave, drugs, alcohol and substance misuse) and
- Whistleblowing.

6.12 Staff Concerns

The Agency has in place a procedure for raising concerns about malpractice, patient safety, financial impropriety or any other serious risks that they consider to be in the public interest. The Agency Board promotes a culture of safety, built on openness and accountability. Staff are assured that it is safe and acceptable to speak up and that their concerns will be handled with sensitivity or respect for confidentiality. Full details can be found in the PHA Whistleblowing Policy.

7. POWERS AND DUTIES

The powers and duties of individuals within the Agency are generally set out in the relevant Job Descriptions and Contract of Employment. All individuals are expected to behave at all times in accordance with the Standing Orders.

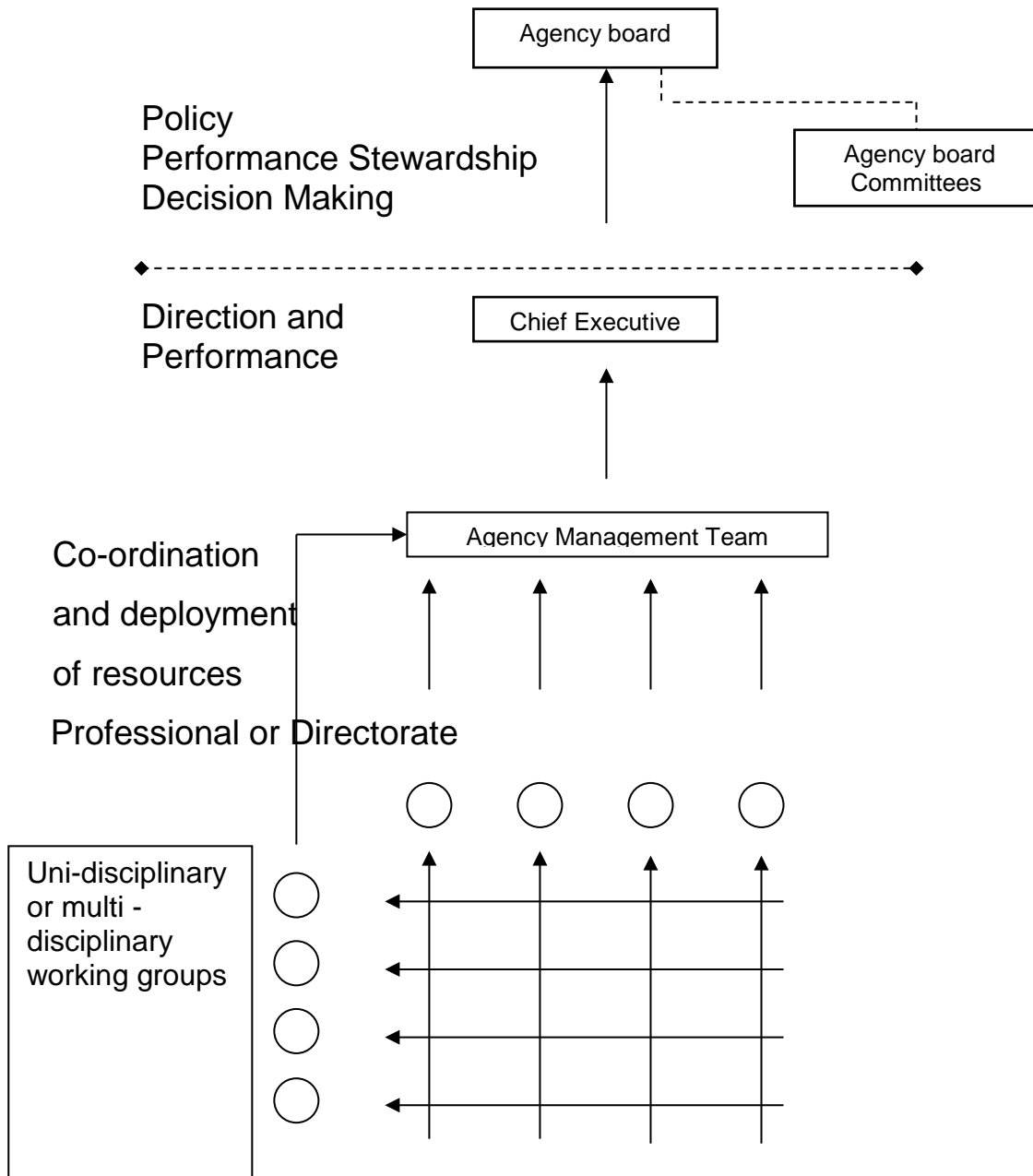
Those individuals who comprise the board, that is the Chairperson, Executive and Non Executive board members, shall pay regard to SO 2, which sets out the main functions of the board and those matters that are reserved to the board.

When acting in the capacity of a member of a board Committee, those individuals shall have regard to the appropriate Scheme of Delegation which sets out those matters which have been delegated by the board.

The Chief Executive, Executive Directors, Senior Managers and other staff shall have regard to any appropriate Scheme of Delegation either by the board or by the Chief Executive. This may delegate responsibility to the individual in a personal capacity or as a member of a working group or committee.

Individuals are accountable through their professional or directorate management structure as well as through any participation on a working group, committee or functional role. This accountability is to the Chief Executive through the Agency Management Team as illustrated in the following diagram.

*** Accountability Structures**



APPENDICES

Appendix 1	Chief Executive's Scheme of Delegation
Appendix 2	Administrative Schemes of Delegation
Appendix 3	Financial Schemes of Delegation
Appendix 4	Governance and Audit Committee
Appendix 5	Remuneration and Terms of Service Committee
Appendix 6	Agency Management Team
Appendix 7	Role of Chair

Chief Executive's Scheme of Delegation

Appendix 1

This Appendix Relates to Section 3.2 of STANDING ORDERS CHIEF EXECUTIVE'S SCHEME OF DELEGATION

ITEMS	RESPONSIBILITY	CONTROLS	DELEGATED TO
3.2.1 Corporate Operational Matters	Matters which impact on the corporate operational performance of the board	Timely submission required from appropriate lead Director or joint submission	Agency Management Team
3.2.2 Corporate Plan	An accessible statement of the Agency's purpose, values and goals; and key actions to be undertaken by the Agency to deliver	To be prepared annually in line with Government proposals	Agency Management Team
3.2.3 Multidisciplinary Planning and Commissioning and Monitoring proposals	Proposed matters which involve the planning and commissioning and monitoring of services including in year management of resources.	Proposals to be submitted for Agency Management Team approval and monitoring	Appropriate Planning or Commissioning Team or Programme lead

ITEMS	RESPONSIBILITY	CONTROLS	DELEGATED TO
3.2.4 Lead and Manage Individual Directorates	The operational management of individual directorates including leadership and development	Responsive to corporate needs	Individual Executive Directors
3.2.5 Financial Performance of Directorate Operations	Monitoring of individual Directorate performance to achieve overall corporate targets set by the DHSSPS	Monthly reporting by Director of Finance to achieve overall targets	Agency Management Team
3.2.6 Control Assurance Standards and Risk Management	Ensure Agency-wide implementation and compliance with the requirements of Controls Assurance Standards	To be reported through the Governance & Audit Committee to the board	Director of Operations
3.2.7 Policy Approval Process to comply with Control Assurance Standards (CAS)	New policy proposals requiring approval in accordance with the CAS	Policies relating to internal management arrangements to be submitted to Agency Management Team for approval. All other policies have approval reserved to the board	Agency Management Team

Administrative Schemes of Delegation

Appendix 2

This appendix refers to Sections 3.4.5 – 3.4.8 of the Standing Orders

Relates to Section 3.4 of STANDING ORDERS			
ADMINISTRATIVE SCHEMES OF DELEGATION			
3.4.5 Delegation of Budgets for Agency Administration			
ITEMS	RESPONSIBILITY	CONTROLS	DELEGATED TO
Authorisation and Approval of Non-Pay Expenditure for Agency Administration	<p>The authorisation and approval of non-pay expenditure for Agency administration.</p> <p>Chief Executive further delegates these powers to Directors or nominated Officers within the budgets provided to them and the limits set out below.</p> <p>In turn, they may delegate them to named officers.</p>	<p>Within Limits set out below.</p> <p>The Director of Finance will bring forward annual budgets within which each Director must manage their annual expenditure.</p>	Chief Executive/Directors or other nominated Budget Holders

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.6 Procedure for Delegating Power to Authorise and Approve Non-Pay Expenditure For Agency Administration

AUTHORITY TO INITIATE EXPENDITURE AND APPROVE PAYMENTS

Authority to initiate expenditure and to approve the payment of invoices is delegated to the Chief Executive who delegates it to Directors or nominated Officers. They in turn may delegate these powers to named officers in their directorates.

Each Director shall nominate appropriate officers and the Directorate of Operations will compile a comprehensive list. The list (including specimen signatures) will be copied to the BSO and HSCB (finance). A copy shall be retained in each directorate for reference. The list shall be amended as necessary and reviewed at least annually; a revised version will be distributed.

Expenditure in each specified category is only permitted within the budget provided for it.

The nominated officers shall observe the limits delegated to them on the list (see above), which shall not be exceeded without express approval of the Chief Executive. They must also note their responsibilities in authorising expenditure to be incurred by the Public Health Agency.

ROUTINE EXPENDITURE

Definition

This is expenditure on goods and services for which a budget is provided and which is usually initiated by requisition and repeated periodically. Examples would include office supplies and consumables together with the maintenance of equipment and other establishment costs.

Expenditure Limits

The delegated limits for accommodation leases was removed following Circular HSC(F) 43-2014.

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.6 Procedure for Delegating Power to Authorise and Approve Non-Pay Expenditure For Agency Administration

NON-ROUTINE EXPENDITURE

Definition

This is expenditure which occurs on a once-only or occasional basis for which a budget may be provided. It may include books, periodicals, courses, travel, and equipment (costing less than £5,000).

Expenditure limits

As provided by the Scheme of Delegation within the budget or approved funding.

No Budget or Approved Funding:

If no budget or specifically approved funding exists for any such proposed expenditure, a Director or nominated Officer is to consult the Director of Finance to identify a possible source of funds. A submission may then be prepared for the Agency Management Team seeking the authorisation of the Chief Executive for the proposed expenditure and its funding.

Specific Items

Individual procedures applies to the:

- Use of External Management Consultants
(please refer to following sections for further information)

CAPITAL EXPENDITURE

Definition

Capital expenditure is defined in The HPSS Capital Accounting Manual.

The essential elements are that there is an asset capable of use for more than one year and that the expenditure exceeds £5,000.

Expenditure Limits

As provided by the Scheme of Delegation within the budget or approved funding.

Relates to Section 3.4 of STANDING ORDERS AND 8.7.2 WITHIN THE STANDING FINANCIAL INSTRUCTIONS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.7 Procedure for Quotations and Tendering of Non- Pay Expenditure For Agency Administration (unless order drawn from an existing tendered contract)

<u>Financial Limits</u>		<u>Requirement</u>
<u>Order Value</u> Up to and including £5,000		May be placed without seeking quotation
£5,000 - £10,000		Process to be undertaken by the Contractor: 4 formal written quotations in sealed envelope to be opened in presence of 2 BSO officers normally including the Admin Services Manager.
£10,000 - £30,000		Process to be undertaken by the Contractor: 5 formal written quotations in sealed envelope to be opened in presence of 2 BSO officers normally including the Admin Services Manager.
£30,000 - £EU Public Procurement Threshold†		Process to be undertaken by the Contractor: Publicly advertised tender competition (newspaper/website). Advice will be provided by PaLS as to the most cost effective procurement process on a case by case basis. The approach taken will be dependent on the nature of the contract and the BSO assessment of the skills of the FM provider to undertake the process. The tender process must be conducted in line with Procurement Guidance Note 05/12 (Procurement of Goods, Works and Services over £30,000 and below EU Thresholds)

	>£EU Public Procurement Threshold†	Should be EU advertised and EU Directives apply. To be undertaken by PaLS.
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† = EU threshold is currently £106,047. Further advice can be obtained from Finance

PLACING OF ORDERS

The advice of the Procurement and Logistics Service (PALs) of the Business Services Organisation should be sought in the case of any procurement queries in advance of contracting or ordering.

For orders falling within the financial limits above the Business Services Organisation (PALS) shall order under contracts already negotiated by tendering procedures OR shall advise on the tendering process on behalf of the requisitioning officer.

When selecting suppliers to be invited to submit a quotation or tender for procurements below £30,000, contracting authorities should provide opportunities for Small and Medium sized Enterprises (SMEs) to compete for business in line with Procurement Board's policy.

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.7 Procedure for Quotations and Tendering of Non- Pay Expenditure For Agency Administration

For orders falling within the final two financial limits above Officers are advised to consult the Director of Finance. Reference shall also be made to current Procurement Guidance and Control notices and the Department's circular 'Contract Procedure Supplies'.

Requisitions should be placed by creating an "E-Procurement" requisition within the Finance, Procurement and Logistics System (FPL). Any Single Tender Award Contract i.e. those contracts awarded without competition must follow the agreed process set out in Standing Financial Instructions (Section 8) in advance of placing the "e-requisition". It should be noted that contracts of this type should only be approved by the Chief Executive.

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.8 Procedure for Use of External Consultants for Non-Pay Expenditure for Agency Administration

INTRODUCTION

DHSSPS Circular HSC(F) 25/2012, HSC(F) 48/2012 provides revised guidance on the use of professional services, covering the engagement of External Consultants by Health and Social Care organisations.

It applies to **all** contracts for External Management Consultancy projects and deals with the approval management and monitoring of such assignments.

Against this background the Agency has drawn up the following procedure to ensure compliance with this guidance and to enable the Agency's officers to carry out their delegated tasks with the assurance that they have achieved value for money, selected the best consultants for the job, followed the internal and external approval, Standing Orders and other procedures, managed the assignment in a professional manner and completed post review learning exercises.

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.8 Procedure for Use of External Consultants for Non-Pay Expenditure for Agency Administration

DELEGATION

The Agency requires that **all** proposed use of External Management Consultants **must** be submitted to the Chief Executive for authorisation, through the Director of Operations, **BEFORE** engaging or going out to tender. For payment of invoices after the initial approval process, and delivery of the project, the authorisation framework and thresholds shall be applied as set out for non-pay expenditure.

The nominated officer taking lead responsibility for the assignment shall complete relevant documentation (located on Connect and set out in HSC (F) 25/2012) and seek approval according to the summary below:

Annex A – Proposal Proforma

Annex B – Business Case

Annex C – Single Tender Action / Direct Award Contract

Annex D – Completion of Project

Annex E – Post Project Evaluation

These documents must be signed by the relevant Director and submitted to the Finance Department for review prior to authorisation by the Chief Executive. The approved forms must then be submitted to the DHSSPS in all instances.

Appropriate AMT members shall be consulted before making a decision on whether the relevant skills and expertise are available internally.

Detailed guidance and all documentation is available on Connect.

TENDERING

The use of External Management Consultancy is subject to the normal contract procedures as referred to in Standing Orders, Administrative/Financial Schemes

| | of Delegation for Non-Pay Expenditure, see above. | |

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.8 Procedure for Use of External Consultants for Non-Pay Expenditure for Agency Administration

LIAISON WITH DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

The circular requires that the Department's Policy and Accountability Unit is notified **in all instances** where there is a case for External Consultants being employed. The Agency has decided that in all cases the notification shall be directed via the Finance Department who shall provide advice on the completion of forms and the notification to the DHSSPS.

The circular and associated supplements also require **the approval** of the Minister for Health, Social Services and Public Safety **before** going out to tender where the fees **are likely to exceed** £9,999 and DFP approval if greater than £75,000. As above, the Director of Finance shall advise on the referral process for approval and shall be the primary point of contact with the Department's Finance Policy and Accountability Unit (FPAU).

In addition, and in exceptional circumstances, if a single tender action (direct award contract without competition) is proposed for the External Consultancy project, the relevant Director must present the case to the Chief Executive who will decide whether the request may proceed to the Permanent Secretary (DHSSPS) for approval of the Single Tender Action, which must be prior to the approval of the Management Consultancy Project.

This is the case at all levels of proposed expenditure on External Management Consultancy with a proposal for a single tender action.

The Business Services Organisation (PALS) should be consulted in cases where a tender is deemed necessary.

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.8 Procedure for Use of External Consultants for Non-Pay Expenditure for Agency Administration

ENGAGEMENT OF CONSULTANTS

The Agency's standard letter of contract shall be used. Where it is deemed necessary to depart from this, advice shall be sought from the Director of Operations.

MONITORING

The sponsoring directorate or steering Committee must appoint an officer to manage the External Consultancy project.

FEES AND EXPENSES

All expenditure **must** be approved according to the Scheme of Delegated Authority after the initial approval to proceed with the scheme by the Chief Executive, Director of Finance, DHSSPS, Minister or DFP as appropriate.

FINANCIAL MONITORING

The Director of Finance, with the support of the Director of Operations, is responsible for maintaining the records of expenditure on assignments completed and/or started during each year, which are required by the circular, and for submitting the quarterly and annual returns to the DHSSPS.

The nominated officer identified as being responsible for managing the project is responsible for advising the Director of Finance on expenditure on the project.

REPORT

The appointed officer and/or the steering Committee/project team shall promptly complete the Post Project Evaluation report recording the assessment of the consultant, which the circular requires. It shall then be forwarded to the Finance Department for onward submission to the DHSSPS. There is a requirement to disseminate lessons learnt from Post Project Evaluations as per Circular HSC(F) 51/2015.

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

3.4.8 Procedure for Use of External Consultants for Non-Pay Expenditure for Agency Administration

RECORDS

The monitoring officer shall set up a contract file which includes:

- terms of reference/consultants brief;
- evidence of DHSSPS notification and approval
- evidence of notification to Trade Union, if applicable;
- evaluation criteria;
- copies of all the consultants proposals;
- details of the short listing and final selection process;
- the letter of contract and any variations;
- records of payments;
- implementation plans, and
- project evaluation details.

CONSULTATION WITH STAFF

DHSSPS Circular HSC(F) 25/2012 requires that before commissioning any consultancy work on an efficiency assignment which may impact on the organisational structure and for staffing, the organisation should notify the relevant staff Association side.

EMPLOYMENT OF IT CONSULTANTS

In addition, the Information Management Group of the NHS HSS Executive has produced a guide on 'The Procurement and Management of Consultants within the NHS.' The Department has issued this as a model of good practice. Volume One focuses on the general issues of which senior management shall be aware and Volume Two on the practical details for a manager purchasing consultancy services.

Any enquiries in connection with the above shall be addressed, in the first instance, to the Director of Operations.

This appendix refers to Sections 3.5.1 – 3.5.4 of the Standing Orders

Relates to Section 3.5 of STANDING ORDERS FINANCIAL SCHEMES OF DELEGATION 3.5.1 Procedure for Delegation of Budgets		
	<p>The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and accompanied by a clear definition of:</p> <ul style="list-style-type: none"> • The amount of the budget; • the purpose of each budget heading; • individual and group responsibilities; • Authority to exercise virement within total revenue or total capital; • achievement of planned levels of service; and • the provision of regular reports. 	<p>Standing Financial Instructions Section 5.3</p>
	<p><u>PRINCIPLES OF DELEGATION</u></p> <p>Control of a budget shall be set at a level at which budget management can be most effective.</p> <p>Whilst the Chief Executive retains overall responsibility for budgets, they may be delegated to Directors or nominated Officers who may, in turn, delegate the management of a budget to officers under their span of control.</p> <p>A list of the officers so authorised shall be forwarded to the Director of Operations and the Director of Finance.</p>	

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION

3.5.1 Procedure for Delegation of Budgets

GENERAL

All expenditure is to be included in the budgetary system and all items must be coded to a budget heading.

Where additional funding is required outside the budgetary framework for prospective expenditure the relevant Director or nominated Officer shall prepare a submission to the Agency Management Team.

TIMETABLE

The Director of Finance shall have discussions with designated holders in February and March of each year and submit proposed budgets to the Chief Executive for approval in March of each year. The delegation of budgets shall be arranged before 1 April each year.

VIREMENT

The rules governing virement are important. Virement powers cannot be unlimited as otherwise the initial budgetary decisions of the board could be nullified. Virement rules which are too restrictive, however, will not then allow the freedom to manage. The PHA board wishes to permit the optimum flexibility through virement, subject to its own priorities and plans. Virement is permissible except where expressly excluded as below:

- **No virement** between capital and revenue budgets is permitted except with the **written** permission of DHSSPS;
- **no virement** from a non-recurrent to a recurrent purpose is permitted;
- **no virement** is permissible between a programme budget and the PHA's Management and Administration budget without prior written authorisation from the Director of Finance, Chief Executive and DHSSPS;

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION

3.5.1 Procedure for Delegation of Budgets

- all non-recurrent virements must be agreed within a period of account and certainly no longer than one year;
- savings arising from PHA policy changes or from imposed cuts are not available to the budget holder;
- fortuitous savings are at the disposal of budget holders in the same way as planned savings (within the context of the above points), although the Chief Executive reserves the right to request all fortuitous savings to be made available for another planned purpose;
- where timing delays, such as the late delivery of capital equipment, mean that expenditure is not incurred in one period of account, then the 'savings' are not available for virement until the postponed expenditure in the following period of account has been committed; and
- If the proposed virement is between two budget holders, both must confirm their agreement to the Director of Finance in writing and the proposed virement must then be submitted to AMT to be approved by the Chief Executive.

OVERSPENDS AND UNDERSPENDS

The consent of the Chief Executive must be obtained before incurring any overspends which cannot be met by virement.

Any funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION

3.5.2 Authorisation & Approval Of Payroll Expenditure for Agency Administration

AUTHORITY TO INITIATE AND APPROVE PAYROLL EXPENDITURE

The power to authorise payroll expenditure is delegated to the Chief Executive as determined by the framework approved by the Remuneration and Terms of Service Committee on behalf of the board.

The power to appoint a member of staff is delegated to members of the relevant interview panel provided that approval has been obtained from the Chief Executive to initiate the recruitment process.

This applies to new posts or replacement staff for both permanent and temporary appointments.

Additional payroll costs such as overtime payments are delegated to Directors and nominated Officers to authorise, providing they remain within the total funds for the individual budget concerned, and the approval levels delegated to these roles.

The processing of supporting services will be outsourced to the Business Services Organisation managed through a Service Level Agreement mechanism.

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION (SO.4.5)

3.5.3 Authorisation and Approval of Non-Payroll Expenditure For Agency Administration

Financial Limits

The responsibility for the authorisation and approval of non-pay expenditure for Agency administration is delegated to the Chief Executive. The Chief Executive further delegates these powers to Directors and nominated Officers within the budgets provided to them and the limits set out below in line with the Scheme of Delegated Authority.

In turn, they may delegate them to named officers.

Relates to Section 3.5 of STANDING ORDERS

**FINANCIAL SCHEMES OF DELEGATION (SO.4.5)
3.5.3 Authorisation and Approval of Non-Payroll Expenditure
For Agency Administration**

Not required	<p>1. <u>Routine Revenue Expenditure</u></p> <ul style="list-style-type: none"> – Within budget limits
Limits may be Varied	<p>2. <u>Non-Routine Revenue Expenditure (excluding use of external management consultants (3.4.8) within budget or ear-marked funds:</u></p> <p>Please refer to the current Scheme of Delegated Authority for full details of all authorised limits.</p> <p>No budget or ear-marked funds:</p> <ul style="list-style-type: none"> – submission to Agency Management Team <p>Use of Management Consultants</p> <p><u>Authorisation of proposed use:</u></p>
Up to £9,999	<ul style="list-style-type: none"> – Chief Executive and notify Policy & Accountability Unit in advance
£10,000 - £74,999	<ul style="list-style-type: none"> – Chief Executive plus authorisation of the Minister (DHSSPS) in advance.
≥ £75,000	<ul style="list-style-type: none"> – Approvals as lower levels and DFP authorisation in advance
Any amount	<p><u>Approval to pay:</u></p> <p>As per the Scheme of Delegated Authority for Non-purchase order Administration costs.</p> <p><u>Please note where a single tender action (direct award contract) is proposed for an External Consultancy project the Permanent secretary's advance approval must also be secured, this applies to ALL levels of expenditure.</u></p>

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION (SO.4.5)

3.5.3 Authorisation and Approval of Non-Payroll Expenditure For Agency Administration

<p><£50,000 >£50,000</p> <p><£50,000 >£50,000</p>	<p>3. <u>Capital Expenditure</u> All capital expenditure is subject to appropriate business cases based on Green Book Guidance and the NI Guide to Expenditure Appraisal and Evaluation (DFP) (NIGEAE) Approval levels are as follows:</p> <ul style="list-style-type: none">- Chief Executive- PHA board <p>4. <u>Disposal of Agency Assets</u></p> <ul style="list-style-type: none">- Chief Executive- PHA board	
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Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION

3.5.4 Authority To Initiate And Approve Cash Advances To HSC Bodies

	<p>FUNCTION <u>CASH ADVANCES</u> The responsibility for the authorisation and approval of Cash Advances to HSC Bodies is reserved to the Department of Health Social Services and Public Safety.</p> <p>The Department retains responsibility for the reconciliation of overall HSC cash draw and reported Income and Expenditure positions of individual HSC organisations in Northern Ireland.</p> <p><u>Limits of Authority</u> There is no delegated authority, to the PHA from the Department for cash advances in any single financial year</p>	
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GOVERNANCE AND AUDIT COMMITTEE - Contents

1.0 Remit and Constitution

- 1.1 Introduction
- 1.2 Role
- 1.3 Terms of Reference
- 1.4 Composition of Governance and Audit Committee
- 1.5 Establishment of a Governance and Audit Committee
- 1.6 Relationship with Internal Audit
- 1.7 Relationship with External Audit

2.0 Conduct of Business

- 2.1 Attendance
- 2.2 Agenda
- 2.3 Frequency of Meetings
- 2.4 Complaints

GOVERNANCE AND AUDIT COMMITTEE

1.0 REMIT AND CONSTITUTION

1.1 Introduction

The Health and Social Care (Reform) Act (Northern Ireland) 2009 applies.

- 1.1.1 The Code of Conduct and Code of Accountability originally issued in November 1994, updated and reissued in July 2012, specifies the requirement for HSC Bodies to establish an Audit Committee. It states that the audit committee supports the board and Accountable Officer with regard to their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. Circular HSS(PDD) 08/94 set out detailed guidance on the establishment of audit committees. In addition a Departmental letter issued on 10 July 2009 provides for a representative of the DHSSPS to attend a Governance and Audit Committee once a year for the purposes of oversight of the Public Health Agency's systems. This follows on from the Public Accounts Committee's recommendations set out in their report in July 2008 entitled Good Governance – Effective Working Relationships between Departments and their Arm's Length Bodies.
- 1.1.2 Circular HSS(PPM) 06/2002 announced that the DHSSPS, in recognition of the importance of a sound system of risk management, had entered into a license agreement with Standards Australia for the use of their internationally recognised risk management standard AS/NZS 4360:1999 (now updated to 2004 model). The application of this internationally recognised approach to risk management would be seen as an important piece of evidence in support of a Statement of Internal Control.
- 1.1.3 The application of Controls Assurance standards within the HSC was announced in Circular HSS(PPM) 08/2002. This process would enable individual HSC organisations to provide evidence that they are doing their reasonable best to protect users, staff, the public and other stakeholders against risk of all kinds. It is a means by which Chief Executives as Accountable Officers can

discharge their responsibilities and provide assurances to the Department, the Assembly and the Public.

- 1.1.4 In January 2003 the DHSSPS issued guidance under Circular HSS(PPM)10/2002, specific to clinical and social care governance. The guidance was to enable HSC organisations to formally begin the process of developing and implementing clinical and social care governance arrangements within their respective organisations and set a framework for action which highlighted the roles, responsibilities, reporting and monitoring mechanisms that are necessary to ensure delivery of high quality health and social care.
- 1.1.5 The circular also stipulated the requirement that this new guidance should be read in the context of previous guidance already issued on the implementation of a common system of risk management and the development of controls assurance standards for financial and organisational aspects of governance.
- 1.1.6 The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 imposed a 'statutory duty of quality' on HSC Boards and Trusts. To support this legal responsibility, the Quality Standards for Health and Social Care have been issued by DHSSPS. They will be used by the new Regulation, Quality Improvement Authority (RQIA) to assess the quality of care provided by the HSC.
- 1.1.7 The Audit and Risk Assurance Committee Handbook (NI), issued by the Department of Finance and Personnel (March 2014) sets out the five good practice principles (membership, independence, objectivity and understanding; skills; role of the audit and risk assurance committee; scope of work; communication and reporting) which Governance and Audit Committees should meet.

The board of the Agency have agreed the following process, which is reviewed in light of any subsequent guidance.

- 1.1.7 The Governance and Audit Committee will have an integrated governance approach encompassing financial governance, clinical and social care governance and organisational

governance, all of which are underpinned by sound systems of risk management.

1.1.8 The Governance and Audit Committee will support the PHA board and Accounting Officer by reviewing the completeness of assurances to satisfy their needs and by reviewing the reliability and integrity of the assurances.

1.1.9 A designated senior manager shall serve as secretary to the Committee

1.2. Role

1.2.1 The board is responsible for:

- management of its activities in accordance with laws and regulations; and
- the establishment and maintenance of a system of internal control designed to give reasonable assurance that:
 - assets are safeguarded;
 - waste and inefficiency are avoided;
 - reliable financial information is produced; and
 - value for money is continuously sought.

1.2.2 The Committee assists the board in these functions by providing an independent and objective review of:

- All control systems;
- the information provided to the board;
- compliance with law, guidance and **Code of Conduct and Code of Accountability**; and
- Governance processes within the board.

The Committee is authorised by the board to investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times to inspect any books, records or documents including any e-mail records of the board. It can seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The only exception to this is patient identifiable data that is required to be kept confidential.

The Committee is authorised by the board to obtain outside legal or other independent advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary subject to the board's procurement, budgetary and other requirements.

The Governance and Audit Committee may, by giving reasonable notice, require the attendance of any of the Officers or staff and auditors of the board at any meeting of the Committee.

- 1.2.3 The Committee shall give an assurance to the board of the Agency each year on the adequacy and effectiveness of the system of internal control in operation within the Agency.
- 1.2.4 The Chair of the Committee should report to the board on a regular basis on the work of the Committee.

1.3 Terms of Reference

The Terms of Reference will be reviewed at least annually by the PHA board and the Governance and Audit Committee to ensure that the work of the Committee is aligned with the business needs of the organisation.

1.3.1 The Committee shall undertake the following tasks:

- Review and recommend the board approve the Governance Framework, any associated implementation plan and the PHA Assurance Framework;
- review the monitoring reports of the Information Governance Steering Group;
- provide assurance to the board that governance is being appropriately managed in line with the Governance Framework;
- Advise the board on the strategic processes for risk, control and governance and the Governance Statement;
- review and approve the internal audit work plan prior to commencement of work;
- review verification reports and assurance reports from internal audit assignments and management's responses;

- monitor management's progress in meeting internal audit recommendations;
- prior to the external audit, discuss the audit plan with the auditor including the reliance to be placed on internal audit;
- review the external auditor's report to those charged with Governance and management's response;
- review the Annual Report and the Financial Statements prior to signature by the Accounting Officer;
- periodically obtain the views of the external and internal auditors on the work and effectiveness of the Governance and Audit Committee;
- seek annual assurance of the independence and effectiveness of the Agency's external and internal auditors;
- consider any report of the Public Accounts Committee or the Comptroller and Auditor General involving the Agency and review management's proposed response before presentation to the board;
- bring to the board's attention VFM studies that have been done elsewhere which might be relevant and review the work of the Agency in this area;
- review the Agency Officer responses and actions in respect of RQIA assessments and recommendations, where applicable;
- review Agency Officer responses and actions in respect of other regulatory and supervisory bodies;
- review and give particular attention to non-standardised issues of representation;
- give regular reports (both written and verbal) to the PHA board;
- provide an annual report to the PHA board timed to support preparation of the Governance Statement; and
- Carry out an annual review of the committee in accordance with the NIAO audit committee self assessment checklist.

1.3.2 The responsibility for internal control rests with management. The Governance and Audit Committee shall review its scope and effectiveness.

1.3.3 The Governance and Audit Committee shall also:

- Review proposed changes to standing orders and standing financial instructions;
- examine the circumstances associated with each instance when standing orders are waived;

- review all proposed losses for write-off and compensation payments and make recommendations to the board;
- approve accounting policies and subsequent changes to them;
- monitor the implementation of the **Code of Conduct and Code of Accountability** thus offering assurance to the board of probity in the conduct of business; and
- monitor and review the effectiveness of the Agency's Counter Fraud programme and the whistle-blowing processes.

1.4 Composition of the Governance and Audit Committee

- 1.4.1 The Committee shall comprise a minimum of four Non-Executive Directors with a quorum of three. In exceptional circumstances, and only with the approval of the Chair, the quorum shall be two. A number of Lay Advisors may be appointed and shall attend meetings of the Committee and shall participate fully in the discussions but shall not be able to vote.
- 1.4.2 None of these Non-Executive Directors shall be the Chairperson of the board although he/she may be invited to attend meetings that are discussing issues pertinent to the whole Agency. Additionally, none of the Governance and Audit Committee members should be the chair of members of the remuneration committee.
- 1.4.3 The Director of Operations of the Agency, the internal and external auditors and the Lead Officer for Governance (Assistant Director Planning and Operational Services) may attend the Committee by invitation and others may also be required to attend as necessary.
- 1.4.4 Where possible, at least one member of the Committee shall have financial expertise and if possible, the remaining members shall include representation from clinical and social care backgrounds.
- 1.4.5 The Non-Executive members shall select a Chairperson of the Committee from among their number.

- 1.4.6 The Chairperson of the Committee will ensure open lines of communication with members of the Committee, the board, Head of Internal Audit and Head of External Audit.
- 1.4.7 The Governance and Audit Committee will annually review the skills base to check they have the necessary skills required for an effective committee.

1.5 Establishment of a Governance and Audit Committee

- 1.5.1 The Governance and Audit Committee is to be constituted as a Committee of the board with the authority to act with independence. The terms of reference of the Committee are to be approved by the board and recorded in the board minutes.

The members of the Committee shall be appointed by the board and shall hold office for one year. At any time any member of the Committee may resign or be removed by the board and shall cease to be a member of the Committee upon ceasing to be a board member. Any vacancy shall be filled promptly by the board.

- 1.5.2 Governance and Audit Committee meetings shall be conducted formally and minutes submitted to the board at its next meeting in accordance with section 5.2.21.
- 1.5.3 The Committee shall expect to meet at least four times per year. Agendas and briefing papers shall be prepared and circulated in sufficient time for members to give them due consideration.
- 1.5.4 As part of one of the meetings, members shall consider the internal and external audit plans and at another meeting, shall review the annual report of the External Auditor. There shall be an opportunity for the Committee to meet the External Auditor once a year without the Chairperson of board, the Executives and officers being present.
- 1.5.5 If the Committee is of the view that there is evidence of an ultra vires transaction or the committing of improper acts, the Chairperson of the Governance and Audit Committee shall present the facts to a full meeting of the board. Exceptionally,

the matter may need to be referred to the DHSSPS (to the Director of Financial Management in the first instance).

1.6 Relationship with Internal Audit

- 1.6.1 The Governance and Audit Committee must obtain the necessary information to assure the board that the systems of internal control are operating effectively and for this they shall rely on the work of Internal Audit together with the External Auditor and on the work of the Agency's Governance Officer Group.
- 1.6.2 The Governance and Audit Committee shall receive reports of findings on internal control. These reports shall form the basis of the Committee's conclusions and recommendations. The Director of Operations is responsible for the management of internal audit arrangements. The Committee shall participate in the selection process when an internal audit service provider is changed.
- 1.6.3 A nominated officer is responsible for securing an internal audit service. A direct reporting line, independent of the Chief Executive and other Executive Directors, shall be available to the Chair of the Governance and Audit Committee.
- 1.6.4 The Chair of the Governance and Audit Committee will meet annually with the head of Internal Audit.

1.7 Relationship with External Audit

- 1.7.1 The Governance and Audit Committee shall rely upon the certification of the accuracy, probity and legality of the Annual Accounts provided by the External Auditor, combined with the more detailed internal audit review of systems and procedures and other monitoring reports provided by officers, in discharging its responsibilities for ensuring sound internal control systems and accurate accounts and providing such assurances to the board.
- 1.7.2 The External Auditor shall provide an independent assessment of any major activity within his remit and a mechanism for reporting the outcome of value for money or regularity studies.

Non-Executive Directors shall raise any significant matters which cause them concern.

1.7.3 The Northern Ireland Comptroller and Auditor General is the appointed External Auditor. He may appoint independent companies as external auditor. The Governance & Audit Committee has a duty to ensure that an effective External Audit service is provided. Officers shall offer advice to the Committee in their annual assessment of the performance of the External Audit Service. The Committee shall also monitor the extent and scope of co-operation and joint planning between external and internal audit. Any problems shall be raised with the External Auditor.

1.7.4 The Chair of the Governance and Audit Committee will meet annually with the External Auditor.

2.0 CONDUCT OF BUSINESS

2.1 Attendance

2.1.1 Only the members of the Committee, the Lay Advisors and the nominated senior manager (who acts as secretary to the Committee), shall attend meetings as a matter of course together with appropriate administrative support staff.

2.1.2 The board's Chairperson and other Executive or Non-Executive board members may be invited to attend as required. The Lead Officer for Governance, the Director of Operations and the Director of Finance shall have a standing invitation to attend all meetings except the annual meeting with the External Auditor when it is stipulated that no Officers shall attend (see 2.1.3 below).

2.1.3 The External Auditor shall be invited to attend any meeting of the Committee. The Committee shall meet the External Auditor, without the presence of officers, once a year.

2.1.4 A nominated senior manager is responsible for securing the internal audit service for the Agency. He/she shall ensure the management respond promptly to Internal Audit reports and

shall monitor the performance of the Internal Audit Service on behalf of the Committee.

2.1.5 Any member of staff of the Agency may be required to attend a meeting of the Committee as necessary.

2.1.6 The Corporate Secretariat shall service the committee.

2.2 Agenda

2.2.1 Governance and Audit Committee meetings will include 'conflict of interest' as a standing item. In instances where there is a declaration of interest in any of the agenda items, members will be asked to leave the meeting while those items are being discussed. In instances where the conflict of interest is likely to be ongoing the member may be asked to stand down from the Governance and Audit Committee.

2.2.2 Items for 'Any Other Business' should formally be requested from the chair in advance of the meeting.

2.3 Frequency of Meetings

2.3.1 Routine meetings are to be held four times per year with a specific remit as the core of each meeting, although any appropriate matters may be considered at any meeting. Further meetings may be arranged at the discretion of the Chairperson as necessary. The Secretary to the Committee shall upon request of the Chair or any other member of the committee, or by the board's external auditors, call a meeting of the Committee, either by letter, e-mail, fax or telephone, giving at least three working days notice.

2.4 Complaints Matters

2.4.1 Complaints will be reviewed by the Governance and Audit

REMUNERATION AND TERMS OF SERVICE COMMITTEE

Contents

1.0 Remit and Constitution

- 1.1 Introduction
- 1.2 Background
- 1.3 Role
- 1.4 Terms of Reference
- 1.5 Relationship with and Reporting to the board
- 1.6 Composition of the Remuneration and Terms of Service Committee
- 1.7 Establishment of a Remuneration and Terms of Service Committee

2.0 Conduct of Business

- 2.1 Attendance
- 2.2 Agenda
- 2.3 Frequency of Meetings

REMUNERATION AND TERMS OF SERVICE COMMITTEE

1.0 REMIT CONSTITUTION AND CONDUCT OF BUSINESS

1.1 Introduction

The Health and Social Care (Reform) Act (Northern Ireland) 2009 applies.

The Code of Conduct and Code of Accountability, set out in Circular HPSS(PDD) 08/94, updated and reissued in July 2012, require that a Remuneration and Terms of Service Committee be established.

1.2 Background

All staff with the exception of Director's on Senior Executive Contracts are on the Nationally agreed terms and conditions of service. The work of the Committee must take place within this context.

1.3 Role

The primary responsibility of the Remuneration and Terms of Service Committee is to advise the board about appropriate remuneration and terms of service for the Chief Executive and other Senior Executives subject to the direction of the Department of Health, Social Services and Public Safety.

The Committee is authorised by the board to investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times to inspect any books, records or documents including any e-mail records of the board. It can seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The only exception to this is patient identifiable data that is required to be kept confidential.

The Committee is authorised by the board to obtain outside legal or other independent advice and to secure the attendance of outsiders

with relevant experience and expertise if it considers this necessary subject to the board's procurement, budgetary and other requirements.

1.4 Terms of Reference

The main functions of the Committee are:

- To make recommendations to the board of the Agency on the total remuneration and terms of service package for officer members of the PHA board to ensure that they are fairly rewarded for their individual contribution to the organisation. This would include having proper regard to the organisation's circumstances and performance and to the provision of any arrangements established by the Department of Health, Social Services and Public Safety for such staff, where appropriate. The Remuneration and Terms of Service Committee shall also ensure that board Members' total remuneration can be justified as reasonable in accordance with departmental limits;
- to oversee the proper functioning of performance and appraisal systems;
- to oversee appropriate contractual arrangements for all staff. This would include a proper calculation and scrutiny of termination payments, taking account of such national and departmental guidance as is appropriate;
- to agree and monitor a remuneration strategy that reflects national agreements and Departmental policy; and
- to monitor the application of the remuneration strategy to ensure adherence to all equality legislation;

1.5 Relationship with and Reporting to the board of the Agency

The Committee shall report, in writing, to the board of the Agency the basis for its recommendations. The board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of officer members in matters not already directed by the Department. Minutes of the board Meeting shall record such decisions.

1.6 Composition of the Remuneration and Terms of Service Committee

The Committee shall comprise the Agency Chairperson and at least two Non-Executive Directors. A quorum shall be two members. None of these members should be members of the audit committee.

The Chief Executive and other Senior Executives shall not be present for discussions about their own remuneration and terms of service. However, they can be invited to attend meetings of the Committee to discuss other staff's terms as required.

The Chief Executive, Director of Operations and a nominated HR Officer from the BSO shall provide advice and support to the Committee.

1.7 Establishment of a Remuneration and Terms of Service Committee

The Committee shall be constituted as a Committee of the board with the power to make decisions on behalf of the board of the Agency and where appropriate make recommendations to the board of the Agency. The Terms of Reference are to be approved by the board and recorded in the board minutes.

Committee meetings shall be conducted formally and minutes submitted to the board at its next meeting in accordance with the Policy set out in 5.2.21.

The Committee shall expect to meet at least two times per year. Agenda and briefing papers shall be prepared and circulated in sufficient time for members to give them due consideration.

2.0 CONDUCT OF BUSINESS

2.1 Attendance

2.1.1 Only the members of the Committee, the Chief Executive, the Director of Operations and a nominated HR Officer (from the BSO) shall attend meetings as a matter of course. Appropriate

administrative support staff shall be in attendance to record the business of the meetings.

- 2.1.2 Other Executive or Non-Executive board Members and Officers may be invited to attend as required. The Director of Operations shall have a standing invitation to attend all meetings.
- 2.1.3 A nominated HR officer (BSO) will be responsible for the implementation of remuneration and terms and conditions of service in the Agency. He/she shall deal with all matters affecting terms and conditions of service. He/she shall be present at every meeting.
- 2.1.5 Any member of staff of the PHA may be required to attend a meeting of the Committee, as necessary.
- 2.1.5 The Committee Chair shall request fuller explanatory Information in papers put before them, if there are any doubts or uncertainties and the issues discussed shall be summarised in the minutes.

2.2 Agenda

- 2.2.1 Remuneration Committee meetings will include 'conflict of interest' as a standing item. In instances where there is a declaration of interest in any of the agenda items, members will be asked to leave the meeting while those items are being discussed. In instances where the conflict of interest is likely to be ongoing the member may be asked to stand down from the Remuneration Committee.

2.3 Frequency of Meetings

- 2.3.1 Meetings should be held as least once every six months to review remuneration matters or deal with specific matters. Further meetings may be arranged at the discretion of the Chairperson, as necessary.

AGENCY MANAGEMENT TEAM

Contents

- 1. Role**
- 2. Attendance**
- 3. Frequency of Meetings**

1.0 Role

1.1 The Agency Management Team (AMT) role can be summarized as:

- Ensuring processes are in place to deliver key objectives and priorities;
- Ensuring coordination and oversight of budget plans and expenditure,
- Oversight of overall performance and outcomes in keeping with the strategic direction set by and decisions of the PHA board;
- Coordination of capacity and skills across Directorates, functions and with other bodies;
- Ensuring risks to the Agency, its work and assets are being managed and addressed satisfactorily; and considering and clearing papers for consideration by the board of the PHA.

1.2 In furtherance of this AMT will ensure proper consideration and approval of proposals such as those set out in development proposals, strategies, plans, business cases, evaluations, monitoring and investment/disinvestment proposals. This is particularly important where the PHA is the lead organization (albeit that the paper may also be of relevance to the HSCB/BSO or Trusts and may also subsequently be submitted to their senior management teams)

2.0 Attendance

2.1 The Agency Management Team comprises:

- Chief Executive;
- Director of Public Health/Medical Director;
- Director of Nursing/Allied Health Professionals;
- Director of Operations;
- Director of Social Care and Children, HSCB;
- Director of Finance, HSCB, and
- Any other Officer who the Chief Executive determines should be a member of the Agency Management Team.

The chief executive will chair AMT, with the Director of Operations deputising in his absence.

3.0 Frequency of Meetings

The AMT will normally meet on a weekly basis.

Appendix 7 – Role of Chairperson

The chair is responsible for leading the board and for ensuring that it successfully discharges its overall responsibility for the organisation as a whole. The chair is accountable to the Minister through the Departmental Accounting Officer.

The chair has a particular leadership responsibility on the following matters:

- Formulating the board's strategy for discharging its duties;
- Ensuring that the board, in reaching decisions, takes proper account of guidance provided by the Department and other departmentally designated authorities;
- Ensuring that risk management is regularly and formally considered at board meetings;
- Promoting the efficient, economic and effective use of staff and other resources;
- Encouraging high standards of propriety;
- Representing the views of the board to the general public;
- Ensuring that the board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual board members;
- Ensuring that all board members are fully briefed on the terms of their appointment, their duties, rights and responsibilities and assess, annually, the performance of individual board members.

A complementary relationship between the chair and the chief executive is important. The chief executive is accountable to the chair and non-executive members of the board for ensuring that board decisions are implemented, that the organization works effectively, in accordance with government policy and public service values, and for the maintenance of proper financial stewardship. The chief executive should be allowed full scope, within clearly defined delegated powers, for action fulfilling the decisions of the board.



PUBLIC HEALTH AGENCY
STANDING FINANCIAL INSTRUCTIONS

Reviewed and Revised Jan 20156
~~Mar 19/03/2015~~16 Mar 2016

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STANDING FINANCIAL INSTRUCTIONS

1. INTRODUCTION

1.1 General

- 1.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Financial Directions issued by the Department of Health, Social Services & Public Safety (DHSSPS) under the provisions of Governance, Resources and Accounts Act (NI) 2001 and the Audit and Accountability (NI) Order 2003, the for the regulation of the conduct of the Public Health Agency (PHA) in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders (SOs) of the PHA.
- 1.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the PHA. They are designed to ensure that the PHA's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the board and the Scheme of Delegation adopted by the PHA.
- 1.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the PHA and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance (ref para 1.2.6).
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance **must be sought before acting**. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the PHA's Standing Orders.
- 1.1.5 **The failure to comply with Standing Financial Instructions and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.**
- 1.1.6 Overriding Standing Financial Instructions
If for any reason these Standing Financial Instructions are not complied with, full details and any justification for non-compliance along with the circumstances surrounding the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.

1.2 **Responsibilities and Delegation**

1.2.1 The Board of the PHA (board)

The board exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of budgets within approved allocations/overall income;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- (d) defining specific responsibilities placed on members of the board and employees as indicated in the Schemes of Delegation documents.

1.2.2 The PHA has resolved that certain powers and decisions may only be exercised by the board in formal session. These are set out in the 'Matters Reserved to the board' document within Standing Orders.

1.2.3 The PHA will delegate responsibility for the performance of its functions in accordance with Standing Orders and the Schemes of Delegation documents adopted by the PHA.

1.2.4 The Chief Executive and Director of Finance (ref para 1.2.6)

The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the board, and as Accounting Officer, to the Minister for Health Social Services and Public Safety (HSSPS), for ensuring that the board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the PHA's activities; is responsible to the Chairman and the board for ensuring that its financial obligations and targets are met and has overall responsibility for the PHA's system of internal control.

1.2.5 It is a duty of the Chief Executive to ensure that Members of the board and employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

1.2.6 The Director of Finance

The PHA employs the services of the HSCB Finance Department to deliver Financial Management, Accounts and Financial Assurance services through the Director of Finance (ref para 1.2.4) of the Health and Social Care Board.

In this regard the Director of Finance of the HSCB acts as the Director of Finance of the PHA and will support and provide Financial Advice to the Chief Executive and the board of the PHA.

Within this document where the Director of Finance is noted this should be read as the Director of Finance of the HSCB, unless specifically stated otherwise,

The Director of Finance is responsible for:

- (a) Implementing the PHA's financial policies and for coordinating any corrective action necessary to further these policies;
- (b) maintaining and advising the PHA on an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- (c) ensuring that the PHA maintains sufficient records to show and explain the PHA's transactions, in order to disclose, with reasonable accuracy, the financial position of the PHA at any time; and

Without prejudice to any other functions of the PHA, and employees of the PHA, the duties of the Director of Finance include:

- (a) the provision of financial advice to other members of the board and employees;
- (b) the design, implementation and supervision of systems of internal financial control; and
- (c) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the PHA may require for the purpose of carrying out its statutory duties.

1.2.7 Business Services Organisation

The DHSSPS has directed that a range of transactional financial services will be outsourced and delivered by the Business Services Organisation (BSO) on behalf of the PHA namely:

- (a) Banking Services (ref section 6);

- (b) Payroll Services (ref section 11);
- (c) Payment Services (ref section12); and
- (d) Capital Asset Register (ref section 14).

Additionally Internal Audit, Procurement, Human Resources, Counter Fraud and Probity, Information Technology and Legal services are also delivered by the Business Services Organisation.

Where Financial services are delivered by the BSO the Director of Finance (ref para 1.2.6) will set out the arrangements within the PHA SLA with the BSO and monitor the delivery of these services on behalf of the PHA. With regard to other services provided by the BSO for the PHA the Director of Operations will set out the arrangements for these within the PHA SLA with the BSO and monitor the delivery of them.

1.2.8 PHA board Members, Members and Employees

All members of the board and employees, severally and collectively, are responsible for:

- (a) the security of the property of the PHA;
- (b) avoiding loss;
- (c) exercising economy and efficiency in the use of resources; and
- (d) conforming **withto** the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Schemes of Delegation.

1.2.9 Contractors and their employees

Any contractor (e.g. General Practitioner) or employee of a contractor who is empowered by the PHA to commit the PHA to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

1.2.10 Miscellaneous

For all members of the board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the board and employees discharge their duties must be to the satisfaction of the Director of Finance.

2. AUDIT

2.1 Audit Committee

- 2.1.1 In accordance with Standing Orders and the Cabinet Office's guidance on Codes of Practice for Public Bodies (FD/DFP 03/06), the agency shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (DAO (DFP) 07/07) which will provide an independent and objective view of internal control by:
- (a) overseeing Internal and External Audit services and the adequacy of management response to audit findings;
 - (b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;
 - (c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
 - (d) monitoring compliance with Standing Orders and Standing Financial Instructions;
 - (e) reviewing schedules of losses and compensations and making recommendations to the board;
 - (f) reviewing schedules of debtors/creditors balances over 6 months and £5,000 old and explanations/action plans;
 - (g) reviewing the information prepared to support the Assurance framework process prepared on behalf of the board and advising the board accordingly; and
 - (h) ensuring there is an effective Counter Fraud strategy in place/operation which is in line with DFP's guide "Managing the Risk of Fraud"
- 2.1.2 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should raise the matter at a full meeting of the board. Exceptionally, the matter may need to be referred to the DHSSPS. ~~(To the Director of Finance (ref. pPara 1.2.6) in the first instance).~~ All incidents of fraud must be reported consistent with DHSSPS policy.

2.1.3 It is the responsibility of the Director of Finance to ensure an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when/if an internal audit service provider is changed.

2.1.4 The Governance and Audit Committee shall carry out the functions of an Audit Committee as set out above along with other functions in relation to Governance as set out in the Standing Orders.

2.2 **Director of Finance and Director of Operations**

2.2.1 The Director of Finance is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

2.2.2 The Director of Finance or designated auditors are entitled without necessarily giving prior notice to require and receive;

- (c) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (d) access at all reasonable times to any land, premises or members of the board or employee of the PHA;
- (e) the production of any cash, stores or other property of the PHA under a member of the board or an employee's control; and
- (f) explanations concerning any matter under investigation.

2.2.3 The Director of Operations is responsible for ensuring there are arrangements to review, evaluate and report on the effectiveness of internal control, excluding internal financial control.

2.2.4 Jointly the Director of Finance and the Director of Operations are responsible for:

- (a) ensuring that the Internal Audit is adequate and meets the Public Sector Internal Audit Standards (PSIAS) in addition that it complies with circular HSS-(F) 21/03 detailing Internal Audit arrangements between a sponsoring Department and its Non Departmental Public Bodies and circular HSS(F) 13/2007 on the model HPSS Financial Governance Documents.

- (b) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee and the PHA board.

The report must cover:

- a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the DHSSPS including for example compliance with control criteria and standards;
- major internal financial control weaknesses discovered;
- progress on the implementation of internal audit recommendations;
- progress against plan over the previous year;
- strategic audit plan covering the coming three years; and
- a detailed plan for the coming year.

2.3 **Role of Internal Audit**

2.3.1 Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with and the financial effect of relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other related management controls;
- (c) the suitability of financial and other related management data;
- (d) the extent to which the PHA's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
- fraud and other offences;
 - waste, extravagance, inefficient administration; and
 - poor value for money or other causes.
- (e) Internal Audit shall also independently verify the Assurance Framework statements in accordance with guidance from the DHSSPS.

2.3.2 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately through the Director of Operations.

- 2.3.3 The Chief Internal Auditor will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chairman and Chief Executive of the PHA.
- 2.3.4 The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting system for Internal Audit shall be agreed between the Director of Finance (ref para 1.2.6), the Director of Operations, the Audit Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the Public Sector Internal Audit Standards (PSIAS). The reporting system shall be reviewed at least every 3 years.

The reporting system for Internal Audit shall be as follows:

- (a) An urgent interim report is to be made orally or in writing to alert management to the need to take immediate action to correct a serious weakness in performance or control or whether there are reasonable grounds for suspicion of malpractice;
- (b) Interim reports may also be made where it is necessary to make a significant change in the scope of the assignment or where it is desirable to inform management of progress;
- (c) At the end of the audit a meeting will be arranged between Internal Audit, Director of Operations and the appropriate Director/Manager from the area being audited to review the report. The Director of Finance (or nominated persons) will attend in all audits relating to finance;
- (d) On completion of an audit a draft report will be sent by the Chief Internal Auditor to the Director of Finance, the Director of Operations and the Director/Manager with direct responsibility for the areas being audited and who has the authority to take action on audit recommendations;
- (e) The Director or Manager who has authority to take action on the recommendations will draft an appropriate and acceptable management response to address or reject the recommendations in a timeline agreed initially with the Director of Operations;
- (f) This management response will be sent to the Director of Operations for review and onward transmission to the Chief Internal Auditor to enable a final report to be issued;
- (g) The final report will be issued to the Chief Executive, the Director of Finance the Director of Operations, the Assistant Director of Planning & Operational Services and the appropriate Director/ Manager in the area being audited;

- (h) An action plan will be prepared and issued to all relevant parties. This action plan will include deadlines for action to be taken and review dates to ensure action has been taken. Action plans will be held on file for review and presentation to the audit committee; and
- (i) The final internal audit reports with management responses must be submitted to the Audit Committee for consideration.
- (j) Revised descriptors have been issued as per circular guidance (HSC(F) 32/2013) ,which should be used to describe internal audit findings and when providing their overall opinion at Year-end. The descriptors are Substantial, Satisfactory, Limited and Unacceptable.

2.4 External Audit

- 2.4.1 The Northern Ireland Comptroller and Auditor General is the appointed External Auditor of the PHA, who may outsource the External Audit programme to appropriately qualified private sector organisations. The External Auditor is paid for by the PHA. The Audit Committee must ensure a cost-efficient service.
- 2.4.2 If there are any problems relating to the service provided by an outsourced External Auditor, then this should be raised with the External Auditor and referred on to the NIAO if the issue cannot be resolved. The Director of Finance (ref para 1.2.6) will notify the board of any such instances.
- 2.4.3 Value for Money Audit work is directed by the nominated DHSSPS Senior Officer. The PHA shall be funded for 100% of each study done in the PHA and of any later work to follow-up completed studies.

2.5 Fraud and Corruption

- 2.5.1 In line with their responsibilities, the PHA Chief Executive and Director of Finance (ref para 1.2.6) shall monitor and ensure compliance with Directions issued by the DHSSPS Counter Fraud Policy Unit on fraud and corruption.
- 2.5.2 The Director of Finance of the HSCB shall nominate a Fraud Liaison Officer, as specified by the DHSSPS Counter Fraud Policy and Guidance, to provide specialist advice and support to the Chief Executive and Director of Operations of the PHA in fulfilling these duties.
- 2.5.3 The Fraud Liaison Officer of the HSCB shall periodically report to the PHA Director of Operations and shall work, on behalf of the PHA, with staff in the Counter Fraud and Regional Counter Fraud Unit at the BSO and the Regional Counter Fraud Policy Unit in accordance with the DHSSPS Counter Fraud Policy.

2.5.4 The Fraud Liaison Officer will provide written reports to the PHA's Governance and Audit Committee, on counter fraud work within and on behalf of the PHA.

2.6 **Security Management**

2.6.1 In line with his responsibilities, the PHA Chief Executive will monitor and ensure compliance with any Directions issued by the Minister on HSC security management.

3. **RESOURCE LIMIT CONTROL**

3.1 **Resource Limit Control**

3.1.1 The PHA is required by statutory provisions not to exceed Cash and Resource Limits, with a further requirement to declare all in-year easements to the DHSSPS. The Chief Executive has overall executive responsibility for the PHA's activities and is responsible to the PHA for ensuring that it stays within these limits and any in-year or cumulative deficits are eliminated.

3.1.2 The definition of use of resources is set out in RAB directions on use of resources which are available in the DHSSPS Finance Manual.

3.1.3 Any sums received on behalf of the Minister for HSSPS are treated as sums received by the PHA.

3.1.4 The Director of Finance (ref para 1.2.6) will:

- (a) provide monthly reports in the form required by the DHSSPS;
- (b) ensure money drawn from the DHSSPS against Cash limit, by the BSO on the PHA's behalf, is required for approved expenditure only, and is drawn only at the time of need, follows best practice as set out in 'Cash Management in the NHS';
- (c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the PHA to fulfill its statutory responsibility not to exceed its Annual Revenue and Capital Resource Limits and Cash limit; and
- (d) be responsible for advising the Chief Executive on any operational financial risk for the register and ensure that the Chief Executive and Agency Management Team are advised of potential financial problems to ensure timely action is taken so that Departmental Expenditure limits are not breached.

3.1.5 The Agency Management Team shall ensure that adequate information is provided in a timely way to the Director of Finance (ref para 1.2.6) to enable reliable financial projections to be made, and necessary advice provided to the Chief Executive on any financial risk to the break-even position.

3.2 Promoting Financial Stability

3.2.1 The PHA has an obligation, with all other HSC Organisations, to contain expenditure within the resources available. Deficits should not be allowed to develop, and where they do threaten to arise, the PHA, as a commissioner, must, in partnership with the HSCB and providers, agree appropriate contingency and/or recovery arrangements are put in place.

3.2.2 The principles set out in circular HSS-(F) 29/2000, "Promoting Financial Stability within HPSS Organisations" must be adhered to. In particular, no service developments should be initiated without the prior securing of recurrent funding from the DHSSPS

4. ALLOCATIONS, FINANCIAL STRATEGY, JOINT COMMISSIONING PLAN BUDGETS, BUDGETARY CONTROL AND MONITORING

4.1 Allocations

4.1.1 The Director of Operations will periodically review the basis and assumptions used for distributing allocations and ensure that these are reasonable and realistic and secure the PHA's entitlement to funds;

4.1.2 The Director of Finance will:

- (a) prior to the start of each financial year submit to the PHA for approval a Financial Plan showing the total allocations received and their proposed distribution including any sums to be held in reserve;
- (b) regularly update the PHA on significant changes to the initial allocation and the uses of such funds.

4.2 Preparation and Approval of Joint Commissioning Plans and Budgets

4.2.1 The Chief Executive of the Health and Social Care Board (HSCB) will compile a Joint Commissioning Plan in conjunction with the PHA which takes into account financial targets and forecast limits of available resources. The Joint Commissioning Plan will be presented to the boards of both the HSCB and the PHA by their respective Chief Executives for approval by both organisations before it is submitted to the DHSSPS. The Joint Commissioning Plan will contain:

- (a) a statement of the significant assumptions on which the plan is based including a proposed deployment of resources across care programmes for the following period;

- (b) details of major changes in workload, delivery of services and resources required to achieve the plan.
- 4.2.2 Prior to the start of the financial year the Director of Finance (ref para 1.2.6) will, on behalf of the Chief Executive, prepare and submit budgets for approval by the board. Such budgets will:
 - (a) be in accordance with the aims and objectives set out in the Joint Commissioning Plan;
 - (b) be in accordance with the PHA aims and objectives set out in its Corporate Strategy and Business Plans;
 - (c) accord with workload and manpower plans;
 - (d) be produced following discussion with other relevant HSC Organisations;
 - (e) be prepared within the limits of available funds; and
 - (f) identify potential risks.
- 4.2.3 The Director of Finance shall monitor financial performance against budget and plan, periodically review them, and report to the board.
- 4.2.4 All Budget Holders must ensure that the necessary Business Case preparation and approvals, for expenditure decisions, have been obtained at Departmental level **before** committing to recurrent revenue expenditure in new service commissioning or to support any other proposed investment e.g. ICT. Failure to obtain the required approvals will mean that the expenditure has been incurred without the required authority and is a serious matter. Budget Holders should refer to the latest guidance on proportionate effort in respect of completing business cases (HSC (F) 46/2013) and the NI Guide on Expenditure Appraisal and Evaluation.
- 4.2.5 All HSC Organisations/providers and PHA budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.
- 4.2.6 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage their budgets effectively.
- 4.3 **Budgetary Delegating within the PHA**
 - 4.3.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
 - (a) the amount of the budget;

- (b) the purpose(s) of each budget heading;
 - (c) individual and group responsibilities;
 - (d) authority to exercise virement only within total Revenue or total Capital (non virement between revenue and capital);
 - (e) achievement of planned levels of service;
 - (f) the provision of regular reports; and
 - (g) processes for securing management approval, authorisation and performance reporting.
- 4.3.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the board.
- 4.3.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement. Where DHSSPS resources allocated for a particular purpose are not required or not required in full, for that purpose, they must be returned to the Department for potential redistribution.
- 4.3.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance (ref para 1.2.6).
- 4.3.5 All Budget Holders are required to regularly review all projected expenditure and identify to the Director of Finance on a timely basis, where inescapable expenditure has the potential to breach their delegated budget.
- 4.4 **Budgetary Control and Reporting within the PHA**
- 4.4.1 The Director of Finance (ref para 1.2.6) will devise and maintain systems of budgetary control. These will include:
- (a) monthly financial reports to the board in a form approved by the board containing:
 - income and expenditure to date showing trends and forecast year-end position;
 - capital project spend and projected outturn against plan based on information received from the Director of Operations;
 - explanations of any material variances from plan;
 - details of any corrective action where
 - Chief Executive's and Director of Finance's views of whether such actions are sufficient to correct the situation.

- (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- (c) investigation and reporting of variances from financial, workload and manpower budgets;
- (d) monitoring of management action to correct variances;
- (e) arrangements for the authorisation of in-year budget transfers.

4.4.2 Each Budget Holder is responsible for ensuring that:

- (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the board or its delegated representative;
- (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
- (c) no permanent employees are appointed without the approval of the Chief Executive and the Director of Finance, or his/her delegated representative, other than those provided for within the available resources and manpower establishment as approved by the board;
- (d) Early indications of slippage against budget and projections isare reported to the Director of Finance and the Director of Operations;
- (e) Re-utilisation of slippage amounts must be within the Agency Management Team and PHA board approved areas (the Agency Management Team and board will discuss and agree priorities periodically and advise budget holders). This may mean that all slippage generated is returned to the centre for a corporate decision on deployment or return to the DHSSPS; and
- (f) Attending such training identified as necessary by the Director of Finance

4.4.3 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Joint Commissioning Plan and a balanced budget.

4.5 **Capital Expenditure**

4.5.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. The particular applications relating to capital are contained in SFI 14 together with the provisions of the Capital Accounting Manual(Ref HSC (F) 63/2012)

4.6 **Monitoring Returns**

- 4.6.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.

5. **ANNUAL ACCOUNTS AND REPORTS**

- 5.1 The Director of Finance (ref para 1.2.6) on behalf of the PHA, will:
- (a) prepare financial returns in accordance with the accounting policies and guidance given by the DHSSPS and the Treasury, the PHA's accounting policies, and generally accepted accounting practice;
 - (b) prepare and submit annual financial reports to the DHSSPS certified in accordance with current guidelines; and
 - (c) submit financial returns to the DHSSPS for each financial year in accordance with the timetable prescribed by the DHSSPS.
- 5.2 The PHA's annual accounts and annual report must be audited by an auditor appointed by the NIAO. The PHA's audited annual accounts and annual report must be presented to a public meeting and made available to the public after laying before the NI Assembly. . This document must comply with the DHSSPS' manual for Accounts.

6. **BANK ACCOUNTS**

6.1 **General**

- 6.1.1 The Director of Finance (ref para 1.2.6) is responsible for setting clarity of roles and responsibilities within the BSO SLA in respect of managing the PHA's banking arrangements, and for advising the PHA on the provision of banking services and operation of accounts. This advice will take into account guidance/Directions issued from time to time by the DHSSPS.
- 6.1.2 The board shall approve the banking arrangements.

6.2 **Banking Procedures**

- 6.2.1 The Director of Finance (ref para 1.2.6) will prepare detailed instructions to advise the Business Services Organisation on the operation of bank accounts which must include:
- (a) the conditions under which each bank account is to be operated;
 - (b) those authorised to sign cheques or other orders drawn on the PHA's accounts; and

- (c) the limit to be applied to any overdraft.
- 6.2.2 The Director of Finance must advise the PHA's bankers in writing of the conditions under which each account will be operated.
- 6.3 **Bank Accounts**
- 6.3.1 The Director of Finance of the Business Services Organisation (BSO) is responsible for:
- (a) bank accounts;
 - (b) establishing separate bank accounts for the PHA's non-public funds;
 - (c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
 - (d) reporting to the board all arrangements made with the PHA's bankers for accounts to be overdrawn; and
 - (e) monitoring compliance with DHSSPS guidance on the level of cleared funds.
- 6.4 **Tendering and Review**
- 6.4.1 The Director of Finance will review the commercial banking arrangements of the PHA at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the PHA's commercial banking business, in co-operation with other HSC organisations. The PHA should avail of the regional banking contract, unless in exceptional circumstances.
- 6.4.2 Competitive tenders for HSC banking business should be sought at least every 5 years or extended period as agreed by the PHA. The results of the tendering exercise should be reported to the board.

7. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

7.1 Income Systems

- 7.1.1 The Director of Finance of the Business Services Organisation is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due, including HSC transactions.

7.1.2 The Director of Finance of the Business Services Organisation is also responsible for ensuring that the BSO complies with the prompt banking of all monies received.

7.1.3 Performance against 7.1.1 and 7.1.2 will be monitored by the Director of Finance (ref para 1.2.6) and set out within the SLA with the BSO.

7.2 Fees and Charges

7.2.1 The Director of Finance (ref para 1.2.6) is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the DHSSPS or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the DHSSPS's Commercial Sponsorship - Ethical standards in the HSC shall be followed.

7.2.2 All employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

7.3 Debt Recovery

7.3.1 The Director of Finance is responsible for ensuring the Business Services Organisation completes the appropriate recovery action on all outstanding debts.

7.3.2 Income not received should be advised to the Director of Finance (ref para 1.2.6) and be dealt with in accordance with losses procedures and guidance issued by DHSSPS ~~Circular~~ (HSC-(F)_50/2012).

7.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

7.4 Security of Cash, Cheques and other Negotiable Instruments

7.4.1 The Director of Finance of the Business Services Organisation is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means either electronic or manual means of officially acknowledging or recording monies received or receivable;
- (b) ordering and securely controlling any such stationery;
- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

- (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the PHA.
- 7.4.2 Public Funds shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 7.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance (ref para 1.2.6).
- 7.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the PHA is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the PHA from responsibility for any loss.
- 7.4.5 Any shortfall in cash, cheques or other negotiable instruments must be reported to the Director of Finance or Fraud Liaison ~~Officier~~Officer as soon as it is discovered.

8. TENDERING AND CONTRACTING PROCEDURE

8.1 Duty to comply with Standing Orders and Standing Financial Instructions

The procedure for making all contracts by or on behalf of the PHA shall comply with these Standing Orders and Standing Financial Instructions (except where Standing Order No. 5.2.19 Suspension of Standing Orders is applied).

8.2 Northern Ireland Public Procurement Policy, EU Directives Governing Public Procurement and DHSSPS Mini-Code Guidance.

Northern Ireland Public Procurement Policy, Directives by the Council of the European Union and Guidance on procurement matters promulgated by the DHSSPS prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

8.3 Reverse e-Auctions

The PHA should follow extant guidance on the conduct of all tendering activity carried out through Reverse e-Auctions. For further guidance on Reverse e-Auctions refer to the PHA's Centre of Procurement Expertise (BSO PaLS).

8.4 **Capital Investment Manual and other DHSSPS Guidance**

The PHA shall comply as far as is practicable with the requirements of the DHSSPS "Capital Investment Manual", CONCODE and liaise with Health Estates department in respect of capital investment and estate and property transactions. In the case of external management consultancy contracts the PHA shall comply with DHSSPS guidance on the Use of Professional Services as set out in HSC (F) 25/2012 and HSC (F) 47/2012.

8.5 **Formal Competitive Tendering**

8.5.1 General Applicability

The PHA shall ensure that competitive tenders are invited for:

- (a) the supply of goods, materials and manufactured articles;
- (b) the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DHSSPS); and
- (c) For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) and for disposals.

8.5.2 Health Care Services

Where the PHA elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure and need to be read in conjunction with Standing Financial Instruction No. 8 and No. 9. In all cases the PHA must comply with the requirements of the Public Contract Regulations 2006 in respect of the disbursement of funds and/or grant aid to the voluntary sector and discharge its duties to ensure that such monies, where used for procurement purposes, comply with the relevant requirements of the Public Contracts Regulations 2006.

8.5.3 **Exceptions and instances where formal tendering need not be applied (HSC (F) 05/2012)**

It is always advised to review procedures on CONNECT and seek clarification with BSO PALs prior to placing an order however;

Formal publicly advertised tendering procedures **need not be applied** (ref Standing Orders Administrative Scheme of Delegation 3.4.7) where:

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed **£30,000**; or

- (b) where the supply is proposed under special arrangements negotiated by the DHSSPS in which event the said special arrangements must be complied with;
 - (c) regarding disposals as set out in Standing Financial Instructions No.16;
- 8.5.4 Direct Award Contracts (DAC) encompassing Single Tender Actions / Waiving of Competition above £5,000
- Guidance has been issued from DHSSPS in the form of circular HSC(F) 05/2012 stating that any proposal which will not be subject to competition must be forwarded to the PHA's Centre of Procurement Expertise (COPE), which is BSO PALs for goods and services, for advice and agreement before it may be approved by the Chief Executive. This requirement is regardless of whether the actual purchasing is being conducted by PALs.
- 8.5.5 The case setting out why the Single Tender Action (DAC) is required must be presented by management to BSO PALs. After review PALs will provide a Red, Amber, Green (RAG) rating, this will then be considered by the Chief Executive for approval. It should be noted that procurement may not proceed until the Chief Executive has formally approved.
- 8.5.6 In addition this process also covers procurement with sole suppliers and contract extensions which are outside the options originally specified in the original contract.
- 8.5.7 Officers should liaise with the Director of Operations prior to procurement to ensure latest DFP and DHSSPS procurement guidance is complied with.
- 8.5.8 Clear documented evidence must be retained and this should be forwarded to the Director of Operations or central retention, as well as reported to the Governance & Audit Committee.
- 8.5.9 The Regulatory Framework surrounding public procurement allows, in certain circumstances, single tender actions. Please refer to Public Contracts Regulations 2006 and amending regulations 2009 and 2011 circular HSC-(F) 05/2012. The exceptions quoted are within a very few, narrowly defined parameters.
- 8.5.10 Please refer to the PHA's Standing Order's Administrative Schemes of Delegation 3.4.7 for financial limits and tendering requirements.
- 8.5.11 List of Approved Firms
- The PHA shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Director of Operations it is desirable to seek tenders from firms not on

the approved lists, the reason shall be recorded in writing to the Chief Executive (see SFI 8.6.8 List of Approved Firms).

8.5.12 Building and Engineering Construction Works

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without DHSSPS approval.

8.5.13 Items which subsequently breach thresholds after original approval

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Chief Executive (or appropriate delegated board Officer) and be recorded in an appropriate PHA record.

8.6 **Contracting/Tendering Procedure**

8.6.1 Invitation to Tender

(a) All invitations to tender shall clearly state the closing date and time- for the receipt of tenders. As per DHSSPS circular guidance (HSC(F) 62/2013) involvement of incumbent suppliers in the preparation of procurement competition should be carefully controlled and avoided where possible;

(b) All invitations to tender shall state that no tender will be accepted unless:

- submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the PHA (or the word "tender" followed by the subject to which it related) and be received before the closing date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager;
- that tender envelopes/packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

OR

Where an e-tendering system is in use shall not be accessible by any means until after the appointed date and time of closing and only then by appropriately authorised personnel.

(c) Every tender for goods, materials, services or disposals shall embody such of the HSC Standard Contract Conditions as are applicable; and

- (d) Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with Concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with DHSSPS guidance and, in minor respects, to cover special features of individual projects.

8.6.2 Receipt and safe custody of tenders

The Chief Executive or his nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

OR

Where an e-tendering system is in use the electronic files shall be held in a secure electronic environment until time of opening has passed at which point the system shall release the files for access by appropriately authorised personnel.

8.6.3 Opening tenders and Register of tenders

The PHA would expect the Planning and Logistics Service (PALs) of the BSO would undertake the following on its behalf.

- (a) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Chief Executive and not from the originating department;
- (b) Where services are to be provided by a Centre of Procurement Expertise (CoPE) it will be the responsibility of the CoPE to ensure that appropriate personnel from the CoPE are present at tender opening;

- (c) The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the PHA's Schemes of Delegation;
- (d) The 'originating' Department will be taken to mean the Department sponsoring or commissioning the tender;
- (e) The involvement of HSCB Finance Directorate staff in the preparation of a tender proposal will not preclude the Director of Finance (ref para 1.2.6) or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders;
- (f) All Executive Directors/members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

The PHA's Company Secretary will count as a Director for the purposes of opening tenders;

- (g) Every tender received shall be marked with the date of opening and initialed by those present at the opening;
- (h) A register shall be maintained by the Chief Executive, or a person authorised by him, to show for each set of competitive tender invitations dispatched:
 - the name of all firms/ individuals invited;
 - the names of firms/ individuals from which tenders have been received;
 - the date the tenders were opened;
 - the persons present at the opening;
 - the price shown on each tender;
 - a note where price alterations have been made on the tender.

Each entry to this register shall be signed by those present.

A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood; and

- (i) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other

tenders, should be dealt with in the same way as late tenders.
(Standing Order No. 17.6.5).

8.6.4 Admissibility

- (a) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Executive;
- (b) Where only one tender is sought and/or received, the Chief Executive, Director of Finance (ref para 1.2.6) and the Director of Operations, shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the PHA.

8.6.5 Late Tenders

- (a) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Executive or his nominated officer decides that there are exceptional circumstances i.e. dispatched in good time but delayed through no fault of the tenderer. Where services are to be provided by a Centre of Procurement Expertise (CoPE), a duly authorised CoPE officer will act as nominated officer;
- (b) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or his nominated officer or if the process of evaluation and adjudication has not started. Where services are to be provided by a Centre of Procurement Expertise (CoPE), a duly authorised CoPE officer will act as nominated officer;
- (c) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer. Where services are to be provided by a Centre of Procurement Expertise (CoPE), a duly authorised CoPE officer will act as nominated officer.

8.6.6 Acceptance of formal tenders (See overlap with SFI No. 8.7)

Prior to commencement of a tender process a group shall be constituted to evaluate and agree the award of contract. Nominees to the group shall be provided by the Chief Executive or his/her nominated officer and shall have the delegated authority to act on behalf of the PHA in respect of the award of contract.

- (a) Prior to participation in an evaluation process those Officers participating in the evaluation will be required to complete a Declaration of Objectivity and Interests;
- (b) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender. Such discussions must be carried out by or with the knowledge and approval of the Procurement Officer responsible for management of the tender process;
- (c) The lowest tender, if payment is to be made by the PHA, or the highest, if payment is to be received by the PHA, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

- experience and qualifications of team members;
- understanding of client's needs;
- feasibility and credibility of proposed approach; and
- ability to complete the project on time;
- social considerations as per circular guidance HSC(F) 60/2013.

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

- (d) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the PHA and which is not in accordance with these Instructions except with the authorisation of the Chief Executive or Director of Finance (ref para 1.2.6).
- (e) The use of these procedures must demonstrate that the award of the contract was:
 - not in excess of the going market rate / price current at the time the contract was awarded;
 - that best value for money was achieved.
- (f) All Tenders should be treated as confidential and should be retained for inspection.

8.6.7 Tender reports to the board of the PHA

Reports to the board will be made on an exceptional circumstance basis only.

8.6.8 List of approved firms (see SFI No. 8.5.5)

(a) Responsibility for maintaining list

BSO Procurement and Logistics service has been nominated by the Chief Executive to maintain lists of approved firms from who tenders and quotations may be invited. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to tender and as to whose technical and financial competence the PHA is satisfied. All suppliers must be made aware of the Trust's terms and conditions of contract.

(b) Building and Engineering Construction Works

- Invitations to tender shall be made only to firms included on the approved list of tenderers compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147).
- Firms included on the approved list of tenderers shall comply with the N.I. Public Sector standard Equality Clause and ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, and the Disabled Persons (Employment) Act 1944 and any amending and/or related legislation.
- Firms shall conform at least with the requirements of the Health and Safety at Work Act (N.I. Order) and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

(c) Financial Standing and Technical Competence of Contractors

The Director of Finance (ref para 1.2.6), Director of Operations or the PHA's Centre of Procurement Expertise may make or institute any enquiries he deems appropriate concerning the financial standing and financial suitability of approved contractors. The lead care Director with responsibility for clinical and social care governance will make

such enquiries as is felt appropriate to be satisfied as to their technical/professional/medical competence.

8.6.9 Exceptions to using approved contractors

If in the opinion of the Chief Executive and the Director of Operations, or the Director with lead responsibility for clinical governance or the PHA's Centre of Procurement Expertise, it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Chief Executive should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.

An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list.

8.7 **Quotations: Competitive and non-competitive**

8.7.1 **General Position on Quotations (Set out in detail in administrative schedule to the Standing Orders)** ~~Quotation's~~ Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed the current levels contained within the DHSSPS Mini-code Guidance.

8.7.2 Competitive Quotations

- (a) Quotations should be obtained in accordance with the DHSS&PS Mini-code based on specifications or terms of reference prepared by, or on behalf of, the PHA;
- (b) Quotations should be in writing unless the Chief Executive or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone (only for order value up to and including £2,000). Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record;
- (c) All quotations should be treated as confidential and should be retained for inspection; and
- (d) The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the PHA, or the highest if payment is to be received by the PHA, then the choice made and the reasons why should be recorded in a permanent record and held as evidence by the approving officer.

Where quotations are obtained without formal competition being sought approval must be given by the Chief Executive or his/her appointed Officer.

8.7.3 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the PHA and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Director of Operations, supported by the Director of Finance (ref para 1.2.6).

8.8 **Authorisation of Tenders and Competitive Quotations**

8.8.1 Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the officers nominated in the Chief Executive's Scheme of Delegation at Appendix 1.

8.8.2 These levels of authorisation may be varied or changed and need to be read in conjunction with the board's Scheme of Delegation.

8.8.3 Formal authorisation must be put in writing. In the case of authorisation by the board this shall be recorded in their minutes.

8.8.4 Where the contract to be awarded is a multi-organisation or Regional Contract then the Chief Executive shall nominate in advance a PHA employee(s) to participate in the tender evaluation and adjudicate the contract on behalf of the Trust. In doing so the Chief Executive shall delegate authority to that officer(s) to award the contract on behalf of the PHA.

8.9 **Instances where formal competitive tendering or competitive quotation is not required**

Where competitive tendering or a competitive quotation is not required the PHA should adopt one of the following alternatives:

- (a) the PHA shall use the BSO PALs / Centre of Procurement Expertise (COPE) for procurement of all goods and services unless the Chief Executive or nominated officers deem it inappropriate. The decision to use alternative sources must be documented;
- (b) If the PHA does not use the PALs / COPE - where tenders or quotations are not required because expenditure is below **£2,000**, the PHA shall procure goods and services in accordance with procurement procedures approved by the Director of Operations.

8.10 **Private Finance for capital procurement (see overlap with SFI No. 14.2)**

The PHA should normally market-test for PFI (Private Finance Initiative funding) when considering a capital procurement. When the board proposes, or is required, to use finance provided by the private sector the following should apply:

- (a) The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector (HSC-(F) 497/20145;
- (b) Where the sum exceeds delegated limits, a business case must be referred to the appropriate DHSSPS for approval or treated as per current guidelines;
- (c) The proposal must be specifically agreed by the board of the PHA; and
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

8.11 **Compliance requirements for all contracts**

The board may only enter into contracts on behalf of the PHA within the statutory powers delegated to it by the Minister for HSSPS and shall comply with:

- (a) The PHA's Standing Orders and Standing Financial Instructions;
- (b) EU Directives and other statutory provisions including N.I. Procurement Policy and DHSS&PS Guidance;
- (c) any relevant directions including the Capital Accounting Manual and guidance on the Procurement and Management of Consultants;
- (d) such of the HSC Standard Contract Conditions as are applicable;
- (e) contracts with HSC Trusts must be in a form compliant with appropriate DHSSPS guidance;
- (f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited; and
- (g) In all contracts made by the Trust, the board shall endeavour to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the PHA.

8.12 **Agency Personnel (also refer to 11.3 on staff appointments)**

The Chief Executive shall nominate officers with relevant delegated budgetary authority to enter into contracts of employment with agency staff for temporary cover.

These engagements should follow the process set out by the Director of Human Resources (BSO) and unless a Single Tender Action is approved in advance by the Chief Executive, be within the terms of the current contract, (please also refer to SFI 11.3 regarding appointments prior to engaging staff).

8.13 **Healthcare Services Agreements**

Service agreements with HSC providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the PHA. Service agreements are not contracts in law and are not enforceable by the courts. However, a contract with an NHS Foundation Trust, being a PBC, is a legal document and is enforceable in law.

The Chief Executive shall nominate officers to commission service agreements with providers of healthcare in line with the joint commissioning plan approved by the board.

8.14 **Disposals**

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his/her nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the PHA;
- (c) items to be disposed of with an estimated sale value of less than £20,000, this figure to be reviewed on a periodic basis;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract; and
- (e) land or buildings concerning which DHSSPS guidance has been issued but subject to compliance with such guidance.

8.15 **In-house Services**

- 8.15.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The PHA may also determine from time to time that in-house services should be market tested by competitive tendering.
- 8.15.2 In all cases where the board determines that in-house services should be subject to competitive tendering the following groups shall be set up:
- (a) Specification group, comprising the Chief Executive or nominated officer/s and specialist.
 - (b) In-house tender group, comprising a nominee of the Chief Executive and technical support.
- 8.15.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.
- 8.15.4 The evaluation team shall make recommendations to the board.
- 8.15.5 The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the PHA.

9. **HSC SERVICE AGREEMENTS FOR PROVISION OF SERVICES (See overlap with SFI No. 8.13 and 12.3)**

9.1 **Service Level Agreements (SLAs) for internal HSC agreements or Contracts with 3rd Party organisations**

- 9.1.1 The Chief Executive, as the Accounting Officer, is responsible for ensuring the PHA enters into suitable agreements or contracts (Service Level Agreements SLA's) with service providers for the provision of Health and social care services.

All agreements or contracts should aim to implement the agreed priorities contained within the Joint Commissioning Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience, improving the Health and Wellbeing of the population and reducing inequalities . In discharging this responsibility, the Chief Executive should take into account:

- (a) promotion of Health and Wellbeing improvements;
- (b) promotion of the reduction of inequalities;
- (c) the standards of service quality expected;
- (d) the relevant service framework (if any);

- (e) the provision of reliable information on cost and volume of services;
- (f) the Performance Assessment Framework;
- (g) that agreements and contracts build where appropriate on existing Joint Investment Plans; and
- (h) that agreements and contracts are based on integrated care pathways.

9.2 **Involving Partners and Jointly Managed Risk**

A good SLA will result from a dialogue of clinicians, social workers, users, carers, public health professionals, AHPs and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the PHA works with all partner agencies involved in both the delivery and the commissioning of the service required. The SLA or Contract will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the PHA can jointly manage risk with all interested parties. Due consideration, in all provider/purchaser arrangements, must be observed as the HSC moves toward a 'Patient/Client-led HSC'.

9.3 **A 'Patient/Client-led HSC and 'Local Commissioning''**

(Commissioning a Patient/Client-led HSC and Local Commissioning are being rolled out by the DHSSPS and full support and latest guidance may be accessed at <http://www.dhssps.gov.uk>).

9.4 **Reports to board on SLAs and Contracts**

The Chief Executive, as the Accounting Officer, will need to ensure that regular reports are provided to the board detailing actual and forecast expenditure against SLA 's and Contracts with the independent sector.

10. **JOINT COMMISSIONING**

10.1 **Role of the PHA in Commissioning Health and Care Services**

- 10.1.1 The PHA will work with the HSCB to jointly commission Health and Care services on behalf of the resident population. This will require the PHA to work in partnership with the HSCB, local HSC Trusts, users, carers and the voluntary sector to develop an annual Joint Commissioning Plan.

10.2 **Role of the Chief Executive**

- 10.2.1 The Chief Executive as the Accounting Officer has responsibility for ensuring Health and Care services are commissioned in accordance with the priorities agreed in the Joint Commissioning Plan. This will involve ensuring SLA s and contracts are put in place with the relevant providers, based upon integrated care pathways.
- 10.2.2 SLA s and Contracts will be the key means of delivering the objectives of the Priorities for Action and therefore they need to have a wider scope. The PHA Chief Executive will need to ensure that all SLA s and Contracts;
- (a) Promote Health and Wellbeing improvements;
 - (b) Actively promote the reduction of inequalities;
 - (c) Where appropriate build on existing Joint Investment Plans;
 - (d) Meet the standards of service quality expected;
 - (e) Fit the relevant service framework (if any);
 - (f) Enable the provision of reliable information on cost and volume of services;
 - (g) Fit the Performance Assessment Framework;
 - (h) Are based upon cost-effective services; and
 - (i) Are based on integrated care pathways.
- 10.2.3 The Chief Executive, as the Accounting Officer, will need to ensure that regular reports are provided to the board detailing actual and forecast expenditure and activity for each SLA and Contract.
- 10.2.4 Where the PHA makes arrangements for the provision of services by non-NHS providers it is the Chief Executive, as the Accounting Officer, who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided.
- 10.2.5 The role and function of the PHA means that it will have a high proportion of contracts and grant arrangements with a large number of non HSC organisations. All such contracts and grant arrangements must comply with the PHA process and standard documentation for commissioning with non HSC organisations.

10.3 **Role of Director of Finance (ref para 1.2.6)**

10.3.1 A system of financial monitoring must be maintained by the Director of Finance to ensure the effective accounting of expenditure under the SLA s and Contracts. This should provide a suitable audit trail for all payments made under the agreements, but maintains patient confidentiality.

11. **TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE PHA BOARD AND EMPLOYEES OF THE PHA**

11.1 **Remuneration and Terms of Service (see overlap with SO No. 5)**

11.1.1 In accordance with Standing Orders the board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

11.1.2 The Committee will **(in areas not already specified by the Department)**:

(a) advise the board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the PHA and other senior employees including:

- all aspects of salary (including any performance-related elements/bonuses);
- provisions for other benefits, including pensions and cars; and
- arrangements for termination of employment and other contractual terms.

(b) make such recommendations to the board on the remuneration and terms of service of officer members of the board (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the PHA - having proper regard to the PHA's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;

(c) monitor and evaluate the performance of individual officer members of and other senior employees; and

(d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

11.1.3 The Committee shall report in writing to the board the basis for its recommendations. The board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of officer members in matters not already directed by

the Department. Minutes of the board's meetings should record such decisions;

- 11.1.4 The board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees and officers not covered by either Departmental direction or by the Committee; and
- 11.1.5 The PHA will pay allowances to the Chairman and non-executive members of the board in accordance with instructions issued by the Minister and in line with DHSSPS Circular guidance HSC(F)_10/2014.-

11.2 **Funded Establishment**

- 11.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.
- 11.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive.
- 11.2.3 The Finance Director will ensure that appropriate controls are in place to ensure the funded establishment is not exceeded without prior authority of the Chief Executive.

11.3 **Staff Appointments (also ref 8.12 Agency Staffing)**

- 11.3.1 No officer, Member of the board or PHA employee may engage new staff (either to vacancies or new posts), re-grade employees, or agree to changes in any aspect of remuneration, or hire agency staff (ref 8.12) either on a permanent or temporary basis:
 - (a) unless expressly authorised to do so by the Chief Executive or his/her nominated officer; and
 - (b) within the limit of their approved budget and funded establishment numbers as confirmed by the Director of Finance (ref para 1.2.6), who will review with reference to the overall Management and Administration budget set by the DHSSPS and staff establishment.
 - (c) The Director of Finance shall raise any issues regarding non-approval based on the terms set in 11.3.1 (b) with the Chief Executive.
 - (d) The introduction of electronic recruitment and approval processes shall not remove the requirements of 11.3.1 a – c.
- 11.3.2 The board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, ~~ete~~etc., for employees.

11.3.3 In accordance with DHSSPS & HMRC guidance, staff will ensure that all individuals appointed to deliver services for PHA, regardless of type or duration of their appointment, are engaged using correct procedures. This covers staff directly recruited, employment agency appointments & other self-employed appointees, in accordance with DHSSPS circular reference HSC(F) 21/2014.

11.4 **Processing Payroll**

11.4.1 The Director of Finance of the Business Services Organisation is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications either manually or electronically;
- (b) the final determination of pay and allowances;
- (c) making payment on agreed dates; and
- (d) agreeing method of payment.

11.4.2 The Director of Finance (Ref para 1.2.6) will agree and ensure the issue of instructions by the BSO regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees & non-executive appointees (~~HSC(F)56/2013~~) and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act;
- (g) methods of payment available to various categories of employee and officers;
- (h) procedures for payment by cheque, bank credit, or cash to employees and officers;
- (i) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;

- (k) maintenance of regular and independent reconciliation of pay control accounts;
 - (l) separation of duties of preparing records and handling cash; and
 - (m) a system to ensure the recovery from those leaving the employment of the PHA of sums of money and property due by them to the PHA.
- 11.4.3 Appropriately nominated managers have delegated responsibility for:
- (a) submitting manual or electronic time records, and other notifications in accordance with agreed timetables;
 - (b) completing time records and other notifications in accordance with the instructions and in the form prescribed by the Director of Finance of the BSO; and
 - (c) submitting manual or electronic termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Director of Operations must be informed immediately.
- 11.4.4 Regardless of the arrangements for providing the payroll service, the Director of Operations, supported by the Director of Finance (ref para 1.2.6) of the HSCB, shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangement are made for the collection of payroll deductions and payment of these to appropriate bodies.
- 11.4.5 Payroll processing performance will be monitored by the Director of Finance (ref para 1.2.6) and set out within the SLA with the BSO.

11.5 **Contracts of Employment**

The DHSSPS has directed that the processing of PHA payroll be outsourced to the Business Services Organisation.

- 11.5.1 The board shall delegate responsibility to a nominated BSO officer (HR Director) for:
- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the board and which complies with employment legislation;
 - (b) dealing with variations to, or termination of, contracts of employment.

The Director of Operations will ensure that there is an appropriate Service Level Agreement with the BSO and monitoring arrangements in place to ensure proper control systems are in place and operating effectively. This will provide the performance monitoring framework to be operated by the Director of Operations.

12. NON-PAY EXPENDITURE (Procurement and Programme)

12.1 Delegation of Authority

12.1.1 The board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

12.1.2 The Chief Executive will set out:

- (a) the list of managers who are authorised to place electronic requisitions for the supply of goods and services;
- (b) the maximum level of each electronic requisition and the system for authorisation above that level.

12.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

12.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Standing Financial Instruction No. 8)

12.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the PHA. In so doing, the advice of the PHA's Centre of Procurement Expertise (BSO PALs) shall be sought. Requisitions should be placed using the E-Procurement system

12.2.2 System of Payment and Payment Verification

The Director of Finance of the BSO shall be responsible for the prompt payment of accounts and claims once appropriately authorised by PHA officers. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with Public Sector Prompt Payment Policy.

12.2.3 The Director of Operations supported by the Director of Finance will through a Service Level Agreement and monitoring arrangements with the BSO:

- (a) advise the board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and Standing Financial Instructions and regularly reviewed;
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - An electronic approval framework for the electronic authorising of invoices and requisitions/orders.

A list of board members/employees (including specimens of their signatures) authorised to approve expenditure.

- Certification either manually or electronically that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work completed or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct; and
 - the account is in order for payment.
- A timetable and system for submission to the BSO Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; and

- Instructions to employees regarding the handling and payment of accounts within the BSO Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 12.2.4 below.

12.2.4 Prepayments

Prepayments are only permitted where exceptional circumstances apply. In such instances:

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%) and the intention is not to circumvent cash limits;
- (b) The appropriate officer member must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the PHA if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) The Director of Operations will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered. This may impact on the ability of the Agency to deliver breakeven if the goods/services which are expected are not delivered by 31 March each financial year.

12.2.5 Official Orders

Official Orders either manual or electronic must:

- (a) be consecutively numbered;
- (b) be in a form approved by the PHA Director of Operations or the BSO Director of Operations on his behalf;
- (c) state the PHA's terms and conditions of trade; and
- (d) only be issued to, and used by, those duly authorised by the Chief Executive.

12.2.6 Duties of Managers and Officers

Managers and officers acting for the PHA must ensure that they comply fully with the guidance and limits specified by the Director of Operations and that:

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Operations in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with DHSSPS “guidance on the Use of Professional Services relating to the Engagement of External Consultants” (HSC(F) 25/2012 and HSC(F) 47/2012 and the sharing of lessons learned from post project evaluation following the use of consultancy HSC(F) [2951/2014.5](#).
- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; or
 - conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with the Standing Order No 6 and the principles outlined in the PHA’s policy on “Standards of Business Conduct for Staff and the Gifts and Hospitality Policy”.

- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Operations on behalf of the Chief Executive;
- (f) all goods, services, or works are ordered on an official order via a requisition on the E-procurement system;
- (g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (h) orders must not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

- (i) goods are not taken on trial or loan in circumstances that could commit the PHA to a future uncompetitive purchase;
 - (j) changes to the list of members/employees and officers authorised to certify invoices are notified to the BSO;
 - (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Operations; and
 - (l) petty cash records are maintained in a form as determined by the Director of Finance of the BSO.
- 12.2.7 The Chief Executive and Director of Finance (ref para 1.2.6) shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and the Land transactions Handbook. The technical audit of these contracts shall be the responsibility of the relevant Director.
- 12.3 **Joint Finance Arrangements with HSC Organisations and Voluntary Bodies (see overlap with Standing Financial Instruction NO 9.1)**
- 12.3.1 Payments to HSC organisations and voluntary organisations **shall** comply with procedures laid down by the Director of Operations which shall be in accordance with DHSSPS guided best practice. See overlap with Standing Financial Instruction No 9.1)
- 12.4 **Grants and Service Level agreements with non-HSC organisations for Programme Expenditure**
- 12.4.1 Programme expenditure with non-HSC organisations for the provision of services to patients or clients shall, regardless of the source of funding, incorporate the principles set out in The Departmental Grants Manual, March 2005, issued by the DHSSPS.
(Please refer to www.DHSSPSNI.gov.uk)
- 12.4.2 The Manual aims to provide a guide to best practice in the management and administration of grant making. It is a procedures manual, setting out the basic accountability requirements for grant making and giving guidance on how these may be met in practice.
- 12.4.3 There are five main principles that apply to the management and administration of grant making. These are:
- (a) **Regularity** - funds should be used for the authorised purpose;
 - (b) **Propriety** - funds should be distributed fairly, and free from undue influence;

- (c) **Value for Money** - funds should be used in a manner that minimises costs, maximises outputs and always achieves intended outcomes
 - (d) **Proportionate Effort** - resources consumed in managing the risks to achieve and demonstrate regularity, propriety and value for money should be proportionate to the likelihood and impact of the risks materialising and losses occurring.
 - (e) **Clarity of responsibility and accountability** - within partnership working arrangements there should be clear documented lines of responsibility and accountability of each partner involved. Those who delegate responsibility should ensure that there are suitable means of monitoring performance.
- 12.4.4 All such expenditure/agreements must be consistent with the Joint Commissioning Plan approved by the PHA at the outset of the year; approval of grants should be in line with the PHA's Scheme of Delegation.
- 12.4.5 The first payment should only be made on receipt of confirmation from the Organisation that the project is to commence within 6 weeks.
- 12.4.6 Subsequent payments must only be released upon receipt of satisfactory performance monitoring information.
- 12.4.7 All payments must be advised to BSO Finance department on a Programme Expenditure Authorisation (PEA) form authorised in accordance with the Scheme of Delegated Authority.
- 12.4.8 If performance monitoring is not satisfactory the PHA's 'Escalation Policy' should be referred to for action to be taken.
- 12.4.9 Any end of year non-delivery of services and resultant underspends must be promptly notified to the Finance department.
- 12.5 **HSC Organisations**
- 12.5.1 HSC organisations will normally be advised of approved increases to their budget via increases in Revenue Resource Limits. PHA staff will complete and authorise, in line with the Scheme of Delegated Authority, a Programme Expenditure Authorisation (PEA) form and forward to HSCB Finance Department for processing.

13. HSC FINANCIAL GUIDANCE

- 13.1.1 The Director of Operations should ensure that members of the board are aware of the extant finance guidance issued by DHSS&PS, (i.e. directions which the PHA must follow regarding resource and capital allocation and funding to HSC organisations.) and that this direction and guidance is followed by the PHA.

14. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

14.1 Capital Investment

14.1.1 The Chief Executive:

- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without confirmation of the availability of resources to finance all revenue consequences, including capital charges; and
- (d) is required to seek Department approval for:
 - All capital projects with expenditure of £50k and above (in accordance with the Capital Investment Manual and DHSSPS Circular HSS(F)_13/2006 and DAO(DFP) 06/05); and
 - All ICT projects with expenditure of £250k and above.

14.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

- (a) that a business case commensurate to the level of investment and in line with the guidance contained within the *Capital Investment Manual* is produced setting out:
 - an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - the involvement of appropriate PHA personnel and external agencies;
 - appropriate project management and control arrangements;
- (b) that the Director of Finance or nominated Deputy has certified professionally to the costs and revenue consequences detailed in the business case;
- (c) that all approvals for capital expenditure are in line with the PHA's Scheme of delegated authority;

- (d) that Departmental approval is obtained for projects costing more than the PHA's delegated limit for capital schemes currently £50k; and
 - (e) schemes requiring Departmental approval are re-submitted to the Department for re-consideration if any of the conditions specified in the Capital Investment Manual apply.
- 14.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the Land Transactions Handbook.
- 14.1.4 The Director of Finance shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.
- 14.1.5 The Director of Operations agrees procedures with the Director of Finance for the regular reporting of expenditure and commitment against authorised expenditure, these procedures shall be issued within the PHA as appropriate.
- 14.1.6 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender (see overlap with SFI No. 8.5); and
- (c) approval to accept a successful tender (see overlap with SFI No. 8.6).

The Chief Executive will issue a Scheme of delegation for capital investment management in accordance with the Land Transactions Handbook and the PHA's Standing Orders.

- 14.1.7 The Director of Operations, in conjunction with the Director of Finance (ref para 1.2.6) of the HSCB, shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuations for accounting purposes. These procedures shall fully take into account the current delegated limits for capital schemes (please refer to the PHA Standing Orders Administrative of Delegation 3.4.6).
- 14.2 **Private Finance (see overlap with SFI No. 8.10)**
- 14.2.1 The PHA should normally test for PFI when considering capital procurement. When the PHA proposes to use finance which is to be provided other than through its Allocations, the following procedures shall apply:

- (a) The Director of Operations, supported by the Director of Finance (ref para 1.2.6) shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector;
- (b) Where the sum involved exceeds delegated limits, the business case must be referred to the DHSSPS or in line with any current guidelines; and
- (c) The proposal must be specifically agreed by the board.

14.3 HSC Organisations - Capital Proposals

- 14.3.1 The PHA is required to confirm that it supports relevant capital investment proposals from other HSC organisations at Strategic Context stage, above certain delegated limits. It must also state that it is prepared to remit its share of any revenue resource consequences resulting from the scheme.
- 14.3.2 Circular HSS(PDD)_4/95 directs that the Capital Accounting Manual (CAM) for Northern Ireland published (HSC-(F) 63/2012) is to be implemented.
- 14.3.3 HSC organisations are required to obtain Departmental approval when costs are expected to exceed the following delegated limits or in accordance with Circular HSC(F) 43-/2014 where the delegated limit for office accommodation leases has been removed:
 - (a) All capital projects with expenditure of £500k and above (in accordance with the Capital Accounting Manual (HSC-(F) 63/2012 and DHSSPS Circular HSS(F)13/06 and DAO(DFP) 06/05);
 - (b) All IM and IT projects with expenditure of £250k and above.
- 14.3.4 The circular states that “... *the commitment of Commissioners must be secured from Strategic Context stage, before much of the detailed planning work is undertaken, and re-affirmed throughout the process*”.
- 14.3.5 The Capital Accounting Manual requires confirmation of Commissioner support at each phase of the Business Case:
 - (a) the Strategic Context (SC);
 - (b) Outline Business Case (OBC); and
 - (c) Full Business Case (FBC).

Approval shall be in line with the PHA’s Standing Orders Scheme of Delegation 3.4.6

- 14.3.6 Consideration of HSC organisations capital proposals is to be undertaken by a Capital Investment Core Group consisting of officers from PHA and Finance enlarged as necessary to give consideration from both the care/treatment and business/finance perspectives.
- 14.3.7 Further guidance is provided in SOC Paper 166/95 dated 22 August 1995. The requirement for all potential schemes to be tested for viability of private financing shall be particularly noted. The provisions of the Capital Investment Manual are to be followed in all cases above the delegated limits for HSC organisations.

14.4 **Asset Registers**

- 14.4.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance (ref para 1.2.6) concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.
- 14.4.2 The Director of Finance of the BSO, on behalf of the PHA, shall maintain an asset register recording fixed assets on behalf of the PHA. The minimum data set to be held within these registers shall be as specified in the Capital Accounting Manual as issued by the DHSSPS.
- 14.4.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 14.4.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Attention is drawn to the recent guidance on limiting the holdings of land & buildings to the minimum required for the performance of present and clearly foreseen responsibilities HSC(F) 40/2013.
- 14.4.5 The Director of Finance (ref ~~para~~Para 1.2.6) shall reconcile balances on fixed assets accounts in ledgers against balances on fixed asset registers and will monitor the BSO delivery of the Fixed Asset register and associated services.

14.4.6 The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual (HSC (F) 63/2012) issued by the DHSSPS.

14.4.7 The value of each asset shall be depreciated using methods and rates as specified in the Capital Accounting Manual issued by the DHSSPS.

14.5 **Security of Assets**

14.5.1 The overall control of fixed assets is the responsibility of the Chief Executive.

14.5.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance (ref para 1.2.6). This procedure shall make provision for:

(a) recording managerial responsibility for each asset;

(b) identification of additions and disposals;

(c) identification of all repairs and maintenance expenses;

(d) physical security of assets;

(e) periodic verification of the existence of, condition of, and title to, assets recorded;

(f) identification and reporting of all costs associated with the retention of an asset; and

(g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

14.5.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Operations.

14.5.4 Whilst each employee and officer has a responsibility for the security of property of the PHA, it is the responsibility of board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to HPSS property as may be determined by the board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

14.5.5 Any damage to the PHA's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by board members and employees in accordance with the procedure for reporting losses.

14.5.6 Where practical, assets should be marked as PHA property.

15. STORES AND RECEIPT OF GOODS

15.1 General Position

15.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to annual stock take; and
- (c) valued at the lower of cost and net realizable value.

15.2 Control of Stores, Stocktaking, Condemnations and Disposal

15.2.1 Subject to the responsibility of the Director of Operations for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance (ref para 1.2.6).

15.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/officer. Wherever practicable, stocks should be marked as health service property.

15.2.3 The Director of Operations shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

15.2.4 Stocktaking arrangements shall be agreed with the Director of Operations in conjunction with the Director of Finance (ref para 1.2.6) of the HSCB and there shall be a physical check covering all items in store at least once a year.

15.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Operations.

15.2.6 The designated Manager/officer shall be responsible for a system approved by the Director of Operations for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Operations any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. 16 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

15.3 **Goods supplied by Centres of Procurement Expertise (COPE) / HPSS Service Providers**

15.3.1 For goods supplied via COPE (BSO PALs) central warehouses, the Chief Executive shall identify those authorised electronically to requisition and accept goods from the store.

16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

16.1 **Disposals and Condemnations**

16.1.1 Procedures

The Director of Operations supported by the Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

16.1.2 When it is decided to dispose of a PHA asset, the Head of Department or authorised deputy will determine and advise the Director of Finance via the Director of Operations of the estimated market value of the item, taking account of professional advice where appropriate.

16.1.3 All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Operations;
- (b) recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Operations.

16.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Operations who will advise the Director of Finance (ref para 1.2.6) and take the appropriate action.

16.1.5 Heads of Department will be responsible for ensuring that all data held on assets for disposal are dealt with appropriately and securely.

16.2 **Losses and Special Payments**

16.2.1 Procedures

The Director of Finance (ref para 1.2.6) must prepare procedural instructions on the recording of and accounting for condemnations, losses,

and special payments, in line with the requirements of Circular HSC(F) 50/2012.

- 16.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the Chief Executive and the Director of Operations, who will in turn inform the Director of Finance (ref para 1.2.6).

Where a criminal offence is suspected, the Director of Operations must immediately inform the police if theft or arson is involved. In cases of suspected fraud and corruption the officer should consult the PHA's Fraud Response Plan for further advice.

The Director of Operations, via the Fraud Liaison Service provided by the Director of Finance (HSCB), must notify the Counter Fraud and probity Service (CFPS, BSO), DHSS&PS Counter Fraud Policy Unit and the External Auditor of all frauds or thefts.

- 16.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Operations must immediately notify:

- (a) the board;
- (b) the Director of Finance; and
- (c) the External Auditor.

- 16.2.4 Within limits delegated to it by the DHSSPS, the board shall approve the writing-off of losses (Ref HSC (F) 50/2012).

- 16.2.5 The Director of Operations with the support of the Director of Finance (ref para 1.2.6) shall be authorised to take any necessary steps to safeguard the PHA's interests in bankruptcies and company liquidations.

- 16.2.6 For any loss, the Director of Operations should consider whether any insurance claim can be made.

- 16.2.7 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

- 16.2.8 No special payments exceeding delegated limits shall be made without the prior approval of the DHSSPS.

- 16.2.9 All losses and special payments must be reported to the Governance & Audit Committee at least once per annum.

17. INFORMATION TECHNOLOGY

17.1 Responsibilities and duties of the Director of Operations

The Director of Operations is responsible for the security of the computerised data of the PHA and shall:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the PHA's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
- (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

17.1.2 The Director of Finance (ref para 1.2.6) is responsible for the accuracy of financial data and shall ensure that new financial systems and amendments to current financial systems have been developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

17.1.3 The Director of Operations shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our PHA that we make publicly available.

17.2 Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application

17.2.1 In the case of computer systems which are proposed General Applications all responsible directors and employees will send to the Director of Operations:

- (a) details of the outline design of the system;

- (b) in the case of packages acquired either from a commercial organisation, from the HSC, or from another public sector organisation, the operational requirement; and
- (c) a supporting business case.

17.3 Contracts for Computer Services with other health bodies or outside agencies

The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation (e.g. HSCB or BSO) or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation (e.g. BSO) or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

17.4 Risk Assessment

The Director responsible for ICT shall ensure that risks to the PHA arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

17.5 Requirements for Computer Systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems the Director of Finance shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists; and
- (c) such computer audit reviews as are considered necessary are being carried out.

18. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT (see overlap with SO No. 6 and SFI No. 12.2.6 (d))

The Director of Operations shall ensure that all staff are made aware of the PHA policy on acceptance of gifts and other benefits in kind by staff available on CONNECT. This policy follows the guidance contained in DHSSPS circular guidance on gifts and hospitality, HSS(F) 49/2009– and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions.

19. PAYMENTS TO INDEPENDENT CONTRACTORS

19.1 Role of the PHA

The PHA will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, within any time limits laid down in the contractor's HPSS terms and conditions of service.

19.2 Duties of the Chief Executive

The Chief Executive shall:

- (a) ensure that lists of all contractors, for which the PHA is responsible, are maintained in an up to date condition;
- (b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc, within the appropriate contractor's terms and conditions of service.

19.3 Duties of the Director of Operations

The Director of Operations shall:

- (a) ensure that contractors who are included on a PHA approved list receive payments;
- (b) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures in accordance with the late payment of commercial debt regulations (HSC(F) 52/2013) ;
- (c) ensure that regular independent verification of claims is undertaken, to confirm that:
 - rules have been correctly and consistently applied;

- overpayments are detected (or preferably prevented) and recovery initiated in accordance with HSC(F)_50/2012 circular, Guidance on Losses and Special Payments, Appendix B “Recovery of Overpayments;
 - suspicions of possible fraud are identified and subsequently dealt with in line with DHSSPS Directions on the management of fraud and corruption.
- (d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
- (e) ensure that a prompt response is made to any query raised by the Business Services Organisation, Counter Fraud and Probity Service regarding claims from contractors submitted directly to them.

20. RETENTION OF RECORDS

- 20.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with DHSSPS guidelines, Good Management, Good Records.
- 20.2 The records held in archives shall be capable of retrieval by authorised persons.
- 20.3 Records held in accordance with DHSSPS guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

21. RISK MANAGEMENT AND INSURANCE

21.1 Programme of Risk Management

The Chief Executive shall ensure that the PHA has a programme of risk management, in accordance with current DHSSPS assurance framework requirements, which must be approved and monitored by the board.

The programme of risk management shall include:

- (a) a process for identifying and quantifying risks and potential liabilities;
- (b) engendering, among all levels of staff, a positive attitude towards the control of risk;
- (c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control,

cost effective insurance cover, and decisions on the acceptable level of retained risk;

- (d) contingency plans to offset the impact of adverse events;
- (e) audit arrangements including; internal audit, clinical and social care audit, health and safety review;
- (f) a clear indication of which risks shall be insured;
- (g) arrangements to review the risk management programme.

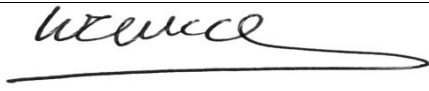
The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control (SIC) within the Annual Report and Accounts as required by current DHSSPS guidance.

21.2 **Insurance arrangements with commercial insurers**

21.2.1 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, **three exceptions** when HSC organisations may enter into insurance arrangements with commercial insurers. The exceptions are:

- (a) HSC organisations may enter commercial arrangements for **insuring motor vehicles** owned by the PHA including insuring third party liability arising from their use;
- (b) where the PHA is involved with a consortium in a **Private Finance Initiative** contract and the other consortium members require that commercial insurance arrangements are entered into; and
- (c) where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the PHA for an HPSS purpose the activity may be covered in the risk pool. In any case of doubt concerning a PHA's powers to enter into commercial insurance arrangements the Finance Director should consult the DHSSPS.

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	18 February 2016
Title of Paper	Records Management Policy
Agenda Item	11
Reference	PHA/05/02/16
Summary	
<p>The PHA developed and approved its Records Management Policy in 2012. The Policy has now been revised and updated to sit within the context of the Information Governance Strategy (2015 to March 2019).</p> <p>The Policy sets out the framework for ensuring the PHA meets its obligations for planning, developing and implementing records management policies and procedures which are consistent with legislation and the business requirements of the PHA.</p>	
Equality Screening / Equality Impact Assessment	No equality implications identified
Audit Trail	This policy was approved by the Information Governance Steering Group on 19 January, AMT on 26 January and by the Governance and Audit Committee on 4 February.
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	4 February 2016

Records Management Policy

Version	1.2
Approved by	IGSG
Date Approved	19/01/2016
Review Date	March 2019
Version	1.0
Approved by	IGSG
Date Approved	07/06/12

December 2015

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1. Scope

This Records Management Policy sits within the context of the Information Governance Strategy (2015 to March 2019). The Information Governance Strategy sets out the framework in which that the PHA meets its obligations for planning, developing and implementing records management policies and procedures which are consistent with legislation and the business requirements of the PHA.

This Records Management Policy:

- Sets out the requirements that must be met for the records of the Public Health Agency (PHA) to be considered as a proper record of the activity of the PHA;
- Outlines the requirements for a PHA records management system and processes;
- Highlights the quality and reliability standards which must be maintained to provide a valuable information and knowledge resource for the Public Health Agency;

It relates to all corporate, clinical and non-clinical operational records held in any format by the Public Health Agency as detailed in the Department of Health and Social Services and Public Safety (DHSSPS) publication *Good Management Good Records (GMGR) November 2011*¹.

The Policy is supplemented by detailed procedures, as set out in Section 4.

For ease of reference, please see Appendix 1 Glossary of Records Management Terms as used throughout this Policy.

2. Purpose of Records

Information is a corporate asset and the records of the PHA are important sources of information including patient/client, administrative, financial, legal, evidential and historical information. They are vital to the PHA in its current and future work, for the purposes of accountability, and for an awareness and understanding of its history. They are the corporate memory of the PHA.

¹ <http://connect.publichealthagency.org/policy/records-management-good-management-good-records> or <http://www.dhsspsni.gov.uk/gmgr.htm>

The PHA will create, use, manage and destroy or preserve its records in accordance with all statutory requirements.

Systematic records management is fundamental to the PHA's efficiency. It ensures that the correct information is:

- captured, stored, retrieved and destroyed or preserved according to need;
- fully utilised to meet current and future needs, and to support change;
- accessible to those who need to make use of it; and
- that the appropriate technical, organisational and human resource elements exist to make this possible.

3. Aims

The records management system aims to ensure:

- a consistent systematic and planned approach to records management covering records from creation to disposal;
- compliance with statutory requirements and to increase efficiency by improving the flow of information, and greater coordination of records and storage systems; and
- awareness of the importance of records management and the need for responsibility and accountability at all levels.

All staff of the Public Health Agency who create, use, manage or dispose of records have a duty to protect them and to ensure that any information that they add to the record is necessary, accurate and complete. Confidentiality must always be of primary concern to PHA staff. Appropriate training and guidance will be provided on the management of records.

The Records Management Policy should be read in conjunction with other relevant governance policies and documents including:

- PHA Information Governance Strategy

- DHSSPS Guidance Document 'Good Management, Good Records' (GMGR) (the PHA's retention and Disposal Schedule)
- PHA Data Protection and Confidentiality Policy
- PHA Access to Information Policy
- Information Management Controls Assurance Standard
- PHA ICT Security Policy

4. Records Management Process

The records management processes will follow best practice in records management and allow for the users of the records to identify, track and recall particular records. The process includes:

- Classification of the records into a records management system, with meaningful titles and a consistent reference code
- Individuals creating records being responsible for classifying them appropriately and ensuring that they are recorded and maintained correctly.
- Having sequences of reference codes that can facilitate both paper and electronic (where appropriate) records to enable tracking and recall, and eventually align with a single PHA records management system, and that enable tracking and recall of records.
- Checking that the correct records have been allocated to the appropriate reference code and that meaningful titles are used.
- Auditing to ensure that the records management system makes sense and records are traceable.

The detail of the records management processes are defined in a suite of records management factsheets which outline the procedure for each stage of the record lifecycle. The procedures relate to records regardless of formats, throughout their lifecycle, from planning and creation through to disposal

ensuring that all records are kept in an accessible format. The factsheets have been developed in line with *Good Management Good Records (GMGR)* and include the following:

- File Covers and File Content
- Closing Files
- Disposal of Records
- Contemporaneous Notes and Marginalia
- The Use of Folio Numbering and Folio Sheets
- Management of Handwritten Notes / File Notes
- Preparing Agendas and Minutes
- Managing Electronic Records including E-mails
- Version Control
- Preparing Records for Archive
- Transporting Records
- Security of Records
- What is a master file and what is a working file?
- Accessing External Confidential Waste Disposal Company
- Protective Markings on File Covers
- Filing Systems

5. Off-site Records Management

It is not possible to store all records locally; therefore some will be stored in secure off-site storage through the regional contract. The principles set out in this policy also apply to the management of off- site records.

All records held in off-site storage should have a review or retention date recorded. It is the responsibility of the relevant information asset owner to ensure that these dates are recorded for each record.

6. Accountability

All records created by the Public Health Agency are public records as defined in the Public Records Act (Northern Ireland) 1923.

6.1 Statutory Responsibility

“Good Management Good Records” states that the Permanent Secretary, Departmental Information Manager, Chief Executives and senior managers are personally accountable for records management within their organisation and have a duty to make arrangements for the safe keeping and eventual disposal of those records under the overall supervision of the Deputy Keeper of Public Records at PRONI.

6.2 Roles and Responsibilities within Public Health Agency

The formal roles and responsibilities relating to records management are set out in section 3 of "Good Management Good Records". Within the PHA these roles and responsibilities are as follows:

- **All Staff** - All staff have a responsibility to comply with the records management strategy, policy and associated procedures.
- **Chief Executive** - The Chief Executive, as Accounting Officer, has responsibility for ensuring that the PHA complies with its statutory obligations and DHSSPS directives.
- **Senior Information Risk Owner (SIRO)** - The SIRO (Director of Operations) is the focus for the management of information risk at Board level. The SIRO will advise the Accounting Officer on the Information Risk aspect of the Governance Statement and will own the overall information risk and risk assessment process.
- **Assistant Director Planning and Operational Services (AD P&OS)** - The AD P&OS has responsibility delegated from the SIRO for ensuring that effective systems and processes are in place to address the information governance agenda including records management.
- **Governance Manager** - The Governance Manager is operationally responsible for the day to day implementation of all aspects of Information Governance including records management.

- **Office Managers** - Responsibility for coordinating and overseeing implementation of records management within their offices.
- **The Personal Data Guardian (PDG)** - The PDG (Director of Public Health/Medical Director) has responsibility for ensuring that the PHA processes satisfy the highest practical standards for handling personal data. The PDG is the 'conscience' of the organization in respect of patient information, and will also promote a culture that respects and protects personal data. The PDG works closely with the SIRO and Information Asset Owners where appropriate, especially where information risk reviews are conducted for assets which comprise or contain patient/service user information.
- **Information Asset Owners (IAO's)** - The IAO's primary role is to manage and address risks associated with the information assets within their function and to provide assurance to the SIRO on the management of those assets. Each Assistant Director is the IAO for their function and also sit on the Information Governance Steering Group.
- **Information Asset Assistants (IAA's)** - IAAs may be identified in each function to support the IAO.
- **Information Governance Steering Group (IGSG)** - Consisting of representatives from all PHA Directorates the primary function of the IGSG will be to lead the development and implementation of the Information Governance framework across the organisation. The Group will be chaired by the SIRO and will meet on a quarterly basis.
- **Records Management Working Group (RMWG)** - Chaired by the Assistant Director of Planning and Operational Services this Group will address the Records Management function within the PHA developing and implementing an effective system across all offices. Membership consists of representatives from each Directorate. Members will in turn cascade progress across all teams within their Directorate. The RMWG reports to the IGSG.

- **PHA Governance and Audit Committee (GAC)** - The GAC has responsibility for providing the PHA board with an independent and objective review of governance processes and an assurance on the adequacy and effectiveness of the system of internal control within the PHA. It will formally review progress against the Information Governance Strategy.
- **PHA Agency Management Team** - AMT will receive updates on Information Governance matters (including Records Management) on both a formal and informal basis via the Director of Operations who fulfils the role of Senior Information Risk Owner (SIRO) and Chair of the Information Governance Steering Group. The PDG will also report on matters relating to patient identifiable information where appropriate.

Appendix 2 outlines the relevant legislation and drivers in relation to legal and professional responsibility for records management.

7. Monitoring Compliance

Compliance with this policy and associated procedures will be monitored by audits of sample records and records storage areas as well as through self assessment (and external verification as appropriate) of the Control Assurance Standards (CAS). Records Management will also be subject to periodic audit by internal and external audit. These audits will seek to:

- identify areas of good practice which can be used throughout the Public Health Agency;
- highlight where non-conformance with the procedures is occurring; and
- if appropriate, recommend changes to the records management system and processes and to how compliance can be achieved.

8. Review of Policy

The PHA is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.

This policy will be reviewed by the Director of Operations in March 2019 or earlier if relevant guidance is issued. That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

9. Equality and Human Rights Screening

This policy has been screened in accordance with the PHA's requirements under Section 75 of the Northern Ireland Act 1998. Cognisance has also been taken of human rights. The policy and screening outcomes are published as part of our agreed process for publication.

APPENDIX 1

Glossary of Records Management Terms

AUDIT - The general definition of an audit is an evaluation of a person, organisation, system, process, enterprise, project or product. Audits are performed to ascertain the validity and reliability of information; also to provide an assessment of a system's internal control. An audit record is a record of an audit.

CORPORATE RECORDS - Records (other than health records) that are of, or relating to, an organisation's business activities covering all the functions, processes, activities and transactions of the organisation and of its employees.

CURRENT RECORDS - Records necessary for conducting the current and ongoing business of an organisation.

DATA PROTECTION ACT 1998 – The Act is concerned with personal data, that is, any data relating to an individual who can be identified.

DEPARTMENT - The Department of Health, Social Services and Public Safety (DHSSPS).

DESTRUCTION - The process of eliminating or deleting records beyond any possible reconstruction. (BS ISO 15489-1.2001(E))

DISPOSAL SCHEDULE - A Disposal Schedule is a document which outlines all types of records held, the period for which such records should be retained and the action required when the retention period has been reached.

DISPOSAL - Disposal is the implementation of appraisal and review decisions. These comprise the destruction of records and the transfer of custody of records (including the transfer of selected records to an archive institution). They may also include the movement of records from one system to another (for example, paper to electronic). (The National Archives, Records Management Standard RMS1.1).

ELECTRONIC RECORD - A record created, generated, sent, communicated, received, or stored by electronic means.

Information recorded in a form that requires a computer or other machine to process it and that otherwise satisfies the definition of a record. Any record that contains machine-readable rather than human-readable information.

FILE - An organised unit of documents grouped together either for current use by the creator or in the process of archival arrangement, because they relate to the same subject, activity or transaction.

FILING SYSTEM - A plan for organising records so that they can be found when needed. (The National Archives, Records Management Standard RMS 1.1)

FREEDOM OF INFORMATION ACT 2000 (FOI) -The Act allows for any person to make a request for information, and to be told whether the public authority holds the information, and subject to exemptions, to be supplied with the information.

GP RECORDS - Records maintained by a general practitioner by virtue of his obligations under The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004.

HEALTH RECORDS - A health record is any record of information relating to someone's physical or mental health that has been made by (or on behalf of) a "health professional." This could be anything from the notes made by a GP in your local surgery to results of an MRI scan or X-rays. Health records are extremely personal and sensitive. They can be held electronically or as paper files, and are kept by a range of different health professionals both in the HSC and the private sector. For the purpose of the Data Protection Act, a registered health professional can be one of the following people:

- A medical practitioner - this could be a GP, consultant or hospital doctor
- A dentist
- An optician
- A pharmaceutical chemist 81
- A nurse, midwife or health visitor
- An osteopath

- A chiropractor
- A clinical psychologist, child psychotherapist or speech therapist
- A music therapist
- A scientist employed by a health service body as head of department

INTEGRITY OF RECORDS - The integrity of a record refers to its being complete and unaltered. It is necessary that a record be protected against unauthorised alteration. Records management policies and procedures should specify what additions or annotations may be made to a record after it is created, under what circumstances additions or annotations may be authorised and who is authorised to make them. Any unauthorised annotation, addition or deletion to a record should be explicitly identifiable and traceable.

MINUTES - A written account of what transpired at a meeting. Master copies are the copies held by the secretariat of the meeting, i.e. the person or branch who actually takes, writes and issues the minutes.

NATIONAL ARCHIVES - The National Archives (TNA) is a UK government department and an executive agency of the Secretary of State for Justice. It was created in April 2003 to maintain a national archive for "England, Wales and the central UK government". It is the central advisory body on the care of records and archives, in all media from creation to long-term preservation.

NORTHERN IRELAND RECORDS MANAGEMENT STANDARD (NIRMS) - Standard for Records Management produced by PRONI in March 2002 and revised in 2007. The standard is updated regularly to take account of emerging Freedom of Information issues.

PATIENT RECORD - A collection of documents that provides an account of each episode in which a patient visited or sought treatment and received care or a referral for care from a health care facility. All recorded information regarding a patient's clinical history, examination findings, diagnosis, treatment, and consent.

PAPER RECORDS - Records in the form of files, volumes, folders, bundles, maps, plans, charts, etc.

PERMANENT RETENTION - Records may not ordinarily be retained for more than 20 years. However, the Public Records Act provides for records which are still in current use to be legally retained. Additionally, under separate legislation, records may need to be retained for longer than 30 years, for example Occupational Health Records relating to the COSHH (Control of Substances Hazardous to Health) Regulations, or records required for variant CJD surveillance.

Section 33 of the Data Protection Act permits personal data identified as being of historical or statistical research value to be kept indefinitely as archives.

PERMANENT SECRETARY - The administrative head of the Department working directly to the Minister.

PRESERVATION - Processes and operations involved in ensuring the technical and intellectual survival of authentic records through time. (BS ISO 15489-1:2001(E)).

PUBLIC RECORDS - Records as defined in the Public Records Act 1958 or subsequently determined as public records by The National Archives. Records of NHS organisations (and those of predecessor bodies to NHS organisations) are defined as public records under the terms of the Public Records Act 1958 sections 3(1)–(2). NHS records are not owned by the NHS organisation that created them and may not be retained for longer than 30 years without formal approval by The National Archives. (The National Archives). Records of services supplied within NHS organisations but by outside contractors are not defined as public records, but are subject to the Freedom of Information Act.

PUBLIC RECORDS ACT (NI) 1923 - All files created by public servants as part of their everyday work, are defined as public records under the terms of the Public Records Act (NI) 1923.

PUBLIC RECORD OFFICE OF NORTHERN IRELAND (PRONI) - The Public Records Act (Northern Ireland) 1923

established PRONI as the national archive for Northern Ireland with authority to receive those records of government departments and public bodies which are deemed worthy of permanent preservation. PRONI is part of the Department of Culture, Arts and Leisure.

RECORDS - Information created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations, or in the transaction of business. (BS ISO 15489.1) A record of an Organisation is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of its employees – including consultants, agency or casual staff.

RECORDS MANAGEMENT - Field of management responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records. (BS ISO 15489-1:2001(E)).

RETENTION - The continued storage and maintenance of records for as long as they are required by the creating or holding organisation until their eventual disposal, according to their administrative, legal, financial and historical evaluation.

REVIEW - The examination of records to determine whether they should be destroyed, retained for a further period or transferred to PRONI.

TRANSFER OF RECORDS - Transfer (custody) – Change of custody, ownership and/or responsibility for records. (BS ISO 15489-1:2001(E)).

Transfer (movement) – Moving records from one location to another. (BS ISO 15489-1:2001(E)).

Records identified as more appropriately held as archives should be offered to PRONI, who will make a decision regarding their long-term preservation.

APPENDIX 2

Legislation & drivers in relation to legal & professional responsibility for records management

There are a range of legal and professional obligations that limit, prohibit or set conditions in respect of the management, use and disclosure of information and, similarly, a range of statutes that permit or require information to be used or disclosed.

The key legal and professional obligations covering personal and other information listed² in this Appendix are as follows:

- The Access to Health Records (Northern Ireland) Order 1993
- The Access to Personal Files and Medical Reports (Northern Ireland) Order 1991
- Administrative Law
- The Adoption Agencies Regulations (Northern Ireland) 1989
- The Blood Safety and Quality Regulations 2005 (as amended)
- The Census (Confidentiality) (Northern Ireland) Order 1991
- The Civil Evidence (Northern Ireland) Order 1997
- The Common Law Duty of Confidentiality
– Confidentiality: DHSSPS code of practice (PDF 111KB)
- The Computer Misuse Act 1990
- The Congenital Disabilities (Civil Liability) Act 1976
- The Consumer Protection (Northern Ireland) Order 1987
- The Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003

² Further information is detailed in the Department of Health's publication *Good Management Good Records (GMGR November 2011)*
<http://connect.publichealthagency.org/policy/records-management-good-management-good-records>
or <http://www.dhsspsni.gov.uk/gmgr.htm>

- The Copyright, Designs and Patents Acts 1988
- The Data Protection Act (DPA) 1998
- The Data Protection (Processing of Sensitive Personal Data) Order 2000
- Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community Code Relating to Medicinal Products for Human Use
- The Electronic Communications Act 2000
- The Environmental Information Regulations 2004
- The Foster Placement (Children) Regulations (Northern Ireland) 1996
- The Freedom of Information Act (FOIA) 2000
- The Gender Recognition Act 2004
- The Gender Recognition (Disclosure of Information) (England, Wales and Northern Ireland) (No. 2) Order 2005
- The Health & Personal Social Services, General Dental Services (Amendment) Regulations (Northern Ireland) 2008
- The Health & Personal Social Services, General Medical Services Contracts Regulations (Northern Ireland) 2004
- The Health and Safety at Work (Northern Ireland) Order 1978
- The Health and Social Services (Reform) Act (Northern Ireland) 2009
- The Human Fertilisation and Embryology Act 1990, as amended by the Human Fertilisation and Embryology Act 2008
- The Human Rights Act 1998
- The Limitation (Northern Ireland) Order 1989
- Police Act 1997 and the Memorandum to A Code of Practice for Third Party recipients of Criminal Record Information

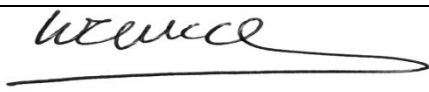
- The Privacy and Electronic Communications (EC Directive) Regulations 2003
- Public Health Act (Northern Ireland) 1967
- The Public Interest Disclosure (Northern Ireland) Order 1998
- The Public Records Act (Northern Ireland) 1923
- Disposal of Documents Order (Northern Ireland) 1925
- The Radioactive Substances Act 1993
- The High-activity Sealed Radioactive Sources and Orphan Sources Regulations 2005
- The Re-use of Public Sector Information Regulations 2005
- The Sexual Offences (Amendment) Act 1992 (as amended by the Youth Justice and Criminal Evidence Act 1999)

- **Relevant Standards and Guidelines**
- BSI DISC BIP 0008
- BS 5454:2000
- BS ISO/IEC 17799:2005 BS ISO/IEC 27001:2005 BS 7799-2:2005
- ISO 15489
- ISO 19005 – 1:2005
- The Records Management Controls Assurance Standard
- The Northern Ireland Records Management Standard

- **Professional Codes of Conduct**
- British Dietetic Association
- British Association of Occupational Therapy and College of Occupational Therapy
- British Orthoptic Society
- British Association of Social Workers

- The British Dental Association (BDA) Northern Ireland
- The British Medical Association (BMA) Northern Ireland
- The Chartered Society of Physiotherapy: Rules of Professional Conduct
- The General Dental Council
- The General Medical Council
- The Health Archives Group (HAG)
- Health Professions Council
- NI Social Care Council: Codes of Practice for Social Care Workers and Employers
- The Nursing and Midwifery Council
- The Pharmaceutical Society of Northern Ireland
- The Royal College of General Practitioners
- The Royal College of Pathologists
- The Royal College of Physicians
- The Royal College of Speech and Language Therapists
- The Royal College of Surgeons of England
- The Society of Chiropodists and Podiatrists
- The Society and College of Radiographers

PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	18 February 2016
Title of Paper	Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 31 December 2015
Agenda Item	12
Reference	PHA/06/02/16
Summary	
<p>The updates provided are for the period ending 30th September 2015. This is the first update on the Annual Business Plan targets for this year as the Plan has just recently been approved.</p> <p>This document also provides an update on all FIVE Commissioning Plan Direction targets for which the PHA is responsible. Two of these Commissioning Plan Direction targets are included within the Annual Business Plan. Monthly updates on the Commissioning Plan Direction targets are provided to the DHSSPS.</p> <p>There are a total of 66 targets in the Annual Business Plan and a further 3 targets in the Commissioning Plan Directions.</p> <p>Of these 69 targets - 49 are coded as green for achievability, 18 as amber and 2 as red.</p>	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This report was approved by AMT on 9 February.
Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Operations
Date	9 February 2016



DRAFT

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2015 – 2016

& Commissioning Plan Directions 2015

December 2015

Overview

This report provides an initial update on achievement of the targets identified in the **PHA Annual Business Plan 2015-16** and in the **Commissioning Plan Directions (Northern Ireland) 2015**.

The updates provided are for the period ending 31st December 2015. These updates on progress toward achievement of the targets were provided by the Lead Officers responsible for each target.

This document also provides an update on all FIVE Commissioning Plan Direction targets for which the PHA is responsible. Two of these Commissioning Plan Direction targets are included within the Annual Business Plan. Monthly updates on the Commissioning Plan Direction targets are provided to the DHSSPS.

There are a total of **66 targets** in the Annual Business Plan and a further **3 targets** in the Commissioning Plan Directions.

Of these 69 targets - **46** are coded as green for achievability, **20** as amber and **3** as red.

The three targets with a “Red” status are:

- **2.8 – Telehealth and Telecare Services.** Targets unlikely to be met even with renewed implementation plans. (Page 11). This had been recorded as ‘Amber’ in September.
- **3.7 – Taking forward the recommendations on the DHSSPS Regional Learning System.** No funding available(Page 22). This had been recorded as ‘Red’ in September.
- **3.20 – Long Term Conditions Regional Implementation Group.** No funding for self-management programmes. (Page 27). This had been recorded as ‘Red’ in September.

Three targets moved from Green to Amber – 1.2 (Page 6); 2.12 (Page 13) and 3.15 (Page 28).

1. PROTECTING HEALTH

Target from Business Plan	Progress	Achievability Sept Dec Mar			Mitigating actions where performance is Amber / Red
<p>1.1) Work with the HSC Trusts to secure a further reduction of 20% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection.</p> <p><i>(Commissioning Plan Direction target)</i></p>	<p>This HCAI reduction target is a composite target comprising individual Trust reductions in MRSA and CDI cases to be delivered during 2015-16.</p> <p><i>Note –CDI and MRSA position at 31st Dec is provisional pending C Ex sign-off of enhanced surveillance data (due on 15th Jan).</i></p> <p>At 31st Dec the regional MRSA target has been breached – 59 cases have been reported compared to an annual targets of 49 cases. Within this regional position three trusts (South-Eastern, Southern and Western) are at or below their individual MRSA target. Northern Trust has breached it’s individual MRSA target (target +8). Belfast Trust has also breached its individual MRSA target (target +6) for the full financial year.</p> <p>At 31st Dec the upper limit of the regional CDI target has been reached - 309 cases have been reported with a full year target also of 309 cases. No Trust is within their individual trajectory limit. The largest trajectory excedences are reported by SET (+16 cases), Southern (+22 cases) and Belfast (+17 cases) Trusts. Three Trusts have breached their</p>	A	A		<p>PHA HCAI lead has visited each Trust to discuss current HCAI improvement challenges and explore potential to align IPC/HCAI and quality improvement (QI) skills and capability going forward. Further work is required in this regard.</p> <p>Trusts highlight challenges relating to prescribing in primary care. PHA HCAI lead met with HSCB Directorate of Integrated Care (Pharmacy & GMS divisions) on 21st Sept and 25th Nov to discuss planned service developments into 2016. A joint PHA/HSCB operational subgroup of HCAI & AMRS Project Board has been established (ASOG) to drive progress in stewardship, with particular emphasis on primary and community care settings.</p> <p>Prescribing guidelines for primary and community care settings have been refreshed and are now available to download through an App. Hard copy resources will be widely distributed</p>

	individual CDI target for the full financial year (SET, ST & WT).		<p>across HSC during Q1 2016. DHSSPS has asked PHA to work with Trusts to agree a broader set of indicators relating to HCAI and AMRS, to provide a broader assessment of HCAI position/progress. HCAI lead will progress this work with Trusts from early 2016. It is expected that this 'integrated indicator' will be agreed and operational for April 2017.</p> <p>DH(L) & PHE patient safety alert relating to antimicrobial resistance discussed at meeting of SAMRHAI (16th Oct). Alert is expected to issue across HSC in early Jan 16.</p> <p>PHA HCAI lead met with RQIA on 7th Dec 2015 to clarify context and approach to recommendations (x4) for PHA in recently published reports of IPC governance arrangements in Trusts.</p> <p>PHA HCAI lead facilitated an HCAI & AMRS shared learning visit between Belfast Trust and Leeds teaching Hospitals Trust on 6th Nov 2015. Learning arising from this visit has been shared across BHSCT and was discussed with the Trust C Ex on 2nd Dec 2015.</p>
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Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
1.2) Develop PHA resilience to maintain a prolonged response to a major incident.	<ul style="list-style-type: none"> ▪ PHA draft plan to go to AMT end October / November for approval ▪ A proposed training programme for 'Operational Response Cell' staff in the plan is to be agreed and staff time and resources allocated to same. This would be joint training with HSCB as the same functions are needed for the Joint Response Plan. ▪ A further piece of HR work is also proposed in relation to AfC staff working in an emergency 	G	A		Plan went to AMT in November was approved pending further discussions and clarification with HR in relation to AfC staff policy in emergencies. Follow up with HR underway Training programme will be put in place following this.
1.3) During 2015/16 have emergency response plans in place to respond to a case of Ebola Virus Disease (EVD) in Northern Ireland.	<p>Continuation of regional EBV teleconference until June 2015. Ebola Stock Take Workshop Sept 2015. Report and recommendations re forward planning in draft.</p> <p>Outbreak in West Africa in concluding stages but vigilance still required. Screening at UK ports now discontinued. Plans for monitoring of survivors in progress.</p>	G	G		
1.4) Continue and enhance proactive communications of health protection issues, including vaccination, hand hygiene, observance days, etc.	Proactive communications through multiple channels continues, highlighting a range of health protection issues across the year. This includes communication through news releases and social media.	G	G		

2. IMPROVING HEALTH AND WELLBEING & TACKLING HEALTH INEQUALITIES

Target from Business Plan	Progress	Achievability Sept Dec Mar			Mitigating actions where performance is Amber / Red
Giving Every Child the Best Start - Theme 1 Making Life Better					
<p>2.1) Implement Phase One of Early Intervention Programme in relation to universal midwifery, health visiting and pre-school services (Work stream one).</p>	<p>Analysis of readiness to implement completed following completion of questionnaire (National Implementation research Network) indicates that four out of five HSC Trusts are ready to implement group based care & education and five HSC Trusts are ready to implement the Three Year Plus Review;</p> <p>Evidence based operational manuals for practitioners being developed;</p> <p>Solihull training programme being delivered by CEC on schedule;</p> <p>Outcomes Based Accountability (OBA) have been held in all HSC Trusts. Regional outcomes measures agreed.</p> <p>IPTs issued to HSC Trusts for completion by 30 November; 4 IPTs received, 1 outstanding. One proposal received in relation to PHA/AP/EITP research call relating to Work Stream one. Recruitment in 5 Trusts currently in progress.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.2) Implement Phase One of the Early Intervention service and family support hubs. (Work stream two)	<p>Procurement has progressed and is on schedule with contracts issued from August 2015. Some further tendering required on parenting programmes.</p> <p>EISS are operational and related research and monitoring processes are being finalised.</p>	G	G		
2.3) Lead the expansion of Family Nurse Partnership to two further Trusts (funding permitting)	<p>FNP available in two additional HSC Trusts (SET & NT). Implementation plan being led by PHA in accordance with FNP licence and fidelity requirements.</p> <p>440 mothers have received the programme to date.</p>	G	G		
2.4) Implement the regional Infant Mental Health plan and commission training to HSC and early year's workforce.	<p>Public Consultation process completed and 35 responses received. Analysis being undertaken and revised Plan will be launched in March 2016.</p> <p>Infant Mental Health service development being considered by HSCB and plans produced by CAMHS commissioners.</p> <p>Infant Mental Health 2015/16 training programme planned and being delivered with Solihull Approach Training Plan being developed.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.5) Implement the Action Plan for the Breastfeeding Strategy for Northern Ireland.	<p>Breastfeeding Action Plan being rolled out with infant feeding data and Key Performance Indicators regularly reviewed by BSISG. Rates appear to be static and increased effort is being given to key aspects of the Action Plan.</p> <p>Focus group research findings shared with BSISG, action to be taken regarding staff update training.</p> <p>WHO Code seminar requested and organised to be held 26 October.</p> <p>Social media planning undertaken and BSISG invited to contribute. New 'Welcome Here' Scheme membership highlighted with International Airport on board.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
Equipped Throughout Life – Theme 2 Making Life Better					
2.6) Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB ensuring that good practice is promoted and health inequalities are identified and addressed in this area, and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability.	<p>The Regional Learning Disability Healthcare & Improvement Steering Group continues to work to progress improvement in the healthcare and health & social wellbeing of people with learning disabilities and to reduce inequalities in health for this client group.</p> <p>There are three Forums for specific areas of improvement:-</p> <ol style="list-style-type: none"> 1. Regional Health & Wellbeing Improvement; 2. Regional Health Care Facilitators; and; 3. Regional General Hospital Care Forum: Learning Disabilities <p>During 2014/15 the Health Care Facilitators and Health & Wellbeing Improvement Forums developed a two year plan to deliver on the strategic objectives. Recommendations requiring action in 2015/16 are being progressed. Health Care Facilitators Forum and Health Improvement & Wellbeing Forums have developed strong links within services areas and are working together to increase awareness of Health Care needs of people with Learning Disability and are influencing Health Improvement Plans. The Regional General Hospital Care Forum: Learning Disabilities was established in January 2015 and has identified priorities within their work plan to take forward during 2015/16.</p> <p>To date:-</p> <ul style="list-style-type: none"> • A scoping exercise has been undertaken across HSC Trusts to establish progress against the recommendations within the GAIN Guidelines • A draft Regional Hospital Passport has been developed for consultation and piloting. <p>All actions remain on track.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
Empowering Healthy Living – Theme 3 Making Life Better					
2.7) Continue and enhance proactive communications on health improvement to reflect PHA programmes, campaigns, observance days and partnerships.	Campaigns delivered for Cancer Awareness, Sexual Health, Mental Health, Smoking, Stroke Awareness. Planning underway for Obesity, Mental Health, and Dementia.	G	G		
2.8) Ensure Trusts continue to deliver Telehealth and Telecare services including through the Telemonitoring NI contract, to targets set by the PHA.	<p>Telehealth - at the end of December at total of 319,748 Monitored Patient Days (MPD) of Telehealth had been delivered through the Telemonitoring NI contract and 11,680 MPD through U-Tell in South Eastern Trust, against a target of 498,000 MPD for the year. This represents an outturn of 67% for 9 months. The indications are that the total regional target will not be achieved in year at the current level of referrals.</p> <p>Telecare - at the end of December a total of 811,448 MPD of Telecare had been delivered against a target of 842,735MPD for the year. This represents an outturn of 96% for 9 months. The target will be achieved this year.</p>	A	R		<p>Regional shortfall of 67% masks differences between Trusts. South Eastern Trust are on target at 75% whilst Western are at 55%, Southern 61%, Belfast 64% and Northern 68%.</p> <p>Trusts are reviewing their Implementation Plans for Telehealth and working to produce recovery plans to address the anticipated shortfall.</p> <p>Western Trust is implementing a new respiratory pathway and clinicians have been trained to refer, they are also increasing focus on Acute Care at Home Teams.</p> <p>Belfast Trust have trained Dieticians who wish to refer patients with Head and Neck Cancer and they are also rolling out to people who want to access the Home Oxygen Service.</p> <p>Even given these and other initiatives it is not anticipated that more than 440,000 MPD will be achieved by the end of March 2016. CCHSC is reviewing the retraction of resources accordingly.</p>

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.9) Embed the new drug and alcohol services tendered under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011-16 and the PHA/HSCB Drug and Alcohol Commissioning Framework 2013-16.	<p>Work is underway to develop care pathways across key interfaces to ensure that clients can access a stepped care model of care. Monitoring arrangements are in place and progress against KPIs is underway.</p> <p>Six of the new service areas are in place (1 July 2015) Remaining service area (Targeted Education) due to commence 1 October 2016. Targeted Education service commenced on 1 October 2015.</p>	G	G		
2.10) Implement the Tobacco Control Implementation Plan including Brief Intervention Training, smoking cessation services, enforcement control and Public Information.	<p>The Tobacco Strategy Implementation Plan is being rolled out with KPI monitoring presented quarterly or annually to the TSISG (depending on data availability). Brief Intervention Training is being offered in HSCTs and with other groups such as Optometrists. It is anticipated that the delivery of BIT will escalate with the implementation of Smoke Free campuses in March 2016. Enforcement work is progressing well with test purchasing exercises being carried out across the region. Preliminary work has been undertaken on the new PIC.</p>	G	G		
2.11) Support and lead multi-agency partnerships to oversee regional and local delivery of Protect Life and Mental and Emotional Wellbeing strategies such as the regional Bamford structures and local Protecting Life Implementation Groups' (PLIG) Action Plans.	<p>Bamford Multi-Sectorial Working Group meets on a quarterly basis with good representation from all sectors. A regional action plan for suicide prevention and mental and emotional wellbeing is being rolled out. Local and regional priorities are discussed at each meeting of the Protect Life Implementation Groups (PLIGs) and shared actions and resources are being taken forward.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.12) Implement the obesity prevention action plan including: weight management programmes for children, adults, and pregnant women; development of a common regional Physical Activity Referral programme; implementation of Active Travel programme in schools; implementation of Active Travel Plan Belfast and public information and awareness	<p>The multi-agency Action Plan was agreed in July 2015 and progress is monitored through the Regional Obesity Prevention Implementation Group.</p> <p>Progress at Quarter 3:</p> <ul style="list-style-type: none"> - Active Travel schools programme – on track (schools, workplaces and communities) - Weigh to a healthy pregnancy programme – evaluation complete - Common regional Physical Activity Referral Schemes (PARS) -Facing significant delay due to essential IT development and compatibility with 11 new councils. Workshop with key stakeholders held on 30 November 2015 gained good support for proposed service model. - Weight Management programmes for primary school children and their families – ongoing discussion regarding scope and way forward taking place. Operations Team considering contracts/procurement/legal issues. 	G	A		<p>Public information - campaign brief for 2015/16 under development</p> <p>Weigh to a healthy pregnancy programme –planning to mainstream the programme is on-going</p> <p>Common regional Physical Activity Referral Schemes (PARS) –Ongoing work regarding costings with Councils and IT systems with BSO to support PARS.</p> <p>Weight Management programmes for primary school children and their families - Potential procurement process to be taken forward in 2016-17.</p>
2.13) Take forward recommendations of the RQIA 'Review of specialist Sexual Health services in Northern Ireland' in partnership with DHSSPSNI, HSCB and HSC Trusts.	<p>A joint workshop for Specialist Sexual Health Trust Liaison Group and the Specialist Sexual Health Commissioning Group was held on 1 May 2015. The current position was reviewed and key areas of work requiring regional action identified. Working groups to take forward the review of evidence and develop recommendations will be established.</p> <p>A draft Action Plan is being developed for agreement by the groups.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
Creating the Conditions – Theme 4 Making Life Better					
2.14) Develop and implement programmes which tackle poverty (including fuel, food and finance poverty) and maximise access to benefits, grants and a range of services for vulnerable groups e.g. Home Safety check schemes.	<p>Implement regional MARA programme – all aspects of programme on track;</p> <ul style="list-style-type: none"> Regional Fareshare programme redistributing 100,000 meals per quarter to 70 community food members throughout NI; Regional Keep Warm Scheme for Rough Sleepers – equipment and clothing secured by lead partner ready for distribution via street outreach services to rough sleepers as required; Regional Keep Warm Keep Well Scheme for Vulnerable Adults and Children -Requires full EU Tender Process – expected to be advertised Jan/Feb 2016. Range of benefits maximisation schemes/ Advice for Health Schemes in place across NI, supported by PHA – providing access to advice services for those with mental ill health and addictions issues; Fuel Poverty – on-going support via PHA for Oil Buying Clubs, pilot programmes with local Councils on Affordable Warmth, energy efficiency measures being accessed for eligible households through NISEP scheme, energy efficiency awareness raising events targeting local community/ residents. At 27 Nov 2015 – 2558 home visits completed. 	G	G		

2.15) Further develop the Travelers Health and Wellbeing Forum and delivery of the regional Action Plan.

Regional Forum for Travellers Health established and Annual Action Plan agreed.

New Traveller support posts have been commissioned and a new Mental Health and Emotional Wellbeing programme has been developed with Travellers. The multi-agency Regional Forum meetings take place on a regular basis.

G

G

Target from Business Plan	Progress	Achievability Sept Dec Mar			Mitigating actions where performance is Amber / Red
Empowering Communities – Theme 5 Making Life Better					
<p>2.16) Work with local government to align community planning and regeneration with support for community development and public health goals.</p>	<p>Work continues with local government to align community planning and regeneration with support for community development and public health goals.</p> <p>PHA continues to work with councils, individually and collectively, regarding new structures and processes affected by local government reform, as well as contributing to each of the community planning partnerships to develop joint goals and shared outcomes for communities. PHA also met with the Heads of Community Planning at a regional meeting to discuss local council and PHA joint working and common goals to improved health and reduced inequalities.</p> <p>Alongside this, PHA is engaging with councils to align community planning and Making Life Better, the Public Health Strategic Framework. A shared programme, based on local need and regional direction, is currently being developed through this process to consolidate Making Life Better and community planning goals and demonstrate collaboration and impact.</p>	G	G		

Target from Business Plan	Progress	Achievability Sept Dec Mar			Mitigating actions where performance is Amber / Red
Developing Collaboration – Theme 6 Making Life Better					
<p>2.17) Continue to work with key stakeholders (including local partnerships) to take forward the implementation of Making Life Better.</p>	<p>Work continues with key stakeholders to take forward the implementation of Making Life Better. The Regional Project Board continues to meet regularly with a current focus on developing a programme of action to demonstrate collaboration and impact. The Regional Project Board has agreed an outline programme of joint work areas for further development of actions. Making Life Better communications and branding is also being considered with partners within and external to HSC.</p> <p>Following engagement with HSC, culminating in the Autumn Forum workshop, work continues to progress the actions identified by the Forum for implementing and mainstreaming Making Life Better throughout HSC.</p> <p>Engagement with local government is also underway through existing partnerships and community planning processes to identify key areas of joint working in line with community planning and Making Life Better.</p>	G	G		

3. IMPROVING THE QUALITY OF HSC SERVICES

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.1) Oversee and lead on the regional implementation of Phase 1 and pilot phase 4 of the electronic caseload analysis tool (ECATS) for district nursing and HV.	<p>Phase 1 has been implemented</p> <p>Phase 4 for health visiting currently software uploaded to BSO platform. Pilot on-going in South Eastern HSC Trust.</p> <p>Further refinements on district nursing required.</p> <p>Business case approved</p> <ul style="list-style-type: none"> • District Nursing event report completed for 2015 • Phase 3 underway for Strategic Workforce Analysis Tool (SWAT) for Public Health Nursing. <p>Health Visiting:</p> <ul style="list-style-type: none"> - pilot has been completed - Version 9 of User Guidance developed for sign off by M Rafferty - A period of testing for Caseloads/Ranges and QA will need to be agreed with the Delivering Care Steering Group. 	A	A		<p>Further refinements on district nursing required.</p> <p>A period of testing for Caseloads/Ranges and QA will need to be agreed with the Delivering Care Steering Group.</p>

Target from Business Plan	Progress	Achievability Sept Dec Mar			Mitigating actions where performance is Amber / Red
<p>3.2) Continue to implement phases 2-4 of the Delivering Safe and Effective Care Project (ED, DN and HV), and agree monitoring arrangements with HSCB for implementation of Phase 1</p>	<ul style="list-style-type: none"> • Monitoring arrangements Phase 1 achieved. • Phase 2 – ED model approved in principle. Further national benchmarking TBA • Minor injury model approved for allocation • District nursing phase 3 – Hurst activity training completed. Data collection for workforce model on 19th -26th October with data analysis Jan/Feb 	A	A		<p>K. Hurst provided National benchmarking across UK sites</p> <p>Phase two may be considered in a series of stages the first concentrating on core ED services and MI service model. Next steps to be agreed at Steering group in March 2016 Further review of implementation plans required from Trusts before March 2016.</p>
<p>3.3) Agree SBA volumes for CNS activity in acute settings and identify, develop and agree job plans with associated SBA volumes for CNS roles in acute/community and community settings.</p>	<p>The achievement of the above target should be set at amber, as while there have been job plans agreed for CNS posts in acute settings along with indicative activity levels that could be equated to SBA volumes, internal Trust processes are still on-going to provide technical support on clinical coding for nurse led activity on patient administration systems.</p> <p>Internal Trust processes are still on-going in relation to the roll out of job planning for acute/community and community based CNS roles. PHA Nurse Consultants will concentrate on a small cohort of acute/community and community based CNS roles to develop evidence based commissioning specs and service modernisation plans, for example Neurology CNS roles.</p>	A	A		<p>In the interim a number of commissioning specifications for CNS roles in an acute setting have been developed using best practice and professional guidance for which SBA volumes will be agreed moving forward, for example Cancer CNS roles.</p>

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
<p>3.4) Along with HSCB lead the implementation of the NI Dementia Strategy and lead the OFMDFM/AP funded Dementia Signature Project (due to complete June 2017). Including the following key areas:</p> <ul style="list-style-type: none"> • Information, support and advice including media campaign • Training including dedicated work with HSC Safety Forum, using a QI approach, to develop and implement a localized care bundle to prevent or treat patients with delirium • Innovative respite and short breaks • Regional review of memory OP services 	<ul style="list-style-type: none"> • Information, support and advice including media campaign -A survey has been undertaken to ascertain people's knowledge and attitudes to three areas of dementia: symptoms, stigma and risk factors. The results will then be used to target a public awareness campaign. • Training - A NI Dementia Learning and Development Framework is currently being developed. Workshops are underway with a range of key stakeholders and a draft framework is due by Jan 2016. Work has begun on a Delirium Collaborative in acute wards as well as ED. Targets have been agreed to implement a delirium bundle over the next two years. • Innovative short breaks and respite - A scoping report has been completed looking at current forms of respite/short breaks. A number of recommendations have been made for short break pilots based on conversations with people with dementia and their informal care givers. Procurement is currently underway to progress some pilots. A short break directory of services is also being developed. • Regional Review of memory OP services -This work is at phase 3 stage looking at capacity and demand in clinics and a dementia pathway is under development. A scoping of all clinics has been undertaken and it is anticipated that this work will be completed by March 2016. 	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.5) Ensure adherence to statutory midwifery supervision	<p>In accordance with the Midwives rules and standards (Rule 5) 10 midwives had commenced the Preparation of Supervisors of Midwives module at QUB however 1 has had to take a temporary withdrawal from the course due to ill health, however this should enhance the overall over all ratio on completion of the training.</p> <p>(Rule 8) An investigation workshop was held on the 15th of January 2016 (6 hours) as part of CPD training for Supervisors. A further Conference will be held in April 2016 = (6 hours).</p> <p>(Rule 9) While the overall NI ratio is 1:13, there are 2 Trusts (Northern and the Southern Trust) which are sitting with a ratio of 1:16 this is due to a number of retirements and resignations. Both Trusts have been offered help by the LSAMO to complete the annual reviews however both have declined and will ask for help if required. This has been logged on the Quarter 3 return to the NMC.</p> <p>(Rule 10) One local action plan completed and one ongoing. Both practice programmes are now completed.</p> <p>(Rule 11) Annual Audits to be undertaken between March and April 2016.</p> <p>(Rule 13) Annual report to be completed in June 2016 for presentation to AMT prior to upload to the NMC. Quarterly return for 31st of December 2015 has been submitted to the NMC.</p> <p>(Rule 14) No midwives suspended from practice by the LSA for the period ending December 2015.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.6) Q2020 – Lead the development of the Annual Quality Report in conjunction with the HSCB.	This was completed and approved by HSCB/PHA Boards by end September.	G	G		
3.7) Take forward recommendations on the DHSSPS Regional Learning System (RLS).	No new funding identified to take forward the recommendations. Options being considered for recommendations which are considered “no cost” in nature and which could be taken forward locally and regionally through existing HSC regional groups.	R	R		Safety Strategy Unit at DHSSPS will be exploring with stakeholders how specific recommendations in the RLS report together with those recommendations in the Donaldson report relating to the reshaping of existing adverse incident reporting systems can be taken forward.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
<p>3.8) Working with HSCB continue to lead a programme of work to drive the reform of AHP services including</p> <ul style="list-style-type: none"> • Improving data quality • Development of minimum staff activity levels • Capacity and demand analysis 	<p>The PHA is continuing to work alongside the HSCB in completing the Demand & Capacity analysis across five Trusts. Initial meetings have been held with all Trusts, agreement reached on the template and calculations being used to work out any capacity gaps. To date:-</p> <p>WHSCT - exercise completed NHSCT - exercise completed SEHSCT- exercise completed SHSCT - exercise completed BHSCT - work in progress</p> <p>This work when completed will give expected activity levels across all the professions</p> <p>The PHA continues to work alongside HSCB information colleagues to improve data quality. Meetings have been arranged to progress regional pathway agreements across 6 AHP professions.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.9) Continue the Regional Medicines management Dietician Initiative	<p>Work is on-going to progress the regional medicines management service to a commissioned service through the HSC Trusts.</p> <p>Letter send to Trust on 13th October 2015 to seek formal Trust agreement to proceed with commissioning Prescribing Support Services and with transfer of MMDT staff. The Chief Executive of NHSCT has confirmed that they are willing to have this service commissioned from the Northern Trust subject to the completion of an agreed final document.</p> <p>Internal recruitment is currently being progressed , which will be followed by external recruitment for: 1x Band 8A Medicines Management Lead Dietitian 4x Band 7 Medicines Management Dietitian</p>	A	A		The PHA continues to work with and provide the professional advice to HSCB Medicines Management colleagues
3.10) Continue to take forward the implementation of the AHP Strategy, providing strategic direction, collaborating with HSC Trusts and other relevant partners regarding implementation of actions and the production of bi-annual progress reports.	<p>Further progress has been made in line with actions outlined within the AHP Strategy.</p> <ul style="list-style-type: none"> - A regional E-technology workshop has taken place to showcase AHP initiatives which are effectively incorporating e-technology advances to share and promote further development in this area. - Standardised AHP outcome measures have been agreed and are being implemented regionally - AHPs have been involved in the PPI e-learning pilot - A number of initiatives have been developed and are being implemented to address HSC pressures, which maximise resources e.g. Direct Access Physiotherapy, 7 day working and Radiography reporting 	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.11) Continue the Review of AHP Support for Children/Young people with Statements of Special Educational Needs. Working with relevant partners, provide an interim report on findings and common themes identified from Phase 2 and work towards the agreement of a proposed regional model and implementation plan.	<p>The Review of AHP support for children/young people with statements of special educational needs is nearing completion. The interim report on findings and common themes from phase 2 has been signed off by the Project Board. The Project Board have agreed the proposed framework and implementation plan based on the themes of:</p> <ul style="list-style-type: none"> • Working together • Timeliness • Appropriate therapy environment and equipment • Informed and skilled workforce • Best use of resource <p>The proposed framework, implementation plan, findings report and equality screening will shortly be submitted to the Dept of Health with a view to going out for public consultation</p>	G	G		
3.12) On behalf of PHA work alongside DoJ, DHSSPSNI & HSCB to consider / explore the potential issues surrounding the transfer of health care from Juvenile Justice System and PSNI	<p>Departmental officials lead on this matter and it has been determined that no transfer of healthcare from YJA will occur at this time given the DHSSPS current position on not accepting any transfer of financial responsibility without meeting the requirements as laid out in Richard Pengelly's letter to HSCB. Youth Justice Agency (YJA) remains responsible for healthcare in Woodlands The C/EX YJA has escalated the nurse staffing shortage to the Board and PHA due to the significant risks and PHA nursing support is being provided to identify appropriate nursing workforce plan for Woodlands.</p>	A	A		PHA/HSCB officials continue to meet with PSNI and Youth Justice Agency to provide support and advice regarding potential changes to healthcare provision in Police Custody and Woodlands.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.13) Lead, co-ordinate and monitor on behalf of the Department the implementation of the mental health nursing strategy 'Developing Excellence, Supporting Recovery'.	<p>DESR regional meetings held 4 times per annum with lead nurse representation from HSCB, Trusts, Education providers, vol/com organisations, carers and service user representatives.</p> <p>All organisations, as appropriate are working to progress the actions contained within the DESR Action Plan however, progress across the region is variable. Particular difficulties have arisen related to budgeting constraints and the ability of Trusts to release nursing staff for training. However where training has been prioritised there has been an increase in uptake in courses providing psychological intervention skills.</p> <p>Good progress has occurred in development of partnership working with services users and co-production of recovery orientated courses. Experts by Experience are also involved in teaching nursing students and nursing student are able to participate in Recovery College courses. A number of innovative practice initiatives have occurred and one Trust has developed a bespoke supervision framework to facilitate nurses in reflective practice.</p>	A	A		Some additional funding from HSCB/PHA has been provided to enable staff to attend relevant training courses.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
<p>3.14) Lead on the sustainability phase of developing recovery services across the region working with key stakeholders both locally, nationally and internationally.</p> <p>Undertake an evaluation of recovery services using quality indicators.</p>	<p>In support of the mental health care pathway development which was coproduced by service users, carers and professionals regionally, Recovery Colleges have now been established across Northern Ireland. Recovery Colleges provide a fresh adult learning approach to mental health care through blending 'expert by experience' and professional knowledge into the delivery of therapeutic educational programmes. In order to deliver comprehensive user-led education and training programmes in Recovery Colleges, Trusts agreed to use a hub and spoke model to drive the programmes forward with recurrent monies to fund sessional peer trainers.</p> <p>They have now all employed Recovery college coordinators to manage the following:-</p> <ul style="list-style-type: none"> • A range of co-produced courses developed with more in development. • A cohort of Peer, Mental Health Practitioner and Carer Trainers trained to deliver programmes • Job descriptions and Person Specifications for Peer Trainers developed. • Venues identification and agreed use. • A college prospectus each semester • Assistance to all new students • Collecting evaluation data • PR <p>Evaluation Regional and Trust Recovery Evaluation Groups are established to retain an overview of all recovery focussed evaluation. A Regional evaluation tool has been agreed (Inspire) following evaluation workshop.</p> <p>Time line agreed for first evaluation report.</p> <p>All actions remain on track.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.15) The HSC Safety Forum will work with Trusts to support the further spread of the Sepsis 6 bundle beyond the pilot areas identified in the 2014/15 period.	Clinical teams attended Sepsis6 event run by Safety Forum in Nov.2015. Attendance by 2 trusts was less than hoped. Most but not all pilot wards identified at that time. Data beginning to come in as requested. Conference calls offered and addition tools now available.	G	A		Follow up with Trusts concerned at Medical Director level. By Jan.2016 full set of 10 pilot wards identified
3.16) The HSC Safety Forum will work with Mental Health teams to <ul style="list-style-type: none"> Improve the physical health and well-being of mental health patients and Improve approaches to crisis prevention and response. 	<p>Crisis prevention and response has been subsumed into a new improvement collaborative aiming to use QI methodology to implement the recommendations from the thematic review of 100 suicides. This approach is supported by, and agreed with, the Mental Health commissioning team.</p> <p>Very successful LS with broad agreement on new focus of work and supporting driver diagram. Next LS planned by advisory group to include “how do we build in reflection” and also human factors</p>	G	G		
3.17) Work with the HSCB to take forward the review of the Cancer Services Framework.	Cancer Services Framework 2015/16 was agreed by AMT and SMT and forwarded to DHSSPSNI – (September 2015)	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.18) Work with the HSCB to take forward the Cardiovascular Services Framework Implementation Plan.	<p>The Progress Report for Year 1 (2014-15) Implementation of the Cardiovascular Service Framework was submitted to DHSSPS in October 2015. There have been difficulties with data collection for some of the key performance indicators. Work is on-going to address these issues or find alternative data sources or proxy measures.</p> <p>The Steering Group meet three times per year to oversee implementation of the Framework.</p>	A	A		Work is on-going with Section Leads and HSC Trusts to address data collection issues and find alternative data sources or proxy measures.
3.19) Develop an Implementation Plan for the Respiratory Service Framework, following consultation.	An implementation plan has been developed in consultation with key stakeholders. The implementation plan covers the proposed structure and processes including monitoring and reporting arrangements. The final draft of the implementation plan has been approved from the DPH in her role as a professional lead for the RSF implementation and has received formal endorsement by the AMT and SMT and was submitted to DHSSPS in Dec 2015.	G	G		
3.20) Continue to lead the Long Term Conditions Regional Implementation Group to deliver on its action plan, and commission patient and self-management programmes as outlined in PFG, subject to funding.	Long Term Conditions regional group has been established and meets 3-4 times per year.	R	R		No additional recurrent monies identified for self-management programmes. ICPs have invested non-recurring funds in SM programmes.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.21) Lead on the Implementation of PPI Policy in HSC, including roll out of PPI Standards, Monitoring and Training in order to help improve quality, safety and effectiveness of services.	<p>Standards have been completed and launched. Work is now on-going to raise awareness of these and to encourage compliance with them.</p> <p>The Monitoring process has been designed and approved by the DHSSPS. The PHA have led on the implementation of the process with HSC Trusts and have utilised it internally. It has also been undertaken with the RQIA. Plans are being considered for extension of this across the HSC and preparations are being made for the next round of monitoring in 2016.</p> <p>The PHA have also led on the development of a generic PPI training programme for HSC. This has been completed and is being formally launched in February 2016.</p>	G	G		

Target from Business Plan	Progress	Achievability Sept Dec Mar			Mitigating actions where performance is Amber / Red
<p>3.22) In support of safe and effective person centred care, Commissioners through the Director of Nursing PHA should require of organisations and bodies from which services are commissioned, that appropriate systems are in place to ensure that nurses and midwives are appropriately supported to fulfil regulatory requirements of the NMC, in particular the introduction of revalidation for Nurses and midwives from 31 December 2015.</p>	<ul style="list-style-type: none"> • 1st Biannual Regional Assurance Framework was completed in Oct/Nov which includes assurance on revalidation, professional issues, recruitment and employment etc. • Meetings have been held with Trusts leads re: use of HRPTS for revalidation • All Trusts have systems developed for revalidation assurance. 	A	A		<p>Biannual Assurance Framework to be issued and completed in April 2016.</p>

4. IMPROVING THE EARLY DETECTION OF ILLNESS

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
<p>4.1) Complete the rollout of the Bowel Cancer Screening Programme to the 60-74 age group by inviting 50% of all eligible men and women with an uptake of at least 55% of those invited.</p> <p><i>(Commissioning Plan Direction target)</i></p>	<p>Age extension was introduced from 1st April 2014. 37.4% of the eligible population were invited to participate in screening during April - December 2015.</p> <p>Uptake is measured at 12 weeks and 6 months after the issue of an invite.</p> <p>The 12 week uptake for Northern Ireland April – September 2015 is 58.4%. - The 6 month uptake for Northern Ireland April – June 2015 is 58.7%</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
4.2) Implement actions to address the recommendations in the RQIA review of the Diabetic Retinopathy Screening Programme	The recommendations are being addressed through the Diabetic Eye Screening Programme Modernisation Project. However, some of the 40 recommendations will not be implemented within the timeframes set in the DHSSPS action plan.	A	A		<p>The Project Team agrees with the recommendations but will not be able to implement some on time due to:</p> <ul style="list-style-type: none"> • Delays in recruitment processes within BHSCT; • The absence of data sources; • Reliance on progress by other work streams e.g. Developing Eyecare Partnerships (DEP); • Staff absences in PHA DESP staff. <p>The team is attempting to mitigate these issues by:</p> <ul style="list-style-type: none"> • Liaising with relevant BHSCT staff; • Considering alternative methods of data collection (eg audits, prospective data collection); • Working with DEP • Seeking HR and scrutiny solutions to staffing issues.

5. USING EVIDENCE, FOSTERING INNOVATION AND REFORM

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
5.1) Carry out a regional Review of school nursing service	<p>PHA business case (approved AMT June 2015) submitted to DHSSPS against annual non-recurrent funding of 90k in relation to implementation of Healthy Futures unsuccessful due to financial restraints.</p> <p>Progress has been made by the PHA public health nursing team in relation to three key areas:</p> <ol style="list-style-type: none"> 1. Engagement with specialist school nursing practitioners and managers to identify areas for improvement – regional workshop facilitated by PHA 2. Agreement for standardised roles and responsibilities for Band 5 & 6 public health nurses working within school health – job descriptions gathered and being analysed 3. Regional school health profile proformas being piloted that will include data gathering in relation to the health, wellbeing and safeguarding needs of school age population. <p>Public Health Nursing Team for Children & Young People are working with PHA Health Improvement colleagues to identify opportunities for collaboration in relation to school population.</p>	A	A		<p>Planned evidence review postponed.</p> <p>Public Health Nurse Consultant will continue to work with the school nurse service on regional basis to progress within a revised timescale.</p>

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
5.2) Ensure the delivery of commissioned research to evaluate Telemonitoring NI	<p>Following the extension of the research to February 2016, QUB has indicated that planned write-up of telehealth will be completed by end of March. Further work with Trusts needed to be undertaken due to inconsistent HCN data population for telecare analysis. As a result QUB has sought for a “no-cost” extension to the telecare evaluation to end of April '16.</p> <p>To-date the following activities have been implemented:</p> <p>Descriptive study (Study 1) Analysis of Telehealth data with other datasets is progressing as various linked data were made available in HBS throughout December.</p> <p>Quantitative research (Study 2) Cohort 1- 1600 questionnaires were sent out as part of the retrospective study with 140 returns to-date. Reminders will be sent out with a view of increasing returns.</p> <p>Qualitative research (Study 3) Most interviews with groups have been completed. QUB seeking further patients with Stroke and those who were discharged early to complete their round of interviews.</p> <p>Telecare study (Study 4) As indicated above there have been unforeseen delays due to poor HCN population for telecare data and this is being redressed at Trusts level.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
5.3) Support researchers to secure research funding from external sources including NIHR evaluation, trials and studies co-ordinating centre (NETSCC), Horizon 2020 & other EU sources.	<p>Since the investment began there have been 13 successful NI-led applications to NETSCC with one of those awarded during this reporting period. A further four applications are under consideration.</p> <p>One additional EU project involving BHSCT was contracted during the reporting period (Total value €50 million/23 partners)</p>	G	G		
5.4) Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas.	HSC R&D Division works closely with the NIPHRN to ensure opportunities for research in PHA priority areas are progressed. Email alerts are used to keep the communication channels open and information flows into and out of the NIPHRN to support PHA engagement in funding opportunities and in the formation of Research Development Groups. Workshop events on key PHA topic areas have been organised such as smoking cessation in pregnancy and antenatal infection. We are currently scoping the potential for organising a similar event on breastfeeding.	G	G		
5.5) Commission Research and Produce a Best Practice Report on PPI.	Research report commissioned and first draft delivered. The report was tabled for PHA Board approval in December. Final comments were invited, with a view to the completed version being submitted by the QUB led research team, to the PHA and PCC in January. A report on Barriers to PPI will then be finalised, based on the Research Report and submitted to the DHSSPS by end March 2016.	G	G		

6. DEVELOPING OUR STAFF AND ENSURING EFFECTIVE PROCESSES

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.1) Provide Professional Leadership, Advice and Guidance on PPI.	This is an on-going responsibility within the PHA and with HSC partners. A register is being maintained of requests received and actioned in this area. Work is also being undertaken to develop a set of PPI Guides to assist in this work. The aim will be that staff will have readily available points of reference to enable them to take initial steps themselves. This will help realise some capacity for the PPI team to focus their input into the most strategic developments and requests for professional PPI advice and guidance.	G	G		
6.2) Develop a new PHA 3 Year Action Plan for PPI	Initial discussions and planning has commenced. A draft updated Action Plan has been developed, drawing primarily on the PPI Research Report recommendations and actions required to embed the new PPI Standards into PHA culture and practice. Engagement on the draft updated action plan is now being organised and undertaken with wider stakeholders on the plan	G	G		
6.3) Ensure that by 30 th June 2015 90% of staff have had an annual appraisal of their performance during 14/15.	Over 90% of staff have received their annual appraisal as at 30 th June 2015.	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.4) Ensure that by 31 March 2016 100% of doctors working in PHA have been subject to an annual appraisal.	<p>During 2015/16, 8 PHA Consultants are due for revalidation. At 30 Sept, 4 Consultants have been put forward and have successfully completed revalidation.</p> <p>At 30 December a further 3 Consultants have successfully completed the revalidation process.</p>	G	G		
6.5) Continue to take forward implementation of the PHA Procurement Plan.	<p>The PHA continues to progress the procurement plan. As a result of the new EU Procurement Directive and the introduction of the "light touch regime" the PHA has reviewed its procurement processes to meet the requirements of the new legislation. This has included working with DLS and PALS to develop a suite of documents for under threshold procurements. Internal guidance, incorporating the learning from the 2014/15 procurements has also been developed into a formal Guidance document for staff on how to prepare and undertake a procurement.</p> <p>Tenders for workplace health; Reader project (based in prisons) and Bereavement support (Family Voice Forum) have being advertised and applications are currently being assessed. A tender for smoking cessation training is current open for applications. Planning is also well advanced for a number of over threshold tenders including Active Travel and the for Keep Warm Keep Well packs. Progress with these will be dependent upon PALS capacity being secured.</p> <p>Work is continuing on Mental Health and Suicide Prevention Phases II & III; and the pre tender consultation for the Lifeline service has now been completed.</p> <p>The PHA Procurement Board continues to meet to oversee this work.</p>	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.6) Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency	On target to meet substantive compliance for all 15 controls assurance standards applicable to PHA.	G	G		
6.7) Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	Completed – The BCP was reviewed, updated and was tested on 5 November 2015. The plan has subsequently been approved by AMT and GAC in December 2015, and PHA board in January 2016.	G	G		
6.8) Explore the introduction and feasibility of EDRMS in PHA and depending on the outcome of this commence development of a business case.	Resource constraints have delayed work on a full EDRMS. However, alternative options are being considered, – including a demonstration of ‘RecordPoint’ in October 2015, a possible solution, which may enable management and audit of electronic records in line with the disposal policy	A	A		Further details of cost and technical requirements have been requested. These will be shared with BSO ITS for advice. Consideration will then be given to developing a business case and looking at procurement options
6.9) Finalise the new PHA Corporate Strategy- building on the engagement carried out in 2014/15 and taking account of the 15% reduction to PHA Administration Budget.	Work continues to develop the PHA Corporate Strategy, building on the engagement exercise carried out in 2014/15. A PHA board away day was held in September 2015 to look at the future Corporate Strategy. The PHA Corporate Priorities and Strategy Project Board continues to meet to take forward the development of the new strategy.	A	A		DHSSPS have advised that as the next PFG will not be finalised until May 2016 (and will then go out to consultation) along with HSC reform, development of HSC ALB Corporate Strategies may be delayed with the next Corporate Strategy to be effective from 1 April 2017. Further guidance is awaited.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.10) Meet DHSSPS financial, budget and reporting requirements	All deadlines in relation to Monthly monitoring to the DHSSPS have been met and the year-end annual accounts completed.	G	G		
6.11) Develop and agree a new Internal communications strategy and action plan to ensure PHA business is supported by efficient and effective internal communication systems.	Internal Communications Action Plan - Several actions completed and under way including redevelopment of Connect, introduction of generic email addresses for improved internal email communication, investigation of weekly update, erection of digital signage, email branding, standard corporate auto signature.	G	G		
6.12) Review and Revise PHA digital assets including PHA Corporate and Intranet sites.	Planning for revamping and revising of corporate website and re-presentation of public health data (health topic sites) aligned to NI Direct/HSC Online project. Scoping underway re paper for AMT. Process to redevelop PHA Intranet site Connect in progress through PaLS.	G	G		
6.13) Continue and enhance social media activity to extend the reach and expand the types of content used	The development of social media continues, with increasing reach across all channels and further use of rich media such as graphics and videos enhancing the 'viral' aspect of messaging, which secures wider engagement with the PHA's work	G	G		

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.14) Revalidation champions will provide on-going support to registrants and managers across the PHA and HSCB, as well as engaging with GP employed nurses	<p>Nominated staff across organisations i.e. HSC Trusts, PHA/HSCB attended MIAD master classes via NIPEC.</p> <p>These nominees will cascade training received to support individual nurses/midwives and line managers to fulfil revalidation requirements</p>	A	A		<p>Face to face awareness sessions with HSCB/PHA nurses and midwives in progress.</p> <p>Secured additional resources and commissioned RCN to deliver update sessions to Practice Nurses.</p>
6.15) Establish a professional forum	<p>Professional Nursing and Midwifery Forum established.</p> <p>schedule = 1/4ly meetings: 12th June 2015 1st October next meeting scheduled for January</p> <p>Additional 'learning sets' will be arranged to cover professional issues.</p>	G	G		
6.16) Develop and implement the Nurses and Midwives verification of NMC policy	<p>Policy for the Verification of NMC registration developed – held in abeyance.</p> <p>Awaiting Regional 'Change Request'. Update on HRPTS before verification policy can be implemented.</p>	A	A		<p>Awaiting confirmation from HR in relation to functionality of the HRPTS system to monitor additional 3yr revalidation date and 2yr 6mth reminder field for preparation of sign off.</p>

Health & Social Care (Commissioning Plan) Direction (NI) 2015 - Targets

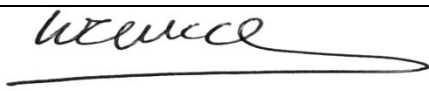
See Also - Annual Business Plan Targets 1.1 and 4.1

Target	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
<p>From April 2016, all eligible pregnant women, aged 18 and over, with a BMI of 40KG/m² or more at booking are offered the Weigh to a Healthy Pregnancy programme with a uptake of at least 65% of those invited.</p>	<p>Weigh to a Healthy Pregnancy programme – evaluation complete. Quarterly monitoring is being undertaken as part of the PHA contract monitoring process. Request has been made to increase the level of investment in order to widen the target group and reach more women.</p> <p>Provisional data supplied by the Trusts Data collection period: 1 July– 30 September 2015 Target: 100% of eligible women with BMI over 40 offered programme Outcome: 97% of eligible women with BMI over 40 offered programme Numerator: Total number offered Weigh to Healthy pregnancy programme = 135 Denominator: Total number of women eligible for healthy pregnancy programme = 139 Target: Uptake of 65% among women offered programme Outcome: 71% of women offered programme with BMI over 40 took up programme. Numerator: Programme uptake = 96 Denominator: Total number women offered programme = 135</p>	G	G		

Target	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
By March 2016, complete the rollout of the Family Nurse Partnership Programme across Northern Ireland and ensure that all eligible mothers are offered a place on the programme. (See Also 2.3)	<p>FNP Programme available in all HSC Trusts.</p> <p>Funding for additional sites / service within the five Trusts so that all eligible mothers are offered a place on the FNP programme has not been identified.</p> <p>Work in underway to profile the number of parents eligible to receive FNP who have not been offered a place and the reasons for this.</p>	A	A		<p>Roll out of FNP to all eligible parents to be included in list of service developments.</p> <p>A number of family nurses on Sick Leave and therefore Case Loads had to be closed.</p> <p>Further resources may need to be identified to provide cover for unplanned sick leave.</p>
By March 2016, implement the Normative Nursing Range for all specialist and acute medicine and surgical inpatient units	<p>Work has been ongoing to implement Phase 1 of the Delivering Care project across all medical and surgical wards. Trusts have provided the HSCB and PHA with three progress reports which provide updates at September 2014, May 2015 and September 2015.</p> <p>As previously advised, the total number of permanent and temporary nursing staff required to fully implement Phase 1 is 4,819.62 WTE. Funding of some £12m has been provided to Trusts to support the full implementation of Phase 1. Following the latest returns from Trusts, there are currently 4,353.15 WTE permanent and temporary staff across the region.</p> <p>To meet the target position, a further 457.46 WTE permanent and temporary staff will be required. Trusts have indicated that the recruitment of</p>	A	A		<p>The HSCB are currently in discussions with the Department regarding the challenges with recruitment of permanent and temporary nursing staff in Trusts.</p> <p>A further progress report has been requested by HSCB/PHA.</p> <p>To be evaluated @ end March 2016.</p>

	<p>permanent and temporary staff has been particularly challenging in recent months and do not expect any significant progress in this area due to the limited potential to attract additional nursing staff.</p> <p>It should be noted that there are a total 5,079.92 WTE staff (including bank and agency staff) across the region, 260.3 WTE more than the target position.</p> <p>A further recurrent allocation has been made to all Trusts to uplift existing Band 5 posts to Band 6 in selected medical wards.</p>				
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PUBLIC HEALTH AGENCY BOARD PAPER

Date of Meeting	18 February 2016
Title of Paper	PHA Board Members Register of Interests
Agenda Item	13
Reference	PHA/07/02/16
Summary	
<p>As set out in the PHA Standing Orders The Code of Conduct and Code of Accountability requires all members to declare interests which are relevant and material to the Agency.</p> <p>The Register is to be kept up-to-date by means of annual review.</p> <p>The attached Register incorporates Members Interests as declared in January 2016..</p>	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	N/A
Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Operations
Date	4 February 2016

REGISTER OF MEMBERS' DECLARED INTERESTS
(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies):

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director /Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mrs Julie Erskine	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ald Samuel <u>Paul</u> Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Cllr Billy Ashe	Non-Executive Director (Local Gov Rep)	Carrickfergus Regeneration Partnership	Director	Museum/Civic Centre Antrim Street Carrickfergus	Non Profit
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

(b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HSC.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/ Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mrs Julie Erskine	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Cllr Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the HSC.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director /Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mr Andrew Dougal	Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mrs Julie Erskine	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Clr Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

(d) A position of authority in a charity or voluntary body involving the field of health and social care.

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/ Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Volunteer, etc
Mr Andrew Dougal	Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive	Transplant Sport N.I. Registered Charity promoting physical activity among organ recipients Reg Charity No: XT24124	Honorary President	-	Volunteer
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	General Optical Council NI Judicial Appointments Commission	Senior Independent Non- Executive Director Commissioner	41 Harley Street London Headline Building, 10 Victoria Street, Belfast	Lay Member (Remunerated) Lay Member (Remunerated)
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mrs Julie Erskine	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ald Samuel <u>Paul</u> Porter	Non-Executive Director (Local Gov Rep)	Early Intervention, Lisburn	Committee Member	Lagan View Enterprise Centre, Drumbeg Drive, Old Warren, Lisburn	Representing Lisburn and Castlereagh City Council
Cllr Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	Children in Northern Ireland (CINI) Social Care Institute for Excellence (SCIE)	Board Member Northern Ireland Trustee and Board member	Montgomery Road Belfast 206 Marylebone Road, London, NW1 6AQ	Board Member Board Member

(e) Any connection with a HSC organisation, voluntary organisation or other organisation contracting for HSC services

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder / Volunteer, etc
Mr Andrew Dougal	Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mrs Julie Erskine	Non-Executive Director	NI Social Care Council	Council Member	Millennium House Belfast	Council Member
		NICCY	Chair Audit Committee	Millennium House Belfast	Lay Member Only
		NI Local Government Superannuation Committee	Committee/Council Member	Upper Hollywood Road Belfast	Committee/Council Member
		Commissioner for older people	Member of Audit Committee	Equality House Belfast	Audit Committee Member
		Probation Board of N.I.	Non-Executive Director	Lower North St Belfast	Non-Executive
Mr Thomas Mahaffy	Non-Executive Director	NI Anti-Poverty Network	Board Member	58 Howard Street Belfast BT1 6PJ	Volunteer
Ald Samuel <u>Paul</u> Porter	Non-Executive Director	-	-	-	-
CIr Billy Ashe	Non-Executive Director	-	-	-	-
Mr Paul Cummings	Director of Finance	Shankill Surestart		Alessie Centre Shankill Road, Belfast	Wife employed at Shankill Surestart
		Belfast Health and Social Care Trust			Sister employed as Social Worker (Fostering)
		Belfast Health and Social Care Trust			Son employed on Graduate Management Trainee Programme
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

(f) Involvement in other organisations

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder / Volunteer, etc
Mr Andrew Dougal	Chair				
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	TR Register		1b Hawksworth, Southmead Industrial Park, Didcot, Oxfordshire, OX11 7HR	Member
		GCCG Car Club	NI Co-ordinator	119 Regent's Park Road, London, NW1 8UR	Member
Mrs Mary Hinds	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Mr Leslie Drew	Non-Executive Director	-	-	-	-
Mrs Julie Erskine	Non-Executive Director	NI Medical & Dental Training Agency	Panel Member	Beechill House Beechill Road Belfast	
Mr Thomas Mahaffy	Non-Executive Director	NI Human Rights Consortium	Board Member	Cathedral Chambers 3 rd Floor 143 Royal Avenue Belfast BT1 1FH	Volunteer
		UNISON	Policy Officer	UNISON Centre, Galway House, 165 York Street, Belfast BT15 1AL	Paid employment
Ald Samuel <u>Paul</u> Porter	Non-Executive Director	Lisburn and Castlereagh City Council	Elected Member	Lagan Valley Island Lisburn	
		Lagan View Enterprise Centre	Advisor	Laganview Enterprise Centre, Drumbeg Drive Old Warren Lisburn	Representing Lisburn and Castlereagh City Council
		Social Investment Fund South East Steering Group	Member		Appointment from OFMDFM

Cllr Billy Ashe	Non-Executive Director	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	Rowandale Integrated Primary School	Foundation Governor	18 Clarehill Road, Craigavon BT67 0PB	Foundation Governor

January 2016