

CORPORATE GOVERNANCE FRAMEWORK

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1. Introduction

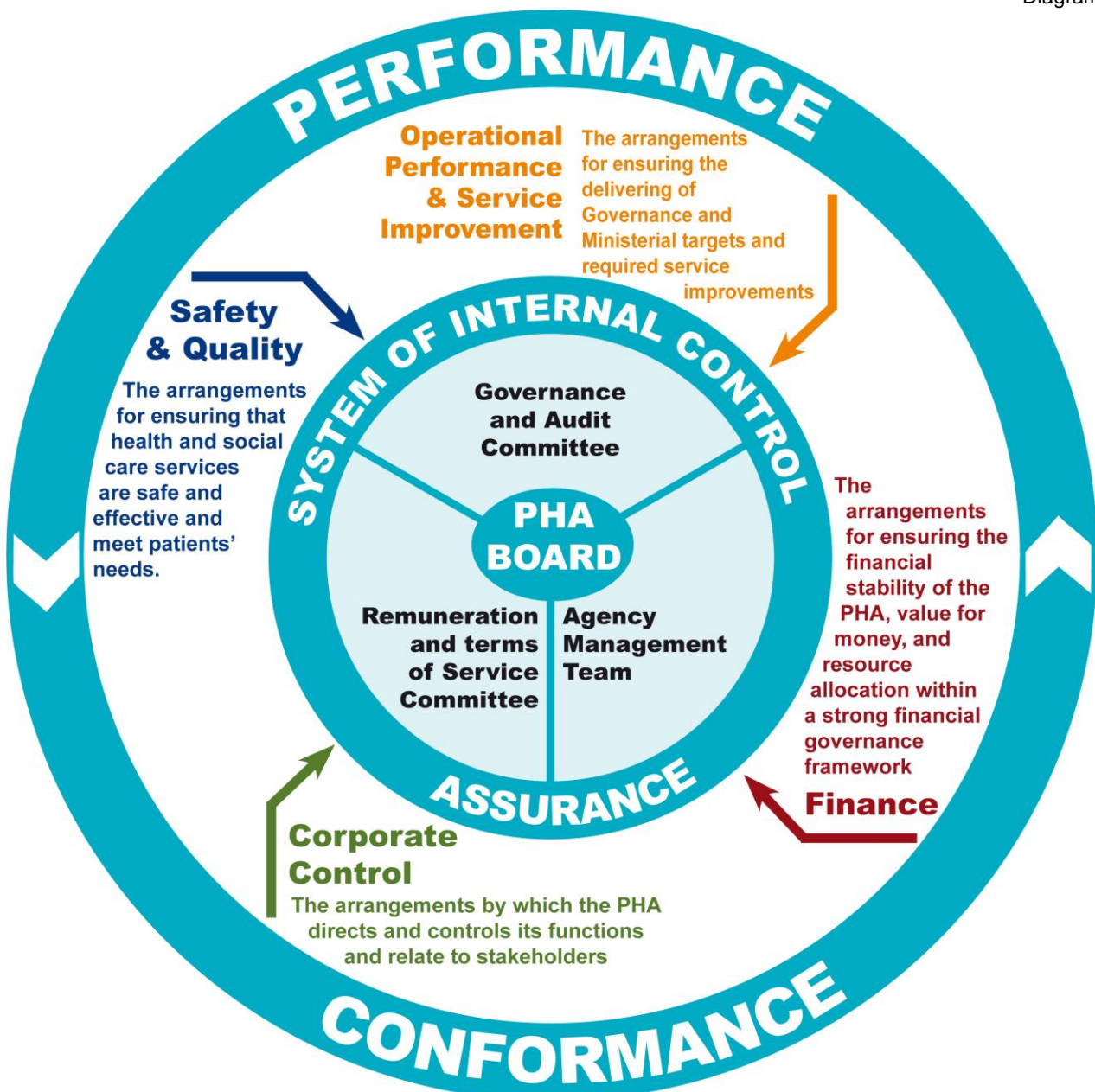
1.1 What is a Corporate Governance Framework?

Governance is a complex area and one that affects every member of staff. At its simplest it relates to the arrangements that we must operate and how we perform, as an organisation and as individuals, to ensure that we deliver our objectives in a fit and proper manner.

This Corporate Governance Framework provides an overview of governance responsibilities and systems within the Public Health Agency (PHA) and how these are arranged and integrated on a comprehensive and systematic basis. It sets out how the board of the PHA can be assured that the objectives of the Agency can be achieved. It provides a comprehensive overview of core governance related documents and processes, so that each of us can take due cognizance of these in the course of our work. It also aims to demonstrate to wider stakeholders how the PHA complies with governance requirements set down in legislation, regulations and other guidance.

Diagram 1 below illustrates the PHA's Corporate Governance Framework:-

Diagram 1



Corporate Governance Framework

The layout of this Corporate Governance Framework is based on the four performance and assurance dimensions (hereinafter referred to as the 'Four Dimensions of Governance') as set out in the Department of Health Social Services and Public Safety ('DHSSPS') "[Framework Document](#)" September 2011. They are as follows:-

- Corporate Control;
- Safety & Quality;
- Finance;
- Operational Performance & Service Improvement.

These Four Dimensions of Governance are included in Diagram 1 and are key to the Corporate Governance Framework. Please see the below table which outlines how the Four Dimensions of Governance apply to the PHA. Please note that these are discussed in detail in this Framework at Section 3.

Section 3.1 Corporate Control	Section 3.2 Safety & Quality	Section 3.3 Finance	Section 3.4 Performance & Improvement
<ul style="list-style-type: none"> • Standards of Public Administration • Management Statement/Financial Memorandum • Assurance Framework • Standing Orders • Audit • Controls Assurance Standards • Governance Statement • Mid-Year Assurance Statement • Annual Report • Reporting to Sponsor Branch • Accountability Reviews • Corporate Planning – Corporate Business Plan/ Corporate Strategy/ Business Plan • Information Governance • Risk Management • Business Continuity and Emergency Preparedness • Incidents & Near Misses • Equality Scheme (including Action Plan) • Procurement • Use of External Management Consultants • Complaints 	<ul style="list-style-type: none"> • Statutory Duty of Quality • Statutory Supervision of Midwives • Health & Safety • Serious Adverse Incidents/ Early Alerts – RLS • Statutory Duty of Involvement - Personal & Public Involvement (PPI) • Patient & Client Experience Standards • RQIA & Review Recommendations • National Institute for Health and Clinical Excellence (NICE) • Action to Improve Safety & Quality 	<ul style="list-style-type: none"> • Financial Memorandum • Standing Financial Instructions • Budget & Financial Planning • Financial Reporting • Annual Accounts • Fraud Policy & Bribery Act 	<ul style="list-style-type: none"> • Commissioning Directions & Commissioning Plan • Performance Management Framework • Ministerial & Corporate Objectives • Programme Expenditure Monitoring System • Performance Failure Protocol • Working with External Partners • Staff Development & Appraisal • Review of Performance

For ease of reference, please see a Glossary of terms at Appendix A, and also a List of Legislation, Guidance and Codes as referred to throughout this Framework in Appendix B.

1.2 What is Corporate Governance?

Corporate Governance is “the system by which an organisation is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability, probity and openness.”¹

The PHA works to implement the six core principles of ‘Good Governance’² which are:-

- Focusing on the PHA’s purpose and on outcomes for service users and staff.
- Performing effectively in clearly defined functions and roles.
- Promoting values for the whole organisation and demonstrating the values of good governance through our behaviours.
- Taking informed, transparent decisions and managing risk.
- Developing the capacity and capability of the PHA board, Committees and Working Groups to be effective.
- Engaging stakeholders and making accountability real.

This Framework sets out and summarises for PHA members and staff officers the functions of ‘Good Governance’ and their role and responsibilities in respect of this. For the purposes of this Framework, the term ‘governance’ encompasses clinical, social care, financial, information and corporate governance.

2. The PHA Statutory Framework

2.1 Functions, Powers and Duties

The PHA was established under Section 12 (1) of the Health & Social Care (Reform) Act (Northern Ireland) 2009 (hereinafter referred to as the ‘Reform Act’) and came into existence on 1 April 2009. The PHA is accountable for carrying out its functions to the DHSSPS which in turn is accountable, through the Minister for Health, Social Services and Public Safety (hereinafter referred to as the ‘Minister’), to the Northern Ireland Assembly for the manner in which its duties are performed. Please see Appendix C the Accountability Chart outlining same.

2.1.1 Functions

The functions of the PHA are prescribed by the Reform Act, as well as in the DHSSPS Framework Document³ and can be summarised under three broad 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;

¹ Governance Standard, Department of Health, April, 2006

² The Good Governance Standard for Public Services, The Independent Commission for Good Governance in Public Services, OPM & CIPFA, 2004

³ DHSSPS, “Framework Document,” September 2011, page 10.

- **Health protection** – with the aim of protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies;
- **Service development** – working with the Health & Social Care Board (HSCB) with the aim of providing professional input to the commissioning of health and social care services that meet established safety and quality standards and support innovation. Working with the HSCB, the PHA has an important role to play in providing professional leadership to the Health and Social Care Service (HSC).

In the exercise of these functions, the PHA works closely with the HSC sector particularly the Business Services Organisation (BSO), the HSCB and its Local Commissioning Groups (LCG) and the HSC Trusts, local government, other public sector organisations, voluntary and community sectors to bring about improvements in public health and social well-being.

2.1.2 Powers

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. The PHA's [Standing Orders](#) and [Standing Financial Instructions](#) are at the heart of its governance, setting out mandatory procedural and financial regulations governing the conduct of its business. In particular they identify the powers reserved to the Agency board and the powers delegated by the Agency board. The Standing Orders are discussed in detail at Section 3.1.4 and the Standing Financial Instructions are discussed at Section 3.3.2.

2.1.3 Statutory Duties

The PHA has a statutory duty of quality and a duty of care.⁴ The PHA has a duty to act as a local authority to supervise all Midwives in Northern Ireland. The PHA has a duty to co-operate with all other HSC bodies, District Councils, Education and Library Boards and the NI Housing Executive in exercising their respective functions, in order to secure and advance the health and social welfare of Northern Ireland.⁵ The PHA has a statutory duty to involve and consult with the Patient and Client Council, service users and carers in the planning and provision of health and social care services for which it is responsible.⁶

⁴ Under Article 34 of the (HPSS) Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003.

⁵ Under Article 67 of the HPSS, as amended by the Reform Act,

⁶ Under Section 18, 19 and 20 of the HSC (Reform) Act (NI) 2009.

2.2 Organisational Structures for ensuring Good Governance

The PHA is structured with the Chief Executive at the helm, with three Directors who are supported by eight Assistant Directors. An organisational chart of the PHA can be found on the PHA website [here](#).

The key organisational structures which support the delivery of good governance in the PHA are as follows:-

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

2.2.1 PHA board

The PHA board has seven key functions⁷ for which it is held accountable by the DHSSPS on behalf of the Minister:-

- to establish the overall *strategic direction* of the organisation within the policy and resources framework determined by the Department/Minister;
- to oversee the delivery of planned results by *monitoring performance* against objectives and ensuring corrective action is taken as necessary;
- to ensure effective *financial stewardship* through value for money, financial control and financial planning and strategy;
- to ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation;
- to *appoint, appraise and remunerate senior executives*;
- 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..⁸

The PHA board meets regularly, usually monthly, in public. Certain issues may be taken in a confidential section of the meeting which is not in public session. The schedule of meeting dates and venues for the financial year is posted on the PHA website. The Standing Orders sets out how the PHA board will conduct its business. The PHA board Corporate Calendar and the PHA Assurance Framework set out the regular reports to the PHA board.

The DHSSPS requires that the PHA operates a board-approved scheme of delegated decision-making based on a system of good practice updated by the DHSSPS. This can be seen embedded in the PHA [Standing Orders](#) Schedule of Powers Delegated by the Agency board and the associated Standing Orders Appendices 1-3 outlining the PHA's Scheme of Delegation.

The PHA's Scheme of Delegated Authority (SODA) sets out which individuals have the power as authorised signatories in relation to certain types of payment and to what level.

⁷ Under Section 7 of the Code of Conduct and Code of Accountability issued by the Health and Personal Social Services Management Executive.

⁸ Further detail is set out in the 'Schedule of Powers Reserved to the Agency board' in the Standing Orders.

Details of the PHA board membership⁹ are as follows:-

Non-Executive Members	Executive Members	Others
A Chairperson	The Chief Executive	The HSCB Director/Deputy of Social Care & Children – has speaking rights
3 unspecified Non-Executive Directors	The Director of Nursing and Allied Professions	The HSCB Director/Deputy of Finance – has speaking rights
A Social Care Non-Executive Director	The Director of Operations	A Representative of the PCC
A Trade Union Representative Non-Executive Director	The Director of Public Health/Medical Director	
2 Local Government Representatives Non-Executive Directors		

The PHA has established two committees¹⁰ namely the Governance and Audit Committee and the Remuneration and Terms of Service Committee. The PHA board may establish other committees or sub-committees as appropriate.

2.2.2 Governance and Audit Committee

The Governance and Audit Committee's¹¹ (GAC) purpose is to give an assurance to the PHA board and Accounting Officer each year as to the adequacy and effectiveness of the PHA's system of internal control. The GAC has an integrated governance role encompassing financial governance, clinical and social care governance and organisational governance, all of which are underpinned by risk management systems.

The GAC meets at least quarterly and comprises four or more non-executive directors supported by the PHA's Director of Operations, HSCB Director of Finance, the Head of Internal Audit (BSO), and their respective staff.

See Appendix 4 of the [Standing Orders](#) for the remit and detailed information on the GAC.

2.2.3 Remuneration and Terms of Service Committee

This Committee advises the PHA board about appropriate remuneration and terms of service for the Chief Executive and other Senior Executives subject to the direction of the DHSSPS. The Committee also oversees the proper functioning of performance and appraisal systems, the appropriate contractual arrangements for all staff and monitoring remuneration strategy that reflects national agreement and Departmental policy and equality legislation. The Committee meets at least once every six months to review remuneration or other specific matters.

See Appendix 5 of the [Standing Orders](#), for more details on this Committee.

⁹ Appointments to the PHA board are through the DHSSPS Public Appointment's Office.

¹⁰ Paragraph 7 of schedule 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 states that the PHA may appoint one or more committees to which it may delegate such of its functions as it sees fit.

¹¹ All HSC organisations are required to establish an audit committee (The Code of Accountability and HSS(PDD)8/94).

2.3 Chair & Officer Roles and Responsibilities

There are several key roles within the PHA with responsibilities for safeguarding key governance arrangements.

2.3.1 Chair

The Chair is accountable to the Minister through the Departmental Accounting Officer. Communications between the PHA board and the Minister are normally through the Chair. He/she is responsible for ensuring that the PHA's policies and actions support the Department's wider strategic policies, and that the PHA's affairs are conducted with probity. Further details of responsibilities of the Chair are set out in the PHA [Management Statement](#).

2.3.2 Chief Executive

The Chief Executive, as the PHA's Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those funds; and for the day-to-day operations and management of the PHA. These standards are set out over:-

Standards expected of the Accounting Officer's organisation

Acting within the authority of the Minister(s) to whom he or she is responsible, the Accounting Officer should ensure that the organisation, and any subsidiary to it or organisation sponsored by it, operates effectively and to a high standard of probity. The organisation should:

Governance

- have a governance structure which transmits, delegates, implements and enforces decisions
- have trustworthy internal controls to safeguard, channel and record resources as intended
- operate with propriety and regularity in all its transactions
- treat its customers and business counterparties fairly and honestly
- offer redress for failure to meet agreed customer standards where appropriate
- give timely, transparent and realistic accounts of its business, underpinning public confidence;

Decision-making

- support its Ministers with clear, well-reasoned, timely and impartial advice
- make all its decisions in line with the strategy, aims and objectives of the organisation set by ministers and/or in legislation
- meet DFP's requirements about limits on use of public resources
- manage its staff fairly, with inclusive policies designed to promote and integrate diversity having regard to Section 75 of the Northern Ireland Act
- communicate its decisions openly and transparently;

Financial management

- use its resources efficiently, economically and effectively, avoiding waste and extravagance
- carry out procurement and project appraisal objectively and fairly, seeking good value for the public sector as a whole
- use management information systems to secure assurance about value for money and the quality of delivery and so make timely adjustments
- avoid overdefining detail and imposing undue compliance costs, either on its own staff or on its customers and stakeholders
- have practical documented arrangements for working in partnership with other organisations
- use internal and external audit to improve its internal controls and performance.

The standards cited in the box above¹² are set out more fully in the Appointment Letter issued by the Departmental Accounting Officer, and subsequent revised Accounting Officer letters. In addition, he/she should ensure that the PHA as a whole is run on the basis of the standards in terms of governance, decision-making and financial management

The Chief Executive has also overall responsibility for the executive management of the organisation and is personally and directly accountable to the PHA Chair and non-executive members of the PHA board for the operation of the organisation and for implementing the board's decisions. In addition, as designated Accounting Officer the Chief Executive is accountable to the Northern Ireland Assembly for the PHA's use of resources in carrying out its functions as set out in the Financial Memorandum.

2.3.3 Director of Operations

The Director of Operations is the lead executive Director with responsibility for ensuring that effective and robust processes and systems are in place to ensure good corporate and information governance within the PHA. All three Directors of the PHA have responsibility for ensuring good governance is applied within the organisation.

2.3.4 Director of Public Health

The Director of Public Health and Medical Director advises the PHA board and Chief Executive on all issues relating to public health. He/she is responsible for ensuring the PHA discharges its statutory public health functions. This Director is also responsible for compiling a Director of Public Health Annual Report which describes the main public health challenges in the region, and presents a snapshot of work from the broad range of activities undertaken by the PHA to improve the health and social wellbeing of the population.

2.3.5 Director of Nursing and Allied Health Professions (AHP)

This Director provides professional leadership and professional inputs within the Agency and leadership more broadly across the health and social care system. The Director of Nursing and Allied Health Professions is also responsible for the handling and monitoring of complaints and the statutory supervision of Midwives.

2.3.6 Assistant Directors, Managers and all other staff

All staff including Assistant Directors and Managers have responsibility for the implementation of the governance arrangements of the PHA and are responsible for complying with all associated PHA policies and procedures. The policies and procedures on a range of issues affecting staff and how they work within the PHA are available on the "Connect" staff intranet.

2.3.7 Director of Finance (HSCB)

The HSCB Director of Finance provides a financial management service to the PHA and is accountable to the Chief Executive for ensuring that effective processes and systems are in place to ensure good financial governance within the PHA.

¹²Taken from Box 3.1 of Managing Public Money Northern Ireland, Department of Finance and Personnel, June 2008.

2.3.8 Agency Management Team

The Agency Management Team (AMT) assists the Chief Executive of PHA by focusing on strategic and operational management and decision-making. AMT normally meets on a weekly basis in order to consider and make decisions on policies and procedures, strategies, plans, campaigns, risk registers, as well as reviewing performance and direction across all aspects of our work. AMT is comprised of the Chief Executive (Chair), the PHA's three Directors, the Director of Social Care in HSCB, the Director of Finance in the HSCB and the Director of Human Resources in the Business Services Organisation (BSO).

3. The Four Dimensions of Governance

The PHA has in place a comprehensive system of controls in order to achieve good governance, as defined above in section 1.2. These systems operate to give an assurance that our governance controls effectively inform the way we work, ensuring that we deliver our roles and responsibilities to the highest standard.

The various lines of accountability and how they are exercised at different levels within the HSC system can be encompassed in Four Dimensions of Governance, as outlined in the Diagram and Summary Table at section 1.1 and detailed in the [Framework Document](#) as follows:-

1. **Corporate Control** – the arrangements by which the PHA directs and controls its functions and relate to stakeholders
2. **Safety and Quality** – the arrangements for ensuring that health and social care services are safe and effective and meet patients' needs
3. **Finance** – the arrangements for ensuring the financial stability of the PHA, value for money and resource allocation within a strong Financial Governance Framework.
4. **Operational Performance and Service Improvement** – the arrangements for ensuring the delivering of Governance and Ministerial targets and required service improvements.

This Corporate Governance Framework will now take each Dimension of Governance in turn, and expand on the PHA's control systems contained therein.

3.1 Corporate Control (DIMENSION 1)

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. The following corporate controls relate to planning arrangements, management of internal controls, and monitoring and assurance of those processes.

3.1.1 Standards of Public Administration

The PHA is required to ensure compliance with accepted or prescribed standards of public administration set by the DHSSPS not least of which is upholding the Seven Nolan Principles as outlined at Appendix D.

The PHA has a Code of Conduct which outlines that the public should have confidence in the ability of its staff to provide the best possible service. The [PHA's Code of Conduct](#) is designed to create a framework of standards against which staff will be required to conduct themselves.¹³

3.1.2 Management Statement/Financial Memorandum

The [Management Statement](#) establishes the framework, agreed with the DHSSPS, within which the PHA will operate. It sets out the aims and objectives of the PHA; responsibilities and accountability; planning budgeting and control; and external accountability. The Financial Memorandum sets out certain aspects of the financial provisions which the PHA is required to observe. The MSFM should be tabled for the information of PHA board members at least annually at a full meeting of the PHA board.

Further detail on the Financial Memorandum is included in Section 3.3.1.

3.1.3 Assurance Framework

The PHA [Assurance Framework](#) covers all four of the Dimensions of Governance. 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. The Assurance Framework is brought to the Governance and Audit Committee for approval twice per year and to the PHA board on an annual basis for approval.

3.1.4 Standing Orders

The Code of Conduct and Code of Accountability¹⁴ required the PHA board to adopt [Standing Orders](#) for the regulation of its proceedings and business. The PHA's Standing Orders and its Schedules cover how the PHA shall be properly run and is a crucial piece of governance. It is a document which all Executive Directors, Non-Executive Directors and all members of staff shall be aware of and comply with. The Standing Orders outline the PHA's Statutory Framework and the Health and Social Care, Financial and Performance Frameworks within which it works and with which it must comply. The Standing Orders set out the Power Reserved to the Agency Board, the Powered delegated by the Agency Board and how these should be undertaken as well as the conduct of Agency Board business, Agency Board Committees and the Code of Conduct and Accountability. The Standing Orders reserved and delegated powers and [Standing Financial Instructions](#) provide a comprehensive business framework for the PHA.

3.1.5 Audit

Internal Audit

The PHA internal audit function is provided by the BSO Internal Audit Unit. Internal Audit provides an independent and objective opinion on the adequacy and effectiveness of the system of internal control, to the Governance and Audit Committee, the Chief Executive and the PHA board.

¹³ Taken from the PHA's Code of Conduct Policy. This PHA policy takes account of the requirements of the DHSSPS Circular HSS (GEN 1) 1/95, Standards of Business Conduct for HSCNI Staff.

¹⁴ The Code of Conduct and the Code of Accountability was issued under cover of letter from DHSSPS dated 18th July 2012.

An annual Internal Audit Plan is developed taking account of the PHA Risk Register, and is approved by the GAC. Progress reports are brought to each GAC, including details of the audits carried out in the previous months, indicating levels of assurance (substantial, satisfactory, limited). The Head of Internal Audit provides a mid year and end of year report (giving an annual opinion, in accordance with HSS (F) 51/2007. These reports inform the Governance Statement and the Mid-Year Assurance Statement. The PHA must also ensure the implementation of agreed Northern Ireland Audit Office and Public Accounts Committee recommendations.

External Audit

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. It is their responsibility to audit the financial statements in accordance with the Reform Act and the audit is conducted in accordance with International Standards on Auditing (UK & Ireland) and comply with the Auditing Practice's Boards' Ethical Standards for Auditors. The financial auditing of the annual accounts of the PHA is discussed in more detail at Section 3.3.5.

3.1.6 Controls Assurance Standards

The Controls Assurance Standards provide evidence that the Agency is doing its 'reasonable best' to manage its operations so as to meet its objectives and protect staff, the public and other stakeholders against risks of all kinds.

The DHSSPS requires that the PHA achieves substantive compliance with all applicable standards. In compliance with Circular HSS (PPM) 5/2003¹⁵ for all relevant standards the Agency conducts a self-assessment against the key criteria specified and develops an action plan to secure compliance. Compliance with the core standards, Governance, Risk Management and Financial Management are subject to annual review by Internal Audit along with any other Standard/s as stipulated by the DHSSPS.

There are 15 Controls Assurance Standards, applicable to the Public Health Agency including:-

1. Buildings, land plant and non medical equipment	9. Information & Communications Technology
2. Emergency Planning	10. Management of Purchasing
3. Environmental Management	11. Information Management
4. Financial Management	12. Research & Development
5. Fire Safety	13. Risk Management
6. Governance	14. Security Management
7. Health & Safety	15. Waste Management
8. Human Resources	

(Core Standards are highlighted in Bold)

¹⁵ Circular HSS (PPM) 5/2003 Risk Management & Controls Assurance, DHSSPS of Health

3.1.7 Governance Statement

The Chief Executive, as the PHA's Accountable Officer, is responsible for maintaining a sound system of internal control. Once a year, the Chief Executive is required to sign a Governance Statement (GS) regarding the PHA's system of internal controls, for inclusion in the Annual Report and Annual Accounts. The GS includes the following: scope of responsibility, purpose of the system of internal control, capacity to handle risk, risk and control framework, review of effectiveness and new internal control issues.

3.1.8 Mid-Year Assurance Statement

This statement is to be submitted by the Chief Executive as Accounting Officer to the DHSSPS by the end of October each year. The purpose of the Mid-Year Assurance Statement is to enable the Accounting Officer to attest to the continuing robustness of his organisations system of internal control, at the mid-year position. As such it covers the same areas as the Governance Statement at the end of the year.

3.1.9 Annual Report

The PHA's Annual Report is submitted to the Northern Ireland Office along with the Annual Accounts at the end of the financial year. The Annual Report is published and is laid before the Northern Ireland Assembly. The Report focuses on the work and achievements of the PHA over that financial year. The content of the Annual Report, stipulated by the DHSSPS, includes Statements from the Chair and the Chief Executive, a Remuneration Report, Operating and Financial Review, a Management Commentary, details of the PHA board members and a Statement of the Comptroller and Auditor General to the Northern Ireland Assembly.

3.1.10 Reporting to Sponsor Branch

The Chief Medical Officer (CMO) is responsible for sponsorship of the PHA. The PHA is required to report regularly to its sponsor branch in the DHSSPS providing assurance on a range of governance areas including roles and responsibilities, business planning and risk management, governance and internal audit. The checklist of documentary requirements and the documentation to be copied to the Sponsor Branch as outlined in the Management Statement, is as follows:-

Documentation to be copied to the Sponsor Branch for information:-

Monthly (or as the occasion arises)

- PHA board meeting papers (including draft minutes) for each meeting as and when issued to Committee members;
- Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members;
- Assurance Committee papers (including draft minutes) for each meeting as and when issued to Committee members.

- Register of PHA board members' interests
- The annual report, with the draft submitted to the Department two weeks before the publication date (*separate timetable for the annual accounts, GS, etc, set by Finance Directorate*)

The Assurance Framework
<ul style="list-style-type: none"> • Code of Conduct for PHA board members • Code of Conduct for staff • Audit Committee Terms of Reference • Complaints Procedure • Anti-Fraud Policy • Fraud Response Plan • Whistle-blowing procedures • Grievance and Disciplinary procedures • Equality Scheme • Publication Scheme • Consultation Scheme • Business Continuity Plan

Documentation to be copied to the Sponsor Branch for consideration / comment / approval:-

<ul style="list-style-type: none"> • Report on quarterly assessment of progress being made in the delivery of the Commissioning Plan's aims and objectives
<ul style="list-style-type: none"> • Corporate Risk Register every six months
<ul style="list-style-type: none"> • Annual Governance Statement • Mid-year Assurance Statement (by end-October) • Annual report on Compliance with Controls Assurance Standards • Annual Internal Audit work-plan • Internal Audit Progress Report • Annual Fraud return • Corporate Plan (including Business Plan) must be produced and approved by the Department • An annual Commissioning Plan developed by the HSCB and approved by the PHA • The Head of Internal Audit's end-of-year- and mid-year opinion on risk management, control and governance
<ul style="list-style-type: none"> • Inspection reports by external bodies (e.g. RQIA, MHRA) as specified in directions • Internal Audit reports with less than satisfactory assurance • Northern Ireland Audit Office management letters

Regular reports on Programme for Government commitments are also provided to the CMO.

3.1.11 Sponsorship Review Meetings

Sponsorship Review Meetings (SRM) are held bi-monthly/6 times per year. Standing membership includes the PHA Chief Executive, Director of Operations, Director of Public

Health, Director of Nursing/AHP, Chief Medical Officer and Head of Health Development Branch (DHSSPS). The agenda will normally include a Programme for Government update and sponsorship issues (grouped under the four dimensions of governance).

3.1.12 Accountability Reviews

The DHSSPS continually monitors that the PHA is complying with all of the governance controls and delivering acceptable performance in its work. The DHSSPS holds a Performance Review and Accountability Meeting twice a year which covers corporate governance, quality governance, financial governance and performance against objectives.

3.1.13 Corporate Planning – PHA Annual Business Plan/ Corporate Strategy / Directorate Business Plan

The PHA produces a Corporate Strategy setting out its medium term (usually 3 year period) direction, in line with departmental requirements as set out in the Management Statement. The strategy reflects the PHA's statutory duties and priorities set by the Minister. It sets out the purpose, vision and values of the organisation along with the goals for the following years.

The PHA Annual Business Plan sets out how the goals in the Corporate Strategy will be delivered in each year. It incorporates both organisational and service/programme delivery objectives and includes key targets and milestones for the year immediately ahead (including PHA targets from the Commissioning Directions) and shall be linked to budgeting information.

The PHA Corporate Strategy and the PHA Annual Business Plan are developed with the involvement of PHA board members and staff from all Directorates. Both documents are formally approved at a public board meeting. Regular monitoring reports showing progress against the targets and milestones in the Corporate Business Plan are brought to AMT and the PHA board.

Each Directorate produces an annual Directorate Business Plan, setting out in greater detail the particular actions that will be taken during the year to ensure that the corporate goals are met.

When preparing the annual Corporate and Directorate Business Plans the direction set out in the Corporate Strategy will also be reviewed to ensure its continued relevance to the work of the PHA in light of new or changing requirements.

3.1.14 Information Governance

The PHA has a corporate responsibility to hold, manage and process the information it holds securely and efficiently in compliance with legislative requirements. Information Governance is primarily driven by legislation, including Data Protection Act 1998, Freedom of Information Act 2000, Environmental Information Regulations 2004, Access to Health Records (NI) Order 1993, Human Rights Act 1998, Public Records Act 1923, Disposal of Documents Order 1925, Re-use of Public Sector Information Regulation 2005, and Computer Misuse Act 1990. See Appendix E for list of other key legislation.

To support this the PHA has allocated the following roles: Senior Information Risk Owner (SIRO) is the Director of Operations, Information Asset Owners (IAO) are all Assistant Directors and Personal Data Guardian (PDG) is the Director of Public Health. An Information Governance Steering Group has been established including all the above along with one non-executive director and the Governance Manager. A Records Management Working Group has also been established.

The PHA [Information Governance Strategy](#) sets out how the PHA takes forward information governance. It is supported by a range of policies and guidelines as listed in Appendix F.

In compliance with S.19 of The Freedom of Information (FOI) Act 2000, the PHA has adopted and maintains a Publications Scheme. The purpose of this is to facilitate greater public access by ensuring that more information is made routinely available, through the PHA website.

3.1.15 Risk Management

Good risk management allows the PHA to have increased confidence in achieving its desired outcomes; and take informed decisions about exploiting opportunities. A balance needs to be struck between the likelihood of a risk occurring and the severity of the consequences should it do so, against the cost of managing it within available resources. The PHA board, GAC, AMT and Directors are charged with supporting the Chief Executive in his responsibilities for risk, controls and governance by:-

- ensuring that a programme of risk management is in place to identify and quantify risks and potential liabilities,
- gaining assurance that risk and change in risks is being monitored,
- receiving the various assurances which are available about risk management and consequently delivering an overall opinion about risk management, and
- commenting on the appropriateness of the risk management and assurance process which are in place.

The PHA has a [Risk Management Strategy and Policy](#) in place and implements risk management processes for identifying and evaluating risks associated with the various activities of the PHA, assessing and addressing their impact and providing for appropriate disclosure of the progress made in managing the identified risks. Both Corporate and Directorate Risk Registers are also in place and are updated on a quarterly basis. The Corporate Risk Register is presented quarterly to AMT and GAC for approval, and is presented at least annually to the PHA board.

3.1.16 Business Continuity & Emergency Preparedness

The PHA is required to have business continuity management processes in place which will enable it to deliver its services in response to an emergency and to maintain essential services to the public throughout a business disruption. Details of the arrangements in place are contained in the Agency's [Business Continuity Plan](#).

The PHA, HSCB and BSO have jointly prepared an Emergency Plan. The overall aim of this joint emergency plan is to outline the main arrangements for a combined response by

the PHA, HSCB and BSO in an emergency, thereby ensuring that the response of the 3 regional HSC organisations is co-ordinated and effectively managed. This document is intended as a guideline to aid an effective response to an incident irrespective of its cause. It has also been designed to comply with the requirements set out in the Northern Ireland Civil Contingencies Framework and to have interoperability with other HSC emergency plans.

3.1.17 Incidents and Near Misses

Determining safe practice is an important part of successful risk management. The PHA promotes a fair and open culture and safe practice through the organisation. This will enable the organisation to identify trends and take positive action to prevent errors or adverse incidents from happening again.

The PHA has an [Incident and Near Miss Reporting Policy and Procedure](#) in place. The overall aim of this policy is to reduce the number of workplace injuries and adverse incidents to a minimum. In order to do this, the PHA has adopted a proactive safety culture, and it also records and reports all incidents/near misses that occur in order that lessons can be learnt from mistakes and action taken to prevent reoccurrence. All staff have a duty to implement this policy by reporting any incident or near miss they encounter whilst carrying out work activities on behalf of the PHA.

3.1.18 Equality Scheme (including Action Plan)

Under Section 75 of the NI Act 1998 there is a legal requirement for the PHA to consider the possible impact of all their decisions on nine specified equality categories and also how to promote equality of opportunity and good relations in all areas of their work.

To fulfil this requirement the PHA has an [Equality Scheme](#)¹⁶ which is both a statement of the organisation's arrangements for fulfilling the Section 75 statutory duties and a plan for their implementation.

The PHA also has an Equality Screening process to ensure that all policies are screened to assess their impact on this requirement and on the European Convention on Human Rights. Those policies found to potentially create inequalities will be subject to further review including conduct of an Equality Impact Assessment (EQIA) where necessary. Reporting arrangements are in place in line with requirements of the Equality Commission for Northern Ireland.

3.1.19 Procurement

The PHA is required to adhere to all Departmental procurement policies and guidance. 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 will be undertaken by Procurement and Logistics Service (PALS) of the BSO in its role as a recognised centre of procurement expertise (COPE). The Administrative Schemes of Delegation ([Standing Orders](#) Appendix 2) set out further details on procedures and financial limits. It should however be noted that any proposed single tender action (STA) (£5,000 or above) must be approved by the Chief Executive (with the exception of management consultants as referred to below in section 3.1.20).

¹⁶ As per Schedule 9 of the Northern Ireland Act 1998

Updated advice on procurement will be made available on the PHA Connect intranet site as it becomes available. Advice should also be sought from PALS in respect of specific queries.

3.1.20 Use of External Management Consultants

The DHSSPS closely scrutinises the PHA to confirm the appropriate procurement and use of external management consultants. The PHA adheres to the DHSSPS circulars HSC (F) 25/2012 and HSC(F) 48/2012. This requires all proposals to use external management consultants to be approved by the Chief Executive and notified to the DHSSPS (in advance of procurement), with any proposal costing £10,000 or above requiring prior approval by the Minister. Additionally, any single tender action (any value) must also be approved by the Permanent Secretary of the DHSSPS in advance. Detailed guidance on the PHA internal procedures and a flowchart for setting out the process for dealing with [external management consultants](#) can be found on the PHA Connect intranet site.

3.1.21 Complaints

The proper handling of complaints, suggestions or queries is a fundamental responsibility of the PHA. Complaints are dealt with promptly, sympathetically and constructively. Our arrangements aim to ensure that every complainant feels that his or her complaint has been dealt with appropriately. In all cases complaints will receive an acknowledgement within 2 working days, and a full investigation and resolution sought within 20 working days. The PHA's Standards and Guidelines for Handling and Monitoring of Complaints set out the [Complaints Procedure](#) for staff on how complaints relating to the PHA, its actions and decisions are to be managed and monitored. The operation and effectiveness of the PHA Complaints policy and procedure is monitored by the GAC.

The PHA Complaints Officer is Pat Cullen, Executive Director of Nursing and Allied Health Professionals at the PHA 12-22 Linenhall Street, Belfast, BT2 8BS.

3.2 Safety and Quality (DIMENSION 2)

The PHA has a statutory duty of quality¹⁷ therefore the PHA has put and kept in place arrangements for the purpose of monitoring and improving the quality of the health and personal social services provided to individuals; and the environment in which it provides them.

3.2.1 Statutory Duty of Quality

The PHA follows Departmental Guidance such as the 10 year strategy "Quality 2020" wherein "quality" in healthcare has been defined by the Department under three main headings:

- Safety – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.
- Effectiveness – the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time in the right place, with the best outcome.

¹⁷ Created by Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003.

- Patient and Client Focus – all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The Departmental Quality Standards¹⁸ give the PHA a measure to facilitate self-assessment and demonstrate improvement. The Standards help service users and carers to understand what quality of service they are entitled to and ensure implementation of the duty the HSC has in respect of human rights and equality of opportunity for the people of Northern Ireland; enabling formal assessment of the quality and safety of health and social care services.

The PHA complies with other accepted standards such as medical, nursing and allied health professionals e.g. professional regulation and training and development; agendas of meetings with the PHA Director of Nursing & AHP cover strategic, operational and professional issues and facilitate a professional escalation process should Directors have specific concerns.

The PHA through its ongoing work programmes is involved in continually working with Trusts to improve their practice, monitoring outcomes, measuring key performance indicators and providing support to local units when required to enable them to improve service quality.

3.2.2 Statutory Supervision of Midwives

The PHA is solely responsible for monitoring, and reporting to the Department on compliance with the statutory midwifery supervision requirements. As such, the PHA is the Local Supervising Midwifery Authority. The PHA is in charge of supervising all maternity units in Northern Ireland. The PHA also provides ongoing support for Supervisors of Midwives through ongoing workshops, advice, twice yearly conference and development of web based toolkits and guidelines. The PHA is involved in continually improving practice in all Trusts through multidisciplinary and multiagency working.

3.2.3 Health and Safety

As an employer the PHA is committed to meeting its obligations in respect of ensuring the health and safety of its employees. It has in place a Health and Safety Policy which sets down clear objectives for PHA employees regarding the management of health and safety issues. This policy has been prepared to ensure that the PHA complies with the requirements of the Health and Safety at Work (NI) Order 1978, Section 2(3), and the Management of Health and Safety at Work Regulations (NI) 1992. It requires the organisation to carry out a suitable and sufficient assessment of the risks arising out of the work activities undertaken. Other related policies for the protection of staff include a Fire Safety policy and a Security policy; available on the PHA Staff intranet site [CONNECT](#). The PHA has also established a Health and Safety Committee to assist in ensuring that health and safety, fire safety and other premises and workplace requirements are adequately provided for within the organisation.

PHA staff based in HSCB facilities must comply with the relevant HSCB health and safety policies. The PHA is also represented on each of the HSCB Premises Committees.

¹⁸ The Quality Standards for Health and Social Care: supporting good governance and best practice in the HPSS (DHSSPS, March 2006)

3.2.4 Serious Adverse Incidents

The Health and Social Care Board, in collaboration with the PHA, operates a regional [Serious Adverse Incident \(SAI\) procedure](#). The ‘Procedure for the Follow-up of Serious Adverse Incidents’¹⁹ was updated in October 2013. The definition of what constitutes an Adverse Incident and a Serious Adverse Incident are detailed in this document. The PHA, in conjunction with the HSCB is responsible for disseminating learning from SAIs as appropriate.

3.2.5 Regional Learning System

The overall aim of the RLS Project is to implement an interim regional learning system. The purpose of the system will be to strengthen a culture of learning from adverse incident systems and from instances of good practice across all regional HSC services.

The PHA will take forward any DHSSPS agreed actions for implementation within the Regional Learning System and continue to implement arrangements to support learning from SAIs throughout the region

3.2.6 Statutory Duty of Involvement – Personal and Public Involvement (PPI)

Personal and Public Involvement (PPI) is a process that places service users and carers at the core of health and social care. It ranges from including individuals in decisions about their care, to engaging with the public on the design, delivery and evaluation of services. PPI is central to the delivery of safe, high quality, efficient services that are tailored to need. PPI approaches encourage more open, accountable and collaborative commissioning, service planning and delivery, with well-informed service users, carers and communities supported and facilitated to actively take part in that process.

PPI is a statutory duty as outlined in sections 19 and 20 of the HSC (Reform) Act (NI) 2009²⁰. The Act places duty on HSC organisations to involve and consult with service users and carers in the planning and delivery of health and social care services. The PHA was assigned primacy by the Department in terms of leading on the implementation of PPI policy across HSC. The PHA is specifically required to provide assurances to the Department that HSC Trusts are meeting their PPI Statutory and policy responsibilities²¹.

Furthermore the PHA is tasked with ensuring successful implementation of PPI policy in a consistent manner across HSC organisations through capacity building, training awareness raising, sharing of best practice and monitoring.

¹⁹ Procedure for the reporting and follow-up of Serious Adverse Incidents-Oct2013

²⁰ HSC (Reform) Act (NI) 2009

²¹ Policy Circular HSC (SQSD) 03/2012 ‘Guidance for HSC organisations on arrangements for implementing effective personal and public involvement in the HSC’.

The PHA takes this work forward through the Regional HSC PPI Forum, which it chairs and services. The PHA also has its own PPI Strategy²² and Action Plan and a twice yearly PPI progress/update report is produced for the PHA Board.

3.2.7 Patient and Client Experience Standards

The PHA is responsible for the monitoring of the implementation of the DHSSPS Patient and Client Experience Standards. There is a comprehensive programme of work with the Trusts for PCE.

The PHA agrees a programme of work with Trusts in order to ensure implementation of Trust action plans.

10,000 Voices is the flagship PHA project in which patients are invited to share their experience of health services. The aim is to influence commissioning and to make local improvements within a timely manner.

3.2.8 RQIA & Review Recommendations

It is important for the PHA to implement the Regulation and Quality Improvement Authority (RQIA) and other independent safety and quality review recommendations in accordance with agreed plans. RQIA is the independent health and social care regulatory body for Northern Ireland, and forms an integral part of health and social care structures. In its work RQIA encourages continuous improvement in the quality of these services through a programme of inspections and reviews. The PHA is continually being updated and improved through the work of the RQIA and implementing review recommendations.

3.2.9 NICE National Institute for Health and Clinical Excellence

The PHA is responsible with the HSCB for monitoring and reporting to the Department on the implementation of the National Institute for Health and Clinical Excellence (NICE) technology appraisals endorsed by the Department. NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. For more details please see website <http://www.nice.org.uk/>

3.2.10 Action to improve safety and quality

The PHA working with the HSCB, is responsible for monitoring and reporting to the Department on evidence of provider-initiated action to improve safety and quality. This can be seen through the PHA's Safety and Quality Reporting Schedule, the Safety and Quality PHA Policy, the HSC Safety Forum, all of which are used to compile Quality Improvement Plans and progress against key areas and reports from the Regional Local Commissioning Group (LCG) Nurse Consultant.

3.3 Finance (DIMENSION 3)

The PHA is given an annual allocation of revenue and capital funds from the DHSSPS. There are a range of financial governance controls in place to ensure that these resources are utilised to deliver a value for money public health agenda for the population.

²² PHA PPI Strategy 'Valuing People, Valuing Their Participation', 2012

3.3.1 Financial Memorandum

The PHA [Financial Memorandum](#), signed by the Chief Executive as Accounting Officer, establishes the framework within which the PHA must operate and the overarching accountability framework with the DHSSPS. The principles of this framework have been incorporated within the PHA's Standing Orders, Standing Financial Instructions and the Scheme of Delegated Authority. The Director of Finance of the HSCB provides a financial management service to the PHA and underpins these key documents with detailed financial procedures and joint monitoring of the financial services and counter fraud services provided by the Business Services Organisation (BSO).

There are a number of financial targets and policies within which the PHA is obliged to operate:-

- Achieve a break even financial position each year,
- Maintain its net current assets
- Maintain management and administration costs, at or below limits set by the DHSSPS
- Comply with the Confederation of British Industry Better Payments Practice Code
- Ensure value for money for the resources utilised.

Further detail is provided below on the PHA's policies and key financial governance documents which support the delivery of these targets.

3.3.2 Standing Financial Instructions (SFI's)

The PHA's [Standing Financial Instructions](#) regulate the conduct of the PHA in relation to all financial matters, and are issued in accordance with the financial circulars issued by the DHSSPS under the provision of Governance, Resources and Accounts Act (NI) 2001 and the Audit and Accountability (NI) Order 2003. The SFI's have effect as if incorporated in the Standing Orders of the PHA.

The SFI's identify the financial responsibilities which apply to everyone working for the PHA, including the financial, procurement and counter fraud services provided by the BSO and the financial governance and financial management role provided by the Director of Finance of the HSCB. They also detail the policies and procedures which have been adopted by the PHA. They are designed to ensure that the PHA's financial transactions are carried out in accordance with the law and Government policy. Section 1.2.8 of the SFI's outlines that board members and employees, are severally and collectively responsible for, the security of the property of the PHA; avoiding loss; exercising economy and efficiency in the use of resources; and conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Schemes of Delegation.

The SFI's do not provide detailed procedural advice and are supported by detailed procedure notes both within the PHA and provided by the Director of Finance of the HSCB, these are supplemented by procedures on for example procurement held by the BSO. Should any difficulties arise regarding the interpretation or application of any of the SFI's or Financial Procedures then the advice of the Director of Finance of the HSCB must be sought before acting.

3.3.3 Budgets & Financial Planning

The PHA receives the majority of its funding directly from the DHSSPS. These funds directly support the delivery of initiatives related to core roles of health improvement, screening or health protection activity, partnership working with local government, staffing and goods and services.

Annual Plans detailing the use of these funds for the delivery of PHA targets and objectives are incorporated within the Commissioning Plan, prepared in conjunction with the HSCB and discussed below in detail at section 3.4.1.

A significant amount of the PHA's funding is expended via Service and Budget Agreements (SBAs) with the HSC Trusts or Service Level Agreements (SLAs) with third party organisations. The PHA is accountable to the DHSSPS for the deployment of these resources.

Management and administration and capital expenditure makes up the remainder of the PHA's overall expenditure.

Under the SFI's the Chief Executive may delegate the management of these budgets to permit the performance of a defined range of activities. This is formalised within the PHA's Standing Orders and Schedule of Delegated Authority. Delegations must be in writing and will be accompanied by a clear definition of the amount and the purpose(s) of each budget heading.

The Director of Finance (HSCB) supports the PHA by forecasting, preparing and monitoring budgets against the annual allocation. The PHA informs this process by maintaining records within the Performance Expenditure Management Systems (PEMs) which provides detailed reports and identifying current spending commitments. PEM's is discussed in more details at section 3.4.4 below.

3.3.4 Financial Reporting

In order to increase the transparency and the financial accountability of the PHA, the Agency compiles several reports in relation to the financial status of the PHA. The Director of Finance (HSCB) will, on behalf of the PHA, prepare monthly financial reports for budget holders, the Agency Management Team and the PHA board. In addition, the PHA submits monthly, quarterly and annual financial reports to the DHSSPS and published Statutory Annual Accounts.

These financial reports typically outline the PHA's income and expenditure, for both capital and revenue, showing trends and forecast year-end position. Based on these reports Budget holders and the Senior Executive Team will take such action as necessary, to ensure that the PHA delivers on its financial priorities and targets as detailed above.

3.3.5 Annual Accounts

These statutory financial accounts are prepared in a form determined by the DHSSPS based on guidance from the (DFP) Department of Finance and Personnel's Financial Reporting Manual (FReM) and in accordance with the requirements of the Reform Act.

The Annual Accounts must be certified by the Comptroller and Auditor General. The PHA's Annual Report and Summary Financial Accounts are published and must be presented to

a public meeting (see Section 3.1.9 above). The full Annual Accounts are made available to the public via the PHA website.

The Northern Ireland Audit Office's Comptroller and Auditor General provides an opinion on whether the information detailed above gives a true and fair view and has been prepared taking into account DHSSPS guidance and policies.

3.3.6 Fraud Policy (incorporating the Bribery Act 2010)

The Counter Fraud and Probity Service of the BSO provides a specialist Fraud investigation service and supported by the Director of Finance of the HSCB who provides a Fraud Liaison Officer (FLO) service for the PHA. A Fraud Policy and Response Plan is also in operation within the PHA which details the individual responsibilities, staff support and a consistent approach if a fraud is suspected. A key element of this plan is to provide fraud awareness training for all PHA staff as well as promoting and maintaining an honest, open and well-intentioned atmosphere. This along with the controls which have been developed throughout the organisation supports the PHA's best possible use of the resources provided annually.

3.4 Operational Performance & Service Improvement (DIMENSION 4)

Of critical concern to us is delivering our stated aims and objectives. To support this there are a range of Government and ministerial objectives, standards and targets in place underpinned by PHA processes to monitor performance, assess risks, hold performance meetings with providers and report to AMT, PHA board and DHSSPS as required. The PHA works closely with the HSCB where this relates to Trust performance. Resolution of Trust performance issues is a matter for the HSCB in close co-operation with the PHA, where appropriate, escalating to the DHSSPS if required.

3.4.1 Commissioning Directions & Commissioning Plan

Programme for Government and Commissioning Directions

The Northern Ireland Assembly sets out in its Programme for Government (PfG), once every three years, and supporting Budget and Investment Strategy, its intentions for improving public services in Northern Ireland. The outcomes and targets applicable to the PHA and the wider HSC are set out on an annual basis by the Minister for Health, Social Services and Public Safety, in the Commissioning Directions. The Minister's Commissioning Direction specifies the form and content of the Commissioning Plan in terms of the services to be commissioned and the resources to be deployed.

Commissioning Plan

As specified in the Reform Act and the Framework Document, the HSCB must prepare and publish an annual commissioning plan in full consultation with and approved by the PHA. PHA staff input heavily to the development of the Commissioning Plan through collaborative arrangements such as the joint commissioning teams. The HSCB liaises with the PHA to ensure that the draft Commissioning Plan comes to a PHA board meeting for approval before it is submitted to the DHSSPS.

Joint Commissioning Teams

These teams led by the HSCB or PHA (as appropriate) are responsible for commissioning and monitoring services.

3.4.2 Performance Management Framework

The PHA's Performance Management Framework sets out how it will report to AMT and the PHA board on various elements of performance for the organisation. These performance management arrangements include quarterly performance monitoring reports on performance against key targets, regular update reports on programme expenditure and, when required, area specific performance reports, linked to key areas of business.

Performance Reporting serves as a key control; it provides a measurement of outcomes that could identify a need for internal control improvements, identifying performance problems and the proposed corrective action. PHA performance reports are regularly returned to the DHSSPS to provide the Minister and the DHSSPS with an update on progress that is being made in delivering on key ministerial targets that have been set and form the basis of discussions with the Minister and the DHSSPS at the Accountability Review.

The PHA will continue to develop its performance management systems to enable it to provide more accurate and meaningful information.

3.4.3 Ministerial & Corporate Objectives

The PHA produces regular monitoring reports for AMT and the PHA board that provide an update on progress made to achieve Ministerial and Commissioning Plan Directions targets, as well as wider PHA priorities as set out for example in the PHA Corporate Business Plan. These reports detail the actions being taken to achieve the individual targets and an assessment of achievability (denoted by a green/amber/red rating). Where performance is denoted as amber or red mitigating actions are specified. Reports are being further developed including performance indicators to show progress against short, medium and longer term targets and outcomes across all PHA work. Monitoring reports on achievement of Programme for Government targets and Commissioning Plan Directions are submitted to the DHSSPS on a regular basis (timescale determined by the DHSSPS).

3.4.4 Programme Expenditure Monitoring System (PEMs)

The PHA has established the Programme Expenditure Monitoring System (PEMs) to provide the organisation with detailed information on how all programme funding is allocated. Monthly reports are provided to AMT and PHA board and can be tailored to show the information broken down by a budget area, geography, commitment level and target group as well as providing an up to date projection of the level of funding that has been authorised for payment.

PEMs is a way of monitoring all programme related funds which are managed at a local and regional level including the monies that have been allocated by the PHA to community / voluntary programmes, across a range of projects and locations. It provides detailed information on commitments against programme areas and individual contracts.

3.4.5 Performance Failure Protocol

The PHA has developed a Performance Failure Protocol that sets out what actions should be taken by staff if a contract with an organisation, external to the HSC, is not delivering as agreed. The protocol ensures that appropriate action is taken in a timely and measured way and that the issues are escalated to ensure appropriate individuals are notified of any issues, and appropriate action taken, where required.

3.4.6 Working with External Partners

The PHA works with many external organisations, such as voluntary, community and other statutory bodies as well as local Councils to deliver a wide range of services that directly support people on the ground and improve long term health and wellbeing outcomes.

All new services with external partners are commissioned using standardised processes that has been agreed by the PHA board. In most instances, the PHA will use an open tender process to award new contracts. This process meets the requirements set out under the EU Procurement Regulations, and ensures that services are awarded in an open and transparent manner. There are some circumstances where funding will be allocated as a grant award. A robust process has also been developed for ensuring awards are made based on the outcome of a competitive process and that there is an auditable trail to all decisions that are made. It also ensures that all organisations awarded funding have in place robust governance procedures that minimise the risk of funding being misused. Clear outputs and outcomes are also identified against which performance can be monitored.

No funding is awarded to an organisation until they agree to the core PHA standard terms and conditions of award. Funding is generally allocated on the basis of 'quarter in advance', subject to the agreed levels of performance having hitherto being reached. These arrangements may vary depending on the nature of the initiative being commissioned and any associated risks that need to be taken into account. The funding process and contract documentation is reviewed regularly.

The PHA provides professional support by monitoring and providing advice on accepted professional standards and codes of practice, for example, acting as the Local Supervising Midwifery Authority (discussed above at Section 3.2.2)

The PHA works with the HSC Board to provide advice and support and is involved with providing the public with news updates, events, publications, consultations, webcasts and links to further information and advice, covering a range of public health issues. There are occasions where the PHA works directly with Trusts and service providers to bring professional support to improve services.

3.4.7 Staff Development and Appraisal

The PHA Staff Appraisal scheme provides a mechanism for translating the core goals and objectives into individual objectives for each member of staff within the PHA.

The primary purpose of the scheme is to support staff in their focus on delivering the successful achievement of PHA objectives. Additionally, it will enable open discussion about performance between staff members and line managers with agreement on what needs to be done by individuals and by the organisation to help them develop and improve.

The PHA provides a range of training for staff, including mandatory training (fraud awareness, financial governance, health and safety, fire safety, risk management and information governance) other specific training (including selection and recruitment, equality and human rights screening) as well as relevant management and development training.

3.4.8 Review of Performance

The PHA continually reviews the way in which we work, the implementation of reforms and makes available any reports on progress.

4. Conclusion

The PHA Corporate Governance Framework sets out the core governance elements that the PHA has in place to ensure that it delivers its functions in an effective, efficient and safe manner. Governance is an ever changing area and the PHA will continue to review and update its governance arrangements and this Framework accordingly.

5. General

5.1 Review of Framework

This document will be reviewed on an annual basis, with the first review being made by the Director of Operations no later than 30 June 2017 or earlier if relevant guidance is issued. That review will be noted on a subsequent version of this document, even where there are no substantive changes made or required.

5.2 Alternative Formats

Every effort will be made to make this document available on request in alternative formats and in other languages to meet the needs of those who are not fluent in English.

5.3 Contacts

If you require any further information or clarification please do not hesitate to contact any of the following individuals:-

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- Rosemary Taylor, Assistant Director of Planning & Operational Services, PHA 4th Floor, 12-22 Linenhall Street, Belfast Rosemary.Taylor@hscni.net
- Pat Cullen, Executive Director of Nursing & AHP, PHA 4th Floor, 12-22 Linenhall Street, Belfast Pat.Cullen@hscni.net
- Tracey McCaig, Head Accountant Financial Management, HSCB, 12-22 Linenhall Street, Belfast Tracey.McCaig@hscni.net

All of the above can be reached at the telephone number 02890321313.

For more detailed information on our work, please visit our corporate website at www.publichealth.hscni.net For information for staff please visit our Intranet "CONNECT" at <http://connect.publichealthagency.org/>

Glossary

- **(AHP)** Allied Health Professionals
- **(AMT)** The Agency Management Team
- **(BSO)** Business Services Organisation
- **(CAU)** Central Appointments Unit
- **(COPE)** Centre of Procurement Expertise
- **(Connect)** Staff Intranet
- **(CMO)** Chief Medical Officer
- **(DFP)** Department of Finance and Personnel
- **(DHSSPS)** The Department of Health, Social Services and Public Safety
- **(EQIA)** Equality Impact Assessment
- **(FLO)** Named Fraud Liaison Officer
- **(FOI)** The Freedom of Information Act 2000
- **(FRem)** Department of Finance and Personnel's Financial Reporting Manual
- **(GAC)** The Governance and Audit Committee
- **(GS)** Governance Statement
- **(HPSS)** the Health and Personal Social Services (Northern Ireland) Order
- **(HSC)** Health & Social Care
- **(HSCB)** Health and Social Care Board
- **(IAO)** Information Asset Owner
- **(LCG)** local commissioning groups
- **(Minister)** Minister for Health, Social Services and Public Safety
- **(NICE)** the National Institute for Health and Clinical Excellence
- **(PaLS)** Procurement and Logistic Service in the BSO
- **(PCC)** the Patient Client Council
- **(PDG)** Personal Data Guardian
- **(PEMs)** Programme Expenditure Monitoring System
- **(PfG)** Programme for Government
- **(PHA)** The Public Health Agency
- **(PPI)** Personal and Public Involvement
- **(RAIL)** Regional Adverse Incident and Learning system
- **(Reform Act)** the Health & Social Care (Reform) Act (Northern Ireland) 2009
- **(RQIA)** The Regulation and Quality Improvement Authority
- **(RRL)** Revenue Resource Limit
- **(SABS)** Adverse Incident Safety Alert Broadcast System
- **(SAI)** Serious Adverse Incident
- **(SBA's)** Service and Budget Agreements
- **(SFI's)** Standing Financial Instructions
- **(SIRO)** Senior Information Risk Owner
- **(SLA)** Service Level Agreements
- **(SODA)** scheme of delegated authority
- **(STA)** Single Tender Actions

List of Legislation, Guidance and Codes**APPENDIX B****Legislation**

- Health & Social Care (Reform) Act (Northern Ireland) 2009 (the 'Reform Act') a
- the Health and Personal Social Services (Northern Ireland) Order 1972 (the 'HPSS') (SI 1972/1265 NI14),
- the HPSS (NI) Order 1991 (SI 1991/194 NI1)
- the Audit and Accountability (NI) Order 2003,
- Computer Misuse Act 1990
- Data Protection Act 1998
- The Reform Act - Directions to the PHA for Public Health and Social Well-being on procedures for dealing with Health and Social Care Complaints
- Statutory duty on Health and Wellbeing.
- Freedom of Information 2000
- Public Records Act
- The Publication Scheme.
- the HPSS (Quality, Improvement and Regulation) (NI) Order 2003
- Governance, Resources and Accounts Act (NI) 2001 and the Audit and Accountability (NI) Order 2003
- Bribery Act 2010

Circulars

- DHSSPS Circular HSS (GEN 1) 1/95, Standards of Business Conduct for HSCNI Staff." (Taken from the Policy.S.1, pg 3).
- The HSC paper Performance and Assurance Roles and Responsibilities (MIPB 74/09) issued in April 2009,
- The DHSSPS's Guidance "Managing Public Money in Northern Ireland"
- Circular HSS (PPM) 5/2003 Risk Management & Controls Assurance, DHSSPS of Health
- Head of Internal Audit, in accordance with the HSS (F) 51/2007,
- The Quality Standards for Health and Social Care: supporting good governance and best practice in the HPSS (DHSSPS, March 2006)
- The DHSSPS "10Year Strategy to protect and improve quality in Health and Social Care")
- The circular (HSS (F) 40/2009.
- Government Internal Audit Standard, in circular HSC (F) 10/2011.

Guidance

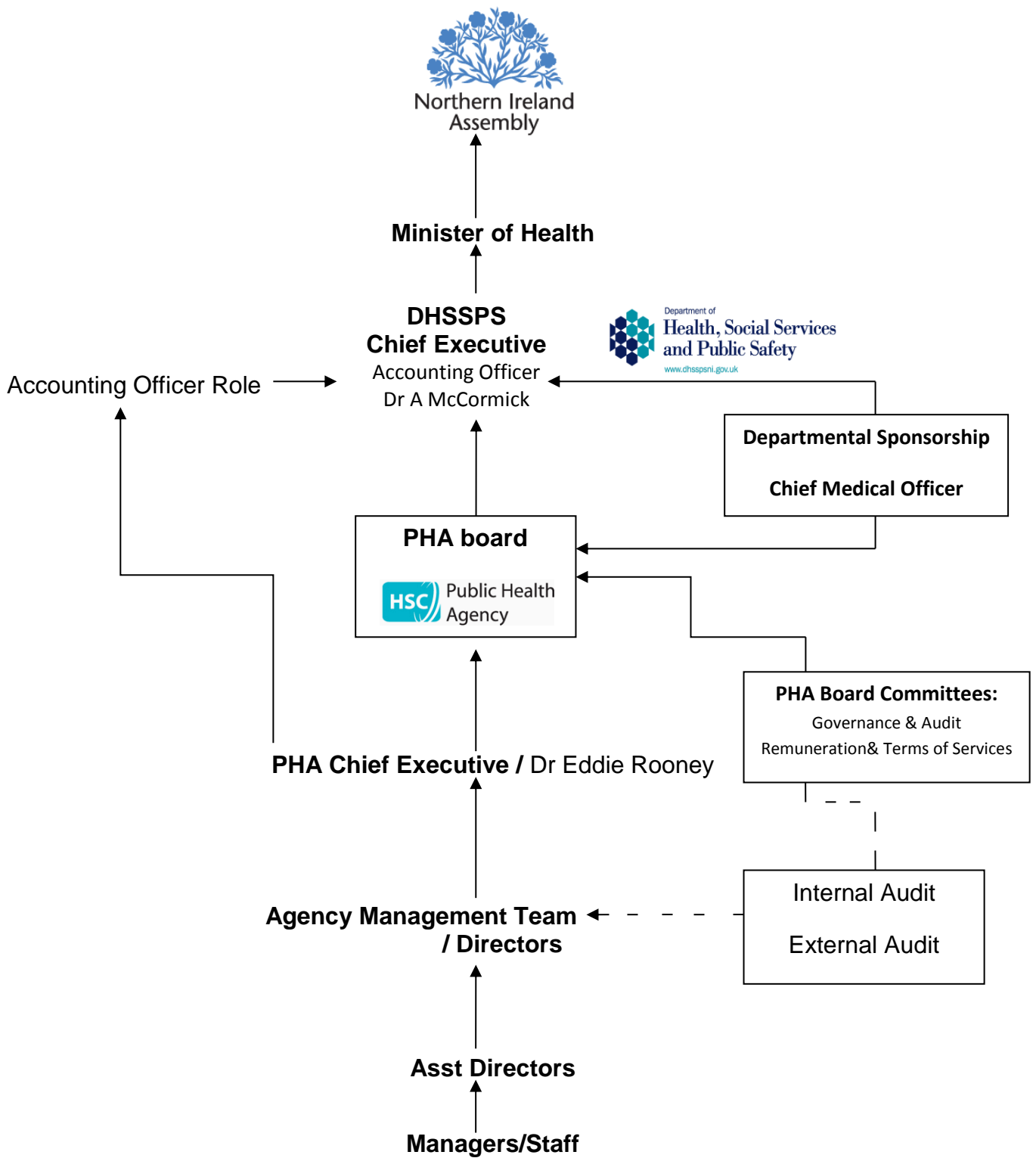
- Code of Conduct
- Code of Accountability
- Northern Ireland Audit Office and Public Accounts Committee recommendations
- NI Executives' pay policy
- "Written evidence from the Department in NI" Sept 2011, prepared by the DHSSPS
- *Information Governance: What you need to know* PHA Guidance Leaflet

Corporate Governance Framework

- "Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning" "Directions to the Regional Agency for Public Health and Social Wellbeing on procedures for dealing with Health and Social Care Complaints"
- Confederation of British Industry Better Payments Practice Code

CPD Guidance note 02/10 which was issued to arms length bodies, under cover of a letter from John Cole dated 23rd December 2010 (PEL (10) 15), and a letter dated 27th June 2011 from the Permanent Secretary and HSC Chief Executive regarding Single Tender Actions.

PHA Accountability Chart



The Seven Nolan Principles of Conduct Underpinning Public Life

1. **Selflessness:** holders of public office should take decision solely in terms of the public interest. They should not do so in order to gain financial or other material benefit for themselves, their family or friends.
2. **Integrity:** holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
3. **Objectivity:** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability:** holders of public office are accountable for their decisions and actions to the public and must submit themselves to what ever scrutiny is appropriate to their office.
5. **Openness:** holders of public office should be as open as possible about all decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. **Honesty:** holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership:** holders of public office should promote and support these principles by leadership and example.

Legal and Professional Obligations

There are a range of legal and professional obligations that limit, prohibit or set conditions in respect of the management, use and disclosure of information and, similarly, a range of statutes that permit or require information to be used or disclosed. The key legal and professional obligations covering personal and other information listed in this Appendix are as follows:

- [The Access to Health Records \(Northern Ireland\) Order 1993](#)
- [The Access to Personal Files and Medical Reports \(Northern Ireland\) Order 1991](#)
- Administrative Law
- [The Adoption Agencies Regulations \(Northern Ireland\) 1989](#)
- [The Blood Safety and Quality Regulations 2005 \(as amended\)](#)
- [The Census \(Confidentiality\) \(Northern Ireland\) Order 1991](#)
- [The Civil Evidence \(Northern Ireland\) Order 1997](#)
- The Common Law Duty of Confidentiality
 - Confidentiality: [Department code of practice \(PDF 111KB\)](#)
- [The Computer Misuse Act 1990](#)
- [The Congenital Disabilities \(Civil Liability\) Act 1976](#)
- [The Consumer Protection \(Northern Ireland\) Order 1987](#)
- [The Control of Substances Hazardous to Health Regulations \(Northern Ireland\) 2003](#)
- [The Copyright, Designs and Patents Acts 1988](#)
- [The Data Protection Act \(DPA\) 1998](#)
- [The Data Protection \(Processing of Sensitive Personal Data\) Order 2000](#)
- [Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community Code Relating to Medicinal Products for Human Use](#)
- [The Electronic Communications Act 2000](#)
- [The Environmental Information Regulations 2004](#)
- [The Foster Placement \(Children\) Regulations \(Northern Ireland\) 1996](#)
- [The Freedom of Information Act \(FOIA\) 2000](#)
- [The Gender Recognition Act 2004](#)
- [The Gender Recognition \(Disclosure of Information\) \(England, Wales and Northern Ireland\) \(No. 2\) Order 2005](#)
- [The Health & Personal Social Services, General Dental Services \(Amendment\) Regulations \(Northern Ireland\) 2008](#)
- [The Health & Personal Social Services, General Medical Services Contracts Regulations \(Northern Ireland\) 2004](#)
- [The Health and Safety at Work \(Northern Ireland\) Order 1978](#)
- [The Health and Social Services \(Reform\) Act \(Northern Ireland\) 2009](#)
- [The Human Fertilisation and Embryology Act 1990, as amended by the Human Fertilisation and Embryology Act 2008](#)

- [The Human Rights Act 1998](#)
- [The Limitation \(Northern Ireland\) Order 1989](#)
- [Police Act 1997](#) and the [Memorandum to A Code of Practice for Third Party recipients of Criminal Record Information](#)
- [The Privacy and Electronic Communications \(EC Directive\) Regulations 2003](#)
- [Public Health Act \(Northern Ireland\) 1967](#)
- [The Public Interest Disclosure \(Northern Ireland\) Order 1998](#)
- [The Public Records Act \(Northern Ireland\) 1923](#)
- [Disposal of Documents Order \(Northern Ireland\) 1925](#)
- [The Radioactive Substances Act 1993](#)
- [The High-activity Sealed Radioactive Sources and Orphan Sources Regulations 2005](#)
- [The Re-use of Public Sector Information Regulations 2005](#)
- [The Sexual Offences \(Amendment\) Act 1992 \(as amended by the Youth Justice and Criminal Evidence Act 1999\)](#)

Relevant Standards and Guidelines

- BSI DISC BIP 0008
- BS 5454:2000
- BS ISO/IEC 17799:2005 BS ISO/IEC 27001:2005 BS 7799-2:2005
- ISO 15489
- ISO 19005 – 1:2005
- The Records Management Controls Assurance Standard
- The Northern Ireland Records Management Standard

Professional Codes of Conduct

- British Association of Social Workers
- The British Dental Association (BDA) N. Ireland and The British Medical Association (BMA) N. Ireland
- The Chartered Society of Physiotherapy
- The General Dental Council and The General Medical Council
- The Health Archives Group (HAG)
- Health Professions Council
- NI Social Care Council: Codes of Practice for Social Care Workers and Employers
- The Nursing and Midwifery Council
- The Pharmaceutical Society of Northern Ireland
- The Royal College of General Practitioners, The Royal College of Pathologists and The Royal College of Physicians & The Royal College of Surgeons of England
- The British Association/ College of Occupational Therapists
- The Royal College of Speech and Language Therapists
- The British and Irish Orthoptic Society
- The Society of Chiropodists and Podiatrists
- The British Dietetic Association
- The British Association of Prosthetists and Orthotists

- The British Association of Art Therapists
- The British Association of Music Therapy
- The British Association of Dramatherapists
- The Society and College of Radiographers

List of Policies and Procedures (As at 1.8.14)

<u>Policies</u>	<u>Procedures</u>
<u>Equality (4)</u>	<u>AMT Procedures (1)</u>
<u>Finance (2)</u>	<u>Assembly Question Procedure (1)</u>
<u>General (6)</u>	<u>Board Meeting Procedures (1)</u>
<u>Governance (4)</u>	<u>Equality (2)</u>
<u>Health & Safety (5)</u>	<u>Finance & Procurement (9)</u>
<u>Human Resources (15)</u>	<u>General (5)</u>
<u>Information Governance (15)</u>	<u>Governance (1)</u>
<u>Standing Orders & Standing Financial Instructions (2)</u>	<u>Human Resources (12)</u>
	<u>Information Governance / ICT (10)</u>
	<u>Office Procedures (6)</u>
	<u>Programme Budgets and SLAs (1)</u>