agenda

Title of Meeting	151st Meeting of the Public Health Agency Board
Date	16 February 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.35	Minutes of Previous Meeting held on 19 January 2023		Chair
4 1.40	Matters Arising		Chair
5 1.45	Chair's Business		Chair
6 1.55	Chief Executive's Business		Chief Executive
7 2.15	Finance Report	**PHA/01/02/23**	Director of Finance
8 2.30	Health Protection Update		Dr McClean

committee updates

9 2.45	Update from Chair of Governance and Audit Committee	**PHA/02/02/23**	Mr Stewart
10 2.55	Update from Chair of Planning, Performance and Resources Committee		Chair

items for approval

11 3.05	Review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority	**PHA/03/02/23**	Mr Wilson

12 3.15	PHA Assurance Framework	**PHA/04/02/23**	Mr Wilson
13 3.30	Joint Emergency Planning Annual Report 2021-2022	**PHA/05/02/23**	Dr McClean

items for noting

14 3.50	Performance Management Report	**PHA/06/02/23**	Mr Wilson

closing items

15 Any Other Business
4.05

16 Details of next meeting:

Thursday 16 March 2023 at 1.30pm

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

HSC Public Health Agency

minutes

Title of Meeting	150th Meeting of the Public Health Agency Board
Date	19 January 2023 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair
Mr Aidan Dawson	-	Chief Executive
Dr Joanne McClean	-	Director of Public Health
Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services (*on behalf of Mr Wilson*)
Mr Craig Blaney	-	Non-Executive Director (*via video link*)
Mr John Patrick Clayton	-	Non-Executive Director
Ms Anne Henderson	-	Non-Executive Director
Mr Robert Irvine	-	Non-Executive Director (*via video link*)
Ms Deepa Mann-Kler	-	Non-Executive Director (*Up to Item 11*)
Professor Nichola Rooney	-	Non-Executive Director
Mr Joseph Stewart	-	Non-Executive Director

In Attendance

Ms Deirdre Webb	-	Assistant Director of Nursing
Ms Tracey McCaig	-	Director of Finance, SPPG (*via video link*)
Mr Brendan Whittle	-	Director of Hospital and Community Care, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Mr Stephen Wilson	-	Interim Director of Operations
Dr Aideen Keaney	-	Director of Quality Improvement
Ms Vivian McConvey	-	Chief Executive, PCC

1/23	**Item 1 – Welcome and Apologies**
1/23.1	The Chair welcomed everyone to the meeting. Apologies were noted from Mr Stephen Wilson, Dr Aideen Keaney and Ms Vivian McConvey.
2/23	**Item 2 – Declaration of Interests**
2/23.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda.
2/23.2	Mr Clayton indicated that if the Chief Executive wished to give any

update in relation to Public Inquiries under his Chief Executive's Business he would declare an interest given that Unison is engaging with the Inquiries. It was agreed that the Chief Executive would give an update on Inquiries at the end of the meeting and Mr Clayton would leave the meeting for that discussion.

3/23 **Item 3 – Minutes of previous meeting held on 15 December 2022**

3/23.1 The minutes of the Board meeting held on 15 December 2022 were **APPROVED** as an accurate record of that meeting.

4/23 **Item 4 – Matters Arising**

4/23.1 For action 1 and in the absence of Mr Wilson, Mr Graham said that it was his understanding that the Organisation Workforce Development (OWD) workplan would be brought to the Agency Management Team (AMT) and then go onto the Planning, Performance and Resources (PPR) Committee before coming to the PHA Board.

4/23.2 For action 2 relating to support for staff going through Public Inquiries, the Chief Executive said that he would take this forward and apologised that he had not yet had the opportunity to do so.

4/23.3 The Chief Executive updated members on an action from a previous meeting where he had been asked to contact SOLACE (Society of Local Authority Chief Executives) with a view to attending one of their meetings to discuss the cost of living crisis. He explained that a request was made, but SOLACE had advised that the Department for Communities would be convening a meeting to which PHA would be invited and asked that the matter be deferred to that meeting. He advised that the meeting is taking place today and that as he was unable to attend, PHA has sent representation and he will bring an update to the next meeting **(Action 1 – Chief Executive)**.

5/23 **Item 5 – Chair's Business**

5/23.1 The Chair recalled that in his vision for the Health Service William Beveridge had envisaged a service of prevention and health. He questioned whether there was adequate commitment to prevention among many in both secondary and primary care as there was extensive research to show that if a physician recommended a course of action or change of lifestyle for an individual, the recommendation from that source greatly increased the possibility of achieving it.

5/23.2 Dr McClean said that there is work about "making every contact count". The Chief Executive commented that when carrying out reviews, specialists would tell people how to manage their condition. He added that there are departments in each Trust which deal with health improvement and health promotion. The Chair advised that in the 1980s funding was made available in Trusts, but he felt that it would be better if

prevention was included in job descriptions so there was not a perception that it is "someone else's job". The Chief Executive gave the example of vaccinations and how there are peer vaccinators in each Trust who would work to encourage uptake. Ms Webb said that all professionals are duty bound to act in the best interests of patients. She noted that doctors are better at taking up vaccines than nurses or social workers so she agreed that there is more that could be done.

5/23.3 Mr Clayton commented that from reading the article the Chair had shared, prevention and reducing health inequalities is not a matter for the PHA or HSC, but for the Government as a whole. The Chair said that when looking at inflation, this has increased to 16% for food, and he queried whether that should be taken into account when working out state benefits.

5/23.4 Professor Rooney asked if PHA has a view on this. The Chair said that PHA should be seeking to influence those organisations with which it has direct contact. He added that inflation should be looked at in the context of essentials goods. Professor Rooney asked whether PHA should be writing a paper or doing something practically. The Chief Executive advised that he did not know if PHA had expertise in this area. Dr McClean said that there has been work carried out across the UK by Sir Michael Marmot's Institute. Professor Rooney suggested that PHA do a newsletter. Mr Stewart noted that there have been similar discussions on this and that PHA's role is more of an "honest broker", and finding a way of exercising pressure. The Chair commented that issues always progressed when there was a Ministerial Group on Public Health. Mr Clayton noted that when the Executive is back up and running, it will look at work which had commenced on an Anti-Poverty Strategy. He suggested that this is where PHA should be providing evidence and highlighting the impact of poverty on public health.

5/23.5 The Chair advised that he had asked for the job descriptions for Policy Officers who work in this area in Scotland and Wales and said that it would be beneficial if PHA had the resources to formulate policy. The Chief Executive noted that in Scotland and Wales, equivalent organisations to PHA may have a remit for developing policy, but here, PHA is responsible for the implementation of policy, and not developing it. Mr Stewart commented that there is a difference between developing policy and influencing policy. The Chief Executive agreed that there is a subtle difference, but added that PHA does not respond to consultations and does not have staff who write policies.

5/23.6 Mr Murray said that Making Life Better remains PHA's focus and there is a desire to get the All Department Officials Group back in place which will give the strategy a focus across all departments. Ms Webb said that when health improvement programmes are being commissioned, there would be objectives inserted around supporting people through poverty. She added that there is also work going on in some of the nursing programmes. Professor Rooney asked if this is written down anywhere

and Ms Webb confirmed that it is. The Chief Executive added that PHA meets with the Children's Commissioner and with Education. Professor Rooney said that perhaps through health intelligence these outcomes should be captured and shared. The Chief Executive said that PHA is very engaged in helping people. Professor Rooney said that she is trying to work out if there is a way of capturing the work that PHA does.

5/23.7 Mr Clayton said that if PHA's role is to execute policies, then it should be having a discussion with the Department about a refresh of Making Life Better. He suggested that a summary of the work that PHA does now could be useful in the context of discussions around strategy. The Chair agreed that it is important that PHA can influence outcomes for people facing poverty.

5/23.8 The Chair said that he was surprised to receive correspondence from the Department regarding Partnership Agreement given that he and the Chief Executive had attended a workshop last July and there had not been any progress since. He noted that a response was sent by PHA's Sponsor Branch to the correspondence.

6/23 Item 6 – Chief Executive's Business

6/23.1 The Chief Executive reported that PHA is now in the position to recruit a Director of Finance and Operations as suggested by the Permanent Secretary. He said that it has taken some time to prepare a job description, have this evaluated and obtain the approval to proceed. He added that the post has gone out to advert with the aim of undertaking shortlisting in February and interviews in March. He undertook to keep members updated. He reported that PHA is also close to advertising for a temporary Director of Nursing and Allied Health Professions. He explained that PHA is waiting for HR to come back with an advertising strategy as it can be expensive to advertise in various publications across the UK. He said he hoped that the post will go out next week. Professor Rooney asked for the duration of the contract for this post and the Chief Executive said that it will be for one year.

6/23.2 The Chief Executive advised that the Christmas and New Year period was a highly pressurised time for the HSC and that PHA was engaged in a number of senior leadership meetings looking at the pressures across the system. He advised that Dr McClean has been providing weekly updates with regard to the prevalence of flu.

6/23.3 Mr Irvine asked for clarity on the contract for the Director of Nursing and Allied Health Professions post and asked if it is temporary for 12 months. Upon getting this clarification, he noted that this will give PHA time to look at its structures.

6/23.4 The Chief Executive said that given the difficulties being faced by the HSC system, the Permanent Secretary has written to all organisations asking them to come forward with savings plans for scenarios of 3% and

5%. He advised that Mr Murray, Mr Wilson and Finance colleagues are working on this and that a submission is due to be sent to the Department by 27 January. He said there will be an impact on PHA. Ms McCaig advised that this is being worked through and it may be necessary to have a meeting of the PPR Committee before the submission is made. Mr Clayton sought clarity that this relates to next year's budget and Ms McCaig confirmed that it relates to PHA's baseline budget for 2023/24. Ms Henderson agreed that it would be worthwhile getting a meeting of the PPR Committee convened and Ms McCaig suggested that this should take place on Thursday 26 January. Mr Clayton asked if the Department is asking for savings plan in advance of PHA receiving its allocation. Ms McCaig advised this was the case.

6/23.5 The Chief Executive advised that a pilot of the new Integrated Care System (ICS) will commence in April 2023 and then, subject to legislative approval, it will go live from April 2024. He said that PHA is engaged in a series of workshops and there is a Regional Board that is chaired by the Permanent Secretary.

6/23.6 The Chief Executive reported that PHA has developed a business case for the Vaccine Management System (VMS) which will be subject to consideration under the normal processes. He said he was highlighting this because PHA is very dependent on the system for the flu and COVID programmes. Mr Stewart asked what VMS is. The Chief Executive explained that it is a system that allows PHA to carry out analytics around the uptake of vaccines. He advised that the vast majority of vaccinations are carried out by GP practices and that the data in the system allows PHA to be proactive.

6/23.7 Mr Clayton asked how specific VMS can be. He noted that while it can give overview of vaccination rates by Trust, but could it be developed further to look at specific hospital sites. The Chief Executive advised that VMS can give information about uptakes within Trusts and within professional groupings in Trusts. He added that access to the system is restricted as it contains personal data and there is an aim to develop it further. He reported that while the business case has been developed, he wishes to add this to the Corporate Risk Register, because there is a risk that PHA will be unable to find the funding to run it and therefore the analysis of the data will not be available. He advised that the cost is approximately £17m made up of both capital and revenue elements, and would be subject to tender. The Chair asked why some elements would be capital and some revenue and Ms McCaig replied that she is seeking that clarification herself adding that it may be that set up costs are capitalised and then the maintenance is revenue.

6/23.8 The Chief Executive advised that he has completed a series of 9 staff engagement sessions attended by approximately 160 staff. He said that he used the sessions to talk about the review of PHA and he felt that the sessions had been well received. He added that he has given a commitment to undertook further sessions in the future.

6/23.9 The Chief Executive said that he had no issues of conduct to report on.

7/23 Item 7 – Finance Report (PHA/01/01/23)

7/23.1 Ms McCaig said that she wished to give members an overview of three areas – the Finance Report as at 30 November, the current position with regard to slippage, and the situation for 2023/24, including the request for PHA to submit recurrent savings proposals for 3% and 5%.

7/23.2 Ms McCaig reported that since her return from leave, she had been informed that there may be a significant amount of slippage in one of the vaccination programmes, but she will be discussing this with the Department tomorrow. She explained that this may become a risk that PHA has to manage. Ms Henderson said that within the Finance Report she would like to see a table showing where slippage money has been redirected. She also asked about the slippage that was given back to the Department. Ms McCaig explained that this is referenced in paragraphs 7 and 8 of the Report. Ms Henderson said that it would make the Report more readable if this information was in a table. Ms McCaig reiterated that the information is in the Report and explained that this is the Report for the period up to the end of November and the retraction of that slippage was made in December.

7/23.3 Ms Henderson asked if that meant that PHA's total slippage this year was almost £6m. The Chair commented that was an unusual level. Ms McCaig agreed that the total is unusual, but noted that PHA has an underlying issue with regard to slippage. She reminded members that PHA undertook a new approach where it identified up to £3.8m of slippage earlier in the year and carried out an assessment process for where those funds could be redirected.

7/23.4 Ms McCaig said that PHA's slippage will be a risk unless she can reach an agreement with the Department. The Chair suggested that PHA could be seen as an easy target for savings. Professor Rooney said that this should be explored further by the PPR Committee as she was concerned about how this amount of slippage has suddenly emerged and wished to understand the situation better once Ms McCaig had more information.

7/23.5 Mr Stewart commented that the biggest risk to PHA is the consistent slippage year-on-year and that PHA would not be able to argue a case if the Department took a portion of PHA's budget. Ms McCaig agreed, and said that next year represents a bigger risk for PHA. She said that she has raised some queries and when she has a full update, this will be brought to the PPR Committee for transparency.

7/23.6 The Chief Executive noted that Ms McCaig has just returned from leave but advised members that at last week's Agency Management Team (AMT) meeting, there was a robust discussion on the budget and actions

will be taken in terms of budget management going forward. He said that the issue around the slippage in the vaccination budget has only emerged in the last few days and is being explored. He expressed his disappointment that PHA finds itself in this position and said that it raises issues about PHA's credibility and ability to manage its budget. He noted that there were measures put in place this year to manage slippage, but next year there may not be any slippage. He added that quarterly meetings take place with Directors. Ms Henderson agreed that this is a disappointing situation given all of the good work that has taken place this year. Professor Rooney asked if there is still an opportunity to use the slippage this year, but Ms McCaig said she would need to look at how this can be handled. Ms McCaig noted that while there is good financial accountability at the top of the organisation, there is a need for budget managers to be trained and she is happy to have that conversation.

7/23.7 Ms McCaig reported that for 2023/24, PHA has been asked to look at its financial planning in the context of 2 scenarios; a recurrent reduction of 3% (£3.6m) or 5% (£5.9m). She said that PHA would have the level of underlying slippage to meet the 3% target and she has seen a draft paper regarding this, but she has raised a number of queries. She pointed out that she would not consider slippage against the management and administration budget given that PHA is going through a review. She advised that PHA will look at Trust funding, but being mindful that Trusts will also be looking at savings plans. She said that PHA will look at areas of non-recurrent slippage. She suggested that PHA could look at contracts and determine whether any of these need to cease if their work is not related to the priorities of PHA.

7/23.8 Ms McCaig said that PHA could manage a 3% reduction but there would be some impact. However, she said that a 5% reduction would be much more challenging and the question would be whether this is done a reduction across all budget lines. She explained that there are many options which need to be fleshed out before a paper is brought to the PPR Committee. She noted that PHA will include caveats in its response.

7/23.9 Mr Irvine thanked Ms McCaig for the high level overview. He noted that PHA's recurrent slippage is within staff costs and asked what areas could be moved forward. He added that the slippage tends to fall more on the commissioning side than on vacant posts. He commented that there are pressures everywhere with Trade Unions seeking uplifts to members' salaries and wages and he asked if PHA has taken that into account and if it needs to make some form of contingent liability for when there is a settlement by the Government. Ms McCaig advised that there is around £1.1m of slippage in the management and administration budget and there could be a similar figure next year, but she would not use that as a starting point. In terms of any uplifts to salaries, she explained that these would be managed centrally.

7/23.10 Professor Rooney asked if PHA's slippage would be higher if it was not funding EY and Ms McCaig confirmed that would be the case and that needs factored into any returns. Professor Rooney said that PHA may need to recruit new staff following the review and asked if there will be an opportunity to ring fence any funding for that. Ms McCaig explained that PHA will also look at a 7% savings scenario. She said that PHA will be reviewing its baseline and its structure and reiterated that any return to the Department will be caveated. Mr Stewart said that there needs to be a caveat because one of the major findings of the Hussey Review was that PHA needs more funding to be able to exercise its functions. He said that PHA has no argument with regard to a saving of 3%.

7/23.11 Ms Henderson asked if the Department is aware of the level of slippage this year and that funds were redirected. Ms McCaig said that this is outlined in the Financial Plan. She added that this process will allow PHA to focus on where its priorities are. She explained that if PHA had no slippage and all of its funding was fully committed, this would be a more challenging exercise, but PHA has an opportunity to work through this process.

7/23.12 Mr Clayton noted that Unison members are currently engaged in industrial action. He expressed concern that following the Hussey Review, the review and refresh programme commenced with a view that there would be additional resources, but this request is a backward step. He said that PHA needs to be clear on the impact and asked how many posts will PHA not be able to recruit into. Within Trusts, he asked what areas of work could potentially stop. He noted that there is consistent slippage within the management and administration budget and said that there needs to be clarity about why posts are not being filled. He said that there is a risk that PHA cedes on that slippage. Ms McCaig said that these risks have all been raised. She added that every organisation will have a level of slippage within its management and administration budget, and it is about how that is declared. She explained that each year PHA has slippage of around £1.5m.

7/23.13 Ms McCaig said that every organisation will have pressures it is trying to manage. She advised that work has commenced to look at reprioritisation within the programme budget and this will be a challenge if PHA is in a situation where it has to make choices. She said that PHA will be going back with a response which outlines the challenges. She added that there may be other pressures because she does not yet know what level of inflation will be given to ALBs. She said that PHA will want to be funded to the current level of inflation.

7/23.14 The Chair asked if PHA asks organisations in which it funds programmes to account for all expenditure. Ms McCaig explained that PHA carries out a performance management role whereby if an organisation is asked to deliver a certain number of programme, PHA seeks to get assurance that it has received what it is expecting and that its investment represents value for money.

7/23.15 The Chair commented that there is a lot of slippage within the management and administration budget because of a series of internal promotions which causes a domino effect. Ms McCaig said that she did not have this information to hand. She added that organisations will never have a management and administration budget that breaks even and that a normal level of slippage would be around £500k.

7/23.16 The Chair thanked Ms McCaig for a comprehensive overview of the financial situation.

7/23.17 The Board noted the Finance Report.

8/23 Item 8 – Health Protection Update

8/23.1 Dr McClean began her update on health protection matters with an overview of the estimated number of individuals testing positive for COVID-19. She indicated that this had reached as high as 1 in 14, but numbers were starting to fall. She showed the data collected from waste water surveillance and the Chair asked if there is correlation between the two, to which Dr McClean replied that there is.

8/23.2. Mr Stewart asked if there were any new variants or any concerns now that China has reopened its borders. Dr McClean said that there has been some concern expressed about the burden of infection. She advised that there is some very limited border testing taking place in England to arrivals from China but no evidence of new variants. She said that current cases are sub-variants of Omicron and while there is a new variant, it has not yet been detected in Northern Ireland. She noted that the population here is well vaccinated.

8/23.3 Mr Clayton asked if there are direct flights into Dublin from China. Dr McClean said that there may be some chartered flights but most individual will come in via Qatar or Dubai. She added that any testing being carried out is more in the nature of sampling for intelligence gathering purposes.

8/23.4 The Chair asked about direct flights to the UK and Dr McClean advised that there is only one airport where arrivals are tested and she reiterated that only sample testing is being conducted for intelligence gathering purposes.

8/23.5 Dr McClean gave an overview of the data relating to hospital occupancy, care home outbreaks and critical care cases.

8/23.6 Dr McClean showed how the number of GP consultations for flu has remained low compared to previous years. The Chair asked if these numbers include telephone consultations and Dr McClean advised that this data is for cases logged on Apollo. She advised that many cases here tend to of the H1 strain, but in other parts of the UK there are cases of the H3 strain.

8/23.7 Dr McClean said that the number of cases of scarlet fever has increased, but many cases are “probable”. She explained that the number of cases of Invasive Strep A is higher due to the better notification of this disease. She reported that there has been an increase in the number of cases compared to previous years.

8/23.8 Dr McClean reported that cases of meningococcal disease are being notified again following the pandemic, mainly among older people. She advised that there has been a small number of deaths and a return to normal seasonal patterns is being seen.

8/23.9 Dr McClean advised that over 500,000 doses of both the flu and COVID vaccine have been administered and that the number of flu doses is higher than in any other year. She said that the numbers are now starting to tail off. She advised that PHA is now signposting people to the NI Direct website to get information on where vaccines are available and a slot can be booked.

8/23.10 The Chair asked if the slides presented by Dr McClean could be shared. Dr McClean said that they could be shared, but pointed out that the latest information on flu and COVID can be found on the PHA website.

9/23 Item 9 – PHA Board Buddy Pilot Final Evaluation Report (PHA/02/01/23)

Mr Clifford Mitchell joined the meeting for this item

9/23.1 The Chair welcomed Mr Clifford Mitchell to the meeting and invited him to present the findings of the Board Buddy initiative.

9/23.2 Mr Mitchell began by reminding members of the aims of the Board Buddy programme and said that when developing the aims, consideration was given as to whether there is an evidence base and he referred to a model developed in Scotland for how Boards approach the achievement of their aims and objectives.

9/23.3 Mr Mitchell gave an overview of the aims of the evaluation process and explained that this was carried out through a mid-point evaluation using an Appreciative Inquiry process which has 4 stages – discovery, dream, design and destiny, with the focus of this evaluation being on discovery and dream.

9/23.4 In conclusion, Mr Mitchell said that the pilot had achieved its aims and that the evidence gathered from the Executives and Non-Executives who participated helped inform the recommendations.

9/23.5 The Chair thanked Mr Mitchell for his overview. Ms Henderson said that the pilot was very good.

9/23.6 Mr Clayton advised that he had found the initiative useful and would like

to see it continued on but in approving the recommendations, any substantive matters should be deferred into the discussions on strategy. Ms Mann-Kler said that the process was valuable and she would like to see it continued on. Mr Clayton noted that on occasions it was difficult to get protected time.

9/23.7 Ms McCaig said that from her perspective, she thought it was a useful support. The Chair said that he often considered whether Executive Directors should receive training in how to work with Non-Executive Directors as that is a skill.

9/23.8 The Chair thanked Mr Mitchell for attending the meeting. Mr Mitchell said that he had found the process to be very beneficial as well.

9/23.9 The Board **APPROVED** the PHA Board Buddy Pilot Final Evaluation Report.

10/23 Item 10 – Board Performance Framework (PHA/03/01/23)

10/23.1 Mr Murray explained that following a recommendation from Internal Audit, there was a need for PHA to have written Performance Framework in place and therefore this document provides members with an assurance that the organisation is delivering against its agreed priorities.

10/23.2 Mr Murray advised that the Framework how this links with the Governance Framework and there is a focus on how management systems are being put in place so that in-year priorities are being delivered and there is a thorough appraisal process. He added that the Framework makes reference to the Annual Business Plan and the monitoring of that and also how the Corporate Plan feeds into the Business Plan and into the Directorate Business Plans. He advised that this gives assurance that there is a process in place. In terms of financial planning and monitoring, he noted that this is picked up by Ms McCaig and her team.

10/23.3 Mr Murray said that this Framework falls within the remit of the PPR Committee and it will keep this under review.

10/23.4 The Chair said that the PPR Committee will delve into matters in more detail. Professor Rooney asked if the Corporate Plan is the same as the Corporate Strategy and if so, there is a need to keep the language consistent. She added that there needs to be a way of showing how this Framework links into PHA's long term strategy. Mr Murray said that this is something that can be developed.

10/23.5 Ms Henderson said that she welcomed this Framework and that when she mapped this against the recommendations of the EY review, she could see that some of the recommendations have already been embedded, for example, the establishment of Strategic Planning Teams

(SPTs), oversight processes and reporting to the Board, and the establishment of a new Committee. She said that in-house much of the work is already being done.

10/23.6 Mr Clayton commented that there has not been a Commissioning Plan or a Commissioning Plan Direction for a few years and asked if this is the right performance measure to work against. He noted that the ICS model is being developed and there has been a pandemic. Mr Murray replied that this will be a "live" document, and as the new ICS planning model evolves, this document will change so he envisaged that it will be reviewed on at least an annual basis.

10/23.7 The Chair thanked Mr Murray for the Framework.

10/23.8 Members **APPROVED** the Board Performance Framework.

At this point Ms Mann-Kler left the meeting

11/23 Item 11 – Presentation on Serious Adverse Incidents

Ms Denise Boulter joined the meeting for this item

11/23.1 Ms Boulter began her overview of safety and quality by explaining PHA works in partnership with SPPG in this area. She outlined the governance arrangements in place in each organisation and advised that a draft Partnership Agreement has been prepared. She made references to links which outline the PHA's role in Serious Adverse Incidents (SAIs) but advised that following a review carried out by RQIA, there will be a review of the procedure. She added that there are discussions ongoing about joint and individual roles, but these have not been finalised.

11/23.2 Ms Boulter explained that there are various mechanisms for sharing regional learning from SAIs but noted that during the pandemic staff who normally work on these were not involved in this work. She outlined the various types of letters – learning letters, reminders of best practice and professional letters. She added that there is the ECHO programme which looks at specific themes coming through.

11/23.3 Ms Boulter said that PHA is responsible for issuing the Learning Matters newsletter and it receives a lot of feedback on this. She advised that PHA would also undertake thematic analysis reports.

11/23.4 Ms Boulter gave an overview of PHA's engagement with the system and reported that 200 people have signed up for the ECHO Programme which will shortly be establishing a learning community. She showed the example of the Mealtime Matters group and the information available online regarding this. She also highlighted the work of the Regional Inpatient Pressure Ulcer Prevention Group and the Regional Falls Prevention Group.

11/23.5 In terms of the future direction, Ms Boulter said that there is a need to develop a framework, have collective leadership responsibility, utilise the available data and improve outcomes through systematic learning.

11/23.6 The Chair asked who is responsible for the implementation of the RQIA Review and Ms Boulter advised that it is the Department. When asked by the Chair if there is a timetable for implementing the recommendations, Ms Boulter replied that one has not been issued, but it will be a protracted piece of work.

11/23.7 The Chair asked how to cope with individuals who do not wish to learn. He asked if learning from SAIs is linked to appraisals. Ms Boulter advised that it should be part of the appraisal for medics if they have been involved in an SAI. The Chair asked if an individual is required to acknowledge receipt of the learning from an SAI. Ms Boulter replied that a level of assurance is required. She acknowledged that while some learning could be seen as a tickbox exercise so this could possibly be highlighted to RQIA and could be incorporated as part of their inspections.

11/23.8 Professor Rooney noted that PHA's role is about professional and clinical leadership, but she asked about professions that PHA does not represent, for example psychologists. Ms Boulter said that through AHPs, PHA would work closely with all professionals. She added that letters go to Trusts and PHA would aim to consult with colleagues in Trusts to check that any learning letters are right. The Chief Executive commented that SAIs cover everything and all issues will have to be dealt with by the Trust. He said that an SAI panel will make recommendations and a clinical team is then required to develop an action plan and that will be the responsibility of the Director. He added that in his previous role, he would have had quarterly meetings to look at the action plans.

11/23.9 Professor Rooney said that she was trying to be clear about PHA's role. Ms Boulter replied that it is about regional learning and picking up on themes and trends. Professor Rooney asked about PHA's role with regard to Muckamore. The Chief Executive advised that Muckamore is subject to a Public Inquiry and is not part of the SAI process. However, he added that as part of the Inquiry, if there are SAIs, these may be looked at to see if the learning was implemented. Professor Rooney asked if PHA would look at staffing levels, but Ms Boulter explained that PHA's role is about learning. She added that if there was an issue PHA would raise this. Professor Rooney said she wondered how PHA ended up with its current role. Dr McClean said that the RQIA review presents an opportunity. Ms Boulter commented that PHA has aimed to make the process work and make it easier for professional colleagues, but she felt the procedure itself is wrong.

11/23.10 Mr Clayton commented that this discussion has been useful and while he appreciated that there is a review of the process, he noted that PHA

received an Internal Audit report on SAIs which highlighted issues about the timeliness of letters being issued as well as resources. He asked how work to address those is progressing. Ms Boulter conceded that Internal Audit was right to be critical, but said that as a team, it was felt that it was not the right time to carry out the audit. She reported that the learning is all up to date and that 2 letters are awaiting professional opinion. She added that Learning Matters newsletters are also up to date. She said that good progress has been made and there is no longer a backlog.

11/23.11 Ms Henderson asked if PHA has a position regarding whether it should be part of the SAI process. The Chief Executive replied that this will be dealt with as part of the RQIA review. He explained that he has correspondence prepared for when RQIA writes to PHA to discuss the matter. He said that PHA should not form a position, but have an open mind. Mr Stewart advised that the Governance and Audit Committee has been on record to say that it does not feel that it is appropriate that SAIs are hosted within PHA. He added that the biggest risk to PHA is understanding what it is responsible for. Mr Clayton highlighted the issue of the fact that when one member of staff was on sick leave, this created a backlog. The Chair asked the Chief Executive if he would share his response to RQIA with the Board and the Chief Executive agreed to do so **(Action X – Chief Executive)**.

11/23.12 Dr McClean commented that Ms Boulter has highlighted important points. She said that while it is good that learning is going out, there is a question about how effective it is. She added that while strides have been made there is more anxiety about the start of the process and a misconception of PHA's role. Ms Boulter advised that the system is swamped with SAIs with little potential learning as there are almost 600 SAIs in the system at present. She said that if there are not enough or enough psychologists, there is very little she can do about that and if a particular incident happened in one Trust, it is likely to happen in another Trust so it is about how the learning is shared. Therefore, she said that the review of the process has the potential to do a good job.

11/23.13 The Chair thanked Ms Boulter and said that the presentation was very enlightening.

11/23.14 The Board noted the presentation on Serious Adverse Incidents.

12/23 Item 12 – Infectious Diseases in Pregnancy Screening Programme (IDPS) Annual Report 2018-2020 (PHA/04/01/23)

12/23.1 Dr McClean advised that this is an important screening programme which ensures that women are screened for a range of diseases and receive treatment if required. She said that it is a complex programme, but it is meeting its standards as women are coming forward and are being treated.

12/23.2 Mr Stewart agreed that this is a complex programme and he did not appreciate that there is the potential of transmission from mother to baby. Mr Clayton said that this is an important report. He noted that while a large number of the standards are being met, some are not, and he asked what is being taken to bring the programme up to standard. He also asked that if the Northern Ireland Blood Transfusion Service (NIBTS) cannot complete some of the tests in the recommended turnover time, can there be confidence in the tests being completed. Dr McClean explained that there is an infrastructure around the programme and she will be meeting with NIBTS on Friday to discuss the turnaround times. She added that she is confident that a good service is being provided but assured members that Dr Lorna Hawe will continue to push to address these matters. Mr Clayton asked if the Trust carries out any audits. Dr McClean advised that there is a Hepatitis Lead Nurse in each Trust and the Trusts will gather information.

12/23.3 Ms Henderson commented that this is an excellent report. Dr McClean said that this work prevents disabilities. The Chair asked if it would be useful to publicise this on social media. Dr McClean advised that there is no issue with regard to uptake for women on the programme but she could give this consideration.

12/23.4 Members noted the Infectious Diseases in Pregnancy Screening Programme (IDPS) Annual Report 2018-2020.

13/23 Item 13 – Update on Accommodation (PHA/05/01/23)

13/23.1 The Chair said that there have been ongoing issues with accommodation over the last 7/8 years and that the accommodation for PHA in Linenhall Street is wholly inadequate. He recalled that a deal had been reached for other premises but PHA was gazumped. He said that there needs to be energy and focus put into this area.

13/23.2 Mr Murray advised that the paper shared with members looks at the current situation. He said that hybrid working has been extended until 1 March 2023 because at present PHA would have not have a desk for each member of staff and until a booking system is in place, nothing further can be done. In the meantime, he advised that areas are being zoned off and there are discussions taking place with staff side. He noted that this is only an issue in Linenhall Street. By taking into account the Central Government Office Accommodation General Standards issued by the Department of Finance, he explained that there should be 8 desks for every 10 members of staff.

13/23.3 Mr Murray explained that when assessing the return to 3-day working in the office, consideration was given to winter surge planning. He said that staff are generally content with the arrangements, but they need to be applied consistently. He advised that it is hoped to have the desk booking system implemented by mid-February.

13/23.4	Mr Murray said that with regard to the longer term needs, an accommodation review was carried out in April 2021 and shared with the Board in August 2022, but this has not progressed. He advised that discussions have begun with BSO about establishing an internal team to look at this and updates will be brought to the PPR Committee. He noted that unfortunately this is not an issue that is going to be dealt with quickly.
13/23.5	The Chair said that he had asked for a written report for today's meeting about the future situation and felt that the establishment of a Programme Board will take up a lot of time. He advised that he saw the hybrid working arrangements and the accommodation needs as two separate issues. The Chief Executive said that in his opinion, the two issues could not be disaggregated because until PHA can determine the way its staff are set up and the best way of working, it cannot do anything in relation to future accommodation. He added he has spoken to Mr Wilson about this, and also the Permanent Secretary. He said that the two processes need to run in parallel.
13/23.6	The Chief Executive said that at present a lot is being asked of Mr Wilson and Mr Murray given the work on planning, Public Inquiries and the new Mental Health Strategic Planning Team pilot so there is a need to prioritise. The Chair noted that he has previously expressed concern about the pressures on staff and the need to get additional personnel.
13/23.7	Mr Stewart said that he agreed with the Chief Executive and that this should be looked at once the review is complete. He suggested that Mr Colin McCrossan should then come back and carry out another review.
13/23.8	The Board noted the update on accommodation.
14/23	**Item 14 – Presentation on Findings of PHA Reputation Survey**
14/23.1	The Chair noted that this item had been covered as part of the earlier Board workshop.
15/23	**Item 15 – Any Other Business**
	At this point Mr Whittle and Mr Clayton left the meeting
15/23.1	The Chief Executive updated members on the COVID Public Inquiry and explained that there are different modules which are ongoing.
15/23.2	The Chief Executive advised that for Module 1, which relates to pandemic preparedness, PHA is required to forward its submission by the end of January. For Module 2c, which relates to strategic decision making, he reported that PHA submitted its response on 14 January.
15/23.3	The Chief Executive explained that PHA has not yet been asked to make a submission for Module 3, but that PHA has asked for core

participant status, which has now been granted. He advised that gives PHA access to other participants' submissions. He said that this module relates to the impact of the pandemic on health and social care services and so will also look at the impact on PHA services which were stood down during the pandemic.

16/23 **Item 16 – Details of Next Meeting**

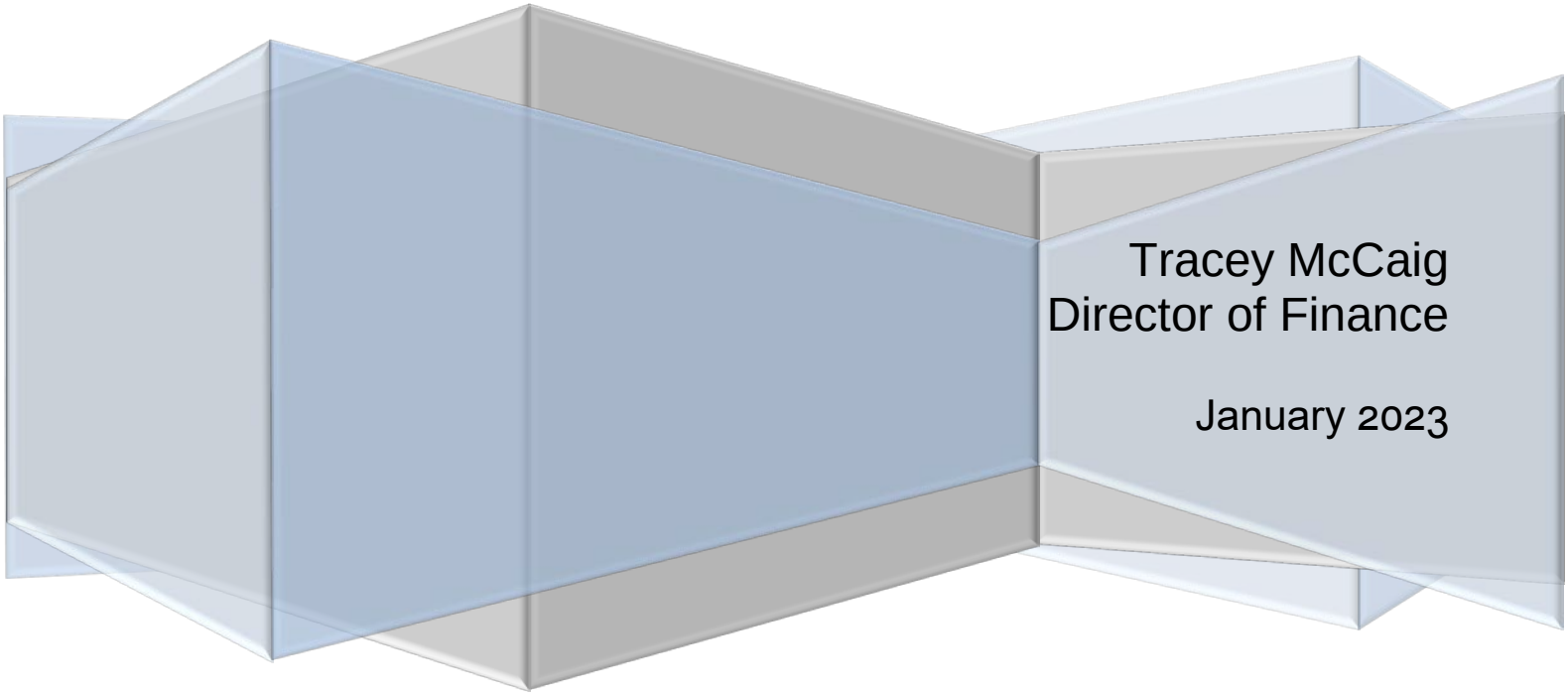
Thursday 16 February 2023 at 1:30pm

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

Signed by Chair:

Date:

Finance Report
December 2022



Tracey McCaig
Director of Finance

January 2023

Section A: Introduction/Background

1. The PHA Financial Plan for 2022/23 set out the funds notified as available, the risks and uncertainties for 2022/23 and summarised the opening budgets against the high level reporting areas. It also outlined how the PHA will manage the overall funding available and enable it to support key programmes of work that will help achieve its corporate priorities. It received formal approval by the PHA Board in the June 2022 meeting.

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

3. On the basis of this approved Plan, this summary report reflects the latest position as at the end of December 2022 (month 9).

Section B: Update – Revenue position

4. The PHA has reported a year to date surplus at December 2022 of £2.2m (£1.3m, November 2022), against the annual budget position for 2022/23.

5. In respect of the year to date surplus of £2.2m:
    - The annual budget for programme expenditure to Trusts of £47.3m has been profiled evenly for allocation, with £35.5m expenditure reflected as at month 9 and a nil variance to budget shown.
    - The remaining annual programme budget is £55.9m. Programme expenditure of £35.2m has been recorded for the first nine months of the financial year with an underspend to date of £1.0m. This underspend has arisen due to a recently declared surplus within the vaccines budget in Health Protection, and options are currently being considered as to how to manage this. Budget holders continue to keep all programme budgets under close review and report any expected slippage or pressures at an early stage.
    - A year-to-date underspend of £1.2m is reported in the area of Management & Administration, primarily in the areas of Public Health and Operations, which reflects a high level of vacant posts in each area.

- There is annual budget of c£3.3m in ringfenced budgets, most of which relates to COVID funding for the Contact Tracing Centre for quarter 1 (£2.2m). A business case has been submitted to DoH for in year costs relating to the Vaccination programme and associated funding has been assumed within this area. A small variance is reported on these areas to date, however they are largely expected to breakeven against funded budgets.

6. The month 9 position is summarised in the table below.

PHA Summary financial position - December 2022

	Annual Budget	Year to Date budget	Year to Date Expenditure	Year to Date variance	Projected year end Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000
Health Improvement	12,945	9,709	9,709	0	
Health Protection	10,660	7,995	7,995	0	
Service Development & Screening	14,542	10,906	10,906	0	
Nursing & AHP	7,735	5,801	5,801	0	
Centre for Connected Health	1,476	1,107	1,107	0	
HSC Quality Improvement	23	17	17	0	
Other	(109)	(82)	(82)	0	
Programme expenditure - Trusts	**47,272**	**35,453**	**35,453**	**0**	**0**
Health Improvement	28,927	19,219	18,791	428	
Health Protection	18,329	14,792	13,663	1,129	
Service Development & Screening	3,154	1,997	1,961	36	
Research & Development	3,418	0	0	0	
Campaigns	1,741	432	396	36	
Nursing & AHP	804	226	172	54	
Centre for Connected Health	347	136	116	20	
HSC Quality Improvement	182	122	109	13	
Other	(951)	(713)	0	(714)	
Programme expenditure - PHA	**55,949**	**36,211**	**35,208**	**1,002**	**(399)**
Subtotal Programme expenditure	**103,221**	**71,664**	**70,662**	**1,002**	**(399)**
Public Health	16,659	12,491	11,528	963	
Nursing & AHP	5,050	3,792	3,718	74	
Operations	4,496	3,328	2,991	337	
Quality Improvement	653	446	443	2	
PHA Board	162	101	372	(271)	
Centre for Connected Health	437	332	320	12	
SBNI	850	637	573	64	
Subtotal Management & Admin	**28,307**	**21,127**	**19,946**	**1,181**	**1,965**
Trusts	0	0	0	0	
PHA Direct	2,393	2,226	2,216	9	
Subtotal Covid-19	**2,393**	**2,226**	**2,216**	**9**	**16**
Trusts	147	111	111	0	
PHA Direct	125	0	(0)	0	
Subtotal Transformation	**272**	**111**	**111**	**0**	**0**
Trusts	0	0	0	0	
PHA Direct	639	333	337	(4)	
Other ringfenced	**639**	**333**	**337**	**(4)**	**0**
TOTAL	**134,832**	**95,462**	**93,272**	**2,190**	**1,582**

Table subject to roundings

7. In October 2022, the Permanent Secretary was advised that there is a projected additional slippage of circa £0.5m in-year, the source of this primarily being windfall gains on additional vacant senior posts, return of funding from a provider due to non-delivery, Connected Health and other general slippage on demand led budgets. This has been notified to the DoH in a response to the request, and was retracted during month 9 (December 2022).

8. In addition, PHA was notified of an additional savings target for 2022/23 of £0.5m by the DoH on 1 December 2022. This requirement was to support the challenging in year budget position for the wider HSC. Actions have been identified to meet this additional requirement.

9. An updated forecast year-end surplus of £1.6m is currently shown (£0.2m, November 2022). The £1.4m increase is entirely due to the recently declared slippage on the vaccines budget, and options are being considered to manage this surplus in the context of the overall PHA breakeven threshold. This position remains under close review, and the financial forecasts will be updated accordingly in future reports, with DoH being kept informed where necessary.

	£'000	
Financial Plan position	**14**	
Further M&A slippage	233	*further delays in recruitment*
Screening slippage	530	*incl. Digital Mammography & Breast Screening*
Campaigns slippage	405	*incl. Organ Donation*
Vaccines slippage	1,400	*mainly Flu vaccination programme*
DoH slippage retraction	(500)	
DoH further savings target	(500)	
Total forecast surplus	**1,582**	

Section C: Risks

10. Any significant assumptions, risks or uncertainties facing the organisation, and the management of these elements, are set out below.

11. **Impact of COVID-19 on Financial Planning:** The global pandemic and its impact on the HSC brings with it obvious challenges for predicting and managing budgetary

resources as the service continues to respond during 2022/23. The cost of the Contact Tracing Service has been included for quarter 1 of the financial year, and at this stage it is assumed there will not be any requirement for the service to resume later in the financial year. As noted above, PHA have furnished DoH with a business case for the in-year forecasted costs of the Vaccination programme (c£0.2m). The longer-term requirements for the Vaccination Programme transfer to PHA are being considered for this service and will be kept under close review.

12. **Demand led services:** Whilst an initial estimate of funding was identified within the 2022/23 Financial Plan, to enable pressures or strategic developments to pass through an approval process, clarity on the financial impact of this could only be secured on conclusion of the process. This process was concluded in early Summer and confirmation received from operational management that plans have progressed in line with approvals. Additionally, business as usual Programme expenditure is monitored closely to ensure that planned expenditure is met. As in previous years, the PHA operational management will continue to review expenditure plans to identify any potential easements or inescapable pressures which may need to be addressed in-year.

13. **Annual Leave:** PHA staff are carrying a significant amount of annual leave, due to the demands of responding to the COVID-19 pandemic over the last two years. As at each financial year end, this is converted into a financial balance. This balance of leave is being managed to bring it down to a more normal level during the year, and this may present some risk to the delivery of organisational objectives. Based on current position of leave taken, an estimate of the partial release of the financial balance during 2022/23 is contributing to the forecast available for deployment in-year.

14. **Funding not yet allocated:** there are a number of areas where funding is anticipated but has not yet been released to the PHA. These include AfC and Non-AfC Pay uplift for 2022/23, however no expenditure is currently being assumed for these areas.

15. **Future year's Budget**: The financial challenge facing HSC is significant in-year and will continue to present an ongoing challenge to manage. PHA will be required to

work closely with DoH in the coming months, where required, to inform any assessment of options to address the wider HSC financial position.

16. **HSC wider financial position**: The impact of the wider HSC financial position has required actions to be taken by DoH in planning to achieve financial breakeven in 2022/23. PHA was required to meet an additional funding reduction of £0.5m, which was advised on 1 December 2022 and a subsequent funding retraction was processed later that month.

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

Section D: Update - Capital position

18. The PHA has a current capital allocation (CRL) of £13.1m. The majority of this (£12.0m) relates to Research & Development (R&D).

19. The overall summary position, as at November 2022, is reflected in the following table.

Capital Summary	Total CRL £'000	Year to date spend £'000	Full year forecast £'000	Forecast Surplus / (Deficit) £'000
HSC R&D:				
R&D - Other Bodies	6,551	2,016	6,551	0
R&D - Trusts	8,208	6,792	8,208	0
R&D Capital Receipts	(2,759)	(142)	(2,759)	0
Subtotal HSC R&D	**12,000**	**8,666**	**12,000**	**0**
CHITIN Project:				
CHITIN - Other Bodies	0	0	0	0
CHITIN - Trusts	0	0	0	0
CHITIN - Capital Receipts	0	0	0	0
Subtotal CHITIN	**0**	**0**	**0**	**0**
Other:				
Congenital Heart Disease Network	436	54	436	0
Online Safety Project	15	0	15	0
Covid Wastewater	600	0	600	0
Subtotal Other	**1,051**	**54**	**1,051**	**0**
Total HSCB Capital position	**13,051**	**8,720**	**13,051**	**0**

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

21. CHITIN (Cross-border Healthcare Intervention Trials in Ireland Network) is a unique cross-border partnership between the Public Health Agency in Northern Ireland and the Health Research Board in the Republic of Ireland, to develop infrastructure and deliver Healthcare Intervention Trials (HITs). The CHITIN project is funded from the EU's INTERREG VA programme, and the funding for each financial year from the Special EU Programmes Body (SEUPB) matches expenditure claims, ensuring a breakeven position. It should be noted that the values for CHITIN have not yet been fully confirmed by way of an CRL allocation letter. PHA R&D team are working with the DoH Capital Investment Team to finalise and any update will be noted, where required, in future finance reports.

22. PHA has also received a number of smaller capital allocations including the Congenital Heart Disease (CHD) Network (£0.4m), which is managed through the PHA R&D team, and a COVID-19 Wastewater project (£0.6m) which is a QUB project analysing wastewater to help with the tracking of outbreaks of COVID-19. A small CRL allocation has been received for an online safety project, which relates to SBNI, and is anticipated to be spent in quarter 4 of the financial year.

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

Recommendation

24. The PHA Board are asked to note the PHA financial update as at December 2022.

Public Health Agency

Annex 1 - Finance Report

2022-23

Month 9 - December 2022

PHA Financial Report - Executive Summary

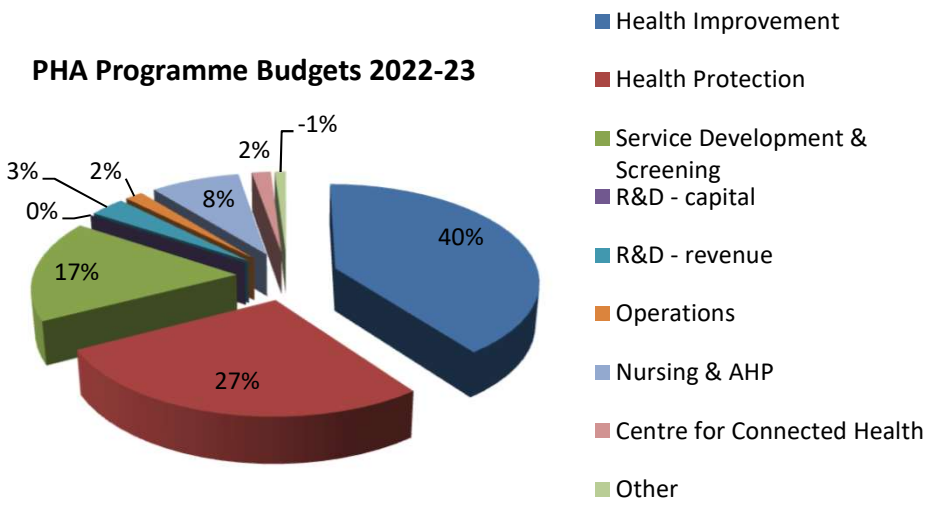
Year to Date Financial Position (page 2)

At the end of month 9 PHA is reporting an underspend of £2.2m against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6) and PHA Direct programme budgets, with expenditure running behind profiled budget in a number of areas.

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

Programme Budgets (pages 3&4)

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

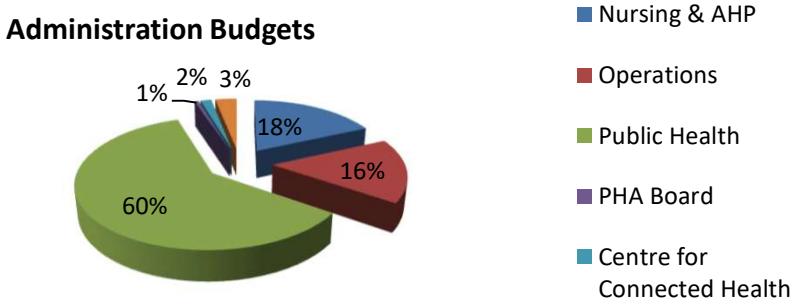


Administration Budgets (page 5)

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

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

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



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a surplus of £1.6m for the full year.

The Administration and Programme budgets are being continually reviewed in order to update the full year forecast.

Public Health Agency
2022-23 Summary Position - December 2022

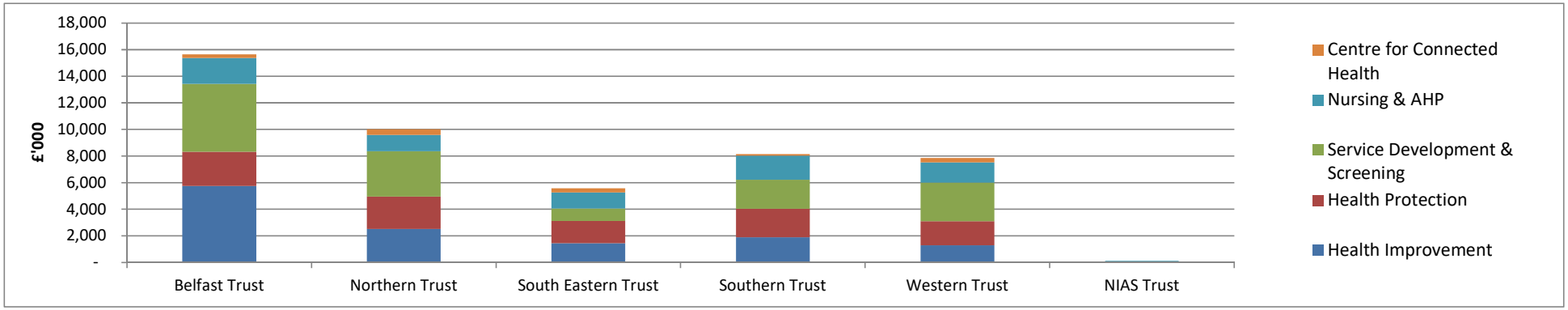
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	47,272	55,892	3,303	27,424	**133,891**	35,453	36,153	2,670	20,543	**94,820**
Assumed Retraction	-	-	-	-	**-**	-	-	-	-	**-**
Revenue Income from Other Sources	-	58	-	884	**941**	-	58	-	584	**641**
Total Available Resources	47,272	55,949	3,303	28,307	**134,832**	35,453	36,211	2,670	21,127	**95,462**
Expenditure										
Trusts	47,272	-	147	-	**47,419**	35,453	-	111	-	**35,564**
PHA Direct Programme *	-	56,349	3,140	-	**59,489**	-	35,208	2,554	-	**37,762**
PHA Administration	-	-	-	26,342	**26,342**	-	-		19,946	**19,946**
Total Proposed Budgets	47,272	56,349	3,287	26,342	**133,250**	35,453	35,208	2,664	19,946	**93,272**
Surplus/(Deficit) - Revenue	0	(399)	16	1,965	**1,582**	-	1,002	6	1,181	**2,190**
Cumulative variance (%)						***0.00%***	***2.77%***	***0.23%***	***5.59%***	***2.29%***

The year to date financial position for the PHA shows an underspend of £2.2m, which is a result of PHA Direct Programme expenditure being behind profiled budgets and a year-to-date underspend within Administration budgets.

A surplus of £1.6m is currently forecast for the year.

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

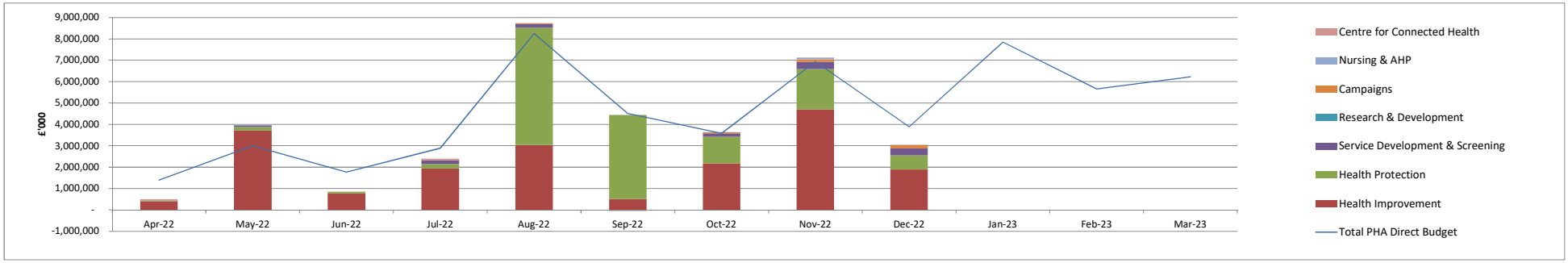
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	NIAS Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	5,746	2,516	1,443	1,889	1,282	68	**12,945**	9,709	9,709	-
Health Protection	2,585	2,440	1,677	2,140	1,817	-	**10,660**	7,995	7,995	-
Service Development & Screening	5,091	3,403	941	2,188	2,919	-	**14,542**	10,906	10,906	-
Nursing & AHP	1,946	1,226	1,197	1,811	1,498	57	**7,735**	5,801	5,801	-
Centre for Connected Health	279	431	315	115	336	-	**1,476**	1,107	1,107	-
Quality Improvement	23	-	-	-	-	-	**23**	17	17	-
Other	(37)	(23)	(11)	(19)	(19)	0	**(109)**	(82)	(82)	-
Total current RRLs	**15,633**	**9,993**	**5,562**	**8,125**	**7,833**	**126**	**47,272**	**35,453**	**35,453**	-
Cumulative variance (%)										***0.00%***

The above table shows the current Trust allocations split by budget area. The negative figures in the Other line reflect the retraction of funds relating to the 1.25% NIC uplift when this increase was reversed during month 8.
Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date as funds previously held against PHA Direct budget have now been issued to Trusts.

PHA Direct Programme Expenditure



	Apr-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	1,268	2,538	1,454	2,248	2,621	646	2,284	4,242	1,919	2,998	3,463	3,247	**28,927**	19,219	18,791	428	*2.2%*
Health Protection	42	254	144	128	5,448	3,775	1,159	1,998	1,843	2,293	245	1,000	**18,329**	14,792	13,663	1,129	*7.6%*
Service Development & Screen	79	144	102	489	53	11	22	574	523	48	553	556	**3,154**	1,997	1,961	36	*1.8%*
Research & Development	-	-	-	-	-	-	-	-	-	2,000	1,000	418	**3,418**	-	-	-	*0.0%*
Campaigns	3	2	18	5	15	52	15	38	284	305	273	730	**1,741**	432	396	36	*8.4%*
Nursing & AHP	2	3	50	14	19	19	43	47	30	73	117	387	**804**	226	172	54	*23.8%*
Centre for Connected Health	-	61	5	-	57	-	3	9	1	121	6	84	**347**	136	116	20	*14.5%*
Quality Improvement	-	-	-	-	38	-	58	26	-	14	-	46	**182**	122	109	13	*10.9%*
Other	-	-	-	-	-	-	-	-	(713)	-	-	(238)	**(951)**	(713)	0	(713)	*100.0%*
Total PHA Direct Budget	**1,393**	**3,001**	**1,772**	**2,884**	**8,252**	**4,503**	**3,584**	**6,934**	**3,887**	**7,853**	**5,658**	**6,228**	**55,949**	**36,211**	**35,208**	**1,002**	
Cumulative variance (%)																***2.77%***	
Actual Expenditure	**503**	**3,986**	**1,106**	**2,336**	**8,954**	**4,476**	**3,786**	**6,950**	**3,111**	**-**	**-**	**-**	**35,208**				
Variance	**890**	**(985)**	**666**	**548**	**(702)**	**27**	**(202)**	**(16)**	**776**				**1,002**				

The year-to-date position shows an underspend of approximately £1.0m against profile, primarily due to expenditure behind profile within Health Protection vaccines budget. A year-end overspend of £0.4m is anticipated, reflecting the plan to overspend to absorb anticipated underspends within Administration budgets, offset by a forecast underspend on vaccines.

Public Health Agency
2022-23 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000	Covid £'000	NDNA £'000	Other ringfenced £'000	Total £'000
Available Resources								
DoH Allocation	2,224	272	639	**3,135**	2,226	111	333	**2,670**
Assumed Allocation/(Retraction)	169	-	-	169	-	-	-	**-**
Total	2,393	272	639	**3,303**	2,226	111	333	**2,670**
Expenditure								
Trusts	-	147	-	**147**	-	111	-	**111**
PHA Direct	2,393	125	623	**3,140**	2,216	0	337	**2,554**
Total	2,393	272	623	**3,287**	2,216	111	337	**2,664**
Surplus/(Deficit)	**-**	**-**	**16**	**16**	**10**	**(0)**	**(4)**	**6**

PHA has received a COVID allocation totalling £2.2m to date, £2.1m of which is for Contract Tracing. A small overspend is forecast for the full year, maily relating to Vaccination roll out, which is currently being managed within the PHA's overall financial position.

Transformation funding has been received for a Suicide Prevention project totalling £0.3m. This project is being monitored and reported on separately to DoH, and a breakeven position is anticipated for the year.

Other ringfenced areas include Safe Staffing, NI Protocol and funding for SBNI. A small overspend has been shown for the year-to-date. This is a timing issue only, and it is expected that these areas will achieve a breakeven position for the year.

PHA Administration

2022-23 Directorate Budgets

	Nursing & AHP	Quality Improvement	Operations	Public Health	PHA Board	Centre for Connected Health	SBNI	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Annual Budget								
Salaries	4,887	641	3,492	16,336	115	391	619	**26,481**
Goods & Services	163	12	1,004	323	48	46	230	**1,826**
Total Budget	**5,050**	**653**	**4,496**	**16,659**	**162**	**437**	**850**	**28,307**
Budget profiled to date								
Salaries	3,669	436	2,575	12,248	70	296	464	**19,760**
Goods & Services	123	9	753	243	31	36	173	**1,367**
Total	**3,792**	**446**	**3,328**	**12,491**	**101**	**332**	**637**	**21,127**
Actual expenditure to date								
Salaries	3,554	435	2,178	11,287	210	309	463	**18,435**
Goods & Services	164	8	814	242	162	11	110	**1,512**
Total	**3,718**	**443**	**2,991**	**11,528**	**372**	**320**	**573**	**19,946**
Surplus/(Deficit) to date								
Salaries	115	2	398	962	(139)	(13)	2	**1,325**
Goods & Services	- 41	1	(61)	1	- 131	24	62	**(144)**
Surplus/(Deficit)	**74**	**2**	**337**	**963**	**(271)**	**12**	**64**	**1,181**
Cumulative variance (%)	*1.95%*	*0.51%*	*10.13%*	*7.71%*	*-267.20%*	*3.50%*	*10.08%*	***5.59%***

PHA's administration budget is showing a year-to-date surplus of £1.2m, which is being generated by a number of vacancies, particularly within Health & Well-being Improvement and SDS. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be c£1.9m, which includes a release of the annual leave accrual and the cost on the EY Reshape & Reform Review.

The SBNI budget is ringfenced and any underspend will be returned to DoH prior to year end.

PHA Prompt Payment

Prompt Payment Statistics

	December 2022 Value	December 2022 Volume	Cumulative position as at December 2022 Value	Cumulative position as at December 2022 Volume
Total bills paid (relating to Prompt Payment target)	£3,950,777	352	£51,796,531	4,196
Total bills paid on time (within 30 days or under other agreed terms)	£3,944,446	342	£50,937,566	4,090
Percentage of bills paid on time	**99.8%**	**97.2%**	**98.3%**	**97.5%**

Prompt Payment performance for Decemner shows that PHA achieved the 95.0% target on both volume and value. The year to date position shows that on both value and volume, PHA is achieving its 30 day target of 95.0%. Prompt payment targets will continue to be monitored closely over the 2022-23 financial year.

The 10 day prompt payment performance remains very strong at 85.3% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2022-23 of 70%.

HSC Public Health Agency

minutes

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	13 October 2022 at 2pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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

In Attendance

Mr Aidan Dawson	-	Chief Executive (*For items 1 to 4*)
Mr Stephen Wilson	-	Interim Director of Operations
Mr Stephen Murray	-	Interim Assistant Director of Planning and Business Services
Ms Andrea Henderson	-	Assistant Director of Finance, SPPG
Mr David Charles	-	Internal Audit, BSO
Mr Roger McCance	-	NIAO *(via video link)*
Mr Robert Graham	-	Secretariat

Apologies

Mr Robert Irvine	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director
Ms Tracey McCaig	-	Director of Finance, SPPG

51/22 **Item 1 – Welcome and Apologies**

51/22.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine, Ms Deepa Mann-Kler and Ms Tracey McCaig.

52/22 **Item 2 - Declaration of Interests**

52/22.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.

52/22.2 Mr Clayton declared an interest in relation to Item 10, the Mid-Year Assurance Statement, indicating that as the Statement makes reference to PHA's involvement in Public Inquiries, and given his role in UNISON, he should step out of the meeting during that discussion. Mr Stewart noted Mr Clayton's comments and advised that the Committee would not have a quorum for the discussion on that item, and therefore a

further meeting of the Committee will need to be convened in advance of next Thursday's Board meeting to discuss this single item.

53/22 **Item 3 – Minutes of previous meeting held on 28 July 2022**

53/22.1 The minutes of the previous meeting, held on 28 July 2022 were **approved** as an accurate record of that meeting, subject to one amendment in paragraph 45/22.2 where the minute will be changed to state, "…remains high and the majority of responses were being issued…"

54/22 **Item 4 – Matters Arising**

54/22.1 Mr Stewart went through the actions from last meeting. He advised that he and Mr Wilson had had a discussion in relation to the 3 lines assurance model and that a decision has been made to adopt this in PHA. Mr Wilson added that a training session is going to be arranged for senior staff in PHA and that Mr Charles will participate in that and that following the training, PHA's Corporate Risk Register will be reviewed accordingly. Mr Stewart asked that Non-Executive Directors are included in that training **(Action 1 – Mr Wilson)**.

54/22.2 Mr Stewart noted that following a discussion at the last meeting regarding the risk on PHA's Corporate Risk Register around procurement, the Chief Executive was invited to today's meeting. He said that this risk has been on the Register since 2013 and although it was modified in 2018, it has not yet been fully resolved and he noted that this is an area of concern for the Chief Executive.

54/22.3 The Chief Executive advised that this risk has been discussed at the Procurement Board, and noted that two Planning Managers have been appointed to take this work forward, but due to COVID it took some time to get those Planning Managers into their roles, and that they now have a work plan. He agreed that there is a need to review the risk and to agree with the Procurement Board what the current risk is that the organisation is facing. He explained that there is a new commissioning system which may impact on how PHA does its work and going forward, PHA may have to look at whether it moves towards a grant system or continues with the current contracting model. He added that this also needs to be looked at in the context of the current financial constraints in the HSC. He said that the risk should be reviewed and reshaped and noted that the purpose of having a Corporate Risk Register is to have a risk in your line of vision and to have an action plan to mitigate it. However, he said that the risk today is now a different one.

54/22.4 Mr Stewart said that the role of the Committee is to support the Chief Executive and its reservations regarding this risk relate to its antiquity. Mr Clayton agreed with the Chief Executive and that this risk has been on the Register for a considerable period of time and there is a need to get a better handle on what the nature of the risk is now noting that it

has evolved. He said that it would be helpful to get a better sense of the risk.

54/22.5 The Chief Executive explained that another factor to be taken into consideration is "social value procurement" which wasn't in existence when this risk first came into being, but is now an essential element of procurement, and has changed the landscape in which PHA is purchasing. He said that the environment has changed considerably which is why there is a need to have a new risk.

54/22.6 The Chief Executive said that he would raise the issue of the antiquity of some of the other risks on the Register with the Agency Management Team (AMT) as having a risk that is old represents a risk in itself.

54/22.7 Mr Charles commented that it would be unusual for risks that are rated "low" to feature on Corporate Risk Registers as these would normally feature on directorate risk registers. He added that there are a lot of issues for Trusts in relation to the procurement of contracts with community and voluntary sector organisations so PHA is not alone in this space. He said that a lot of Trusts would also have a Procurement Plan and Internal Audit would point out that matters need to be progressed. He added that PALS are involved in this work.

54/22.8 Mr Charles said that Internal Audit has had a risk on its Risk Register for the last 10 years and the risk is still prevalent, therefore it is possible that organisations can have an inherent risk even after working to mitigate it as much as possible.

54/22.9 Mr Murray explained that when this risk was first identified the Procurement Regulations had just come out and the risk in terms of the challenge that would bring to PHA has not emerged as it might have done. He said that PHA has good processes in place to ensure that it is achieving good outcomes and value for money. He advised that there is also an internal review process where it would be determined if funding was being used correctly and whether an initiative should be procured, go through a grants process or be taken on by Local Councils. He said that the landscape has changed and agreed that there is a need to review the risk.

54/22.10 Mr Stewart commented that there was little value in the Committee considering risks that are not actually risks and he agreed that AMT should take a good look at all the risks and ensure that they reflect the current situation. Mr Wilson advised that when the Corporate Risk Register was brought to AMT, it was agreed that Directors needed to take a more hands-on approach as there is a number of risks that have been on the Register for a long time. He added that looking at the 3 lines model will present an opportunity to take a fresh look at the Corporate Risk Register. He assured members that AMT is looking to tighten up this area. Mr Stewart sought clarity that AMT will review this risk and bring it back to the Committee. The Chief Executive agreed,

and said that reviewing this risk may mean closing it down and putting on a new risk which reflects the current situation, and he undertook to ensure that this is brought back to the Committee **(Action 2 – Chief Executive)**.

54/22.11 Mr Wilson advised that the third action relating to information governance training is being looked at.

At this point the Chief Executive left the meeting

55/22 Item 5 – Chair's Business

55/22.1 Mr Stewart advised that he had no Chair's Business.

56/22 Item 6 – Internal Audit

Internal Audit Progress Report [GAC/33/10/22]

56/22.1 Mr Charles presented the latest Progress Report and informed members that one audit, relating to population screening, has been issued as a draft report and management responses are being awaited. He hoped that this report will come to the next meeting.

56/22.2 Mr Charles explained that there was a proposal to carry out an audit of emergency planning in 2022/23, but following a discussion with the Chief Executive and Mr Wilson it was proposed that this would be deferred until early 2023/24 to allow management time to follow through on system changes. He advised that an audit of recruitment processes would be brought forward. He said that the Chief Executive was content with this change, but it requires formal approval by the Committee.

56/22.3 Mr Stewart said that he had had a discussion with the Chief Executive and given that there are delays in being able to recruit vacant posts, he thought that it would be appropriate to carry out an audit of the end-to-end recruitment processes at this time. He added that PHA's emergency planning arrangements have worked well in recent times.

56/22.4 Mr Clayton asked that, if the audit of recruitment was about end-to-end processes, how much of it would be about the work of PHA and how much would be about the role of BSO. He said that this may impact on the terms of reference. Mr Stewart said that the issue of delays in recruitment has arisen in other reports. The Chief Executive said that he would be keen to understand where the blockages are. Mr Charles explained that there are three stages of the recruitment process. He advised that if PHA wishes to recruit a member of staff then the manager in PHA needs to liaise with retained recruitment in BSO prior to the post going on to BSO Shared Services to be recruited. He added that Internal Audit will be doing an audit of Shared Services at the same time so it will test a sample of PHA recruitment exercises to see how quickly each stage of the process happens. He said that any elements

of the audit that pertain specifically to PHA will be reported to PHA so this will be about not only how PHA holds Shared Services to account, but how PHA holds its own managers to account. Mr Clayton commented that it will be useful to get a handle on this in order to see where the pressures and weaknesses are as there is a tendency for each department to blame the other.

56/22.5 The Committee **APPROVED** the deferral of the Emergency Planning audit and the bringing forward of the audit of recruitment processes.

56/22.6 Members noted the Internal Audit Progress Report.

Mid-Year Follow up on Outstanding IA Recommendations 2021/22 [GAC/34/10/22]

56/22.7 Mr Charles advised that Internal Audit carries out a follow up exercise twice a year to confirm the status of outstanding audit recommendations. He reported that of the 60 recommendations, 46 are fully implemented with 14 partially implemented. He added that there has been good engagement with management.

56/22.8 Mr Charles said that the table in the report gives a snapshot of each report and the status of the recommendations. He advised that the oldest recommendation relates to health and social wellbeing contracts. He said that some of the recommendations relating to screening and Family Nurse Partnership (FNP) remain partially implemented. With regard to the audit of Board Effectiveness, he reported that 6 of the 7 recommendations due for implementation have been fully implemented which shows how serious this audit has been taken. Following the Performance Management audit, he advised that 2 recommendations are still only partially implemented. He noted that a lot of work has been done in this area with Performance Management reports being presented to the Board, but there is still a need to get a Performance Framework in place.

56/22.9 Mr Clayton noted that progress is being made. He commented that with regard to the population screening and FNP audits, a number of years have passed since those recommendations were made and he queried whether implementation will be possible. He said he recalled an issue about finding original paperwork relating to FNP. For the information governance audit recommendations, he suggested that these could be looked at by the subgroup. In relation to the audit on Board effectiveness audit, he advised that the Board is currently completing the self-assessment for 2021/22 and he noted the progress made.

56/22.10 Mr Charles said that the information governance recommendation, which relates to GDPR, will be a difficult one to implement as contractual requests are difficult. He added that this recommendation may remain for a while. Mr Murray said that the issue for PHA is working out what it can do to get this recommendation over the line. Mr Charles asked how

	many contracts need to be GDPR compliant. With regard to FNP, he said that Ms Deirdre Webb is the contact and that there remains a difficulty in finding the original documentation. He suggested that if it cannot be found then a new agreement should be put in place. He advised that for population screening, a draft report has been issued, and he acknowledged that this is an area where there has been a lot of staffing pressures.
56/22.11	Mr Stewart said that he recalled that there was no way to access the original documentation and he asked at what point does this recommendation become no longer viable and should be written off. He added that he also had a query about the license fee that PHA is paying. Mr Charles commented that there is a case where in a Trust there are recommendations which cannot be implemented, so the issue is about an alternative mitigation for the risk. He advised that if management is content that all possible actions have been taken, it can propose that the recommendation is closed. He said that while he did not feel that the recommendations relating to population screening were at that stage, he acknowledged the efforts that have been made to find the original documentation relating to FNP.
56/22.12	Mr Clayton suggested that management should come back with an update and then the Committee can determine if the recommendations should be closed. Mr Wilson advised that he has spoken to the Nursing team and that both parties in FNP have had difficulty in locating the original agreement. He noted that as FNP is expanding, it should be possible to take action to satisfy the principle of the recommendation. Mr Clayton said that this would be important so that it can be closed off.
56/22.13	Members noted the Mid-Year Follow up on Outstanding Internal Audit Recommendations.
	Shared Service Audits [GAC/35/10/22]
56/22.14	Mr Charles reported that since the last Committee meeting, an audit has carried out in Accounts Payable Shared Services with a satisfactory level of assurance being given. He advised that controls are operating as designed and that they are robust. He added that this is an area where there is usually a satisfactory level of assurance given.
56/22.15	Mr Charles advised that an audit of the Business Services Team also had the outcome of a satisfactory level of assurance being given.
56/22.16	Members noted the Shared Services Audits.
	Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit [GAC/36/10/22]
56/22.17	Mr Charles advised that the Mid-Year Assurance Statement is a summary of what has been discussed already.

56/22.18 Members noted the Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit.

57/22 Item 7 – Corporate Governance

Corporate Risk Register (at 30 September 2022) [GAC/37/10/22]

57/22.1 Mr Wilson advised that the Corporate Risk Register has been reviewed as at 30 September and that one risk has been removed, that relating to the HRPTS system. He added that the risk relating to information governance has had its rating reduced to "low".

57/22.2 Mr Stewart said that he would like to see the wording of risk 39 on cyber security reflect those elements which are within the control of PHA. He asked if PHA is required to have this risk on its Register as many of the actions relate to regional activity which is outside the scope of PHA. Mr Wilson advised that PHA is reliant on support from BSO ITS, but that it plays a full part on the Regional Programme Board. He added that PHA has a responsibility in terms of staff training and staff awareness. Mr Stewart suggested that this risk should be combined with some elements of risk 52 on information governance, but Mr Wilson said that information governance is a risk in itself. Mr Stewart said that if PHA has to retain a risk on cyber security, he would wish to know the exact nature of the risk to PHA and the methodology being used to contain it.

57/22.3 Mr Clayton noted that there is a PHA aspect to this risk and that PHA has to work in conjunction with other HSC bodies. He raised two issues, the first of which is about the need for Board members to be trained. He also asked whether a date has been agreed to carry out a business continuity test in relation to cyber security. Mr Wilson advised that PHA is working with IT colleagues with a view to a test taking place during the second half of the year. He added that training is being rolled out. Mr Clayton asked if the test is being carried out because PHA has a concern about this area. Mr Wilson explained that normally business continuity arrangements are put in place for a temporary issue, but in the event of a cyber attack, PHA may be affected for a sustained period of time.

57/22.4 Mr Wilson agreed that it would not be routine for risks rated "low" to appear on the Corporate Risk Register and that there would be a complete overhaul of the Register, but this was not completed in time for this meeting. He added that the aim is to move this risk to the directorate risk register.

57/22.5 Mr Clayton said that the risk on emergency planning (risk 46) has been on the register for some time and he asked if it was close to being resolved. He noted that the main issues relate to contractual terms and conditions and job descriptions. Mr Wilson said that these were regional issues.

57/22.6	Mr Stewart asked why the rating for the risk on information governance was reduced to “low”. Mr Wilson said that the Deputy Director of Public Health proposed the change in rating because of the antiquity of some of the issues. He explained that this risk escalated during COVID because PHA was responsible for holding more personal data but now that contact tracing and testing has been stood down, there is lower exposure to this risk. Mr Clayton said that he appreciated this explanation, but asked if this situation would change once PHA moves into the autumn/winter. He also asked whether it was too soon to change the rating of the risk given the current pressures on the information governance team. Mr Stewart said that part of the difficulty with this risk is that information governance covers a wide area, and the current description of the risk is quite narrow. He asked if the rating of the risk is likely to be increased again, or will there be a new risk. Mr Wilson replied that the relevant leads will be brought together to look at the fundamental elements of the risk. Mr Stewart suggested that this AMT may wish to review the risk and consider a new risk on information security which covers information governance, data security and cyber security.
56/22.7	Mr Stewart commented that risk 55 relating to staffing issues has been updated, but that PHA is going through a period of transition. Mr Clayton noted that this risk was not specific to the organisation as a whole and he suggested that going forward, it should be highlighted where there are particular challenges in particular directorates and a sense of the vacancy rate. Mr Stewart noted that the outcome of the audit on recruitment may impact on how this risk is worded. Mr Wilson advised that BSO has recruited a strategic business partner, Ms Karyn Patterson, who will work exclusively with PHA and that since Ms Patterson commenced her role, she has provided information which is keeping Directors up to date across a range of HR matters.
57/22.8	Mr Stewart noted that the wording on risk 60 has been amended to reflect that it is now about the effect of the migration to SPPG. Mr Wilson advised that the 2011 HSC Framework Document, which outlines the role of each organisation, is currently being reviewed by the Department. Mr Clayton asked if this review will take into account the new ICS model. Mr Murray said that it will, and that it will be an “interim” update.
57/22.9	Mr Clayton asked for an update on risk 61, which is about IT systems to support screening programmes, and when this work may be accommodated as part of the Encompass programme. Mr Wilson said that he did not know but he would seek an update for members **(Action 3 – Mr Wilson)**. Mr Clayton welcomed this and said it would be good to know whether Encompass can do this work, and when. Mr Wilson commented the timelines may not be short.
57/22.10	In relation to risk 62 on the regional COVID vaccinators bank, Mr Clayton sought clarity on whether PHA’s registration as a nursing

agency with RQIA had progressed. Mr Wilson undertook to get an update on this **(Action 4 - Mr Wilson)**.

57/22.11 Mr Clayton said that risk 63 about the Lifeline information management system, should be close to being closed off. Mr Murray reported that there was an issue in that Etain are presently being taken over by Deloitte. However, he explained that in the longer term, the Belfast Trust will have their own system.

57/22.12 Mr Wilson advised that risk 64 around cyber security is on the Corporate Risk Register as a recommendation of the regional group. He explained that this relates to a cyber attack on a supplier or partner of an HSC organisation.

57/22.13 Members **APPROVED** the Corporate Risk Register as at 30 September 2022.

Operations Directorate Risk Register [GAC/38/10/22]

57/22.14 Mr Wilson presented the Operations Directorate Risk Register and reported that in the area of web hosting and web maintenance, there is a high risk as PHA does not currently have a digital web editor, but has a contingency plan in place with BT48. He added that BT48 provides a good service.

57/22.15 Mr Wilson reported that the risk relating to the corporate website has been de-escalated from the Corporate Risk Register. He explained that PHA does not currently have the website it wishes and is aiming to get it re-purposed onto the COVID website which is on a more agile platform.

57/22.16 Mr Wilson advised that there is a risk for PHA in terms of capacity within the information governance team which is a consequence of the demands on the team given the workload associated with the Public Inquiries that are taking place. He said that there is an aim to bring in additional capacity.

57/22.17 Mr Wilson commented that while the Operations Directorate Risk Register may appear to be light, many of the directorate's risks would ultimately go onto the Corporate Risk Register.

57/22.18 Mr Clayton noted that there are fewer risks on the Operations Directorate Risk Register and agreed that risks on the Corporate Risk Register would tend to fall to the Operations directorate. He said that the first risk, about web hosting, relates to the recruitment of a very specialised post and has implications for PHA as a whole. He added that the information governance risk caused him some concern given the growth in the workload of that team and that staff have had to go above and beyond. He said that the staff should get a break and not risk burn out. With regard to the third risk relating to the public website and the proposal to repurpose the COVID website, he said that this is

vital. He commented that it has been helpful to get a sense of the risks facing the directorate.

57/22.19 Members noted the Operations Directorate Risk Register as at 30 September 2022.

58/22 Item 8 – Finance

Fraud Liaison Officer Update Report [GAC/39/10/22]

58/22.1 Ms Henderson advised that one new case of suspected fraud has been reported concerning a member of staff who left PHA in 2021 but continued to be paid until July 2022. She said that this matter is currently with the Counter Fraud Unit and the Committee will be updated at its next meeting. She added that the Director of Finance has asked for a review of the management controls given the circumstances of this case.

58/22.2 Ms Henderson reported that the National Fraud Initiative for 2022/23 has commenced and a Privacy Notice sent out to all PHA staff. She said that the Committee would be kept updated on this work.

58/22.3 Members noted the Fraud Liaison Officer Update Report.

59/22 Item 9 – Update from External Audit

Final Report to those Charged with Governance [GAC/40/10/22]

59/22.1 Mr McCance advised that members will have seen the draft report and be aware of its findings. He reaffirmed that PHA's accounts were certified by the Comptroller and Auditor General with no qualifications. He added that the audit was now complete and that the report has not been changed.

59/22.2 Mr Stewart thanked Mr McCance for the report and welcomed the fact that PHA had received this opinion.

59/22.3 Members noted the Final Report to those Charged with Governance.

60/22 Item 10 – PHA Mid-Year Assurance Statement [GAC/41/10/22]

60/22.1 This item was deferred to a future meeting.

61/22 Item 11 - Draft Governance and Audit Committee Self-Assessment [GAC/42/10/22]

61/22.1 Mr Stewart advised that he had gone through the draft self-assessment with Mr Graham and had no issues with its content.

61/22.2 Mr Clayton sought clarity that under question 10, Mr Stewart is the

	nominated member with financial experience given there is now a Non-Executive Director on the Board with a finance background. Mr Stewart confirmed that he is the nominated member for the purposes of this assessment.
61/22.3	Mr Clayton asked whether the date on question 29 was current given the Committee had reviewed its terms of reference recently. Mr Graham undertook to amend this **(Action 5 – Mr Graham)**.
61/22.4	Members **APPROVED** the Draft Governance and Audit Committee Self-Assessment.
62/22	**Item 12 - SBNI Declaration of Assurance [GAC/43/10/22]**
62/22.1	Mr Stewart noted that there were no areas of major concern that he had picked up in the SBNI Declaration of Assurance.
62/22.2	Members noted the SBNI Declaration of Assurance.
63/22	**Item 13 – Any Other Business**
63/22.1	There was no other business.
64/22	**Item 14 – Details of Next Meeting**
	To be confirmed
	Signed by Chair:
	Joseph Stewart
	Date: 7 February 2023

minutes

Title of Meeting	Extraordinary Meeting of the Public Health Agency Governance and Audit Committee
Date	17 October 2022 at 3pm
Venue	The Mount Conference Centre, Woodstock Link, Belfast

Present

Mr Joseph Stewart	-	Chair
Mr Robert Irvine	-	Non-Executive Director

In Attendance

Mr Aidan Dawson	-	Chief Executive
Mr Stephen Wilson	-	Interim Director of Operations
Ms Tracey McCaig	-	Director of Finance, SPPG
Mr Robert Graham	-	Secretariat

Apologies

Mr John Patrick Clayton	-	Non-Executive Director
Ms Deepa Mann-Kler	-	Non-Executive Director

65/22	**Item 1 – Welcome and Apologies**
65/22.1	Mr Stewart welcomed everyone to the extraordinary meeting. Apologies were noted from Mr John Patrick Clayton and Ms Deepa Mann-Kler.
65/22.2	Mr Stewart advised that it was necessary to convene this meeting because at the meeting of 15 October, it was not possible for the Committee to approve the PHA Mid-Year Assurance Statement. He explained that at that meeting Mr Clayton had declared an interest in relation to the Mid-Year Assurance Statement because it contains references to Public Inquiries. Mr Stewart advised that this meant that there was no quorum at that point of the meeting so the paper had to be deferred, but as it required approval in advance of the PHA Board meeting on 20 October, this extraordinary meeting needed to be convened.
66/22	**Item 2 – PHA Mid-Year Assurance Statement [GAC/41/10/22]**
66/22.1	Mr Stewart asked Mr Irvine if he was content with the draft Statement which had been submitted to the Committee. Mr Irvine confirmed that he had no issues with the draft.

66/22.2	Members **APPROVED** the PHA Mid-Year Assurance Statement which will be brought to the PHA Board on 20 October.
67/22	**Item 3 – Any Other Business**
67/22.1	There was no other business.
68/22	**Item 4 – Details of Next Meeting**
	To be confirmed
	Signed by Chair:
	Joseph Stewart
	Date: 7 February 2023

HSC Public Health Agency

item 11

Title of Meeting	PHA Board Meeting
Date	16 February 2023
Title of paper	Review of PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority
Reference	PHA/03/02/23
Prepared by	Robert Graham / Andrea Henderson
Lead Director	Stephen Wilson / Tracey McCaig
Recommendation	For **Approval** ☒ For **Noting** ☐

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

Minor changes have been made as outlined below.

Changes to Standing Orders

The main changes in Standing Orders relate to the updating of all references to the former HSCB and replacing those with SPPG.

Following the establishment of the Planning, Performance and Resources Committee, the terms of reference for that Committee have been included as an Appendix, and the Committee is included in the list of Committees on page 27.

On page 10, a comment has been inserted re the Commissioning Plan process.

Under Standing Order 3.4.7 (page 84), the value of the EU threshold has been updated. On page 85 an update has been made regarding the approval of the use of external consultants.

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. References to HSCB have been updated to SPPG.

On page 13, there is an update to paragraph 2.3.4.

On pages 50 to 51 there are updates to the section on capital proposals.

Changes to Schedule of Delegated Authority (SoDA)

The Scheme of Delegated Authority has been updated to reflect the change in EU Thresholds.

It should be noted that following the permanent appointment of a Director of Finance and Operations for PHA, a further review of the Standing Orders and Standing Financial Instructions will be required in order to update/remove references to the Director of Finance, SPPG.

4 Next Steps

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

HSC Public Health Agency

STANDING ORDERS
AND
STANDING FINANCIAL INSTRUCTIONS

~~February 2021~~January 2023

TABLE OF CONTENTS

STANDING ORDERS

Contents **Page**

APPENDICES

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 ~~18~~ 16 ~~March~~ February ~~2021~~2023.

Andrew Dougal
Chairperson

~~**Olive MacLeod**~~**Aidan Dawson**
~~**Interim**~~ **Chief Executive**

Dated: ~~***18 March 2021***~~***16 February 2023***

1. Introduction - Contents

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 Strategic Planning and

Performance Group (SPPG), (formerly 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~~SPPG, 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~~publicly 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~~was previously drawn up by the former 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.
(Following the migration of HSCB to SPPG, PHA is seeking clarification around the Commissioning Plan process).

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)

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~~SPPG, 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 former Regional Health and Social Care Board, now SPPG~~.~~

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

"Local Commissioning Groups" (LCGs) means committees of the SPPG ~~former 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.

"SPPG" means Strategic Planning and Performance Group of the Department of Health

"**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

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 executive*s;
- 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 Strategic

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

2.3 Key Functions of the Agency board

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

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

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

STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD

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

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	Programme for Government	Approve response to consultation	*Within timescale set by Government for response	Director of Operations
B	Commissioning Plan	Approve annual Joint Commissioning Plan to achieve 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

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

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

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

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	Ministerial Priorities and Objectives	Monitor performance against Ministerial priorities and objectives as set out in the Commissioning Plan Directions and ensure corrective action is taken.	Periodic reports as prescribed by the 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

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

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

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

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
A	Financial Performance Framework	To ensure that the Agency achieves it 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: • Health improvement • Health protection • Screening • Commissioning input • Research and Development • PHA Management and Administration	Monthly	Director of Finance

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

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

STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD

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

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

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

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

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

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
G	PHA Corporate Plan	Production of a Corporate Plan covering up to three years ahead, with an annual business plan. Regular monitoring reports	Three yearly Annually	Chief Executive/Director of Operations
H	PHA board Committees	Approve establishment, terms of reference, membership & reporting arrangements of board Committees: • Governance and Audit Committee • Remuneration & Terms of Service Committee • Planning, Performance and Resources Committee • Others as required or directed	Following recommendation for approval by Governance and Audit Committee & for submission to Department for final approval	Chair/Chief Executive

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

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

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

	ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
L L (i)	Code of Conduct and Code of Accountability: 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

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

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

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

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

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

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

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

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

2.3.8 **Additional Functions**				
	ITEMS	**RESPONSIBILITY/TASK**	**CONTROLS**	**LEAD PERSON**
A	**Safety and Quality** Quality improvement plans and associated governance plans	Scrutinise Assessment and Approve Management Plans	Standing item on the board agenda	Director of Public Health/Medical Director and Director of Nursing and Allied Health Professionals, as appropriate
B	* **Statutory Responsibilities** All responsibilities placed upon the Agency board through statute for which a formal Scheme of Delegation is not in place. Including the following matters: • Public Health (Health Promotion/Health Improvement/Health Protection)	As defined in statute	As relevant to specified statutory responsibilities	Appropriate Executive Director Director of Public Health/Medical Director

2.3.8 **Additional Functions**				
	ITEMS	**RESPONSIBILITY/TASK**	**CONTROLS**	**LEAD PERSON**
C	**Public Health** Annual Report	Scrutinise and receive for submission to DoH	Annually	Director of Public Health/Medical Director
D	**Appointment of members to board committees**	Approval of appointment of members to board committees where such persons are not members of the Public Health Agency for onward submission to the Department of Health 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

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~~ three Committees:

- Governance and Audit Committee; ~~and~~
- Remuneration and Terms of Service Committee; and
- Planning, Performance and Resources Committee~~.~~

The terms of reference pertaining to each are set out in appendices 4, ~~and~~ 5 and 6 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~~ SPPG 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.

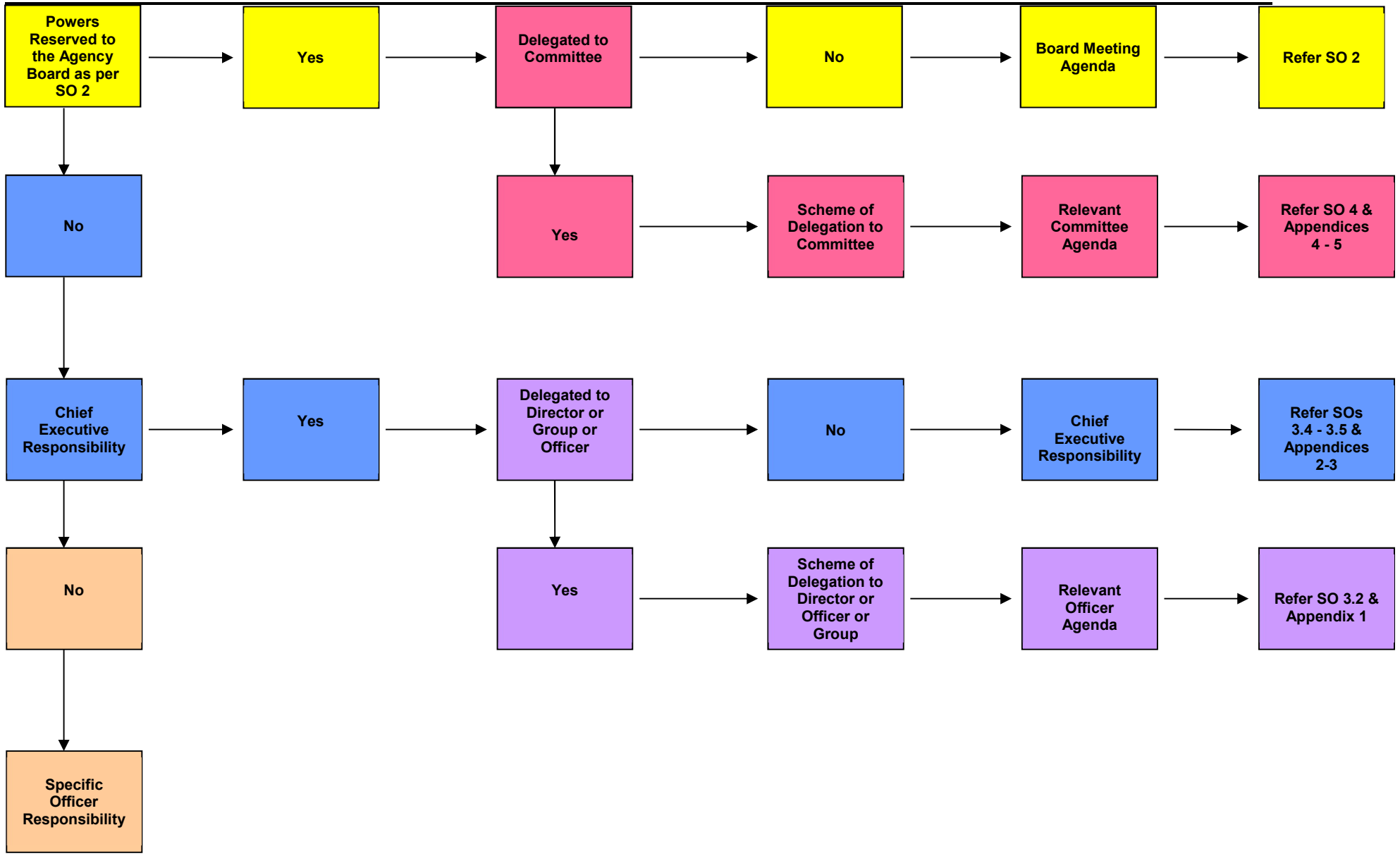
3.1.5 Decision Tree - Flowchart

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) 36/2021 ~~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 DoH 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 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

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
• Planning, Performance and Resources Committee	6

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

5.1.1 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 8~~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 Health Professionals;
- 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 Director of Social Care & Children and the Director of Finance, ~~HSCB~~ SPPG 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~~SPPG;
- Director of Finance, ~~HSCB~~SPPG;
- 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~~7.

5.2 Procedures for Meetings - Contents

5.2.1 Code of Practice on Openness

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

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

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

5.2.2 Open board Meetings

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

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

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) 37/201744/2011 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.

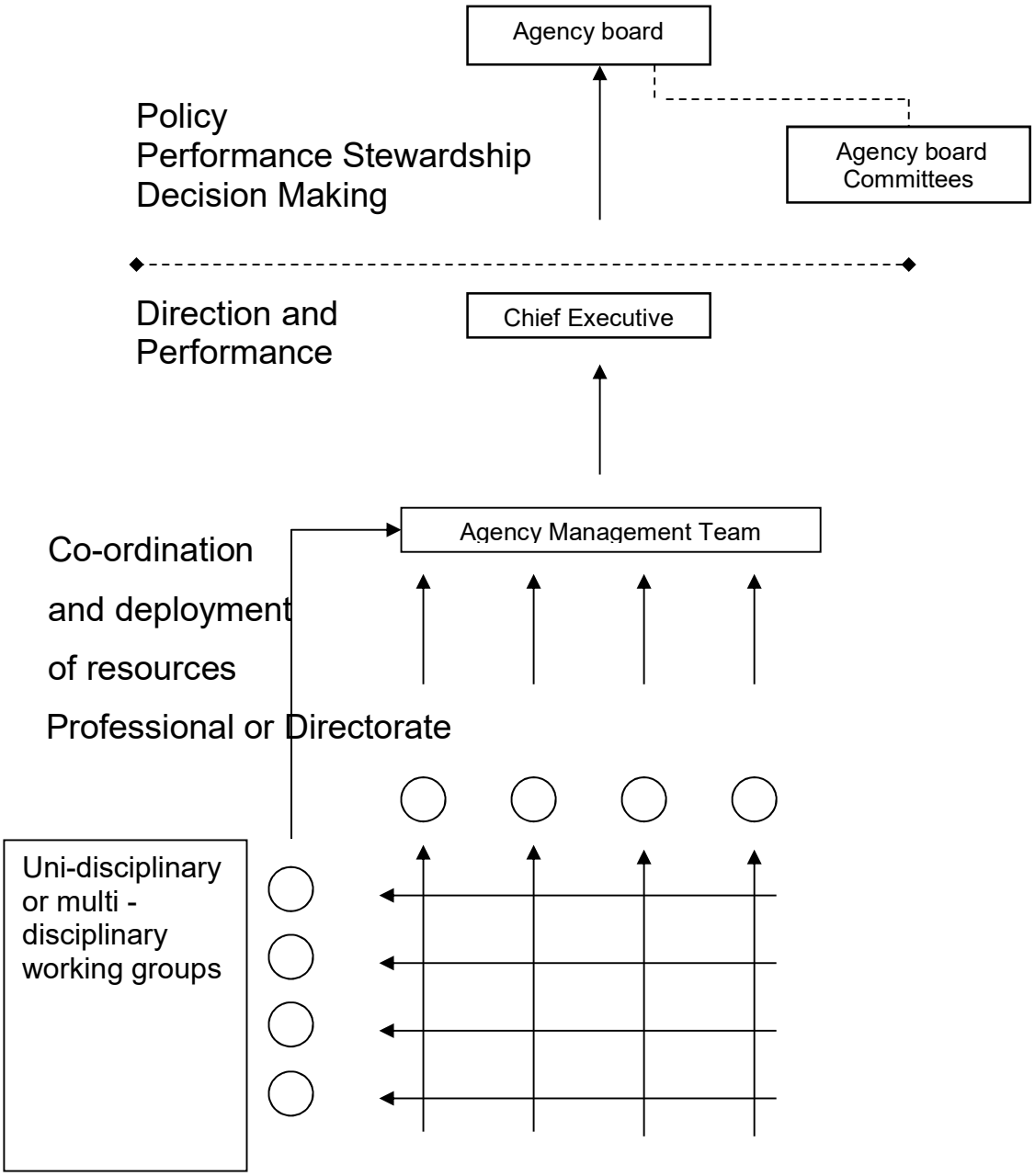
Those individuals who comprise the board, that is the Chairperson, Executive and Non-Executive board members, shall pay regard to SO 2, which sets out the main functions of the board and those matters that are reserved to the board.

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	Planning, Performance and Resources Committee
Appendix 7~~6~~	Agency Management Team
Appendix 8~~7~~	Role of Chair

Chief Executive's Scheme of Delegation **Appendix 1**

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

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

	ITEMS	RESPONSIBILITY	CONTROLS	DELEGATED TO
3.2.4	Lead and Manage Individual Directorates	The operational management of individual directorates including leadership and development	Responsive to corporate needs	Individual Executive Directors
3.2.5	Financial Performance of Directorate Operations	Monitoring of individual Directorate performance to achieve overall corporate targets set by the 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

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

expenditurefor are outlined in HSC(F) 04/2022accommodation 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 £5,000	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.
	£5,000 - £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.

	£30,000 - £EU Public Procurement 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.
	>£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)

† = EU threshold is currently ~~£122,976~~ £138,760 for Supplies and Services, £663,540 for Light touch / Social and other specific services and £5,336,937 for Works contracts. Please note that these EU Thresholds, updated on 1/2/22 are inclusive of VAT 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.

Requisitions should be placed by creating an "E-Procurement" requisition within the Finance, Procurement and Logistics System (FPL). Any Direct 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) 36/2021~~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) 36/2021~~25/2012~~) and seek approval according to the summary below:

Annex A – Proposal Proforma
Annex B – Business Case
Annex C – 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 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, 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 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~~36/2021 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.

Financial Schemes of Delegation Appendix 3

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

Relates to Section 3.5 of STANDING ORDERS **FINANCIAL SCHEMES OF DELEGATION** **3.5.1 Procedure for Delegation of Budgets**		
	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: • The amount of the budget; • the purpose of each budget heading; • individual and group responsibilities; • Authority to exercise virement within total revenue or total capital; • achievement of planned levels of service; and • the provision of regular reports.	Standing Financial Instructions Section 5.3
	PRINCIPLES OF DELEGATION Control of a budget shall be set at a level at which budget management can be most effective. 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. A list of the officers so authorised shall be forwarded to the Director of Operations and the Director of Finance.	

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	**1. <u>Routine Revenue Expenditure</u>** – Within budget limits	
Limits may be Varied	**2. <u>Non-Routine Revenue Expenditure</u>** **(excluding use of external management consultants (3.4.8)** **within budget or ear-marked funds:** Please refer to the current Scheme of Delegated Authority for full details of all authorised limits. **No budget or ear-marked funds**: – submission to Agency Management Team **Use of Management Consultants** <u>Authorisation of proposed use</u>:	
Up to £9,999	– Chief Executive and notify <u>Finance</u> Policy & Accountability Unit in advance	
<u>≥</u> £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 direct award contract is proposed for an External Consultancy project the Permanent ~~secretary's~~ 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**		

	3. Capital Expenditure All capital expenditure is subject to appropriate business cases based on Green Book Guidance and ~~the~~ Better Business Cases NI ~~Guide to Expenditure Appraisal and Evaluation (DoF) (NIGEAE)~~ Approval levels are as follows, subject to delegated limits as outlined in HSC(F) 04/2022: <£50,000 – Chief Executive >£50,000 – PHA board **4. Disposal of Agency Assets** <£50,000 – Chief Executive >£50,000 – PHA board	
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**		
	FUNCTION **CASH ADVANCES** The responsibility for the authorisation and approval of Cash Advances to HSC Bodies is reserved to the Department of Health. 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. **Limits of Authority** There is no delegated authority, to the PHA from the Department for cash advances in any single financial year	

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Appendix 4

GOVERNANCE AND AUDIT COMMITTEE - Contents

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

Appendix 5

REMUNERATION AND TERMS OF SERVICE COMMITTEE

Contents

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.

Appendix 6

PLANNING, PERFORMANCE & RESOURCES COMMITTEE

1.0 REMIT AND CONSTITUTION

1.2 Introduction

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

The PHA Board has a Governance and Audit Committee and a Remuneration and Terms of Service Committee. Under Standing Order 3.1.3 the PHA Board may establish other Committees as it deems appropriate.

1.2 Role

The primary responsibility of the Planning, Performance & Resources Committee is, in relation to the core functions of the Agency, to keep under review the financial position and performance against key non-financial targets of the Board, to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that Corporate/Business Planning arrangements are working effectively.

1.3 Terms of Reference

The main functions of the Committee are:

- To oversee the annual business planning process in accordance with DoH commissioning directives / Strategic Outcomes Framework;
- To monitor performance against annual business plan KPI's;
- To review the financial monitoring information in order to advise the board concerning the effective use of resources in-year;
- To review performance of key business supports /processes against SLA targets; (Human Resources / ITS / PALS);
- To undertake any other work delegated by the board.

The Terms of Reference for the Committee will be reviewed annually with an initial review taking place nine months after the establishment of the Committee.

1.4 Composition of the Planning, Performance and Resources Committee

The Committee shall comprise at least three Non-Executive Directors. If a member is not able to attend the PHA chair may appoint a deputy to attend in order to ensure that a quorum is achieved.

Senior staff in attendance will include the Director of Operations and the Director of Finance (or their deputies). The Chief Executive may attend at their own discretion. Other officers may be invited to attend as required.

A quorum shall be two Non-Executive Directors and one officer.

1.5 Establishment of the Planning, Performance and Resources Committee

The Committee shall be constituted as a Committee of the board but will not have the power to make decisions on behalf of the board of the Agency. Where appropriate it 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 four 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

Only the members of the Committee, the Director of Operations and the Director of Finance (or their deputies) shall attend meetings as a matter of course. Appropriate administrative support staff shall be in attendance to record the business of the meetings.

Other Executive or Non-Executive board Members and Officers may be invited to attend as required.

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

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.

The Assistant Director (Operations – Planning and Business Services) will be the lead officer to the Committee. The Corporate Secretariat shall service the Committee.

2.2 Agenda

Planning, Performance & Resources 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 Performance Committee.

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

2.3 Frequency of Meetings

Routine meetings are to be held four times per year. Further meetings may be arranged at the discretion of the Chairperson, as necessary.

Appendix 7~~6~~

AGENCY MANAGEMENT TEAM

Contents

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~~SPPG/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 Quality Improvement
- Director of Social Care and Children, ~~HSCB~~SPPG;
- Director of Finance, ~~HSCB~~SPPG;
- 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~~ 8 – 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~~ January ~~2021~~2022~~3~~

(At point of review PHA is awaiting clarification from DoH/SPPG regarding Commissioning Plan arrangements following the migration of HSCB to SPPG)

CONTENTS **Page**

SO No.8 – STANDING FINANCIAL INSTRUCTIONS

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 <u>Overriding Standing Financial Instructions</u>
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~~ SPPG 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~~ SPPG 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~~SPPG, 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~~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 section12); and

(d) Capital Asset Register (ref section 14).

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

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

1.2.8 PHA board Members, Members and Employees

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

(a) the security of the property of the PHA;

(b) avoiding loss;

(c) exercising economy and efficiency in the use of resources; and

(d) conforming 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 the information prepared to support the Assurance framework process prepared on behalf of the board and advising the board accordingly; and

(g) 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~~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~~ PHA Board via the Audit Committee / Governance and Audit Committee. 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 / Governance and 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~~), 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~~ SPPG 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~~ SPPG 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~~ SPPG 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 Subject to further clarification from DoH/SPPG, it is envisaged that ~~The~~ the Deputy Secretary~~Chief Executive~~ of the ~~Health and Social Care Board~~Strategic ~~Planing~~Planning ~~&~~and Performance Group (~~HSCB~~SPPG) 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 PHA board by the Chief Executive ~~boards of both the HSCB SPPG 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) 05/2022 Better Business Cases User Guide and Approval Procedures. ~~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 appropriate
- 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) 12-2022~~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~~ 36-2021.~~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 £5,000

Guidance has been issued from DoH in the form of circular HSC(F) 13-2022 and HSC(F) 37-2022~~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. Other documents that remain pertinent in relation to the decision to use a DAC include Procurement Guidance Note (PGN) 03/11; Procurement Policy Note (PPN) 04/21; and The Public Contract Regulations 2015 (specifically Regulation 32).

8.5.5 The case setting out why the 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, direct award contracts. Please refer to Public Contracts Regulations 2006 and amending regulations 2009 and 2011, and circulars HSC(F) 13-2022 and HSC(F) 37-2022~~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 and 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~~ SPPG 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.

8.8 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 **£5,000,** 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 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 3rd Party organisations**

9.1.1 The Chief Executive, as the Accounting Officer, is responsible for ensuring the PHA enters into suitable agreements or contracts (Service Level Agreements 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~~ SPPG 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~~SPPG, 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.

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;

(I) procedures for the recall of cheques and bank credits;

(j) pay advances and their recovery;

(k) maintenance of regular and independent reconciliation of pay control accounts;

(l) separation of duties of preparing records and handling cash; and

(m) a system to ensure the recovery from those leaving the employment of the PHA of sums of money and property due by them to the PHA.

11.4.3 Appropriately nominated managers have delegated responsibility for:

(a) submitting manual or electronic time records, and other notifications in accordance with agreed timetables;

(b) completing time records and other notifications in accordance with the instructions and in the form prescribed by the Director of Finance of the BSO; and

(c) submitting manual or electronic termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Director of Operations must be informed immediately.

11.4.4 Regardless of the arrangements for providing the payroll service, the Director of Operations, supported by the Director of Finance (ref para 1.2.6) of the ~~HSCB~~SPPG, 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~~ SPPG 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~~SPPG, 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 DAO 08/21 Departmental delegations/requirements for DoF Approvals and circular HSC(F) 04/2022~~43/2014~~ provides the revised delegated limits and requirements for Departmental/DoF Approval. ~~where the delegated limit for office accommodation leases has been removed~~:

(a) All capital projects with expenditure of ~~£50k (or £1.5m for R&D).£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) ~~(b)~~ All IM and IT projects with expenditure of £250k and above.

~~(b)~~(c) Leases for Office Accommodation / warehousing / storage is £nil.

~~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~~4 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

14.3.56 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.

14.3.67 ~~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~~ SPPG 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~~SPPG), 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~~ SPPG 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) 12-2022 ~~HSC(F) 50/2012~~ circular, Guidance on Losses and Special Payments, ~~Appendix B "Recovery of Overpayments";~~including Compensation Payments.

- 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.

DRAFT - PHA (Including SBNI) Scheme of Delegated Authority - February 2022

Denotes changed value

Column Numbers	1	2	3	4	5	6	7	8	9	10	11	12	14	15	16	
	CASH PAYMENTS					SALARY		LEGAL	CONTRACTING & BUSINESS CASES				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 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 ORGs (incl. adjustments - contracts only (Voluntaries))	INITIAL APPROVAL OF USE OF EXTERNAL/MGT CONSULTANT PROJECTS	WRITE OFF/LOSSES	GOODS & SERVICES EXC MANAGEMENT CONSULTANCY	HEALTH & SOCIAL CARE COMMISSIONED SERVICES - DAC policy only applicable >EU Threshold shown below	
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	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	£138,760	>663,540	Any Direct Award Contracts that require approval from the Permanent Secretary must be signed by the Chief Executive as Accounting Officer
DIRECTORS (inc any new Directors)																
Director of Operations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	138,760	>663,540	EU THRESHOLD - G&S £138,760 and £663,540 for Health and Social Care Commissioned Services from 1st January 2022 - (if this changes it will be automatically updated)
Director of Public Health	✓	✓	✓	150,000	0	✓	20,000	✓	0	500,000	500,000	0	✓	0	0	
Director of Nursing & Allied Health Professions	✓	✓	✓	150,000	0	✓	20,000	✓	0	500,000	500,000	0	✓	0	0	
Director of HSC Quality Improvement	✓	✓	✓	150,000	0	✓	20,000	✓	0	500,000	500,000	0	✓	0	0	
Director of Operations SBNI	✓	✓	✓	50,000	✓	✓	20,000	✓	0	50,000	50,000	0	✓	0	0	
ASSISTANT DIRECTORS (inc any new ADs)																
Assistant Director - Operations	50,000	50,000	50,000	100,000	0	✓	0	0	0	100,000	100,000	0	0	0	0	
Assistant Director - Public Health	25,000	25,000	25,000	100,000	0	✓	0	0	0	100,000	100,000	0	0	0	0	
Assistant Director - R&D	25,000	25,000	25,000	100,000	0	✓	0	0	0	100,000	100,000	0	0	0	0	
Assistant Director - Nursing & Allied Health Professions	25,000	25,000	25,000	100,000	0	✓	0	0	0	100,000	100,000	0	0	0	0	
Programme Director - CCHSC	250,000	250,000	25,000	250,000	0	✓	0	0	0	0	0	0	0	0	0	
Tier 4 Officers (inc any new Tier 4)																
Tier 4 - Operations	10,000	10,000	10,000	35,000	0	✓	0	0	0	35,000	35,000	0	0	0	0	
Tier 4 - Public Health (to include Medical Consultants)	10,000	10,000	10,000	35,000	0	✓	0	0	0	35,000	35,000	0	0	0	0	
Tier 4 - R&D	10,000	10,000	10,000	35,000	0	✓	0	0	0	35,000	35,000	0	0	0	0	
Tier 4 - Nursing & Allied Health Professions	10,000	10,000	10,000	35,000	0	✓	0	0	0	35,000	35,000	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	
Tier 4 - HSC Quality Improvement	10,000	10,000	10,000	35,000	0	✓	0	0	0	0	10,000	0	0	0	0	
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	
OTHERS																
Director PA	500	500	0	0	0	0	0	0	0	0	0	0	0	0	0	
Office Manager	500	500	500	0	0	0	0	0	0	0	0	0	0	0	0	
Office Manager - 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.
NONE OF THE FEBRUARY 2021 UPDATES ABOVE CIRCUMVENT THE NORMAL BUSINESS CASE PROCESS AND APPROVAL ROUTES THROUGH AMT THAT ARE CURRENTLY IN PLACE.

HSC Public Health Agency

item 12

Title of Meeting	PHA Board Meeting
Date	16 February 2023
Title of paper	PHA Assurance Framework
Reference	PHA/04/02/23
Prepared by	Robert Graham
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☒ For **Noting** ☐

1 Purpose

The PHA has an Assurance Framework which provides the assurances required by the PHA Board on the effectiveness of the system of internal control.

2 Background Information

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

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

3 Key Issues

The table below highlights the main changes to the document following its last review.

Page	Paragraph / Dimension	Amendment
7	Dimension 1	Inclusion of PPR Committee under "Corporate Plan"

7	Dimension 1	Inclusion of PPR Committee under “Business Plan”. References to COVID-19 removed.
7	Dimension 1	References to COVID-19 removed under “Governance and Audit Committee Annual Report”
8	Dimension 1	Removal of item “Response to DoH Consultation Proposals”
9	Dimension 1	Gap in Control and Action added under “Article 55 Review”
9	Dimension 1	Gap in Control and Action added under “Information Governance Strategy”
9	Dimension 1	Change of title of item and change from “Noting” to “Approval” for IGSG.
9	Dimension 1	Removal of “Board” under “Information Governance Progress Reports”
9	Dimension 1	Change from “Approval” to “Noting” under PPI (Update Report)
9	Dimension 1	Removal of item “Absence Report”
10	Dimension 1	Removal of item “Chief Executive’s Report”
10	Dimension 1	Inclusion of item “Board Performance Framework”
12	Dimension 2	Moving up of item “Implementation of RQIA and other independent review recommendations relevant to PHA” under “Reports on Safety/Quality Issues”
12	Dimension 2	Removal of item “Delivering Care Nursing and Midwifery Taskforce”
12	Dimension 2	Removal of item “Nursing and Midwifery Task Group Annual Report”
13	Dimension 2	Removal of item “Allied Health Professions Framework”
13	Dimension 2	Removal of item “Connected Health Updates”

14	Dimension 2	Removal of Board under “Complaints” item
14	Dimension 2	Updating of reference to Corporate Risk Register under “HSCQI Report”
14	Dimension 2	Removal of item “Implementation of RQIA and other independent review recommendations relevant to PHA”
14	Dimension 2	Removal of item “COVID-19 Update”
16	Dimension 3	Removals of references to Corporate Risk Register under “Finance Report” item
17	Dimension 3	Inclusion of PPR Committee under “PHA Financial Plan”
20	Dimension 4	Inclusion of PPR Committee under “Performance Report”
21	Dimension 4	Updating of references to Corporate Risk Register under “Procurement Plan”
21	Dimension 4	Removal of item “Community Planning Progress Updates”

4 Next Steps

This version of the Framework is subject to discussion and approval by the Governance and Audit Committee at its meeting on 7 February.

Following approval, the Framework will be used to inform the agenda of future PHA Board and Committee meetings.

HSC Public Health Agency

Assurance Framework 2022-2023

Review as at January 2023

INTRODUCTION

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

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

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

BACKGROUND

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

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

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

STRATEGIC CONTEXT

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

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

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

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

The Agency's Business Plan 2022/23 sets out the key priorities that will be taken forward by the PHA that will help to improve health and social wellbeing and protect the health of the community. The priorities and targets set have been shaped by the Departmental priorities and the longer term goals that have been set out in the PHA Corporate Plan 2017-21. The Business Plan is focused around the 5 key outcomes as set out in the Corporate Plan 2017-21. These are:

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

[1] DHSSPS Framework Document September 2011

PHA ASSURANCE FRAMEWORK

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

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

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

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

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

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

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

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

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

LINKS TO OTHER PHA POLICIES AND DOCUMENTS

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

- PHA Risk Management Strategy and Policy
- PHA Corporate Risk Register
- PHA Corporate Plan 2017-21
- PHA Annual Business Plan 2022/23
- PHA Governance Framework
- PHA Board Performance Framework

REVIEW AND APPROVAL

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

Dimension 1 – Corporate Control

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

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

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

Dimension 1 – PHA Corporate Control Arrangements

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

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Governance Statement signed by the Chief Executive	Chief Executive	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register		
Mid-Year Assurance Statement signed by the Chief Executive	Chief Executive	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register		
Corporate Plan	Director of Operations	AMT PPR Board	Approval Approval Approval	4-5 yearly 4-5 yearly 4-5 yearly			
Annual Business Plan	Director of Operations	AMT PPR Board	Approval Approval Approval	Annually Annually Annually		~~Not completed due to COVID-19 priorities~~	~~Plan in place to develop Business Plan for 2021/22~~
Assurance Framework	Director of Operations	AMT GAC Board	Approval Approval Approval	Biannually Biannually Biannually			
Corporate Risk Register (supported by Directorate Risk Registers)	Director of Operations	AMT GAC Board	Approval Approval Approval	Quarterly Quarterly Annually			
PHA Annual Report	Director of Operations	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			
Governance and Audit Committee Annual Report	Director of Operations	GAC Board	Approval Noting	Annually Annually		~~Not completed due to COVID-19 priorities~~	~~Will be undertaken in 2021/22~~

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
~~Response to DoH consultation proposals~~	~~Relevant Director~~	~~AMT~~ ~~Board~~	~~Approval~~ ~~Approval~~	~~As required~~ ~~As required~~			
Sealing of Documents	Chief Executive	Board	Approval	As required			
Review of Standing Orders and Standing Financial Instructions	Director of Operations	AMT GAC Board	Approval Approval Approval	Annually Annually Annually			
Register of Board Members Interests	Director of Operations	Board	Noting	Annually			
Gifts and Hospitality Register	Director of Operations	AMT GAC	Noting Noting	Annually Annually			
Equality Scheme and subsequent review	Director of Operations	AMT Board	Approval Approval	5-yearly 5-yearly			
Equality Action Plan	Director of Operations	AMT Board	Approval Approval	5-yearly 5-yearly			
Disability Action Plan	Director of Operations	AMT Board	Approval Approval	5-yearly 5-yearly			
Report on progress in respect of Equality and Disability duties under Section 75 of the Northern Ireland Act 1998 and Disability Section 49a of the Disability Discrimination Order (DDO) 2006	Director of Operations	AMT Board	Approval Approval	Annually Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Article 55 Review (report to Equality Commission on staffing composition)	Director of Operations	AMT	Approval	3-yearly		Date of last review to be clarified	Clarification to be sought from HR regarding this
		Board	Approval	3-yearly			
Rural Needs Annual Monitoring Report	Director of Operations	AMT	Approval	Annually			
		Board	Approval	Annually			
Information Governance Strategy 2015-2019	Director of Operations	AMT	Approval	4-yearly		Current Information Governance Strategy to be refreshed	Review to be carried out during 2023/24
		GAC	Approval	4-yearly			
		Board	Approval	4-yearly			
Information Governance Action Plan ~~Progress Reports~~	Director of Operations	IGSG	Approval	Quarterly	Corporate Risk 52 – Information Governance		
		GAC	Noting	Quarterly			
		~~Board~~	~~Noting~~	~~Annually~~			
PPI (Update Report) To include: PPI Monitoring	Director of Nursing	AMT	Noting	Biannually			
		Board	Noting	Biannually			
Remuneration of Executive Directors	Chair	RTSC	Approval	Annually			
		Board	Approval	Annually			
~~Absence Report (in Annual Report)~~	~~Director of Operations~~	~~Board~~	~~Noting~~	~~Annually~~			
Approval of new/revised PHA strategies and policies	Relevant Director	AMT	Approval	As required			
		Committee	Approval	As required			
		Board	Approval	As required			
Business Continuity Plan (Annual Review)	Director of Operations	AMT	Approval	Annually			
		GAC	Approval	Annually			
		Board	Approval	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Joint Report on Emergency Preparedness	Director of Public Health	AMT GAC Board	Approval Approval Approval	Annually Annually Annually	Corporate Risk 46 – Failure to meet statutory and legal requirements in relation to emergency planning.		
Internal Audit Reports		GAC	Noting	Quarterly			
Mid-Year and End-Year Head of Internal Audit Report		GAC	Noting	Biannually			
Internal Audit Plan		GAC	Approval	Annually	All risks in the Corporate Risk Register		
Minutes of Governance and Audit Committee	Committee Chair	GAC Board	Approval Noting	Quarterly Quarterly			
Minutes of Remuneration and Terms of Service Committee	Chair	RTSC Board	Approval Noting	Biannually Biannually			
~~Chief Executive Report~~	~~Chief Executive~~	~~Board~~	~~Noting~~	~~Monthly~~			
ALB Self-Assessment	Chair	Board	Approval	Annually			
Audit Committee Self-Assessment Checklist	Committee Chair	GAC	Approval	Annually			
Board Performance Framework	Director of Operations	AMT PPR Board	Approval Approval Approval	Annually Annually Annually	All risks in the Corporate Risk Register		

Dimension 2 – Safety and Quality

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

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

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

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

Dimension 2 - Safety and Quality

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

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

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
~~Delivering Care Nursing and Midwifery Workforce~~	~~Director of Nursing~~	~~AMT~~ ~~Board~~	~~Noting~~ ~~Noting~~	~~Annually~~ ~~Annually~~			
~~Nursing and Midwifery Task Group Annual Report~~	~~Director of Nursing~~	~~AMT~~ ~~Board~~	~~Noting~~ ~~Noting~~	~~Annually~~ ~~Annually~~			
~~Connected Health Updates~~	~~Chief Executive~~	~~AMT~~ ~~Board~~	~~Noting~~ ~~Noting~~	~~3 times yearly~~ ~~3 times yearly~~		~~No updates have been brought recently due to COVID-19 priorities.~~	
Director of Public Health Annual Report	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
Population Screening Annual Reports	Director of Public Health	AMT Board	Approval Noting	Annually Annually	Corporate Risk 59 – Quality Assurance and Commissioning of Screening Corporate Risk 61 – IT Systems to Support Screening Programmes		
Health Protection Annual Reports	Director of Public Health	AMT Board	Noting Noting	As required As required			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Research and Development Annual Report		AMT Board	Noting Noting	Annually Annually			
GMC Revalidation / Appraisal – Assurance of Annual Appraisal Cycle		AMT Board	Noting Noting	Annually Annually			
Confirmation of Progress against NIMDTA/GMC Requirements for Doctors in Training	Director of Public Health	AMT Board	Noting Noting	Annually Annually			
~~Implementation of RQIA and other independent review recommendations relevant to PHA~~ (moved to under first item)	~~Director of Public Health~~	~~AMT~~ GAC Board	~~Approval~~ Noting Approval	~~Biannually~~ Biannually Biannually		~~Recent reports had not been routinely coming to GAC.~~	~~When available, reports will be brought to GAC.~~
Complaints ~~(within Annual Report)~~	Chief Executive	AMT GAC ~~Board~~	Noting Noting ~~Noting~~	Annually Annually ~~Annually~~			
HSCQI Report	Director of Quality Improvement	AMT Board	Noting Noting	Annually Annually	Corporate Risk 55 – Staffing Issues ~~compliment in HSCQI directorate~~		
~~COVID-19 Update~~	~~Director of Public Health~~	~~Board~~	~~Noting~~	~~Monthly~~	~~Corporate Risk 62 - Regional COVID Vaccinators Bank~~		

Dimension 3 – Finance

Appropriate financial accountability mechanisms are necessary to:

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

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

Dimension 3 - Finance

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

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Finance Report from Director of Finance (HSCB) Finance Report includes prompt payment statistics as part of DoH Monitoring Returns (monthly 2-12) which contain information on HSC financial position, capital resource limit and expenditure, non-current assets, provisions, prompt payment statistics and cash forecast	Director of Finance (HSCB)	AMT Board	Noting Noting	Monthly Monthly	~~Corporate Risk 49 – Finance COVID 19 (allocation)~~ ~~Corporate Risk 50 – Finance – COVID 19 (procurement)~~ ~~Corporate Risk 60 – Impact of HSCB Migration on PHA~~		
Response to budget proposals prepared by PHA contributed to by the Finance Department contribution to the development of Joint Commissioning Plan	Director of Finance (HSCB)	AMT Board	Approval Approval	Annually Determined by DoH			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
PHA Financial Plan (consistent with DoH principles of "Promoting Financial Stability")	Director of Finance (HSCB)	AMT	Approval	Annually			
		PPR	Approval	Annually			
		Board	Approval	Annually			
Annual Report and Accounts GAC and PHA board full accounts and supporting financial excerpt from Annual Report. AMT summary financial statements	Director of Finance (HSCB)	AMT	Noting	Annually		Not formally presented to AMT prior to the board due to time constraints	Financial Report shared in advance and full accounts shared at Board and with GAC members and Chief Executive when draft complete. Issues discussed as necessary.
		GAC	Approval	Annually			
		Board	Approval	Annually			
External Audit Report to those Charged with Governance	External Audit	AMT	Noting	Annually		Not formally presented to AMT prior to the board due to time constraints	Discussed with AMT officers for management responses.
		GAC	Noting	Annually			
		Board	Noting	Annually			
External Audit Progress Report	External Audit	GAC	Noting	Quarterly			
Fraud Prevention and Detection Report	Director of Finance (HSCB)	GAC	Noting	Quarterly			
Use of External Management Consultants	Director of Finance (HSCB)	AMT	Noting	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
PHA capital expenditure in excess of £50,000 or £1.5m for R&D capital expenditure. Note – May be required to be submitted to DoH/DoF dependant on delegated limits.	Director of Finance (HSCB)	AMT	Approval	As required			
		Board	Approval	As required			
Disposal of PHA assets in excess of £50,000	Director of Finance (HSCB)	AMT	Approval	As required			
		Board	Approval	As required			

Dimension 4 – Operational Performance and Service Improvement

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

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

Dimension 4 – Operational Performance and Service Improvement

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

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Performance Report (including Commissioning Direction targets and corporate objectives)	Director of Operations	AMT	Noting	Quarterly	~~Corporate Risk 53 – Corporate Priorities~~		
		PPR	Noting	Quarterly			
		Board	Noting	Quarterly			
Commissioning Plan	Director of Commissioning (HSCB)	AMT	Approval	Annually		Note - Commissioning Plan from 2019/20 has been rolled over	
		Board	Approval	Annually			
PEMS Report	Director of Operations	AMT	Approval	Annually			
		Board	Noting	Annually			

Principal Area / Function / Reporting Arrangement	Lead Director	Existing Controls / Assurances			Link to Corporate Risk Register	Gaps in Controls / Assurances	Actions to Remove Gaps
		Level	Purpose	Frequency			
Procurement Plan		AMT PPR Board	Approval Noting Noting	Annually Biannually Biannually	Corporate Risk 26 – Delays in market testing health and social care services Corporate Risk 66 – Increase in the number of Direct Award Contracts ~~Corporate Risk 54 – Ability of third party providers to deliver commissioned services~~		
~~Community Planning Progress Updates~~	~~Director of Operations~~	~~AMT~~ ~~Board~~	~~Noting~~ ~~Noting~~	~~Annually~~ ~~Annually~~			

HSC Public Health Agency

item 13

Title of Meeting	PHA Board Meeting
Date	16 February 2023
Title of paper	Joint Emergency Planning Annual Report 2021-2022
Reference	PHA/05/02/23
Prepared by	Mary Carey / Catherine Curran
Lead Director	Joanne McClean
Recommendation	For **Approval** ☒ For **Noting** ☐

1 Purpose

The purpose of this paper is to present the annual Joint Emergency Planning Report for 2021-22 to the PHA Board for approval.

2 Background Information

The attached Joint Public Health Agency (PHA)/Health and Social Care Board (HSCB) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for 2021/22 seeks to provide an overview and update on Emergency Preparedness arrangements across the Health and Social Care (HSC) organisations.

3 Key Issues

The key areas reflected in this report are;

- Leadership
- Multi-agency collaboration including cross-border initiatives
- Planning, Validating and Review of plans for the PHA, HSCB and BSO
- Key issues and areas of risk identified for the reporting period
- Incidents notified and responded to by PHA, HSCB, BSO and HSC Trusts for the reporting period
- Lessons learnt through exercising, debriefing and actions taken
- Training and exercising including associated expenditure
- Business continuity management

- Agreed action plan
- Relevant appendices.

This report was approved by the Agency Management Team at its meeting on 25 January 2023 and by the Governance and Audit Committee at its meeting on 7 February 2023.

4 Next Steps

Following approval this Report will be signed off by the Chief Executives of the 3 organisations and submitted to the Department of Health.

JOINT PUBLIC HEALTH AGENCY (PHA) / HEALTH AND SOCIAL CARE BOARD (HSCB) / AND BUSINESS SERVICES ORGANISATION (BSO) ANNUAL REPORT ON EMERGENCY PREPAREDNESS 2021/2022

Table of Contents

1. Context

The following Joint Public Health Agency (PHA)/ Health and Social Care Board (HSCB) and Business Services Organisation (BSO) Annual Report on Emergency Preparedness for 2021/22 seeks to provide an overview and update on Emergency Preparedness arrangements across the Health and Social Care (HSC) organisations.

This Joint PHA/HSCB/BSO Annual Report is the first of its nature since 2018/2019 as the requirement for this report to be produced was stood down in 2019/2020 and 2020/2021 due to the ongoing HSC response to the Covid-19 pandemic.

Further this report is the last reporting period prior to the dissolution of the HSCB, following its migration to the Strategic Planning and Performance Directorate (SPPG) of the Department of Health (DOH) with effect from 1 April 2022. All responsibilities previously undertaken by the HSCB migrated to SPPG on that date.

2. Leadership

The PHA and SPPG have received the Annual Reports on Emergency Preparedness from the Belfast Health and Social Care Trust (BHSCT), the South Eastern Health and Social Care Trust (SEHSCT), the Western Health and Social Care Trust (WHSCT), the Northern Health and Social Care Trust (NHSCT), the Southern Health and Social Care Trust (SHSCT), and the Northern Ireland Ambulance Service Trust (NIAS).

These reports provide assurance that the necessary accountability arrangements are in place in all HSC organisations to ensure the responsibilities required of them in respect of Emergency Preparedness are supported.

Within the PHA, SPPG and BSO, structures are in place to support the emergency preparedness agenda from Chief Executive (or Deputy Secretary Health), through responsible Director and relevant manager. The PHA Chief Executive, Director and relevant manager are supported by a PHA non-executive board member. The PHA Management Team (AMT) and SPPG Group Heads report to the PHA Chief Executive and SPPG Deputy Secretary (Health).

The Joint Emergency Preparedness (JEP) Board, chaired by the Director of Public Health (PHA) and the Director of Strategic Performance (SPPG) as per governance arrangements supports a high level of emergency preparedness in the PHA, SPPG and BSO. Due to the ongoing response to Covid the JEP Board did not meet during this reporting period. Terms of reference for this group can be referred to in appendix 9.

The Joint Emergency Preparedness (JEP) Team stood-down during Covid and was replaced by a Task and Finish Group. The Emergency Operations Centre (EOC) Task and Finish Group was established in March 2022 to discuss the operational and logistical arrangements for the provision and management of an EOC. Representation of the group included PHA Emergency Planning and Hazmat Team, HSCB Emergency Planning Lead, HSCB Project Support Officer and BSO Head of Corporate Services. This group met on a monthly basis. Term of Reference of the EOC Task and Finish group can be viewed in Appendix 1.

During the reporting period the HSCB, PHA and HSC Trusts Health Emergency Preparedness Group meetings were not held due to the ongoing response to Covid.

3. Multi-agency collaboration including any cross-border initiatives

3.1 Northern Ireland Emergency Preparedness Group (NIEPG)

The HSC engages fully with its multi-agency partners in enhancing emergency preparedness and this is completed through various meetings and working groups. The PHA are members of the NI Emergency Preparedness Group (NIEPG) along with various other local and national Emergency Planning Groups. The Northern Ireland Emergency Preparedness Group is a sub group of CCG (NI). The NIEPG Covid subgroup met on a weekly basis from October 2020 to June 2021 to discuss Covid regional co-ordination and to provide direction to the work of the Northern, Southern and Belfast Emergency Preparedness Groups (EPGs), to facilitate cohesion between these groups and to ensure effective communication between the EPGs, regional working groups and CCG (NI) during the Covid response. The PHA Senior Emergency Planning Manager representative the PHA Health Protection Team at these meetings.

3.2 The Cross-Border Emergency Management Group (CBEMG)

The PHA are members of the Cross-Border Emergency Management Working Group (CBEWG). The group met on one occasion during the reporting period on the 22nd September 2021. CBEWG Terms of reference can be seen at Appendix 2. The CBEMG developed a comprehensive Operational Plan for 2022 – 2025, the vision of which is to enhance cross border co-operation and resilience in emergency management and civil protection consistent with the principles underpinned in the framework documents of both jurisdictions, the Northern Ireland Civil Contingencies Framework and the Major Emergency Management Framework (RoI). A key priority of the Operational Plan is the development of an ongoing cross border joint training and exercise programme. The PHA Emergency Planning Co-ordinator participated in Exercise Enya a cross border multi-agency table top exercise on the 8th March 2022. Exercise Enya tested the activation of the Multi-Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland (NI) and the Republic of Ireland (RoI), the establishment of co-ordination structures and the management of multi-agency communications on a cross border basis. Exercise Enya Post Debrief Report can be viewed in Appendix 3.

3.3 Northern Ireland (NI) Port Health Form

The NI Port Health Forum is chaired by the Senior Emergency Planner for the PHA, Health Protection. The purpose of the group is to support the PHA Health Protection service in meeting its responsibilities for:

- Liaising with other agencies involved in providing health related activities at ports.
- Contributing to health protection related planning in ports.
- Conducting a review of port health plans as required.
- Providing training and continuing education related to port health.
- To facilitate collaborative working with health protection colleagues to respond to a health protection incident on ships or aircrafts.
- To ensure consistency of approach across all ports in NI.

The NI Port Health Forum Terms of Reference can be viewed in Appendix 4.

In preparation for the return to cruise ship operations for NI, a sub group of the NI Port Health Forum called NI Cruise Operations Group, was chaired by the PHA Senior Emergency Planner. The purpose of this group was to support joint planning with multi-agency partners to provide an integrated approach for the effective management of cruise operations during Covid. The Terms of Reference for this group can be seen in Appendix 5.

3.4 NI Coronavirus Regulations for International Travel

The PHA Emergency Planning Team worked with Devolved Administrations (DA) and Republic of Ireland (ROI) colleagues to develop plans for the management of Covid at ports. The PHA Senior Emergency Planning Manager and PHA Emergency Planning Co-ordinator attended a number of planning meetings with the Department of Health (DoH) NI, DA's and ROI colleagues during the reporting period, as follows:-

- NI Travel Regulations Meeting – once weekly
- PHE Maritime Teleconference Call –fortnightly
- Cruise Line International Association (CLIA) meetings-fortnightly then reduced to monthly
- Port Health Authorities Cruise Restart Group – once weekly
- Port Health RoI Teleconferences – twice weekly then once monthly
- Association of Port Health Authorities (APHA)- fortnightly

3.5 Data Sharing Agreements (DSA)

As part of the response to Covid, working in partnership with external organisations, the PHA Emergency Planning Team led on the development of a number of Data Sharing Agreements (DSA) and Data Protection Impact Assessments (DPIA). The aim of the DSAs was to set clear guidelines to follow when sharing Personal Data and to ensure that Personal Data is shared in accordance with Data Protection Legislation. The DPIA's listed below work commenced in 2020, before the reporting period and were finalised during the reporting period: -

- DSA between PHA NI and Health Service Executive (HSE) for Covid Cross-border Contact Tracing System – January 2021

- DSA between PHA and HSE for Notification of Infectious Diseases (NOIDs) (excluding COVID) – January 2022
- DSA between PHA Contact Tracing (NI), Republic of Ireland (RoI) Department of Health (DoH) for the sharing of Passenger Locator Information (PLF) data for international travel – March 2021
- DSAs between Public Health England (PHE), Wales, Scotland and Northern Ireland for Covid
- DPIA and Memorandum of Understanding (MOU) between UK Home Office and PHA Health Protection Services – July 2020
- DPIA for PHA Contact Tracing Services – July 2020

4. Planning, Validating and Reviewing

The JEP Board and Emergency Planning staff use the Integrated Emergency Management model and networks that have been built up over years to carry out dynamic risk assessments. Staff also take direction from other areas and agencies, e.g. the DOH (NI), and the World Health Organisation (WHO), etc. in highlighting risks.

In context the EOC was established and Health Silver activated on 27th January 2020 to give support to the co-ordination of the NI response to Covid. On 16th March 2020, the EOC had transitioned from a PHA Health Protection led EOC (leading on guidance, response to public health queries and contact tracing) to an HSC service lead (HSCB) EOC support centre for the next phase of addressing the Covid – outbreak/surge response. The HSC EOC support centre stood-down on 26th June 2020 and Health Silver stood-down on 9th July 2020. However, HSCB continued to lead Health Silver's response in respect of Covid. SitReps were received from the Trusts on a bi-weekly/weekly basis with pertinent issues reported to Health Gold. The Sitrep process stood-down on 23rd May 2022.

The migration project of the Emergency Planning function of the HSCB to the SPPG commenced on 1st April 2021 to 31st March 2022, in align with the formal closure of the HSCB. As part of the Emergency Preparedness mitigation project and taking cognisance of learning arising from Covid a review of the Joint Response Emergency Plan (JREP) had been carried out and Joint Response training is currently being

delivered to key members of HSC Silver within the 3 organisations, by the PHA Emergency Planning and Hazmat's Team.

Throughout the reporting period key areas of planning were taken forward by the PHA, HSCB and BSO as follows;

4.1 Overarching PHA Port Health Plan (NI)

The overarching PHA Port Health Plan was reviewed by the PHA Senior Emergency Planner and members of the NI Port Health Forum in April 2021 and June 2021.

4.1.1 Port Health Emergency Contingency Plan (Covid) (PHECP)- (sub-plan)

In September 2020, the NI Cruise Operations Group was convened and chaired by the PHA Senior Emergency Planner to facilitate joint planning with multi-agency partners and develop an operational plan for the effective management of cruise operations during Covid.

The Group facilitated a multi-agency partnership approach with cruise operators to share guidance and enable a collaborative assessment of risk and to prepare and plan for events and emergencies that may necessitate multi-agency co-ordination.

The Group developed the Port Health Emergency Contingency Plan (COVID) (PHECP). The plan was used to respond to and recover from any COVID related public health emergency affecting the cruise operations in NI. This plan is a sub-plan of the NI Port Health Plan and aligned with the NI Infectious Diseases and Outbreak Management Plan.

The PHECP was exercised in a four nations multi-agency exercise led by the PHA Emergency Planning Team, Exercise Sirius on the 18th May 2021. This exercise involved key partners and stakeholders including cruise operators. The full debrief report can be viewed in Appendix 6.

4.1.2 Debrief of NI Cruise Season - 6th January 2022

A debrief of the 2021 cruise season was held with the NI Cruise Operations Group on Thursday 6th January 2022 to discuss lessons learnt. The 2021 cruise season started on 17th June 2021 to 17th November 2021.

4.2 Emergency Preparedness (EP) Migration – 1st April 2021 to 31st March 2022

The Emergency Planning and Preparedness function of the Health and Social Care Board, (HSCB), transferred to the Department of Health (DOH), Strategic Planning and Performance Group (SPPG) on 1st April 2022.

In preparation for migration, an Emergency Preparedness Migration Group was established, chaired by the Emergency Planning Lead, (HSCB/SPPG). The Group had in membership, the Emergency Planning Leads from both the PHA and BSO, the Head of the Emergency Planning Branch (DoH), as well as a Trade Union representative. Taking cognisance of learning arising from Covid and to strengthen resilience of HSC Organisations, it was agreed that SPPG retains and enhances its current roles and responsibilities specific to Emergency Preparedness. In particular, the HSC Trusts will submit to SPPG Core Standards, as well as Annual Reports as well as any other key priority areas in respect of Emergency Preparedness as and when identified by Emergency Planning Branch (DOH). The regional Emergency Preparedness Circular was updated in this regard (led by DOH).

The revised Emergency Planning arrangements (agreed by DOH, BSO and PHA), were endorsed by Oversight Board (June 2021) enable; enhanced accountability and performance management between DOH, SPPG and HSC Trusts; facilitate enhanced collaborative regional coordination of horizon planning for major events in NI; ensure provision of enhanced funding to enable the development and delivery of an annual accredited training programme by the Public Health Agency (in collaboration with SPPG) as well as ensuring sufficient funding is made available to relevant HSC organisations in respect of emergency planning/preparedness resilience.

Further, it was agreed that SPPG will adhere to the requirements outlined within the Governance and Operational Structure of the Management Board for Rebuilding HSC Services, and will have in place, through the revised and updated Joint Response Emergency Plan, and collaborative working with the PHA and BSO, the mechanism to adhere to Emergency Response arrangements. These arrangements indicate that there will be two "Pillars". Pillar 1 maintains the DOH emergency planning Strategic/Tactical/Operational (Gold/Silver/Bronze) (GSB) structure mandated to manage the response within a planning horizon of 72 hours. Pillar 2 includes the planning for potential future surges of Covid and those incidents which require a medium to longer term response.

BSO worked closely with the DoH and SPPG team to ensure revised Emergency Planning arrangements, as a result of the closure of the HSCB, were agreed to reflect accountability and performance management between the DOH/SPPG and the BSO. This work is reflected in the revised circular HSS(MD) 44/2022 which details that where a tactical level emergency response is required which is impacting on HSC Service Delivery, BSO will support SPPG who will lead Health Silver.

4.3 Review of Joint Response Emergency Plan (JREP)

The JREP was reviewed as part of the EP Migration project and the response to Covid which highlighted the need for a root and branch review of the current response arrangements. The JREP was reviewed jointly with the PHA Emergency Planning and Hazmat Team, Emergency Planning Lead for HSCB and the Emergency Planning Lead for the Business Services Organisation (BSO). The JREP was finalised and agreed at JEP Board on 28th April 2022. A training and exercise programme is co-ordinated and delivered by the PHA Emergency Planning Team to all PHA, SPPG and BSO staff who have a key role on Health Silver.

4.4 Annual Joint Emergency Preparedness Training Plan

Lessons learnt from the response to recent incidents and the ongoing response to COVID have been considered as part of the review of training needs for all staff across the three organisations and within the core response functions. A joint training programme was developed for PHA, SPPG and BSO staff and proposed and

approved at JEP Board on 28th April 2022. This training programme will support organisational resilience, staff succession planning and the capability to respond to incidents and support business continuity for the PHA, SPPG and BSO.

4.5 Covid -19

4.5.1 PHA Wave Planning Groups – Covid

During Covid, the PHA led on a number of planning groups to deal with the various waves of Covid and plan for the incident response. The planning groups were chaired by the Director of Public Health (DPH).

These planning groups were established to assist in minimising the impact of Covid-19 on the population of NI during the pandemic through the organised efforts of the PHA and HSCB. There was representation from all PHA directorates and HSCB at the weekly meetings.

4.5.2 PHA Incident Management Team's (IMTs)

During Covid, the PHA Health Protection Team co-ordinated a number of IMTs to provide an effective response to outbreaks and community clusters that required investigation. These outbreaks occurred in local complex settings such as universities, schools, care homes and workplace settings, throughout NI. A number of these IMTs required collaborative working with local councils and other external organisations. Daily sitreps were collated by the PHA Emergency Planning Team and these were then submitted to the DoH. The Sitreps contained information on the local situation response and also incorporated (where applicable), updates from National IMTs, where PHA NI were represented. This enhanced the situational awareness of the incident response. The IMTs were chaired by the Assistant Director for Public Health or a Health Protection Consultant.

An example of some of the IMTs held are listed below:-

- On site Surge Testing Kilkeel (response phase) – 4th to 6th June 2021 - This was a multi-agency response that involved Newry Mourne and Down District Council.

- Port Health IMT (a number of positive cases on board a vessel) – 26th October 2021 to 5th November 2021.
- Omicron Response (enhanced incident response and implementation of a national UKHSA IMT) – 23rd November 2021 to 25th January 2022.
- Nosocomial Incidents (incorporated into the Omicron response Sitrep) – 7th December 2021 to 4th February 2022.
- PHA Cross-Directorate IMTs – 25th January 2022

4.5.3 HSCB Emergency Preparedness

The HSCB continued to provide the Health Silver function in respect of its ongoing response to COVID. The Bronze/Silver/Gold reporting structure was re-established in July 2021 in response to a surge in COVID cases. The SitReps detailed a range of qualitative and quantitative data to include services stood down; ward closures/outbreaks; issues for escalation; mortuary and staffing information as well as implications on service delivery due to EU Exit. In addition, the HSC Trusts were also able to raise issues for escalation for consideration by HSC Silver/Gold. The SitRep process was stood down in May 2022, however can be reactivated as and when required.

4.5.4 BSO Emergency Preparedness

The BSO continued to provide a support role to the Health Silver function in respect of its ongoing response to COVID.

4.6 Business Continuity Planning

4.6.1 Severe Weather Events

The PHA Emergency Planning Team participate in Pre-Emergency Assessment Teleconferences (PEAT) regarding severe weather incidents. The PEAT calls were arranged to discuss the likelihood and impact the weather would have in local communities and/or across NI. There was representation across all multi-agencies. The following PEAT calls took place during the reporting period:-

- 20th July 2021 – extreme heatwave
- 4th August 2021 – thunderstorms and flooding
- 22nd December 2021 – Contingency planning for the Christmas holiday period- Omicron

Actions from the PEAT calls were co-ordinated by the PHA Emergency Planning Co-ordinator, HSCB Emergency Planning Lead and social media messages were actioned by the PHA Communications Team.

4.6.2 Events Planning

- **NICC38 Mass Gathering Events– 4 Nations Group** chaired by Public Health England (PHE) (now UKHSA). 1st meeting held on the 1st June 2021. This group had been convened in light of the number of high-profile mass gathering events scheduled for 2021-2022 for example:- COP 26, 1-12th Nov 2021, Glasgow, G7 Summit- Cornwall, 11-13 June, Euros 2021. Meetings were held weekly and focused on the risk assessment for events and information sharing for the Devolved Administrations (DA) Health Protection teams. The PHA Emergency Planning Co-ordinator attended the weekly meetings and submitted a weekly Sitrep to a PHE designated email address. The Sitrep highlighted all events that were taking place over the forthcoming month for NI. This information was collated jointly with the Resilience officer, Belfast City Council.

- **ISPS Handa World invitational Golf 26th July to 1st August 2021** - Planning for the ISPS Handa World Invitational Golf Tournament commenced in April 2021. The PHA Emergency Planning Co-ordinator and HSCB Emergency Planning Lead was a member of the Multi-Agency Silver planning group and the PHA Senior Emergency Planning Manager was part of the GOLD Strategic Command Group to lead on HSC planning for this event. The EP role within Multi-Agency Silver was to provide public health advice, specifically on Covid regulations for international travellers and to ensure appropriate procedures were in place by the medical events team for test and trace of players. We assisted in the development and review of plans from a public health perspective.

- **UEFA Super Cup Final 11th August 2021**- The 2021 UEFA Super Cup was the 46th edition of the UEFA Super Cup that was played at Windsor Park, Belfast. Due to the implementation of the NI Coronavirus Regulations for International Travel the PHA Emergency Planning and Hazmat's Team were involved in the planning of this event along with UEFA officials and DoH colleagues. The EP role was to provide public health advice, specifically on the Covid regulations for international travellers. We assisted in the development and review of plans from a public health perspective.

- **Belfast Emergency Planning Group Events List** – the events list for the Belfast area is shared monthly with the PHA Emergency Planning Team to enable horizon scanning in relation to upcoming events in Belfast for civil contingencies and business continuity purposes.

4.6.3 PHA Business Continuity

During 2021/2022, the circumstances of Covid offered a substantial, practical test of PHA services and resilience, and an interim Business Continuity Plan (BCP) was prepared specific to this event. In November 2020, Directors also reviewed their key PHA services and functions, as outlined in the Plan, at the request of the Department of Health.

4.6.4 HSCB Business Continuity

A root and branch review was conducted of the former Health and Social Care Board's (HSCB) Business Continuity Plan (BCP), taking cognisance of learning from COVID; the migration of functions from the HSCB to SPPG from 1 April 2022, and recognising that "traditional" working arrangements will not be reinstated. Further the Plan was developed to deal with HSCB specific areas of responsibility and will be activated in response to an impact which prevents the organisation from carrying out its designated functions.

The development of the BCP and Directorate Plans was taken forward by a Project Team chaired by the HSCB EP/BC Lead supported by a Project Manager, with each Directorate fully engaging in the process. Directorates were responsible for identifying Critical Functions pertaining to their area of work to include timescales for recovery. In total 25 Critical Functions were identified across 6 Directorates. In addition, all of the HSCB Directorates developed their own BCP's identifying other key areas of work which must continue should an interruption to normal business become protracted, as well as those areas which could be stood down.

Consideration was also given as to how the HSCB BCP will complement DoH's BCP and the membership of the Incident Management Team (IMT) if both plans are activated and the manner in which IMT/IMAT meetings are held.

The HSCB's Fuel Plan was also revised and updated in light of working from home arrangements and is appended to the Corporate Plan.

4.6.5 BSO Business Continuity

As a result of learning from the pandemic, the BSO completed an extensive body of work which resulted in revised business continuity planning and arrangements. A comprehensive SharePoint site was developed covering the key 24 BSO business areas and which hosts each area BCP along with the full BSO BCP. The revised process requires the BCP to updated twice a year, along with evidence of departmental testing – in April and September. Version control and full audit logs are inbuilt within the SharePoint site.

Following on from our learning from Covid19, the BSO revised the key areas of work which must continue should an interruption to normal business occur, at the same time a review of areas that could be stood down was undertaken. The BSO ranks its services between Priority 1 (Cannot be deferred or delegated) and Priority 4 (These services will be stood down if disrupted or if staff are required to work elsewhere, but will be reinstated as soon as possible). Given the critical support role the BSO provide to wider HSC, the majority of BSO functions are listed as Priority 1. Any services listed as Priority 4 will primarily support BSO Priority 1 services.

4.6.6 BSO Cyber Programme

The Cyber programme is one of multiple HSC programmes commissioned by Digital Health and Care Northern Ireland (DHCNI) for BSO to deliver across the HSC in 21/22. It is based on a principle of membership organisations working as a collective system to progress cyber security defence, response and recovery actions. Accountability for risks unique to individual organisations remain the sole responsibility of that organisation.

5. Key Issues/Risks

Key Issues/Risks

During the reporting period, the JEP Board did not meet due to pressures associated with the ongoing response to Covid. However, the Boards of the PHA, (former) HSCB and BSO were regularly updated from the HSC Trusts via established Assistant Director, Director and Chief Executive Forums, along with COVID related sitreps being submitted from July 2021 – May 2022.

With reference to Trust Annual Reports and as reflected within the Core Standard returns, areas of future risk are summarised as follows;

5.1 NIAS supported Training

As referred to above, due to pressures associated with Covid, NIAS have been unable to support training specifically related to HMIMMS/HAZMAT and CBRN[1] for the past three years. Coupled with staff turnover, this is a significant risk across the HSC, which has been escalated to Emergency Planning Branch, DOH. Meetings are also ongoing with NIAS to establish if other Agencies such as NARU (National Ambulance Resilience Unit) can assist.

[1] There is no single course for CBRN. NIAS have previously facilitated the National Ambulance Resilience Unit in delivering the PRPS Instructor Course, and Decontamination Structure Training delivered by manufactures of the Mobile Decontamination Units.

5.2 Cyber Incidents

There is an increased risk of Cyber Incidents across the HSC to include HSC suppliers and partnering organisations, such as Universities. During July 2022, the HSC was subject to a Cyber Attack which focused on the finance systems. Therefore, in line with Business Continuity arrangements, all organisations have identified their core functions, ICT systems required, strategies to maintain continuity as well as maximum period of tolerable outage.

Incident Type	Number
Supplier Compromise	7
HSC Phishing Attack	45
Supplier Mailbox compromise	18

5. 3 Training organised by the PHA

Trusts continue to deliver a programme of training within the limitations of their resources. The PHA Emergency Preparedness has an annual training budget of £30K. Delivery of training continues to be a challenge in light of limited resources, and the limited ability of HSC organisations to release staff for training due to service demands. On-going targeted training to Trust staff is essential to ensure confidence to respond promptly and effectively to any type of major incident.

6. Incidents Notified and responded to by the PHA, HSCB and BSO- (Covid and non-Covid)

In the reporting period the PHA, HSCB and BSO responded to a range of incidents. The Joint Response Emergency Plan matrix has been developed to highlight 4 levels of Joint Response, ranging from Level 1 – 4. Level 1 is the lowest level of Joint Response and Level 4 is the most serious incident requiring the highest level of Joint Response.

The previously agreed call-out procedures have been tested as a result of a number of low and high level incidents and are available 24/7 through the PHA Duty Room

during office hours and through the PH Doctor on call system at NIAS Control outside these hours.

These arrangements have been forwarded to all relevant responding organisations.

Table 1 identifies the incidents that were alerted in the time period 1 April 2021 to 31 March 2022.

Table 1 – Incidents Notified and responded to by PHA and HSCB

Date	Incident Type	Involvement
23.01.20 29 July 2021 – May 2022	1. Infectious Disease – Coronavirus (Covid) 2. Covid - continued SitRep reporting process	3. WHO declared a global health emergency 31st January. 4. PHA EOC was activated on 23rd January 2021 to co-ordinate the response to Covid until it was led by the HSCB from 18th March 2021. 5. HSCB continued to lead Health Silver's response in respect of Covid. SitReps were received from the Trusts on a bi-weekly/weekly basis with pertinent issues reported to Health Gold.
22.11.21 to 25.11.21	Fleming poultry site	NIFRS declared a major incident on 22.11.21. A fire at an old Fleming poultry site. PHA Emergency Planner represented the Health Protection team at the Recovery Co-ordination Group Meeting.

Date	Incident Type	Involvement
24.11.21	Avian Influenza	05th Nov 2021 to 07th April 2022 A national standard incident was declared on 05/11/21 to provide co-ordination to the public health response to detections in Avian Influenza in avian species in the UK. To date these have included multiple infected premises and wild bird populations and are reported from across UKHSA regions, Wales and Scotland. The first national IMT was held on 09/11/21. The incident was escalated to a national enhanced incident on 24/11/2021 based on two criteria being met: • Health protection activity increase and requires surge or mutual aid arrangements • Need for greater support to respond to OGD and partner agency requirement Eight out of nine regions in England, and Scotland, Wales and Northern Ireland have one or more infected premises and all regions and devolved administrations have wild bird incidents. On 07/04/22 the incident was de-escalated to routine.
25.02.22	Ukraine IMT	Standard Incident for UKHSA to facilitate co-ordination and communication across

Date	Incident Type	Involvement
		the agency and with colleagues. Escalated to an enhanced incident response on the 02.03.22. Members from the Devolved Administrations attended the daily UKHSA IMTs. An HP Consultant and/or a member of the EP Team attended the weekly Ukraine IMTs. Briefing notes from the IMTs were circulated to DPH, ADHP and DoH. SPG X Meeting Initial meetings commenced daily March 2022 @ 8.30am, reducing to twice per week, September 22 (Monday & Thursday) Meetings - Weekly (Monday @ 8.30am). Chaired by Perm. Sec., TEO, representatives include Departments of Health, Finance, Communities, NIHE, EA. Strategic Planning Group (SPG) Ops Meeting Ukrainian response Monthly - (Thursday), From March 2022 Chaired by – Gareth Johnston, TEO, Department of Health Attendees include representatives from Home Office, Departments of Health, Finance, Education, Justice & Finance, Economy NI, NI Councils, Education

Date	Incident Type	Involvement
		Authority NI, Police Service for NI, NI Housing Executive. From November 2022 scope expanded to include asylum seekers. HSC Regional Refugee Resettlement – Meeting occurs – Monthly (03rd Wednesday, From February 2022 Chaired By – Louise McMahon, Director of Primary Care, SPPG Membership, SPPG Finance, Social Care, PHA, HSC Trusts. From November 2022 scope expanded to include asylum seekers. Dir Primary Care, SPPG member of 4 UK jurisdiction group convened by the Department of Health and Social – convened weekly March to September, fortnightly until November, now as required with updates requested by email. Access to services enabled for Ukrainian refugees through Ukrainian assistance centres, registration with GPs, signposting or referral to necessary secondary care services; SPPG social care involvement with home check processes for the 'Homes for Ukraine' scheme; data sharing protocols continue to be developed.

A summary of incidents notified by Trusts can be seen in Appendix 7.

6.1 National IMTs PHA Health Protection Team were involved in 2021 – 2022

Table 2 identifies the National Incident Management Teams (UKHSA) the PHA Health Protection Team were involved in the time period 1st April 2021 to 31st March 2022**.**

The definition of an Enhanced Incident *when the scale of the incident response requires a more significant mobilisation of resources and thus a greater level of strategic response. There is often an associated increase in interest in the incident from government and other external bodies. There may be significant reputational issues. An enhanced incident will have a Strategic Response Director (SRD). This will usually be the SRD on-call unless the scale and pace of the incident makes it impossible for them to cover the rest of the SRD on call duties There will also be an ID. The incident will be coordinated by the PHEOC and managed by the IMT and if necessary, a Strategic Response Group (SRG). The ID remains in charge of the tactical and operational aspects of the response and reports to the SRD who leads the strategic aspects of the response.* (ref: UKHSA Incident response Plan, October 2021).

Table 2:- National IMTs PHA Health Protection Team were involved in 2021 – 2022

Incident Name	Name	Start of incident (date)	Incident Status
Omicron Response	On 23 Nov 21, a small number of cases of a new variant were detected on the international genomic database, GISAID. This variant has 32 spike mutations. On 24 Nov this lineage was designated B.1.1.529.The very high number of spike mutations raises the concern that this variant could have changes in biological characteristics. The UKHSA's VAM manual was updated to incorporate appropriate public health actions for Omicron.	Enhanced incident declared 23.11.21	Stood down
NICC59 Ukraine Response	In response to a risk assessment of impacts associated with the situation in Ukraine, UKHSA has established a national enhanced incident response (NICC59). This is to enable a single corporate point of contact for all incoming and outgoing communications with UKHSA, a point of coordination, and a source of a single situational awareness reporting. UKHSA declared the Ukraine situation an Enhanced Response. Members from the Devolved Administrations attended the daily	Enhanced incident declared 25.02.22	Standard response (ongoing)

	UKHSA IMTs. An HP Consultant and/or a member of the EP Team attended the weekly Ukraine IMTs. Briefing notes from the national IMTs were circulated to DPH, ADHP and DoH		
NICC64	Monophasic Salmonella Typhimurium (t5:7575) associated with chocolate products	Enhanced incident declared 30.03.22	Standard (ongoing)
NICC65	Acute Hepatitis, unknown aetiology	Enhanced Incident declared 21st April 2022	Stood-down

7. Lessons learnt and actions taken

7.1 Regional Exercise Sirius 7 – 18th May 2021

Exercise Sirius 7 was the latest in a series of exercises involving each of the Devolved Administrations. This exercise was led by the PHA Emergency Planning Team with support from Public Health England (PHE) training team and was sponsored by Department of Health and Social Care (DHSC) England. The purpose of the exercise was to test the final draft of the Public Health Contingency Plan for Ports (Covid). Sixty-six participants representing government departments, health, harbour authorities, observers and representatives from the commercial side of shipping from cruise operators, agents and excursion providers. The exercise was facilitated by Dr Christopher Redman, Health Protection, Public Health Scotland (PHS) and observed by port health representatives from Devolved Administrations and the Republic of Ireland.

Key learning themes:

1. Early sharing of contingency plans so that harbour (ports of entry), health protection and cruise operators are aware of likely actions, and plan content.
2. Achieve shared situational awareness as early as possible to enable more effective cooperation between responding parties.
3. Integration of visiting representatives from cruise operators into existing Incident Management Teams in order to aid consistency and situational awareness.
4. Develop pre-prepared media statements to avoid confusion and misinformation or concern in the local community. The full debrief report can be viewed at Appendix 6.

7.2 NI Cruise Operations Group – 2021 Cruise Season Debrief Report

A debrief was held with the NI Cruise Operations Group on Thursday 6th January 2022 to discuss lessons learnt during the 2021 Cruise Season and to assist in the preparation and planning for the 2022 Cruise Season commencing on April 2022.

The 2021 Cruise Ship season in Northern Ireland ran from 17th June until 17th November 2021. The aim of the debrief was to capture learning points and examples of good practice from the preparation, response and recovery phases to inform future collective

emergency preparedness for the 2022 Cruise Season. The full debrief report and action plan can be viewed in Appendix 8.

7.3 HSCB Covid Debrief

Following Phase 1 of the COVID response, a debrief was conducted with Health Bronze Organisations and HSC Trusts in July 2020. This looked at both the “Containment” Phase which was led by the PHA and the “Delay” Phase which was managed and led by the HSCB. In terms of what went well, it was noted that the introduction of Sitreps in March 2020, ensured consistent and timely receipt of information from Trusts and Silver Cells and enabled structured discussions at Silver/Bronze meetings. Appropriate Trust level engagement was established and consistent at Silver IMT meetings. Further, the establishment of the HSC SitRep inbox enabled co-ordination of receipt and dissemination of information to and from one source. The SitReps were further revised to take account of DOH information requirements, information obtained from the Trusts and to facilitate focused discussion at Health Silver/Bronze. The inclusion of updates from the Northern Ireland Blood Transfusion Service and RQIA was positive, including the engagement of RQIA with Independent Care Homes. The revised and enhanced battle rhythm in March 2020, allowed the correct flow and structure of meetings.

However, it took a number of weeks to streamline discussions at Health Silver/Bronze meetings and move away from operational issues. It was apparent that parallel conversations were taking place outside the Bronze/Silver/Gold structures with staff working with policy leads directly. At times, this blurred lines of communication as issues were resolved and/or escalated outside of Silver, with adhoc feedback provided via Silver Cells and Bronze.

During April 2021, initial learning from the Phase 1 and 2 of the COVID response was reviewed and discussed at HSCB Board meetings. It was noted that the Joint Response Emergency Plan and Command Structures were tested and worked appropriately. Staff were responsive and willing to work outside normal areas, 7 days a week. Robust processes were instigated for daily teleconferences to ensure issues were escalated appropriately. Key lessons from the COVID pandemic include;

- The requirement to clarify the roles and responsibilities of staff and organisations at the very outset, recognising the need to be agile, responsive and work in collaboration across the system.

- Partnership working with statutory and voluntary sector partners and communities to build trust and ensuring an integrated approach

- Communicate and engage across various channels, combining both online and offline content

- Ensure teams are clear on priorities and keep key work areas under constant review, building on what is working and stopping what isn't

- The importance of mutual support and mental health.

7.4 BSO Covid

Throughout the pandemic the BSO continued to respond and adapt to the public health emergency. Large parts of the BSO continued to work in our offices and warehouses and the BSO led on Health and Safety advice and guidance and continually adapted throughout to ensure our staff and our properties remained safe in light of changing government advice. The BSO continued to monitor staff numbers in our buildings through the Sitrep process and we continued to adapt our office space and ways of working in order to keep our staff safe. This included the purchasing of Air Purification units for all our offices.

As a result of leaning from the pandemic the BSO developed a number of digital reporting mechanisms covering sitrep, building occupancy and reporting of positive cases.

One of the key lessons was the need to have more BSO staff trained in Strategic Emergency Planning and we now have over 20 senior staff who have been trained by the Emergency Planning College.

8. Testing, exercising and training

Due to the ongoing response to COVID, a test of the Joint Response Emergency Plan (JREP) was not carried out as the plan was activated as part of the response to Covid. The PHA/HSCB/BSO JREP and the HSCB BCP were revised and updated in line with the HSCB migration project. Health Bronze, Silver, and Gold reporting arrangements in respect of COVID continued from July 2021 until May 2022.

8.1 Training funded by PHA training budget

A dedicated recurring emergency planning budget of £30,000 per annum was agreed in 2012. It has been the responsibility of the PHA to oversee this budget and source relevant training for key staff within HSC partner organisations. A Training Needs Analysis (TNA) was completed by the HSC organisations for 2021 – 2022. Training during 2021 - 2022 was limited as all HSC organisations were involved in the response to Covid.
From 1st December 2021 to 21st February 2022, internal training was provided to PHA staff by the PHA Emergency Planning and Hazmat Team via zoom. A total number of 33 staff were trained on note taking (12) and loggist skills (21). This training was delivered to staff to enable them to carry out the administration functions required for an IMT and to support the PHA Health Protection Consultants.

Table 3, highlights the external training sourced and provided to HSC staff during the 2021-2022 reporting period.

Table 3 – Training provided and funded to Trust / HSCB and BSO staff during 2021-2022

Date/ Time/ Duration	Venue	Programme/ Topic	Provider	Participants	No. of attendees
28th April 2021	Virtual via Microsoft Teams	Loggist Skills Familiarisation (LSF) course	UKSHA	PHA 15 Participants	14
16th September 2021	Virtual via Microsoft Teams	Loggist Skills Familiarisation (LSF) course	UKSHA	Trusts 25 Participants	24
22nd and 23rd September 2021- 2 days	Virtual via Zoom	Strategic Crisis and Emergency Management Course	EPC	Trusts, NIAS 16 Participants	11
11th November 2021	Virtual via Microsoft Teams	Loggist Skills Familiarisation (LSF) course	PHE	PHA/HSCB/ BSO/Trust 25 Participants	21
17 and 18 November 2021 2 days	Virtual / online course	BCT Certification in Cyber Incident Management (NCSC Certified Training)	BCI	Trusts – 1 per Trust and 2 from BSO	8

Date/ Time/ Duration	Venue	Programme/ Topic	Provider	Participants	No. of attendees
				7 Total no of delegates	
25th and 26th Jan 2 days	Virtual / online course	Preparing for Recovery Management	EPC	Trust, PHA, SPPG and BSO	12
16 – 17 Feb 2022	Virtual Connected Learning Suite (CLS)	Strategic Crisis and Emergency Management Course	EPC	PHA, SPPG, BSO	13

During the reporting period, staff from the PHA, participated in a number of exercises as outlined in table 4 to test the PHA's escalation and response plans.

Table 4 – PHA Exercise Table 2021-2022

Exercise Name	Date	Attendees	Exercise Type	Organiser
Variants of Concern (VOC)- Exercise Descartes	18th February 2021	PHA HP Consultants; Health Improvement Leads; Surveillance; PHA Comms; PHA Screening Consultants	Table top exercise to test the PHA new SARS-CoV-2 variants and mutations interim plan	PHA Emergency Planning Team
Health Protection Case Review Management Exercise	29th April 2021	PHA HP Consultants; Health Improvement Leads; Surveillance; PHA Comms; PHA Screening Consultants	Table top exercise to explore the PHA Health Protection response to Covid related scenarios that occurred in NI or elsewhere	PHA Emergency Planning Team
Exercise Sirius 7	18th May 2021	PHA HP Teams, Belfast Harbour, BCC Port Health, NI Ports, Shipping agents, Translink, Maritime Coastguard, PHE, NHS Test and Trace, Local	Regional Table-top exercise to test the draft Public Health Emergency Contingency Plan	PHA EP Team with support from Public Health England (PHE) training team and was sponsored by Department of Health and

		Councils, PSNI, NIAS, Cruise companies, Visit Belfast, HSE ROI, DoH, SEHSCT, NHSCT, WHSCT		Social Care (DHSC) England.
Exercise Atlas UKHSA	19th October 2021	PHA Senior Emergency Planning Manager	UKHSA Winter Preparedness training	UKHSA
Exercise Enya Cross Border Wildfire Scenario	8th March 2022	PHA EP Co-ordinator, Garda Siochana, PSNI, NIAS, NIFRS, Newry Mourne Down District Council, Dept. of Housing, Planning and Local Government, HSE RoI, Leitrim Council, Monaghan Council, EPG Resilience Officers, TEO	Cross-Border Exercise to simulate the activation of the Cross-Border Emergency Management Notification Protocol and the subsequent communications processes for an incident that occurred in a geographical area that straddles the border.	Cross Border Emergency Management Working Group PHA Emergency Planning Co-ordinator was in attendance

9. Business Continuity Management

HSCB, PHA and BSO have in place business continuity plans for their respective organisations which meet the requirements of the ISO 22301/22313.

9.1 PHA

Refer to section 4.

9.2 HSCB

Refer to section 4.

9.3 BSO

Refer to section 4.

10. Core Standards Assurance

10.1 HSCB and PHA

Core Standards for the HSCB and PHA for the period 2021-2022 were completed as fully compliant.

The HSCB was fully compliant with all of the Core Standards, apart from Number 12, which was “partially compliant”. This particular Standard relates to on-call staff responsible for incident response, having identified competencies and key knowledge and skills. Whilst there is a dedicated Emergency Planning budget for training (PHA), for specialist courses, significant staffing changes have occurred at senior level over the past year. Nevertheless, as a mitigation those Directors who have not completed Emergency Planning training have registered their intent to attend Joint Response Emergency Planning training scheduled during 2022. Further a “walkthrough” of the JREP will be organised for 2022, following which the JREP will be tested as part of a multi-agency exercise during 2022/23.

10.2 BSO

Core Standards for BSO for the period 2021-2022 were completed as fully compliant.

Action plan for the next 12 months to manage identified risks and areas of concern raised during responses to actual incidents.

Actions identified and areas of concerned raised can be viewed in the Joint Emergency Preparedness Board Work Programme at Appendix 10.

11 Conclusion

2021/2022 PHA, HSCB and BSO encountered a number of significant challenges due to Covid that impacted across all sectors in the PHA, HSCB and BSO. Despite these pressures, PHA, HSCB and BSO staff continued to ensure key issues were addressed during this period and that capacity and preparedness at regional level were as robust as possible.

Appendix 1:- EOC Task and Finish Group Terms of Reference

Terms of Reference
Task and Finish Group for the EOC

PURPOSE

The EOC Task and Finish Group is established to discuss the operational and logistical arrangements for the provision and management of an EOC and to enable multi-agency co-ordination aligned to the *recently reviewed* Joint Response Emergency Plan (JREP) 2022.

The Group will facilitate *multi-agency* partnership working to share information, to prepare and plan for the present and future locations of the EOC and discuss a collaborative assessment of risk.

SCOPE

The Group shall be responsible for the following activities:

- Logistical arrangements for the present location of the EOC in CR4.
- Assessing alternative locations for the EOC.
- Development and management of 'virtual' and EOC arrangements (incl MS Teams.
- Planning, delivering, monitoring and reviewing the EOC training.
- Development of contingency arrangements for the EOC

GOVERNANCE

The group is accountable to the Senior Emergency Planner, PHA, Health Protection. Members will report to their respective organisations on the work of this group.

MEMBERSHIP

Membership of the group will include;

- PHA Emergency Planning Team
- HSCB Emergency Planning Lead

- BSO Emergency Planning Lead

ADMINISTRATIVE ARRANGEMENTS

The Group shall meet on a bi-monthly basis (or at an interval agreed necessary by the group) to fulfil its objectives.

Secretariat support for the Group will be provided by the PHA.

Each meeting shall have a structured agenda circulated in advance.

An action log shall be made of each meeting and circulated to individuals representing the organisations listed above following each meeting.

Responsibilities for any action required shall be clearly defined.

QUORUM

A staff representative from each organisation to be present at each meeting.

REVIEW

These terms of reference shall be kept under periodic review by the core members. Any member organisation can recommend changes to the terms of reference and these must be considered and agreed by the Group at the earliest opportunity before implementation.

March 2022

Appendix 2: Cross Border Health Services Representatives Group – Terms of Reference

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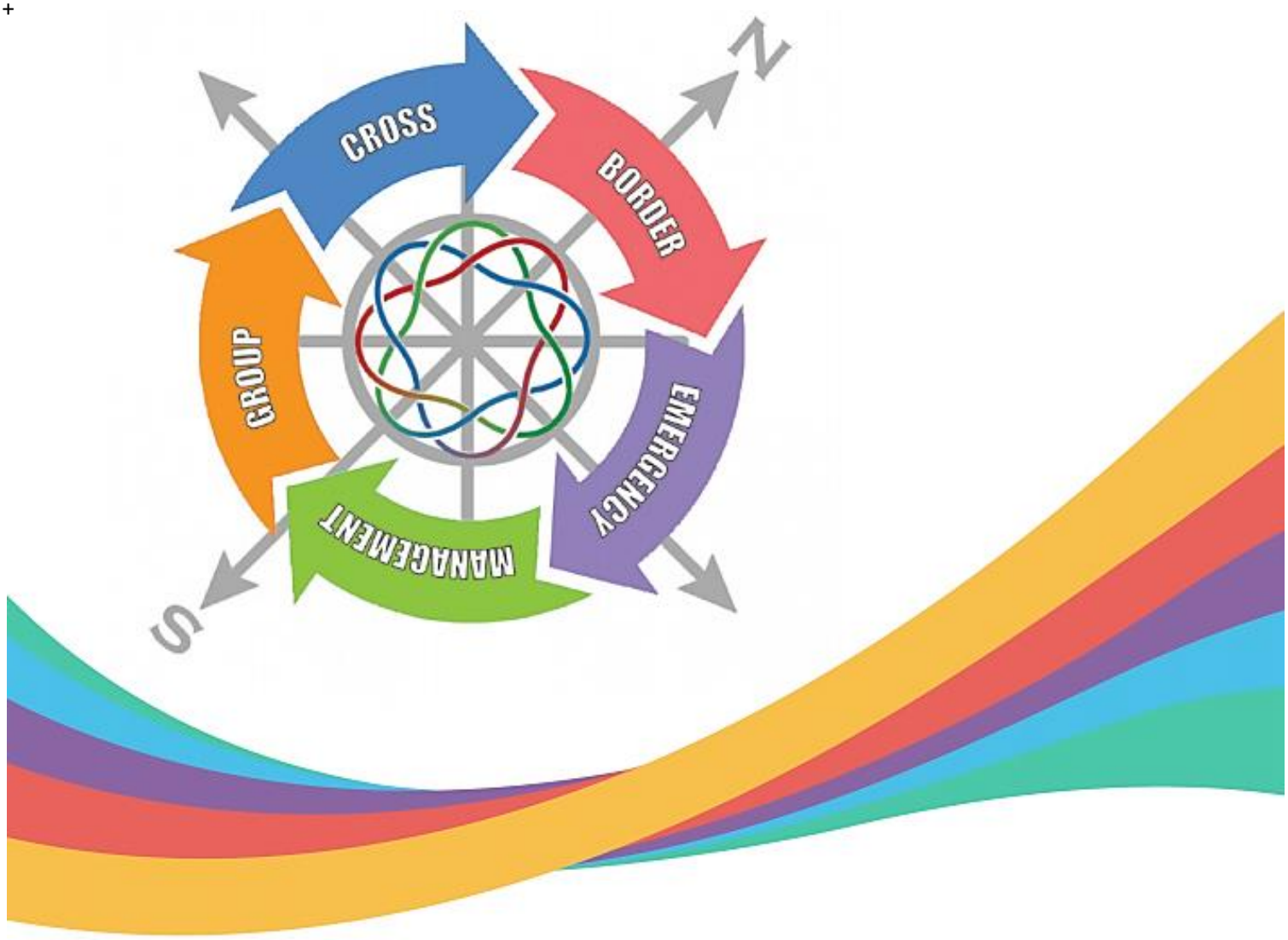


Cross Border Emergency Management Group

Terms of Reference

Prepared by the Cross-Border Emergency Management Group

Final Version September 2021

Background

The incidence of emergencies and disasters caused by natural and/or human made factors such as the recent severe weather events has increased significantly in recent years. These have led to loss of lives, property and environmental destruction and have resulted in the loss of social and economic activities in the affected areas. These emergencies and disasters can occur anywhere on the island of Ireland and do not respect borders. In all of these emergency or disaster situations, the authorities on both sides of the border have to respond by deploying resources necessary to contain the respective disaster in order to minimise the suffering and to safeguard the lives of the affected communities.

It is essential that the statutory agencies with responsibility for emergency management prepare for and respond to the emergencies or disasters that occur along the border areas in a coordinated and effective manner.

The statutory agencies with responsibility for emergency management in both jurisdictions operate within their own emergency management structures, frameworks and legislation that have evolved separately.

In the Republic of Ireland, the statutory agencies operate within the Major Emergency Management Framework[1] that was established by the Government in 2006. National, regional and local groups have been established to deal with major emergency management.

In Northern Ireland, the statutory agencies operate primarily within the NI Civil Contingencies Framework (2021), whilst some are duty bound by the Civil Contingencies Act (2004)[3]. Non-statutory sub regional groupings have been established to co-ordinate a multi-agency emergency management response.

Good cross border co-operation has existed between the principal response agencies on an organisational level for many years resulting in some cases in Memoranda of Understanding and other formal arrangements. While this is vital and will continue, there is a need for greater collaboration between all of the

agencies on a collective basis to plan for and deal with the consequences of emergencies or disasters that may occur along the border area.

Reference is made in the Major Emergency Framework (ROI) and the Civil Contingencies Framework (NI) to increased cooperation in the emergency management area. The North South Ministerial Council[4] has also identified emergency planning as one of their key areas for improved cross border collaboration. This is reinforced at European level within the European Community Civil Protection Mechanism[5].

Therefore, the need has been identified to establish a Cross Border Emergency Management Group that can increase co-operation between all of the statutory agencies involved in emergency management and that can develop strategies and procedures for emergency and disaster prevention, preparedness, mitigation and response within the border corridor.

Name of the Group

The group will be called 'Cross Border Emergency Management Group.

Purpose

"To act as a multi-agency group for agencies involved in emergency management on a cross border basis."

Strategic Objectives

The strategic objectives of the Cross-Border Emergency Management Group are to:

- act as a multi-agency emergency planning group for the statutory agencies in Northern Ireland and the Republic of Ireland;

- enhance cross border co-operation and resilience in Emergency Management and Civil Protection consistent with the principles of the emergency management cycle[1,2].
- develop joint protocols, training and the sharing of information in line with the parent emergency management framework documents;
- strengthen and coordinate cross border emergency management arrangements in the areas of risk assessment, prevention, preparedness, mitigation and response;
- further the development of a support network between the respective agencies;
- ensure as far as possible the interoperability of major emergency plans and response arrangements both in Northern Ireland and the Republic of Ireland.

Membership

There should be equal representation from both jurisdictions on the Cross-Border Emergency Management Group.

Representatives to the Group should be nominated from the respective parent government departments and the regional emergency management groups in each jurisdiction.

The composition of the Cross-Border Emergency Management Group will contain representatives from the following agencies:

Northern Ireland

A total of ten nominated representatives from the Southern and Western Emergency Preparedness Groups

- Local Government Emergency Planning Representatives from areas within both the Northern and Southern Emergency Preparedness Groups which straddle the border corridor
- PSNI

- NIAS
- PHA and HSCT
- NIFRS
- Maritime and Coastguard agency
- A nominee from PSNI HQ.

Republic of Ireland

- Representatives of the North West MEM Regional Working Group (representing Sligo, Leitrim, Donegal)
- Representatives of the North East MEM Regional Working Group (representing Cavan, Monaghan, Louth and Meath)
- An Garda Síochána
- Local Authorities (including Fire Service)
- Health Service Executive (including National Ambulance Service)
- National Directorate for Fire and Emergency Management
- An Garda Síochána Headquarters
- HSE National Representation

Other members may be co-opted on a temporary basis as necessary. A map of the geographical area encompassed by the group is attached in Appendix 1.

Governance Arrangements

The Cross-Border Emergency Management Group will carry out its mandate within the existing emergency management structures in each jurisdiction. These reporting structures are outlined in Appendix 2.

Membership of the CBEMG confirms endorsement of all documents produced by the group as detailed in Appendix 3 of this document.

Mandate

The mandate of the Cross-Border Emergency Management Group is to:

1. The identification and implementation of best practice in Civil Protection and emergency management on a cross border basis in the areas of risk management, preparedness and response;

2. The development and maintenance of procedures for notification, activation and ongoing communications during a major emergency event in the border region.

3. The development of ongoing cross border joint training and exercise programmes.

4. Participation in cross border projects as appropriate with a view to improving sustainable cross border emergency management.

5. Reporting back to their own respective organisations and to other regional structures on the work of the Group.

6. Preparation of an annual report to submit to the relevant cross border, national bodies or government departments with responsibility for emergency management in each jurisdiction.

Standing Orders

Quorum

The minimum number of attendees at any meeting of the Group should be 50% plus one with at least three representatives being present from each jurisdiction.

Chairperson

The Cross-Border Emergency Management Group will elect a chairperson from within each jurisdiction for a period of two years. The Northern Ireland nominee will chair meetings in NI and the Republic of Ireland nominee will chair meetings in ROI.

Frequency of meetings

Minimum of two meetings per year but more as required. Meetings are to be alternated between jurisdictions.

Sub Groups

Sub Groups may be established to progress various areas of work as and when required. *Terms of Reference will be developed for each sub group.*

Review

The Terms of Reference may be reviewed to take account of changes in legislation, guidance or structural changes within organisations in either jurisdiction.

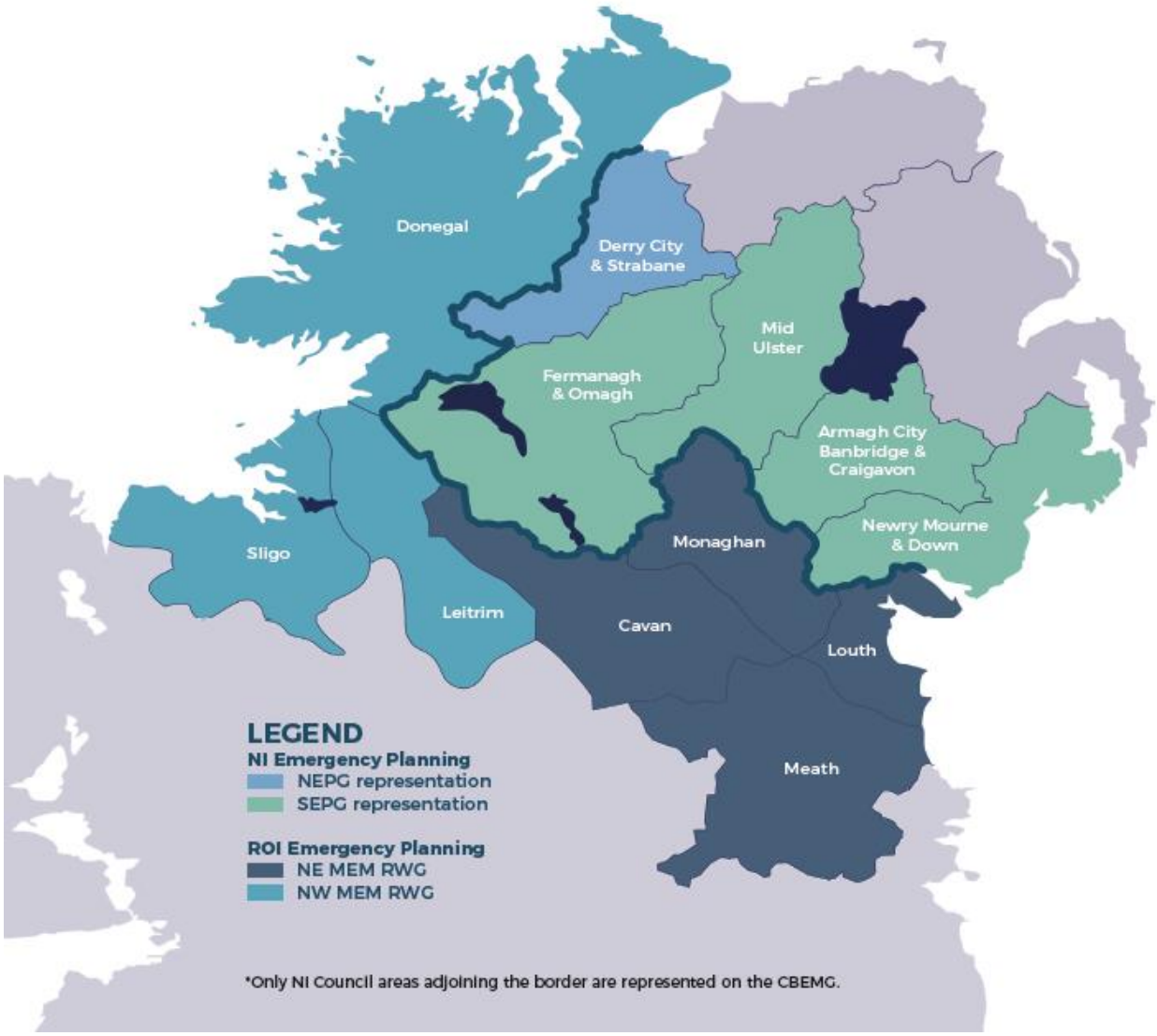
Consultation Process

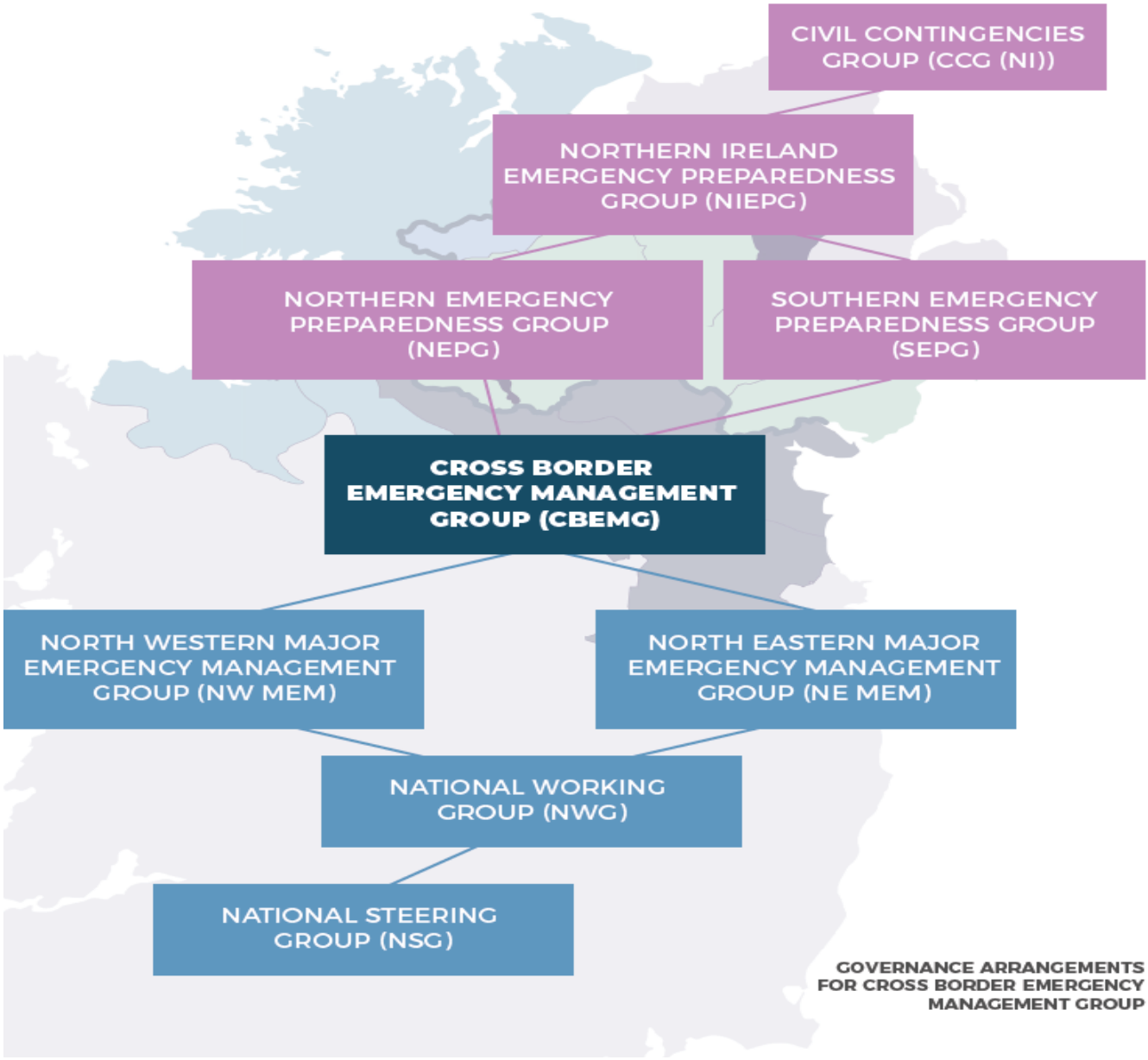
Appendix 3 outlines the consultation process to be followed by the group and its sub groups when developing/updating plans and documentation. Adhering to this process will ensure all member organisations are given adequate opportunity to provide comment and input into the development and approval of all plans and documentation.

References:

1. Department of the Environment Community and Local Government (DoELCG) - Major Emergency Management Framework 2006
2. Office of First Minister and Deputy First Minister (OFMDFM) – The Northern Ireland Civil Contingencies Framework 2005
3. Civil Contingencies Act (2004)
4. North South Ministerial Council, Areas for Co-operation (Accessed 2014)
5. EU Council Decision 2007/779/EC, establishing a Community Civil Protection Mechanism
6. Framework for Civil Contingencies Northern Ireland ‘Building Resilience Together’ 2021

Cross Border Emergency Management Group Boundaries





GOVERNANCE ARRANGEMENTS FOR CROSS BORDER EMERGENCY MANAGEMENT GROUP

Process of Consultation and Approval for Documents / Protocols Developed by the CBEMG.

1. All documents will be developed in accordance to the requirements outlined within the CBEMG Strategic Plan by the dedicated sub group.
2. Each sub group will have Terms of Reference approved by the CBEMG
3. All products developed by the sub groups will be submitted in draft form to the CBEMG for consideration and approval.
4. To ensure all agencies are afforded an opportunity to consult within their own organisation a period of consultation will be facilitated. This will normally be 8 weeks, or within the timeframe of the next meeting date, whichever is the longest. All documents will be emailed by the Chair of the relevant sub group to each organisation's representative on the CBEMG and this will be recorded using a standardised template incorporated into each document.
5. All feedback received will be considered by the sub group, relevant revisions made and the document re submitted to the group for final approval.
6. On approval by the CBEMG, all documents will then require endorsement by each of the inter-agency MEM/EPG groups in both jurisdictions. If regional/national multi-agency endorsement is required, this should be escalated through established channels.

Standardised Template for Consultation

Name of Document/Version				
Organisation	Designated Contact	Date circulated	Comments Received Yes/No	Date Process Complete (Signature of Chair)

Appendix 3 – Exercise ENYA Post Exercise Report (Attached Separately)

Appendix 4:- NI Port Health Forum Terms of Reference

TERMS OF REFERENCE

1.0 COMMITTEE	**Port Health Forum**
2.0 PURPOSE	The purpose of the Port Health Forum is to support the NI Public Health Agency (PHA) in meeting its responsibilities for: • Liaising with other agencies involved in providing health- related activities at ports • Contributing to health protection related planning in ports • Conducting a review of port health plans as required • Providing training and continuing education related to port health • To facilitate collaborative working with health protection colleagues to respond to a health protection incident on ships or aircrafts. • To ensure consistency of approach across all ports in NI.
3.0 MEMBERSHIP	**Chair:** Mrs. Mary Carey, Senior Emergency Planner, PHA Port Health Unit, Belfast City Council Regional Officer: Local Government Civil Contingencies EHO Mid and East Antrim EHO Derry City and Strabane City EHO Ards and North Downe EHO Causeway Coast and Glens EHO Newry Mourne and Downe Border Force, Home Office EP Belfast International Airport EP George Best Belfast City Airport EHO Antrim and Newtownabbey Environmental Health DoH (NI)
4.0 DUTIES	4.1 To advise the Public Health Agency (PHA) on health protection matters relating to Ports (airports and seaports) in Northern Ireland

	4.2 To consider how national and local policy/guidance in relation to health protection in Ports might be implemented in Northern Ireland Ports. 4.3 To consider the provision of health protection services within Ports in Northern Ireland and make recommendations to the PHA where areas of potential improvement have been identified. 4.4 To act as a forum where public health, environmental health practitioners and other port health forum partners can share best practice and network in relation to health protection in Ports. 4.5 To review the learning from health protection incidents in ports and amend local arrangements and processes accordingly. 4.6 To facilitate joint training in health protection in Ports.
5.0 AUTHORITY	The NI Port Health Forum operates under the authority of the Joint Emergency Planning Board (JEP Board)
6.0 MEETINGS	**6.1 Quorum –** A quorum is the minimum number of members of a committee necessary to conduct business. A quorum will be defined as half the representatives as listed in section 3 plus one. **6.2 Frequency of Meetings –** NI Port Health Forum will meet every three months **6.3 Papers** - Minutes and action logs will be circulated to committee members within 10 days before meetings and will detail action points and responsibilities.
REPORTING	The chair of the NI Port Forum will report to the JEP Board.
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for group members, co-opted members and members of the forum to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
REVIEW	December 2022

Appendix 5: NI Cruise Operations Group Terms of Reference

PURPOSE

The NI Cruise Operations Group (hereafter referred to as The Group) is a task and finish group which has been developed as a sub group of the NI Port Health Forum the purpose of which is to ensure that Port Health Authorities can plan together to provide an integrated approach for the effective management of Cruise operations within the current working COVID environment only.

Plans developed by the group will be used to respond to and recover from any COVID related Public Health emergency affecting the Cruise Operations in NI harbours and aligns with the current PHA Port Health Plan and the NI Infectious Diseases and Outbreak Management Plan.

The Group will facilitate multi-agency partnership working together and with Cruise lines to share risk information, to enable a collaborative assessment of risk and to prepare and plan for events and emergencies that may necessitate multi-agency co-ordination.

SCOPE

The Group shall be responsible for the following activities:

- Review current best practices for Cruise operations in the current COVID environment.
- Facilitating the sharing of information and risks during the Cruise season, enabling the identification and development of necessary response capabilities and developing generic and specific plans and best practice.
- Maintaining the Port COVID Cruise Plan.
- Planning, delivering, monitoring and reviewing the training, exercising and testing of the Port COVID Cruise Plan.

- Facilitation of joint working with Cruise lines to manage interactions between Port and Cruise line COVID plans

GOVERNANCE

The Group is a task and finish sub group of the NI Port Health Forum and has been established to meet the responsibilities outlined in section 2. Members will report to their respective organisations on the work of this group.

MEMBERSHIP

The Group will be chaired jointly by Belfast Harbour Commissioners and the Public Health Agency.

Core members of the Group will include:

- Belfast Harbour Commissioners
- Public Health Agency
- Visit Belfast
- Belfast Harbour Police
- Belfast City Council Port Health
- Belfast Emergency Preparedness Group
- Shipping Agents
- Belfast Emergency Preparedness Group
- Port Harbour Masters
- Newry, Mourne and Downe District Council
- Ards and North Downe District Council
- Derry City and Strabane District Council
- Mid and East Antrim District Council

Other partners may also be invited as required to contribute to specific issues, these may include partner organisations e.g. shore excursion providers, emergency responders and other cruise service providers.

ADMINISTRATIVE ARRANGEMENTS

The Group shall meet on a bi-weekly basis (or at an interval agreed necessary by the group) to fulfil its objectives or as requested by any one of the chairs.

Secretariat support for the Group will be provided by the PHA.

Each meeting shall have a structured agenda circulated in advance.

An action log shall be made of each meeting and circulated to individuals representing the organisations listed above following each meeting. Responsibilities for any action required shall be clearly defined.

REVIEW

These terms of reference shall be kept under periodic review by the core members. Any member organisation can recommend changes to the terms of reference and these must be considered and agreed by the Group at the earliest opportunity before implementation.

July 2021 (updated)

Appendix 6 – Exercise SIRUS 7 Report (Attached Separately)

Appendix 7:- Summary of Incident Notification HSC Trusts 2021/22

	BHSCT	NHSCT	SEHSCT	WHSCT	SHSCT	NIAS
Number of Incidents Notified to Trust to include internal incidents	16* Potential MI- 6 Declared MI- 0	14 Potential MI- 7 Declared MI - 0	2 Potential MI- 0 Declared MI- 1	2* Potential MI- 0 Declared MI- 0	9* Potential MI-0 Declared MI- 0	8 Potential MI- 6 Declared MI- 2
Number of Incidents responded to by Trusts	10	7	2	2	9**	8
Nature of Incident(s)	Airport Alert (2); RTC (1) Building collapse (1) Security Alert (11) Hotel Fire (1) BC Incident within a chemical storage room	Security Alert (8); Fire (2); Building Collapse (1); Disorderly behaviour (1); Burst Water Mains (1); Generator Failure (1);	Fire (1) Security Alert (1)	Cyber Incident (1) Security Alert (1)	Security Alert (6); Gas Leak (1); Severe weather (2);	Fire (1) Building collapse (1) Airport Alert (3) RTC (1) PORT deployed (2)
Number of ESC's Activated	10	5	0	1	7	N/A

*In reference to the above figures, the BHSCT, WHSCT and SHSCT have referred to the response to COVID as a defined Incident. However as this is applicable to all HSC Trusts this has not been included to ensure consistency.

**The SHSCT have designated "Service Pressures" as an Incident. As this is an ongoing operational response, this has not been included within the above figures.

Appendix 8:- NI Cruise Operations Debrief Report

NI Cruise Operations Group

2021 Cruise Season Debrief Report

Thursday 6th January 2022

Compiled By: Catherine Curran

Date: 15th March 2022

Contents

Executive Summary

A debrief was held with the NI Cruise Operations Group on Thursday 6th January 2022 to discuss lessons learnt during the 2021 Cruise Season and to assist in the preparation and planning for the 2022 Cruise Season commencing on April 2022.

The 2021 Cruise Ship season in Northern Ireland ran from 17th June until 17th November 2021. During this time, there were seventy-two port calls by cruise ships at Belfast Harbour, performed by fifteen different shipping lines and nineteen vessels. In addition, there were eight port calls to Rathlin Island and one port call to Foyle Port. In summary, thirty-two (44.4%) of the seventy-two port calls to Belfast Harbour during Cruise Ship Season 2021 involved correspondence with the Public Health Agency (PHA).

Aim

The aim of the debrief was to capture learning points and examples of good practice from the preparation, response and recovery phases to inform future collective emergency preparedness for the 2022 Cruise Season and to incorporate any learning into a review of the Covid Public Health Emergency Continuity Plan (PHECP) for Ports.

Objectives

The objectives were to:

- Provide participants with the opportunity to reflect on their experience of the 2021 cruise season;
- Identify examples of good practice; and
- Highlight areas for improvement going forward for 2022 Cruise Season.

What Went Well?

- The establishment of the NI Cruise Operations Group to support bespoke planning for the management of cruise operations during Covid.
- The debrief provided a valuable learning opportunity for the organisations involved and highlighted areas for improvement going forward.

- Development and establishment of the Public Health Emergency Contingency Plan for Ports (Covid).
- Regular communication and support between partners to identify and address issues.
- Engagement with the cruise operators in advance of the cruise season to establish shared situational awareness around planning.

Areas for further development;

- Development of a Devolved Nations (DA) standardised Notice to Mariners for Covid.
- Repeat terminal walkthroughs for key stakeholders in advance of the 2022 cruise season.
- A regional cruise ship schedule to be developed and circulated.
- Early engagement with cruise operators and agents to allow early shared understanding and awareness of Covid plans for the for 2022 cruise season

1.0 Background

In September 2020, the NI Return to Cruise Operations Working Group (The Group) was established as a sub group of the NI Port Health Forum to facilitate joint planning with partners to provide an integrated approach for the effective management of cruise operations during Covid. See appendix 1 for the terms of reference.

The Group facilitated a multi-agency partnership approach with cruise operators' to share guidance and enable a collaborative assessment of risk and to prepare and plan for events and emergencies that may necessitate multi-agency co-ordination.

The Group developed the Port Health Emergency Contingency Plan (Covid). The plan was used to respond to and recover from any Covid related public health emergency affecting the cruise operations and aligns with the PHA NI Port Health Plan and the NI Infectious Diseases and Outbreak Management Plan.

The purpose of the PHECP is to protect the health of the travelling public, staff at the port and the NI population by responding to a public health risk presented by an outbreak of Covid on a cruise ship.

Events that are relevant to the PHECP can be any public health risk that justifies activation of the PHECP, or public health emergencies of international concern.

International Health Regulations (IHR 2005) defines a public health risk as *"a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger". IHR (2005) defines public health emergencies of international concern as "means an extraordinary event which is determined, as provided in these Regulations: (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response".*

The PHECP was tested via an exercise called Exercise Sirius 7 on the 18th May 2021.

1.1 Timeline of Cruise Ships

The 2021 Cruise Ship season in Northern Ireland ran from 17th June until 17th November 2021. During this time, there were seventy-two Port Calls by Cruise Ships at Belfast Harbour, performed by fifteen different shipping lines using 19 different vessels. In addition, there were eight Port Calls to Rathlin Island and one Port Call to Foyle Port. The 2021 Schedule of Belfast Harbour Cruise List can be viewed in Appendix 5.

1.2 PHA Overview of 2021 Cruise Season

A review of all enquires on HP Zone in relation to cruise ships was carried out by the PHA Emergency Planning Co-ordinator and Specialist Register (SpR). The outcomes were presented at the start of the debrief process. In summary, thirty-two (44.4%) of the seventy-two Port Calls to Belfast Harbour during Cruise Ship Season 2021 resulted in correspondence with the Public Health Agency (PHA) health protection service. The port health Covid review of the cruise ship season can be referred to in Appendix 6.

1.3 Exercise Sirius 7- 18th May 2021

Exercise Sirius 7 was the latest in a series of exercises involving each of the Devolved Administrations. This exercise was led by the PHA Emergency Planning Team with support from the Public Health England (PHE) training team and was sponsored by Department of Health and Social Care (DHSC) England. Sixty-six participants representing government departments, health, harbour authorities, observers and

representatives from the commercial side of shipping from cruise operators, agents and excursion providers. The exercise was facilitated by Dr Christopher Redman, Health Protection, Public Health Scotland (PHS) and observed by port health representatives from Devolved Administrations and the Republic of Ireland.

The purpose of the exercise was to test the final draft of the NI Public Health Emergency Contingency Plans for Ports (Covid). The exercise scenario enabled discussion and information sharing with a focus on a number of aspects ranging from notification prior to arrival and managing the potential implications of an excursion ashore with symptomatic passengers. A copy of Exercise Sirius 7 Debrief Report has been circulated and can be requested via the PHA Emergency Planning Team.

1.3.1. Exercise Sirus 7- identified learning

Early sharing of contingency plans to ensure harbour (ports of entry), health protection and cruise operators are aware of likely actions and subsequent actions/plans.

- Achieve shared situational awareness as early as possible to enable more effective cooperation between responding parties.
- Integration of visiting representatives from cruise operators into existing Incident Management Teams in order to aid consistency and situational awareness.
- Development of pre-prepared media statements to avoid confusion and misinformation or concern in the local community.

The Covid pandemic presented considerable challenges to much of the NI tourism sector and associated stakeholders. With a return to domestic cruises, the challenges and roles of all parties needed to be clearly understood in order to ensure the safety of passengers, crew and the population of destination ports. The complexity of different organisations with an interest in any ship arriving in a port required clear coordination and a mutual understanding of roles and responsibilities.

2.0 Debrief Process

Participants were asked to submit their reflections on the NI 2021 Cruise Season via a debrief form in advance of the debrief meeting. The participants were asked to consider

the following questions for their organisations under the following headings taking into consideration the five principles of joint working; Co-locate Communication, Co-ordination, Joint Understanding of Risk and Shared Situational Awareness.

- Preparedness and Response;
- Co-ordination;
- Communication;
- Engagement.

2.1 Discussion Outcomes

The key learning points identified by participants as a result of the debrief are documented in the Summary of Debrief Appendix 3 and these have been collated into a Summary and Action Plan in Appendix 4.

2.1.1 Preparedness and Response

What went well:

- Collaboration with partners involved in the response to the outbreak.
- Exercise Sirius 7 was a successful and beneficial exercise to have before the 2021 Cruise Season commenced.
- NI Cruise Operations Group meetings were well chaired with an opportunity for all to speak and share views. Encouraged collaborative working in a safe environment.
- Joint working of developing and establishing the Public Health Emergency Contingency Plan for Ports. Awareness of the key concerns of the other agencies.
- Meeting with the operators in advance of the cruise season to establish shared situational awareness around planning and response for incident management and supporting communications.
- Incident Management Teams when established involved the key agencies and the ship representatives, this enabled better shared situational awareness and assessment.
- Acknowledgement of the need to engage with organisational communications teams as part of the management of cruise ship operations for Belfast.

- Good contacts and co-operation with the local Port Authorities, PHA and Shipping Agents.
- Reflected the importance of tourism and its impact on NI
- Representation on Association for Port Health Authorities (APHA) and the Cruise Lines International Association (CLIA) was useful to get an understanding of cruise operations in other UK Ports.

Key challenges

- During 2021 Cruise Season Maritime Declarations of Health (MDH) that were frequently incomplete when submitted to the PHA which impacted on the PHA Duty Room and emergency planning resources, as all incomplete documentation had to be followed up with the cruise ship and Port Health before a comprehensive public health risk assessment could be completed.
- Some cruise operator plans reflected arrangements to disembark crew and passengers who were affected by Covid. This was not reflected in NI guidance and planning and required directed engagement between the PHA and operators.
- The impact of EU Exit had a significant impact on the demands and resources of some of the Port Health Teams in addition to managing cruise ship operations for Covid.

Identified learning:

- Development of a standardised Notice to Mariners for Covid for the Devolved Nations.

2.1.2 Co-ordination

What went well:

- Weekly circulation of the cruise ship schedule.
- Early establishment of Incident Management Team (IMT) when required with clear roles and responsibilities.

Key challenges:

- No challenges identified by members of the group.

Identified learning:

- Development and circulation of a regional cruise ship schedule

2.1.3 Communication

What went well:

- Regular communication between partners to identify and address issues. Partnership working assisted in identifying the key issues and plans to address them.
- Regular planning meetings prior to the season restarting aided communication significantly. The planning meetings and Incident Management Teams supported communications across relevant organisations.

Identified learning:

- During 2021 Cruise Season there was some apprehension around excursions especially to areas where the local community was smaller and, in some cases, remote.
- The impact of the negative media response around one of the vessels that docked in Belfast port highlighted the damage that negative PR could do. This incident was well managed by Belfast City Council, Belfast Harbour and the PHA.
- Development of a key contacts list for the NI Cruise Operations media teams.

2.1.4 Engagement

What went well:

- Terminal walkthroughs with cruise operators and partner organisations were beneficial.
- Engagement by smaller ports with Visit Belfast and Belfast harbour regarding guidance around passengers disembarking the cruise ship for excursions and the support they received from Visit Belfast and Belfast harbour.

Key challenges:

- Smaller ports receiving cruise ships with 48-72 hours' notice. This was due to operators changing their schedules without prior consultation.

Identified learning:

- Engagement with organisational communications teams to make them aware of the PHEC plan.

2.2 Summary of Recommendations and Key Actions

- DA standardised Notice to Mariners for Covid to be developed.
- NI Cruise Operations Group Meetings to be set-up for February and March before the 2022 Cruise Season commences and thereafter once a month. To be set-up by the PHA Emergency Planning Team.
- Engagement with cruise liners and agents before Cruise Season 2022 commences to help build relationships and shared situational awareness around planning and response. Belfast Harbour Working Group to take this forward.
- Review of Public Health Emergency Contingency Plan (PHECP) for Ports to include learning from 2021 Cruise Season.
- Completion of Public Health Emergency Contingency Plan for all NI Ports.
- A Regional Cruise Ship Schedule to be developed by the Belfast Harbour Commercial Executive Team.

3.0 Conclusion

The PHA Senior Emergency Planning Manager and the Belfast Port Health and Safety Manager thanked all participating staff for their support and guidance throughout the 2021 Cruise Season. The debrief highlighted the benefits of carrying out such debriefs and the recommendations from the lessons learnt will be implemented as part of the review of the Public Health Emergency Contingency Plan for Ports. The lessons learnt will also assist in the planning for the 2022 Cruise Season.

4.0 Participants

Name	Role
Mary Carey	PHA Senior Emergency Planner (NI Port Health Lead and Chair)
Ian Spratt	Port Health, Safety and Environmental Manager, Belfast Harbour (Co-Chair)
Catherine Curran	PHA Emergency Planning Co-ordinator
Ciara O'Hanlon	PHA Emergency Planning Co-ordinator
Niall Convery	Senior Environmental Health Officer, Port Health - Food Safety, Belfast City Council
Gary Hall	Commercial Executive, Belfast Harbour
Christine McErlean	Senior Environmental Health Officer, Port Health - Food Safety, Belfast City Council
Paul McSwiggan	Principal EHO Derry City and Strabane District Council
Mary Jo McCanny	Director of Visitor Servicing
William Hunter	Maritime Policing Team, Belfast Harbour
Tara Cunningham	Resilience Officer Emergency Preparedness NI Armagh City, Banbridge and Craigavon Borough Council
Barry Shaughnessey	Belfast Port Deputy Harbour Master
Kevin Allen	Belfast Port Harbour Master
Kevin Baird	Harbour Master and Marina Manager
John Morton	Causeway Coast and Glens Council
Nicola McCall	Mid and East Antrim Borough Council
Sinead McCavigan	PHA Personal Sectary

Appendix 1: NI Cruise Operations Group

Terms of Reference
NI Cruise Operations Group

PURPOSE

The NI Cruise Operations Group (hereafter referred to as The Group) is a task and finish group which has been developed as a sub group of the NI Port Health Forum the purpose of which is to ensure that Port Health Authorities can plan together to provide an integrated approach for the effective management of Cruise operations within the current working COVID environment only.

Plans developed by the group will be used to respond to and recover from any COVID related Public Health emergency affecting the Cruise Operations in NI harbours and aligns with the current PHA Port Health Plan and the NI Infectious Diseases and Outbreak Management Plan.

The Group will facilitate multi-agency partnership working together and with Cruise lines to share risk information, to enable a collaborative assessment of risk and to prepare and plan for events and emergencies that may necessitate multi-agency co-ordination.

SCOPE

The Group shall be responsible for the following activities:

- Review current best practices for Cruise operations in the current COVID environment.
- Facilitating the sharing of information and risks during the Cruise season, enabling the identification and development of necessary response capabilities and developing generic and specific plans and best practice.
- Maintaining the Port COVID Cruise Plan.
- Planning, delivering, monitoring and reviewing the training, exercising and testing of the Port COVID Cruise Plan.

- Facilitation of joint working with Cruise lines to manage interactions between Port and Cruise line COVID plans

GOVERNANCE

The Group is a task and finish sub group of the NI Port Health Forum and has been established to meet the responsibilities outlined in section 2. Members will report to their respective organisations on the work of this group.

MEMBERSHIP

The Group will be chaired jointly by Belfast Harbour Commissioners and the Public Health Agency.

Core members of the Group will include:

- Belfast Harbour Commissioners
- Public Health Agency
- Visit Belfast
- Belfast Harbour Police
- Belfast City Council Port Health
- Belfast Emergency Preparedness Group
- Shipping Agents
- Belfast Emergency Preparedness Group
- Port Harbour Masters
- Newry, Mourne and Downe District Council
- Ards and North Downe District Council
- Derry City and Strabane District Council
- Mid and East Antrim District Council

Other partners may also be invited as required to contribute to specific issues, these may include partner organisations e.g. shore excursion providers, emergency responders and other cruise service providers.

ADMINISTRATIVE ARRANGEMENTS

The Group shall meet on a bi-weekly basis (or at an interval agreed necessary by the group) to fulfil its objectives or as requested by any one of the chairs.

Secretariat support for the Group will be provided by the PHA.

Each meeting shall have a structured agenda circulated in advance.
An action log shall be made of each meeting and circulated to individuals representing the organisations listed above following each meeting. Responsibilities for any action required shall be clearly defined.

REVIEW

These terms of reference shall be kept under periodic review by the core members. Any member organisation can recommend changes to the terms of reference and these must be considered and agreed by the Group at the earliest opportunity before implementation.

July 2021

Appendix 2 – NI Cruise Operations Group – Cruise Season 2021- Summary of Debrief

1. From your organisations perspective, please identify areas of planning and response which went well.	• Collaboration with other organisations and during outbreaks. • Exercise Sirius was a successful exercise. • Meetings were well chaired, opportunity for all to speak and share views. Collaborative working in a safe environment. • Developing and establishing the Covid Management plan together for each harbour. Awareness of the key concerns of the other agencies. • Meeting with the cruise lines as they arrived so that a shared understanding could be obtained. • IMTs involving key agencies and the ship representatives enabled better shared situational awareness and assessment. • Recognition of the need for shared awareness re 'day to day' issues which could affect the 'PR' of Belfast/NI/the harbour due to the increased scrutiny of cruise ships due to Covid. The importance of sharing this awareness via emergency planning escalation routes to avoid miscommunication issues arising. • Generally good contacts and co-operation with the local port authorities, PHA and shipping agent.

2. From your organisations perspective, please identify areas of learning.	• The need for consistent communication messages agreed in a timely matter regarding public health advice, such as agreement on cruise/passenger excursions, crew changes. • The PHA must take the lead in decision making so that a consistent approach is taken by all key stakeholders. • Early establishment of IMT and agreed media message; out of hours support and effective handover. • Regarding actions and responsibilities to plan health and Belfast City Council's emergency planning group. • The importance of treating each cruise ship/line as a key EPG partner, meeting with them to discuss joint awareness/arrangements which helped to avoid uncertainty and lack of clarity. This is useful for each year – not just for Covid. • Majority of ships seemed to have planned to offload crew/passengers who were affected by COVID which was in direct contradiction to local plans/capacities. There seemed to be a lack of understanding re the requirements to repatriate someone who was a positive/potential case and that they were better supported on board from a risk perspective. • Guidance on the management of Covid self-presenters & disembarking protocol for persons on-board to obtain medical care or for isolation onshore • Importance of early communication and planning/preparation for such visits.

3. Were lines of communications between your organisation and relevant partners effective?	• Some inconsistency in the application and interpretation of government advice created problems in explaining the same to stakeholders. • Difficult to get in contact with the Duty Room on occasion but appreciate the demands on the team during the pandemic. • Generally communications were very good. Possibly weakest when issues regarding independent travel however it was a challenging time and effective future ways of working were then established. • Initial joint planning worked well and enabled each organisation to reflect concerns they knew others would have. • Lack of clarity at one point re the need to share normal operational issues which could escalate due to the increased scrutiny. Also the understanding that guidance from public health is essentially binding on public organisations while it may not be to the ship/lines. • Regular planning meetings prior to the season restarting aided communication significantly. The operational meetings and IMTs were also good communication tools. • Uncertainty around the status of those going on excursions and what controls needed to be in place for visits to indoor/outdoor attractions and contingency arrangements around same.
4. Was there good engagement with partners as part of planning and response?	• Yes generally very good. • Regular communication and support between partners to identify and address issues. The open working relationship was invaluable to identify the key issues

	affecting some organisations and enabling them to be addressed quickly and demonstrating a joint Belfast position to the cruise lines which I think they appreciated. • Possible gap in engagement with ports/councils/EPGs outside Belfast as there was an assumption that they would not have visits this year – and that proved incorrect, leading to quick familiarisation and engagement.
5. From your organisations perspective, do you have any recommendations to assist planning for next year's cruise season?	• Review of Emergency Plan ahead of the cruise season inclusive of a 2022 Emergency Outbreak Scenario similar to Exercise Sirius • Guidance document on how to complete MDoH for cruise ships to ensure consistent application/accurate information • Reform and keep group in place. Early engagement is key. Extend the invite to other ports at an early stage. • Analysis of potential challenges. • Meeting each cruise line as they return for the season each year should be part of planning each year to help build relationships and shared understanding. • Increased focus on the ports outside Belfast to ensure their arrangements are reviewed and communication/co-ordination established. • Early sharing of concerns with key partners should remain a fundamental and jointly discussing these concerns to ensure they can be addressed as they relate to each partner. • Zoom meeting to discuss the implications of Omicron.

	• Public Health Emergency Contingency Plan for Foyle Port needs reviewed, completed and communicated. Details of cruises expected next year to
6. Do you have any additional information you would like to share?	• Linkage with APHA and UK Ports was useful to get an understanding of the situation in other Ports. Obtaining points of contact and networks to improve efficiency of communication. • Brexit has had a significant impact on the demands and resource of our team however we identify that this is a priority. • Follow up bullet points would be a benefit if a representative missed it. Engagement with the media may be helpful. • Thanks to PHA for facilitating the meetings this year and to all the partners who participated so readily in support of each other.

Appendix 3 – Summary of Actions

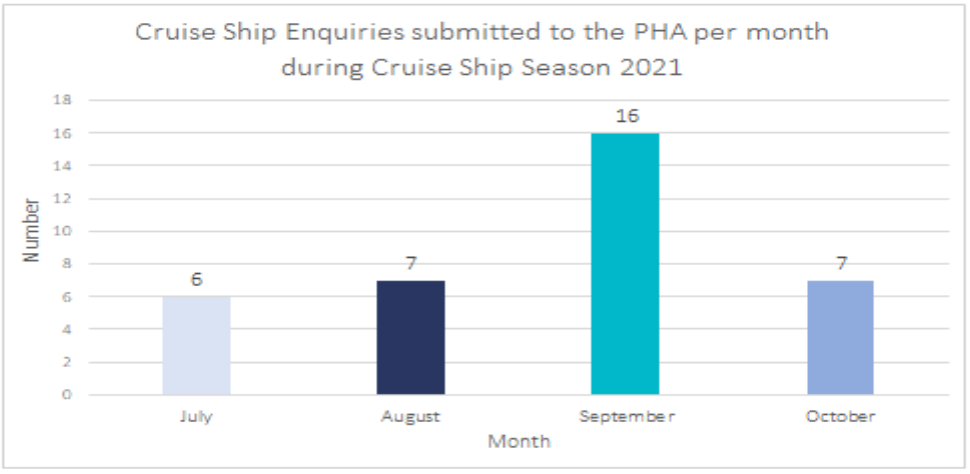
No.	Issue	Detail	Assigned to:	Action	Target (month end)	Governance
Preparedness and Response						
1	Standardised Notice to Mariners to be developed.	2021 Cruise Season there was a number of incomplete MDH's submitted which led to a number of follow-up enquiries by the PHA Duty Room.	PHA Senior Emergency Planning Manager	Standardised Notice to Mariners to be developed. Work is ongoing with PHS and PHW to develop a standardised the Notice to Mariners and timeline for submission across the Devolved Nations.	30th April 2022	DA Public Health Teams
2	Terminal walkthroughs for key stakeholders in advanced of 2022 Cruise Season commencing.	During 2021 Cruise Season all stakeholders found the terminal walkthroughs very beneficial. It was agreed terminal walkthroughs would be carried out for all stakeholders before 2022 Cruise Season.	Port Health, Safety and Environmental Manager, Belfast Harbour	Walkthroughs to be set-up for key stakeholders before 2022 Cruise Season commences.	31st March 2022	Belfast Harbour

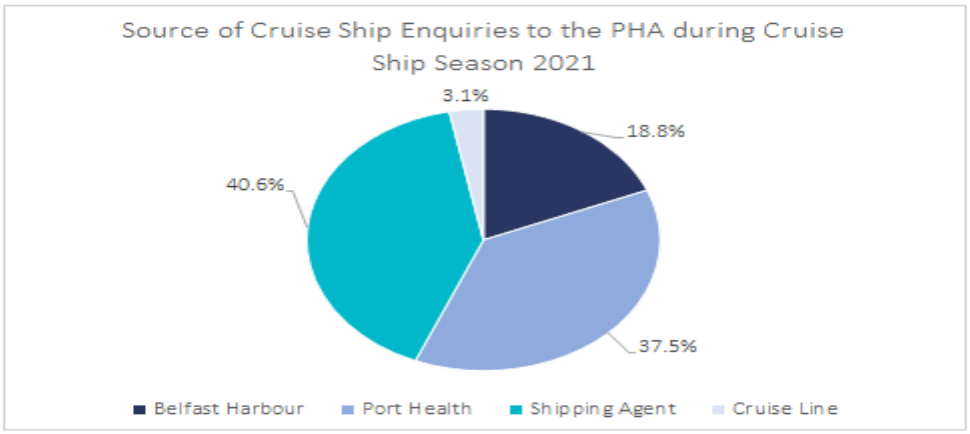
		This will ensure everyone is aware of the protocols and good practice.				
3	Review of the Public Health Emergency Contingency Plan (PHECP) for Belfast Harbour	Review PHECP – look at lessons learnt during 2021 Cruise Season. Bring in the role of the agents.	PHA Emergency Planning Team / Port Health, Safety and Environmental Manager, Belfast Harbour / Belfast Harbour Commercial Executive / Resilience Manager, Belfast Emergency Preparedness Group	Review the PHECP (for Covid) before the 2022 Cruise Season	30th April 2022	All

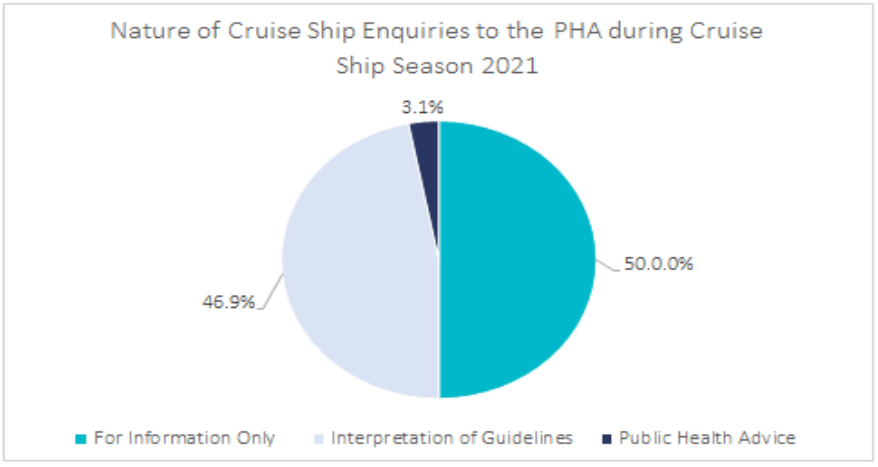
4	Completion of all NI Ports Public Health Emergency Contingency Plan (PHECP)	Completion of a local PHCEP for all NI Ports. **Including:** - Terminal walkthroughs of plans and - Testing of PHECP	NI Ports / PHA Emergency Planning Team	Final plans to be submitted to PHA by end of March. 31.03.22	31st March 2022	NI Ports / PHA
Co-ordination						
5	NI Cruise Operations Group to meet once a month.	NI Cruise Operations meetings to be set-up for February and March.	PHA Senior Emergency Planning Manager	Dates to be circulated	31st January 2022	PHA
6	Regional cruise ship schedule for Cruise Season 2022 to be developed.	It was agreed that a regional cruise ship schedule would be beneficial for the way forward.	Belfast Harbour Commercial Executive	Regional Cruise ship schedule to be developed and circulated to the group.	30th April 2022	Belfast Harbour Commercial Executive
Communication						
7	A contacts list of the NI Cruise Operations	A list of who the media contacts are within the different organisations that sit on the NI Cruise	All	A communications contact list to be developed	30th April 2022	All

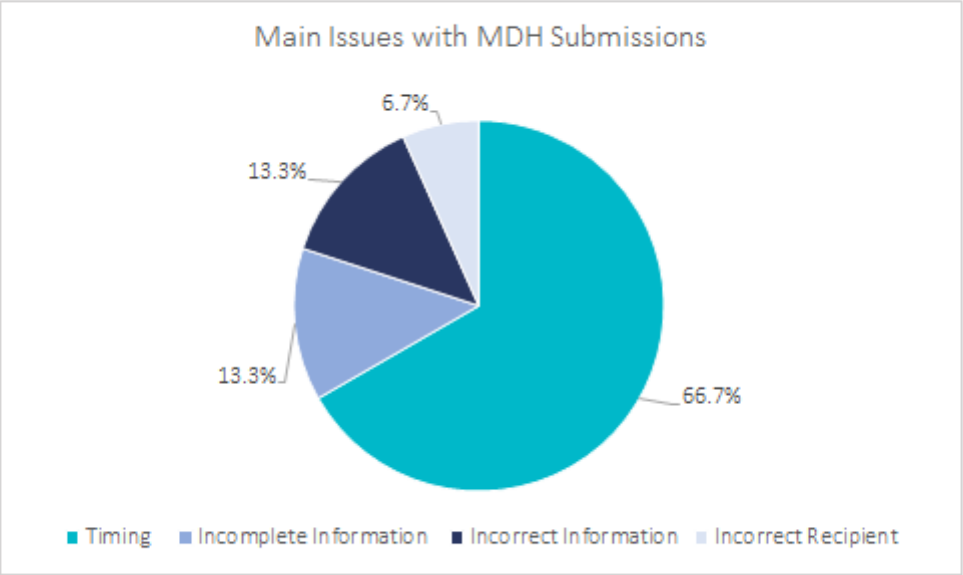
	Group media teams to be developed.	Operations Group i.e. Belfast Harbour, PHA and Visit Belfast				
Engagement						
8	Engagement with cruise operators before in advance of the NI Cruise Season.	Engagement with the agents and cruise liners to allow early shared understanding and awareness of plans	Belfast Harbour Working Group	Meetings to be set-up with the Agents for cruise season 2022.	ongoing	Belfast Harbour Working Group

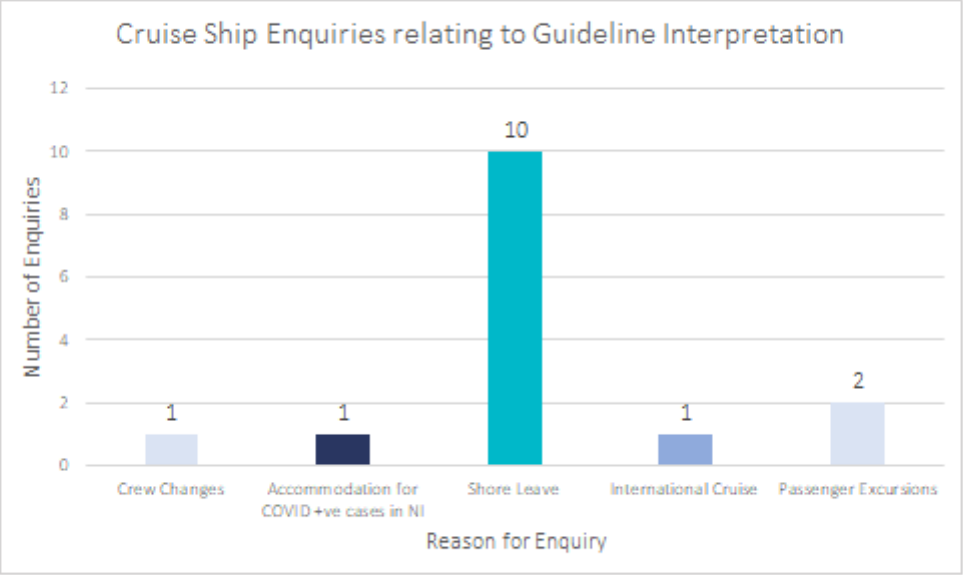
Appendix 4 – Covid-19 Port Health Review 2021 Cruise Ship Season (Charts)








Main Issues with MDH Submissions
6.7%
13.3%
13.3%
66.7%
Timing
Incomplete Information
Incorrect Information
Incorrect Recipient

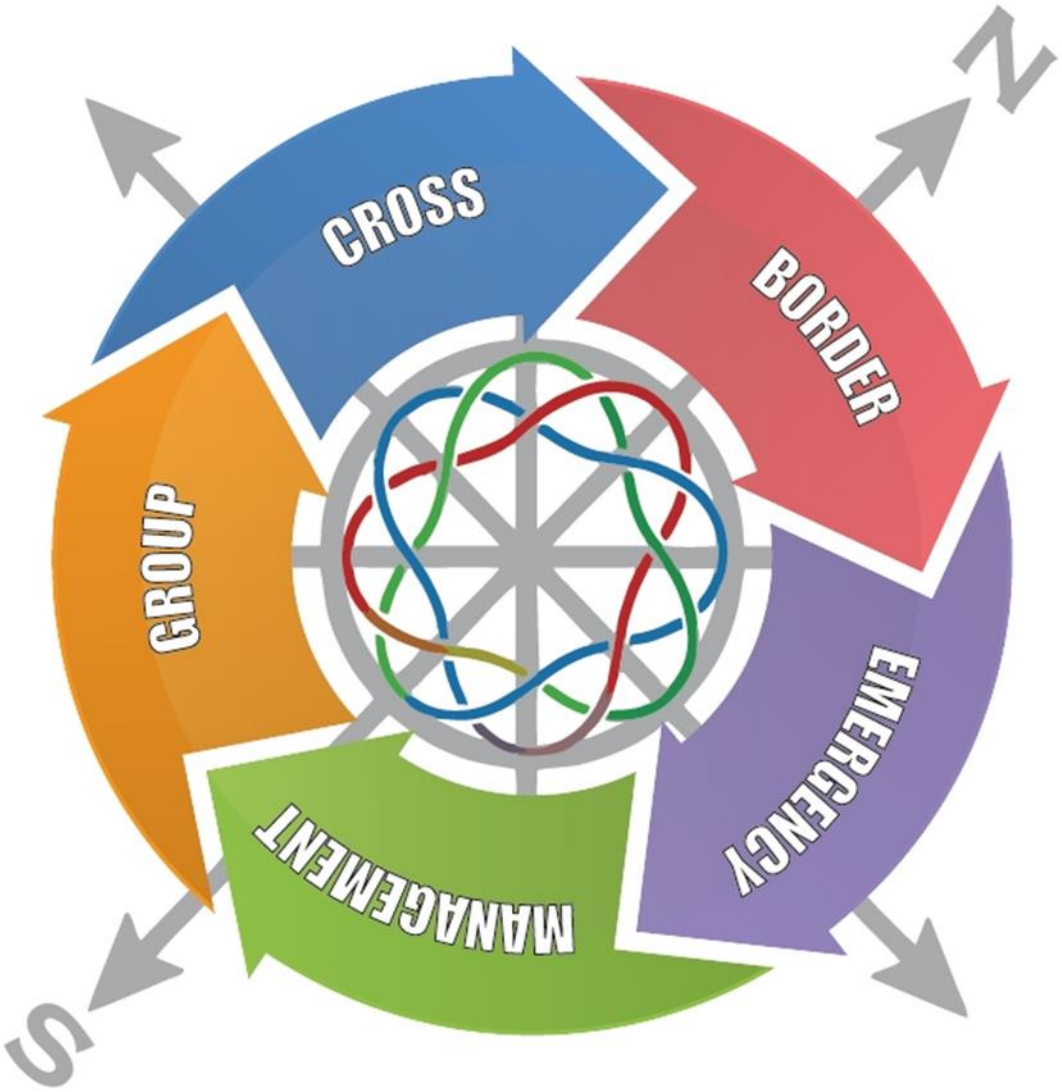

Cruise Ship Enquiries relating to Guideline Interpretation
Number of Enquiries
12
10
8
6
4
2
0
1
1
10
1
2
Crew Changes
Accommodation for COVID +ve cases in NI
Shore Leave
International Cruise
Passenger Excursions
Reason for Enquiry

TERMS OF REFERENCE

1.0 COMMITTEE	Joint Emergency Preparedness Board
2.0 PURPOSE	The Health and Social Care Board (HSCB) – Public Health Agency (PHA) and Business Services Organisation (BSO) seeks assurance on HSC preparedness to manage a response to emergency incidents in adherence to the Circular HSC (PHD) Communication 1/2010, *Emergency Preparedness for Health and Social Care Organisations (2010) and* within the context of the requirements of the Civil Contingencies Framework for Northern Ireland (2011). The role of the JEP Board is to ensure that there is an appropriate and proportionate level of HSC preparedness across the three organisations to enable an effective HSC response to emergencies which have a significant impact on the local community.
3.0 MEMBERSHIP	**Chair:** Dr. Adrian Mairs Acting Director of Public Health and Ms. Lisa McWilliams, Interim Director of Performance and Corporate Services HSCB Ms. Marie Roulston Director of Social Care and Children, HSCB Mr. Stephen Wilson, Assistant Director of Communications and Knowledge Management Mr. Philip Moore, Head of Communications HSCB Ms. Karen Hargan Director of Human Resources BSO Ms. Liz Fitzpatrick Complaints and Litigation HSCB Ms. Patricia Crossan, Interim Head of Corporate Services HSCB Mrs. Mary Carey Senior Emergency Planner PHA Dr. Gerry Waldron Acting Assistant Director Public Health (Health Protection) Ms. Mary Hinds Director of Nursing PHA Ms. Rosie Byrne Unscheduled Care Lead HSCB Dr. Sloan Harper Director of Integrated Care, HSCB Ms. Rosemary Taylor, Assistant Director Planning and Operations PHA Ms. Anne McNally, Emergency Planning Branch, DoH (NI) *Additional representation from partner organisations may be sought in line with agenda items.
4.0 Purpose	The purpose of the JEP Board is to;

	4.1 Work through the Joint Emergency Preparedness Team (JEP Team) to coordinate HSC preparedness for major emergencies including CBRN incidents, adverse weather and major events. In this way enable the HSC to best respond to their individual and collective impacts. 4.2 Approve the JEP Team annual work programme 4.3 Facilitate and support the work of the JEP Team through regular meetings 4.4 Seek assurance from JEP Team that HSC organisations are adequately prepared. 4.5 Escalate key risks to relevant Executive Teams and NI DoH 4.6 Ensure the Joint Response Plan and other related Plans, are up to date and interlinked where appropriate 4.7 Regularly review capacity within the three organisations to meet the growing emergency preparedness agenda 4.8 Agree the working arrangements for the three organisations in order that they may fully contribute to the new enhanced Civil Contingencies Arrangements in N Ireland. 4.9 Provide assurance to NI DoH on HSC preparedness issues.
5.0 AUTHORITY	The JEP Board operates under the authority of the PHA Medical Director/ Director of Public Health The existing arrangements within and between Directorates for the detailed operational planning for major incidents and major event preparedness will continue, with JEP Board holding an overview of that work and enabling identification and closure of any gaps in current arrangements. Incident response structures are separate from JEP Board and will reflect the Joint Emergency Response Plan. JEP Board members will be involved in the response structures as appropriate.
6.0 MEETINGS	**6.1 Quorum –** A quorum is the minimum number of members of a committee necessary to conduct business. A quorum will be defined as a representative from the HSCB, PHA and BSO as listed in the membership.

	6.2 Frequency of Meetings - JEP Board will meet every four months and as required thereafter. Stakeholders outside the PHA/HSCB/BSO can be invited as required. Special meetings will be required prior to any major events. **6.3 Papers** - Minutes and action logs will be circulated to committee members within two days before meetings and will detail action points and responsibilities.
REPORTING	The JEP Board will report through the chair to senior executive teams of the PHA, HSCB and BSO.
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for Board members, co-opted members and members of working groups to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
OTHER EMERGENCY PREPAREDNESS GROUPS LINKING TO THE JEP BOARD	Figure 1 shows the proposed structures of the JEP Board and Team and how they relate to each other as well as depicting the other main emergency preparedness groups that PHA, HSCB and BSO are required to participate in. Membership and responsibility for chairing the other various groups is set out in the individual boxes in the diagram figure 1.
REVIEW	October 2019



Cross Border Emergency Management Group

EXERCISE ENYA

Post-Exercise Report

BACKGROUND

The Cross Border Emergency Management Group (CBEMG) was established in 2014 to increase co-operation between all the statutory agencies involved in emergency management within the border counties of Northern Ireland and the Republic of Ireland. The Cross Border Emergency Management Group carries out its mandate within the existing emergency management structures in each jurisdiction and reports to their respective sub regional groups.

LAUNCH OF OPERATIONAL PLAN

CBEMG developed a comprehensive Operational Plan for 2022 – 2025, the vision of which is to enhance cross border co-operation and resilience in emergency management and civil protection consistent with the principles underpinned in the framework documents of both jurisdictions, the Northern Ireland Civil Contingencies Framework and the Major Emergency Management Framework.

This plan was launched at the Killyhevlin Hotel, Enniskillen on 8th March 2022 to a wide range of multi-agency partners from both sides of the border, this was the first physical meeting in over two years for many at the event and there were huge opportunities for networking which was clearly taken advantage of by all those attending.

Immediately following the launch Dr Andrew McClelland from University of Manchester delivered a short and hugely interesting presentation on the importance of cross border cooperation in emergency management, focussing on the essential need for cross-border working as Covid 19 had demonstrated graphically again that hazards do not respect borders or boundaries and that indeed risks may be amplified in border contexts.

EXERCISE ENYA

A key priority of the Operational Plan is the development of an ongoing cross border joint training and exercise programme. The remainder of the day was spent participating in Exercise Enya which tested the activation of the Multi-Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland and the Republic of Ireland, the establishment of co-ordination structures and the management of multi-agency communications on a cross border basis.

Exercise Enya – Post Exercise Report

Table of Contents

INTRODUCTION

The Cross Border Emergency Management Group (CBEMG) endorsed a Multi-Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency in the border area between Northern Ireland and the Republic of Ireland. This protocol was approved in September 2021 and the group agreed, as per good practice, that a validation exercise was required to ensure that the activation, notification, and communication processes detailed within the protocol were fit for purpose and all relevant partners are familiar with the protocol.

The recommendations emanating from the exercise will be presented to the Cross Border Emergency Management Group and once endorsed will be issued to the relevant governance groups in both Northern Ireland and the Republic of Ireland. Actions relevant to the CBEMG will be incorporated into the group's work programme and a review of the Multi Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland and the Republic of Ireland will be required.

EXERCISE AIM AND OBJECTIVES

Aim:

The aim of this exercise was to simulate the activation of the Multi Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland and the Republic of Ireland and the subsequent communications processes for an incident that occurs in a geographical area that straddles the border.

Objectives:

There were six objectives within the exercise. These included:

1. To simulate the activation of the Multi Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland and the Republic of Ireland
2. To issue communications via a METHANE message from NI to ROI using the processes as detailed within the protocol.
3. To exercise the current multi-agency response to a wildfire event.
4. To review the communications processes required on a cross border basis during a Major Incident / Major Emergency.
5. To consider management of public communication and how it works on a cross border basis.
6. To identify issues that may need to be considered during the recovery phase.

EXERCISE FORMAT

Exercise Enya was held as a six-hour tabletop exercise which simulated a multi-agency response to a Cross Border wildfire. Participants were asked to form a multi-agency Tactical Co-ordination Group (TCG) and a Local Co-Ordination Group (LCG) in response to a series of injects and updates which were provided by video, slide and handouts. The exercise focussed on communications but also covered recovery activity and media handling.

Participants were encouraged to refer to existing documentation around response processes and concept of operations documents to support their discussions. A comprehensive briefing pack was issued to all participants and observers prior to the exercise.

The TCG/ LCG meetings held during the exercise were designed to be as realistic as possible. Participants had to nominate an appropriate Chair for each meeting and logging of actions was strongly encouraged to enable tracking of activity over the course of the multi-agency response.

The exercise was very well attended, with participants and observers represented from a wide range of organisations from both Northern Ireland and the Republic of Ireland. The LCG and TCG were situated within the same room at opposite sides, with the observers based centrally. The various discussions taking place simultaneously across the room did make it difficult at times to clearly hear discussions progressing and actions being taken at the TCG and LCG meetings. Therefore, as the day progressed it was decided that during discussion of the injects those observers should relocate to adjacent lobby area and this worked well, both in terms of acoustics whilst also offering a further networking opportunity for observers.

Facilitation of the exercise was managed by two members of the CBEMG group from Northern Ireland and the Republic of Ireland. Both facilitators had a comprehensive knowledge of the development and need for Multi Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland and the Republic of Ireland and of multi-agency working. They also had detailed knowledge of the structures and civil contingencies arrangements within their respective jurisdictions. They facilitated excellent discussion, introduced the injects and ensured the day ran to the agreed timetable

SUMMARY OF LEARNING IDENTIFIED AGAINST OBJECTIVES

1. ***To simulate the activation of the Cross Border Notification Protocol*** **of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland and the Republic of Ireland**

The exercise did contain an element that simulated the activation of the Multi Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland and the Republic of Ireland, a recorded video sequence displaying Police Service of Northern Ireland contacting CampWest and requesting that the protocol be activated in anticipation of their being cross border implications. The protocol states that:

A representative from the Tactical or Strategic Co-ordination Group will:
1. Contact PSNI Incident Co-ordination Centre: NI (0044 2890 901080)
2. Communicate the (M)ETHANE Message (Appendix F)
3. Request that this METHANE Message is conveyed to CAMP West via 00353 949034747 as per the associated Action card for this protocol – Appendix E

The NI Civil Contingencies Framework document "Building Resilience Together" recognises that a Local Impact Assessment Call (LIAC) regularly takes place prior to the establishment of a TCG, and its remit would include agreement for the formation of a TCG and activation of the Multi Agency Protocol for Cross Border Notification through the Resilience Manager contacting Police Service of Northern Ireland to activate the protocol.

There is a need for the Multi Agency Protocol for Cross Border Notification Protocol to reflect this LIAC process.

It was also recognised that normal day-to-day contact between agencies on a cross border basis would continue, however it was agreed that the Protocol activation was a multi-agency decision.

RECOMMENDATION 1: Review the protocol to ensure it reflects the current multi agency response arrangements including scoping the mechanism to activate the protocol.

RECOMMENDATION 2: Review the protocol to ensure robust activation mechanisms are in place to deal with both major and imminent threat to life scenarios and other non-threat to life scenarios.

RECOMMENDATION 3: CampWest is now known as West Regional Co-Ordination Centre (WRCC) this change should be made throughout the Multi Agency Protocol for Cross Border Notification of an anticipated or confirmed major emergency/major incident in the border areas between Northern Ireland and the Republic of Ireland.

RECOMMENDATION 4: Further practical training and exercising of the activation of the protocol should be considered with particular attention given to activation from ROI to NI border region as this was not exercised.

RECOMMENDATION 5: An appendix to be added to the protocol to clarify the actions to be taken by WRCC in disseminating the information received to agencies in ROI. This information will be dependent on the location.

2. ***To issue communications via a METHANE message from NI to ROI using the processes as detailed within the protocol.***

The exercise illustrated a telephone call from PSNI Incident Control Centre (ICC) to WRCC followed up by an emailed METHANE message. There was some discussion as to whether the email message would be received promptly.

RECOMMENDATION 6: The METHANE message should be communicated verbally between both jurisdictions as laid out in the protocol. However to reinforce the message and ensure accuracy an email message to both jurisdictions should be sent to an agreed email address. This process should be incorporated into the Multi Agency Protocol for Cross Border Notification.

3. ***To exercise the current multi-agency response to a wildfire event.***

The exercise simulated the set-up of a TCG and LCG. The TCG had approximately 24 participants; this was a result of the exercise format and not necessarily reflecting what would happen in reality. It was agreed at an early stage that PSNI would chair this group as there was a major or imminent threat to life and this role is specified in the Framework Document

Chairing a TCG was not something that the PSNI Inspector had experience with prior to the exercise. The TCG used a template agenda, aligned to the Joint Emergency Services Interoperability Principles (JESIP) which was previously distributed as part of the briefing pack) to structure their meetings.

The decisions that the TCG were taking were recorded by a member of the Resilience Team, in an ad hoc manner using Microsoft Word. Whilst the Decision Log was based on a JESIP template and was sent by E Mail to Exercise Control and displayed to the TCG. It was noted that there was little follow up on the action status of the decisions and it was challenging to ensure situational awareness amongst TCG participants.

The LCG group was a much smaller group and included the use of four information management boards known as the Information Management System. This size of group was much simpler to Chair and communicate with internally and the Boards did provide excellent visual information to all and assisted in decision making. Decisions were recorded on the boards and photographs taken at the appropriate point of time as a record of decisions made. Therefore only current information was displayed at any one time.

RECOMMENDATION 7: Consider the development of a further exercise, to test activation from ROI, to consider the use of technology to allow for co-ordination and communication, and to enhance the understanding of structures on a cross border basis.

RECOMMENDATION 8: To investigate options and consider best practice as to how the logging and recording methods used by the co-ordination groups could be improved. The findings from this study should help inform multi agency logging in the future, which will enhance cross border information flow, sharing and communications during incidents.

RECOMMENDATION 9: CBEMG to highlight the need for an awareness training programme for those who are likely to chair or participate in multi-agency co-ordination groups so that they understand the processes within their own jurisdiction and also have an appreciation of multi-agency co-ordination in their neighbouring jurisdiction.

4. To review the communications processes required on a cross border basis during a Major Incident / Major Emergency.

There is no formal process in place about how to communicate between jurisdictions during a multi-agency response to an incident and it was evident that better links need to be established with partners in border counties to allow for consistent and timely messages to be issued on a cross

border basis. It is also noted that there is limited formal mechanisms for activation and liaison with local communities and volunteer groups who have specialist expertise and local knowledge of the area on a Cross Border basis.

RECOMMENDATION 10: The CBEMG should establish a small sub group to review and identify an IT based solution that will enhance TCG/ LCG communications during a cross border incident.

RECOMMENDATION 11: To understand how communities are informed of risks in their areas and how emergency planning arrangements can be communicated more effectively to inform communities of risks and mitigations in place.

5. To consider management of public communication and how it works on a cross border basis.

During the course of the exercise the need for public communications was discussed. As the exercise progressed, communication officers from both jurisdictions came together on an ad-hoc basis to discuss the best method of sharing information and ensuring consistency of messaging. At present there is no formalised cross border process for public communications.

RECOMMENDATION 12: Review the communication process used on a multi-agency basis to allow for effective and timely communication to be jointly issued on a cross border basis.

6. To identify issues that may need to be considered during the recovery phase

The timing of the exercise did not allow this to be fully tested, although there was some discussion throughout the injects on recovery matters.

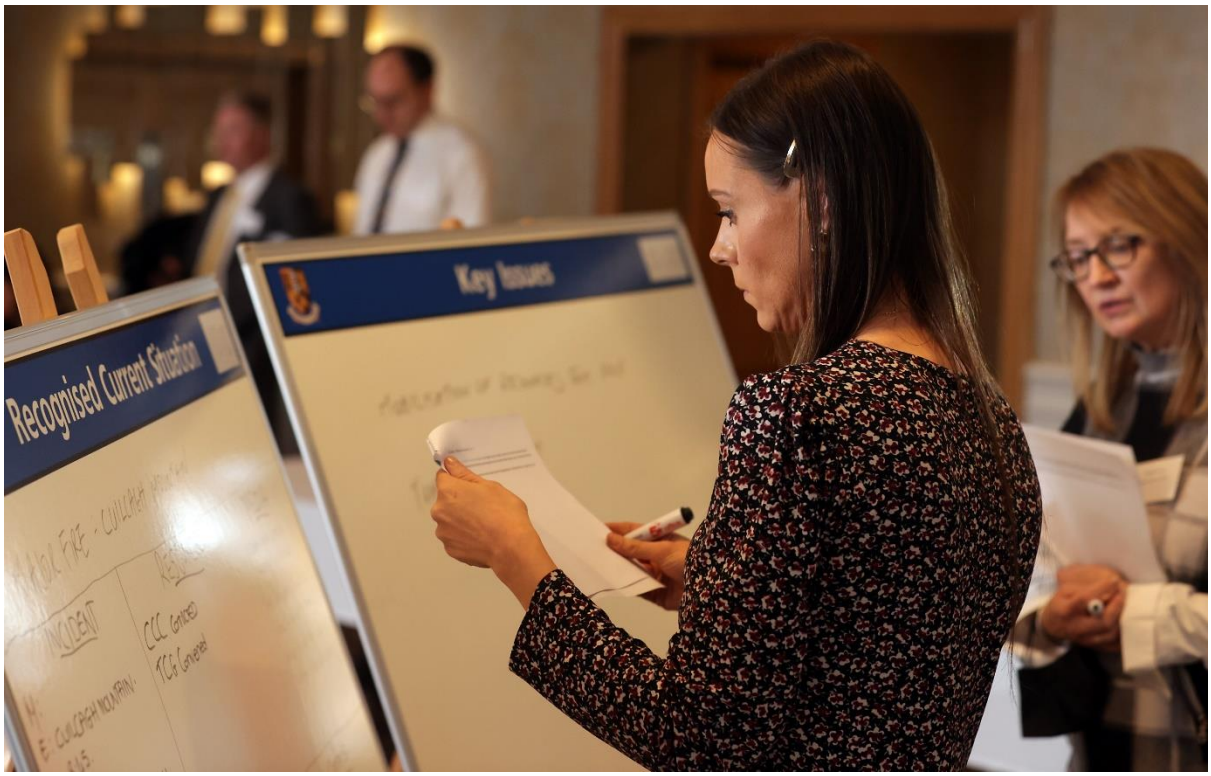
RECOMMENDATION 13: Recovery to form a larger focus of subsequent exercises.

APPENDICES

1. Photographs

Some exercise ENYA particpants

Facilitation



Use of 4 board Information Management System

Use of 4 board Information Management System

2. SLIDO QUESTIONS AND ANSWERS

See separate appendices until this document is finalised.

3. EXERCISE ENYA DEBRIEF EXTRACTS

1. What went well for you/ your organisation during the exercise?

- *Worked well with the resilience manager.*
- *An understanding that the two jurisdictions, although they have different operating protocols, can provide a credible and joint up response to border straddling emergencies.*
- *The facilitators and organisers were excellent particularly in their flexibility, subject matter knowledge and ability to draw information out from the participants.*
- *Good integration between local government and emergency services on both panels. Information flowed freely when a liaison officer was appointed.*
- *HSE use of the "4 boards system" went very well.*
- *As the scenario presented with threat to life DAERA's role becomes very minor as emphasis is on getting people out of harm's way and off the mountain. However, it is quite possible that staff and resources would be directly involved in supporting NIFRS efforts in containing the wildfire and equipment that the DAERA possesses would be available to assist in the incident.*

2. What didn't go well for you/ your organisation during the exercise?

- *Unable to physically hear well in the TCG - too many people/background noise etc.*
- *I felt the opinions and knowledge of observers could have been explored a little, although time was probably a factor in this.*
- *The size of the Tactical Coordinating Group (TCG) was large and in reality, we would query whether all agencies present at the Exercise Enya TCG would physically attend should a TCG be established locally in response to a wildfire incident.*

3. What was the main learning from the day?

- *Great insight into different approaches, i.e. smaller group on ROI side covering all aspects, compared to large NI group with very specific areas of responsibility.*
- *The identification of a potential gap in how a TCG and LCC will communicate. There may be a need to have a liaison role assigned to someone or some agency.*
- *Exercise Enya very much enforced the need to work on a cross border basis and to establish better links with partners in bordering counties as shared situational awareness during any incident is vital.*
- *Ensure communication is clear and also having the ground truth is important Having the information to hand or an initial break out for fact finding is crucial.*

4. What were the key issues?

- *The identification of a potential gap in how a TCG and LCC will communicate. There may be a need to have a liaison role assigned to someone or some agency.*
- *Lack of knowledge about the protocol.*
- *Interoperability and liaison opportunities should be maximised.*

5. What needs to be done now?

- *It would be useful for the chair and key personnel from each TCG to virtually convene at least once during an incident, to ensure everything is being communicated properly and to ensure proper co-ordination of resources/media messages etc.*
- *Harmonisation of protocols where possible. If this cannot be achieved, then at least an understanding of each other's protocols.*
- *Suggestion for future would be to hold an event that fully simulates real life. E.g. we won't be there in the room with counterparts from ROI in real life.*
- *Think about obtaining boards and some general basic training on this.*
- *The exercise findings report need to be communicated and the key issues incorporated into work programmes as appropriate.*

6. Any further comments?

- *The exercise findings report need to be communicated and the key issues incorporated into work programmes as appropriate.*
- *Very well put together/presented/facilitated event.*
- *I would suggest an increased frequency of inter-agency visits both sides of border to enhance familiarity with each other's SOPs.*
- *The exercise provided an opportunity for partner agencies to realise the capabilities and limitations of other agencies. Overall, the exercise provided very good learning for participants and observers.*

4. LIST OF PARTICIPATING ORGANISATIONS

NORTHERN IRELAND	REPUBLIC OF IRELAND
Ards and North Down Borough Council	Cavan County Council
Armagh City, Banbridge, Craigavon Borough Council	Co-operation and Working Together
Cuilcagh Geopark	Department of Housing, Planning and Local Government
Education Authority	Donegal County Council
Department of Agriculture, Environment & Rural Affairs	Dublin Fire Brigade
Fermanagh and Omagh District Council	Garda Siochana
Manchester University	Health Service Executive
Marine and Coastguard Agency	Irish Defence Forces
Mid Ulster District Council	Leitrim County Council
Ministry of Defence	Louth County Council
Newry, Mourne & Down District Council	Mayo County Council
Northern Ireland Ambulance Service	Meath County Council
Northern Ireland Fire and Rescue Service	Monaghan County Council
Northern Ireland Water	Sligo County Council Fire Service
Police Service of Northern Ireland	
Public Health Authority	
Resilience Team	
Skywatch	
Southern Health and Social Care Trust	

HSC Public Health Agency

item 14

Title of Meeting	PHA Board Meeting
Date	16 February 2023
Title of paper	Performance Management Report
Reference	PHA/06/02/23
Prepared by	Stephen Murray / Rossa Keegan
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to provide the PHA Board with a report on progress against the objectives set out in the PHA Annual Business Plan 2022/23.

2 Background Information

PHA's Annual Business Plan was approved by the PHA Board in May 2022. Against this plan 31 actions were developed against 9 priorities for 2022/23.

3 Key Issues

The attached paper provides the progress report, including RAG status, on the actions set out in the PHA Annual Business Plan 2022/23 Part A as at 31 December 2022.

Of the 31 actions across 9 Key Priorities

- No action has been categorised as red (significantly behind target/will not be completed)
- 8 actions have been categorised as amber (will be completed, but with slight delay)
- 23 actions have been categorised as green (on target to be achieved/already completed).

For the Business Plan Part B, it was agreed that any actions rated Amber or Red would be reported on by exception to the Board. As at 31 December 2022, 2 actions have been categorised as amber and 1 action has been categorised as red- an exception report is included.

4 Next Steps

The next quarterly Performance Management Report update will be brought to the Board in May 2023.

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2022 – 2023 Part A

As at 31 December 2022

This report provides an update on achievement of the actions identified in the PHA Annual Business Plan 2022-23 Part A.

The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 31actions across 9 Key Priorities in the Annual Business Plan. Each action has been given a RAG status as follows:

Part A - 31 Actions, 23 Green, 8 Amber

	On target to be achieved or already completed		Will be completed, but with slight delay
	Significantly behind target/will not be completed		

Of the 31 actions 8 are current rated with an Amber RAG status.

The progress summary for each of the actions is provided in the following pages.

	Key Priorities							
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
1a	Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed.	Vaccination Deliver the Spring booster programme by end of May 2022 and Autumn booster programme, as advised by DoH	Autumn booster commenced officially 20th September 2022 and is due to finish on 31st March 2023. Training, public information materials and operational data dashboards developed. Targeted interventions to improve uptake are being taken forward by the Low Uptake Group. (Uptake to date (02/02/2023): Age 50+: 71% Care Home Residents: 82% Front Line-HSC workers: 38%)				Director of Public Health Joanne McClean
1b		Testing and Contact Tracing Complete the transition of testing (pillar 1 and 2) and contact tracing by the end of June 2022.	Contact Tracing Service stood down from 30 June 2022				Director of Public Health Joanne McClean / Brid Farrell
			Test, Trace and Protect Transition Plan prepared for the removal of symptomatic testing for the general population. Asymptomatic testing using Lateral Flow Device (LFD) tests was				

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
			paused in Northern Ireland from Monday 3 October 2022.				
1c		Infection Prevention and Control Review and plan for a refresh of the IPC guidance for Health care setting by February 2023	The IPC team have updated the Regional NI IPC Manual. This is being kept under constant review. The IPC Manual Editorial Board is now working on further developing and reformatting the manual.				Director of NAHP – moved to Director of Public Health from 2023. Recruitment to lead nurse post was unsuccessful. Model being reassessed and IPC team being integrated into Health Protection team. Plan to recruit and implement work as part of that team Joanne McClean
2a	Implement the agreed action plan for 2022/23 that sets out the key	Quarterly update reports on PHA Business Plan to be provided to PHA Board	Update reports provided to PHA Board -August 2022 -November 2022 Next report planned for Feb 2023.				Director of Operations Stephen Wilson

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
2b	programmes of work that will be progressed by PHA officers in meeting Ministerial, DOH and PHA Corporate priorities.	90% of actions in the 22/23 Action Plan to be RAG rated as Green and exception reports to be provided to PHA board to address those rated Red/Amber.	Of the 53 items identified in the 22/23 Action Plan 50 are rated Green as at December 2022 (94%) Amber/Red items to PHA Board in February 2023				All Directors Stephen Wilson to lead
3a	Re-build and further develop services where access and performance have been adversely impacted	Return bowel cancer screening programme to a 2-year screening interval by September 2022	Achieved In bowel cancer screening, a managed catch-up was successfully undertaken with the result that by the end of August there were no ongoing queued lists within the programme (return to 2-year screening interval).				Director of Public Health Joanne McClean / Tracy Owen

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
3b	during the pandemic,	Reinstate formal quality assurance visits in the breast screening programme by June 2022	Achieved These have been reinstated. A QA visit was made to the Northern HSC Trust on 23 June 22. The next visit will be to the Belfast (which also provides the breast screening service for the South Eastern HSC Trusts) in June 2023. The Western HSC Trust will be visited in June 2024 and the Southern in June 2025. Each trust will have a QA visit once every four years.				Director of Public Health Joanne McClean / Tracy Owen
3c		Establish a project structure for the implementation of primary HPV testing in cervical screening by June 2022.	Achieved Project structure has been established and the first project implementation team meeting took place in Sept 22.				Director of Public Health Joanne McClean / Tracy Owen
3d		Identification by June 2022 of potential additional support measures to enable full return of screening programmes.	• Non-recurrent corporate slippage identified for AAA screening recovery work in 2022/23. Recovery activity includes additional hours, weekend clinics and outsourced support.				Director of Public Health Joanne McClean / Tracy Owen

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
			• A recovery plan was operationalised for the Diabetic Eye Screening Programme in 2022/23 to increase capacity to reduce the backlog of patients awaiting screening. Non-recurrent funding was secured in year. • The provision of additional breast screening clinics has resulted in stabilisation and improvement in the round length figure. However, the improvement is unlikely to be linear, and will probably fluctuate, as the number of additional screening sessions that can be provided is dependent upon the ability of staff to continue to provide them. • The cervical screening programme continues to operate with a 5 month delay in invites. There are ongoing pressures in laboratory and colposcopy capacity. PHA				

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
			continues to work with the SPPG, who commission these services, to explore options for mitigation.				
3e		Increase uptake rates across all vaccination programme areas in 2022/23	• During the pandemic it was identified how stretched and pressured the Health Protection Service was, resulting in staff re-deployments from other PHA Directorates. • As a result, the Health Protection established the needed to recruit additional staff with the correct skill set that could support any future pandemics / outbreaks. • The HP enhanced service recruitment is on-going and about 90% complete, appointing roles from consultant level down to admin support roles. • HP consultants are working with SPPG and GP colleagues to try and increase the shingles vaccine uptake rates for 2022/23.				Director of Public Health Joanne McClean

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
4a	Shape and influence the design and implementation of the proposed new Integrated Care system and ensure the role of the Public Health Agency is embedded appropriately into the new planning and	PHA to be represented on all project Team implementation structures [KPIs to be reviewed in September when more clarity on ICS model]	DoH has revised the operational structures for developing the Integrated Care system and New Planning Model and PHA is represented at all levels of the emergent structure and subgroups. The PHA internal ICS Hub continues to meet monthly and provides a central process and coordinating mechanism for PHA that enables joined up planning and corporate oversight for the organisation relating to the development of the ICS in Northern Ireland.				Director of Operations Stephen Wilson

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
4b	commissioning model being established	5 key public health areas to be identified for incorporation into ICS plans by end of September 2022 [KPIs to be reviewed in September when more clarity on ICS model]	The establishment of the ICS and new planning model has still to be finalised by DoH. New structures to develop the ICS are being established and PHA will be represented on these. The start date for the ICS has been pushed back to April 2024.				Director of Public Health Joanne McClean / Heads of HI The shape and of the ICS is still being developed. PHA represented on relevant groups and will influence and input, ensuring key public health priorities are represented.

5a	HSCQI will continue to support the rebuild of Health & Social Care by increasing QI knowledge and capability across the HSC System.	HSCQI has agreed a workplan to support the 'timeliness' theme with the Alliance by end of June 2022	In April 2022, it was agreed at the HSCQI Alliance meeting that a workshop would be held to showcase existing areas of best practice in relation to Timely Access to safe care, and identify and prioritise opportunities for regional scale and spread. HSCQI hosted a regional Timely Access to safe care "sharing learning with purpose" event on 17th June 2022, chaired by the HSCQI Director. This event showcased local improvement work underway within Trusts that is focused on improving timely access. This event highlighted existing and potential opportunities for regional collaboration leading to scale and spread. A regional workshop took place with HSC QI Leads in July 2022. Project charter developed and tabled at the HSCQI Alliance meeting in August 2022. The charter was approved by Alliance members at the August meeting and the Timely Access to Safe Care Programme of work commenced in November 2022.				Director of HSCQI Aideen Keaney

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
			22 projects have been identified by Trusts as potential scale and spread projects. The first face to face learning session was held on 4th November 2022, with over 70 participants. The second learning session (virtual) took place on 15th December 2022, with 50 participants. The third learning session (face to face) is scheduled for 12th January 2023. "Timely Access" to safe care is the programme theme for the 2022/23 Regional ScIL programme. Programme running to schedule.				
6a	Work with DoH to reshape and refresh the PHA and agree a new	Phase 1 of Review completed by end of June 2022	Phase 1 of the Review has been completed and the Report has been finalised.				Chief Executive Aidan Dawson

		Key Priorities					
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
6b	operating model that will deliver a re-focused professional, high quality public health service for the population of NI	Quarterly newsletter to update staff on progress to be published (first issue September 2022)	The first newsletter is delayed following the delay in completing the Phase 1 Report, however, this will be produced in early January 2023.				Chief Executive First newsletter to be published by the end of January. The Chief Executive carried out a series of staff engagements sessions in November and December 2022 and delivered a presentation on the Review. Aidan Dawson
6c		Implementation of phase 2 of the review to commence by end of September 2022	Phase 2 has commenced.				Chief Executive Aidan Dawson

7a	PHA will place additional focus on staff welfare and wellbeing and agree and implement a range of appropriate actions to help staff recover from the impact that the Covid 19 pandemic has had in both a professional and personal capacity	Organisational Workforce Development Plan drafted by end of October 2022	An OD plan for 22/23 has been developed by OWD and will be presented to AMT on 25th January 2023 for sign off. This provides for a workstream based structure which will ensure workplans are further developed to meet the overall OD Plan. A timetable has been set to the plan which incorporates a range of actions for achievement by September 2023. The workstreams will cover 3 key areas: • Staff Experience – Looking after our People • Workforce Development – Growing & Developing our People • Culture – Our People as Leaders. Within the current year, the Appraisal scheme was formally implemented to ensure that all staff have the opportunity to have an appraisal and develop a Personal Development Plan. An induction programme is in development and all mandatory training has been agreed and implemented across the organisation.				Director of HR Robin Arbuthnot

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
7b		New appropriate policies and procedures to facilitate new working arrangements developed in partnership with staff side and BSO HR by Sept 2022	The Pilot Hybrid Working Scheme was launched in September 2022. This continues to be in place with an extension to phase 1 (2 days in the office) until end of March 2023 due to the need to work through a range of practical issues about office space. The Hybrid Working group is meeting regularly to progress the necessary actions.				Director of HR Robin Arbuthnot

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
7c		80% of Individual appraisals and personal development plans agreed by 29th July 2022 which clearly demonstrate the staff member's role in helping to contribute to the Agency's ABP key priorities. 100% by 30 September 2022 (subject to sickness absence, maternity and those seconded out of the PHA)	Appraisal documentation was approved by AMT in early June 2022 and a supporting training programme for managers delivered by BSO by end of June 2022. Remaining appraisals are currently being undertaken by managers but the target of 100% achieved by 30th September has not been possible due to a combination of wider work pressures having to be prioritised and annual leave commitments. At end of December 2022 compliance fell below 100% however whilst reminder information has been issued, focus is now towards preparations for the new appraisal year, taking account of feedback on the 22/23 year. One area identified was to make clear that professional revalidation process can be directly linked to organisational appraisal which appeared to be an area of misunderstanding during the 22/23 year and therefore may be resulting in under reporting.				All Directors Stephen Wilson to co-ordinate update across Directorates. Reminder communication sent to all Directors for cascading to line managers.

		Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
7d		All temporary appointments to be reviewed by end of September 2022 and plan agreed for permanency of position.	The new Senior HR Business Partner was appointed in September 2022, this was delayed from July due to the postholder not being released from previous post. Each Director has met with the Senior HR Business Partner and Directorates now have plans to ensure temporary posts are appointed permanently where possible in light of funding and impact of the EY review of the PHA Monthly review of all short-term appointments is in place at January 2023 to support ongoing monitoring by Directors.				Chief Executive /All Directors Aidan Dawson / Directors
7e		Staff absence will be effectively managed and will perform in line with 2021/22 at 3.10% or better	Absence at end of December was cumulatively 3.23% which is showing a slight increase, however the greatest proportion of this long term absence which is being actively managed.				Director of HR Robin Arbuthnot

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
7f		Staff will have completed all mandatory training as required by the organisation. 90% compliance by end of March 2023	A list of mandatory training is being finalised and will be included as part of the on-going development and roll out of the Individual Appraisal system. Managers will be required to confirm staff completion rates by end of February 2023 and any areas of underperformance addressed by March 2023.				Director of Operations Stephen Wilson
8a	Ensure good financial governance and stewardship of PHA budgets and expenditure decisions and develop a new performance management framework for	90% of Internal Audit recommendations from 2021/22 addressed and progress reported to GAC by October 2022	Mid-year result of 77% implemented, reported to GAC in October 2022 meeting. Action plan drawn up to address the balance outstanding. Discussions held at Governance and Finance monitoring meetings between Chief Executive and Directors.				Director of Operations / Director of Finance PHA follow up of Internal Audit recommendations in progress with requests to relevant Managers/Directorates issued. Stephen Wilson / Tracey McCaig

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
8b	the organisation to establish clear processes of accountability and performance reporting across all levels of the organisation.	100% of Internal Audit recommendations from 2021/22 addressed and progress reported to GAC by March 2023	Not yet due.				Director of Operations / Director of Finance Stephen Wilson / Tracey McCaig
8c		All Directorate Business Plans approved by 30 May 2022	Operations: Approved HSCQI: Approved NAHP: Approved Public Health: Approved				Director of Operations Stephen Wilson
8d		Delivery of a balanced Financial Plan by end of May 2022, taking into account budgetary uncertainties and agreed investment plan – approval by Board in June 2022	Complete				Director of Finance Tracey McCaig

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
8e		Budget holders to manage their agreed budgets to support the statutory breakeven target of +0.25% or circa 0.3m within 2022/23	Ongoing – Forecast position at month 9 c£1.6m surplus, including identified slippage on vaccinations budget of c£1.4m.				Director of Finance Tracey McCaig The year end-financial position will continue to be managed by PHA, supported by DoF and with engagement with DoH.
9a	Further improve the level of public and professional awareness, recognition and confidence in the PHA as	Baseline public awareness levels of PHA (including role and functions) established through quantitative/qualitative research programme by end of August 2022 and 3% increase achieved by March 2023.	Remains on track – baseline established through NI Omnibus survey – key results include: high prompted awareness of PHA (73%), low unprompted awareness (4%). Programme of PHA messaging has been agreed for the final quarter of 22/23 to highlight key health issues and role of PHA.				Director of Operations Stephen Wilson

	Key Priorities						
	Action from Business Plan:		**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
9b	the leading Public Health organisation in order to encourage wider engagement with and support for public health priorities.	PHA media training development programme implemented, by end of Sept 2022	Commissioned media training sessions have resumed. Two sessions have taken place to date, for registrars and senior management. Two further sessions have been arranged for Health Improvement, and options for internal refresher training being explored.				Director of Operations Stephen Wilson
9c		Marketing strategy developed to maximise PHA Brand awareness including promotion of funded programmes and projects, by end of Dec 2022.	Marketing Strategy development delayed due to staffing pressures and delay in development of Corporate plan which will inform the focus of the marketing strategy.				Director of Operations Stephen Wilson Work initiated to address a series of targeted messaging to raise profile of PHA funded programmes
9d		New digital communications strategy launched, targeting increased engagement with target audiences, by Feb 2023	Recruitment underway to appoint digital communications manager – timescale slipped but recruitment should be completed by end of Feb. Digital priorities agreed for last quarter of 23/23. Videographer appointed. New strategy development is likely to be rolled into 23/24.				Director of Operations Stephen Wilson Short term additional capacity agreed to supplement Comms team and support digital delivery.

HSC Public Health Agency

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2022 – 2023 Part B

As at 31 December 2022

This report provides an update on achievement of the actions identified in the PHA Annual Business Plan 2022-23 Part B.

The updates on progress toward achievement of the actions were provided by the Lead Officers responsible for each action.

There are a total of 53 actions in the Annual Business Plan. Each action has been given a RAG status as follows:

	On target to be achieved or already completed		Will be completed, but with slight delay
	Significantly behind target/will not be completed		

Of these 53 actions 50 have been rated green, 2 as amber and 1 as red.

Outcome	Red	Amber	Green	Total
1) Managing Covid 19 Response	-	1	9	**10**
2) Health Protection	-	-	7	**7**
3) Improving Health and Social Wellbeing and addressing health inequalities	1	1	13	**15**
4) Shaping future health	-	-	13	**13**
5) Our organisation works effectively	-	-	8	**8**
Total	**1**	**2**	**50**	**53**

Those items for which the RAG status is Red or Amber are as follows.

	Priority 1 :Managing Covid 19 Response – Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed.					
	Action	**Progress**	**Achievability (RAG)** **J**	**S**	**Dec**	**Mitigating actions where performance is Amber / Red**
5	Lead the Regional Infection Prevention Control Response, including supporting Trusts and independent sector, nursing and residential facilities. Review and develop the regional Infection Protection and Control (IPC) infrastructure	All Trusts across Northern Ireland are currently adhering to the Regional IPC Manual (https://www.niinfectioncontrolmanual.net/) The manual outlines best practice for preventing transmission of infection including COVID-19. Support to Care Homes and independent sector is still being provided by Trusts however queries have been raised as to whether is to remain this in place going forward given capacity issues. The Regional IPC Framework aims to address this. While the Regional IPC Cell has been stood down, the Regional IPC Lead Nurse Forum continues to meet in which any IPC issues are addressed. IPC queries are also submitted to the IPC Programme Manager when required. The IPC Product Review Group no longer meets on a regular basis however ad-hoc meetings are held when required. Products are also issued to the group when requested and feedback is collated and submitted to BSO. . This enables the Trust IPC Leads and Fit testers to assess products and ensure they are fit for purpose before they are implemented across HSCNI.				Director of Nursing, Midwifery and AHPs moved to Director of Public Health from 2023. Model being reassessed and IPC team being integrated into Health Protection team. Plan to recruit and implement work as part of that team

	Priority 1 :Managing Covid 19 Response – Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed.					
	Action	**Progress**	**Achievability (RAG)** **J**	**S**	**Dec**	**Mitigating actions where performance is Amber / Red**
		Dynamic Risk assessment training for IPC leads and other Trust representatives was carried out on 25 October 2022. This training was procured in response to a need identified by the Regional IPC Cell to ensure all risk assessments are standardised across the Trusts and also to enable staff to make more informed decisions. Recruitment to lead nurse post was unsuccessful.				

	Priority 3: **Improving Health and Social Wellbeing and addressing health inequalities** - *Increasing health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland.*					
	Action	**Progress**	**Achievability (RAG)** J	S	Dec	**Mitigating actions where performance is Amber / Red**
26	Lead implementation of the current Breastfeeding Strategy 2013-2023 and support IPH with a review of the current Strategy to inform the development of a new Strategy for 2024 onwards.	Work has stalled temporarily due to retirement of previous Breastfeeding thematic lead. JD currently developed that will provide clinical expertise within the Nursing Directorate to support Health Improvement. The JD is currently being banded				Director of Public Health Discussions are underway to ensure the post is filled ASAP
30	The Nursing and AHP directorate will lead the development and implementation of a new public health nursing and midwifery Framework, including the establishment of a new public health	The DoH have now established a number of key working groups under the Nursing and Midwifery task group. One of these groups co-chaired by the Director of Nursing will be progressing the Public Health Nursing and Midwifery Framework. In addition, 5 Public Health Nurse Consultants have been appointed in each of the trusts in NI, a new Nursing and Midwifery Public Health Nursing Network has been established and is currently working on developing it's core priorities in line with the Nursing and Midwifery tasks and recommendations.				Director of Nursing, Midwifery and AHPs There was no appointment to

	Priority 3: **Improving Health and Social Wellbeing and addressing health inequalities** - *Increasing health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland.*						
	Action	**Progress**	**Achievability (RAG)**			**Mitigating actions where performance is Amber / Red**	
			J	**S**	**Dec**		
	Nursing, and midwifery network Develop business cases to support the delivery of the Public Health priorities for Nursing and Midwifery and AHP. The Nursing and AHP Directorate will explore the potential to develop undergraduate AHP Public Health Placements	Work has progressed to establish the infrastructure required to support the AHP workforce to deliver AHP Public Health Priorities AHP consultant has been identified to lead this work and lead on the implementation of the new NI AHP PH Strategy Ongoing work with UU to develop AHP PH under grad placements for Jan 2024. Developed and delivered 3 online AHP Population Health Awareness Session for N. Ireland (Dec 2022). Recorded webinar online for future reference. Regional AHP PH Workshop to be held 19.04.2023 in conjunction with NICON using Population Health approach for service redesign.				the AD of Public Health Nursing The work of this action is paused	

	Priority 3: **Improving Health and Social Wellbeing and addressing health inequalities** - *Increasing health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland.*					
	Action	**Progress**	**Achievability (RAG)** **J**	**S**	**Dec**	**Mitigating actions where performance is Amber / Red**
		Developed and will deliver online Population Health Awareness Session in collaboration with UU for AHP undergraduates (Feb 2023)				