

# agenda

<b>Title of Meeting</b>	118 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	23 January 2020 at 1.30pm
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

## standing items

- |           |   |                     |                 |
|-----------|---|---------------------|-----------------|
| 1<br>1.30 | Welcome and apologies                               |                     | Chair           |
| 2<br>1.30 | Declaration of Interests                            |                     | Chair           |
| 3<br>1.30 | Minutes of Previous Meeting held on 5 December 2019 |                     | Chair           |
| 4<br>1.30 | Matters Arising                                     |                     | Chair           |
| 5<br>1.35 | Chair's Business                                    |                     | Chair           |
|           | To include:   |                     |                 |
|           | • Correspondence re Commissioning Plan              |                     |                 |
| 6<br>1.40 | Chief Executive's Business                          |                     | Chief Executive |
| 7<br>1.50 | Finance Report                                      | <b>PHA/01/01/20</b> | Mr Cummings     |

## committee updates

- |           |   |                     |         |
|-----------|---|---------------------|---------|
| 8<br>2.00 | Update from Chair of Governance and Audit Committee | <b>PHA/02/01/20</b> | Mr Drew |
|-----------|---|---------------------|---------|

## items for approval

- |            |  |                     |                             |
|------------|--|---------------------|-----------------------------|
| 9<br>2.10  | Review of PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority | <b>PHA/03/01/20</b> | Mr McClean /<br>Mr Cummings |
| 10<br>2.20 | Business Continuity Management Revised Plan and Policy   | <b>PHA/04/01/20</b> | Mr McClean                  |

## items for noting

- |            |  |                     |           |
|------------|--|---------------------|-----------|
| 11<br>2.30 | Update on Personal and Public Involvement  | <b>PHA/05/01/20</b> | Mr Morton |
| 12<br>2.55 | Epidemiology of Tuberculosis in Northern Ireland Annual Surveillance Report 2018 | <b>PHA/06/01/20</b> | Dr Mairs  |

## closing items

13 Any Other Business  
3.05

14 Details of next meeting:

*Thursday 20 February 2020 at 1.30pm*

*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS*

<b>Title of Meeting</b>	117 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	5 December 2019 at 1.30pm
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

**Present**

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Mrs Briege Quinn	- Interim Director of Nursing and Allied Health Professionals
Mr Leslie Drew	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

**In Attendance**

Dr Brid Farrell	- Assistant Director of Public Health
Dr Aideen Keaney	- Director of Quality Improvement
Ms Marie Roulston	- Director of Social Care and Children, HSCB
Ms Wendy Thompson	- Assistant Director of Finance, HSCB
Mr Robert Graham	- Secretariat
Ms Jenny Redman	- Boardroom Apprentice

**Apologies**

Alderman William Ashe	- Non-Executive Director
Mr John-Patrick Clayton	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Mr Paul Cummings	- Director of Finance, HSCB

**117/19 | Item 1 – Welcome and Apologies**

117/19.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Alderman William Ashe, Mr John-Patrick Clayton, Ms Deepa Mann-Kler and Mr Paul Cummings.

**118/19 | Item 2 – Declaration of Interests**

118/19.1 | The Chair asked if anyone had interests to declare relevant to any items

on the agenda. No interests were declared.

**119/19 Item 3 – Minutes of previous meeting held on 21 November 2019**

119/19.1 The minutes of the previous meeting, held on 21 November 2019, were approved as an accurate record of that meeting, subject to one amendment, the addition of the sentence, “Mr Clayton declared an interest, as UNISON was a trade union that would be undertaking industrial action.” in paragraph 108/19.3.

**120/19 Item 4 – Matters Arising**

120/19.1 There were no matters arising.

**121/19 Item 5 – Chair’s Business**

121/19.1 The Chair advised members that two dates have been identified for further workshops with Anne McMurray, and he asked members to put these in their diaries, and that further details will follow.

121/19.2 The Chair drew members’ attention to a recent article about workplace health, and he said that it would be interesting to look at its findings in conjunction with the results of the HSC staff survey.

**122/19 Item 6 – Chief Executive’s Business**

*Prior to the commencement of the Chief Executive’s Business, representatives of PPR (Participation and the Protection of Rights) participated in a demonstration and then left the meeting.*

122/19.1 The Interim Chief Executive began by saying that the PHA will look at any relevant recommendations coming out of the recently published report on health funding in Northern Ireland by the Northern Ireland Affairs Committee at Westminster.

122/19.2 The Interim Chief Executive informed members that the Permanent Secretary had issued a letter to all staff giving an update on the closure of HSCB, which is now anticipated to happen on 31 March 2022. She said that in light of this delay, there will be work undertaken to look at a future planning/commissioning model.

122/19.3 The Interim Chief Executive advised that HSC Silver Command arrangements are now in place due to the current industrial action. She said that the Department of Health has requested daily SITREPs, and that the Transformation Implementation Group (TIG) meeting earlier this week was entirely dedicated to the industrial action. She added that the Permanent Secretary will be meeting with the Secretary of State, and that HSC Trust Chief Executives have expressed concerns regarding patient safety if proposed strikes go ahead.

- 122/19.4 The Interim Chief Executive confirmed that Mr Rodney Morton will take up post as Director of Nursing in early January 2020 and she thanked Mrs Quinn for her work in filling this role on an interim basis. She also updated members of the recruitment of the Director of Public Health.
- 122/19.5 The Interim Chief Executive informed members that the PHA's Corporate and Public Affairs team won a Gold Award at the Chartered Institute of Public Relations (CIPR) Pride Awards, in collaboration with the Health and Social Care Board. She said that the award was presented for the Stay Well this Winter programme, which aims to empower people to look after themselves over the colder months.
- 122/19.6 The Interim Chief Executive thanked the Board for all of their support during 2019.
- 122/19.7 Alderman Porter asked about the impact of the industrial action and the ability to retain staff. Mr McClean explained that the issue of pay and terms and conditions affects all staff on Agenda for Change contracts.
- 122/19.8 Alderman Porter said that although there is no Assembly in place, he asked whether PHA was looking at issues around the shortfall in HSC funding. The Interim Chief Executive explained that PHA's remit is about encouraging individuals to lead healthy lives, and the prevention agenda. Dr Farrell agreed and gave the example that 40% of cancers can be prevented and it is about getting those messages out. In terms of the industrial action, she said that all staff work under national contracts. She added that in terms of retaining trained staff, Northern Ireland possesses many areas of excellence and good practice, so there is a need to try to recruit and then retain the best and brightest staff rather than to lose them to other places paying higher salaries. She agreed that the focus for PHA is on the prevention agenda.
- 122/19.9 Professor Rooney asked if staff in PHA were going on strike. The Interim Chief Executive that this may be the case. Mrs Quinn said that the RCN has advised PHA of the numbers of staff who are eligible to strike, and so issues are being worked through on a week to week basis.
- 122/19.10 The Interim Chief Executive expressed her support for the HSC Trust Chief Executives who are facing serious issues. Dr Farrell assured members that any patients who are "red flag" referrals will not be affected by the strike action.
- 122/19.11 Professor Rooney felt that this period of industrial action represents a tipping point, and that for as long as the HSC continues to look after the public, it should look after its staff, and she paid tribute to the staff.
- 123/19 Item 7 – Finance Report (PHA/01/12/19)**
- 123/19.1 Ms Thompson presented the Finance Report for the period up to 31 October, and said that the surplus has reduced from £1.3m to £0.9m.

- She added that some budget realignment has taken place, and that the continued forecast is for a break-even position.
- 123/19.2 Ms Thompson advised members that the PHA had now received correspondence from the Department of Health asking for the potential surrender of non-recurrent funds to assist with wider HSC pressures. She said that PHA had identified potentially £400k-£500k. With regard to Transformation funding, Ms Thompson said that the Department has requested that all organisations advise of any slippage by tomorrow, but that the level of slippage in PHA is very small. She added that if a pay award is agreed, PHA will be required to fund the first 1%.
- 123/19.3 Mr Drew sought assurance that PHA will achieve a break even position. Ms Thompson said that she was confident that this would be the case. Mr Drew asked about the request for PHA funds to help the wider HSC pressures. Ms Thompson explained that this would be non-recurrent, but she added that there is a residual deficit in the wider HSC and that this funding will simply allow the system to break even this year. She stressed that to date, no funding has been taken from any organisation.
- 123/19.4 Mr Stewart asked where the £400k-£500k was coming from, and how it was prioritised. Ms Thompson said that the money will come from the surplus originating in the in PHA's management and administration budget. Mr McClean explained that at this stage of the year PHA will not be able to commence some planned work in the area of mental health so this funding could be utilised. He added that earlier in the year, PHA had contacted a range of third sector organisations and the aim had been to find increased activity levels where there are identified increases in demand likely. He said that at this stage wider HSC pressures will take precedence.
- 123/19.5 Mr Stewart sought assurance the funding in the campaigns budget will be fully utilised before the year end. He said that if this were not going to be the case, that this funding should be used in other areas. Mr McClean assured Mr Stewart that programme budgets are broadly on track, and that the campaign budget specifically will be spent and that tremendous efforts were being made by the small campaigns team in the PHA to achieve this.
- 123/19.6 Professor Rooney questioned whether it was right to hand back funding that could potentially have been used for the implementation of Protect Life 2. Mr McClean said that PHA has had little choice, but he reiterated that at this point, the money has not been returned to the Department. Professor Rooney said that in England, 13% of the health budget is allocated to mental health, but in Northern Ireland it is between 5% and 8%. She added that the community and voluntary sector is expected to carry out a lot of the work, and that PHA is one of its main sources of funding.
- 123/19.7 Alderman Porter said that he did not have any issue with funds being

returned if they were required elsewhere. He expressed concern that if PHA continues to not be able to fully utilise its budget, then it could lose some of its funding. The Interim Chief Executive said that as the Accounting Officer, she is responsible for ensuring that all funds are utilised properly and that there is an audit trail.

123/19.8 Ms Roulston advised that through Transformation funding, there has been work on the Zero Suicide initiative, which links to Protect Life 2.

123/19.9 Members noted the Finance Report.

**124/19 Item 8 – Joint PHA/HSCB and BSO Annual Report on Emergency Preparedness 2018/2019 (PHA/02/12/19)**

*Ms Mary Carey attended the meeting for this item.*

124/19.1 Ms Carey presented the joint report which she advised has been submitted to the Department of Health alongside the Trust reports. She said that the main issues emanating from the Report are around training, particularly in the event of a chemical, biological, radiological and nuclear event. She highlighted issues around EU Exit preparedness, and issues around the compensation for staff on Agenda for Change terms and condition who voluntarily assist with Emergency Operating Centres (EOCs) when required.

124/19.2 Mr Drew noted that this report had been presented to the Governance and Audit Committee, and he reiterated his concern about the level of the training budget. He said he was reassured that there are robust emergency planning arrangements in place.

124/19.3 Members noted the joint PHA/HSCB and BSO Annual Report on Emergency Preparedness 2018/19.

**125/19 Item 9 – Any Other Business**

125/19.1 There was no other business.

**126/19 Item 10 – Details of Next Meeting**

*Thursday 23 January 2020 at 1:30pm*

*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS*

Signed by Chair:

Date:

# **Public Health Agency**

## **Finance Report**

**2019-20**

**Month 8 - November 2019**



# PHA Financial Report - Executive Summary

## Year to Date Financial Position (page 2)

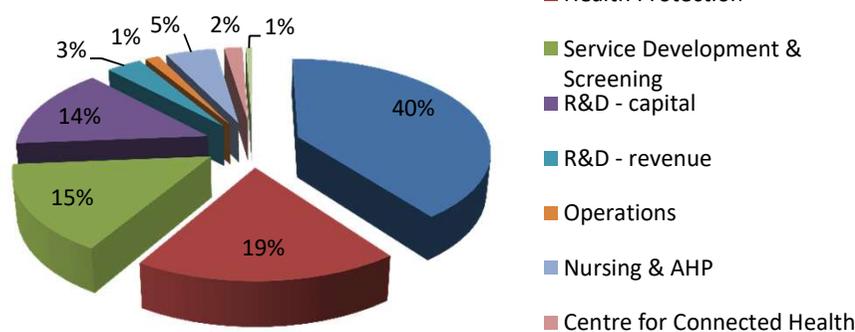
At the end of month 8 PHA is reporting an underspend of £2.9m against its profiled budget - a significant increase from Month 7 position of £0.9m underspend. This is due to an in-month underspend within Health Promotion. The plan to allocate substantial funds in November was delayed due to delays in the business case process. These business cases have now been approved and it is anticipated spend in future months will exceed in-month budgets, and claw back this underspend position.

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

## Programme Budgets (pages 3&4)

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

**PHA Programme Budgets 2019-20**



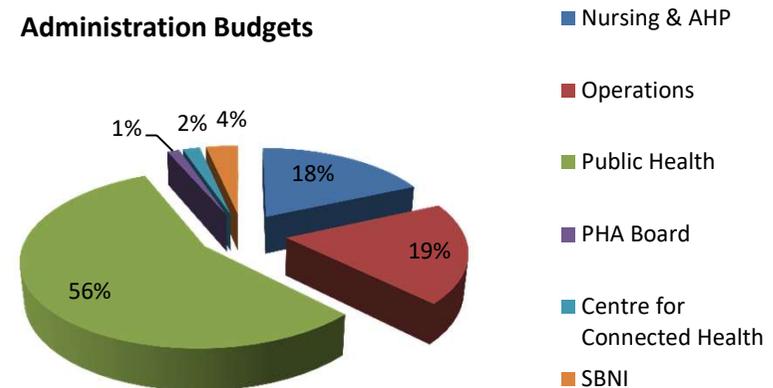
## Administration Budgets (page 5)

Approximately half of the Administration budget relates to the Directorate of Public Health, as shown in the chart below.

A significant number of vacant posts remain within PHA, and this is creating slippage on the Administration budget.

Management is proactively working to fill vacant posts and to ensure business needs continue to be met.

**Administration Budgets**



## Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year. Slippage is expected to arise from Administration budgets in particular, however management expects this to be used to fund a range of in-year pressures and initiatives. Ringfenced funds, including Confidence and Supply Transformation Funds, are being monitored closely to ensure full spend by year end.

**Public Health Agency**  
**2019-20 Summary Position - November 2019**

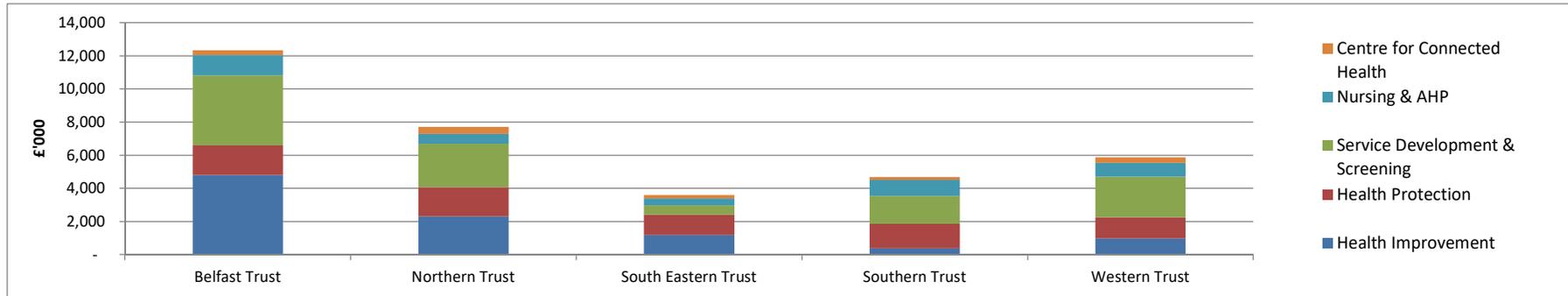
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt & Admin	Total	Programme		Ringfenced	Mgt & Admin	Total
	Trust	PHA Direct	Trust & Direct	£'000	£'000	Trust	PHA Direct	Trust & Direct	£'000	£'000
<b>Available Resources</b>										
Departmental Revenue Allocation	33,786	45,295	10,191	20,828	<b>110,097</b>	22,523	27,426	6,091	13,873	<b>69,914</b>
Revenue Income from Other Sources	-	91	-	694	<b>785</b>	-	91	-	472	<b>564</b>
<b>Total Available Resources</b>	<b>33,786</b>	<b>45,387</b>	<b>10,191</b>	<b>21,522</b>	<b>110,886</b>	<b>22,523</b>	<b>27,516</b>	<b>6,091</b>	<b>14,346</b>	<b>70,476</b>
<b>Expenditure</b>										
Trusts	34,353	-	4,712	-	<b>39,065</b>	22,902	-	3,142	-	<b>26,044</b>
PHA Direct Programme *	-	46,152	5,478	-	<b>51,630</b>	-	25,508	2,817	-	<b>28,325</b>
PHA Administration	-	-	-	20,191	<b>20,191</b>	-	-	-	13,195	<b>13,195</b>
<b>Total Proposed Budgets</b>	<b>34,353</b>	<b>46,152</b>	<b>10,191</b>	<b>20,191</b>	<b>110,886</b>	<b>22,902</b>	<b>25,508</b>	<b>5,960</b>	<b>13,195</b>	<b>67,565</b>
<b>Surplus/(Deficit) - Revenue</b>	<b>(566)</b>	<b>(765)</b>	<b>-</b>	<b>1,331</b>	<b>-</b>	<b>(378)</b>	<b>2,009</b>	<b>133</b>	<b>1,150</b>	<b>2,913</b>
<i>Cumulative variance (%)</i>						<i>-1.68%</i>	<i>7.30%</i>	<i>2.18%</i>	<i>8.02%</i>	<i>4.13%</i>

The year to date financial position for the PHA shows an underspend of £2.9m, which consists primarily of year-to-date underspends on PHA Direct budgets (page 4) and Administration budgets (see page 5).

The current year-end breakeven forecast is predicated on the in-year delivery of non-recurrent programmes in line with PHA priorities. This expenditure will balance out the forecast surplus in the Administration budget, and ensure the organisation achieves its breakeven obligation.

\* PHA Direct Programme includes amounts which may transfer to Trusts later in the year

### Programme Expenditure with Trusts



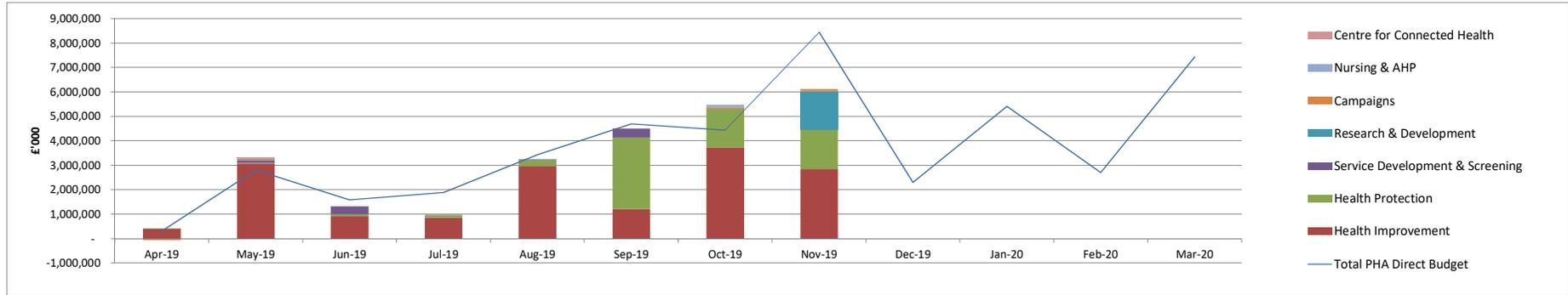
	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	NIMDTA Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
<b>Current Trust RRLs</b>											
Health Improvement	4,804	2,308	1,184	379	978	-	-	9,653	6,141	6,435	(294)
Health Protection	1,784	1,769	1,242	1,475	1,267	-	-	7,538	5,025	5,025	0
Service Development & Screening	4,228	2,618	538	1,698	2,457	-	-	11,538	7,670	7,692	(22)
Nursing & AHP	1,226	596	431	958	840	-	-	4,051	2,639	2,701	(62)
Centre for Connected Health	299	424	208	167	328	-	-	1,425	950	950	(0)
Other	39	30	28	28	22	-	-	147	98	98	0
<b>Total current RRLs</b>	<b>12,381</b>	<b>7,745</b>	<b>3,631</b>	<b>4,704</b>	<b>5,892</b>	<b>-</b>	<b>-</b>	<b>34,353</b>	<b>22,523</b>	<b>22,902</b>	<b>(378)</b>
<b>Cumulative variance (%)</b>											<b>-1.68%</b>
<b>Ringfenced</b>	<b>1,056</b>	<b>1,113</b>	<b>784</b>	<b>755</b>	<b>912</b>	<b>93</b>	<b>-</b>	<b>4,713</b>	<b>3,142</b>	<b>3,142</b>	<b>0</b>
											<b>0.01%</b>

The above table shows the current Trust allocations split by budget area. A small deficit is shown for the year to date as funds initially held against PHA Direct budgets on page 4 have now been issued to Trusts. This is a timing issue only, and will be eliminated when the quarterly budget refresh is carried out.

The Other line relates to general allocations to Trusts for items such as the Apprenticeship Levy and Inflation.

Ringfenced funds allocated to Trusts have been assumed at breakeven.

### PHA Direct Programme Expenditure



	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Total £'000
<b>Profiled Budget</b>													
Health Improvement	149	2,369	963	1,972	3,013	1,063	3,068	4,752	1,156	3,415	2,006	3,363	27,289
Health Protection	38	353	79	249	164	3,084	1,376	1,915	783	353	23	1,961	9,879
Service Development & Screening	2	65	517	112	132	527	22	129	336	44	162	560	2,566
Research & Development	-	-	-	-	-	-	-	1,563	-	1,483	-	165	3,211
Campaigns	23	23	23	23	23	23	84	47	31	102	785	256	1,277
Nursing & AHP	-	-	-	1	101	-	107	44	1	17	5	230	506
Safeguarding Board	-	-	-	-	-	-	-	-	-	-	-	-	-
Centre for Connected Health	-	-	-	25	-	-	-	-	-	-	272	490	244
Other	-	-	-	-	-	-	-	-	-	-	-	415	415
<b>Total PHA Direct Budget</b>	<b>212</b>	<b>2,810</b>	<b>1,583</b>	<b>1,885</b>	<b>3,433</b>	<b>4,698</b>	<b>4,445</b>	<b>8,451</b>	<b>2,306</b>	<b>5,414</b>	<b>2,710</b>	<b>7,440</b>	<b>45,387</b>
<i>Cumulative variance (%)</i>													
<b>Actual Expenditure</b>	<b>265</b>	<b>3,398</b>	<b>1,365</b>	<b>1,011</b>	<b>3,302</b>	<b>4,497</b>	<b>5,500</b>	<b>6,171</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>25,508</b>
<b>Variance</b>	<b>(52)</b>	<b>(588)</b>	<b>218</b>	<b>874</b>	<b>131</b>	<b>200</b>	<b>(1,055)</b>	<b>2,281</b>					<b>2,009</b>

YTD Budget £'000	YTD Spend £'000	Variance £'000	
17,349	15,901	1,448	8.3%
6,760	6,622	138	2.0%
1,464	1,074	389	26.6%
1,563	1,563	-	0.0%
103	144	(41)	-40.0%
253	255	(2)	100.0%
-	-	-	0.0%
25	25	-	100.0%
-	(77)	77	100.0%
<b>27,517</b>	<b>25,508</b>	<b>2,009</b>	<b>7.30%</b>

Ringfenced Budgets	Apr-19 £'000	May-19 £'000	Jun-19 £'000	Jul-19 £'000	Aug-19 £'000	Sep-19 £'000	Oct-19 £'000	Nov-19 £'000	Dec-19 £'000	Jan-20 £'000	Feb-20 £'000	Mar-20 £'000	Total £'000
Profiled Ringfenced PHA Direct Budget	-	-	572	331	397	253	604	793	-	-	-	-	2,949
Actual Expenditure	(38)	461	134	364	405	182	540	768	-	-	-	-	2,817
<b>Variance</b>	<b>38</b>	<b>(461)</b>	<b>437</b>	<b>(33)</b>	<b>(8)</b>	<b>71</b>	<b>64</b>	<b>25</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>134</b>

YTD Budget £'000	YTD Spend £'000	Variance £'000	
2,949	2,817	134	4.53%

The year-to-date position shows an underspend of £2.0m, which is mainly due to lower than expected expenditure in November on a number of Health Improvement and Service Development & Screening budgets. In particular, a number of Health Improvement IPTs were not signed until December, resulting in a delay in expenditure, however this is expected to catch up over the coming months.

In 2019/20 an amount of £1.9m has been recurrently removed from the Programme budgets. This consists of £1m of savings initially allocated against the Administration budget (£0.5m in each of the two years 18/19 and 19/20) and a further £0.9m 2018/19 Programme savings target, achieved non-recurrently last year and now applied recurrently. DoH have given the PHA permission to vire the £1m Administration savings against Programme budgets. In effecting this reduction the PHA continues to seek to protect, where possible, core programmes that are central to PHA and Departmental priorities. In addition the organisation will utilise on an in-year basis the surplus which is forecast to arise in the Administration budget to further address Programme priorities.

**PHA Administration**  
2019-20 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
<b>Annual Budget</b>							
Salaries	3,784	2,727	11,656	243	339	444	19,195
Goods & Services	171	1,359	412	36	58	291	2,327
<b>Total Budget</b>	<b>3,956</b>	<b>4,087</b>	<b>12,068</b>	<b>279</b>	<b>397</b>	<b>735</b>	<b>21,522</b>
<b>Budget profiled to date</b>							
Salaries	2,513	1,832	7,767	162	226	296	12,797
Goods & Services	116	906	275	24	39	189	1,549
<b>Total</b>	<b>2,629</b>	<b>2,739</b>	<b>8,042</b>	<b>186</b>	<b>265</b>	<b>485</b>	<b>14,346</b>
<b>Actual expenditure to date</b>							
Salaries	2,230	1,743	7,325	72	240	294	11,903
Goods & Services	153	750	310	(45)	21	103	1,292
<b>Total</b>	<b>2,383</b>	<b>2,492</b>	<b>7,635</b>	<b>28</b>	<b>261</b>	<b>397</b>	<b>13,195</b>
<b>Surplus/(Deficit) to date</b>							
Salaries	284	90	442	90	(14)	2	893
Goods & Services	(37)	157	(35)	68	17	87	257
<b>Surplus/(Deficit)</b>	<b>247</b>	<b>246</b>	<b>407</b>	<b>158</b>	<b>4</b>	<b>88</b>	<b>1,150</b>
<b>Cumulative variance (%)</b>	<b>9.38%</b>	<b>8.99%</b>	<b>5.06%</b>	<b>85.14%</b>	<b>1.41%</b>	<b>18.23%</b>	<b>8.02%</b>

PHA's administration budget is showing a year to date surplus of £1.1m, which has been generated by a number of long standing vacancies. Following DoH approval, both the 2018-19 and 2019-20 savings targets have been applied recurrently to Programme budgets, thus leading to a non-recurrent surplus in Administration budgets. This was carried out with the permission of the DoH, in order to protect the funded staffing structure within the PHA, but will leave the organisation with an in-year surplus for which non-recurrent plans are being developed.

Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The SBNI budget is ringfenced and any underspend will be returned to DoH prior to year end.

## Public Health Agency 2019-20 Capital Position

	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust	PHA Direct			Trust	PHA Direct		
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Available Resources</b>								
Capital Grant Allocation & Income	7,461	5,669	-	<b>13,130</b>	4,879	2,851	-	<b>7,730</b>
<b>Expenditure</b>								
Capital Expenditure - Trusts	7,461			<b>7,461</b>	4,879			<b>4,879</b>
Capital Expenditure - PHA Direct		5,669		<b>5,669</b>		1,967		<b>1,967</b>
	<b>7,461</b>	<b>5,669</b>	<b>-</b>	<b>13,130</b>	<b>4,879</b>	<b>1,967</b>	<b>-</b>	<b>6,846</b>
<b>Surplus/(Deficit) - Capital</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>884</b>	<b>-</b>	<b>884</b>
<i>Cumulative variance (%)</i>								

PHA has received a Capital budget of £13.1m including income in 2019-20, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure of £6.8m is shown for the year to date, and a breakeven position is anticipated for the full year.

## PHA Prompt Payment

### Prompt Payment Statistics

	<b>November 2019 Value</b>	<b>November 2019 Volume</b>	<b>Cumulative position as at 30 November 2019 Value</b>	<b>Cumulative position as at 30 November 2019 Volume</b>
Total bills paid (relating to Prompt Payment target)	£5,927,450	629	£36,477,156	4,468
Total bills paid on time (within 30 days or under other agreed terms)	£5,838,506	587	£35,724,883	4,176
<b>Percentage of bills paid on time</b>	<b>98.5%</b>	<b>93.3%</b>	<b>97.9%</b>	<b>93.5%</b>

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 95.0%, although performance on volume is below target cumulatively in November. Overall PHA is making progress on ensuring invoices are processed promptly, and efforts to maintain this good performance will continue for the remainder of the year.

The 10 day prompt payment performance remained strong at 93.0% by value for the year to date, which significantly exceeds the 10 day DoH target for 2019-20 of 60%.

<b>Title of Meeting</b>	Meeting of the Public Health Agency Governance and Audit Committee
<b>Date</b>	3 October 2019 at 10.00am
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

**Present**

Mr Leslie Drew	- Chair
Mr John Patrick Clayton	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

**In Attendance**

Mr Ed McClean	- Interim Deputy Chief Executive / Director of Operations
Miss Rosemary Taylor	- Assistant Director, Planning and Operational Services
Mr Paul Cummings	- Director of Finance, HSCB
Ms Jane Davidson	- Head Accountant, HSCB
Ms Wendy Thompson	- Assistant Director of Finance, HSCB
Mr David Charles	- Internal Audit, BSO
Mr Denver Lynn	- Northern Ireland Audit Office
Mr Robert Graham	- Secretariat

**Apologies**

None

		<b>Action</b>
<b>42/19</b>	<b>Item 1 – Welcome and Apologies</b>	
42/19.1	Mr Drew welcomed everyone to the meeting. There were no apologies.	
<b>43/19</b>	<b>Item 2 - Declaration of Interests</b>	
43/19.1	Mr Drew asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
<b>44/19</b>	<b>Item 3 – Minutes of previous meeting held on 5 June 2019</b>	
44/19.1	The minutes of the previous meeting, held on 5 June 2019 were <b>approved</b> as an accurate record of that meeting,	

subject to minor amendments. These minutes will be brought to the PHA Board on 17 October for noting.

**45/19 Item 4 – Matters Arising**

45/19.1 There were no matters arising.

**46/19 Item 5 – Chair’s Business**

46/19.1 The Chair advised that he had been made an enquiry about the Audit Committee Chairs Forum previously run by the Department of Health, and it was his understanding that this Forum would be reconvened shortly.

**47/19 Item 6 – Internal Audit**

*Internal Audit Progress Report [GAC/34/10/19]*

47/19.1 Mrs McKeown advised that the recent audit of the management of the Lifeline contract had received a satisfactory level of assurance. She said that there was one key finding which related to the performance management reports. She also noted that an IT development project is under way to replace the existing system. She said that management have accepted the recommendations.

47/19.2 Mr Drew said that he was pleased with the outcome, but expressed concern about the KPIs and response times.

*At this point Mrs Briege Quinn and Ms Deirdre Webb joined the meeting.*

47/19.3 Mrs McKeown said that a limited assurance had been given following the audit of the Family Nurse Partnership programme.

47/19.4 Mrs McKeown advised that under governance and oversight, Internal Audit noted that none of the Trusts had held the four required annual meetings and that attendance was poor at these meetings, and there were no agreed work plans or action plans. She added that PHA is not sharing best practice and that 2 of the Trusts have not completed their Annual Reports. She went on to say that a revaluation was carried out in November 2017, but there is little evidence of progress against the action plan, and that the PHA Board has not received an update since this time. Finally, in terms of IT costs, she noted that a business case had been approved, but that the costs had now exceeded the original costs and there is not approval for those additional costs.

- 47/19.5 Mr Stewart asked why the costs of the IT system had doubled. Ms Webb explained that at the outset of the programme, PHA and BSO had discussed the development of a system, and had been advised that a new piece of software, Microsoft Dynamic, would be required. However, she said there were issues with Microsoft Dynamic, exacerbated by the contractor now having less staff with expertise in this software, consequently the reporting elements of the original specification have not been fully delivered. She said that PHA has been working with BSO to resolve this matter, with the increased costs relating to ongoing development time. Mr Stewart sought clarity on whether the contractor was continuing to receive payment, but Ms Webb confirmed that the contractor has not been paid for 18 months.
- 47/19.6 Ms Mann-Kler said that with regard to technology, there is always a need to future-proof. She asked if there are any other areas of risk and if there is an action plan in place to mitigate these. Ms Webb said that there is a challenge in that the current contractor believes they have delivered on what they were asked to do. She said that BSO has been helping PHA. She added that the current licence is due to expire in 2021 and an options appraisal is being developed to take this work forward. She assured members that there is a functioning IT system, and although the reporting aspect is not functioning, there is a member of staff who can extract the information manually.
- 47/19.7 Mr Clayton asked if any consideration had been given to legal action. Ms Webb said that PHA's priority has been to get the current system to meet the necessary requirements. She advised that NHS England had experienced similar difficulties, but has now secured funding from NHS Digital for an improved system, and that PHA may be able to utilise this system
- 47/19.8 Ms Mann-Kler asked if the findings of PHA's report are similar to those in Trusts. Mrs McKeown advised that this area has not been the focus of audits in Trusts.
- 47/19.9 Ms Mann-Kler said that she recalled the excellent work being done within the Family Nurse Partnership programme when the presentation was made to the Board in November 2017. She asked if the best practice is being shared and what the long term vision of the programme is. Ms Webb said that practice is shared between teams within Trusts, but although she has a regional overview of how the Trusts are performing, she acknowledged that practice isn't shared between Trusts. She said in terms of governance

	arrangements, there has been an improvement, but she noted that while people may have committed to attending meetings they often sent late apologies. She acknowledged that a reminder was required in terms of Trusts' contractual obligations in this regard.	
47/19.10	In terms of the long term outlook, Ms Webb advised that further funding is needed. She said that teenage pregnancy rates are decreasing, but that the programme is only reaching 20-40% of the teenage population. She added that it would be hoped to roll out the programme to every young person.	
47/19.11	Mr Drew said that it is important to resolve the IT issues and to keep the Committee up to date. He said that an improved attendance at meetings could result in better sharing of knowledge.	
47/19.12	Mr Stewart said that it would be useful for the PHA Board to have an update report. Mrs Quinn said that an update is currently being finalised.	Mrs Quinn
	<i>At this point Mrs Quinn and Ms Webb left the meeting.</i>	
47/19.13	Members noted the Internal Audit Progress Report.  <i>Internal Audit Mid-Year Follow Up Report [GAC/35/10/19]</i>	
47/19.14	Mr Charles presented the Mid-Year Follow Up Report on outstanding recommendations and advised that 45 of the 62 recommendations were now fully implemented, with the remaining 17 partially implemented. In terms of those which had been partially implemented, he said that there remained a need for an update on Connected Health to be presented at Board level. He added that for Research and Development, there remained an issue with regard to intellectual property. Finally, he highlighted some of the recommendations with regard to screening.	
47/19.15	Mr Clayton said that there had been a presentation on R&D at the last Board meeting, and it was his understanding that the intellectual property rights issue had been resolved and that there was a return on research being made into the PHA/HSC. Mr Cummings confirmed that this was also his understanding. Mr Charles said that he would verify this as part of the next follow up.	
47/19.16	Mr Drew asked if there was any further work on the work of the procurement task and finish group. Mr McClean suggested that it may be timely to bring another update to	Mr McClean

	the PHA Board.	
47/19.17	Mr Clayton asked for an update on the NIAS PPI self-assessment. Miss Taylor agreed to follow up on this.	Miss Taylor
47/19.18	Members noted the Internal Audit Mid-Year Follow Up Report.  <i>Internal Audit General Report 2017/18 and 2018/19 [GAC/36/10/19]</i>	
47/19.19	Mrs McKeown advised that this Report covers two years and showed that the majority of assurances across the HSC were satisfactory, and this figure had increased in 2018/19 compared to 2017/18. She highlighted some of the reasons why limited assurances may be given which include procurement and contract management and elements of corporate governance.	
47/19.20	Mr Drew thanked Mrs McKeown for the Report which he said was very helpful.	
47/19.21	Members noted the Internal Audit General Reports.  <i>Internal Audit Mid-Year Assurance Statement</i>	
47/19.22	Mrs McKeown presented her Mid-Year Assurance Statement which she said was a summary of what had already been covered, but also included the audits of shared services. She advised that the payroll shared services audit remained limited, but she said that she would bring a fuller update on this to the next meeting.	
47/19.23	Mr Drew asked about the timescales for the introduction of a new HRPTS system. Mr Cummings said that due to the time required to develop a specification, followed by the procurement and transition period, an extension of up to 5 years may be required for the current system.	
47/19.24	Members noted the Internal Audit Mid-Year Assurance Statement.	
<b>48/19</b>	<b>Item 7 – Finance</b>  <i>Fraud Liaison Officer Update Report [GAC/37/10/19]</i>	
48/19.1	Ms Thompson advised that there were no new cases of fraud to report, but that the report contained an update on the National Fraud Initiative. Ms Mann-Kler asked what factors would contribute to a fraud being deemed “high risk”.	

Ms Thompson explained that it would dependent on the strength of the match, and that there are certain areas where instances of fraud are more likely to happen.

48/19.2 Members noted the Fraud Liaison Officer Update Report.

**49/19 Item 8 – Corporate Governance**

*Corporate Risk Register (as at 30 June 2019)  
[GAC/38/10/19]*

49/19.1 Miss Taylor said that this Risk Register has been reviewed and agreed by AMT as at 30 June 2019. She advised that one new risk, relating to the upgrade of the PHA Intranet, has been added and that no risks have been removed.

49/19.2 Mr McClean said that this risk further highlights the difficulties for PHA in that its web software is not supported by BSO and therefore there is a degree of vulnerability. Mr Clayton asked what the risks are. Miss Taylor advised that the greatest risk is losing data.

49/19.3 Ms Mann-Kler said that IT is an important area, and she said it would be useful to have an assessment to determine if the current arrangements are fit for purpose and to look at future-proofing. Mr McClean suggested that an update should be brought to the PHA Board.

Mr  
McClean

49/19.4 Mr Cummings said that a new Chief Digital Information Officer (CDIO) has been appointed by the Department of Health. He said that this appointment may impact on the ability of HSC organisations to carry out IT-related projects on their own. Mr Drew said that it would be useful to gain a fuller understanding of this new role, while Mr Stewart expressed concern that as a smaller body, PHA's issues may not be seen as priority.

49/19.5 Referring to Corporate Risk 45 on PHA staffing issues, Ms Mann-Kler expressed concern that the information is out of date as it was the position at 30 June. She noted that there are now further issues in terms of succession planning. It was noted that the PHA Board was fully briefed on staffing issues at its September meeting.

49/19.6 Members **approved** the Corporate Risk Register.

*At this point Mrs McKeown left the meeting.*

*Risk Management Strategy and Policy [GAC/39/10/19]*

49/19.7	Miss Taylor advised that the Risk Management Strategy and Policy has been updated as the Department of Health is no longer using the Aus/NZ model and all organisations have agreed to work to the spirit of ISO 31000:2018. She said that there were no other major changes to the document.	Miss Taylor
49/19.8	Mr Drew said that this update was helpful, and suggested that there should be a Board workshop on risk management.	
49/19.9	Members <b>approved</b> the Risk Management Strategy and Policy.	
<i>Assurance Framework (as at September 2019)</i> <i>[GAC/40/10/19]</i>		
49/19.10	Miss Taylor reminded members that the Assurance Framework is reviewed biannually and brought to the Governance and Audit Committee with an annual update brought to the PHA Board. She added that Internal Audit have recently completed an audit of PHA's Assurance Framework, and any recommendations will be reflected in future updates.	
49/19.11	Miss Taylor said that the table outlines the main changes made to the Framework with some new areas added, other amalgamated, and gaps highlighted with recommendations included on closing these gaps.	
49/19.12	Mr Clayton sought clarity on some of the areas amalgamated, particularly around safety and quality reports. Miss Taylor explained that these areas have been merged as different reports will be presented at different times under the banner of safety and quality.	
49/19.13	Members <b>approved</b> the Assurance Framework.	
<b>50/19</b>	<b>Item 9 – External Auditor's Final Report to those Charged with Governance [GAC/41/10/19]</b>	
50/19.1	Mr Lynn said that members would have seen the draft Report to those Charged with Governance at the previous meeting as it was not signed off by the Comptroller and Auditor General until 20 June. He advised that the Report was unchanged and that PHA received an unqualified audit opinion. He also clarified that there were no issues of a minor nature. Mr Stewart congratulated the team on achieving this outcome.	
50/19.2	Mr Lynn informed members that this would be his last audit as he is retiring at the end of November 2019, and that the	

- NIAO will advise PHA of his replacement in due course. Mr Drew wished Mr Lynn well for his retirement and thanked him for his contribution to the work of the Committee.
- 50/19.3 Members noted the External Auditor's Report to those Charged with Governance.
- 51/19 Item 10 – PHA Mid-Year Assurance Statement [GAC/42/10/19]**
- 51/19.1 Miss Taylor reminded members that PHA is required to submit a Mid-Year Assurance Statement to the Department of Health. She said that the Statement follows the prescribed format and she drew members' attention to the section on divergences. She said that no new divergences have been added, but it is proposed to merge the divergences relating to the management and administration budget and staffing.
- 51/19.2 Mr Clayton asked about the management of the process for allocating confidence and supply monies. Mr Cummings said there is an improved system in place and he was confident that there would not be any issues in terms of expenditure. He said that many IPTs are already in place, and that this year there is a requirement to put in place addendums to existing IPTs.
- 51/19.3 Members **APPROVED** the Mid-Year Assurance Statement which will be brought to the PHA Board on 17 October for approval prior to submission to the DoH.
- 52/19 Item 11 – SBNI Declaration of Assurance [GAC/43/10/19]**
- 52/19.1 Miss Taylor advised that the SBNI Declaration of Assurance informs the PHA Mid-Year Assurance Statement.
- 52/19.2 Members noted the SBNI Declaration of Assurance
- 53/19 Item 13 – Update on EU Exit**
- 53/19.1 Miss Taylor said that the Department of Health's EU Exit forum continues to meet on a fortnightly basis. She said that the Department has focused on three key issues, namely healthcare supply chain, cross border movement of people, and data transfer. She said that no issues have been identified regarding supply of vaccines in the event of a "no deal" exit.
- 53/19.2 Miss Taylor explained that an MOU between PHA and HSE has been agreed in respect of communication and transfer

of necessary data relating to potential cross border health protection issues.

53/19.3 Miss Taylor advised that information regarding the EU Settlement Scheme has been shared with staff. She also said that a key issue for PHA will be the reporting requirements through PHA/HSCB/BSO “silver” from HSC Trusts to the Department’s Operation Centre.

53/19.4 Miss Taylor advised that the DoH Operational Readiness Guidance has been shared with all PHA providers. She said that the Department is now asking for an assurance from all Chief Executives that contingency arrangements are in place to inform the Permanent Secretary’s assurance to The Executive Office.

53/19.5 Mr Drew said that a lot of thought has gone into preparations.

53/19.6 Mr Clayton asked about tariffs on medicines. Ms Thompson said that the Department is trying to collate information on short term and long term costs. She said that costs of oil, heat and electricity also have to be considered in the event of higher exchange rates.

53/19.7 Mr Clayton expressed concern about the information going out regarding the EU Settlement Scheme. Mr Cummings said that this would be more of an issue for HSCB rather than PHA.

*At this point Mr Drew left the meeting and Ms Mann-Kler took over as Chair.*

*At this point Mr Lynn, Mr McClean and Mr Cummings left the meeting.*

**54/19 Item 12 – Joint PHA/HSCB and BSO Annual Report on Emergency Preparedness [GAC/44/10/19]**

*Ms Mary Carey joined the meeting for this item.*

54/19.1 Ms Carey said that in adherence with governance processes, this report is being brought to the Governance and Audit Committee. She highlighted three key issues, training, allocation of resources and the reviewing of monitoring arrangements.

54/19.2 Ms Carey said that staffing is a key issue for PHA, vis-à-vis training staff and also having staff available to assist with Emergency Operation Centre (EOCs) if required. She said

that following engagement with HR, there is now approval regarding how staff on Agenda for Change terms and conditions will be remunerated. Mr Stewart said that he was pleased that this staffing issue had been resolved. Ms Carey said that there was no issue in terms of the staff not being willing to volunteer, but that the staff wished to ensure that there was equity.

54/19.3 Mr Clayton asked whether the terms of reference for the cross border health services representation group are still in draft form. Ms Carey confirmed that they have been agreed and the word “draft” should have been removed.

54/19.4 Ms Mann-Kler asked if any lessons learnt are shared across the HSC. Ms Carey advised that HSCB has done an overview of the various Trust Annual Reports and that this could be taken forward as part of the quarterly meetings with Trusts.

54/19.5 Members noted the joint PHA/HSCB and BSO Annual Report on Emergency Preparedness.

**55/19 Item 14 – Any Other Business**

55/19.1 Ms Mann-Kler asked about Committee meeting dates in 2020. Mr Graham advised that these had been agreed with the Chair and would be distributed to members shortly.

Mr  
Graham

**56/19 Item 15 – Details of Next Meeting**

*Monday 9 December 2019 at 10am*

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

Signed by Chair:

Leslie Drew

Date: 9 December 2019

<b>Title of Meeting</b>	PHA Board Meeting
<b>Date</b>	23 January 2020
<b>Title of paper</b>	Review of PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority
<b>Reference</b>	PHA/03/01/20
<b>Prepared by</b>	Rosemary Taylor, Robert Graham, Wendy Thompson and Jane Davidson
<b>Lead Director</b>	Ed McClean / Paul Cummings
<b>Recommendation</b>	<p style="text-align: center;"> <b>For Approval</b> <input checked="" type="checkbox"/> <span style="float: right;"><b>For Noting</b> <input type="checkbox"/></span> </p>

### 1 Purpose

The purpose of this paper is to seek Board approval of the PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority following their most recent review.

### 2 Background Information

The PHA Standing Orders and Standing Financial Instructions are a key governance document which outlines the running of the Agency and its Board and Committees.

An annual review is carried out to ensure that they are kept up to date and in line with best practice.

### 3 Key Issues

PHA's Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority have been revised. The main changes are within Section 3.4.7 in the Administrative Scheme of Delegation relating to the procedure for quotations and tendering of non-pay expenditure. References to Single Tender Actions (STAs) have been updated to Direct Award Contracts (DACs). A change to the approval process for DACs has been noted on the SoDA.

Other minor changes have been made as outlined below.

### *List of Changes to Standing Orders*

The changes to Standing Orders have been minimal and are outlined below:

Page 16, the headings on this contents page for sections 2.3.1, 2.3.4 and 2.3.5 have been amended as they did not tally with the actual headings for those sections

Page 17, removal of the word “and” from the end of the third bullet point from the end

Page 48, section “Others in Attendance at Board Meetings” updated to reflect that there is now a Director of Quality Improvement

Page 49, list of Agency Management Team members updated to reflect that there is now a Director of Quality Improvement

Page 50, under 5.2.2 the reference to the schedule of meetings has been changed from “financial year” to “calendar year”.

Pages 81-87, 94, these sections have been updated to reflect current guidance. References to Single Tender Actions have been removed and updated with Direct Award Contracts.

Pages 96-105 this section has been re-ordered and paragraph numbers reviewed. Minor changes have been made to reflect how the Committee operates.

### *List of Changes to Standing Financial Instructions*

As with Standing Orders, the changes to the Standing Financial Instructions are minimal. Any references to specific guidance have been reviewed and updated as required.

Page 3, content page changed to reflect change of headings in sections 8.5.4 and 8.5.5

Page 25, updates to reflect change from Single Tender Actions to Direct Award Contracts

Pages 32-33, removal of sections 8.7.2 and 8.7.3

Page 33, change of limit in 8.9(b)

Page 35, change from Single Tender Actions to Direct Award Contracts

## **4 Next Steps**

Following approval the revised Standing Orders and Standing Financial Instructions will be uploaded onto the PHA Intranet and the PHA website.

# STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

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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 (DoH) 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.

These current Standing Orders and Standing Financial Instructions were approved by the Agency board on ~~21 March 2019~~ 16 January 2020.



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**Andrew Dougal**  
Chairperson



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**Valerie Watts**  
Interim Chief Executive

**Dated: ~~21 March~~ 16 January 2019 2020**

## **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 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.

### 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 Central 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 Health and Social Care

Board (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 (DoH), 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 Department 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 Department 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 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 DoH 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 DoH at least every 3 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 DoH 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 DoH within the Commissioning Directions and other priorities approved by the Minister. The DoH 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 DoH 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 DoH 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 DoH approval. The

Corporate/Business Plan shall be published by the PHA and made available on its website ([www.publichealth.hscni.net](http://www.publichealth.hscni.net))

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

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 DoH.

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, 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 DoH 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 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 (DoH). 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 DoH 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 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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2.2 Composition of the board

2.3 Key Functions of the Agency board

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2.3.3 Financial Stewardship

2.3.4 Corporate Governance & Personal Behaviour and Conduct

2.3.5 ~~System for Appointment of~~ Appoint, Appraise and Remunerate Senior Executives

2.3.6 Dialogue with Local Community

2.3.7 Clinical and Social Care Governance and Risk Management

2.3.8 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 on 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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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 DoH Commissioning Directions and advance PHA objectives	By 31 March each year or as soon as practicable thereafter within DoH 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 DoH principles of 'Promoting Financial Stability'	Director of Finance
E	Departmental (DoH) 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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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 DoH.	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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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"> <li>• Health improvement</li> <li>• Health protection</li> <li>• Screening</li> <li>• Commissioning input</li> <li>• Research and Development</li> <li>• PHA Management and Administration</li> </ul>	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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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 DoH 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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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"> <li>• Governance and Audit Committee</li> <li>• Remuneration &amp; Terms of Service Committee</li> <li>• Others as required or directed</li> </ul>	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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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.

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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	Code of conduct and code of accountability April 2011	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	The Public Interest Disclosure (NI) Order 1998 (whistle blowing) and aligned with DoH Circular HSS(F) 07/2009 "Whistleblowing" – New circular issued HSC(F) 32-2015 with details of DoF good practice guide	Chief Executive
M	ALB Board Self-Assessment Tool	Review actions and agree Board self-assessment	DoH ALB Board Self-Assessment tool and guidance	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*

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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.'

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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 DoH	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.'

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
E	Annual Report	Approve report	To be signed by Chairperson and Chief Executive & submitted to DoH 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

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
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**

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
C	<b>Public Health</b>  Annual Report	Scrutinise and receive for submission to DoH	Annually	Director of Public Health/Medical Director
D	<b>Appointment of members to board committees</b>	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 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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#### 3.5 Financial Schemes of Delegation.

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

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 DoH, 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.

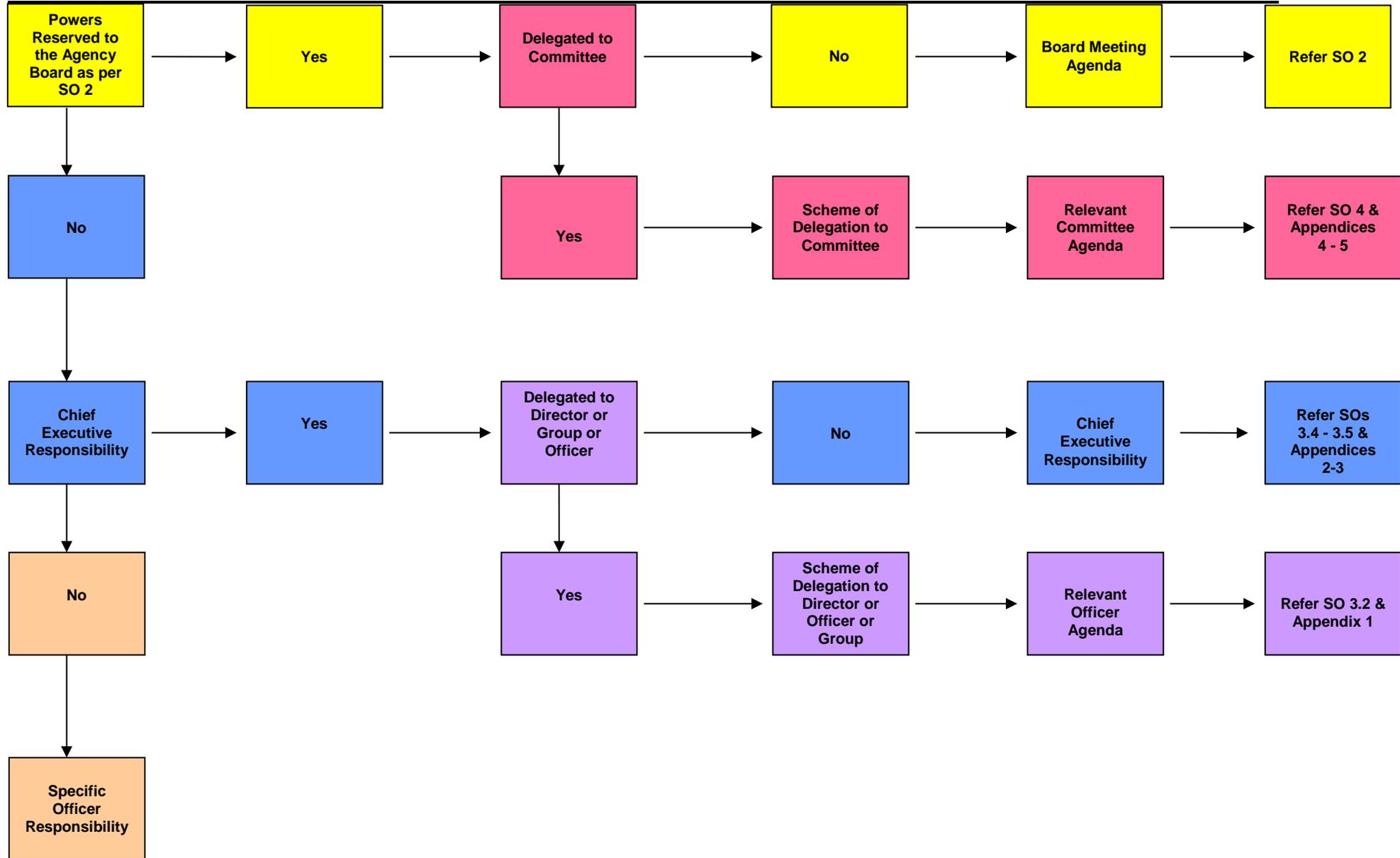
### **3.1.5 Decision Tree - Flowchart**

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 DoH.

### **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

DoH 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 DoH guidance, as set out in Circulars HSC(F) 25/2012 and HSC(F) 48/2012. In particular the DoH must be advised of **ALL** proposals to use External Management Consultants in advance with **prior** approval from the Minister and/or Department of Finance (DoF) 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 DoH.

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 determines the composition of the Agency board, which is currently as follows:

- A Chairperson appointed by the DoH;
- a prescribed number of persons appointed by the DoH;
- 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 DoH.

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 DoH. Regulations may provide that all or any of the persons appointed by the DoH 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 Quality Improvement, PHA as well as The 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 Quality Improvement
- Director of Social Care and Children, HSCB;
- Director of Finance, HSCB;
- Director of Human Resources, BSO, 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](http://www.publichealth.hscni.net)) for the **financial calendar** 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 DoH 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 DoH.

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 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 Health and Social Care.

HSC organisations, including the PHA, are accountable to the Minister of Health 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 DoH, 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 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.

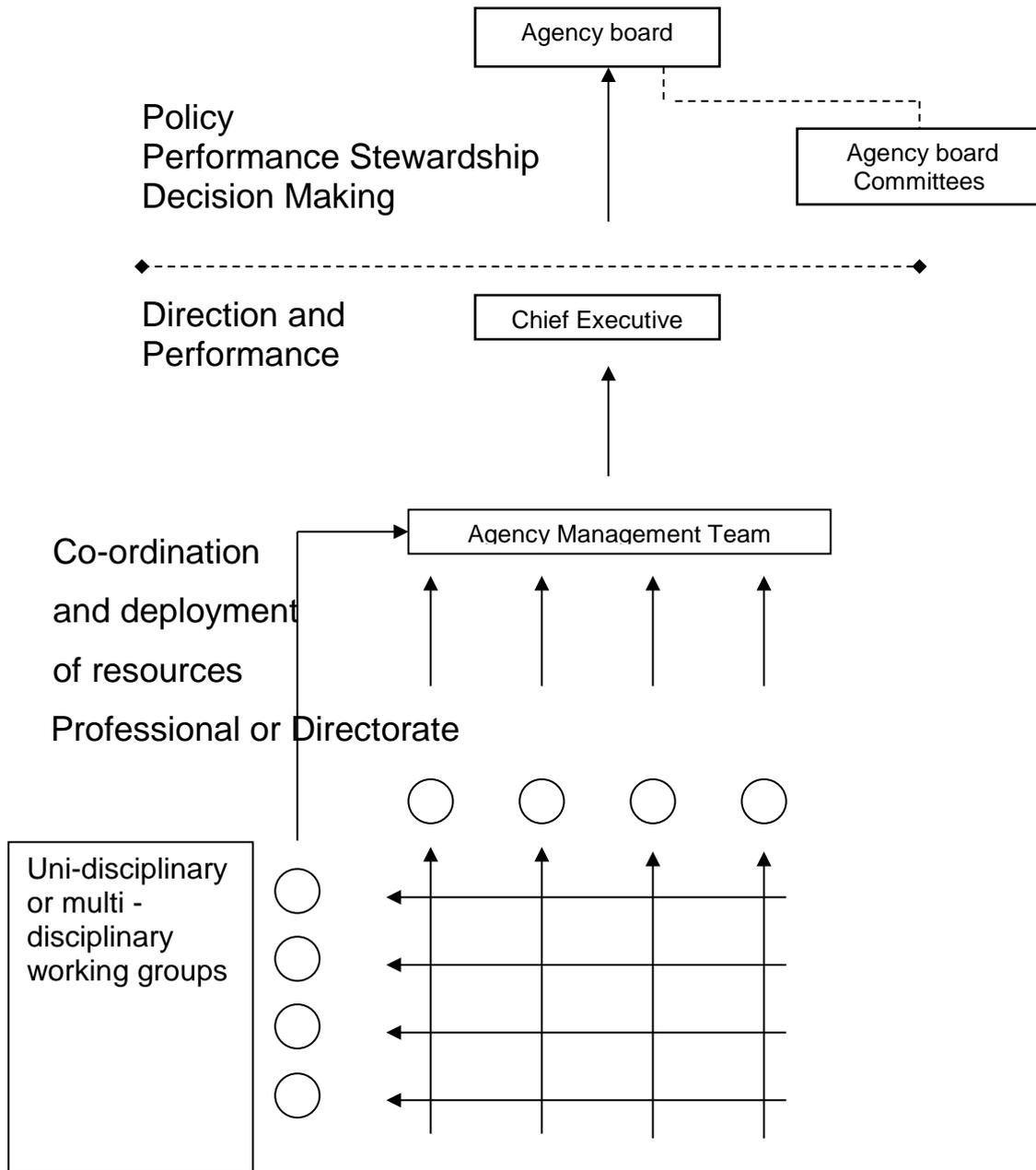
Those individuals who comprise the board, that is the Chairperson, Executive and Non-Executive board members, shall pay regard to SO 2, which sets out the main functions of the board and those matters that are reserved to the board.

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
<b>3.2.1</b> 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
<b>3.2.2</b> 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
<b>3.2.3</b> 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 DoH.	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

<b>Relates to Section 3.4 of STANDING ORDERS</b>			
<b>ADMINISTRATIVE SCHEMES OF DELEGATION</b>			
<b>3.4.5 Delegation of Budgets for Agency Administration</b>			
<b>ITEMS</b>	<b>RESPONSIBILITY</b>	<b>CONTROLS</b>	<b>DELEGATED TO</b>
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 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)**

**Financial Limits**

Order Value

Up to and including  
£~~5510~~,000

Requirement

Expenditure up to and including £5,000 is not subject to procurement rules. However there remains an onus on the Agency to ensure that purchases are subject to value for money considerations. Under normal circumstances this will involve carrying out a price check with at least two contractors. Note that purchases up to £5,000 awarded without a competition are not considered to be DACs but appropriate evidence to support decision making in contract award should still be followed. May be placed without seeking quotation. Responsible officers should still carry out a price check with at least two suppliers to ensure value for money.

£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.~~

£~~510~~,000    £30,000

-

A minimum of two tenders can be invited or a tender process can be carried out - normally the process is managed by PALS as the Agency's CoPE.

Where it is deemed that no competition is possible and the procurement has been carried out by or influenced by PALS, then any contract awards between £5,000-£10,000 will not be considered DACs.

**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  
Procure-  
ment  
Threshold†

Use CoPE to advertise on eTenders NI. Tender process must be conducted in line with PGN 05/12: Simplified approach to procurements above £30,000 and below EU Thresholds. **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†

Use CoPE (PALS) to advertise on eTenders NI.  
EU Directives apply – advertise in the Official Journal of the European Union (OJEU)~~Should be EU advertised and EU Directives apply. To be undertaken by PaLS.~~

† = EU threshold is currently £122,976,118, 133. 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 TenderDirect** 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**

DoH 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 DoH 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**

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 DoH.

The circular and associated supplements also require **the approval** of the Minister for Health **before** going out to tender where the fees **are likely to exceed** £9,999 and DoF 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 (DoH) for approval of the [Direct Award Contract](#)~~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](#)~~direct award contract~~.**

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, DoH, Minister or DoF 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 DoH.

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 DoH. 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 DoH 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**

DoH 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 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

<b>Relates to Section 3.5 of STANDING ORDERS</b> <b>FINANCIAL SCHEMES OF DELEGATION</b> <b>3.5.1 Procedure for Delegation of Budgets</b>		
	<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"> <li>• The amount of the budget;</li> <li>• the purpose of each budget heading;</li> <li>• individual and group responsibilities;</li> <li>• Authority to exercise virement within total revenue or total capital;</li> <li>• achievement of planned levels of service; and</li> <li>• the provision of regular reports.</li> </ul>	<p>Standing Financial Instructions Section 5.3</p>
	<p><b><u>PRINCIPLES OF DELEGATION</u></b></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 DoH;
- **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 DoH;

**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	<b>1. <u>Routine Revenue Expenditure</u></b> – Within budget limits
Limits may be Varied	<b>2. <u>Non-Routine Revenue Expenditure (excluding use of external management consultants (3.4.8) within budget or ear-marked funds:</u></b> Please refer to the current Scheme of Delegated Authority for full details of all authorised limits.  <b>No budget or ear-marked funds:</b> – submission to Agency Management Team  <b>Use of Management Consultants</b> <u>Authorisation of proposed use:</u>
Up to £9,999	– Chief Executive and notify Policy & Accountability Unit in advance
£10,000 - £74,999	– Chief Executive plus authorisation of the Minister (DoH) in advance.
≥ £75,000	– Approvals as lower levels and DoF authorisation in advance
Any amount	<u>Approval to pay:</u> As per the Scheme of Delegated Authority for Non-purchase order Administration costs.  <u>Please note where a <a href="#">single tender action (direct award contract)</a> 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>

**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>&lt;£50,000 &gt;£50,000</p> <p>&lt;£50,000 &gt;£50,000</p>	<p><b>3. <u>Capital Expenditure</u></b> All capital expenditure is subject to appropriate business cases based on Green Book Guidance and the NI Guide to Expenditure Appraisal and Evaluation (DoF) (NIGEAE) Approval levels are as follows:</p> <ul style="list-style-type: none"><li>- Chief Executive</li><li>- PHA board</li></ul> <p><b>4. <u>Disposal of Agency Assets</u></b></p> <ul style="list-style-type: none"><li>- Chief Executive</li><li>- PHA board</li></ul>	
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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><b>FUNCTION</b> <b><u>CASH ADVANCES</u></b> The responsibility for the authorisation and approval of Cash Advances to HSC Bodies is reserved to the Department of Health.</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><b><u>Limits of Authority</u></b> 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

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## 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 DoH 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 The cessation of the Controls Assurance process from 1 April 2018 onwards was announced by DoH in August 2017 recognising that for many of the standards a more appropriate assurance mechanism already exists, or could be readily put in place, to enable Chief Executives as Accountable Officers, to discharge their responsibilities and provide assurances to the Department, the Assembly and the public.

1.1.3 On 11 September 2017 the DoH wrote to ALB Governance leads confirming that existing governance and accountability tools provide the Department with appropriate assurance on governance on risk management namely:

- Accountability process and sponsorship function;
- Board Governance self-assessment tool;
- Assurance Framework;
- Mid-Year Assurance and Governance Statement;
- Independent assurance – BSO Internal Audit/RQIA; and

- Management Statement/Financial Memorandum

1.1.4 In January 2003 the Department 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.

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 the Department. 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 (April 2018) 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.

## 1.2 Establishment of a Governance and Audit Committee

1.2.1 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.

1.2.2 The members of the Committee shall be appointed by the board. At any time a member of the Committee may resign or be removed by the board, and shall also cease to be a member of the Committee upon ceasing to be a board member. Any vacancy shall be filled promptly by the board.

1.2.3 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.

1.2.4 The Committee shall 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.

1.2.5 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 the board, the Chief Executive, Executive Directors and officers being present.

1.2.6 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 DoH (to the Director of Financial Management in the first instance).

### 1.3 Role

1.3.1 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.

1.3.2 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.

1.3.3 The board of the Agency have agreed that:.

- 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.
- 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.
- A designated senior manager shall serve as secretary to the Committee

1.3.4 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 relating to the matter. 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.

1.3.5 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.

1.3.6 The Chair of the Committee should report to the board on a regular basis on the work of the Committee.

1.3.7 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.

## 1.4 Terms of Reference

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

1.4.2 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.

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

1.4.4 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.

## 1.5 Composition of the Governance and Audit Committee

1.5.1 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 Committee 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.

1.5.2 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 or members of the remuneration committee.

1.5.3 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.

1.5.4 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.

1.5.5 The Non-Executive members shall select a Chairperson of the Committee from among their number.

1.5.6 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.

1.5.7 The Governance and Audit Committee will annually review the skills base to check they have the necessary skills required for an effective committee.

## **1.6 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.

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 senior manager is responsible for securing the internal audit service for the Agency. 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 nominated senior manager shall also ensure that management respond promptly to Internal Audit reports and shall monitor the performance of the Internal Audit Service on behalf of the Committee.

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

2.1.5 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. 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 Committee

## ~~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 DoH 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 The cessation of the Controls Assurance process from 1 April 2018 onwards was announced by DoH in August 2017 recognising that for many of the standards a more appropriate assurance mechanism already exists, or could be readily be put in place, to enable Chief Executives as Accountable Officers, to discharge their responsibilities and provide assurances to the Department, the Assembly and the public.~~

~~1.1.3 On 11 September 2017 the DoH wrote to ALB Governance leads confirming that existing governance and accountability tools provide the Department with appropriate assurance on governance on risk management namely:~~

- ~~• Accountability process and sponsorship function;~~
- ~~• Board Governance self-assessment tool;~~
- ~~• Assurance Framework;~~
- ~~• Mid-Year Assurance and Governance Statement;~~
- ~~• Independent assurance – BSO Internal Audit/RQIA; and~~
- ~~• Management Statement/Financial Memorandum~~

~~1.1.4 In January 2003 the Department 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 the Department. 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 (MarchApril 2014<sup>8</sup>) 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 subsequence 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 Committee 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 DoH (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**

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#### **1.0 Remit and Constitution**

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- 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.

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 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;
- Director of Human Resources, BSO, 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/her 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 ~~February~~ November  
2019

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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 (DoH) 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, 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 DoH 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 section 12); 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 to 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 Audit and Risk Assurance Committee Handbook (NI) 2018 (DAO (DoF) 03/18), 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 DoF'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 DoH (to the Director of Finance (ref. Para 1.2.6) in the first instance). All incidents of fraud must be reported consistent with DoH 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 HSC 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 DoH 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 DoH.

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) 47/2016) ,which should be used to describe internal audit findings and when providing their overall opinion at year end. The descriptors are 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 DoH 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 DoH 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 DoH 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 DoH 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 DoH. 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 DoH Finance Manual.

3.1.3 Any sums received on behalf of the Minister for Health 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 DoH;
- (b) ensure money drawn from the DoH 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 DoH.

## **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 DoH. 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 DoH 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 are 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 DoH; 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 DoH and the Treasury, the PHA's accounting policies, and generally accepted accounting practice;
  - (b) prepare and submit annual financial reports to the DoH certified in accordance with current guidelines; and
  - (c) submit financial returns to the DoH for each financial year in accordance with the timetable prescribed by the DoH.
- 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 DoH's 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 DoH.
- 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 DoH 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 DoH 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 DoH'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 DoH 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 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 DoH Mini-Code Guidance.**

Northern Ireland Public Procurement Policy, Directives by the Council of the European Union and Guidance on procurement matters promulgated by the DoH 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 DoH Guidance**

The PHA shall comply as far as is practicable with the requirements of the DoH "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 DoH guidance on the Use of Professional Services as set out in HSC(F) 25/2012 and updated in the letter FD (DoF) 08/17.

## 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 DoH); 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 DoH 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 (DACs) encompassing Single Tender Actions / Waiving of Competition above £5540,000
- Guidance has been issued from DoH in the form of circular HSC(F) 05/2012 and HSC(F) 58/2016 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~~Direct Award Contract (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 DoF and DoH 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~~direct award contracts. Please refer to Public Contracts Regulations 2006 and amending regulations 2009 and 2011, and circulars HSC(F) 05/2012 and HSC(F) 58/2016. 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 DoH 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 DoH 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 DoH 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) 53/2016.

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)** 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 DoH Mini-code Guidance.

##### ~~8.7.2 Competitive Quotations~~

- ~~(a) Quotations should be obtained in accordance with the DoH 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 **£2510,000**,

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) 47/2015;
- (b) Where the sum exceeds delegated limits, a business case must be referred to the appropriate DoH 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 Health 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 DoH 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 DoH 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~~ Direct Award Contract 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 DoH 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 3<sup>rd</sup> 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 SLAs) 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 DoH and full support and latest guidance may be accessed at <http://www.health-ni.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 SLAs 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 SLAs 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 SLAs 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 DoH 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 DoH 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, etc., for employees.
- 11.3.3 In accordance with DoH & 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.
- 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 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;
  - (l) 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 DoH 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 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 DoH guidance and circulars;
- (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 DoH 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 guidance issued by the DoH.
- 12.4.2 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.

- 12.4.3 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.
- 12.4.4 The first payment should only be made on receipt of confirmation from the Organisation that the project is to commence within 6 weeks.
- 12.4.5 Subsequent payments must only be released upon receipt of satisfactory performance monitoring information.
- 12.4.6 All payments must be advised to the Finance department on a Programme Expenditure Authorisation (PEA) form authorised in accordance with the Scheme of Delegated Authority.
- 12.4.7 If performance monitoring is not satisfactory the PHA's 'Escalation Policy' should be referred to for action to be taken.
- 12.4.8 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 DoH, (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 (£1.5m for PHA R&D), in accordance with the Capital Investment Manual and DoH guidance on delegated limits; 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 HM Revenue & Customs 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 DoH 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 DoH 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 DoH.
- 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 guidance on limiting the holdings of land & buildings to the minimum required for the performance of present and clearly foreseen responsibilities as issued by DoH.
- 14.4.5 The Director of Finance (ref 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 issued by the DoH.
- 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 DoH.

#### 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 HSC 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) / HSC 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 DoH guidance.

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), DoH 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 DoH, the board shall approve the writing-off of losses.
- 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 DoH.
- 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 DoH guidance on gifts and hospitality, 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 HSC 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;
- (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 DoH 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 DoH 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 DoH 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 DoH 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 within the Annual Report and Accounts as required by current DoH 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 HSC 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 DoH.

**PHA (Including SBNI) Scheme of Delegated Authority - December 2019**

	CASH PAYMENTS					SALARY		LEGAL	CONTRACTING /BUSINESS CASE APPROVAL			LOSSES	DIRECT AWARD CONTRACTS		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		GOODS & SERVICES EXC MANAGEMENT CONSULTANCY
CHAIR	17,500	✓	✓	17,500	0	✓	0	0	0	0	0	0	0	0	0	
CHAIR SBNI	✓	✓	✓	50,000	✓	✓	20,000	✓	0	50,000	50,000	0	✓	0	0	
CHIEF EXECUTIVE / AMT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	122,976	>663,540	Any Direct Award Contracts that require approval from the Permanent Secretary <u>must</u> be signed by the Chief Executive as Accounting Officer
<b>DIRECTORS (inc any new Directors)</b>																
Director of Operations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	122,976	>663,540	EU THRESHOLD - G&S 122,976 and £663,540 for Health and Social Care Commissioned Services from 1st January 2020 - (if this changes it will be automatically updated)
Director of Public Health	✓	✓	✓	100,000	0	✓	20,000	✓	0	100,000	100,000	0	✓	0	0	
Director of Nursing and Allied Health Professions	✓	✓	✓	100,000	0	✓	20,000	✓	0	100,000	100,000	0	✓	0	0	
Director of HSC Quality Improvement	✓	✓	✓	100,000	0	✓	20,000	✓	0	100,000	100,000	0	✓	0	0	
Director of Operations SBNI	✓	✓	✓	50,000	✓	✓	20,000	✓	0	50,000	50,000	0	✓	0	0	
<b>ASSISTANT DIRECTORS (inc any new AD's)</b>																
Assistant Directors Operations	30,000	30,000	30,000	50,000	0	✓	0	0	0	25,000	50,000	0	0	0	0	
Assistant Directors Public Health	25,000	25,000	25,000	50,000	0	✓	0	0	0	25,000	50,000	0	0	0	0	
Assistant Director R&D	25,000	25,000	25,000	60,000	0	✓	0	0	0	60,000	50,000	0	0	0	0	
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	0	
Director of ECCH	25,000	25,000	25,000	50,000	0	✓	0	0	0	0	0	0	0	0	0	
<b>Tier 4 Officers (inc any new Tier 4)</b>																
Tier 4 Operations	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	0	
Tier 4 Public Health	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	20,000	0	0	0	0	
Tier 4 R&D	10,000	10,000	10,000	35,000	0	✓	0	0	0	0	10,000	0	0	0	0	
Tier 4 Nursing & Allied Health Professions	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	0	
Professional Officer SBNI	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	0	
<b>Specified Tier 5 (No lower than band 6)</b>																
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	0	
<b>OTHERS</b>																
Director's PAs	500	500	0	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	0	
Office Managers SBNI	500	500	500	0	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.**

In relation to R&D expenditure now classified as capital expenditure, DoH have confirmed that the existing delegations for capital projects do not apply - the limit is £1.5m as per circular HSC(F) 52-2016.

In relation to other capital expenditure, the existing delegation is £250k for ICT projects and £50k for other capital projects as per circular HSC(F) 52-2016.

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.

<b>Title of Meeting</b>	PHA Board Meeting
<b>Date</b>	23 January 2020
<b>Title of paper</b>	Business Continuity Management Revised Plan and Policy
<b>Reference</b>	PHA/04/01/20
<b>Prepared by</b>	Carol Hermin
<b>Lead Director</b>	Ed McClean
<b>Recommendation</b>	<p style="text-align: center;"> <b>For Approval</b> <input checked="" type="checkbox"/> <span style="margin-left: 200px;"><b>For Noting</b> <input type="checkbox"/></span> </p>

### 1 Purpose

The purpose of this paper is to seek Board approval of the updated PHA Business Continuity Plan and Policy.

### 2 Background Information

The PHA is required to have a Business Continuity Plan as part of good governance. An annual review is carried out to ensure that the Plan is kept up to date and in line with best practice.

### 3 Key Issues

Following a 'walk-through' exercise carried out with Agency Management Team members in October 2019, the following amendments were made to the Corporate Business Continuity Plan:-

- Staff details have been updated where staff have left/joined the organisation.
- Incident Management Team and Incident Management Action Team membership and deputy lists have been updated.
- PHA priority services have been reviewed and updated to ensure these are correct.
- Strategies and tactics have been reviewed and updated to ensure these are sufficient to help manage both a short, sharp incident, such as industrial action, or a slower burn such as that anticipated in an EU Exit no-deal situation.

- The Restricted Contact Information Section has been updated in terms of structure and staffing changes. As a live document, this will continue to be kept under review to ensure details are as up-to-date as possible.

Following the 'walk-through', a paper ("PHA Contingency Planning in the event of a no-deal EU Exit") was developed to take account of potential scenarios arising from a no-deal EU Exit or Agenda for Change Industrial Action event. This document provided assurance, as requested, through the Chief Executive to the Permanent Secretary in respect of EU Exit Contingency Planning (10 October 2019).

The PHA Business Continuity Project Team has also worked with Directors and Assistant Directors to develop a PHA Fuel Distribution Emergency Plan. This is designed to facilitate the allocation of fuel cards to key staff in the event of a national fuel emergency, at such times as the Business Continuity Plan has been activated and on the instruction of colleagues within the Department for the Environment (DfE).

The Corporate Business Continuity Plan and Business Continuity Policy will continue to be kept under review and updated as appropriate in light of emerging information and potential threats and risks, to ensure that the PHA is as well prepared as possible. Business Continuity Management awareness raising will continue across the organisation.

#### **4 Next Steps**

Following approval the Corporate Business Continuity Plan and Business Continuity Policy will continue to be kept under review and updated as appropriate in light of emerging information and potential threats and risks, to ensure that the PHA is as well prepared as possible. Business Continuity Management awareness raising will continue across the organisation.

<b>Title of Meeting</b>	PHA Board Meeting
<b>Date</b>	23 January 2020
<b>Title of paper</b>	Personal and Public Involvement Update
<b>Reference</b>	PHA/05/01/20
<b>Prepared by</b>	Martin Quinn
<b>Lead Director</b>	Rodney Morton
<b>Recommendation</b>	<p style="text-align: center;"> <b>For Approval</b> <input type="checkbox"/> <span style="float: right;"><b>For Noting</b> <input checked="" type="checkbox"/></span> </p>

### 1 Purpose

The purpose of this paper is to provide the biannual update on PHA's Personal and Public Involvement work.

### 2 Background Information

To meet the PPI objectives within Outcomes 4 & 5 of the PHA Corporate Business Plan the PHA provides twice yearly updates to the Board on the progress of the PHA PPI Action Plan.

### 3 Key Issues

This report highlights the achievements that have been made in the last six month period. It focuses on the PPI Standards of Leadership, Governance, Opportunities and support for involvement, knowledge and skills and measuring outcomes.

The PHA has lead responsibility for the implementation of PPI Policy across the HSC. In the main, the PHA manages these responsibilities by working in partnership with other HSC bodies and service users and carers through the Regional HSC PPI Forum.

In a time of significant change, transformation and increased demand for professional advice, guidance and support, it is clear that the PHA has risen to the challenge and supported the system as we move along the road to Co-Production and genuine Partnership Working.

#### **4 Next Steps**

The next biannual Report will be brought to the Board in June 2020.

**Personal and Public Involvement (PPI)  
PHA Board Update January 2020**

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## Personal and Public Involvement – What is it?

PPI is the active and effective involvement of services users, carers and the public in health and social care services. Involvement can range from one-to-one clinical or social care interactions with service users and carers, in regard to their own health, through to more strategic engagements to assess needs, undertaking partnership working to co-design and co-produce services and influencing commissioning priorities and policy development. Under the HSC (Reform) Act (NI) 2009, PPI is a legislative requirement.

## The rationale for PPI – Why do it?

People have a right to be involved in and consulted with on decisions that affect their health and social care. Meaningful Involvement helps to:

- effectively identify need;
- increase efficiency through tailoring services and agreeing priorities;
- improve quality, safety and patient experience;
- reduce complaints and SAIs;
- encourage self-responsibility for health and social well-being.



## The PHA's Role

In the 2012 PPI Policy Circular, the DHSSPS confirmed and assigned to the PHA, primary responsibility for the leadership of the implementation of this key policy area across the HSC system. It requires the PHA to provide the Department of Health with assurances that HSC bodies and in particular Trusts, meet their PPI Statutory and policy responsibilities. Additional responsibilities confirmed/assigned also included:

- ensuring consistency and co-ordination in approach to PPI;
- the identification and sharing of best PPI practice across HSC;
- communication and awareness raising about PPI;
- capacity building and training;
- development of the Engage website;
- monitoring of and reporting on PPI.

## **Standard 1. Leadership**

### **Progressing PPI**

The PPI Team lead and drive the integration of PPI into HSC culture and practice using the PPI standards as the basis for our work. We undertake this work through the:

- Regional HSC PPI Forum which the PHA co-chair with a service user/carer;
- PHA internal PPI Leads Group.

In the last six month period, work has been focused on the following range of areas.

### **The Regional HSC PPI Forum**

The Forum has successfully implemented the 2018-2020 PPI Action Plan which is in line with the PPI Standards. During this period, the annual meeting with Directors responsible for PPI took place. This meeting took forward discussions in relation to the future of Transformation work post March 2020 and the need to have in place an effective monitoring process for the investments made and initiatives underway.

The Forum celebrated the start of Involve



Fest with a workshop to take forward key regional areas of work including finalising the Consultation Scheme template and progressing the recognition framework for service users and carers.

The Forum has also started to review its Terms of Reference and continues to progress work through sub-groups in key areas including training and leadership and governance.

### **PHA PPI Internal Leads Group**

As part of the ongoing PPI Internal leads group business, Assistant Directors were invited to participate in a workshop to discuss how Involvement and Co-Production continues to be integrated across all areas of PHA work. A number of high level issues were discussed including:

- How PPI, Co-Production, Community development and other areas sit in relation to each other in the organisation.
- The culture and relationships within the PHA and across Directorates/Divisions.
- The Communication of PPI and Co-Production.
- Enablers to support PPI and Co-Production.
- Showcasing, celebrating and monitoring of PPI and Co-Production.

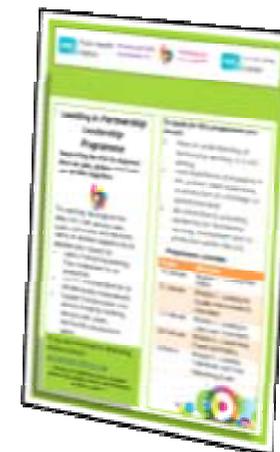
### **Transformation Funding**

The PHA has successfully lead the management of the administration of 'Involvement, Co-Production & Partnership Working' Transformation funding for DoH. In the past six months the PHA has worked

closely with the DoH to ensure that the funding of circa £500,000 has been used to support ongoing enhancement of Involvement and Co-Production at a Regional and Trust level. In line with the DoH expectations, the PHA has initiated work on the evaluation of the investments, examining the impact of these and to look at where these might lead.

## **Leading in Partnership – Leadership Programme for Involvement and Co-Production**

Following the success of this programme in 2018/19 the PHA has now commissioned two further cohorts of the ‘Leading in Partnership’ leadership programme in 2019/20. By March 2020 over 100 people including HSC staff, service users, carers and members of the community and voluntary sector will have completed the programme. Each programme to date has been over-subscribed with 80 applications received for the January 2020 intake alone.



This is a unique programme that is building the necessary leadership skills to enable continuous and effective involvement of service users and carers across all levels of the HSC, whilst supporting the principles of Co-Production, Collective Leadership and Partnership Working.

The programme is effectively:

- Developing strategic alliances across multi-disciplinary professions, service users, carers and the community & voluntary sector;
- Challenging individuals knowledge and experience of effective leadership;

- Framing effective Involvement and Co-Production leadership and professionalism in the context of current realities and challenging futures;
- Developing a consistent vision of personal leadership, positioning personal career and development plans with a wider strategic agenda;
- Developing inter-professional networks and build a learning community across health and social care.

## **Professional Advice and Guidance**

The PHA PPI team provides a vast range of professional advice and guidance across all sectors of the HSC. This is a critical service which has seen a considerable growth in the last six months. The support provided varies in nature from project to project, but in the main it entails:

- The provision of professional involvement advice and guidance
- Helping to facilitate the development of an involvement plan
- Practical support in helping the project promoter to secure service user/carer participation
- Professional involvement advice and guidance during the implementation of the work

A few examples of this type of work are referenced below:

- **Inquiry into Hyponatraemia Related Deaths (IHRD) Implementation Programme**

The PHA is proactively supporting the DoH in taking forward planning around the implementation of the recommendations from the Inquiry into Hyponatraemia Related Deaths. This is a very high profile and strategically significant programme of change and improvement for the wider HSC and it is clear the

DoH have put a lot of emphasis on the need for it to be conducted in partnership with key stakeholders including our service users, carers and the wider public.

The PHA support has been achieved via the active participation of a number of colleagues on the various IHRD workstreams, but also through the partial secondment of two of our Involvement team staff to support the DoH.

The Regional Involvement Lead, Martin Quinn, and PHA senior PPI officer Claire Fordyce, have been working with the DoH, acting as the Involvement Team for the Programme. Using their knowledge, expertise, experience and contact networks, they have:

- Supported the DoH to recruit a diverse range of service user/carers members to the Programme and provided ongoing support to facilitate their full and continued participation as partners.
- Led on the development and roll-out of an Involvement Plan for the IHRD Implementation Programme.
- Facilitated the development and roll-out of workstream specific involvement plans.
- Supported the development and ongoing roll-out of the Programme's Communication plan.
- Led on planning to support the involvement and participation of 3<sup>rd</sup> sector members.
- Contributed to the planning and delivery of the major stakeholder event held at the end of May 2019.
- Worked with the DoH and a range of partners to plan a series of engagement events, surveys, etc. during 2019 to progress further the outworking of the recommendations from the Inquiry across the workstreams.

- The Implementation programme is further supported by the participation of the Executive Director of Nursing, Midwifery and AHP's and the Assistant Director of Allied Health Professions, PPI and Patient Experience via their membership of workstream 7.

- **Encompass**



This is a HSC wide initiative with many concepts. Key to this transformative programme is the development and delivery of an Electronic Health and Care record (EHCR) for our population. The PHA PPI team continue to work closely with the encompass team to embed Involvement and Co-Production into each of their work streams. PHA is working closely with the Patient Client Council (PCC) and the Encompass team to establish initiate a recruitment exercise to identify 10 service user and carer representatives who will sit on Encompass work streams on an ongoing basis.

- **Review of Urgent and Emergency Care**

PHA senior PPI officer, Roisin Kelly is working closely with DoH to support their endeavours to ensure the inclusion of best practice. Involvement, Co-Production and Consultation methodologies are applied to the upcoming pre and full consultation stages of the review. With support from our PPI officer the Review team have now established a Co-Production Working Group, undertaken an Involvement Stakeholder Analysis, developed and initiated an Involvement Plan. This has included the Co-Production of a range of involvement initiatives including an 'attitudes and behaviours' survey completed by over 500 people at 19 urgent and emergency care sites across the region. In addition we have initiated a research review to determine key themes and a regional workshop was delivered with 70 service user,

carer, community and voluntary sector representatives in attendance. Work will continue on the involvement and pre-consultation stages of review until March 2020.

- **Elective Care**

The DoH have been progressing a pilot to address waiting lists across Elective care services across the region. In early 2020 a public consultation will commence to look at various aspects of the model including possible services and locations. Again we are working with DoH and PCC to develop a plan for the targeted involvement of service users and carers. To date, a panel of 23 service users and carers have been recruited via the PHA funded, PCC led, Make Change Together project. The PHA has led the establishment of a Co-Production Subgroup to facilitate further planning and implementation of an Elective Care Involvement Plan.

- **Strategic Frailty Oversight Group**

The main aim of the Group is to develop a regional approach to frailty using principles of collective leadership. Our senior PPI officer, Jill Munce supports the Group in identifying the role of service users and carers in the strategic direction of the HSC strategy with reference to partnership working and co design principles.

- **Dysphagia Project, swallowing difficulties**

The purpose of this project was to design regional materials and resources for use within Health and Social Care settings. The project sought individuals with or who care



for someone with swallowing difficulties (dysphagia) to co-produce and design regional materials and resources. Our senior PPI officer, Bronach McMonagle supported the project to develop an involvement plan which involved the development of a recruitment pack and role description. As a result of working alongside our PPI officer, the team reported having a great understanding of PPI; they secured two service users and went on to develop events as part of Involve Fest to showcase their good practice in PPI.

- **WHSCT Pathfinder**

The PHA Regional Lead, Martin Quinn and members of the PPI team have been working closely with the WHSCT Pathfinder team to support a review of the achievements of the programme to date. In addition the team have attended a number of meetings with Senior WHSCT to provide professional advice and guidance on the ensuring that best practice identified through Pathfinder will be mainstreamed across the wider WHSCT locality.

## **Standard 2. Governance**

### **Remuneration Framework for Service User and Carer Involvement in the HSC**

The Public Health Agency in agreement with the Department of Health have been taking forward an extensive programme of work in the last 18 months to consider the development of a 'Recognition Framework' which looks at issues surrounding reimbursement of out of pocket expenses for service user and carers. It has also included work on the subject of potential payment or recompense for service user and carer time, input and expertise in certain circumstances, in line with the direction of travel set out in the DoH Co-Production Guide.

This is a complex and sensitive area of work. There has been an extensive programme of engagement, partnership working and research on this. An update report on progress was recently submitted to the DoH which we believe provides the basis for the finalising and issuing of formal guidance on reimbursement. The report also examines and lays out the key consideration on matters of recompense. There is some further work required in this element which will be taken forward jointly by the PHA and PCC.

### **Development of Integrated Partnership Working Plan for PHA**

In line with the Commissioning Plan Direction for 2019/20 the PHA are required to develop a plan that integrates a number of related areas such as Involvement, Co-Production, PCE, 10,000 more voices etc into one organisational 'Partnership Working' plan. DoH provided guidance on this in late 2019 and the PHA has initiated a process take forward the development of this.

## UK Standards for Public Involvement – Better public involvement for better health and social care research

The PHA hosted the launch of the recently developed UK wide Standards on involvement in research. The standards are designed to improve the quality and consistency of public involvement in research. They were launched on Monday 18<sup>th</sup> November at Malone House, Belfast, to coincide with Involve Fest.

The UK Standards for Public Involvement provide clear, concise statements of effective public involvement against which, improvement can be assessed. They encourage approaches and behaviours that are the hallmark of good public involvement such as flexibility, sharing and learning and respect for each other.



The standards are a description of what good public involvement looks like and are designed to encourage self-reflection and learning. They are not designed as rules, or to provide fixed ideas about public involvement - they can be used with any method or approach to involvement in research.

The standards have been developed over the last three years by a UK-wide partnership, which brings together members of the public with representatives from the National Institute for Health Research (England), the Chief Scientist Office (Scotland), Health and Care Research Wales and the Public Health Agency (Northern Ireland), working with an independent expert.

More than 40 organisations, groups and individuals across the UK used the Standards during a year-long piloting phase and were overwhelmingly positive about their experience of and the benefits from

implementing them. The PHA were a key partner in this initiative with our own involvement standards being an inspiration and acting as a pathfinder for this 4 Nation collaborative.

## **Launch of Personal and Public Involvement Regional Guides**

The PHA has led the development of a set of practical guides to support staff across the HSC to undertake high quality Involvement. The resources will provide a consistent guidance for involvement at all levels, so that staff, service users and carers have a positive and effective experience of involvement. This, in turn, will create confidence to use PPI and Co-Production approaches, build strong relationships and foster involvement expertise across HSC.

A range of guides have now been co-produced. These guides focus on Planning and Doing with further work being undertaken to co-produce Reviewing guides early 2020.

The guides launched at the Forum meeting in November were:

### **Planning**

- Key steps for involvement
- Checklist for involvement
- Developing an Involvement Plan
- Planning a formal consultation
- Communications Plan
- What should I consider when getting involved?

## Doing

- Designing a role description for service user and carer representatives
- Speaking the same language
- Recognising the difference between service user and carer representation and community and voluntary sector
- Reimbursement of expenses for service users and carers – a guide for HSC staff
- Reimbursement of expenses for service users and carers – a guide for service users and carers
- Preparing a facilitators briefing
- Understanding data protection

## Reviewing

- Measuring PPI

## **Standard 3. Opportunities and Support for Involvement**

### **PPI Communities of Practice**

PHA has been providing a leading role in this Community of Practice from a PPI perspective. This community is a tri-sectoral collaboration of PPI staff, QI staff and service users and carers.

Following the success of the GREAT checklists, this has been developed further into an online learning resource called 'Making Improvement GREAT'.

The video scenes reflect the real barriers to good engagement and how to promote best practice when co-producing new initiatives and redesigning services within the area of Quality Improvement. All were co-written and co-designed with experienced service users and family carers.

Making Improvement GREAT was launched on 17 September 2019 and was also presented at a workshop during the Involve Fest Conference in November 2019.

### **Bursary Scheme for Service Users and Carers**

The PHA, through this innovative scheme, has allocated further funding in this period for the Bursary scheme. Through it we have supported and enabled service users and carers to advance their knowledge and skills to advance their involvement in HSC.



## Engage Website

Engage is the central hub of resource and information to help support HSC staff, community and voluntary sector staff, service users, carers and the general public in relation to involvement. The site continues to promote a plethora of involvement opportunities as well sharing best practice PPI and Co-Production through the publishing of case studies.

Over the past six months, Engage has seen a substantial increase in visitors with just under 5,000 accessing the site. During Involve Fest there was an increase in access to the site by over 60%; 95% of which were new users.

A process to re-develop particular areas of the site has begun, this has been directed by the Engage Steering group. Planned changes will focus on making the site easier to navigate in addition to adding more appealing visuals and ensuring the use of jargon is addressed.

## Involve Fest

Initiated and led by the PHA Involve Fest was a major Regional Celebration of service user and carer Involvement in Northern Ireland. The festival celebrated and highlighted the invaluable contribution service users and carers make to health and social care.

The planning was a highly collaborative initiative with over 20 people on the working group from HSC services, Trusts, Community and Voluntary sector, universities and service users / carers.



From 18 – 23<sup>rd</sup> November, over 60 events took place throughout the region with over 2,000 people participating.

A selection of events included:

- Involvement Conference: An opportunity to learn from some of the most innovative and creative involvement examples.
- The Chairman's awards for Involvement
- Launch of the UK Standards for Public Involvement in Research (A 4 nations project)
- Brendan McKeever, Book Launch (User Involvement – More than Words)
- Bizz in the Priz. A co-produced comic book between prisoners and officers.
- A plethora of involvement stands throughout all Trust areas.

56 departments and organisations contributed to the events calendar showing an inspiring level of partnership and collaborative working. A evaluation of the event is currently ongoing and a report will be produced in early 2020.

## **Shared Learning Group**

The Shared Learning group is made up of a plethora of national charities as well as regional community and voluntary organisations. The purpose of the group is to promote PPI and involvement throughout the 3<sup>rd</sup> sector, in addition to sharing best practice and learning. During this period, the shared learning group held a planning event to re-visit the terms of reference and create tangible actions going forward. In early 2020 the group will explore the idea of developing and launching five Trust wide Shared Learning Groups with an annual regional networking event.

## **Standard 4. Knowledge and Skills**

### **Involvement and Co-Production training**

The PHA has successfully provided a range of relevant training opportunities for HSC Staff, Service Users, Carers, Community and Voluntary Sector colleagues. This is done in line with our responsibilities as set out in the Departmental Circular of 2012, the PHA working through the Regional HSC PPI Forum has been at the forefront of co-producing training programmes for Involvement.

The Engage and Involve resource, both the hard copy taught programme, materials and the e-learning components for staff, service users and carers have been endorsed by the DoH and are recognised as the core training and development tools for Involvement.

This year PHA has focused on the commissioning specialised training for specific related areas. In the last six months approximately 120 people have availed of training initiatives delivered and commissioned by the PHA. This included:

- Delivery of Facilitation Skills training
- Bespoke one to one training for PHA staff
- Leading in Partnership – Leadership Programme for Involvement and Co-Production
- Undergraduate and Postgraduate training at QUB, UU and HSC Leadership Centre
- Delivery of bespoke information sessions for a range of areas as requested





In addition, the PHA is working closely with colleagues in DoH, Clinical Education Centre (CEC) to establish best practice training and development opportunities in Co-Production and Partnership Working.

As part of the suite of training to support the development of skills and knowledge, an introduction to Citizen Space was again offered to PHA staff. The on-line platform is designed to provide a structure for on-line consultations or surveys and

is now being effectively utilised by PHA for various engagement needs including the Diabetic Eye Screening consultation.

Further training and development is planned for early 2020, this will include an Executive level briefing session, skills based training and leadership development.

Through this we are aiming to build a cohort of people with knowledge, expertise and experience in involvement and co-production as we seek to build a critical mass of people to change the HSC culture to a truly person centred service.

## **Standard 5. Measuring outcomes**

### **PHA Monitoring**

Following the PHA monitoring and audit reports in early 2018, further work has been undertaken at corporate and directorate levels to support the embedding of PPI into the culture and practice of PHA staff. Planning is underway to develop Divisional Involvement and Co-Production Plans that will support in depth monitoring reports at Directorate level.

### **External Monitoring**

As part of our ongoing Involvement monitoring responsibilities, Trusts were assessed by the PHA, against their responses to recommendations from the previous round of Involvement monitoring, through a desktop exercise. An overview report, which is a summary of these responses and whether they met, didn't meet or partially met the recommendations from 2017/2018. An individual report was also completed for each HSC Trust, which outlined their progress against the recommendations previously set out for them. All reports were forwarded to the Department of Health for their consideration.

### **Commissioning of Monitoring Research**

The PHA commissioned research from Community Evaluation NI (CENI) to consider how to practically apply the outcome indicators in measuring involvement and co-production in relation to the Transformation funding. Furthermore, we agreed to consider how these measurement metrics and others, may be used in assessing impacts and outcomes from involvement and Co-Production as we

move forward. PHA will continue these discussions with the Department of Health in terms of future monitoring.

<b>Title of Meeting</b>	PHA Board Meeting
<b>Date</b>	23 January 2020
<b>Title of paper</b>	Epidemiology of Tuberculosis in Northern Ireland Annual Surveillance Report 2018
<b>Reference</b>	PHA/06/01/20
<b>Prepared by</b>	Mark O'Doherty, Emma Dickson, Emma Walker and Michael Devine
<b>Lead Director</b>	Adrian Mairs
<b>Recommendation</b>	<p style="text-align: center;"> <b>For Approval</b> <input type="checkbox"/> <span style="float: right;"><b>For Noting</b> <input checked="" type="checkbox"/></span> </p>

### 1 Purpose

The purpose of this report is for members to note the surveillance report for epidemiology of tuberculosis in Northern Ireland for 2018.

### 2 Background Information

This is the *Epidemiology of Tuberculosis in Northern Ireland Annual Surveillance Report 2018* collated by the Respiratory Surveillance Team of the Health Protection Directorate. The report presents the epidemiological data for tuberculosis (TB) cases reported in Northern Ireland from 1 January 2018 to 31 December 2018. The outcome of TB treatments presented in this report are collected annually and reported in retrospect for individuals notified to the Public Health Agency between 1 January 2017 and 31 December 2017. Data from previous years is also included for comparative purposes and to give indications of trends in TB epidemiology.

### 3 Key Issues

There were 56 cases of TB notified in Northern Ireland in 2018 giving the lowest recorded rate in Northern Ireland of 3.0 cases per 100,000 population. This rate was also lower than the rates reported in England, Scotland, Wales and the Republic of Ireland in 2018.

The highest average rate of TB was reported in those aged 65 years and over (5.8 cases per 100,000 population) in 2016-2018.

The highest rates of TB continue to be reported in those born outside the UK/Ireland (42.4 cases per 100,000 population in 2016-2018).

In 2018, 71% of TB cases had a pulmonary component.

There were <5 TB cases recorded as resistant to first line drug treatment in 2018 and there were no multi-drug resistant TB cases reported.

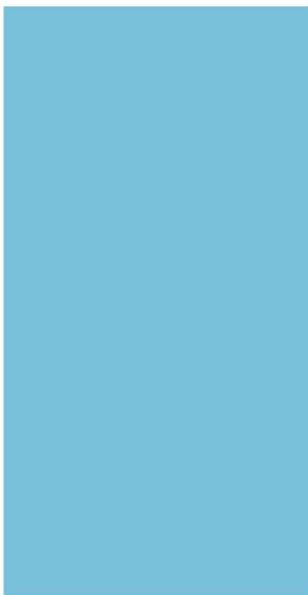
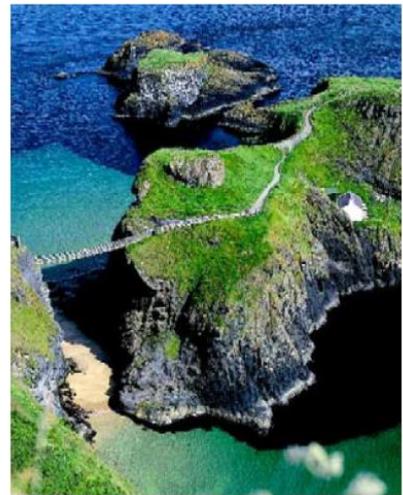
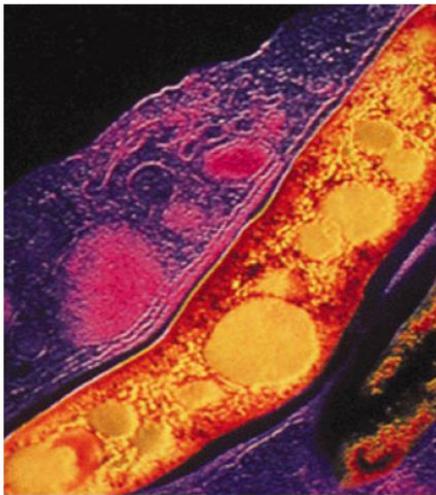
The proportion of drug sensitive TB cases that completed treatment by 12 months, an indicator of the quality of the TB service, was 78% (n=50/64) in 2017.

#### **4 Next Steps**

This report has been published on the PHA website.

# Epidemiology of Tuberculosis In Northern Ireland

Annual Surveillance Report 2018



## Acknowledgements

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The Public Health Agency Northern Ireland gratefully acknowledges all those who contributed to this report, including; physicians, nurses, microbiologists, laboratory staff, and administrative staff who provide or contribute information on the surveillance of tuberculosis.

## Authors

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## Key Points

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- There were 56 cases of tuberculosis (TB) notified in Northern Ireland in 2018 giving the lowest recorded rate of TB in Northern Ireland of 3.0 cases per 100,000 population.
- The average rate of TB was 3.8 cases per 100,000 population in 2016-2018.
- The average rates of TB were highest in the Southern Health and Social Care Trust at 7.5 cases per 100,000 population in 2016-2018.

### Demographic characteristic

- The highest average rates of TB were observed in those aged 65 years and over at 5.8 cases per 100,000 population in 2016-2018.
- The proportion of TB cases born outside the UK/Ireland was 57% (n=32/56) in 2018. The average rate was highest in this population at 42.4 cases per 100,000 population in 2016-2018.

### Clinical characteristics

- The average rate of pulmonary TB in Northern Ireland was 2.4 cases per 100,000 population in 2016-2018.
- The average rate of non-pulmonary TB in Northern Ireland was 1.4 cases per 100,000 population in 2016-2018.

### Microbiology

- 64% (n=36/56) of TB cases were culture confirmed in 2018.

### Drug resistance

- In 2018, <5 culture confirmed TB cases were recorded as resistant to first line treatment.

### Treatment outcome

- The proportion of drug sensitive TB cases that completed treatment by 12 months, an indicator of the quality of the TB service, was 78% (n=50/64) in 2017.

## Introduction

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This report presents the epidemiological data for tuberculosis (TB) cases reported in Northern Ireland from 1 January 2018 to 31 December 2018. This report also presents data from previous years for comparative purposes and to give indications of trends in TB epidemiology.

The outcome of TB treatments are collected annually and reported in retrospect. The treatment outcomes reported in this report are for those individuals notified to the Public Health Agency (PHA) from 1 January 2017 to 31 December 2017.

There may be slight differences in numbers of TB cases quoted in the UK National TB report compared with this regional report, principally due to differences in time of data extraction and analysis between the two reports. This regional report takes account of late notifications that may have been reported after the national data extraction process has taken place.

## Definitions

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**Notified case:** Refers to clinically active disease caused, or thought to be caused, by infection with organisms of the *Mycobacterium tuberculosis* complex (*Mycobacterium tuberculosis*, *Mycobacterium bovis*, *Mycobacterium africanum*).

**Culture confirmed cases:** Where the diagnosis has been confirmed by culture as *M. tuberculosis*, *M. bovis* or *M. africanum*.

**Other than culture confirmed cases:** In the absence of culture confirmation, a case with a clinician's judgement that the patient's clinical and/or radiological signs and/or symptoms are compatible with TB *and* a clinician's decision to treat the patient with a full course of anti-tuberculosis treatment<sup>1</sup>.

**Pulmonary tuberculosis:** A disease involving the lung parenchyma and/or tracheobronchial tree, with or without extra-pulmonary tuberculosis diagnosis<sup>1</sup>.

**Sputum smear result:** Sputum smear positive TB is defined as a positive microscopy result on spontaneously produced or induced sputum.

**Multi-drug resistance (MDR):** Resistance to at least isoniazid and rifampicin<sup>1</sup>.

**Extensively-drug resistant (XDR):** MDR case with additional resistance to any fluoroquinolone and at least one of the second-line drugs (capreomycin, karamycin, amikacin)<sup>1</sup>.

**Health and Social Care Trusts (HSCTs) in Northern Ireland:** There are five HSCTs in Northern Ireland; Belfast (BHSCT), South Eastern (SEHSCT), Northern (NHSCT), Southern (SHSCT) and Western (WHSCT).

**Treatment outcome:** A patient is defined as having completed treatment if; a) the case was reported, b) the patient completed a full course of treatment and c) was officially discharged by the attending physician.

## Methodology

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### Data collection

Completed TB notification forms are forwarded to PHA in Northern Ireland where the information is entered onto a secure database. Treatment outcome forms are generated and forwarded, approximately 12 months after initial notification, to the patient's clinician, who then returns them to the PHA. This information is then appended to the initial notification details.

Information on *M. tuberculosis* complex isolates is obtained from local hospital diagnostic laboratories and the mycobacterial reference laboratory. Collected data include species (*M. tuberculosis*, *M. bovis* and *M. africanum*), specimen type, strain type and drug susceptibility.

Data on cause of death, including TB, are also collected from the Northern Ireland Statistics and Research Agency (NISRA).

Datasets are validated (using laboratory reports and anti-microbial susceptibility information), updated and analysed.

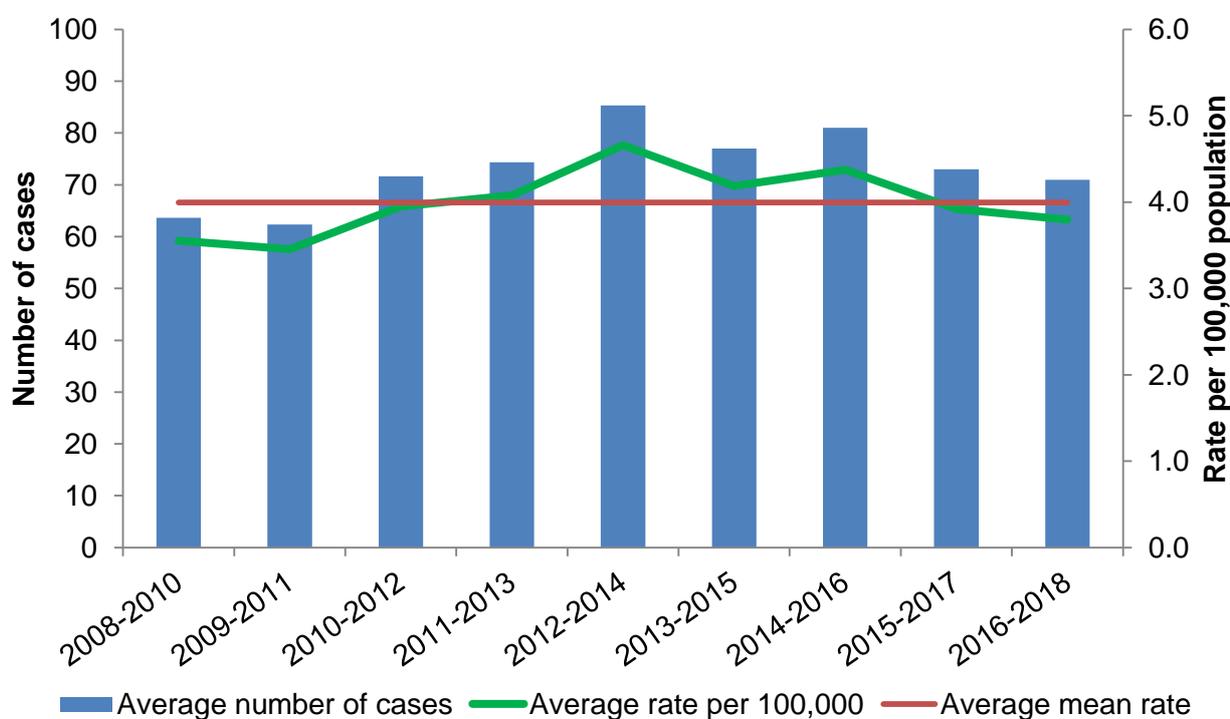
### Data analysis

Data are entered onto the PHE National Enhanced TB Surveillance database and analysed. TB rates per 100,000 population, stratified by age, sex and HSCT in Northern Ireland, are calculated using the mid-year estimates of the Northern Ireland population from NISRA. Three-year moving averages are calculated, where possible, as relatively small differences in the number of cases each year can give rise to substantial percentage changes due to small numbers and considerable year to year variation. Summary information on cases is reported only if the numbers do not risk data confidentiality.

## Results

### Overall number of cases and rates of infection

Northern Ireland is a low incidence region for TB averaging 4 cases per 100,000 population. In 2018, a total of 56 cases of TB were reported giving a rate of 3.0 cases per 100,000 population, which is the lowest recorded rate in Northern Ireland. The three-year moving average numbers and rates of notified TB cases between 2008 and 2018 are shown in Figure 1. The average rate in 2016-2018 was similar to that in 2015-2017, 3.8 TB cases per 100,000 compared to 3.9 per 100,000. The average number of TB cases was also similar, 71 cases for the period 2016-2018 compared to 73 for 2015-2017.



**Figure 1: Three-year moving average numbers and rates of TB cases, Northern Ireland, 2008-2018**

In 2016-2018, the average TB rate was highest in SHSCT at 7.5 cases per 100,000, similar to the previous period (2015-2017) when the rate in SHSCT was also highest at 7.4 per 100,000. The average number of TB cases in SHSCT was 29 in 2016-2018 (28 cases in 2015-2017). The average TB rates and average number of cases decreased in BHSCT and SEHSCT between 2015-2017 and 2016-2018, whilst remaining relatively stable in the NHSCT and WHSCT (Figures 2 and 3).

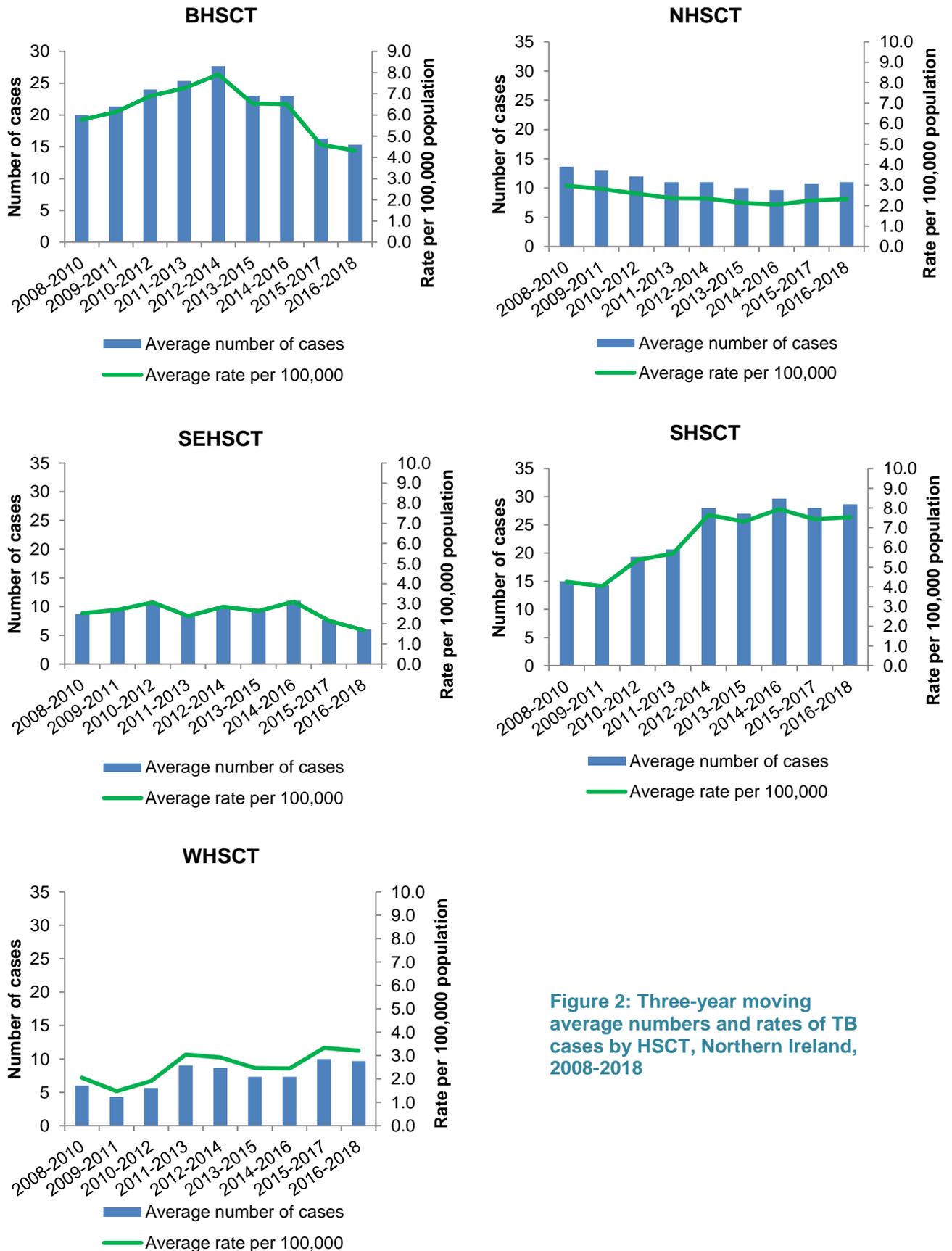


Figure 2: Three-year moving average numbers and rates of TB cases by HSCT, Northern Ireland, 2008-2018

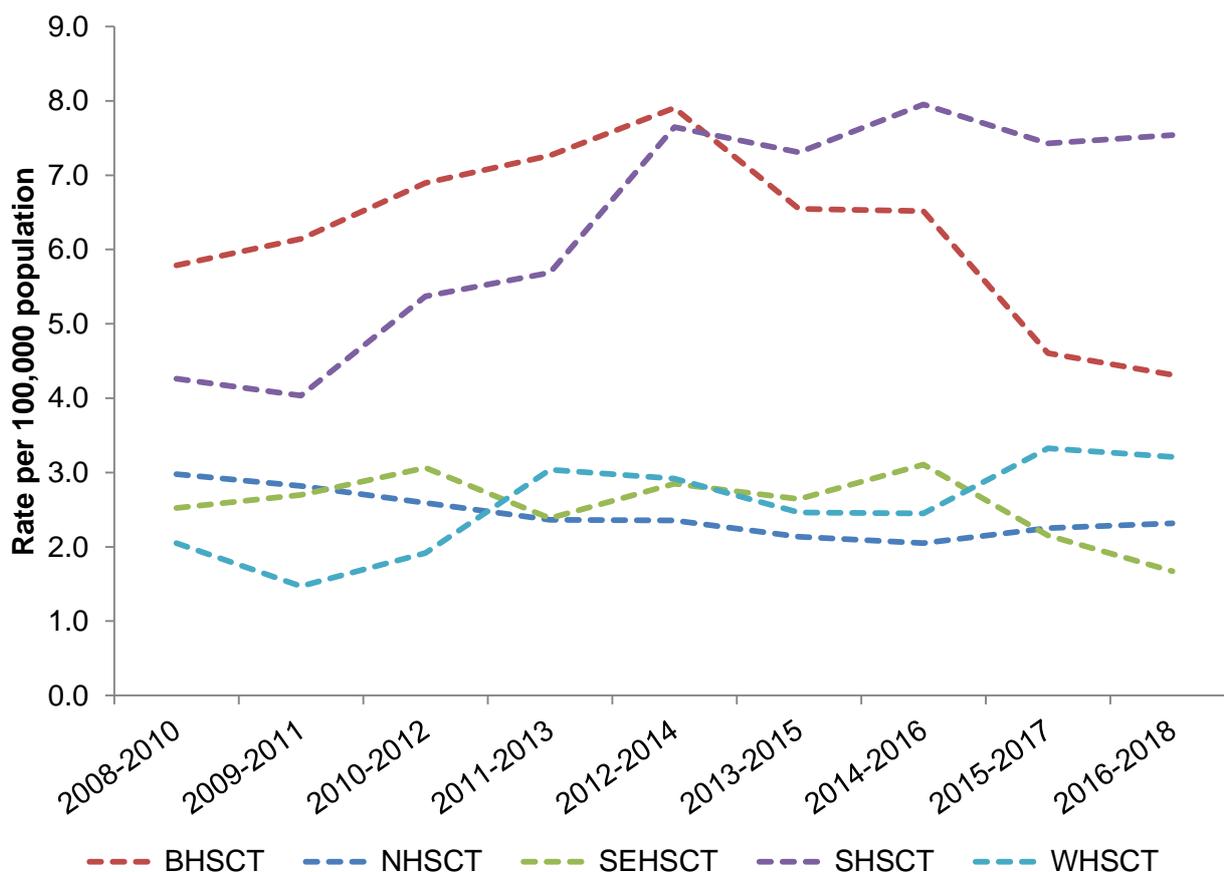


Figure 3: Three-year moving average rates of TB cases by HSCT, Northern Ireland, 2008-2018

## Demographic characteristics

### Age and gender

Of the 56 notified cases of TB in 2018, 70% (n=39/56) were male and 30% (n=17/56) were female. The ages ranged from 12 years to 90 years, with a median age of 49 years and a mean age of 50 years.

Patients aged 15-44 years accounted for the majority of cases reported in 2018, 41% (n=23/56), a decrease from 2017 when this group accounted for 49% of cases.

However, the average rate of TB remained highest in those aged 65 years and over at 5.8 cases per 100,000 population in 2016-2018, which was a slight increase from 5.5 cases per 100,000 in 2015-2017. The average TB rate remained relatively stable in those aged 0-14 years in 2016-2018, whilst the rate decreased slightly in those aged 15-44 years. The

average TB rate increased from 3.9 cases per 100,000 in 2015-2017 to 4.2 per 100,000 in 2016-2018 in those aged 45-64 years (Figure 4).

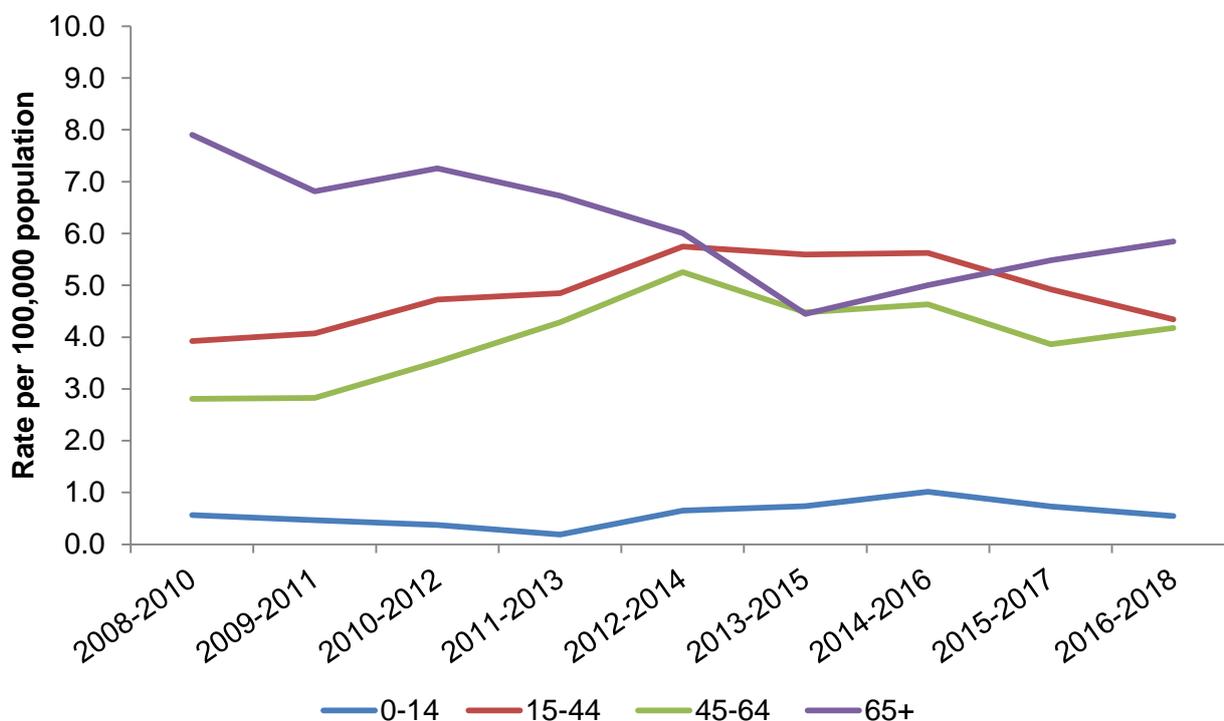


Figure 4: Three-year moving average age-specific disease rates of TB cases, Northern Ireland, 2008-2018

### Place of birth

In 2018, 57% (n=32/56) of TB cases were born outside the UK/Ireland, an increase compared with 2017 when the proportion was 51%. The highest average rates of TB remained in those born outside the UK/Ireland at 42.4 per 100,000 in 2016-2018 (40.6 per 100,000 in 2015-2017). The average rate of TB in the UK-born population remained relatively stable at 2.0 cases per 100,000 population in 2016-2018 compared with 2.2 per 100,000 in 2015-2017 (Figure 5).

In 2018, the highest proportion of UK-born TB cases occurred in those aged 65 years and over (50%, n=12/24). In comparison, the highest proportion of non-UK born TB cases were in those aged 15-44 years (56%, n=18/32).

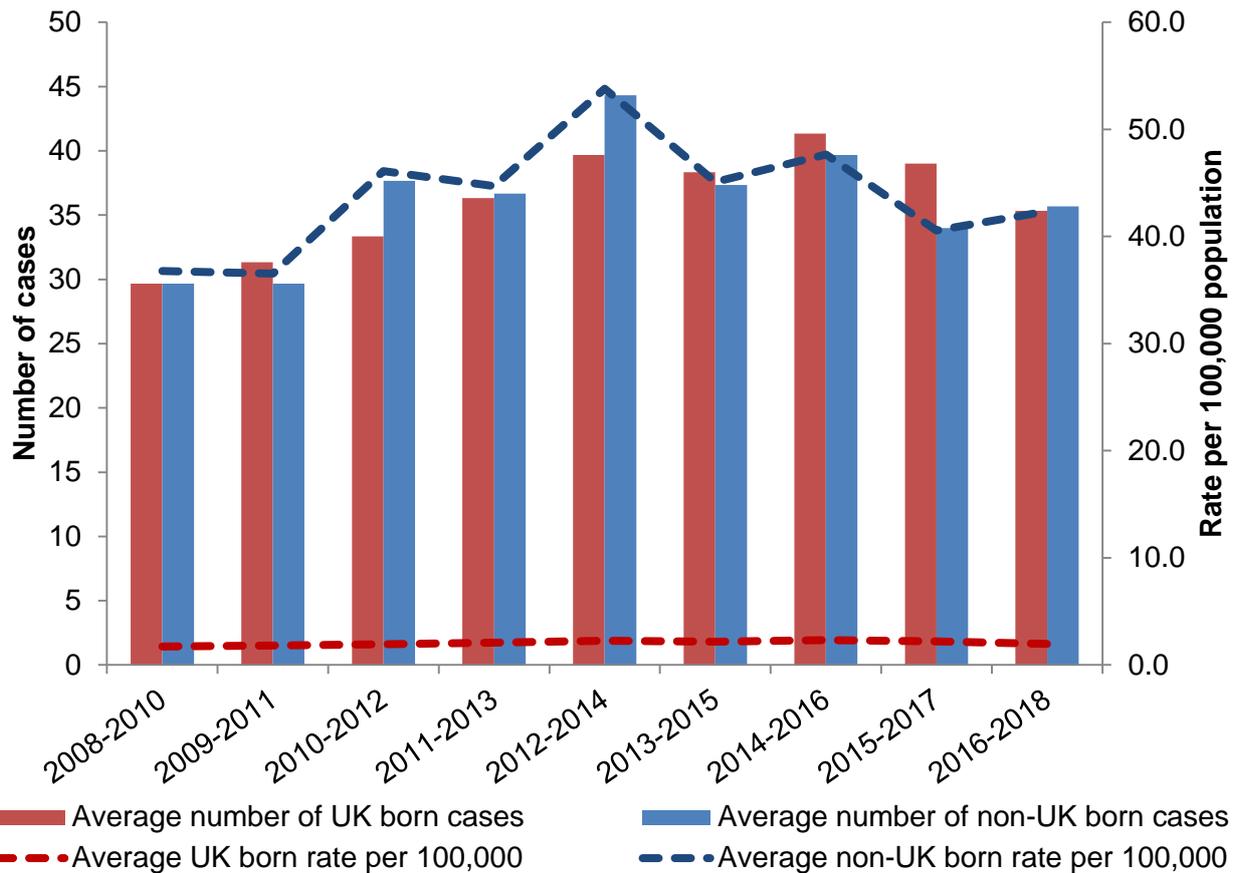


Figure 5: Three-year moving average numbers and rate of UK-born and non-UK born TB cases, Northern Ireland, 2008-2018

### Time from entry to UK to diagnosis

Time from entry into Northern Ireland until TB diagnosis in 2018 was known for 81% (n=26/32) of cases born outside the UK/Ireland. Of these, the majority were diagnosed between three and nine years of entry (54%, n=14/26).

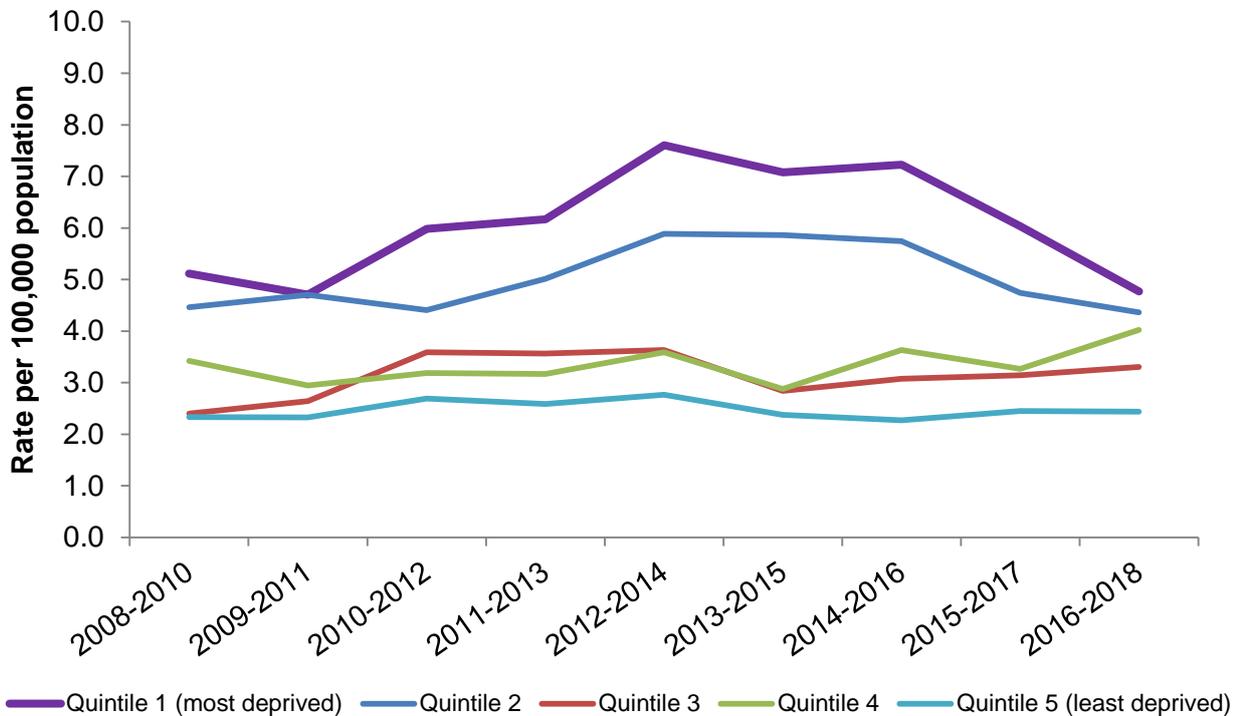
### Social risk factors

In 2018, 18% (n=10/56) of TB cases were reported as having at least one social risk factor. The risk factors associated with the cases were reported as being homeless and/or a history of alcohol misuse/abuse and/or a history of drug misuse/abuse and/or were in prison in the last five years. However, non-reporting of risk factors may not be indicative of there being no risk factors existing; therefore it is difficult to ascertain the true incidence.

### Deprivation

The rates of TB are falling among those in the most deprived areas but they remain almost twice that of those living in the least deprived areas. In 2016-2018 the average rate of TB in

the most deprived areas of Northern Ireland was 4.8 cases per 100,000 population compared with 2.4 per 100,000 in the least deprived areas (Figure 6).



**Figure 6: Three-year moving average rate of TB cases by deprivation, Northern Ireland 2008-2018**

The Northern Ireland Multiple Deprivation Measure (NIMDM) 2017 is an overall measure of multiple deprivation experienced by people living in an area and is measured at Super Output Area (SOA) level. Commissioned output is based on Small Area Population Estimates for 890 Super Output Areas in Northern Ireland. NISRA – Deprivation Statistics branch.

## Clinical characteristics

The average rate of pulmonary and non-pulmonary TB cases in Northern Ireland remained relatively stable between 2016-2018 and 2015-2017 (2.4 vs. 2.3 cases and 1.4 vs. 1.6 cases per 100,000 population, respectively) (Figure 7).

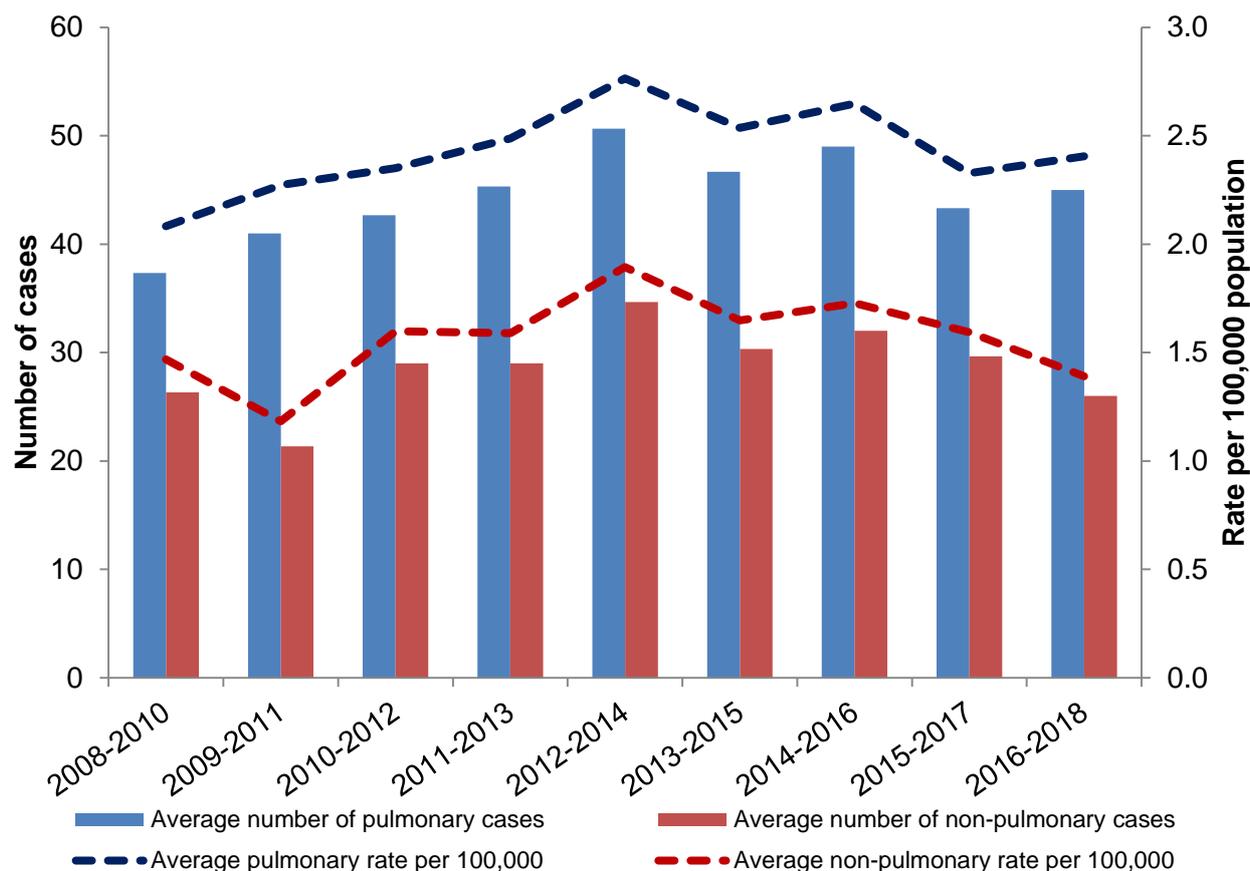


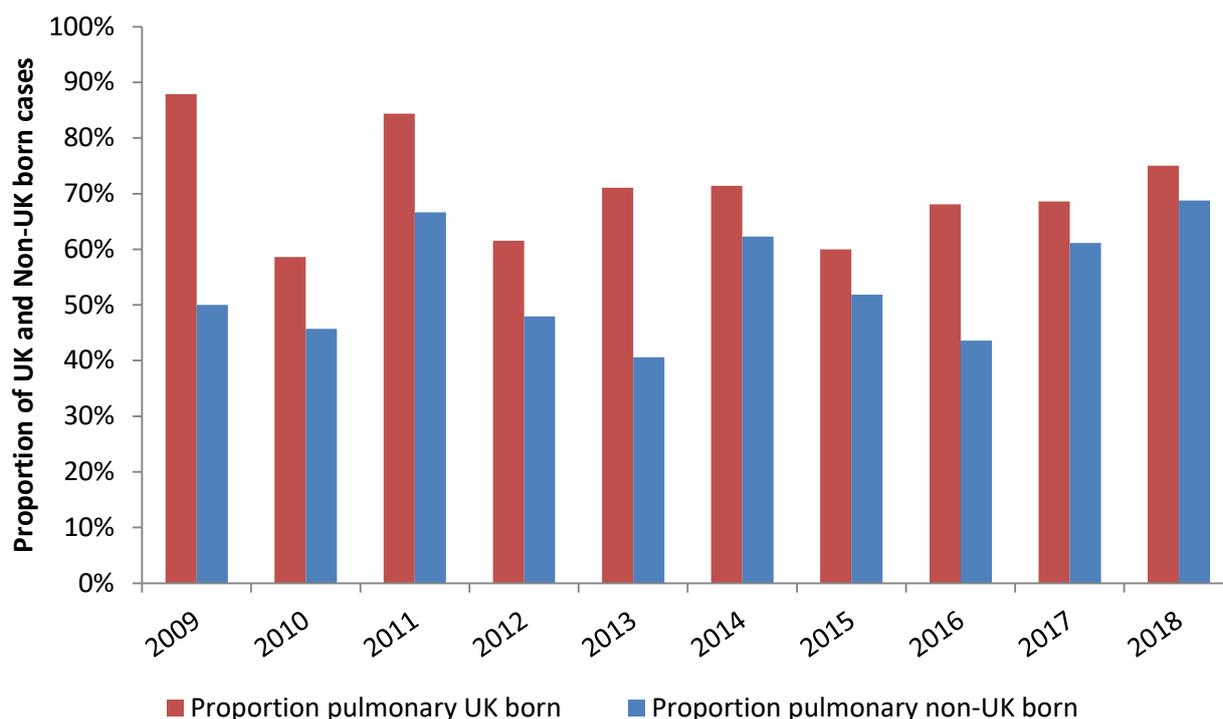
Figure 7: Three-year moving average numbers and rates of pulmonary and non-pulmonary TB cases, Northern Ireland, 2008-2018

### Site of disease

Pulmonary involvement was reported as a site of disease in 71% (n=40/56) of cases in 2018. Extra-thoracic and intra-thoracic lymph nodes were reported as a site of disease in 30% (n=17/56) of cases in 2018. Other reported sites of disease included extra pulmonary, pleural, miliary, CNS meningitis and other, gastrointestinal/peritoneal, bone joint space and other, and genitourinary. The total percentage exceeds 100% due to infections at more than one site.

### Site of disease - pulmonary

In 2018, 75% (n=18/24) of UK-born cases had pulmonary TB, which is higher compared to the proportion of cases in 2017 (69%). The proportion of pulmonary disease in those born outside the UK/Ireland also increased, from 61% in 2017 to 69% (n=22/32) in 2018 (Figure 8).



**Figure 8: Proportion of UK and non-UK born pulmonary TB cases, Northern Ireland 2009-2018**

The average rates of pulmonary TB remained similar in those aged 0-14 years (0.5 cases per 100,000 population) and 15-44 years (2.4 per 100,000) in 2016-2018, compared to the rates in 2015-2017 (0.7 and 2.5 per 100,000, respectively). The average pulmonary TB rate increased in those aged 45-64 years from 2.7 cases per 100,000 in 2015-2017 to 3.1 per 100,000 in 2016-2018. The average rate of pulmonary TB also increased in those aged 65 years and older in 2016-2018, 3.9 cases per 100,000 compared to 3.1 per 100,000 in 2015-2017.

Average pulmonary disease rates were lower in all age groups in females compared to males in 2016-2018, with the exception of those aged 0-14 years. The highest average rate of pulmonary TB in both males and females occurred in those aged 65 years and older in 2016-2018; 5.6 cases per 100,000 population in males and 2.4 per 100,000 in females (Figures 9, 10 and 11).

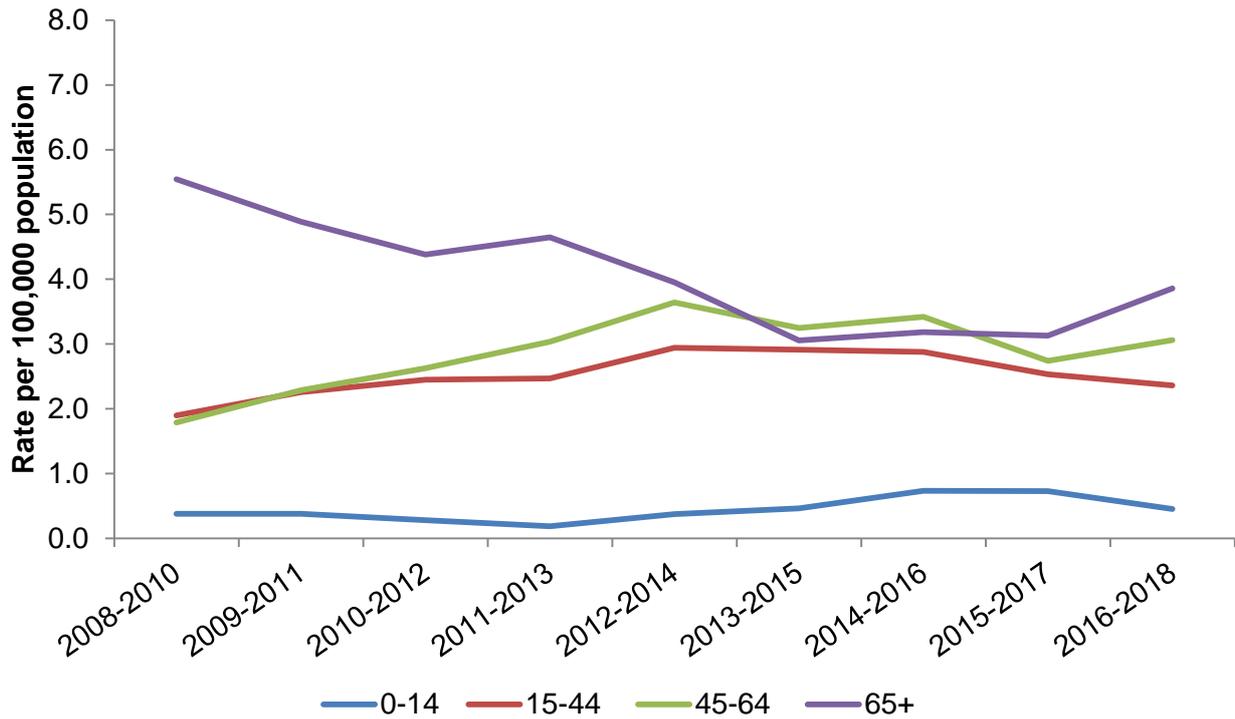


Figure 9: Three-year moving average age-specific disease rates of pulmonary TB cases, Northern Ireland, 2008-2018

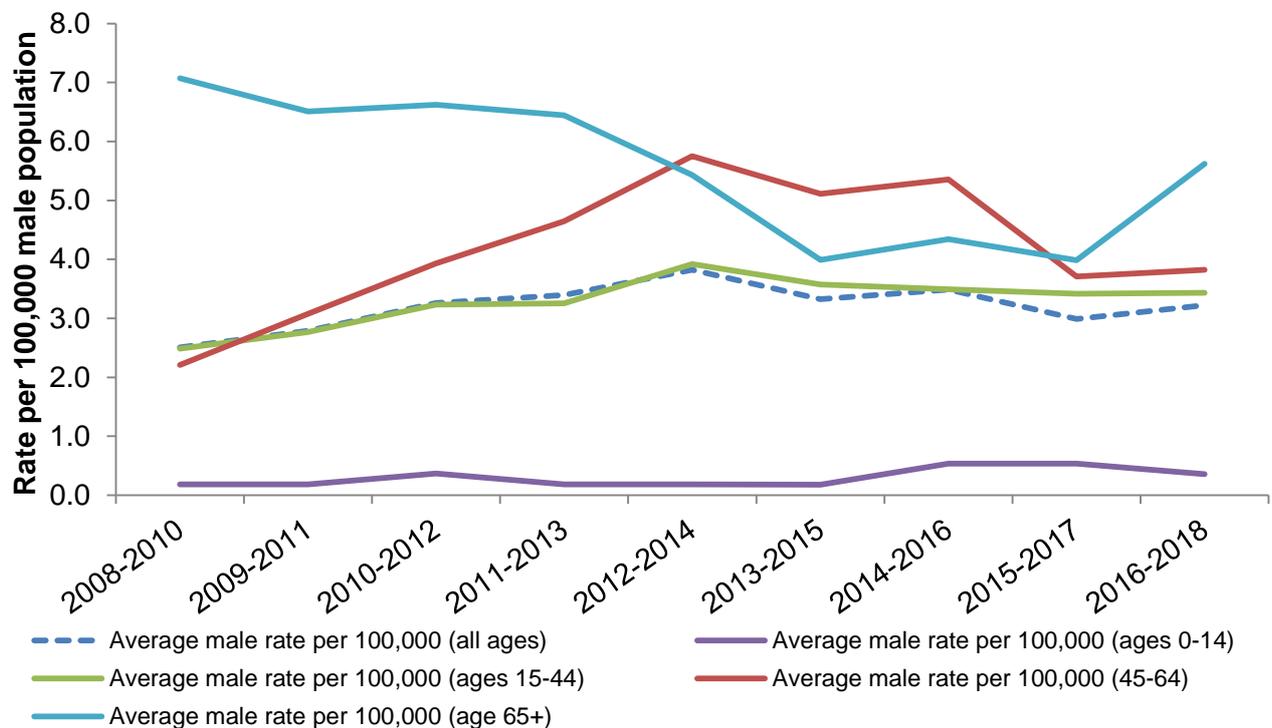
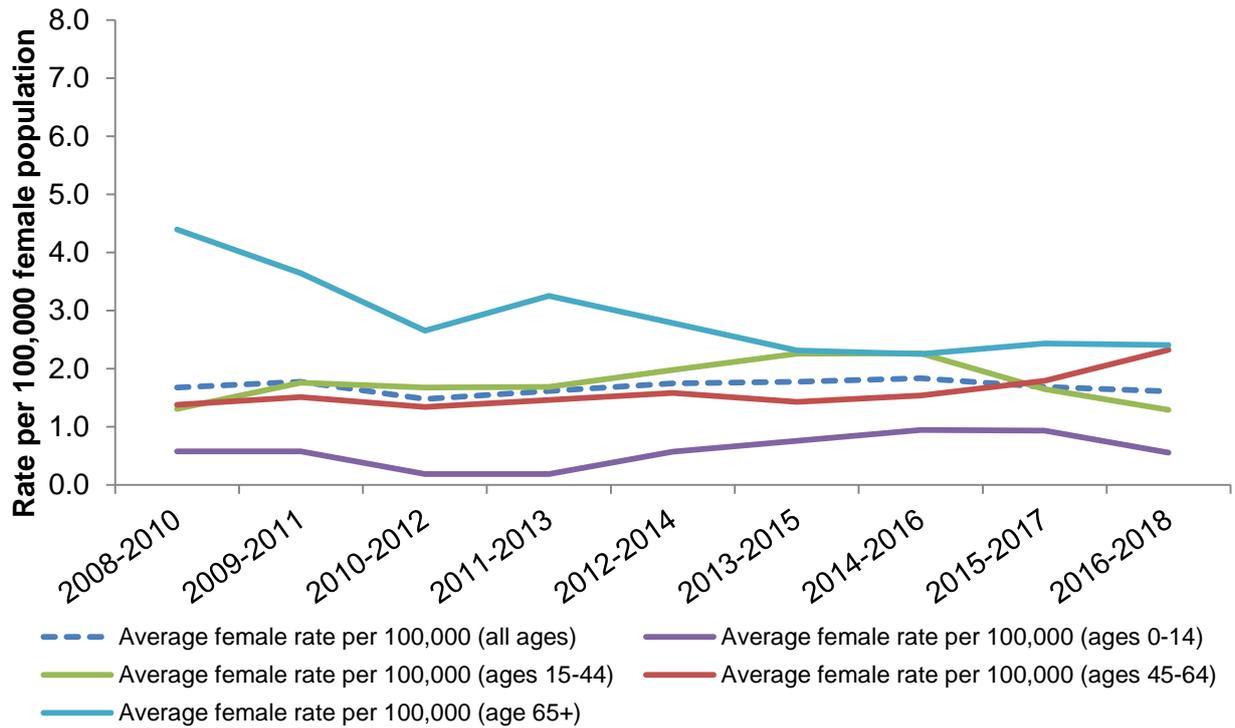


Figure 10: Three-year moving average age-specific disease rates of pulmonary TB cases in males, Northern Ireland, 2008-2018



**Figure 11: Three-year moving average age-specific disease rates of pulmonary TB cases in females, Northern Ireland, 2008-2018**

SHSCT had the highest rate of TB with a pulmonary component at 5.5 cases per 100,000 population and accounted for 75% (n=21/28) of all TB cases reported in SHSCT in 2018. SEHSCT had the highest proportion of pulmonary TB cases (80%) in 2018 with a rate of 1.1 pulmonary TB cases per 100,000 (Figure 12).

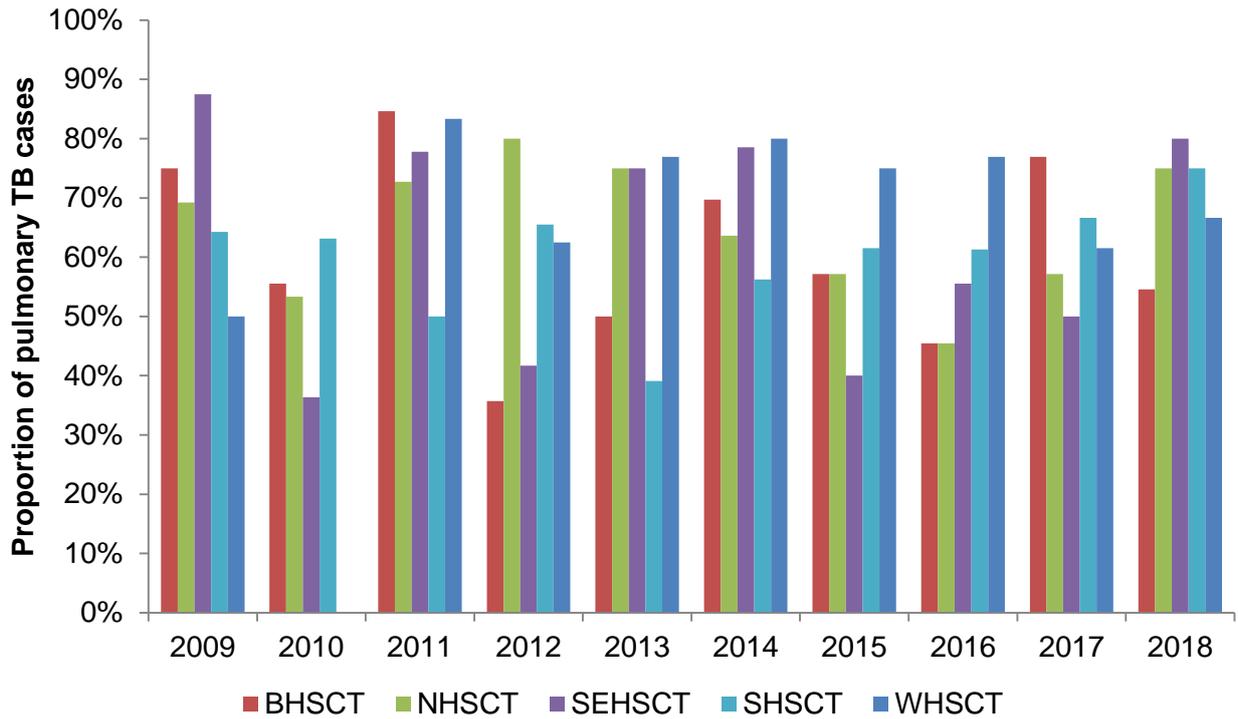
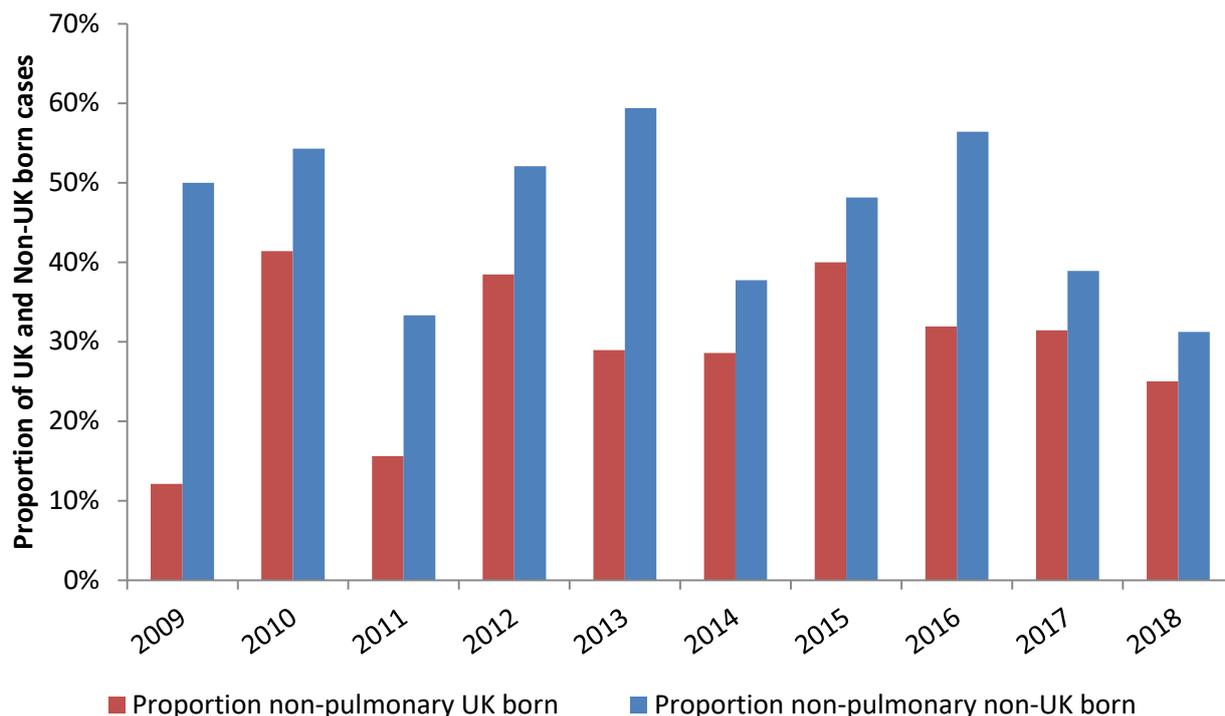


Figure 12: Proportion of TB cases in HSCTs with pulmonary infection, Northern Ireland, 2009-2018

### Site of disease - non-pulmonary

The proportion of non-pulmonary TB continued to decrease in both UK-born and non-UK born cases in 2018 compared to previous years. In 2018, 25% (n=6/24) of cases born in the UK were diagnosed with non-pulmonary TB, compared to 31% in 2017. The proportion of cases born outside the UK/Ireland who presented with non-pulmonary TB decreased from 39% in 2017 to 31% (n=10/32) in 2018 (Figure 13).



**Figure 13: Proportion of UK and non-UK non-pulmonary TB cases, Northern Ireland, 2009-2018**

The average rates of non-pulmonary TB remained similar in those aged 0-14 years (0.1 cases per 100,000 population) and 45-64 years (1.1 per 100,000) in 2016-2018, compared to the rates in 2015-2017 (0 and 1.1 per 100,000, respectively). The average non-pulmonary TB rate decreased slightly in those aged 15-44 years from 2.4 cases per 100,000 in 2015-2017 to 2.0 per 100,000 in 2016-2018. The average rate of non-pulmonary TB also decreased slightly in those aged 65 years and older in 2016-2018, 2.0 cases per 100,000 compared to 2.3 per 100,000 in 2015-2017.

Average non-pulmonary disease rates were lower in all age groups in females compared to males in 2016-2018, with the exception of those aged 65 years and older. The highest average rate of non-pulmonary TB in males occurred in those aged 15-44 years in 2016-2018 at 2.0 cases per 100,000 population. The highest average rate in females occurred in those aged 65 years and older at 2.0 cases per 100,000 population (Figures 14, 15 and 16).

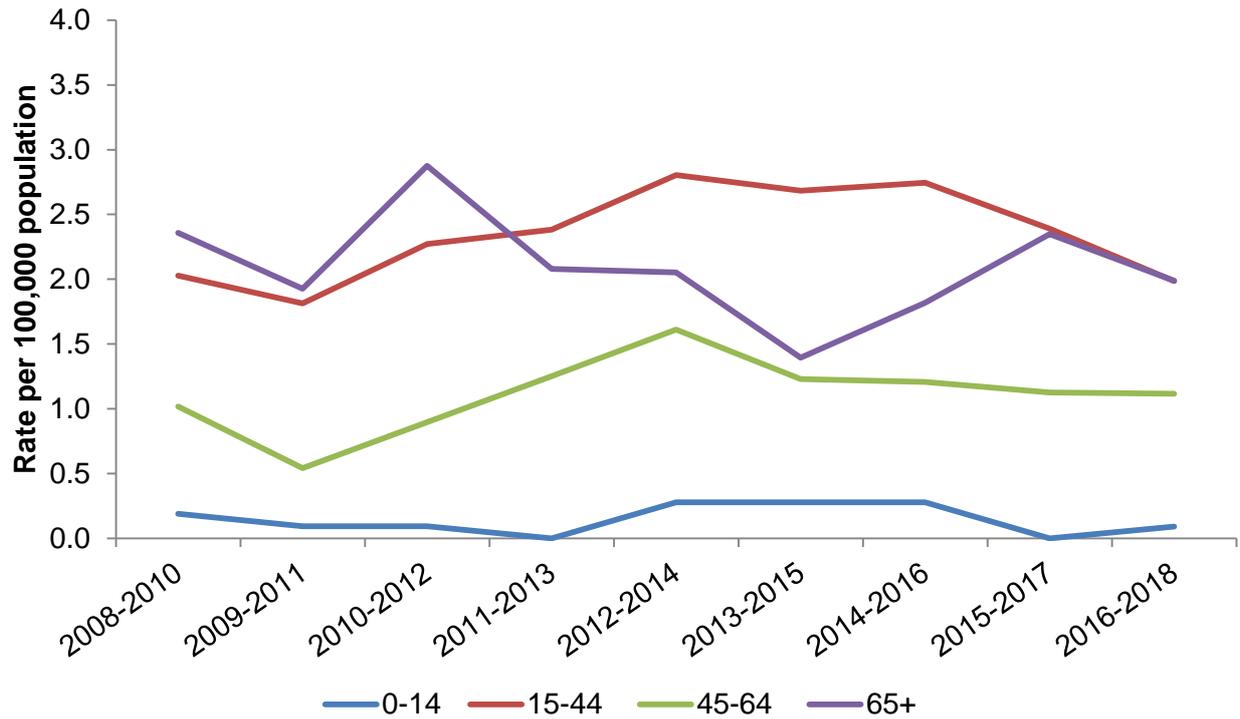


Figure 14: Three-year moving average age-specific disease rates of non-pulmonary TB cases, Northern Ireland, 2008-2018

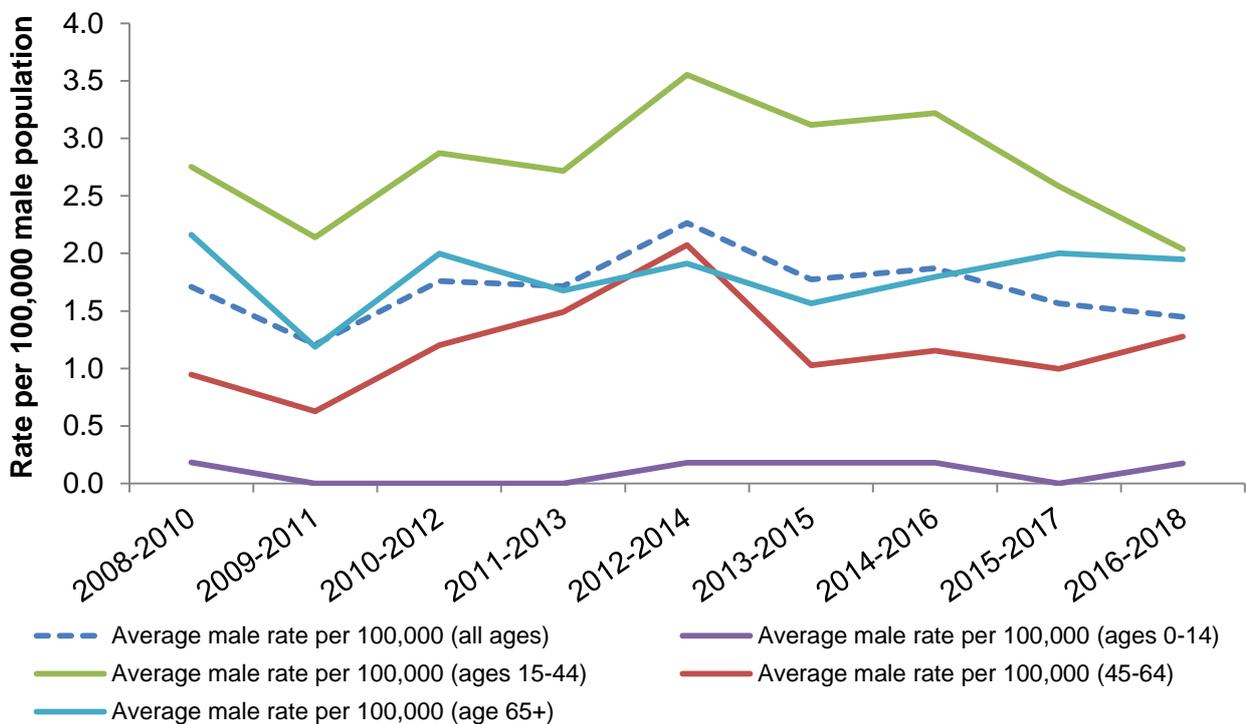
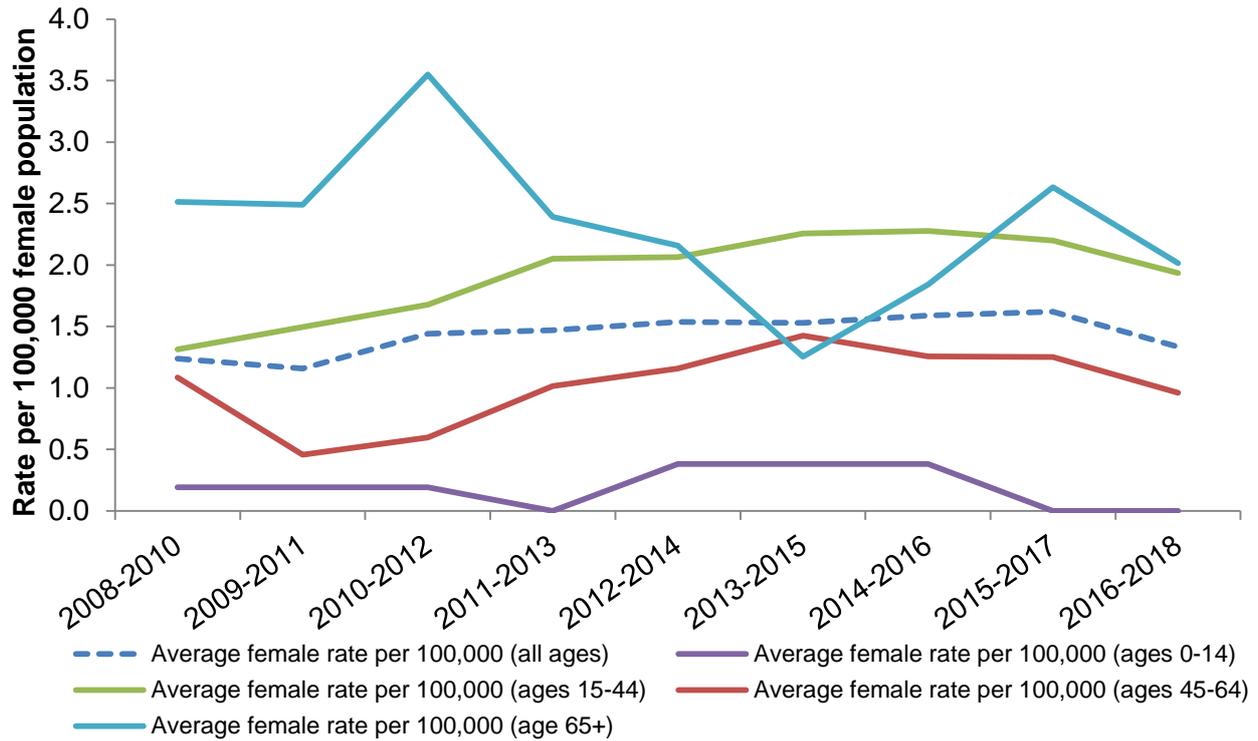


Figure 15: Three-year moving average age-specific disease rates of non-pulmonary TB in males, Northern Ireland, 2008-2018



**Figure 16: Three-year moving average age-specific disease rates of non-pulmonary TB in females, Northern Ireland, 2008-2018**

SHSCT had the highest rate of non-pulmonary TB at 1.8 cases per 100,000 population and accounted for 25% (n=7/28) of all TB cases reported in this Trust in 2018. BHSCT had the highest proportion of non-pulmonary TB cases (45%) in 2018 with a rate of 1.4 non-pulmonary TB cases per 100,000 (Figure 17).

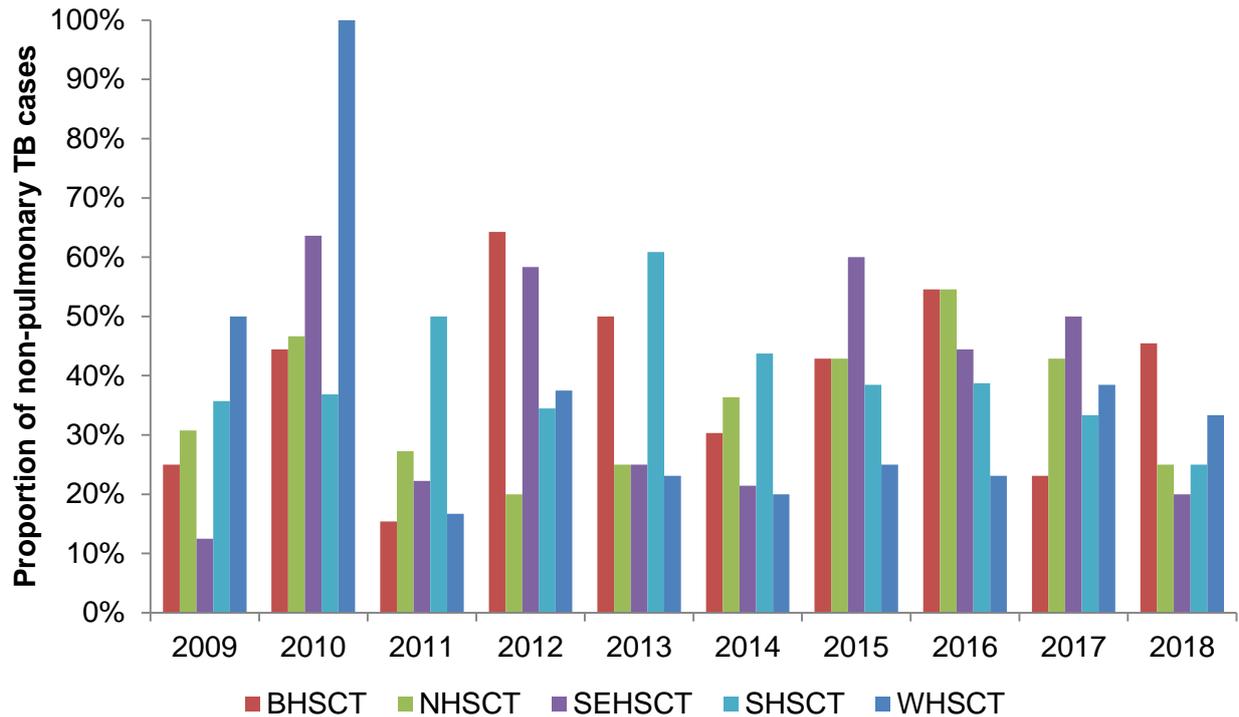


Figure 17: Proportion of TB cases in HSCTs with non-pulmonary infection, Northern Ireland, 2009-2018

### Time symptomatic

The time between onset of symptoms and starting treatment was known for 84% (n=47/56) of TB cases in 2018. Of the 47 cases: 23% (n=11/47) were treated within two months of onset of symptoms with a median time frame of 40 days (IQR 21-46); an additional 28% (n=13/47) of cases were treated within two to four months of onset with a median time period of 77 days (IQR 66-89); and the remaining 49% (n=23/47) of cases reported a treatment period from onset of symptoms greater than four months with a median time period of 218 days (IQR 151-320).

The time between onset of symptoms and starting treatment was known for 83% (n=33/40) of pulmonary cases in 2018. The overall median time period from onset of symptoms to treatment was 108 days (IQR 52-212). This period was lower than for non-pulmonary cases where the median time period from onset to treatment was 113 days (IQR 73-264) (Table 2).

**Table 2: Time between onset of symptoms and start of treatment (days)**

All TB cases	Number	Median	IQR
0-2 months	11	40	21-46
2-4 months	13	77	66-89
>4 months	23	218	151-320
All	<b>47</b>	<b>108</b>	<b>61-215</b>
<b>Pulmonary cases*</b>			
All pulmonary	<b>33</b>	<b>108</b>	<b>52-212</b>
<b>Non-pulmonary cases*</b>			
All non-pulmonary	<b>14</b>	<b>113</b>	<b>73-264</b>

\*Summary information on pulmonary and non-pulmonary cases is reported only if the numbers do not risk data confidentiality.

## Microbiology

In 2018, 64% (n=36/56) of TB cases were culture confirmed, similar to the proportion in 2017 (65%). Of the 36 isolates culture confirmed, 32 were identified as having *M. tuberculosis* infection, two as *M. tuberculosis* complex and two as *M. bovis*. The additional 20 cases were notified on the basis of clinical or non-culture diagnosis and response to anti-tuberculosis therapy.

Of the 40 pulmonary cases in 2018, 65% (n=26/40) were culture positive. Sputum smear results were known for 73% (n=29/40) of pulmonary infection cases. 40% (n=16/40) of pulmonary cases were sputum smear positive at notification, of which 75% (n=12/16) were confirmed by culture. An additional 33% (n=13/40) of pulmonary infection cases were sputum smear negative of which eight were later confirmed by culture as *M. tuberculosis* and <5 as *M. bovis*. Of the 11 pulmonary cases where sputum smear status was not known or not done, five were culture confirmed (Table 3).

Of the 16 non-pulmonary cases in 2018, 63% (n=10/16) were culture positive and the remaining six cases were not cultured or culture status was unknown (Table 4).

Table 3: Culture positive and sputum smear positive pulmonary TB cases, Northern Ireland, 2009-2018

Year	Pulmonary Cases	Culture Positive (%)	Culture and Sputum Smear Positive (%)
2009	42	86%	31%
2010	34	97%	59%
2011	47	81%	40%
2012	47	77%	36%
2013	42	67%	29%
2014	63	68%	35%
2015	35	83%	37%
2016	49	78%	35%
2017	46	67%	41%
2018	40	65%	30%
<b>Total</b>	<b>481</b>	<b>77%</b>	<b>37%</b>

Table 4: Culture positive non-pulmonary TB cases, Northern Ireland, 2009-2018

Year	Non-Pulmonary Cases	Culture Positive (%)
2009	17	76%
2010	32	69%
2011	15	67%
2012	40	45%
2013	32	53%
2014	32	66%
2015	27	41%
2016	37	46%
2017	25	60%
2018	16	63%
<b>Total</b>	<b>273</b>	<b>56%</b>

## Drug resistance

Isoniazid, rifampicin, ethambutol and pyrazinamide are first-line drugs for treatment of TB in the UK. Drug susceptibility test results were available for all 36 culture confirmed cases of TB in Northern Ireland in 2018.

In 2018, there were <5 TB cases recorded as resistant to first line drug treatment. There were no multi-drug resistant TB cases recorded in 2018.

## Treatment outcomes

TB patient outcomes are reported a year after treatment commences and in accordance with the World Health Organization (WHO) treatment outcome definitions<sup>1</sup>. Under these definitions, treatment outcome at 12 months reporting is defined as all TB cases, diagnosed in 2017 with drug sensitive TB, excluding those with rifampicin resistant TB or MDR-TB.

In this report, treatment outcomes for drug sensitive TB cases are reported separately for the following groups:

- **Cohort 1:** For cases with an expected duration of treatment less than 12 months, treatment outcomes at 12 months (excluding rifampicin and multi-drug resistance).
- **Cohort 2:** For cases with an expected duration of treatment less than 12 months, excluding rifampicin and multi-drug resistance AND cases with central nervous system (CNS), spinal, cryptic disseminated or miliary disease.

TB treatment outcomes for cases notified from 2008 to 2017 under these definitions have been calculated to allow for trends to be monitored.

In 2017, 70 TB cases were notified in Northern Ireland; excluding rifampicin and multi-drug resistance cases. A further seven cases had CNS, spinal, miliary or cryptic disseminated disease and were excluded from the outcomes presented in cohort 2 (Table 5).

**Table 5: Outcome of TB cases in cohorts 1 and 2, Northern Ireland, 2017**

Outcome	Cohort 1 (n=70)	%	Cohort 2 (n=64)	%
Treatment completed	53	76%	50	78%
Not evaluated*	9	13%	6	9%

\*transferred out/not TB/unknown/missing

Additional treatment outcomes reported in cohorts 1 and 2 including died, still on treatment and lost to follow up have not been reported as small numbers may risk data confidentiality (Table 5).

In cohort 1, the proportion of cases who completed treatment within 12 months was 76% (n=53/70), which was similar to the proportion in 2016 (77%) (Table 5, Figure 19). Of the 53

cases who completed treatment within 12 months, 51% (n=27/53) were born in the UK/Ireland and the remaining were non-UK born (49%, n=26/53). The proportion of males completing at 12 months was slightly higher than the number of females (28 males, 53% and 25 females, 47%).

In cohort 2, the proportion of cases who completed treatment within 12 months was 78% (n=50/64), the same proportion as in 2016 (Table 5, Figure 19). Of the 50 cases who completed treatment within 12 months, 54% (n=27/50) were born in the UK/Ireland and the remaining were non-UK born (46%, n=23/50). The proportion of males completing at 12 months was slightly higher than the number of females (27 males, 54% and 23 females, 46%).

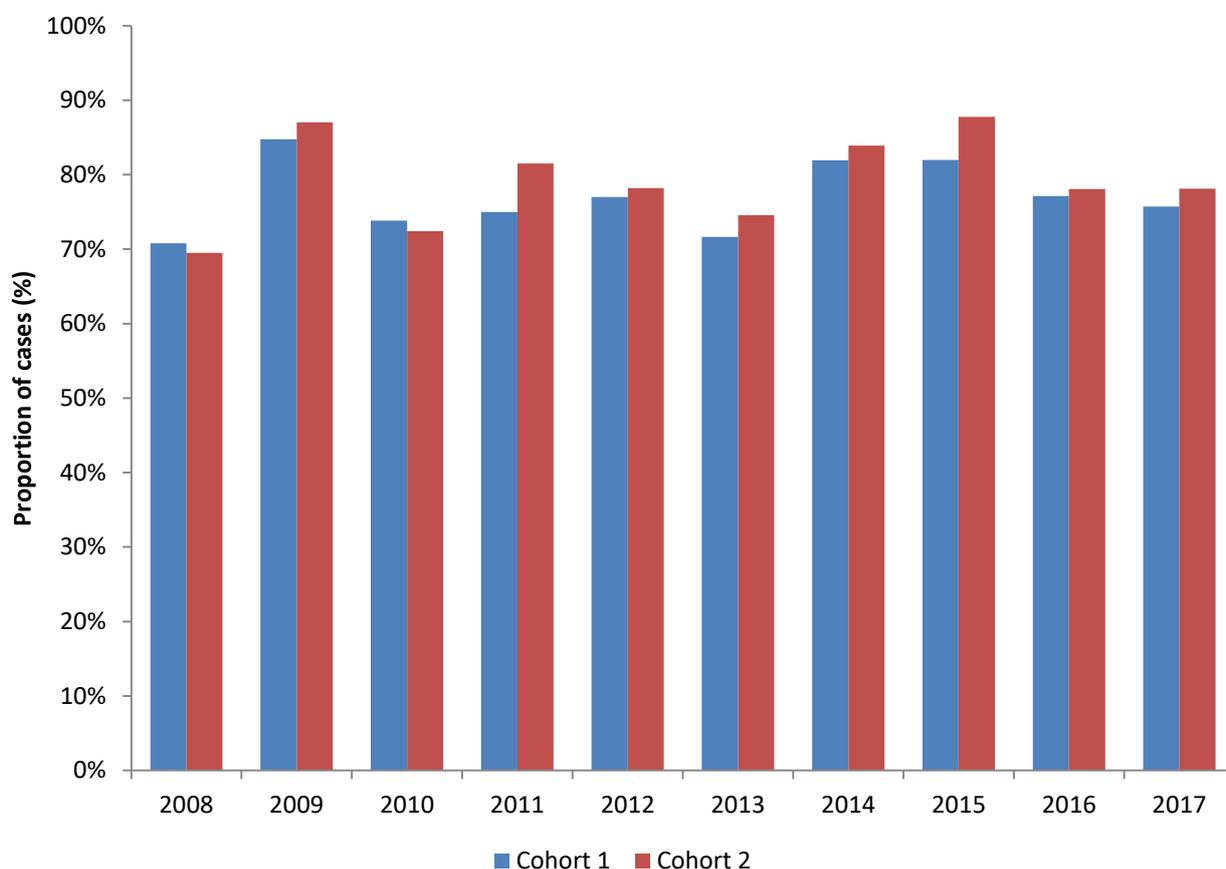


Figure 18: Treatment completed within 12 months for drug sensitive TB cases with expected treatment less than 12 months (in accordance with WHO treatment outcome definitions), 2008-2017

## Discussion

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The incidence of TB in Northern Ireland remains relatively low with an average rate of 3.8 cases per 100,000 population in 2016-2018. The average rate of the disease was similar to that of the previous period (3.9 per 100,000 in 2015-2017). Three-year moving averages have been used where possible as relatively small differences in the number of cases can give rise to substantial percentage changes due to small numbers and considerable year to year variation. The rate of TB in Northern Ireland in 2018 was 3.0 cases per 100,000 population. This rate was the lowest recorded in Northern Ireland and was lower than England (8.3 per 100,000), Scotland (5.0 per 100,000), Wales (3.1 per 100,000) and the Republic of Ireland (6.6 per 100,000) in 2018<sup>2,3,4,5</sup>.

In 2016-2018, the average rate of TB remains highest in the SHSCT area at 7.5 cases per 100,000 population (7.4 per 100,000 in 2015-2017). The average number of TB cases was also highest in SHSCT, 29 cases in 2016-2018 (28 cases in 2015-2017).

Patients aged 15-44 years accounted for the majority of cases (41%, n=23/56) in 2016-2018, while the average rate of TB remains highest in those aged 65 years and over at 5.8 cases per 100,000 in 2016-2018 (5.5 cases per 100,000 in 2015-2017).

TB rates in the UK-born population remain low and relatively stable at 2.0 cases per 100,000 population in 2016-2018. The highest rates of TB continue to be reported in those born outside the UK/Ireland at 42.4 per 100,000 population in 2016-2018. In 2018, 57% (n=32/56) of TB cases occurred in individuals born outside the UK/Ireland.

In 2018, 71% (n=40/56) of TB cases had a pulmonary component. The average rate of pulmonary TB in 2016-2018 (2.4 cases per 100,000 population) remains similar to that in 2015-2017, whilst the rate of non-pulmonary TB has decreased slightly from 1.6 per 100,000 in 2015-2017 to 1.4 per 100,000 in 2016-2018.

European Centre for Disease Prevention and Control (ECDC) targets<sup>6</sup> recommend that at least 80% of pulmonary TB cases be culture confirmed in order to have optimal detection of infectivity and drug resistance. In 2018, 64% (n=36/56) of pulmonary cases were culture confirmed in Northern Ireland.

There were <5 TB cases recorded as resistant to first line drug treatment in 2018. There were no multi-drug resistant TB cases recorded in 2018. The proportion of drug sensitive TB cases expected to complete treatment by 12 months is an indicator of the quality of TB services. In 2017, 78% (cohort 2, n=50/64) of drug sensitive cases completed treatment in this time frame.

The overall median time period from onset of symptoms to starting treatment for pulmonary cases was 108 days (33 cases, IQR 52-215). This suggests a significant number of pulmonary cases still have a substantial delay before treatment, increasing the likelihood of infectivity. While we do not know the reasons behind the delay it highlights the need to continue raising awareness of TB.

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