

101<sup>st</sup> Meeting of the Public Health Agency Board

Thursday 19 April 2018 at 1:30pm

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

## standing items

- |           |   |                     |                 |
|-----------|---|---------------------|-----------------|
| 1<br>1.30 | Welcome and apologies                             |                     | Chair           |
| 2<br>1.30 | Declaration of Interests                          |                     | Chair           |
| 3<br>1.30 | Minutes of Previous Meeting held on 15 March 2018 |                     | Chair           |
| 4<br>1.30 | Matters Arising                                   |                     | Chair           |
| 5<br>1.35 | Chair's Business                                  |                     | Chair           |
| 6<br>1.40 | Chief Executive's Business                        |                     | Chief Executive |
| 7<br>2.00 | Finance Report                                    | <b>PHA/01/04/18</b> | Mr Cummings     |

## committee updates

- |           |  |                     |         |
|-----------|--|---------------------|---------|
| 8<br>2.10 | Update from Chair of Governance and Audit Committee (to include minutes of previous meeting and GAC Annual Report) | <b>PHA/02/04/18</b> | Mr Drew |
|-----------|--|---------------------|---------|

## items for approval

- |            |   |                     |            |
|------------|---|---------------------|------------|
| 9<br>2.25  | PHA Assurance Framework 2017-19   | <b>PHA/03/04/18</b> | Mr McClean |
| 10<br>2.35 | PHA Business Continuity Management Plan and Policy  | <b>PHA/04/04/18</b> | Mr McClean |
| 11<br>2.45 | Emergency Planning: <ul style="list-style-type: none"> <li>• Emergency Preparedness - Joint Annual Report (2016-2017)</li> <li>• JREP Mass Casualty Plan (appendix to JREP)</li> <li>• PHA Port Health Plan 2018</li> </ul> | <b>PHA/05/04/18</b> | Dr Mairs   |

## items for noting

12 Making Life Better Update April 2018  
3.10

PHA/06/04/18

Mr McClean

## closing items

13 Any Other Business  
3.20

Chair

14 Details of next meeting:  
3.25

*Thursday 17 May 2018 at 1:30pm*

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

*100<sup>th</sup> Meeting of the Public Health Agency Board*

*Thursday 15 March 2018 at 1.30pm*

*Fifth Floor Meeting Room, 12-22 Linenhall Street, Belfast*

**Present**

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	Interim Deputy Chief Executive / Director of Operations
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Dr Adrian Mairs	- Acting Director of Public Health
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

**In Attendance**

Mr Paul Cummings	- Director of Finance, HSCB
Mr Robert Graham	- Secretariat

**Apologies**

Mr Cecil Worthington	- Acting Director of Social Care and Children, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC

**12/18 | Item 1 – Welcome and Apologies**

12/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Cecil Worthington and Mrs Joanne McKissick.

**13/18 | Item 2 - Declaration of Interests**

13/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**14/18 | Item 3 – Minutes of previous meeting held on 15 February 2018**

14/18.1 The minutes of the previous meeting, held on 15 February 2018, were approved as an accurate record of that meeting, subject to an amendment in paragraph 9/18.10, the word “men” is replaced with “both men and women”.

**15/18 Item 4 – Matters Arising**

15/18.1 There were no matters arising from the previous minutes.

**16/18 Item 5 – Chair’s Business**

16/18.1 The Chair presented his Report and noted the forthcoming tax that will be levied on soft drinks which have a high sugar content.

16/18.2 The Chair advised members that he had met with Dr Sloan Harper and Mr Michael Donaldson from HSCB to discuss oral health in children, and that he will be meeting with representatives of the British Dental Association on Wednesday 28 March.

16/18.3 The Chair informed members that he had been involved in the recruitment and selection process for replacement non-executive Directors for the PHA. He said that a final report will be issued to the Private Office and to the Permanent Secretary within the next week.

16/18.4 The Chair said that this meeting will be the last meeting of the Board which will be attended by Brian Coulter. He thanked Mr Coulter for his contribution to the Board of the Agency, and in particular, his chairmanship of the Governance and Audit Committee. The Chair greatly appreciated the wise counsel which Brian Coulter had provided to him. On behalf of the Board, he wished Mr Coulter well for the future.

**17/18 Item 6 – Interim Chief Executive’s Business**

17/18.1 The Interim Chief Executive advised that members had received an update at the last Board meeting on the report of the Inquiry into Hyponatraemia-related deaths which had been published on 31 January 2018. She said that it remained her intention to arrange a Board workshop at an appropriate point. She advised that a stocktake is currently being undertaken against the Report’s recommendations across all areas of the HSC, including by the HSCB and PHA and that this is being led by the joint PHA / HSCB Quality, Safety and Experience Group. She added that there is a particular focus on those recommendations that directly relate to the HSCB and PHA, but also those where we can provide a supportive role to our colleagues in Trusts.

17/18.2 The Interim Chief Executive said that on a related issue, Board members were previously informed of concerns raised under the Whistleblowing Policy relating to the Hyponatraemia Inquiry, and the Inquiry Chair, Mr Justice O’Hara confirmed the Inquiry will continue to look into these matters. She added that there has been ongoing correspondence between the Inquiry Chair and the HSCB, and some of this has been reported in the media as the Inquiry places all such correspondence on its website. She stated that the HSCB is continuing to co-operate fully with the Inquiry in relation to this, and that she would keep Board members updated on this.

- 17/18.3 The Interim Chief Executive advised members that following clarification from the Department of Health, the majority of the functions of the HSCB will move to the Department but through a host organisation arrangement with the Business Services Organisation. She said that work is now underway to put in place the appropriate governance arrangements, and that a risk assessment is also being undertaken.
- 17/18.4 The Interim Chief Executive moved on to give members an overview of the recent meetings of the Transformation Implementation Group. She said that issues discussed included an elective care plan progress report and a project assessment review of Pathology Modernisation.
- 17/18.5 The Interim Chief Executive advised that Board members were sent a copy of the recent Patient Client Council report, "Our Lived Experience of Waiting for Health Care". She said that the Report contains a series of case studies from people who have experienced lengthy waits for elective care assessment and treatment, and very clearly describes the impact this has on their lives. She added that the Report also reinforces that the current model of care is unsustainable.
- 17/18.6 The Chair enquired if a timetable was known for the transfer of the social care function to PHA. The Interim Chief Executive advised that there is a Project Initiation Document for the transfer of functions, and that a first meeting of the group overseeing this is due to meet shortly. Mr Coulter asked how PHA will blend existing social care strategies with its own strategic direction. The Interim Chief Executive advised that there had been discussion regarding this at the last Remuneration Committee meeting, and that she had highlighted the need for the Chair and Non-Executive Directors to receive training in terms of their statutory responsibilities. She said that this will be picked up as part of the risk assessments she had referenced previously. The Chair suggested that there might be merit in introducing changes in a phased manner.
- 17/18.7 With reference to the recommendations coming from the Hyponatraemia Review, Alderman Porter asked about the learning from all incidents and review reports and how the implementation of these is tracked. Mrs Hinds advised that the PHA and HSCB have a shared responsibility in terms of safety and quality and that learning from SAIs is disseminated to Trusts, but a decision is made in terms of which areas assurances should then be sought in terms of how recommendations are being implemented. She added that there is a statutory duty of quality on Trusts.
- 17/18.8 Alderman Porter suggested that after a period of five years, PHA could return to review the implementation. Mrs Hinds said that some recommendations may take up to five years to be fully implemented. The Chair said that for the Hyponatraemia Review, it is important that the recommendations are acted upon with urgency, and that there is full engagement with the public.

**18/18 Item 7 – Finance Report (PHA/01/03/18)**

- 18/18.1 Mr Cummings presented the Finance Report and advised that a year-end break even position is being forecast. He said that programme expenditure is on track, with any deficits in the Lifeline spend being reallocated against other suicide prevention initiatives. He added that an appendix had been included with the Report, highlighting where the underspends in the management and administration budget had been utilised.
- 18/18.2 Mr Drew thanked Mr Cummings for his reassurance that PHA will achieve a break even position. He asked about the additional spend and how PHA can assess the impact and outcome of this funding. Mr Cummings explained that the vast majority of this funding was used to top up existing programmes where there was a cost pressure.
- 18/18.3 Alderman Porter asked why PHA's surplus was not utilised in other parts of the HSC. Mr Cummings said that as long as the PHA can demonstrate that the funding is being used appropriately, he has no issue with how it is utilised. He added that if he felt that this was not the case, he would have recommended that the funding be returned.
- 18/18.4 Mr Coulter asked about next year's financial outlook. Mr Cummings advised that the health budget is at a standstill, and that there remains a shortfall of £160m. In terms of impact for PHA, he said that he is expecting a reduction of up to £500k in the management and administration budget. The Interim Chief Executive said that once PHA is formally notified of its financial allocation, there may need to be a discussion with members.
- 18/18.5 Members noted the Finance Report.

**19/18 Item 8 – Update from Chair of Governance and Audit Committee (PHA/02/03/18)**

- 19/18.1 Mr Drew advised that the Governance and Audit Committee had met on 28 February and at that meeting, the Committee thanked Mr Coulter for his contribution to the work of the Committee.
- 19/18.2 Mr Drew said that the Committee considered an update on the Corporate Risk Register and agreed that there should be a workshop to look at this. He gave an overview of the latest Internal Audit report which related to newborn hearing and bloodspot screening data programmes.
- 19/18.3 Mr Drew advised that Mr Denver Lynn will be the Northern Ireland Audit Office lead for this year's audit and at the meeting, and that Mr Lynn presented the Audit Strategy. He noted that the timetable is very tight, but that some preparatory work was already underway.
- 19/18.4 Mr Drew said that the Committee received an update on the Information

- Governance Action Plan and on fraud.
- 19/18.5 Members noted the update from the Committee Chair.
- 20/18 Item 9 – Update from Chair of Remuneration and Terms of Service Committee (PHA/03/03/18)**
- 20/18.1 This item was discussed confidentially by Non-Executive Directors following the conclusion of the public meeting.
- 21/18 Item 10 – PHA Annual Business Plan 2018/19 (PHA/04/03/18)**
- 21/18.1 The Chair welcomed Miss Rosemary Taylor to the meeting for this item.
- 21/18.2 Miss Taylor explained that following the Board workshop in January, where the key themes of the Business Plan were set out for members in line with the core outcomes of the Corporate Strategy, the comments from members were reported back to the area leads within PHA and that this revised Plan prepared. She advised that some of the key changes related to references to suicide prevention, social isolation and partnership working. She said that the revised Plan will be formally submitted to the Department of Health following approval by the PHA Board, but that the Department have provided some comments on the draft which are currently being incorporated. She advised that these changes relate to references to community development and the Transformation agenda.
- 21/18.3 Miss Taylor said that this year’s Plan is a step towards a more outcomes based approach. The Chair asked about outcomes and impact. Miss Taylor explained that when developing the objectives, it was on the basis of “why are we doing this?” The Chair asked if an assessment of need had been undertaken. He added that it shouldn’t always be a “top-down” scenario, that there are individuals who are delivering the service who can help to formulate what PHA’s desired outcomes should be. Miss Taylor said that one of PHA’s objectives is to develop its outcomes-based approach which will include engaging with a range of stakeholders.
- 21/18.4 Mr McClean said that engagement was picked up at a meeting yesterday where there was an assessment of PHA’s commitment to PPI. He added that PHA does need to think more about improvement and impact on certain groups. Mr Drew suggested that “impact” could be looked at as part of a PHA Board workshop. The Chair agreed with this proposal.
- 21/18.5 The Chair thanked Miss Taylor for her work in developing this Business Plan which was **approved** by members.

- 22/18** | **Item 11 - Review of PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority (PHA/05/03/18)**
- 22/18.1 | Mr Cummings advised that the PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority had been reviewed and that the only changes related to updates in legislation and some changes in wording. He added that the Governance and Audit Committee had considered these.
- 22/18.2 | Mr Drew advised that the Governance and Audit Committee was content with the proposed changes.
- 22/18.3 | Members approved the PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority.
- 23/18** | **Item 12 - Sexually Transmitted Infection surveillance in Northern Ireland 2017 (PHA/06/03/18)**
- 23/18.1 | The Chair welcomed Dr Neil Irvine to the meeting and asked him to present the report.
- 23/18.2 | Dr Irvine said that the surveillance data used to provide the information for this Report comes from GUM clinics and laboratories. He said that in terms of successes, it is worth noting that the introduction of the HPV vaccine has resulted in a decrease in the instance of genital warts. However, he went on to say that there has been a rise in the numbers of cases of syphilis and gonorrhoea. He explained that there is an issue in terms of AMR as the main bug which can result in these cases is resistant to antibiotics and therefore two vaccines are administered. He finished by saying that the key age group for all STIs remains the 16-34 age group, as well as older men and men who have sex with other men (MSM).
- 23/18.3 | Ms Mann-Kler asked what can be done to target this age group, given the budget cuts. Dr Irvine noted that the PHA had developed a public information campaign, and for the most part this had been successful. Ms Mann-Kler asked about targeting the MSM group. Dr Irvine said that PHA provides funding to the Rainbow project, but that activity is not included in this data.
- 23/18.4 | Mr McClean said that for the 16-34 age group, social media are very important in terms of disseminating appropriate messages. He noted that data from OUTREACH are not contained in the Report. Dr Irvine said that that data would be included in next year's Report.
- 23/18.5 | Mr Drew said that the Report confirmed the importance of public information campaigns. Alderman Porter made a point that it may be difficult to change behaviours if people know that there are suitable treatments available, should they become infected. Dr Irvine noted the point but said that people do remain concerned about the possibility of contracting HIV.



23/18.6 Mr Coulter asked how Northern Ireland is doing compared to other regions. Dr Irvine said as there are different types of data being collected in different ways, it is difficult to make a comparison, but he was confident that Northern Ireland's rates were lower than those of other parts of the UK.

23/18.7 Ms Mann-Kler asked for more information on the AMR issue. Dr Irvine explained that two antibiotics are administered together, but that one of them has a high resistance level, which opens up the possibility that the other antibiotic could collapse. Ms Mann-Kler asked if there was any research being done in this area. Dr Irvine was not certain if this was the case and said that the older antibiotics are being continually monitored.

23/18.8 The Chair thanked Dr Irvine for what he said was a well-presented report. He commended Dr Irvine for a report which presented the data in a manner which was easily understood by lay people. He added that the pictorial approach to the presentation of the information was most helpful.

23/18.9 Members noted the Report.

**24/18 Item 13 - Referral Pathway for Health Visitors and Family Nurse Partnership Nurses: Infants with an abnormal hip examination and/or risk factor for Developmental Dysplasia of Hip (DDH) (PHA/07/03/18)**

24/18.1 Mrs Hinds introduced Ms Deirdre Webb to the meeting. She said that DDH is an important issue as there can be long term implications if it is not picked up and dealt with as early as possible.

24/18.2 Ms Webb advised that in Northern Ireland, there are two additional screenings for children, and that there are good clinical outcomes. However the key issue is the referral pathway. She explained that any child who has had a fracture highlighted is referred for an ultrasound, or an x-ray, and any major problems are referred to a specialist clinic at Musgrave Park Hospital. She said that before the introduction of this pathway, there were different approaches in each Trust, but now there is only one approach.

24/18.3 Members noted the referral pathway.

**25/18 Item 14 – Any Other Business**

25/18.1 There was no other business.

**26/18 Item 15 – Date and Time of Next Meeting**

*Thursday 19 April 2018 at 1.30pm*

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

Signed by Chair:

*Anna Douglas*

Date: 19 April 2018

# **Public Health Agency**

## **Finance Report**

**2017-18**

**Month 11 - February 2018**



# PHA Financial Report - Executive Summary

## Year to Date Financial Position (page 2)

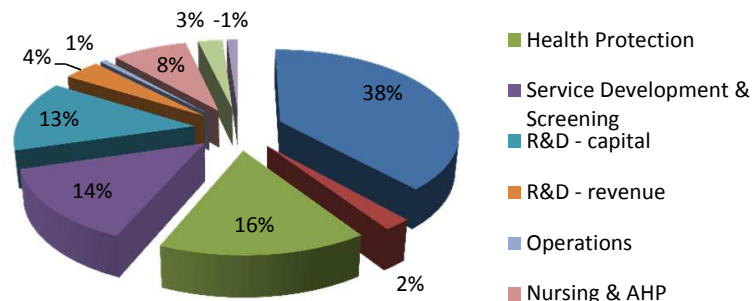
At the end of month 11 PHA is underspent against its profiled budget by approximately £1.5m. This underspend is primarily within Administration budgets across the Agency, and also includes some spend behind profile on Programme budgets within Nursing and Health Improvement.

Whilst this position is not unusual for this stage of the year due to the difficulty of accurately profiling expenditure, budget managers are being encouraged to closely review their positions to ensure the PHA meets its breakeven obligations at year-end.

## Programme Budgets (pages 3&4)

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

**PHA Programme Budgets 2017-18**

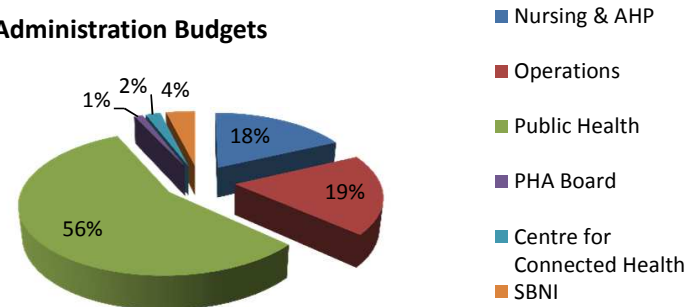


## Administration Budgets (page 5)

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

A significant number of vacant posts remain within PHA, and this is creating slippage on the Administration budget. It is currently estimated that this will rise to around £1.2m by year end, and this will be kept under close review year-end approaches. Management is proactively working to fill vacant posts and to ensure business needs continue to be met.

**Administration Budgets**



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

PHA is currently forecasting a small surplus for the full year. Slippage has arisen in-year from the Lifeline and Administration budgets in particular, however management have re-invested the Lifeline slippage in other suicide prevention and mental health initiatives, and the Administration slippage is being used to fund a range of in-year pressures and initiatives.

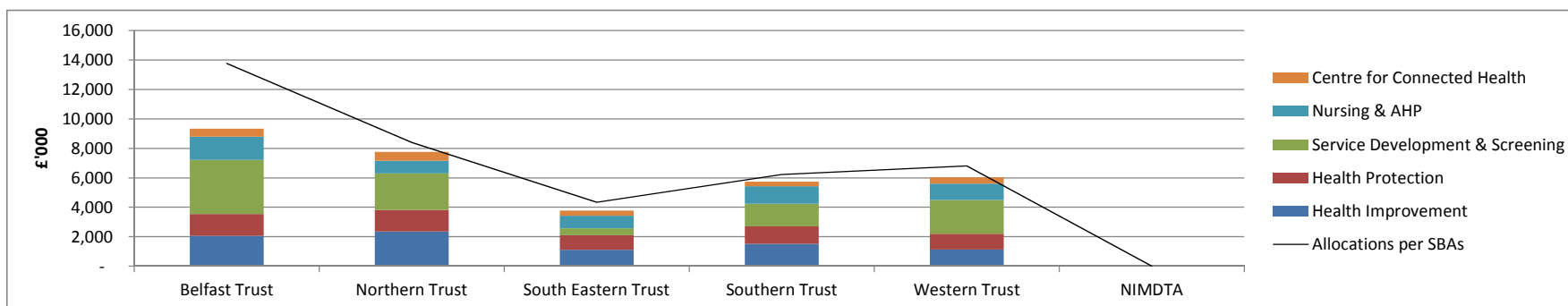
**Public Health Agency**  
**2017-18 Summary Position - February 2018**

	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust £'000	PHA Direct £'000	£'000	£'000	Trust £'000	PHA Direct £'000	£'000	£'000
<b>Available Resources</b>								
Departmental Revenue Allocation	33,038	43,964	19,219	<b>96,221</b>	30,283	38,155	17,460	<b>85,897</b>
Revenue Income from Other Sources	13	295	517	<b>825</b>	12	196	411	<b>619</b>
<b>Total Available Resources</b>	<b>33,051</b>	<b>44,259</b>	<b>19,736</b>	<b>97,046</b>	<b>30,295</b>	<b>38,351</b>	<b>17,871</b>	<b>86,517</b>
<b>Expenditure</b>								
Trusts	33,051	-	-	<b>33,051</b>	30,295	-	-	<b>30,295</b>
PHA Direct Programme *	-	44,259	-	<b>44,259</b>	-	37,898	-	<b>37,898</b>
PHA Administration	-	-	19,541	<b>19,541</b>	-	-	16,815	<b>16,815</b>
<b>Total Proposed Budgets</b>	<b>33,051</b>	<b>44,259</b>	<b>19,541</b>	<b>96,851</b>	<b>30,295</b>	<b>37,898</b>	<b>16,815</b>	<b>85,007</b>
<b>Surplus/(Deficit) - Revenue</b>	<b>(0)</b>	<b>0</b>	<b>195</b>	<b>195</b>	<b>0</b>	<b>453</b>	<b>1,057</b>	<b>1,510</b>
<i>Cumulative variance (%)</i>					<i>0.00%</i>	<i>1.18%</i>	<i>5.91%</i>	<i>1.75%</i>

The year to date financial position for the PHA shows an underspend against profiled budget of approximately £1.5m, mainly due to spend behind profile on PHA Direct Programme budgets (see page 4), and also a year to date underspend on Administration budgets (see page 5). It is currently anticipated that the PHA will have a small surplus at year-end, but will remain within its 0.25% breakeven threshold.

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

## Programme Expenditure with Trusts



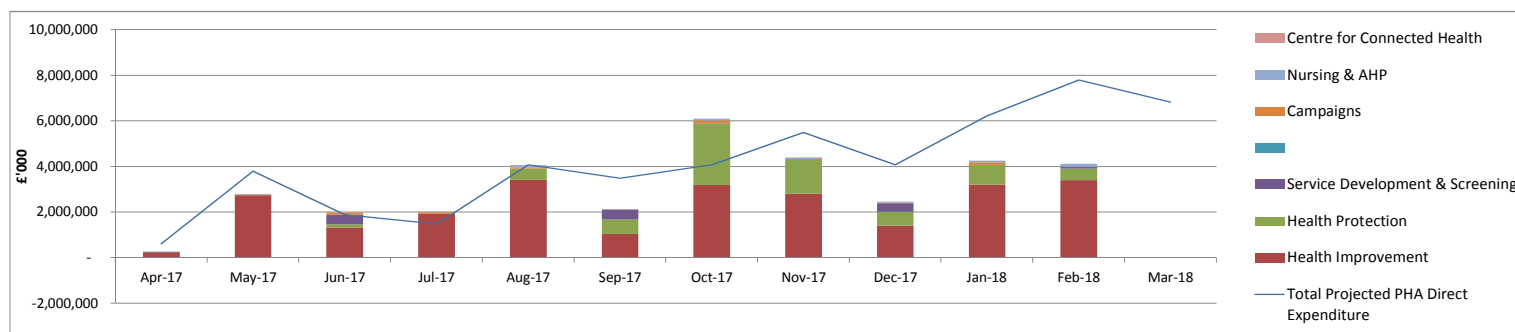
	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NIMDTA	Total Planned Expenditure	YTD Budget	YTD Expenditure	YTD Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Current Trust RRLs</b>										
Health Improvement	2,069	2,347	1,108	1,512	1,138	-	8,174	7,493	7,493	-
Health Protection	1,469	1,470	988	1,190	1,066	-	6,181	5,666	5,666	-
Service Development & Screening	3,687	2,495	465	1,539	2,293	-	10,478	9,605	9,605	-
Nursing & AHP	1,574	841	867	1,186	1,100	-	5,569	5,105	5,105	-
Centre for Connected Health	528	616	339	321	425	-	2,229	2,043	2,043	-
Other	125	94	48	72	77	-	417	382	382	-
<b>Total current RRLs</b>	<b>9,452</b>	<b>7,863</b>	<b>3,815</b>	<b>5,820</b>	<b>6,099</b>	<b>-</b>	<b>33,049</b>	<b>30,295</b>	<b>30,295</b>	<b>-</b>
<b>Cumulative variance (%)</b>										<b>0.00%</b>

The above table shows the current Trust allocations split by budget area.

During the current month, an exercise to re-align budgets between Trust and PHA Direct budgets has been carried out, and profiles have been amended accordingly. This explains the year to date breakeven position. A breakeven position is also anticipated for the full year.

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

## PHA Direct Programme Expenditure



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total	YTD Budget	YTD Spend	Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	%
<b>Projected Expenditure</b>																		
Health Improvement	306	3,457	1,058	753	3,308	1,094	2,162	3,605	476	3,071	4,413	3,208	<b>26,910</b>	23,702	23,067	635	2.7%	
Lifeline	264	264	264	264	264	264	(622)	138	138	138	465	138	<b>1,980</b>	1,843	1,684	159	8.6%	
Health Protection	-	27	31	131	424	1,429	1,764	1,314	942	828	500	956	<b>8,345</b>	7,389	7,431	(42)	-0.6%	
Service Development & Screening	34	47	456	34	65	456	152	3	441	113	(131)	655	<b>2,325</b>	1,670	1,783	(113)	-6.8%	
Research & Development - revenue	-	-	-	-	-	-	-	1,067	1,067	1,067	-	330	<b>3,530</b>	3,200	3,211	(11)	0.0%	
Campaigns	-	-	-	-	-	205	205	45	50	-	25	252	<b>782</b>	530	550	(20)	-100.0%	
Nursing & AHP	1	1	12	35	1	22	40	153	310	319	351	420	<b>1,664</b>	1,244	501	743	59.7%	
Centre for Connected Health	-	-	-	-	20	20	418	(373)	20	20	(10)	20	<b>137</b>	117	-	117	100.0%	
Other	-	-	-	-	-	-	(50)	(450)	(206)	(206)	(432)	(72)	<b>(1,416)</b>	(1,344)	(328)	(1,015)	100.0%	
<b>Total Projected PHA Direct Expenditure</b>	<b>605</b>	<b>3,795</b>	<b>1,821</b>	<b>1,217</b>	<b>4,082</b>	<b>3,490</b>	<b>4,070</b>	<b>5,501</b>	<b>3,237</b>	<b>5,349</b>	<b>5,182</b>	<b>5,907</b>	<b>44,258</b>	<b>38,351</b>	<b>37,898</b>	<b>453</b>		
<i>Cumulative variance (%)</i>																		
<b>Actual Expenditure</b>	<b>294</b>	<b>2,835</b>	<b>2,016</b>	<b>2,050</b>	<b>3,807</b>	<b>2,190</b>	<b>6,115</b>	<b>5,511</b>	<b>3,567</b>	<b>5,347</b>	<b>4,165</b>	<b>-</b>	<b>37,898</b>					
<b>Variance</b>	<b>311</b>	<b>961</b>	<b>(195)</b>	<b>(832)</b>	<b>275</b>	<b>1,300</b>	<b>(2,045)</b>	<b>(10)</b>	<b>(330)</b>	<b>1</b>	<b>1,017</b>	<b>-</b>	<b>453</b>					

The budgets and profiles are shown after adjusting for retractions and new allocations from DoH. The Campaigns budget was entirely retracted at the start of the year, but received an in-year allocation to cover pre-existing commitments and a Dementia initiative. Approval was also given recently to proceed with a Breastfeeding campaign.

The year-to-date position shows a £0.5m surplus, which is mainly due to funds received recently within Nursing which have not yet transferred to Trusts but will be issued in month 12. The negative budget in the Other line is an adjustment to reflect the forecast M&A surplus having been allocated to various PHA Direct Programme budgets to enable PHA to achieve a year-end breakeven position. The negative Lifeline budget in October reflects the reallocation of some of this funding to other suicide prevention and mental health initiatives within Health Improvement.



**PHA Administration**  
2017-18 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
<b>Annual Budget</b>							
Salaries	3,085	2,471	10,635	233	319	436	17,178
Goods & Services	468	1,209	486	33	76	324	2,597
Price Inflation				62			62
Savings target				(100)			(100)
<b>Total Budget</b>	<b>3,553</b>	<b>3,680</b>	<b>11,121</b>	<b>228</b>	<b>395</b>	<b>760</b>	<b>19,737</b>
<b>Budget profiled to date</b>							
Salaries	2,838	2,243	9,753	178	292	357	15,662
Goods & Services	384	1,109	430	18	40	229	2,210
<b>Total</b>	<b>3,223</b>	<b>3,351</b>	<b>10,182</b>	<b>197</b>	<b>332</b>	<b>586</b>	<b>17,871</b>
<b>Actual expenditure to date</b>							
Salaries	2,804	2,089	9,267	54	307	357	14,877
Goods & Services	390	877	437	(31)	35	229	1,938
<b>Total</b>	<b>3,193</b>	<b>2,966</b>	<b>9,704</b>	<b>23</b>	<b>343</b>	<b>586</b>	<b>16,815</b>
<b>Surplus/(Deficit) to date</b>							
Salaries	35	154	486	125	(15)	(0)	785
Goods & Services	(6)	232	(8)	49	4	(0)	272
<b>Surplus/(Deficit)</b>	<b>29</b>	<b>385</b>	<b>478</b>	<b>174</b>	<b>(10)</b>	<b>(0)</b>	<b>1,057</b>
<b>Cumulative variance (%)</b>	<b>0.91%</b>	<b>11.50%</b>	<b>4.70%</b>	<b>88.32%</b>	<b>-3.11%</b>	<b>0.00%</b>	<b>5.91%</b>

A savings target of £0.1m was applied to the PHA's Administration budget in 2017-18. This is currently held centrally within PHA Board, and will be managed across the Agency through scrutiny and other measures.

The year to date salaries position is showing a surplus which has been generated by a large number of vacancies during the year. The monthly surplus has declined as recruitment has progressed during the year, and senior management continue to monitor this closely in the context of PHA's obligation to achieve a breakeven position for the financial year.

## Public Health Agency 2017-18 Capital Position

	Annual Budget				Year to Date			
	Trust £'000	Programme PHA Direct £'000	Mgt & Admin £'000	Total £'000	Trust £'000	Programme PHA Direct £'000	Mgt & Admin £'000	Total £'000
<b>Available Resources</b>								
Capital Grant Allocation & Income	6,639	5,603	-	<b>12,242</b>	6,086	4,673	-	<b>10,759</b>
<b>Expenditure</b>								
Capital Expenditure - Trusts	6,639			<b>6,639</b>	6,086			<b>6,086</b>
Capital Expenditure - PHA Direct		5,603		<b>5,603</b>		2,381		<b>2,381</b>
	<b>6,639</b>	<b>5,603</b>	-	<b>12,242</b>	<b>6,086</b>	<b>2,381</b>	-	<b>8,467</b>
<b>Surplus/(Deficit) - Capital</b>	-	-	-	-	-	2,292	-	<b>2,292</b>
<i>Cumulative variance (%)</i>					<i>0.00%</i>	<i>49.05%</i>	<i>0.00%</i>	<b><i>21.30%</i></b>

PHA has received a Capital budget of £12.2m in 2017-18, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure for the year to date is approximately £2.3m behind profile, however this is a timing issue only and a breakeven position is anticipated for the full year.

## PHA Prompt Payment

### Prompt Payment Statistics

	February 2018 Value	February 2018 Volume	Cumulative position as at 28 February 2018 Value	Cumulative position as at 28 February 2018 Volume
Total bills paid (relating to Prompt Payment target)	£7,132,768	614	£49,405,491	4,989
Total bills paid on time (within 30 days or under other agreed terms)	£7,079,124	572	£48,896,391	4,609
<b>Percentage of bills paid on time</b>	<b>99.2%</b>	<b>93.2%</b>	<b>99.0%</b>	<b>92.4%</b>

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 99.0%, although on volume performance is slightly below target at 92.4%. PHA is making good progress on ensuring invoices are processed promptly, and efforts to maintain this good performance will continue for the remainder of the year.

The 10 day prompt payment performance remained strong at 89.7% by value for the year to date, which significantly exceeds the 10 day DoH target for 2017-18 of 60%.

*Governance and Audit Committee Meeting*

*Thursday 22 February 2018 at 10.00am*

*Fifth Floor Meeting Room, 12-22 Linenhall Street, Belfast*

## Present

Mr Leslie Drew	- Chair
Mr Brian Coulter	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director

## In Attendance

Mr Ed McClean	- Interim Deputy Chief Executive / Director of Operations
Miss Rosemary Taylor	- Assistant Director, Planning and Operational Services
Ms Una Turbitt	- Assistant Director, Public Health Nursing
Mr Paul Cummings	- Director of Finance, HSCB
Ms Jane Davidson	- Head Accountant, HSCB
Mrs Catherine McKeown	- Internal Audit, BSO
Mr Denver Lynn	- Northern Ireland Audit Office
Ms Christine O'Hagan	- ASM
Mr Robert Graham	- Secretariat

## Apologies

None

		Action
<b>1/18</b>	<b>Item 1 – Welcome and Apologies</b>	
1/18.1	Mr Drew welcomed everyone to his first meeting as Chair of the Governance and Audit Committee. He asked members to introduce themselves.	
<b>2/18</b>	<b>Item 2 - Declaration of Interests</b>	
2/18.1	Mr Drew asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
<b>3/18</b>	<b>Item 3 – Minutes of previous meeting held on 11 October 2017</b>	
3/18.1	The minutes of the previous meeting, held on 11 October 2017, were <b>approved</b> as an accurate record of that meeting.	

**4/18 Item 4 – Chair’s Business**

4/18.1 Mr Drew noted receipt of correspondence from the Northern Ireland Audit Office advising that Mr Denver Lynn will be taking over as Director with responsibility for the PHA audit.

**5/18 Item 5 – Matters Arising**

*49/17.8 Cyber Security*

5/18.1 Mr Coulter said that cyber security is a major issue for all public bodies, and he sought reassurance that ownership is being taken. Mr McClean said that ultimately the responsibility within health lies with the Permanent Secretary, but each Chief Executive has a role and that PHA will work with BSO, which is meeting regionally, to implement what is required.

5/18.2 Ms Mann-Kler said that there was a need to have a joined-up approach and she asked about regional oversight arrangements. Miss Taylor explained that there are a number of regional groups, including a Cyber Security Business Continuity Group. A cross-departmental group has also been established; health is represented by BSO ITS. Learning from the incident in NHS England is being taken account of. Mr Drew commented that this issue is high up the agenda in governance terms and he hopes that all the learning is cascaded down and acted upon.

*50/17.5 Board Workshop on Research and Development*

5/18.3 Mr Drew asked about a Board workshop on Research and Development. Miss Taylor noted that there had been a detailed update on Research and Development at the December Board meeting. Mr Coulter acknowledged this, but hoped that there would be updates at future meetings regarding specific projects.

*52/17.7 Board Workshop on Corporate Risk Register*

5/18.4 Mr Drew noted there had been a suggestion regarding a workshop on the Corporate Risk Register. Mr Coulter felt it would be more appropriate that this take place when the new non-executive members take up post. Ms Mann-Kler agreed with the suggestion, but added that in the event of any delays, that this should be included in a workshop within the next six months.

**6/18 Item 6 – Corporate Governance**

*Corporate Risk Register as at 31 December 2017  
[GAC/01/02/18]*

- 6/18.1 Miss Taylor presented the Corporate Risk Register as at 31 December 2017 and advised that the main change to the Register was the removal of the risk concerning the PHA budget as this related to 2017/18 and PHA is expected to achieve a break even position. She added that given the financial outlook for 2018/19, there may be a new risk added at the next review.
- 6/18.2 Miss Taylor gave an overview of the other risks which relate to procurement (specifically, the lack of market testing), the Lifeline contract, the PHA's web maintenance function and cyber security.
- 6/18.3 Mr Drew asked about the compliance with the Australia/New Zealand model as he understand that this license was due to expire. Miss Taylor said that it was still appropriate to reference the license in this review, but will be removed before June 2018. She added that there is regional work ongoing to review the process.
- 6/18.4 Ms Mann-Kler asked about the lack of market testing and said that she would wish to explore this area in more depth as this risk has been on the Register since 2012. With regard to the risk on Lifeline, she acknowledged that the PHA Board has been kept apprised, but she felt she didn't have a full insight or awareness of the key issues.
- 6/18.5 Mr McClean said that with regard to the risk on procurement, this came from an Internal Audit finding, and PHA developed a Procurement Plan which is brought to the Board on a regular basis. He added that the issue in relation to the Plan is in relation to the timescales for completing procurement exercises. Ms Mann-Kler asked if market testing remained an issue. Mr McClean said that it was, and he said that it will take several years for PHA to complete the full suite of procurements, by which stage the process may have to commence again.
- 6/18.6 Mr Drew said that with regard to the Lifeline contract, he had attended a briefing with the Chair and Chief Executive and was assured that all of the appropriate steps were being taken, and he commended the work of all those PHA staff involved.
- 6/18.7 Mr Coulter asked whether PHA can access audits carried out by the Charities Commission of third party organisations. Mr

Cummings said that PHA does not have a formal relationship with the Charities Commission and added that the legal onus would be on the Commission to approach PHA with any concerns. Mr Drew asked if PHA would undertake audits of voluntary organisations from time to time. Mr Cummings explained that for an organisation that PHA is procuring a service from, the legal advice would suggest that PHA may be overstepping boundaries, but if it is an organisation that PHA is providing a grant to, PHA can use Internal Audit.

- 6/18.8 Mr Coulter suggested that PHA should have some form of MOU with the Charities Commission. Mr Lynn said that one of the difficulties for the Charities Commission is ensuring that all charities are registered. He added that NIAO has a protocol in place with the Charities Commission, and he explained that while the Commission does not undertake audits, it does carry out inspections in response to any issues that are brought to its attention. He said that PHA would have to rely on the system of internal control within third party organisations.
- 6/18.9 Members approved the Corporate Risk Register.
- Gifts and Hospitality Register [GAC/02/02/18]*
- 6/18.10 Miss Taylor presented the updated Gifts and Hospitality Register for the year 2016/17 and the first part of 2017/18.
- 6/18.11 Members noted the Gifts and Hospitality Register.
- Review of Standing Orders [GAC/03/02/18]*
- 6/18.12 Miss Taylor advised that PHA works with HSCB Finance to carry out an annual review of the PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority.
- 6/18.13 With regard to the Standing Orders, Miss Taylor said that there had been some minor changes, but the key changes were in the terms of reference for the Governance and Audit Committee with references to the Controls Assurance Standards and risk management policy updated.
- 6/18.14 Ms Mann-Kler noted that some organisations have separate governance, audit and risk committees. Mr Cummings said that there are separate committees within HSCB, but that for PHA the current set up is appropriate and has the right balance between governance and audit.
- 6/18.15 Members **approved** the review of Standing Orders which will be brought to the PHA Board on 15 March.

*Review of Standing Financial Instructions [GAC/04/02/18]*  
*Review of PHA Scheme of Delegated Authority [GAC/05/02/18]*

6/18.16 Ms Davidson gave members an overview of the changes within the Standing Financial Instructions. She said that the Scheme of Delegated Authority was unchanged, except for the EU threshold which had been updated.

6/18.17 Members **approved** the review of Standing Financial Instructions and the review of the PHA Scheme of Delegated Authority. Both will be brought to the PHA Board on 15 March.

**7/18 Item 7 – Internal Audit Progress Report [GAC/06/02/18]**

7/18.1 Mrs McKeown began her overview of the Internal Audit Progress Report by noting that 60% of PHA audit reports have been issued within 4 weeks against a KPI of 75%.

7/18.2 Mrs McKeown advised that Internal Audit had carried out a review of population screening programmes and that a split level of assurance was being given with the AAA, breast cancer and bowel screening programmes receiving a satisfactory level of assurance, with a limited assurance being given to validation of newborn hearing and bloodspot screening data programmes.

7/18.3 Mrs McKeown explained that the limited level of assurance has been given because PHA cannot access the Child Health System as part of its independent data validation. She added that unlike in England, there are no quality assurance visits taking place in Northern Ireland for the newborn screening programme.

7/18.4 Mrs McKeown said that for the bloodspot screening programme, PHA had received reports from only 2 of the Trusts. Mr Drew asked what the issue was, and Mrs McKeown said that it related to Data Protection, but she added that management have agreed with all of the recommendations in the Report.

7/18.5 Mrs McKeown highlighted other key findings from the audit. Including the need for annual reports to be prepared and submitted to the PHA Board.

7/18.6 Mr Drew said that he was content that there were no issues with the screening programmes themselves, but a need to tighten up on internal policies and procedures.

7/18.7 Ms Mann-Kler and Mr Drew said that it would be useful for the PHA Board to see an Annual Report.



7/18.8 Ms Turbitt said that there is learning from this audit for PHA in relation to the child health system.

7/18.9 Members noted the Internal Audit update.

**8/18 Item 8 – External Audit: PHA Audit Strategy 2017-18  
[GAC/07/02/08]**

8/18.1 Mr Lynn explained that the NIAO Audit Strategy document was in a format being used by NIAO across all of its work. He advised NIAO sub-contracts 30% of its work. Mr Lynn said that a report on value for money in the public sector is due to be published in April/May 2018.

8/18.2 Ms O’Hagan took members through the Strategy document. She said that no significant risks have been identified. In terms of materiality she advised that any misstatements above £48k will be reported to the Committee. She gave an overview of the audit approach and then moved to highlight some of the risk factors that will be looked at, which include the ability to break even, Business Services Transformation Programme and the reliance on third party organisations, and the Lifeline contract. Finally, she outlined the timetable for the audit.

8/18.3 Mr Drew said that the document set out very clearly the approach to be taken.

8/18.4 Members noted the External Audit Strategy.

**9/18 Item 9 – Finance**

*Timetable for the Annual Accounts and Report Process  
2017/18 [GAC/08/02/18]*

9/18.1 Ms Davidson informed members that this timetable had been prepared and issued in advance of receipt of the DoH Circular, and now the Circular has been received with the result that the Annual Report and Accounts must be approved by 15 June.

9/18.2 Mr Cummings said that last year, there was not a special meeting convened to consider the draft Annual Report and Accounts, before submission to NIAO on 5 May and he was going to adopt a similar approach this year.

9/18.3 Members noted the timetable for the Annual Accounts and Report process.

*Fraud Liaison Officer Update Report [GAC/09/02/18]*

- 9/18.4 Mr Cummings presented the Fraud Report and drew members' attention to one case. He gave an overview of the case which involved the South Antrim Community Network, but he said that a joint investigation was being conducted by DoF and DAERA.
- 9/18.5 Mr Drew asked about the National Fraud Initiative, and what was meant by payroll to payroll checks. Ms Davidson explained that this is across the public sector and that individuals may be on two different payrolls.
- 9/18.6 Members noted the Fraud Liaison Officer Update report.

**10/18 Item 10 – Direct Award Contract Mid-Year Report [GAC/10/02/18]**

- 10/18.1 Miss Taylor explained that Direct Award Contracts were previously referred to as Single Tender Actions. She said that there are robust processes in place to ensure that the appropriate approvals are sought, and that a register is held within the Operations directorate.
- 10/18.2 Miss Taylor said that in the period covered by this Report, there were 8 Direct Award Contracts and that the Procurement and Logistics Service (PALS) rated 7 of these as "green" and 1 as "amber".
- 10/18.3 Mr McClean suggested that in future, there could be more narrative in the Report on DACs where the rating is "amber".
- 10/18.4 Members noted the report on Direct Award Contracts.

**11/18 Item 11 – Information Governance Action Plan Update [GAC/11/02/18]**

- 11/18.1 Miss Taylor said that the Information Governance Action Plan is updated regularly and brought through the Information Governance Steering Group. She gave members an overview of the key actions, and in particular those with an "amber" rating.
- 11/18.2 Miss Taylor said that in terms of mandatory training, 224 staff had undertaken the Information Governance training, and 207 the IT Security training. She said that regular reminders are sent out to staff. Mr Drew asked if the PHA Intranet is used as a means of reminding staff. Mr McClean said that all available channels are used. Mr Drew noted that the new legislation for GDPR will soon be in place.

- 11/18.3 Miss Taylor advised that there were only two Information Asset Registers outstanding following the recent review. She said that in terms of a Data Sharing Agreement with Trusts, there is an overarching MOU in respect of health protection data to be signed by the Trusts, but it remains outstanding. With regard to GDPR, she said that guidance is slowly coming through, but that there is a regional subgroup looking at various strands of work, including e-learning and a Privacy Impact Assessment policy.
- 11/18.4 Ms Mann-Kler asked why it is taking so long for the MOU to be signed. Miss Taylor said that it should be returned shortly as it was developed and agreed with all Trusts.
- 11/18.5 Mr Drew asked if any of the updates rated “amber” may turn to “red”, but Miss Taylor said that there should not be. Mr Drew asked if there was anything the Committee could do to assist. Mr McClean said that following this meeting staff should be aware that this Committee takes Information Governance very seriously.
- 11/18.6 Members noted the Information Governance Action Plan update.

## **12/18 Item 12 – Any Other Business**

- 12/18.1 Mr Drew noted that this was Mr Coulter’s final meeting as a member of the Governance and Audit Committee and on behalf of the Committee, he thanked Mr Coulter for chairing the Committee from October 2014 to October 2017. He said that Mr Coulter always sought to ensure that at every meeting there was discussion and challenge and that he was very supportive of the other Non-Executive Directors and the PHA Chair. He wished him every success for the future.
- 12/18.2 Mr Coulter thanked Mr Drew for his remarks. He said that he had a great deal of respect for the Executive Directors and those who supported the work of the Committee, but he felt that in this current climate there is not as much emphasis on governance as there ought to be and that this was creating considerable risk. He hoped that the future PHA will still have a voice, and he said that it had been a privilege to work with everyone.

## **13/18 Item 13 – Date and Time of Next Meeting**

*Monday 9 April 2018 at 9.30am*

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

Signed by Chair:

**Leslie Drew**

Date:

10 April 2018

## Report from the Governance and Audit Committee 2017/18

The Governance and Audit Committee (GAC) assists the PHA Board by providing assurance, based on independent and objective review, that effective internal control arrangements (including risk management) are in place within the PHA. The GAC takes an integrated view of governance, encompassing corporate, finance and safety and quality dimensions.

### Membership

The GAC comprises four non-executive members, as follows:

Mr Brian Coulter – Chair (up to November 2017)

Mr Leslie Drew – Chair (from November 2017)

Mr Thomas Mahaffy

Ms Deepa Mann-Kler

The committee is supported by Mr E McClean, Director of Operations, PHA; Mr P Cummings, Director of Finance, HSCB and Mrs C McKeown, Head of Internal Audit, BSO; and their respective staff.

Representatives of the Northern Ireland Audit Office and their contracted auditors attend as required.

### Meetings

The GAC met on the following dates during 2017/18:

5 June 2017

11 October 2017

22 February 2018

9 April 2018

### Attendance

Mr B Coulter (Chair up to November 2017) Nb Mr Coulter's term as a PHA Non-Executive Director ended March 2018	<b>3</b>
Mr L Drew (Chair from November 2017)	<b>3</b>
Mr T Mahaffy Nb Mr Mahaffy's term as a PHA Non-Executive Director ended March 2018	<b>3</b>
Ms D Mann-Kler	<b>4</b>

## Terms of Reference

The GAC terms of reference are included in the PHA Standing Orders, and are reviewed annually. The GAC last reviewed its terms of reference at its meeting on 22 February 2018. Minor amendments were made to reflect the updated arrangements with regards to risk management and Controls Assurance Standards from 2018/19.

## Activities

Key elements of the work of the GAC during 2017/18 are set out below. The GAC:

- considered the PHA Statutory Accounts, Governance Statement and Annual Report and recommended their approval to the PHA Board;
- reviewed the External Auditor's Report to those charged with governance and management's response. There were no priority 1 or 2 recommendations made by the External Auditor in the 2016/17 Report to those Charged with Governance, to be followed up and reported on during the year.
- considered the PHA Mid-Year Assurance Statement and recommended approval to the PHA Board;
- considered the updated PHA Assurance Framework 2017-2019 and recommended approval to the PHA Board;
- considered and approved the quarterly reviews of the PHA Corporate Risk Register, and agreed that the Corporate Risk Register should be considered at a Board workshop early in 2018/19;
- approved the internal audit work plan for 2017/18 and considered the reports on each piece of work, which were as follows:

<i>System reviewed</i>	<i>Assurance received</i>
Financial Review	Satisfactory
Management of Health and Social Wellbeing Improvement Contracts	Satisfactory – management of contracts; Limited – procurement of contracts
Risk Management	Satisfactory
Population Screening	Satisfactory – 3 out of 5 screening programmes reviewed; Limited – 2 out of 5 programmes reviewed.
Research and Development	Limited

The committee also received and considered the internal audit mid-year and end of year follow-up reports showing progress on the implementation of recommendations.

- Received summary reports of the BSO Shared Services internal audit reports, and HSCNI Cyber Security Assessment (as the PHA is a customer of BSO Shared Services and IT Services).
- had oversight of the process for self-assessment of compliance with Controls Assurance Standards, and received the internal audit report on external verification of the assessment of the following specified standards as required by the DOH:

<i>Standard verified by internal audit</i>	<i>Verified Score</i>	<i>Compliance achieved</i>
Governance	89%	substantive
Financial Management	88%	substantive
Risk Management	88%	substantive
Fire Safety	90%	substantive

- Considered and approved PHA policies, including the Risk Management Strategy and Policy, Business Continuity Management Policy and the Health and Safety Policy;
- received the annual report on the PHA Gifts and Hospitality Register;
- regularly reviewed the Information Governance Action Plan and General Data Protection Regulation (GDPR) Preparation progress reports;
- considered and approved the updated PHA Business Continuity Plan;
- reviewed regular Fraud Liaison Officer reports and approved the Fraud and Bribery Policy and Response Plan review;
- received reports on the use of Direct Award Contracts (DACs) within the PHA;
- considered the revised PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority (SODA) and recommended them to the PHA Board for approval;
- received the PHA Emergency Preparedness and Response Annual Report;
- received the Declaration of Assurance from the Safeguarding Board for Northern Ireland (SBNI);

The GAC also reviewed itself against the Audit Committee Self-Assessment checklist, with no significant changes from the previous year. GAC members approved the Self-Assessment at their meeting in June 2017.

The GAC met with internal and external auditors, without PHA or HSCB officers present, at its June 2017 meeting.

## **Reporting**

The chair of the GAC brings regular reports to the PHA board on discussions and approvals at the previous GAC meeting, with a verbal report of the most recent

meeting, and presentation of approved minutes from the previous meeting. The chair also highlights any items requiring attention or escalation to the PHA board as appropriate. He also has regular meetings with the Chief Executive and the PHA Chair. The GAC chair also attends the DOH regional forum for audit committee chairs.

## **Conclusion**

The GAC is satisfied in respect of the reliability and integrity of the assurances provided and of their comprehensiveness in meeting the needs of the PHA board and the Accounting Officer. The GAC is also of the opinion that a sound system of internal governance is in place, and that the assurances available are sufficient to support the PHA board and the Accounting Officer in the decisions taken by them and in their accountability obligations.

The GAC looks forward to continuing its work in 2018/19, building on relationships with Executive Directors, PHA officers and internal and external auditors to ensure continuing robust governance across the PHA.

**L Drew**  
**Chair**  
**Governance and Audit Committee**

**Date**



*PHA Assurance Framework 2017/19*

**date** 19 April 2018

**item** 9

**reference** PHA/03/04/18

**presented by** Mr Ed McClean, Director of Operations

**action required** For approval

### **Background**

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 PHAs Assurance Framework is designed to meet these duties. 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.

### **Review**

As per the reporting arrangements documented within the Assurance Framework 2017-2019, a review is required on a bi-annual basis.

The Assurance Framework has been circulated to each PHA Directorate, Finance colleagues within HSCB, and Equality and HR colleagues within BSO. The following amendments have been made:

Page	Paragraph / Dimension	Amendment
3	Paragraph 3	Narrative amended - "Supervision of Midwives" deleted.
		PHA Annual Business Plan 2017/18 amended to read "PHA Annual Business Plan 2018/19" throughout document.
8	Dimension 1 Report on Compliance with Controls Assurance Standards	Note added:- (not applicable from 1/4/18)

12	Dimension 1 Article 55 Review (Report to Equality Commission on staffing composition)	Gaps in Controls/Assurance and Action to remove Gaps, noted in September 2017 review, now removed.
19	Dimension 2 Statutory Midwifery Supervision-Compliance with Statutory requirements	Removed from Assurance Framework.
30	Dimension 4 Performance Report (including commission direction targets and corporate objectives)	Reporting to AMT and PHA board – frequency amended to – Bi-annually or more frequently, if required.
31	Dimension 4 PEMS Report	Reporting to AMT and PHA board – frequency amended to - Annually or more frequently, as required.
31	Dimension 4 Community Planning Progress Updates	Added to Assurance Framework. Reporting to AMT and PHA board for noting annually.
31	Dimension 4 Making Life Better and Programme for Government Progress Updates	Added to Assurance Framework. Reporting to AMT and PHA board for noting 6 monthly.

### Equality Impact Assessment

Not applicable.

### Recommendation

The Board is asked to **APPROVE** the PHA Assurance Framework.

# Assurance Framework 2017-2019

## **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, 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 that 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:<sup>1</sup>

- 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, ~~Supervision of Midwives~~ 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 2018/19 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

## PHA ASSURANCE FRAMEWORK

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<sup>1</sup> DHSSPS Framework Document September 2011

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 clients’ 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 2018/19
- PHA Governance Framework

## **REVIEW AND APPROVAL**

The Assurance Framework will be reviewed on a bi-annual basis. It will be brought to the Governance and Audit Committee for approval bi-annually, 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 Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Governance Statement signed by Chief Executive	All risks on Corporate Risk Register	AMT	Approval	Annual	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual		
Mid Year Assurance Statement signed by the Chief Executive	All risks on Corporate Risk Register	AMT	Approval	Annual	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual		
Corporate Plan	All risks on Corporate Risk Register	AMT	Approval	4-5 years				Approval	4-5 years		

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Annual Business Plan	All risks on Corporate Risk Register	AMT	Approval	Annual				Approval	Annual		
An Assurance Framework to strengthen board-level control and assurance and strengthen the Governance Statement	All risks on Corporate Risk Register	AMT	Approval	Bi-Annual	Governance & Audit Committee	Approval	Bi-Annual	Approval	Annual or more frequently if required		
Report on compliance with controls assurance standards (nb not applicable from 1/4/18)	All risks on Corporate Risk Register	AMT	Noting	Annual	Governance & Audit Committee	Noting	Annual	Noting	Annual		

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Corporate Risk Register (supported by Directorate Risk Registers)	All risks on Corporate Risk Register	AMT	Approval	Quarterly	Governance & Audit Committee	Scrutiny and Approval	Quarterly	Noting	Annual or more frequently if required		
PHA Annual Report	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommendation to the board	Annual	Approval	Annual		
Governance & Audit Committee Annual Report	N/A				Governance & Audit Committee	Approval	Annually	Noting	Annual		
Response to DOH consultation proposals	N/A	AMT	Approval	As required				Approval	As Required		

Principal Area/ Function/ Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Sealing of Documents	N/A							Approval	As Required		
Review of Standing Orders and Standing Financial Instructions	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual		
Register of Board Members Interests	N/A							Noting	Annual		
Gifts and Hospitality Register	N/A	AMT	Noting	Annually	Governance & Audit Committee	Noting	Annually				

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Equality Scheme and subsequent review	N/A	AMT	Approval	Reviewed within 5 years of submission of Scheme (27/04/2011) or its most recent review (01/04/2016) or on request by ECNI				Approval	Reviewed within 5 years of submission of Scheme (27/04/2011) or its most recent review (01/04/2016) or on request by ECNI		
Equality Action Plan	N/A	AMT	Approval	Every 5 years (after 31/3/13) or on request by ECNI				Approval	Every 5 years (after 31/3/13) or on request by ECNI		
Disability Action Plan	N/A	AMT	Approval	Every 5 years (after 31/3/13) or on request by ECNI				Approval	Every 5 years (after 31/3/13) or on request by ECNI		

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Report on progress in respect of Equality and Disability duties under Section 75 of the NI Act 1998 and Disability Section 49A of the Disability Discrimination Order (DDO) 2006	N/A	AMT	Approval	Annual				Approval	Annual		
Article 55 Review (report to Equality Commission on staffing composition)	N/A	AMT	Approval	Three-yearly				Approval	Three-yearly	Review due April 2016 delayed.	BSO HR have advised report will be submitted early April 2017

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Information Governance Strategy 2015-2019	N/A	Information Governance Steering Group	Approval	Four-yearly	Governance & Audit Committee	Approval	Four-yearly	Approval	Four-yearly		
Information Governance Progress Reports	N/A	Information Governance Steering Group	Noting	Quarterly	Governance & Audit Committee	Noting	Quarterly	Noting	Annually		
PPI (update report)	N/A	AMT	Approval	Bi-annual				Approval	Bi-annual		
Remuneration of Executive Directors	N/A				Remuneration & Terms of Service Committee	Approval	Annual				

Principal Area/Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Absence Report (in Annual Report)	N/A							Noting	Annual		
Approval of New/Revised PHA Strategies and Policies	N/A	Relevant Sub Committee & AMT	Approval	As Required	Relevant Committee	Approval	As Required	Approval	As Required		
Business Continuity Plan (Annual Review)	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommend to PHA board for approval	Annually	Approval	Annually		
Joint Annual Report on Emergency Preparedness	N/A	AMT	Approval	Annually	Governance & Audit Committee	Approval	Annually	Approval	Annually		



Principal Area/ Function/ Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Internal Audit Reports	All Risks on Corporate Risk Register				Governance & Audit Committee	Noting	Quarterly				
Mid Year & End of Year Head of Internal Audit Report	N/A				Governance & Audit Committee	Noting	Bi-annually				
Internal Audit Plan	All risks on Corporate Risk Register				Governance and Audit Committee	Approval	Annual				
Minutes of Governance and Audit Committee	N/A				Governance & Audit Committee	Approval	Quarterly	Noting	Quarterly		

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Minutes of Remuneration and Terms of Service Committee	N/A				Remuneration & Terms of Service Committee	Approval	Bi-Annually	Noting	Bi-Annually		
Chief Executive Report	N/A							Noting	Monthly		

## **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<sup>2</sup>, 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.

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<sup>2</sup> The Quality Standards for Health and Social Care: Supporting good governance and best practice in the HPSS (DHSSPS, March 2006)

## DIMENSION 2 - PHA Safety and Quality Assurance Arrangement

**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 safe and high quality**

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Learning lessons from Serious Adverse Incident reporting		AMT Bi-annual learning Report)	Approval	Quarterly (bi-annual report and statistical analysis report presented in alternate quarters)	Governance & Audit Committee (Six Monthly Analysis and Learning Report)	Noting	Biannual	Noting	Biannual		

		Existing Controls / Assurances							Gaps in Controls/ Assurances	Actions to Remove Gaps	
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Implementation of RQIA and other independent review recommendations relevant to PHA	N/A	AMT	Noting	6 Monthly				Noting	6 Monthly		
Director Public Health Annual Report	N/A							Noting	Annually		
Statutory Midwifery Supervision— Compliance with Statutory requirements	Storage of files and documents pending the removal of statutory Supervision of Midwives on the 31 <sup>st</sup> March 2017	AMT	Approval	Annually for Audit reports and complaints and incidents in relation to Midwives practice, inclusive of status, outcomes and learning.				Noting	Annually		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Complaints		AMT	Approval	Annually or more frequently if required	Governance & Audit	approval	Annually or more frequently if required	Noting	Annually		
Patient & Client Experience Standards and PCE updates.		AMT	approval	Bi-annual				noting	Annually		
Quality Improvement Plans – Performance Management Report		AMT	Approval	Bi-annually				Approval	Annually		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Connected Health Updates	N/A							Noting	Three per annum		
AHP Strategy	N/A	AMT	Noting	Bi-annual							
Family Nurse Partnership Annual Report	N/A	AMT	Approval	Annual				Approval	Annual		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Allied Health Professions Assurance Framework	N/A	AMT	Noting	Annual							
HSC PPI monitoring report	N/A	AMT	Noting	Annual				Noting	Annual		
Internal PPI monitoring report	N/A	AMT	Approval	Annual				Approval	Annual		
Population screening programmes' annual reports		AMT	Approval	Annual				Approval	Annual		



## **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 - PHA Finance Assurance Arrangement

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

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Finance Report from Director of Finance (HSCB)	N/A	AMT	Review and Noting	Monthly				Review and Noting	Monthly		
DOH Monitoring Returns (Monthly 2-12)  Including info on HSC Financial Position, Capital Resource Limit and Expenditure, Non-Current Assets, Provisions and	N/A	Senior Finance Team	Review and noting	Monthly (2-12)				Prompt pay figures now reported as part of the board report	Monthly		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Prompt Payment statistics Cash Forecast											
Response to Budget Proposals prepared by PHA contributed to by the Finance Dept contribution to development of Joint Commissioning Plan	N/A	AMT	Approval	Annual				Approval	As determined by DoH		
PHA Financial Plan (consistent with DoH principles of 'Promoting Financial Stability')	N/A	AMT	Approval	Annual				Approval	Annual		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Annual Report and Accounts  GAC and PHA board full accounts and supporting financial excerpt in Annual Report.  AMT summary financial statements	N/A	AMT	Noting  (Primary statement only at draft submission stage)	Annual	Governance & Audit Committee	For review of full draft and Recommendation to the board	Annual	Approval	Annual	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 CX when draft complete. Issues discussed as necessary
External Audit Report to Those Charged with Governance	N/A	AMT	Noting and provision of responses to recommendations.	Annually	Governance & Audit Committee	Review and Noting of recommendations and appraisal of management responses	Annual	Noting	Annual	Not formally presented to AMT prior to The Board due to time constraints	Discussed with AMT officers for management responses

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
External Audit Progress Report	N/A				Governance & Audit Committee	Review and Noting	Quarterly				
Fraud Prevention and Detection Report	N/A				Governance & Audit Committee	Noting	When appropriate – not less than 1 per annum				
Use of External Management Consultants	N/A	AMT	Noting	Annually or more frequently as required.							
PHA Capital Expenditure in excess of £50,000 or £1.5m for R&D capital expenditure	N/A	AMT	Approval or recommendation to board	As required				Approval or recommendation on to DoH/DoF dependant on delegated limits	As Required		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Disposal of PHA Assets in excess of £50,000	N/A	AMT	Recommendation to Board	As required				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 - PHA Operational Performance and Service Improvement Assurance Arrangement**

**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 safe and high quality**
- Corporate Objective 5 – Our organisation works effectively**

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal Area/ Function/Reporting Arrangements	Principal Risks	Reports to Sub-Committee of the Board			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Performance Report (including commission direction targets and corporate objectives)	N/A	AMT	Noting	Quarterly bi-annually or more frequently if required, including exception reports where appropriate.				Noting	3 times per year, i.e. report following the end of Q2, Q3 and Q4. Bi-annually or more frequently if required, including exception		



									reports where appropriate		
Commissioning Plan	N/A	AMT	Approval	Annually				Approval	Annual		
PEMS report	N/A	AMT	Approval	Annually or more frequently as required.				Noting	Annually or more frequently as required.		
Prrocurement Plan	N/A	AMT	Approval	Annually or more frequently as required.				Noting	Annually or more frequently as required.		
Community Planning Progress Updates	N/A	AMT	Noting	Annual				Noting	Annual		
Making Life Better and Programme for Government Progress Updates	N/A	AMT	Noting	6-monthly				Noting	6 Monthly		

*PHA Business Continuity Management Plan and Policy*

**date** 19 April 2018

**item** 10

**reference** PHA/04/04/18

**presented by** Mr Ed McClean, Director of Operations

**action required** For approval

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### **Summary**

The PHA Business Continuity Project Team has also been working closely with senior managers across the Public Health Agency to review the Corporate Business Continuity Plan, including a particular emphasis on cyber security.

The following amendments have been made to the PHA Corporate Business Continuity Plan:-

- Table 1 – version control updated
- Table 2 – distribution control updated
- Section 2.1 – reference included regarding Policy review
- Section 4.4 – reference to Cyber Security and EU exit included
- Section 5.4 – Nursing Directorate Deputies updated
- Section 5.5 – IMT flowchart updated
- Section 6.1 – IMAT list updated
- Section 6.2 – AST list updated
- Page 48 – reference to LSAMO service removed
- Page 56 – reference to administrative/secretarial support service to own and others' Directorates removed
- Appendix 3 – Control Centre contacts updated
- Appendix 4 – provision of management information service moved from priority 1 to 3
- Page 81 – reference to LSAMO service removed
- Page 86 – reference to administrative/secretarial support service to own and others' Directorates removed

The PHA Business Continuity Policy has also been reviewed and updated as per the PHA Policy Review Schedule.

The following, minor amendments were made:-

- Cover page – version control updated
- Page 3 – definition of Cyber Risks included
- Page 4 – examples of Business Continuity incidents included (reference made to Cyber Security and EU Exit)

As work continues regionally on both Cyber Security and EU Exit, the Corporate Business Continuity Plan and Business Continuity Policy will continue to be kept under review and updated as appropriate to ensure that the PHA is as well prepared as possible.

### **Equality Impact Assessment**

N/A

### **Recommendation**

The Board is asked to **APPROVE** the Business Continuity Management Plan and Policy.

*Emergency Planning***date** 19 April 2018**item** 11**reference** PHA/05/04/18**presented by** Dr Adrian Mairs, Acting Director of Public Health**action required** For approval**Summary**

In adherence to the Controls Assurance Standard for Emergency Preparedness, the following documents have been tabled for information and approval by the PHA Board.

**Emergency Preparedness- Joint Annual Report (2016-2017) (attached)**

Following approval by the PHA Board, the above report will be submitted to the DoH(NI) Emergency Planning Branch.

**Joint Response Emergency Plan (JREP) - 2018 (updated from 2015 version)**

The Joint Response Emergency Plan reflects the joint responsibility for the HSCB, PHA and BSO to lead the co-ordination of and emergency response at tactical level (HSC SILVER). Updates from the 2015 version are as follows:

- a. Update of action cards by Directorates
- b. Update of contact details
- c. Inclusion of Mass Casualty appendix
- d. Reference to the TIG (June 2017) draft Performance Management Framework

**JREP Mass Casualty Plan (appendix to JREP) (attached)**

Following the tragic incidents in the UK in 2017, NI established a Mass Casualty Task and Finish Group in July 2017. This group is jointly chaired by the Director for Public Health (PHA) and the Director for Performance and Corporate Services (HSCB). The group has met on three occasions, July, September and November.

Taking on board the lessons learned from London and Manchester, the purpose of the group was to build on existing good major incident practice and develop an operational plan for a regional response to a mass casualty incident for NI.

Following the review of major incident plans, business continuity plans and the development of casualty capability charts by Trusts, planning for a response to a mass casualty incident for NI was tested in a regional table top exercise in December 2017.

HSC SILVER ICT is responsible for the tactical co-ordination of the regional response to a mass casualty incident. The JREP Mass Casualty Plan reflects the tactical co-ordination of mass casualty response by HSC SILVER.

### **PHA Port Health Plan 2018 (attached)**

In 2009 as part of the review of Public Administration in Northern Ireland the newly established Public Health Agency (PHA) assumed responsibility for delivery of the regional and local port health function with support from District Councils. The document sets out the background to public health in ports by way of a general introduction, public health legislation and policy relating to ports, categorization of Northern Ireland (NI) ports and the roles and responsibilities of the various stakeholders. It also sets out in more detail the public health operational procedures that need to be followed for the management of suspected infectious disease on board an aircraft or ship en route to, or on arrival at a Northern Ireland air or sea port. This document has been developed in consultation with the PHA Port Health Forum.

### **Equality Impact Assessment**

N/A

### **Recommendation**

The Board is asked to **APPROVE** the suite of Emergency Planning reports and policies.

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*Making Life Better Update April 2018*

**date** 19 April 2018

**item** 10

**reference** PHA/06/04/18

**presented by** Mr Ed McClean, Director of Operations

**action required** For noting

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### **Summary**

The attached paper outlines the next steps in establishing the recently agreed refreshed arrangements for regional implementation of Making Life Better, including dates of upcoming events and key messages to be communicated.

PHA has now been requested by DoH to progress and establish the new regional arrangements for Making Life Better. The final agreed structures within this approach must be driven by partners and their needs in order to be effective and so the next steps to be taken will focus on engagement with, discussion on and the co-design of the regional arrangements required.

### **Equality Impact Assessment**

N/A

### **Recommendation**

The Board is asked to **NOTE** the update on Making Life Better.

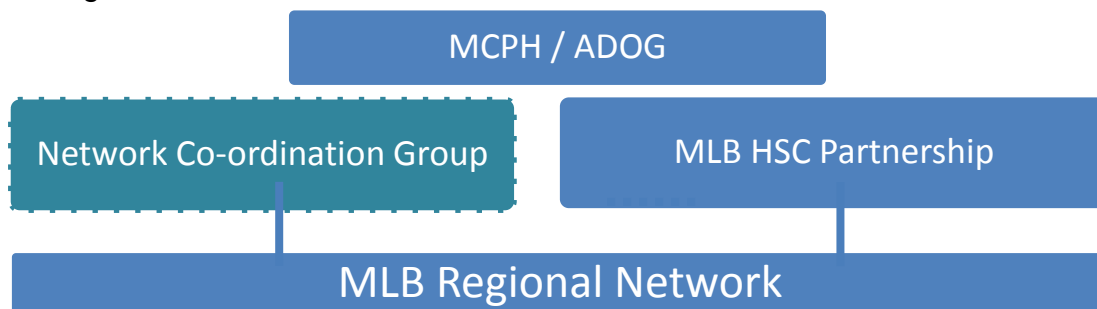
**Making Life Better Update: Next Steps for New Regional Arrangements**

A key responsibility of the regional arrangements for Making Life Better is to facilitate the cross-sectoral, multi-agency, collaborative approach that is central to the framework and build links with other emerging strategies. Cognisant of this responsibility and in light of recent strategic developments, including draft Programme for Government, Delivering Together and Community Planning, the regional implementation arrangements have been under consideration with regard to how Making Life Better could build on these developments and facilitate renewed momentum for improving health and reducing health inequalities.

Following these discussions, a new model for wider regional implementation of MLB (figure 1) - using a network style approach to develop and strengthen cross-sectoral and multi-agency collaboration - was approved by ADOG, TIG and TMG in November 2017 and will replace the Regional Project Board.

PHA has now been requested by DoH to progress and establish the new regional arrangements for Making Life Better.

Figure 1.



**Next Steps and Milestones**

While the overall approach to and aim of the new arrangements has been agreed, the detail of the structures, their design and terms of reference have purposefully not, in support of the view that true collaboration and partnership are required for the successful implementation of Making Life Better and thus should also be the basis on which new structures are established.

The final agreed structures within this approach must be driven by partners and their needs in order to be effective and so the next steps to be taken will focus on engagement with, discussion on and the co-design of the regional arrangements required.

It is essential that as many willing stakeholders participate in the discussion and design of the refreshed arrangements as possible. Over the coming months, PHA is working to facilitate and promote a number of opportunities to shape and discuss the

new Making Life Better regional arrangements. The culmination of the engagement period will be a workshop in June 2018 for stakeholders to come together to consider how to ensure the new structures are fit for purpose, driven by members and meet the needs of communities. The recommendations from this workshop and engagement period will be the basis on which the new structures are established and subsequently launched later in 2018.

The following table details a number of upcoming meetings and events relating to this work.

Meeting	Date and Time	Location
<b>NICON</b>	17 and 18 April 2018	La Mon
<b>Joint HSC LG Chief Executive Meeting</b>	1.30pm 23 April 2018	5 <sup>th</sup> Floor Meeting Room, LHS
<b>HSC Making Life Better Partnership Meeting</b>	10.30am 27 April 2018	5 <sup>th</sup> Floor Meeting Room, LHS
<b>MLB Stakeholder Workshop</b>	13 June 2018	TBC/Mossley Mill
<b>MLB Regional Network Launch</b>	Autumn/Winter 2018	TBC

### Key Messages

There are a number of important key messages that will be communicated:

- The aim is to refresh the approach for wider regional implementation of MLB including the establishment of a new Making Life Better Regional Network
- The Network structure aims to facilitate an outcome and impact focussed approach to issues that impact on health and health inequalities, aligned with PfG, Delivering Together and Community Planning
- Intent is to build an MLB community of interest and enable, integrate and grow across the system (not to duplicate or confuse existing structures).
- The new structures must be fit for purpose, driven by partners, strengthen collaboration across sectors and meet the needs of communities
- The new structures should provide an open space for stakeholders to share, showcase and learn; stimulate and contribute to our thinking; secure a broad level of engagement and encourage co-production on the issues impacting on health and health inequalities;

AMT are asked to note this approach, key messages and the upcoming events.