

100th Meeting of the Public Health Agency Board

Thursday 15 March 2018 at 1:30pm

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

standing items

- | | | | |
|------|--|---------------------|-----------------|
| 1 | Welcome and apologies | | Chair |
| 1.30 | | | |
| 2 | Declaration of Interests | | Chair |
| 1.30 | | | |
| 3 | Minutes of Previous Meeting held on 15 February 2018 | | Chair |
| 1.30 | | | |
| 4 | Matters Arising | | Chair |
| 1.30 | | | |
| 5 | Chair's Business | | Chair |
| 1.35 | | | |
| 6 | Chief Executive's Business | | Chief Executive |
| 1.40 | | | |
| 7 | Finance Report | PHA/01/03/18 | Mr Cummings |
| 2.00 | | | |

committee updates

- | | | | |
|------|---|---------------------|---------|
| 8 | Update from Chair of Governance and Audit Committee (to include minutes of previous meeting) | PHA/02/03/18 | Mr Drew |
| 2.10 | | | |
| 9 | Update from Chair of Remuneration and Terms of Service Committee (to include minutes of previous meeting) | PHA/03/03/18 | Chair |
| 2.20 | | | |

items for approval

- | | | | |
|------|--|---------------------|-----------------------------|
| 10 | PHA Annual Business Plan 2018/19 | PHA/04/03/18 | Mr McClean |
| 2.30 | | | |
| 11 | Review of PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority | PHA/05/03/18 | Mr McClean /
Mr Cummings |
| 2.40 | | | |

items for noting

- | | | | |
|------------|--|---------------------|-----------|
| 12
2.50 | Sexually Transmitted Infection surveillance in Northern Ireland 2017 | PHA/06/03/18 | Dr Mairs |
| 13
3.10 | 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 | Mrs Hinds |

closing items

- | | | | |
|------------|---|--|-------|
| 14
3.25 | Any Other Business | | Chair |
| 15
3.30 | Details of next meeting:
<i>Thursday 19 April 2018 at 1:30pm</i>
<i>Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast</i> | | |

99th Meeting of the Public Health Agency Board

Thursday 15 February 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	- Assistant Director, Screening and Professional Standards
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

Mrs Michelle Tennyson	- Assistant Director, AHPs
Mr Simon Christie	- Assistant Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC
Mr Robert Graham	- Secretariat

Apologies

Dr Carolyn Harper	- Director of Public Health/Medical Director
Councillor William Ashe	- Non-Executive Director
Mr Paul Cummings	- Director of Finance, HSCB
Mr Cecil Worthington	- Acting Director of Social Care and Children, HSCB

1/18 | Item 1 – Welcome and Apologies

- 1/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Carolyn Harper, Councillor William Ashe, Mr Paul Cummings and Mr Cecil Worthington.
- 1/18.2 The Chair informed members that in advance of the meeting, he had taken receipt of a petition delivered to himself and the Chief Executive, from the Mental Health Rights Campaign (MHRC).

2/18 Item 2 - Declaration of Interests

2/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

3/18 Item 3 – Minutes of previous meeting held on 21 December 2017

3/18.1 The minutes of the previous meeting, held on 21 December 2017, were approved as an accurate record of that meeting.

4/18 Item 4 – Matters Arising

4/18.1 There were no matters arising from the previous minutes.

4/18.2 The Chair asked if there could be an update provided on the follow up and possible future funding for the Dementia programme.

5/18 Item 5 – Chair’s Business

5/18.1 The Chair advised that he had attended a meeting of ALB Chairs following the publication of the Hyponatraemia Report. He said that the Chief Executive would address members more fully on this report in her update.

5/18.2 The Chair said that he had attended the latest in a series of workshops relating to health inequalities and he encouraged other members to attend these. He informed members that he was chairing a seminar later today on Health Literacy which was addressed by Professor Nutbeam, former Vice Chancellor of Southampton University. Mrs McKissick said that the Patient Client Council were also presenting at a workshop on this important area of work.

5/18.3 The Chair said that he was at a meeting organised by the Research and Development directorate which was looking at their structures. He undertook to provide a further update to the Board when this is available.

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

6/18.1 The Interim Chief Executive said that her report at today’s meeting is rightly dominated by the Hyponatraemia Inquiry led by Mr Justice John O’Hara, which as the Chair has already mentioned, published its report last week – 31 January 2018. She said that we cannot imagine, and words are inadequate to express, just how difficult it has been for the families affected by the events considered by the Inquiry.

6/18.2 The Interim Chief Executive gave an overview of the background to the Inquiry saying that four children – Adam Strain aged 4 years, Claire Roberts aged 9 years, Lucy Crawford aged 17 months, and Raychel Ferguson aged 9 years – all died between 1995 and 2001 as a result of hyponatraemia – a condition in which the concentration of sodium in the

blood falls below safe levels. She added that the Inquiry also examined the death of Conor Mitchell aged 15 years, in 2003. Conor did not die from hyponatraemia, but he died after guidance on fluid management was issued by the Department, so the care he received was added to the Inquiry.

6/18.3 The Interim Chief Executive advised that the Inquiry was established in 2004 following an investigative journalism documentary entitled 'When Hospitals Kill' broadcast by UTV in 2004, and that the Inquiry heard its last oral evidence in November 2013. She added that Directors from the HSCB and PHA gave evidence in the final weeks of the Inquiry. The Chief Executive said that at the public release of his report into his inquiry on 31 January 2018, Mr Justice O'Hara concluded that the deaths of Adam, Claire, Lucy and Raychel had been avoidable and the treatment had fallen far below the standard to be expected. In the case of Conor Mitchell, he concluded that there was a 'potentially dangerous variance in care and treatment afforded to young people at Craigavon Area Hospital'.

6/18.4 The Interim Chief Executive said that Mr Justice O'Hara's findings will have been devastating for the families involved. In addition, everyone involved in Health and Social Care will have been affected and will have cause to reflect on the findings. This is true for all staff, at every level. She advised that the Inquiry Report spans 3 volumes and approximately 700 pages, and makes 96 recommendations under the headings of Candour, Leadership, Paediatric Clinical, Serious Adverse Incident Reporting and Investigation, Training and Learning, Trust Governance, Department, and Culture and Litigation. She said that it will be necessary to carefully consider the Report in full and its implications. She proposed that the recommendations of the report will be the subject of a future PHA Board workshop. The recommendations will also become a substantive item at future Board meetings once members have had opportunity to consider more fully the Report's findings and recommendations. She added that the full Report is available on the Inquiry website and that the link can be provided to members.

6/18.5 The Interim Chief Executive went on to say that last Friday the Department arranged a meeting with all HSC Chief Executives and also with Chairs later that same day and that this meeting was chaired by the Permanent Secretary and that at the meeting, he confirmed that a dedicated team led by the Department will be established to develop a detailed action plan in response to the 96 recommendations contained in the Report.

6/18.6 The Interim Chief Executive informed members that a number of concerns had been raised with her in October 2017 relating to the Hyponatraemia Inquiry under the HSC Whistleblowing policy and that an investigation had been commissioned into these. She added that the Inquiry Chair was advised of this at an early stage and that assurance had been given that these claims would be investigated fully, and the outcome shared with the Inquiry Chair. She said that on 30 November

- 2017 a summary of the outcome of the investigation was shared and that on 18 January, the Inquiry Chair requested the draft investigation report, the final report and supporting documentation. The draft and final reports were sent to the Inquiry on 19 January.
- 6/18.7 The Interim Chief Executive said that the HSCB's investigation was carried out under the Whistleblowing policy which was developed to comply with the Public Interest Disclosure (NI) Order 1998. Under this policy an assurance is provided that the Whistleblower's identity will not be disclosed, without consent, 'unless required by law'. She said that the HSCB, was mindful of its duty of care to its staff, in particular the welfare and wellbeing of those staff who participated in the investigation process and that the HSCB expressed its concerns that providing supporting documentation would inevitably lead to the identification of the Whistleblower and other members of staff. She added that as a result the Inquiry Chair on 23 January issued a statutory notice (a requirement by law) and the HSCB then provided the requested documents. She finished by saying that she would keep Board members updated on developments.
- 6/18.8 The Interim Chief Executive gave members an overview of the last meeting of the Transformation Implementation Group. She advised that Deborah McNeilly from the Department had addressed members about the health budget for 2018/19 and that separate meetings with the Chief Executives will be organised. She said that a new Director of Communications had been appointed by the Department and that he had given a presentation.
- 6/18.9 The Interim Chief Executive advised that other topics discussed at the TIG meeting included population needs assessments, quality improvement and innovation and cancer services.
- 6/18.10 The Interim Chief Executive informed members that she had attended meetings with different political parties in early January. She also met with a delegation from Belfast Healthy Cities regarding the World Healthy Cities International Conference which is being held in Belfast later this year. She finished by saying that she, along with other members of the Agency Management Team, had met with the Chief Medical Officer and other representatives of the Department of Health at a Sponsorship Review meeting.
- 6/18.11 The Interim Chief Executive told members that PHA had launched its breastfeeding campaign on 31 January and that the Chief Medical Officer had been present at the launch. She advised that TV and radio adverts will run until 31 March with support from the PHA social media channels. She added that since the campaign launch, the social media activity has been extremely successful with one Facebook post alone reaching more than 1.2million people with over 150,000 minutes (2,500 hours) of the video watched.

- 6/18.12 Alderman Porter congratulated PHA on what he said was an excellent launch for this campaign.
- 6/18.13 The Chair returned to the Hyponatraemia Report and said that at the meeting he attended with the Chief Medical Officer, it was discussed that there needed to be further training for non-executives so they felt empowered to challenge. Mr Coulter asked if the Department and the HSC have accepted the recommendations contained within the Report. The Interim Chief Executive said that there will be a system-wide approach to implementing the recommendations and that Dr Paddy Woods has already written to Chief Executives asking them to look at the recommendations. She added that there is also a duty of care for HSC organisations towards any staff who were named in the Report.
- 6/18.14 Alderman Porter asked why it had taken so long for the work to be completed and the Report published. The Interim Chief Executive said that although the Inquiry had run for a long time, the Inquiry Chair had noted that much has changed, for example the Serious Adverse Incident process that is now in place, but there remains a lot of work to do. She said that the Inquiry was temporarily put on hold to allow PSNI investigations to take place.

7/18 Item 7 – Finance Report (PHA/01/02/18)

Mrs Hinds joined the meeting during this item.

- 7/18.1 Mr Christie presented the Finance Report and said that this Report was consistent with the Report presented in December which forecast a break-even position. He explained that although there is an underspend in the management and administration budget of up to £1.2m, this has been offset by an overspend in programme expenditure with planned activity against this anticipated underspend. He highlighted PHA's prompt payment performance which he said remains excellent.
- 7/18.2 Mr Drew asked if the number of vacant posts is likely to reduce before the end of March, and if PHA has a contingency plan. Mr Christie said that PHA had been aware of the accruing underspend in the management and administration budget, and gave the example of the recent breastfeeding campaign as an initiative where the funding from this underspend was used. He added that he is mindful that the Department of Health is always ahead to see what savings can be made, and that PHA has been asked to submit savings proposals for 2018/19. Mr Christie said they are not the same vacancies. While some posts are being filled internally, others are becoming vacant as a result.
- 7/18.3 The Chair asked if it would be possible to see a breakdown of how the surplus funds were reallocated. Mr Christie reminded members that there had been a moratorium on PHA public information campaigns. The Chief Executive added that the Permanent Secretary has asked for a paper outlining how effective PHA's campaigns are against those in other

countries. Mr McClean explained that for the recent breastfeeding campaign, all of the work had been completed, and that it was solely the media purchasing that needed to be undertaken.

7/18.4 Mr McClean said that PHA is losing staff at a faster rate than it can recruit them, and that this is, in part, due to the HSC restructuring and perhaps a thought that HSCB and PHA were going to merge, but there is now clarity on the way forward following the recent correspondence from the Permanent Secretary. He added that many vacancies are filled internally.

7/18.5 Alderman Porter expressed concern that there always seems to be a rush to spend funds at the end of the financial year. The Chief Executive agreed with Alderman Porter's point, and said that she wished the public sector could move away from year-to-year budgeting. She noted that each year, the HSC is required to make savings, consult on those and deliver them, but this process is not completed until midway through the financial year, so then there is a juggling act to bring the budgets within the tolerance level. She added that there are also in-year monitoring rounds where more funding can sometimes become available.

7/18.6 Mr Christie said that it is important to note that PHA has been planning on this scenario for a number of months. Mr McClean drew members' attention to the programme budget expenditure and noted that this is now largely on target, year on year. He said that the variance is currently within the management and administration budget. He assured members that all programmes are on track, and that the higher level of staff turnover and of vacancies has allowed PHA to buy more programme activity.

7/18.7 Ms Mann-Kler asked about the piece of work that is being undertaken regarding the effectiveness of campaigns. The Chief Executive said that she would bring this report to the Board. Ms Mann-Kler asked if the report would show that PHA is having an impact, and how this compares with other regions. Mr McClean explained that other areas are not running the same campaigns as PHA, and that campaigns in Northern Ireland are chosen as they relate to specific PHA activity. Ms Mann-Kler suggested that campaigns are a core function, but Mr McClean said that the focus on campaigns was not around the evidence of effectiveness, but perhaps cost.

7/18.8 Members noted the Finance Report.

8/18 Item 8 – HSCB-PHA Regional Review of Choking on Food (PHA/02/02/18)

8/18.1 Mrs Hinds informed members that as part of PHA's delegated statutory responsibilities under safety and quality, areas are selected for thematic review. She explained that while the number of cases of a particular issue may be small, the pattern of the number, or the intelligence gathered may determine if there is a need to explore further.

- 8/18.2 Mrs Hinds said that a review of 17 Serious Adverse Incidents (SAIs) relating to choking had been considered as part of this review, and that in 14 of those cases the incident resulted in death. She added that 798 Adverse Incidents (AIs) had also been considered.
- 8/18.3 Mrs Hinds gave an overview of the common features of choking beginning with the types of food that may lead to choking. She explained that half of the incidents occurred at mealtimes. She said that one of the main findings of the review was the need to ensure there is more 1:1 training, rather than solely online training. She added that it is very important to involve speech and language therapists.
- 8/18.4 Mrs Hinds advised that many incidents occur in day centres, and that there are challenges, particularly with mental health and learning disability patients. She said that there needed to be an awareness of when to involve speech and language therapists, but also dieticians as people's needs change over time. She suggested that advice should be given to visitors who bring food for service users, and to propose alternative food products instead of those typically brought.
- 8/18.5 In terms of next steps, Mrs Hinds said that Michelle Tennyson is going to lead a dysphagia group. Mrs Tennyson said that this group has had one meeting to date, but that the members of the group are very keen to be involved in this work. She added that PPI will be embedded in the work of this group along with a co-production approach.
- 8/18.6 Mr Coulter thanked Mrs Hinds for the report, and he asked about medication and choking noting that some medication is hard to swallow. He also asked about training, and in particular the swallow test. Mrs Hinds said that the ability to swallow medication had not been considered as part of the review. She added that there is now a standard approach across the service where a speech and language therapist is always present when checks are being made as to whether a patient can swallow. Mrs Tennyson said that there is a pharmacist on the group she has established.
- 8/18.7 Mr Mahaffy asked about the variation in reporting across Trusts. Mrs Hinds said that PHA is raising this with Trusts.
- 8/18.8 Alderman Porter said that there is a concern about choking in stroke patient. Mrs Hinds said that there are now multi-disciplinary teams working with stroke patients.
- 8/18.9 Ms Mann-Kler asked if the Board would receive a follow up and what the indicators of success would look like. Mrs Tennyson advised that there are three sub-groups currently looking at measures of success.
- 8/18.10 Members approved the HSCB-PHA Regional Review of Choking on Food.

9/18 Item 9 – Annual Immunisation and Vaccine Preventable Diseases Report for Northern Ireland 2016-17 (PHA/03/02/18)

Item 10 – Report of Measles Outbreak in Belfast, June-July 2017 (PHA/04/02/18)

- 9/18.1 The Chair welcomed Dr Jillian Johnston who was attending the meeting in order to present these two reports.
- 9/18.2 Dr Johnston said that the Immunisation and Vaccine Preventable Diseases Report showcases the work that PHA does in this area, and highlights areas of focus for future years. She advised that Northern Ireland had a well delivered vaccine programme and that the report is divided into children's immunisations, adult's immunisations and finally vaccine preventable diseases.
- 9/18.3 Dr Johnston informed members that the uptake levels for child vaccination programmes are between 93% and 98%, depending on the programme, and 86% for adolescents. She said that there is a largely similar picture across all HSC Trusts, however there remains a challenge within the Southern and Western Trusts in relation to the HPV programme due to an anti-immunisation initiative in the Republic of Ireland.
- 9/18.4 In terms of adult programmes, Dr Johnston advised that there are programmes relating to flu, shingles, as well as pertussis and flu vaccines for pregnant women. She added that during 2016/17 a three dose HPV programme for men who have sex with men commenced across GUM clinics.
- 9/18.5 Dr Johnston advised that there has been a reduction in the number of meningococcal disease cases. She said that there is still a small number of imported cases of measles, but that any clusters tend to be small because of the high uptake of the MMR vaccination programme.
- 9/18.6 Dr Johnston said that next year it is intended to produce two separate reports. She said that PHA wished to be able to obtain more accurate data in relation to vaccinations given in pregnancy. She added that PHA will work with the Belfast Trust in terms of the uptake of the MMR vaccine.
- 9/18.7 Dr Johnston said that PHA will work directly with the Roma community in order to gain a better understanding of their attitudes towards vaccinations. She advised that this approach was needed in the light of an outbreak of measles which occurred in Belfast last June, and which is the subject of the second report being presented today. She explained that this outbreak affected six children, some born in Northern Ireland the some outside Northern Ireland. She added that there was evidence of transmission through an emergency department area. She went on to say that it was largely thanks to the MMR vaccine programme that is in place that the outbreak was able to be contained.

- 9/18.8 Ms Mann-Kler asked for more information about the campaign in the Republic of Ireland against the HPV vaccine. Dr Johnston explained that there is a group who believe that the vaccine is responsible for unexplained symptoms in young girls, and that the campaign has a following on social media. She said that PHA is working with its equivalent body in the Republic of Ireland, and is putting out public health messages.
- 9/18.9 Ms Mann-Kler asked about the outbreak of measles and if this occurred in south Belfast given the large Roma community there. Dr Johnston confirmed that the outbreak did start from there, but that there are other Roma communities across Northern Ireland. Ms Mann-Kler went on to ask if there is a natural suspicion towards vaccinations by that community and what work is being done to engage with them. Dr Johnston said that through the Belfast Trust, PHA is funding a Roma project.
- 9/18.10 Mr Coulter asked if there was anything to be read into the reduction in the number of shingles cases. Dr Johnston advised that women, as well as men, are eligible for the shingles vaccine and that the vaccine is offered at the age of 70 years and then again at 78 years.
- 9/18.11 The Chair asked what initiatives are put in place for migrants coming to Northern Ireland who do not speak English. Dr Johnston said that there are some initiatives in place. Mrs Hinds added that following the arrival of refugees from Syria, a formal programme had been put in place in order to familiarise the migrants with the health and social care system in Northern Ireland. This programme was led by Fionnuala McAndrew.
- 9/18.12 Mr Coulter asked about the low percentage of men who have completed the HPV programme. Dr Johnston said that this is a provisional figure, and that men have up to 2 years to complete the programme.
- 9/18.13 Members noted the Annual Immunisation and Vaccine Preventable Diseases Report for Northern Ireland and the report of the Measles Outbreak in Belfast.

10/18 Item 11 – Any Other Business

- 10/18.1 There was no other business.

11/18 Item 12 – Date and Time of Next Meeting

Thursday 15 March 2018 at 1.30pm

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

Signed by Chair:

A handwritten signature in cursive script that reads "Andrew Douglas".

Date: 15 March 2018

Public Health Agency

Finance Report

2017-18

Month 10 - January 2018

PHA Financial Report - Executive Summary

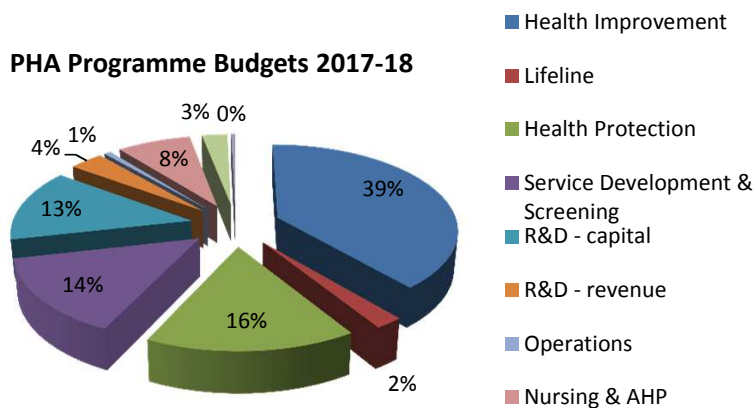
Year to Date Financial Position (page 2)

At the end of month 10 PHA is underspent against its profiled budget by approximately £0.2m. Whilst this is not unusual for this stage of the year due to the difficulty of accurately profiling expenditure, budget managers will continue to be encouraged to review their positions and take the necessary action to minimise underspends.

This underspend is primarily within Administration budgets across the Agency, offset by Commissioning spend ahead of the profiled budget in a number of areas.

Programme Budgets (pages 3&4)

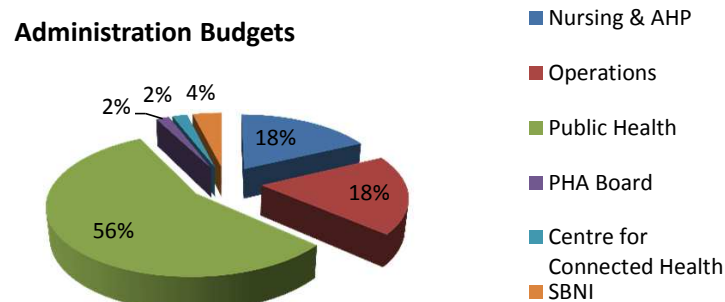
The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.



Administration Budgets (page 5)

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

There are still approximately 30 vacant posts 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 as the year progresses. Management is proactively working to fill vacant posts and to ensure business needs continue to be met.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a breakeven position for the full year. Slippage will arise 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. (A list of the schemes which have received additional funding from Administration slippage can be seen at **Appendix 1**).

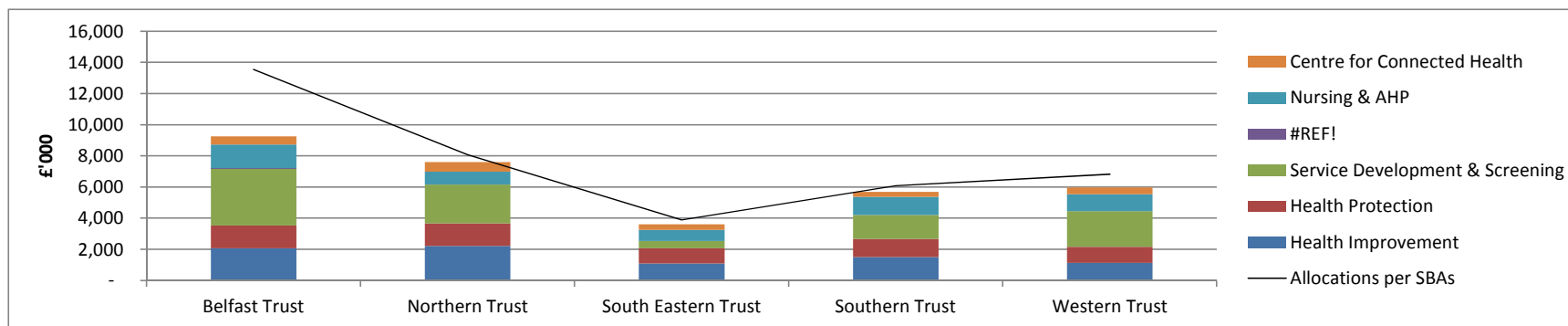
Public Health Agency
2017-18 Summary Position - January 2018

	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
Available Resources								
Departmental Revenue Allocation	32,401	44,237	19,219	95,857	26,740	32,973	15,763	75,475
Revenue Income from Other Sources	11	297	524	832	9	196	374	579
Total Available Resources	32,412	44,533	19,744	96,690	26,749	33,168	16,136	76,054
Expenditure								
Trusts	32,412	-	-	32,412	27,010	-	-	27,010
PHA Direct Programme *	-	44,533	-	44,533	-	33,733	-	33,733
PHA Administration	-	-	19,744	19,744	-	-	15,102	15,102
Total Proposed Budgets	32,412	44,533	19,744	96,690	27,010	33,733	15,102	75,845
Surplus/(Deficit) - Revenue	-	-	-	-	(261)	(564)	1,034	209
<i>Cumulative variance (%)</i>					-0.97%	-1.70%	6.41%	0.27%

The year to date financial position for the PHA shows an underspend against profiled budget of approximately £0.2m, mainly due to an underspend on Administration budgets (see page 5) offset by Programme expenditure ahead of profile in a number of areas (see pages 3&4). It is currently anticipated that the PHA will breakeven for the year.

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

Programme Expenditure with Trusts



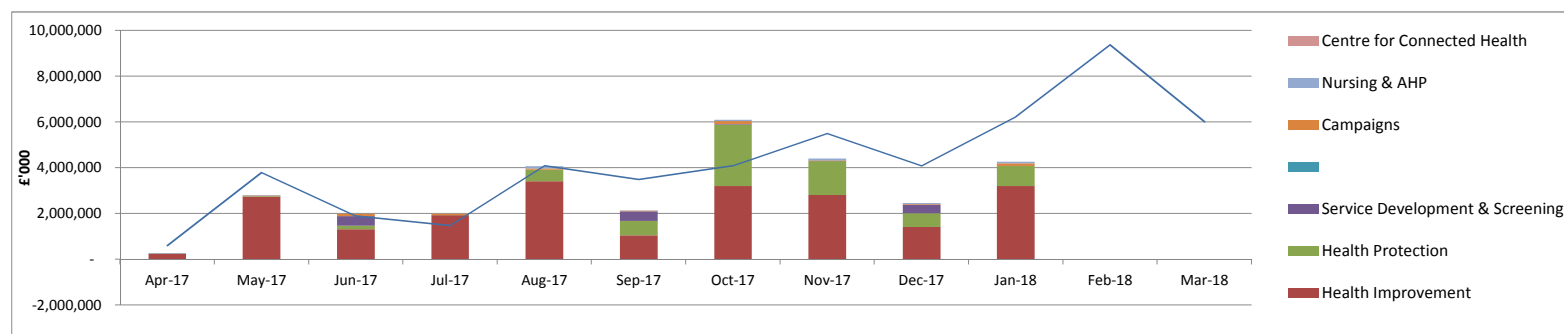
	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Current Trust RRLs									
Health Improvement	2,074	2,228	1,108	1,512	1,134	8,057	6,589	6,714	(125)
Health Protection	1,469	1,436	969	1,171	1,039	6,084	4,989	5,070	(81)
Service Development & Screening	3,679	2,495	465	1,539	2,293	10,470	8,723	8,725	(3)
Nursing & AHP	1,507	833	723	1,154	1,081	5,299	4,360	4,416	(56)
Centre for Connected Health	528	616	348	312	425	2,229	1,858	1,858	-
Other	83	61	32	47	49	273	231	227	3
Total current RRLs	9,340	7,670	3,645	5,736	6,021	32,412	26,749	27,010	(261)
Cumulative variance (%)									-0.98%

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

The year-to-date position shows a small variance against profile, however this is a timing issue only resulting from transfers between PHA Direct and Trust budgets. These budgets will break even at the end of the 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	
Projected Expenditure																		
Health Improvement	306	3,457	1,058	753	3,308	1,094	2,162	3,605	476	3,071	5,522	2,207	27,018	19,290	19,788	(499)	-2.6%	
Lifeline	264	264	264	264	264	264	(622)	138	138	138	465	138	1,980	1,377	1,552	(175)	-12.7%	
Health Protection	-	27	31	131	424	1,429	1,764	1,314	942	828	598	956	8,443	6,889	6,935	(46)	-0.7%	
Service Development & Screening	34	47	456	34	65	456	152	3	441	113	33	688	2,521	1,800	1,671	130	7.2%	
Research & Development - revenue	-	-	-	-	-	-	-	1,067	1,067	1,067	-	11	3,211	3,200	3,211	(11)	0.0%	
Campaigns	-	-	-	-	-	205	205	45	50	-	-	147	652	505	528	(23)	-100.0%	
Nursing & AHP	1	1	12	35	1	22	40	153	310	319	309	423	1,624	892	376	516	57.9%	
Centre for Connected Health	-	-	-	-	20	20	418	(373)	20	20	20	20	167	127	-	127	100.0%	
Other	-	-	-	-	-	-	(50)	(450)	(206)	(206)	(206)	488	(630)	(912)	(328)	(584)	100.0%	
Total Projected PHA Direct Expenditure	605	3,795	1,821	1,217	4,082	3,490	4,070	5,501	3,237	5,349	6,742	5,078	44,988	33,168	33,733	(564)		
<i>Cumulative variance (%)</i>																		-1.70%
Actual Expenditure	294	2,835	2,016	2,050	3,807	2,190	6,115	5,511	3,567	5,347	-	-	33,733					
Variance	311	961	(195)	(832)	275	1,300	(2,045)	(10)	(330)	1			(564)					

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 £0.6m deficit, however this is a controlled overspend with a number of areas being permitted to overspend to manage the PHA to overall breakeven at year end. 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.

It should be noted that approximately £12m of the budget is profiled for February and March. Budget managers will continue to review variances closely throughout the remainder of the year to ensure PHA meets its breakeven obligations.

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
Annual Budget							
Salaries	3,062	2,453	10,555	350	317	436	17,173
Goods & Services	468	1,209	499	33	76	324	2,610
Price Inflation				62			62
Savings target				(100)			(100)
Total Budget	3,530	3,662	11,054	345	393	760	19,744
Budget profiled to date							
Salaries	2,569	2,020	8,798	160	264	324	14,135
Goods & Services	350	1,008	394	17	39	194	2,001
Total	2,919	3,028	9,192	177	303	518	16,136
Actual expenditure to date							
Salaries	2,521	1,876	8,303	87	277	324	13,388
Goods & Services	355	776	388	(32)	34	194	1,715
Total	2,876	2,651	8,691	55	311	518	15,102
Surplus/(Deficit) to date							
Salaries	49	144	495	73	(12)	(0)	748
Goods & Services	(5)	233	6	49	4	0	286
Surplus/(Deficit)	44	377	500	122	(8)	(0)	1,034
Cumulative variance (%)	1.50%	12.43%	5.44%	68.82%	-2.71%	0.00%	6.41%

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 surplus is due to the level of vacancies remaining at approximately 30. Although management is proactively working to fill vacant posts and ensure business needs continue to be met, it is expected that this surplus will grow to approximately £0.8m at year end. The overall Administration surplus at year end is expected to be £1.2m, and this situation will continue to be closely monitored in the context of PHA's obligation to achieve a breakeven position for the financial year.

January 2018

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
Available Resources								
Capital Grant Allocation & Income	6,639	5,603	-	12,242	5,533	2,055	-	7,587
Expenditure								
Capital Expenditure - Trusts	6,639			6,639	5,533			5,533
Capital Expenditure - PHA Direct		5,603		5,603		1,878		1,878
	6,639	5,603	-	12,242	5,533	1,878	-	7,411
Surplus/(Deficit) - Capital	-	-	-	-	-	177	-	177
<i>Cumulative variance (%)</i>					0.00%	8.60%	0.00%	2.33%

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 £0.2m behind profile, and a breakeven position is anticipated for the full year.

PHA Prompt Payment

Prompt Payment Statistics

	January 2018 Value	January 2018 Volume	Cumulative position as at 31 January 2018 Value	Cumulative position as at 31 January 2018 Volume
Total bills paid (relating to Prompt Payment target)	£7,220,133	504	£42,272,723	4,375
Total bills paid on time (within 30 days or under other agreed terms)	£7,138,970	429	£41,817,267	4,037
Percentage of bills paid on time	98.9%	85.1%	98.9%	92.3%

Prompt Payment performance for the year to date shows that on value the PHA is achieving its 30 day target of 98.9%, although on volume performance is slightly below target at 92.3%. The dip in prompt payment performance is being monitored closely in conjunction with Shared Services Accounts Payable. The issues causing the drop in performance are affecting all HSC organisations and have been raised in the regional forum. An analysis of PHA outstanding invoices is received on a regular basis and any actions required locally are taken.

The 10 day prompt payment performance remained strong at 89.3% by value for the year to date, which significantly exceeds the 10 day DoH target for 2017-18 of 60%.

Public Health Agency

Summary of Pressures funded from £1.2m Admin Slippage

Title	Description	£	£
<u>Nursing</u>			
Prison Healthcare	<i>Clinical Equipment and Health Promotion Resources for 3 sites across prison health population</i>	75,200	
eCats pilot	<i>Electronic caseload analysis system for health visiting (eCats)</i>	70,000	
Regional Learning System	<i>Project support for implementation of Regional Learning System recommendations</i>	60,000	
Regional nursing recruitment resources	<i>Allocation of £12K per trust to support the workforce leads to develop regionally consistent recruitment resources for nursing posts</i>	60,000	
Mental Health & Learning Disability	<i>Muckamore Abbey Hospital, BHSC</i>	42,000	
Community Promoting Good Nutrition Prevention Resources - costs for printed resources	<i>Post cards (20,000 copies) and Advice leaflet double-sided tear off pads (60,000 copies)</i>	33,300	
NHS Benchmarking	<i>NHS Benchmarking project for End of life care</i>	32,000	
Additional Nursing Training	<i>Bespoke training programme delivered by Royal College of Nursing for Nursing Home Managers</i>	30,000	
Dementia Bus SEHSCT	<i>Dementia training for Trust staff using Virtual bus</i>	22,000	
Allied Health Professions Specialist Palliative Care (SPC) Symptom Management Document printing	<i>Printing of Symptom Management Document</i>	15,000	
TVU Ovarian Pilot	<i>Pilot for Sonographer-led Transvaginal Ultrasound (TVU) Pathway</i>	11,000	
Royal College of Nursing	<i>RCN training to commission additional places</i>	10,000	
Clinical Education Centre (CEC) ACP training	<i>Advanced Care Planning Level 2 training</i>	10,000	
Regional nursing recruitment	<i>The co-ordination of 5 events in each Trust area to increase longevity and reduce attrition in senior nursing staff</i>	10,000	
Improve Patient Experience and promotion of public health initiatives	<i>To support Trust initiatives around patient information and health improvement information displays on the wards and to pilot a pop up café to promote improved patient experience at meal times on the ward by providing a social eating area for patients.</i>	10,000	
SOS Bus	<i>Extension of grant award</i>	10,000	
Training by Prof Brian Dolan	<i>Red to green training programme</i>	10,000	
Public Health Nursing	<i>Promotion of Public Health Nursing / Framework development</i>	10,000	
British Institute for Learning Disability (BILD) Positive Behaviour Support (PBS) coaches training	<i>Positive Behaviour Support (PBS) coaches training for Trust staff working in Learning Disability</i>	6,500	
Project RETAIN (Burdett grant - retention and recruitment of staff in older peoples' settings)	<i>Clerical Admin support for PHA nursing team to support data collection and analysis for the PHA Project RETAIN</i>	6,000	
New born behavioural observation	<i>20 x £300 Clinical Education Centre</i>	6,000	
			539,000
<u>Health Improvement</u>			
Additional CLEAR administered grants in the western area		50,000	
Homeless Starter Packs		50,000	
Additional Suicide Prevention STORM (Skills-based Training On Risk Management) training for HSS, PSNI and NIAS		40,000	
App for 'Looked After Children'		15,000	
Additional Infant Mental Health training		40,000	
Enhancement to current research - Early Intervention Support Service (EISS)		10,000	
Development of materials for the RADAR (Royal Association for Disability Rights) accident prevention facility		20,000	
Northern Ireland Neighbourhood Information Service		30,000	
Other miscellaneous contract enhancements		72,000	
			327,000
<u>Health Protection</u>			
Funding for Men B pressures in Trusts			131,000
<u>Campaigns</u>			
Breastfeeding Campaign			200,000
Total			1,197,000

Update from Chair of Governance and Audit Committee

date 15 March 2018

item 8

reference PHA/02/03/18

presented by Mr Leslie Drew, Committee Chair

action required For noting

Summary

The Governance and Audit Committee met on 22 February 2018. The minutes of the previous meeting, held on 11 October 2017 were approved and are attached for noting.

The Committee Chair will give a verbal update on the meeting held on 22 February.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **NOTE** the update from the Committee Chair.

MINUTES

**Minutes of the Governance and Audit Committee
Wednesday 11th October 2017 at 9.30am,
Fifth Floor Meeting Room, 12/22 Linenhall Street,
Belfast, BT2 8HS**

PRESENT:

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

IN ATTENDANCE:

- Mr Ed McClean - Director of Operations
- Miss Rosemary Taylor - Asst. Director, Planning and Operational Services
- Mrs Una Turbitt - Asst. Director, Nursing and AHPs
- Mr Paul Cummings - Director of Finance, HSCB
- Ms Jane Davidson - Head Accountant, HSCB
- Mrs Catherine McKeown - Internal Audit, BSO
- Mr David Charles - Internal Audit, BSO
- Mr Brian O'Neill - NI Audit Office
- Mr Brian Clerkin - ASM
- Mr Robert Graham - Secretariat

APOLOGIES:

- Mr Leslie Drew - Non-Executive Director

		Action
45/17	Item 1 – Welcome and Apologies	
45/17.1	The Chair welcomed everyone to the meeting. Apologies were noted from Mr Leslie Drew.	
46/17	Item 2 - Declaration of Interests	
46/17.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

47/17 Item 3 – Chair’s Business

47/17.1 There was no Chair’s Business.

48/17 Item 4 – Minutes of previous meeting held on 5 June 2017

48/17.1 The minutes of the previous meeting, held on 12 April 2017, were approved as an accurate record of the meeting.

49/17 Item 5 – Matters Arising

35/17.7 Shared Services

49/17.1 Mr Coulter informed members that he had written to the Chair of the Audit Committee of BSO and had received a response which he shared with members. He asked Mr Cummings if he had anything to add.

49/17.2 Mr Cummings said that there is a Project Board in place chaired by the Director of Finance which meets monthly and there is an action plan. He said that the issues with the current system are not able to be resolved unless the system is replaced. Mr Coulter asked about capacity and skills. Mr Cummings said this is also being reviewed under Shared Services.

49/17.3 Ms Mann-Kler asked how much focus there is on system stability. Mr Cummings said that the company responsible for providing the system have increased the capacity of the system. He explained that the system was unable to cope with the additional workload created when the pay award was approved. He hoped that this additional capacity would increase its resilience.

49/17.4 Mrs McKeown noted that Internal Audit had also prepared a report on Shared Services. Mr Cummings said that this report reiterated that some progress has been made, but there remain some concerns. He added that there is a much lower risk for PHA as the staff pay does not vary on a monthly basis.

35/17.24 *Cyber Security*

- 49/17.5 Mr Coulter advised that Mr Drew had requested an update on cyber security. Miss Taylor gave an overview of the latest developments. She started by saying that BSO ITS have been working with Trusts and eHealth to develop a business case for funding to purchase licenses for software which will help protect the ICT systems. She added that a Cyber Security Project Manager is to be appointed. BSO continue to monitor the system and ensure that alerts are issued to staff when required.
- 49/17.6 Miss Taylor explained that there is a regional Cyber Security Project Board which has been convened by the Department of Finance. HSC is represented by BSO and DoH. She said that a Cyber Security Business Continuity Programme Board has also been established. She added that PHA is currently reviewing its Plan and hopes to carry out a joint test with HSCB and BSO. Mr McClean said that PHA is also reviewing any systems that are not covered by BSO ITS.
- 49/17.7 Mr Coulter queried where the accountability lay as there are a lot of different groups. He asked where the Project Manager would be based. Miss Taylor said that the individual would work within BSO. Mrs McKeown advised that Internal Audit has appointed an IT Audit Manager.
- 49/17.8 Mr Coulter said that this is a complex area and he asked that his concerns regarding accountability be raised with the Chief Executive.
- 49/17.9 Mr Coulter asked if there was any learning from the UK experience and if this has been shared. Miss Taylor said that she was aware that BSO ITS had been linking with their counterparts in England to obtain the learning, and this will be brought to the regional Cyber Security Programme Board.
- 49/17.10 Ms Mann-Kler asked if there was a Cyber Security Strategy. Miss Taylor said that there is not a single overarching strategy, but that there is a business case

being developed.

- 49/17.11 Mr Coulter said that this is an important area for the Committee and reiterated his two main concerns – the steps being taken to ensure there is clear accountability across the HSC, and the need to produce an overall strategy.

37/17.5 Staff training in Information Governance

- 49/17.12 Mr Coulter asked what progress has been made in terms of staff training. Miss Taylor said that to date 132 PHA staff had completed Information Governance Awareness training and 106 had completed IT Security training. She said that this represented a good uptake, but that reminders are regularly issued to staff and lists of staff who have not undertaken the training will be given to Information Asset Owners.

32/17.1 Scheduling of Governance and Audit Committee meetings

- 49/17.13 Mr Coulter said that while he appreciated the point the PHA Board Chair was making, he acknowledged that there are restrictions. Miss Taylor noted that the meetings are scheduled around deadlines for submissions. Mr Cummings added that all HSC Audit Committees meet at around the same time.

50/17 Item 6 – Internal Audit

Progress Report [GAC/35/10/17]

- 50/17.1 Mrs McKeown began the Progress Report by giving an overview of the audit carried out on the Research and Development (R&D) function. She advised that limited assurance was being provided and that there is a need for PHA to progress and develop governance oversight arrangements and develop Board level oversight, including a summary report. She added that the monitoring of research outcomes needs to be strengthened and there are also recommendations relating to the oversight of EU funding.

50/17.2	<p>Ms Mann-Kler asked about an annual report. Mr McClean explained that the organisation of the R&D function is handled differently as the Director of R&D is also the Chief Scientific Officer for the Department of Health and reports to the Chief Medical Officer so the accountability arrangements are slightly different. Mr Cummings said that he did not have an opportunity to view the report before it was finalised and that he disagreed with the limited assurance rating. He acknowledged the recommendations but felt the rating was harsh. Mrs McKeown said that Internal Audit would stand over its recommendation and while acknowledging that R&D is a complex area, it is a key function of PHA.</p>	
50/17.3	<p>Mr Coulter noted that there had previously been an R&D Committee under the chairmanship of Dr Jeremy Harbison and asked if it should be re-constituted. He added that the PHA Chair attends meetings of the regional group, but his issue was the PHA Board oversight, and he felt that this may generate some discussion at the PHA Board meeting.</p>	
50/17.4	<p>Ms Mann-Kler said it was important that the PHA Board views an annual R&D plan. Mr McClean said that, in terms of the governance of R&D, PHA needed to reach a shared understanding with the Department of Health and that the handling of this is very important. He stressed that the Internal Audit report did not raise any concerns about how the R&D function is carried out. Mrs McKeown also confirmed this.</p>	
50/17.5	<p>Mr Coulter said that Mr Drew had raised a concern about how the learning from R&D initiatives is captured. He said that management are ultimately responsible for signing off objectives and should therefore be able to determine if these have been delivered. Mr McClean suggested that many of these issues could be discussed at a Board workshop.</p>	Mr McClean
50/17.6	<p>Mr Mahaffy asked where R&D would sit within the new structures. Mr Cummings said that there is an argument for R&D to be housed within the Department of Health, but this would present challenges. Mr McClean said that</p>	

it would be better for the function to sit within the new PHA. Mr Coulter said that it was critical that it remained within PHA.

- 50/17.7 Mrs McKeown moved onto the audit of risk management and advised that a satisfactory assurance had been given. She noted that the Corporate Risk Register is brought to the Board on an annual basis, and that there are currently robust arrangements in place, but she suggested there could be a Board workshop on risk management. Mr Coulter said that he was satisfied with the current arrangements for board oversight of the Corporate Risk Register; however the views of other members could be sought as part of the GAC update at the next Board meeting.
- 50/17.8 Mrs McKeown advised that the audit carried out on the management of contracts with the voluntary sector was undertaken differently this year with a focus on procurement and service delivery. She said that a satisfactory assurance was being given in terms of management of contracts, but a limited assurance in terms of procurement.
- 50/17.9 Mrs McKeown said that this limited assurance was given as there has been slippage against the procurement plan with only six contracts awarded during 2016/17. She acknowledged that this is an area that will take time. She went on to say that the organisation is heavily reliant on voluntary organisations submitting monitoring returns, but these returns are not being verified. She said that financial statements are being received, but not reviewed by PHA. She went on to say that terms and conditions need to be updated so that there is clarity with regard to what PHA is responsible for. Finally, she suggested that the annual self-assessment that PHA uses could be further developed.
- 50/17.10 Ms Mann-Kler asked to what extent staffing issues are impacting on this. She added that she was unclear about what action PHA was going to take and if there was a timetable to complete this. Mr McClean said that the main action for PHA is to tighten up the procurement

plan and ensure that timetables for procurement are adhered to. In respect of capacity, he acknowledged that there had been a period of time when PHA lost some of the key staff involved in this work, but in the main, these posts had been re-filled.

50/17.11 Mr McClean advised that PHA does not have specialist staff in the area of procurement and that for contracts over the EU threshold, this work is carried out by PALS, but for contracts under the threshold, it falls to PHA staff. Mr McClean conceded that the area of verification is an issue for PHA and that PHA is currently working on a risk-based approach, but that there is a need for a cross-sectoral approach and that guidance is required from the Department of Health.

50/17.12 Mr Cummings said that this is a difficult area and that smaller organisations are raising concerns about the volume of bureaucracy. He added that there has to be trust, but it is a sensitive area. Mr Cummings also advised that he would be discussing this issue with DoH and other HSC Directors of Finance.

50/17.13 Mr Coulter said he was pleased to hear that the issue would be raised again. He went on to ask about outcomes measurement within social care procurement. Mr McClean said that again, PHA is mindful of how difficult this is for smaller community-based organisations. Ms Mann-Kler asked if there was any learning from other parts of the UK, but Mr Cummings said that this level of scrutiny is unique to Northern Ireland.

50/17.14 Members noted the Internal Audit Progress Report.

Mid-Year Follow Up [GAC/36/10/17]

50/17.15 Mr Charles took members through the mid-year follow up report and advised that 86% of previous recommendations had been fully implemented and 14% partially implemented. He highlighted Connected Health as an area where there were two recommendations that had been partially implemented but he said that Mr Eddie

Ritson would be providing evidence and that the recommendations should be completed by December.

50/17.16 Ms Mann-Kler asked about the outstanding recommendations in relation to the audit of SAIs and falls. Mr Charles said this audit had only recently been conducted, but that he was confident that each of these recommendations would be marked as complete at the next review.

50/17.17 Mr Coulter said that Mr Drew had asked whether PHA should employ a full-time procurement person. Mr McClean said that the gaps in PHA capacity had been in the area of pre-procurement work, but that many of these posts had now been recruited. Mr Cummings added that as BSO PALS is the designated COPE (Centre of Procurement Excellence), PHA would not be permitted to employ staff in this area.

50/17.18 Members noted the Internal Audit Progress Report.

Annual Report 2016/17 [GAC/37/10/17]

50/17.19 Mrs McKeown presented the annual general report, relating to Internal Audit work across all HSC organisations. She said that the main finding is that the majority of audits carried out provide satisfactory assurance. In terms of the areas where limited assurance is provided, she said the main areas were procurement and payments to staff.

50/17.20 Members noted the Annual Report 2016/17.

IA Mid-Year Assurance Statement [GAC/38/10/17]

50/17.21 Mrs McKeown said that her Mid-Year Assurance Report summarised the reports which had been considered by the Committee.

50/17.22 Members noted the Mid-Year Assurance Statement.

Shared Services Report [GAC/39/10/17]

- 50/17.23 Mrs McKeown advised that the Shared Services Report contained recommendations for BSO to implement, but with BSO's permission they were being shared with other Audit Committees. She said that a limited assurance was being provided in terms of payroll processing and payroll system stability and an unacceptable assurance in terms of payroll function stability. She added that 78% of previous recommendations had not been fully implemented, but many had been partially implemented.
- 50/17.24 Mrs McKeown said that the payroll system had seen a period of stability over the last few months, but there had not been any major tests of this.
- 50/17.25 Members noted the Shared Services Report.

51/17 Item 7 – Finance

Fraud Liaison Officer Update Report [GAC/40/10/17]

- 51/17.1 Mr Cummings presented the latest Fraud Liaison Officer Update report and advised that there were three new cases since the previous report. He explained that two of these related to the smoking cessation scheme and one to suspected inflated travel claims being submitted by a grant funded body. He added that the one case reported in previous reports was now closed with no fraud found in relation to any transactions with PHA.
- 51/17.2 Ms Mann-Kler asked if there was anything that PHA could do in relation to the suspected frauds around the smoking cessation service, but Mr Cummings said that any change would require an entire overhaul of the current set up.
- 51/17.3 In response to a query submitted by Mr Drew regarding the potentially inflated travel claims, Mr Cummings said it would be inappropriate to comment until further details were available.
- 51/17.4 Members noted the Fraud Liaison Officer Update Report.

52/17 Item 8 – Corporate Governance

Corporate Risk Register (as at 30 June 2017)
[GAC/41/10/17]

52/17.1 Mr McClean informed members that following the most recent review of the Corporate Risk Register, a new risk had been added in the area of cyber security. He said that none of the other risks had changed in terms of risk rating. He added that a risk regarding the reduction in PHA campaigns budget will be incorporated in the Risk Register review as at 30 September.

52/17.2 Members noted the Corporate Risk Register.

Assurance Framework (at September 2017)
[GAC/42/10/17]

52/17.3 Mr McClean advised that the Assurance Framework had been updated to keep it in line with current guidance.

52/17.4 Members **APPROVED** the Assurance Framework.

Controls Assurance Standards Assessment Process for 2017/18 [GAC/43/10/17]

52/17.5 Miss Taylor confirmed that arrangements are in place to self-assess the Controls Assurance Standards for 2017/18 and that Internal Audit will verify the three core standards of governance, risk management and financial management, as well as fire safety. She further informed members that the DoH has notified organisations that 2017/18 will be the last year for Controls Assurance Standards.

52/17.6 Members noted the Controls Assurance Standards process.

Risk Management Strategy and Policy [GAC/44/10/17]

52/17.7 Miss Taylor presented the updated Risk Management Strategy and Policy. She noted that only minor amendments had been required. In light of the

recommendation Mr Coulter suggested that while he was content that GAC and the PHA Board had good opportunities to consider the Risk Register, the Board may wish to consider a workshop to review the Corporate Risk Register.

52/17.8 Ms Mann-Kler asked how often staff undertake risk management training. Miss Taylor advised that staff are required to complete the training every three years.

52/17.9 Members approved the Risk Management Strategy and Policy.

*Information Governance and GDPR Action Plans
[GAC/45/10/17]*

52/17.10 Miss Taylor said that the Information Governance Action Plan forms the agenda of the Information Governance Steering Group who are responsible for progressing against the Plan. She gave an overview of some of the areas rated “amber”.

52/17.11 Miss Taylor advised that work has been ongoing with Trusts to get MOUs and Data Access Agreements in place. She also highlighted the work to complete a Privacy Impact Assessment in relation to the COSURV system.

52/17.12 Mr McClean asked if there was a risk of any of the objectives rated “amber” being rated “red”. Miss Taylor said that this should not be the case; however it is dependent on maintaining staff momentum to complete the training. Reminders are sent out to staff and Information Asset Owners receive a list of their staff showing who has completed the training.

52/17.13 Miss Taylor moved on to the GDPR Action Plan and explained that the new regulations will be coming in soon and that the legislation is currently going through Parliament. She said that the key issue for PHA relates to accountability. She added that while the HSC has a sound information governance foundation, changes and enhancements will be required as the practical details

become clearer.

52/17.14 Mr Coulter asked about the training for staff. Miss Taylor advised that there is a regional subgroup looking at this; she added that the current training is likely to be compliant with the new regulations, but if there are any changes it will be updated and staff will be kept informed.

52/17.15 Members noted the Information Governance and GDPR Action Plans update.

53/17 Item 9 – External Auditor’s Report to those Charged with Governance 2016-17 [GAC/46/10/17]

53/17.1 Mr Clerkin advised members that the NIAO Report to those Charged with Governance had been presented at the last meeting as a draft report, but it has now been finalised and was being tabled for information.

53/17.2 Members noted the Report to those Charged with Governance.

54/17 Item 10 – PHA Mid-Year Assurance Statement [GAC/47/10/17]

54/17.1 Mr McClean presented the PHA Mid-Year Assurance Statement. He drew members’ attention to section 10 and advised that Dr Carolyn Harper will be bringing an update to the PHA Board on the Diabetic Eye Screening Programme.

54/17.2 Mr McClean told members that the pause in campaigns, due to the non-recurring removal of the campaigns budget, has been added as a new Internal Control Divergence.

54/17.3 Mr Coulter suggested that there should be a reference to the finance training undertaken by the non-executives, possibly within the section on Board Self-Assessment. Mr McClean agreed to review this.

54/17.4 Subject to amendment, members **approved** the Mid-Year Assurance Statement, which will be brought to the

PHA Board for approval.

**55/17 Item 11 – SBNI Declaration of Assurance
[GAC/48/10/17]**

- 55/17.1 Mr McClean explained that PHA hosts SBNI and that SBNI is required to produce this Declaration of Assurance. He said that from his perspective there were no major issues of concern.
- 55/17.2 Mr Cummings said that he would raise a concern he had with SBNI directly as he was unclear about the narrative in the finance section.
- 55/17.3 Ms Mann-Kler asked how the priorities of the SBNI work-group are determined as she felt that digital addiction was an important issue. Mrs Turbitt explained that there is a multi-agency business planning day at which these themes are agreed. She suggested that digital addiction is not a safeguarding issue and Mr Cummings added that it was more likely to be a social care issue coming under the auspices of HSCB. Mr McClean noted that as part of PHA's Health Improvement work, there is an objective dealing with giving children and young people the best start in life.
- 55/17.4 Members noted the SBNI Declaration of Assurance.

56/17 Item 12 – Any Other Business

- 56/17.1 There was no other business.

57/17 Item 13 – Date and Time of Next Meeting

Date: Thursday 7 December 2017
Time: 9.30am
Venue: Fifth Floor Meeting Room
Belfast
BT2 8BS

Signed by Chair: **Leslie Drew**

Date: **22 February 2018**

PHA Annual Business Plan 2018/19

date 15 March 2018 **item** 10 **reference** PHA/04/03/18

presented by Mr Ed McClean, Director of Operations

action required For approval

Summary

Following the PHA Board workshop on 18 January 2018, the draft PHA Annual Business Plan 2018/19, comments were shared with staff across all Directorates to review and further develop the draft Plan.

This final draft Annual Business Plan 2018/19 has been prepared, taking account of these comments.

The next stage is for the PHA Board approved Annual Business Plan 2018/19 to be submitted to the Department of Health for approval.

Equality Impact Assessment

The final version of the Annual Business Plan will be equality screened.

Recommendation

The Board is asked to **APPROVE** the PHA Annual Business Plan 2018/19, for submission to the Department of Health.



Annual Business Plan 2018–2019

PUBLIC HEALTH AGENCY ANNUAL BUSINESS PLAN 2018/19

INTRODUCTION

The Public Health Agency (PHA) Annual Business Plan sets out in more detail what the PHA will do to help achieve the outcomes identified in the PHA Corporate Plan. The Annual Business Plan 2018/19 is therefore the action plan for the second year of the PHA Corporate Plan 2017–2021. As such, it incorporates actions that the PHA will take in line with the draft *Programme for Government 2016–2021* (PFG), *Making Life Better* (MLB) and *Community planning* as well as *Health and wellbeing 2026: Delivering Together* and the transformation agenda arising from this. The plan also takes account of the draft *Health and Social Care Commissioning Plan Direction 2018*.

While the Annual Business Plan does not set out all the actions that the PHA will take during this year, it reflects the key actions from all functions and directorates across the five strategic outcomes.

Our commitment to work to reduce health inequalities is at the core of the PHA Corporate Plan 2017–2021, and is central to the actions set out in this Annual Business Plan for 2018/19.

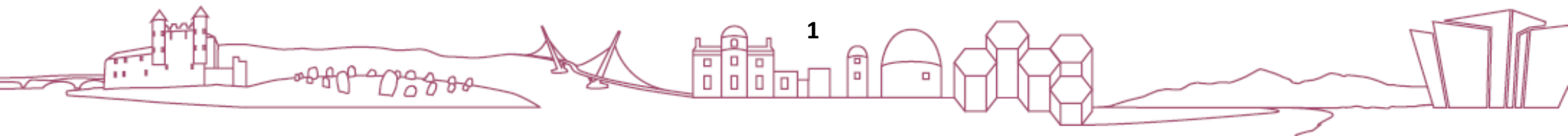
Supporting and equipping people to live long, healthy lives is central to a number of our strategic outcomes. In working to achieve this, we will continue to support the Department of Health (DoH) during the year, in the delivery of the draft PFG delivery plans.

It must be recognised, however, that there are many challenges as we enter 2018/19. The financial outlook is constrained and uncertain, HSC reform is ongoing and the implications of Britain leaving the EU are still unclear, to mention but a few. While this Annual Business Plan sets out the proposed actions for 2018/19, it must be recognised that these may be subject to change in the light of budget allocations and other pressures and demands that may emerge. The impact of these will be reviewed as we go through the year.

Working in partnership and collaborating is central to how we work. While the actions in the Annual Business Plan have one designated lead officer, much of the work is undertaken by staff from our different directorates and functions working together. Furthermore, we seek to include, involve and work with a wide range of appropriate stakeholders, including service users and carers as well as other statutory and non-statutory organisations where possible, to seek the best outcomes.

As stated in the Corporate Plan 2017–2021, the PHA is seeking to move to a more outcomes based approach. While acknowledging that we are only at the beginning of this journey, and that there is much more to be done, this plan seeks to reflect a more outcomes based approach. It is therefore structured not only to set out the actions for this year, but also to identify some of the anticipated impacts, both within this year and longer term, where applicable.

Progress against the actions will be monitored and reported on a twice yearly basis.

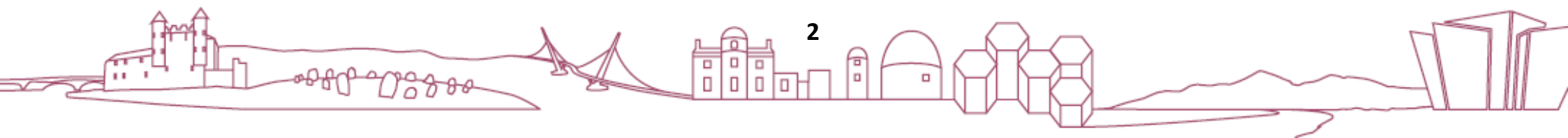


1. All children and young people have the best start in life

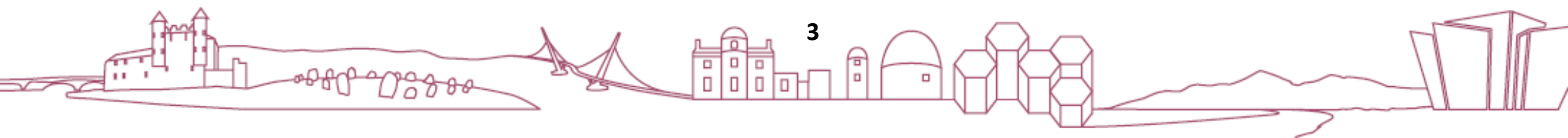
During the course of the PHA Corporate Plan 2017–21 we will work to:

- improve the health and wellbeing of all children and young people by strengthening universal services, building a sustainable workforce and embedding early intervention approaches;
- introduce and develop antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees;
- promote and secure the best outcomes for children and young people through implementation of a range of early years evidence-based/informed programmes, and by our contribution to international research on effective practice;
- implement a range of interventions and programmes that support parents and carers to provide a safe and nurturing home environment, and address issues that adversely impact on children and young people;
- protect the health of children and young people through vaccination and immunisation programmes and working with nurseries, pre-schools and schools to prevent the spread of infection in those settings.

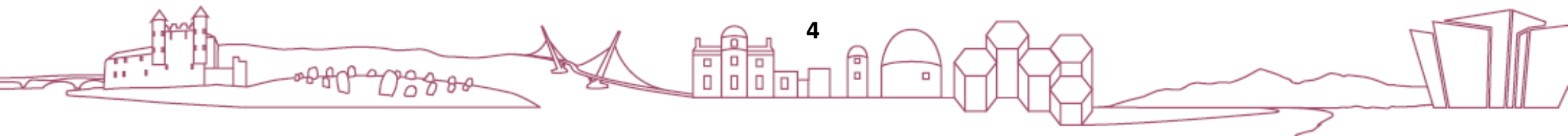
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	Implement the Breastfeeding strategy through the Breastfeeding Strategy Implementation Steering Group (BSISG) and Action Plan.	Increased membership of the Breastfeeding Welcome Here Scheme; Improved breastfeeding support for mothers of vulnerable infants being cared for in neonatal units; Increased percentage of breastfed babies.	March 2019 and beyond	Dr Harper
2	Implement the Infant Mental Health Action Plan.	Increase knowledge and skills relating to infant mental health among the workforce; Improved outcomes for children and families.	March 2019	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
3	Lead implementation and evaluation of Early Intervention Transformation Programme work streams 1 and 2.	Increased number of group based antenatal care and education programmes; Increased provision of 3+ Review (to 70% of eligible population); 100% of DE funded preschool settings will have regular contact with a named Health Visitor; Improvement in parental emotional wellbeing; Improved parenting skills/capacity Increased participation/involvement in children's learning/employment; Improved family relationships; Leading to improved long-term outcomes for children, young people and families.	March 2019	Dr Harper and M Hinds
4	Expand the Newborn Blood Spot Screening Programme to cover four additional inborn errors of metabolism.	Earlier detection and treatment of these conditions to prevent adverse outcomes; Reduced morbidity and disability in those affected.	March 2019	Dr Harper
5	Continue to implement the Healthy Child Healthy Future programme.	Children will be at the appropriate stage of development in the pre-school year; Improved long-term outcomes for children, young people and families.	March 2019	M Hinds
6	Enhance multi-disciplinary working within neonatal wards across each Trust area by embedding AHP support (dietetics, OT, physio, SLT).	Regional standardisation of AHP support and enhanced multi-disciplinary working; Improved outcomes for children and families.	March 2019	M Hinds



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
7	Roll out of the Regional Support for Education (RISE) model across the region.	Standardisation of practice across each Trust area to support children in the mainstream school setting and reduce barriers to learning due to underlying speech, language, behaviour and motor difficulties and adverse childhood experiences; Improved outcomes for children and families and enhanced working with education staff.	September 2019	M Hinds
8	Maintain and improve vaccination programmes for children and young people by working with HSC organisations, and delivering a PPI study to better understand barriers to vaccinate hard to reach groups such as the Roma community.	All eligible children in NI are offered the opportunity to receive vaccines; Improve the awareness of vaccines among vulnerable groups with low uptake; Provide protection for children and young people against vaccine preventable diseases.	March 2019	Dr Harper
9	Achieve uptake targets for seasonal influenza vaccinations for children aged 2–4 years and the primary school programme set by DoH.	All children aged 2–4 years old or in primary school are offered the opportunity to receive vaccine; Providing protection for children and young people against seasonal influenza, which will in turn protect the wider population.	March 2019	Dr Harper
10	Develop and promote a range of communications aimed at helping parents and carers recognise and manage issues relating to the health and wellbeing of children and young people.	Better health literacy around children’s health needs amongst adults and carers; Leading to improved long-term outcomes for children, young people and families.	March 2019	E McClean

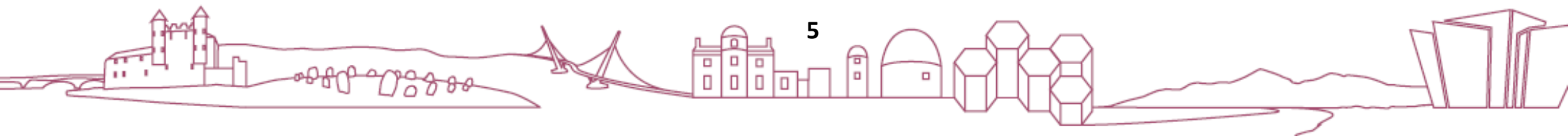


2. All older adults are enabled to live healthier and more fulfilling lives

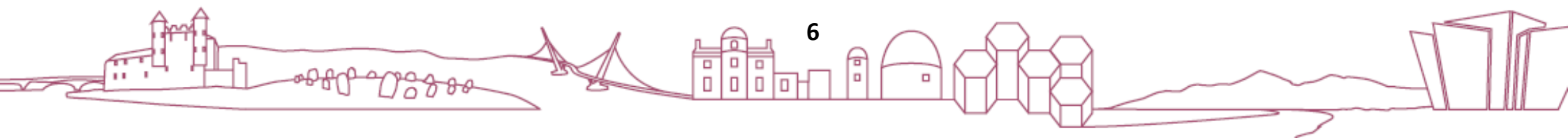
During the course of the PHA Corporate Plan 2017–21 we will work to:

- develop and implement multi-agency healthy ageing programmes to engage and improve the health and wellbeing of older people;
- promote appropriate intervention programmes within all settings to prevent, detect and manage mental ill health and its consequences;
- promote inclusive, inter-generational physical and mental health messages and initiatives that enable longer, healthier and more fulfilling lives;
- protect the health of older adults through immunisations and screening;
- support programmes and initiatives, including research, e-health and technology-based approaches, that promote independence and self-management.

	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	<p>Lead, in conjunction with other PHA/HSCB departments and external stakeholders, on creating a public health vision for frailty using an outcomes based approach. A frailty model will be tested that will include:</p> <ul style="list-style-type: none"> • falls • continence • mild cognitive impairment • social isolation 	<p>Test models of good practice, to help identify/improve the health and wellbeing of frail older people in each Trust; Develop an agreed regional frailty model with public health prevention and identification at its core underpinned by comprehensive geriatric assessment; Reduction in the percentage of older people becoming moderate to severely frail.</p>	March 2019	M Hinds
2	<p>Establish a regional Age Friendly Network and implement, with partners, the WHO Age Friendly Communities model in local government districts in co-operation with DFC 'Active Ageing Strategy'.</p>	<p>Robust structure in place for co-ordination and development of Age Friendly Northern Ireland; Councils are supported to engage people of all ages in community activities; People of all ages actively participate in community activities and treat everyone with respect, regardless of their age; Older people stay connected to the people who are important to them.</p>	March 2019 and beyond	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
3	Develop and implement a regional arts programme to enhance the wellbeing and quality of life of older people across Northern Ireland through their active engagement and increasing access to participation in high quality arts activities.	Increased opportunities for approximately 7,000 older people to engage with the arts; Positive relationships developed between people from different backgrounds and experiences; Older people feel more connected to their local communities and wider NI society; <i>Decreased feelings of exclusion, isolation, and loneliness amongst older people in society and increasing awareness of age discrimination amongst those who have participated in the programme.</i>	March 2019	Dr Harper
4	PHA, in conjunction with the HSCB and other external stakeholders will cost and pilot a new dementia memory assessment pathway.	Increased uptake of ECHO sessions; Improved outcomes for people with dementia and their carers following memory assessment with improved support.	March 2019	M Hinds
5	Influence future practice and policy in the care of older people, through the launch of reports and leaflets from commissioned research in dementia and through follow-up knowledge exchange processes with key stakeholders.	Reports and booklets will be disseminated through local and international events and journals; Research recommendations adopted in practice through routine use of booklets.	March 2019	Dr Harper
6	Lead work with the HSCB and Trusts to start delivering Phase Two of the Dementia E-Health and Data Analytics Pathfinder Programme for Northern Ireland, including the implementation of a patient portal for dementia patients.	People with dementia and their carers will have access to their records, enabling fuller participation in their care; <i>Roll out of patient portal across NI by 2021;</i> <i>Improved quality, safety and patient experience.</i>	Phase 1 by July 2018 Full functionality by June 2021	E Ritson



3. All individuals and communities are equipped and enabled to live long healthy lives

During the course of the PHA Corporate Plan 2017–21 we will work to:

- ensure people are better informed about health matters through easily accessible up-to-date information and materials;
- introduce and develop adult population screening programmes in line with the recommendations of the national and local screening committees and engage with primary care, pharmacies and relevant voluntary and community groups to promote specific screening programmes in local communities;
- develop and implement with partners a range of coordinated actions across communities and a range of settings to improve mental health and wellbeing and reduce the level of suicide;
- develop and implement a wide range of multi-agency actions across all settings to promote healthy behaviours including promotion of healthy weight and physical activity; improve sexual health; reduce harm from alcohol and drug misuse; reduce home accidents; and prevent skin cancer;
- protect the health of individuals and communities through timely responses to outbreaks and emergency planning, implementing immunisation programmes and promoting key health protection messages;
- support research on innovative approaches to prevention and care.

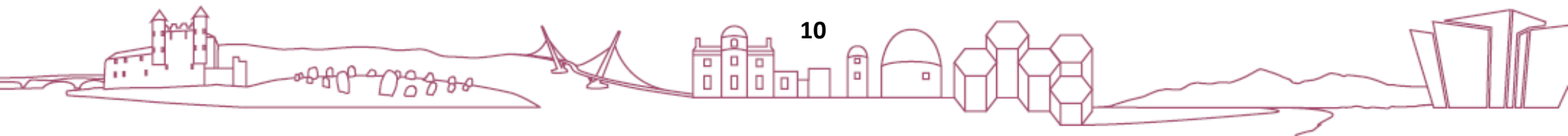
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	Continue to work with local government on the implementation of community planning.	Public health input to the development of action plans and their implementation, based on local needs in each local council; Improved health and wellbeing through tackling local issues identified in the community planning process and working with the community planning partnership.	March 2019 and ongoing	E McClean
2	Lead and coordinate regional implementation of the Making Life Better Public Health Framework.	Strengthened collaboration across sectors; Improvement in health and wellbeing of individuals and communities and a reduction in health inequalities	March 2019 (2023 for MLB as a whole)	Dr Harper



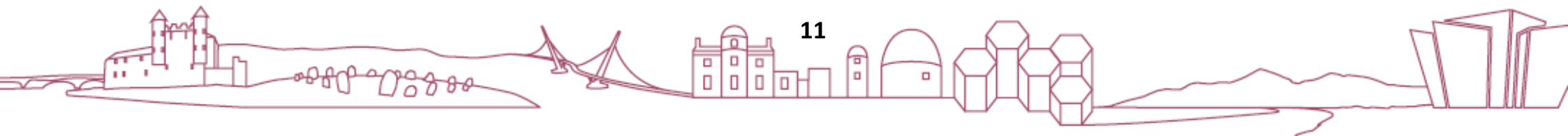
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
3	Develop and implement the actions flowing from the Transformation workstream on the expansion of community development approaches.	Clarity on how community development contributes to health and wellbeing.	March 2019	Dr Harper
4	Lead and implement programmes which tackle poverty (including fuel, food and financial poverty) and maximise access to benefits, grants and a range of social inclusion services for vulnerable groups.	Individuals/households/communities supported, including through: <ul style="list-style-type: none"> • the regional keep Warm Pack Scheme; • support for the regional Fareshare food redistribution model and work to improve access to healthier affordable choices for those most at risk; • provision of targeted benefit entitlement advice for those with underlying health needs; Improved health and wellbeing and reduction of inequalities for those most at risk/impacted by poverty, including people experiencing homelessness.	March 2019	Dr Harper
5	Implement the multi-agency obesity prevention action plan.	Expand, develop and implement actions, including: <ul style="list-style-type: none"> • Weigh to a Healthy Pregnancy programme • Early Years Obesity Prevention programme • Physical Activity Referral Scheme • Active Travel and Greenways programme; • Minimum Nutritional Standards in HSC settings; Reduction in levels of obesity.	March 2019 and beyond	Dr Harper
6	Continue to consolidate the drug and alcohol services tendered and commissioned under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011–17 and the PHA/HSCB Drug and Alcohol Commissioning framework 2013–16 including revising the framework to inform future service design and procurement.	Reformed and modernised service provision; Improved regional consistency of service provision across the 5 HSCT areas; Improved health outcomes for some of the most vulnerable groups in NI; Reduced harm caused by substance misuse to individuals, families and carers, and society in general.	March 2019	Dr Harper



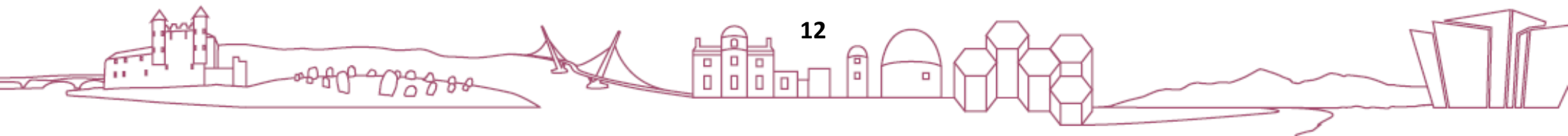
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
7	Establish a minimum of three additional Community Pharmacy Needle and Syringe Exchange Scheme sites across NI in relation to identified need.	Increased safe disposal of used injecting equipment; Improved health outcomes for some of the most vulnerable groups in NI; Reduced onward transmission of BBVs.	March 2019	Dr Harper
8	Commission and monitor uptake of stop smoking services in line with KPIs, in particular with young people, pregnant smokers and disadvantaged adults.	Maintain current levels of stop smoking services uptake and maintain quit rates at 4 and 52 weeks; Increase in numbers of smokers accessing stop smoking services; Decreased numbers of pregnant smokers in NI; Decrease in smoking prevalence across NI, and in particular young people, pregnant women and disadvantaged adults; Improvement in all aspects of the health of the population, especially young people, pregnant women and their babies and disadvantaged communities.	March 2019	Dr Harper
9	Lead and implement a range of programmes to promote mental and emotional wellbeing and prevent suicide.	Enhanced community capacity to prevent and respond to suicidal behaviour and encourage help seeking behaviour; Families and communities bereaved by suicide able to access timely and effective support where appropriate; Increase in mental health literacy and help-seeking behaviour; Improved skills in those providing front line services; Current Lifeline service stabilised to provide appropriate support for those at immediate risk of suicide and providing basis for development of new Lifeline service model; Reduced incidence of repeat self-harm presentations to hospital emergency departments; Reduction in the differential in suicide rates among the most and least deprived areas.	March 2019	Dr Harper



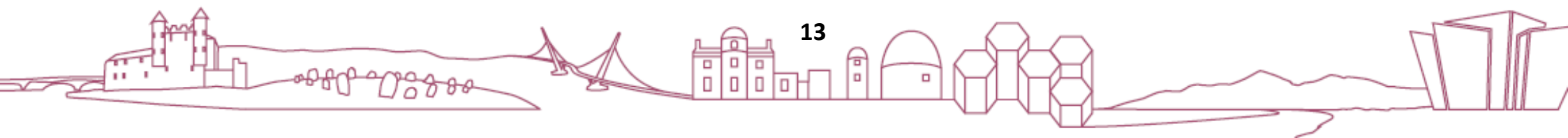
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
10	Lead on the strategic planning and commissioning of prison healthcare for Northern Ireland and co-ordinate the implementation of the joint health care and criminal justice strategy action plan which incorporates prioritising the transformation of health care services in police custody.	Improved prevention and screening services; Enhanced electronic patient information and communication with primary care; Service specification for a pathfinder project developed in partnership with PSNI, DoJ, DoH; <i>Improved multidisciplinary and nurse models of service delivery.</i>	March 2019	M Hinds
11	Monitor, co-ordinate and promote the work of recovery colleges in NI, increase opportunities for co-production, and pilot Wellbeing and Recovery Star mental health teams and recovery colleges.	Bi-annual Recovery Newsletters produced with service users, to raise awareness of ongoing recovery work in NI and promote co-production and recovery orientated practice; Increased cross border collaboration through the roll out of the recovery college network along the border corridor; <i>Increased opportunities for people with lived experience to become involved in the design and delivery of HSC services; Creating the conditions for service users and professionals to work together to achieve agreed outcomes.</i>	March 2019	M Hinds
12	Develop healthier workplaces in the HSC and other sectors.	Targeted support to employees at particular risk of poor health and wellbeing. Training of workplace health champions. Meaningful engagement with employees to assess and support their health and wellbeing needs. <i>Improvements to employee health and wellbeing and effective use of the workplace as a healthy setting.</i>	March 2019	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
13	Award over €7m funding to support ten cross-border healthcare intervention trials in Northern Ireland and Republic of Ireland through the Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN INTERREG VA) programme. Complete selection and initiation of 10 healthcare intervention trials under the CHITIN programme.	Ten trials of novel and unproven healthcare interventions, in settings outside of major centres (eg in communities or primary care), developing innovative approaches to prevention and care; Increased participation in healthcare intervention trials and extension of existing clinical networks in Northern Ireland and Rol, developing a cadre of skilled professionals, who can support the acquisition of future research funding into this previously under-resourced area.	March 2019 for 18/19 target overall end date December 2021	Dr Harper
14	Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care and Improvement Steering group on behalf of PHA and HSCB.	Implementation and evaluation of the Regional Hospital Passport for people with a learning disability; Good practice promoted, health inequalities identified and addressed; Responsive services making necessary reasonable adjustments to meet the health needs of people with a learning disability.	March 2019	M Hinds
15	Lead the implementation of the Regional Palliative Care work plan.	Implementation of early identification protocol in primary care; Delivery of education programme to support advance care planning (ACP) to at least 400 staff regionally across settings, professions and sectors.	March 2019	M Hinds
16	Lead on the development of the Promoting Good Nutrition (PGN) strategy implementation plan in the community.	Improved prevention, screening and care pathways for malnutrition in the community for people in receipt of services.	March 2019	M Hinds
17	Introduce surveillance clinics into the Diabetic Eye Screening Programme.	More appropriate management of people requiring surveillance, within a quality assured screening programme.	December 2018	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
18	Prepare for introduction of primary screening with Human Papillomavirus Virus (HPV) testing within the Cervical Screening Programme.	Improved detection of precursors of cancer; Reduced mortality from cervical cancer.	March 2019	Dr Harper
19	Continue working with interagency partners to increase health improvement services and support and self-management services for people with long-term conditions to include digital information resources for people with persistent pain.	Improve patient information, self-efficacy, resilience and health literacy; More people with long-term illnesses participate in social and economic activities; Improved mental health; People with persistent pain are better informed and supported to self-manage; Reduced levels of pain medication prescribing, healthcare utilisation and disability.	March 2019	Dr Harper
20	Continue to lead the implementation and monitoring of the E-health and Care strategy under the objectives of <ul style="list-style-type: none"> • supporting people • using information and analytics • fostering innovation which will contribute to the development of a regional EHCR.	Implementation and evaluation of alternatives to the RTNI telehealth service; production of a business case and procurement of the new Telecare service in advance of March 2019; Improved digital innovation within the HSC; People will be more involved in their care via the use of innovative technologies; Citizens will be involved in the design of future services using technology.	March 2019	E Ritson
21	Deliver new communication programmes supporting public health messaging around suicide prevention, mental health promotion, smoking cessation and cancer awareness.	Target audiences are better informed about health matters and have access to relevant information; Earlier presentation at primary care settings; Improved health outcomes.	March 2019	E McClean

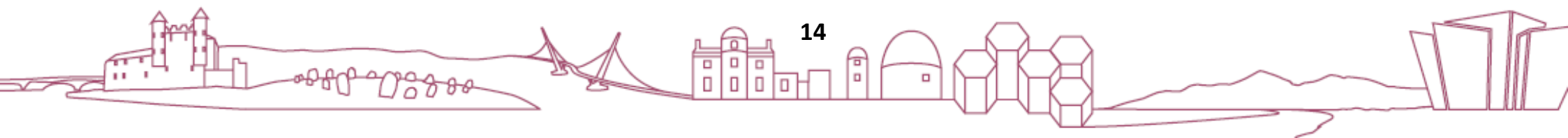


4. All health and wellbeing services should be safe and high quality

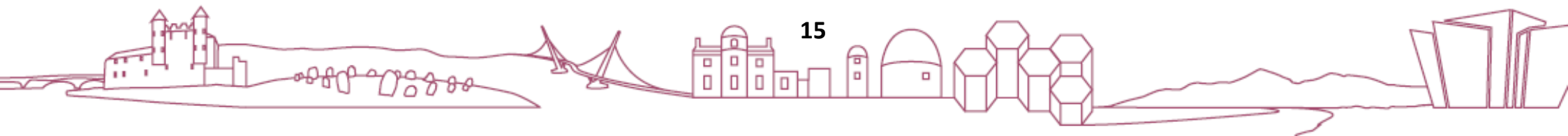
During the course of the PHA Corporate Plan 2017–21 we will work to:

- provide leadership and direction to the HSC embedding PPI culture and practice into the development and delivery of services; moving towards the goal of co-designing and co-producing these with service users and carers;
- provide leadership and support to the HSC in the development and implementation of a comprehensive patient and client experience programme;
- improve patient safety and experience by bringing leadership to reducing healthcare-associated infections including MRSA and C difficile, improving antimicrobial stewardship and tackling antimicrobial resistance across the health and social care economy;
- provide professional advice to HSC organisations and work with these organisations to ensure the HSC workforce has the skills, opportunities and supervision arrangements to work with patients and clients to improve the safety, reliability and quality of care;
- drive forward, share and embed regional learning from relevant reviews and recommendations;
- support research on new diagnostic tools and treatments in collaboration with HSC, academia and industry.

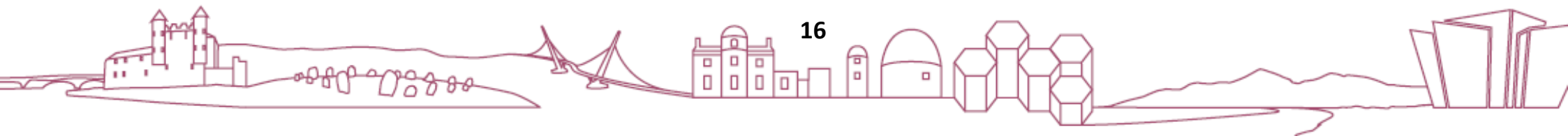
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	Continue to implement the PPI Strategy and deliver training on PPI in research for researchers and members of the public and facilitate opportunities for patients and public to be involved as partners and co-designers in the research process through the promotion of the PIER role.	Up to 60 service users and HSC professionals will have attended Building Research Partnership Courses run twice a year; Each funding panel held by R&D will include two PIER members; NI will be represented at UK inter-governmental meetings and international events; More service users will be involved as co-designers in research proposals.	March 2019	Dr Harper



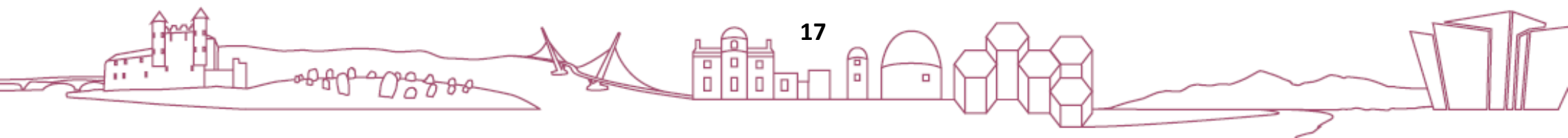
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
2	Provide leadership, direction and guidance on involvement to the HSC including support for the Regional HSC PPI Forum and transformational work programmes.	Involvement plans developed for transformation projects. implementation of good involvement practice across HSC organisations advanced and promoted; PPI and co-production methodologies influence strategic and operational plans and decisions, and also deliver transformational change.	March 2019	M Hinds
3	Continue the work of the multiagency and multidisciplinary Regional Adult Dysphagia group, including work to improve awareness, identification and management of dysphagia.	Increased public and professional awareness of dysphagia and improved knowledge and skills within the HSC workforce on the identification, management and treatment of dysphagia; Improve the safety and quality of life for adults who have dysphagia (eating, drinking and swallowing difficulties).	March 2019	M Hinds
4	Identify opportunities to establish how the AHP workforce can support primary care transformation with an initial focus on first contact physiotherapy.	Improved levels of service user satisfaction, patient empowerment and better clinical outcomes.	March 2019	M Hinds
5	Lead and co-ordinate regional implementation of the District Nursing Framework and test new district nursing models of care, for a regional community nurse-led model of care prototype.	Improved standards of nursing care, a positive patient and carer experience, robust evidence based clinical outcomes; Improved clinical outcomes for patients; Improved patient experience; Improved staff work experience; Provision of a cost effective service.	March 2019	M Hinds
6	Implement the comprehensive patient and client experience programme, monitor the agreed key regional priorities for 2018/19 and continue to roll out 10,000 Voices in a range of areas eg Unscheduled Care and Discharge.	Increased awareness of patient experience programme of work; Influence local and regional improvement priorities based on feedback of experience; Sustained improvement in experience of health and social care services; Improved delivery of services which are patient and client focused.	March 2019	M Hinds



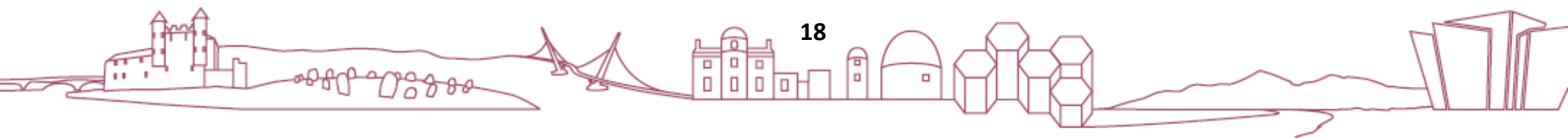
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
7	Continue to gain assurance on progress with regional safety and quality priorities through Quality Improvement Plans and Key Performance Indicators; and provide advice and support to Trusts on the implementation of these key priorities.	Better engagement with Trust teams; Increased awareness of quality improvement interventions; Identifiable and sustained improvement against identified quality improvement indicators; Improved safety and quality of care.	March 2019	M Hinds
8	Provide a strategic role in the management of and learning from the SAI (Serious Adverse Incidents) process, including leading the development of Learning Matters newsletter, development of thematic reviews and contributing to the SAI Biannual learning report.	Increased awareness and dissemination of learning identified from SAIs, which is targeted to the relevant HSC staff; Improved safety and quality of care.	March 2019	M Hinds
9	Continue to oversee the implementation of the Q2020 Strategy including providing advice and support to the task streams and co-ordinate the development of the Annual Quality Report.	Identification of models of improvement for potential regional scale and spread; Raised awareness of quality improvement initiatives; Identifiable and sustained improvement in the quality of health and social care services.	March 2019	M Hinds
10	Work with HSCB to finalise a Cancer Services Indicator Framework and to publish achievement against key indicators on a rolling basis (Staff and financial resources dependent).	Data on achievements will help shape service developments and improve patient outcomes Earlier cancer diagnosis and better survival in the longer term	March 2019	Dr Harper
11	Continue to take forward the implementation plan for the Respiratory Service Framework.	Improved access, quality and safety within respiratory services for children, adults and older people; Falling incidence of COPD; Lower hospital admission rates for people with asthma and COPD; People with life limiting lung diseases have a better quality of life and live for longer.	March 2019	Dr Harper



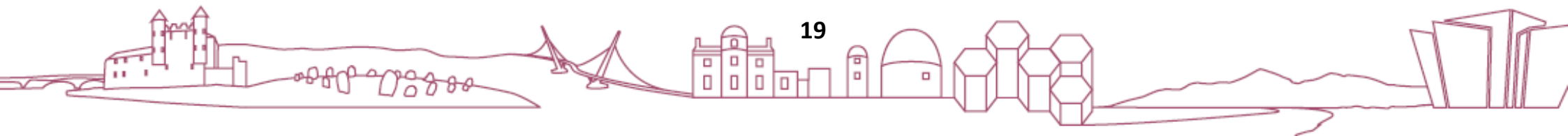
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
12	Support the implementation of the Northern Ireland Diabetes Strategic Framework through the regional diabetes network.	Population based approach to the prevention or delay of Type 2 diabetes through obesity prevention and supporting individuals at high risk; Patients at risk of developing complications targeted, through working with providers, patients and the voluntary sector to support service redesign; Improved pre pregnancy and antenatal care for women with diabetes.	March 2019	Dr Harper
13	Support the stroke modernisation programme and the planned consultation on the organisation and delivery of stroke care.	Increase the percentage of: <ul style="list-style-type: none"> • people with high blood pressure who are treated successfully, • patients admitted to a stroke unit on admission to hospital and within 4 hours • people eligible for thrombolysis who receive it • stroke patients who receive thrombolysis within 60 mins of hospital arrival • stroke patients who undergo thrombectomy; Increase the number of assessment sites that have an average door to needle time of 30 minutes; Reduce age adjusted annual: <ul style="list-style-type: none"> • stroke incidence rate/1000 population • stroke mortality rate/1000 population; Increase age adjusted disability free survival rate after stroke/1,000 patients.	March 2019	Dr Harper
14	Continue to work with colleagues in the DoH, HSCB, HSCTs, voluntary agencies and patients to support Scheduled Care Reform.	Improve service delivery and change models in community, primary and secondary care settings for a range of clinical specialities; Reduce waiting lists for these specialities and improve patient experience and outcomes.	March 2019	Dr Harper



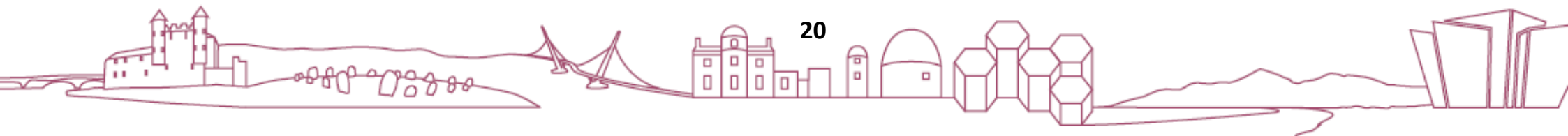
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
15	<p>Raise awareness and knowledge about AMR, through:</p> <ul style="list-style-type: none"> Ensuring the timely availability of intelligence about antimicrobial use, antimicrobial resistance and healthcare-associated infections in secondary care by publishing regular reports, through an integrated dashboard and monitoring progress against targets set in the commissioning plan direction; and Engaging the public and raising public awareness to help reduce inappropriate antibiotic use. 	<p>Improved ability of Trusts to target their improvement actions by providing business intelligence; Increased public understanding of the threat to health from AMR and knowledge of the steps they can take to reduce AMR; Progress towards HSC target to reduce inappropriate prescribing by half by 2020; Reduce proportion of infections that are resistant to specific antibiotics. Reduced healthcare associated infection incidence.</p>	March 2019	Dr Harper
16	<p>Develop an operational plan for an Emergency Operation Centre (EOC) to support the management of an outbreak /major incident by PHA.</p>	<p>EOC team to support Regional Outbreak Plan identified and trained; The PHA can meet its responsibility for co-ordinating a regional response to an outbreak/major incident in adherence to the NI Infectious Disease Incident/Outbreak Plan.</p>	March 2019	Dr Harper
17	<p>Working in partnership with HSCB and HSCTs, to continue to support and develop cancer nursing services, including:</p> <ul style="list-style-type: none"> Roll out of Clinical Nurse Specialist (CNS) workforce expansion plan across NI HSC Cancer Services; Oversee the Acute Oncology Nursing Service (AONS); and Develop a sustainable model for Non-Medical Prescribing (NMP) 	<p>Recruitment of CNS and systems and processes standardised through regional CNS forums; Access to 24 hour expert nursing advice for all patients receiving active cancer treatment (through AONS); The modernisation of the provision of systematic anti-cancer therapies (SACT) for patients across NI Cancer services through the expansion of NMP, maximising current workforce capacity; A skilled, effective and productive CNS workforce; Improved experience for patients living with cancer.</p>	March 2019	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
18	Deliver/commission Flu Fighters to support the delivery of flu vaccine for HSCNI workers to achieve the 40% target.	Increase awareness among HSCNI workers via the Flu Fighter campaign; Increased vaccine uptake rates among HSCNI workers.	March 2019	Dr Harper
19	Lead on the development of methodology and models for the policy framework for Delivering Care Project NI for the nursing and midwifery workforce across NI.	Agreed principles developed for an all island collaborative for enhanced care and further partnership working towards an all island nursing and midwifery workforce collaborative progressed; <i>Provision of high quality care, which is safe and effective in hospital and community settings.</i>	March 2019	M Hinds
20	Implement the GP Nursing Framework, including addressing workforce capacity within primary care settings, through the development of ANP roles; rolling out regional education and training programmes, co-design with users, carers and communities.	<i>Improved workforce capacity and skilled workforce.</i>	March 2019	M Hinds
21	Design and manage projects and programmes that directly impact on nursing workforce, recruitment and retention. Effective and methodical execution of nurse led initiatives including a public health focus. Plan and implement the Burdett grant across NI.	Achieve and retain a skilled, resilient and motivated nursing workforce working in older people’s acute settings; <i>Improved regional recruitment process for nursing workforce.</i>	March 2019	M Hinds



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
22	Support the DoH in undertaking a workforce analysis of the AHP professions to support the Delivering Together framework to determine the future capacity requirements of undergraduate and post-graduate training numbers and the training and skills required to ensure that AHPs have the capacity and skills to support transformational reform.	Requirement for undergraduate and post-graduate training places determined; AHP workforce equipped to enable them to respond to the challenges of service transformation.	March 2019	M Hinds
23	Scope the emerging issues related to the provision of high quality care in the nursing home sector.	Development of an improvement plan following the completion of a scoping exercise co-produced with the independent sector; Improved quality of care in nursing home sector.	January 2019	M Hinds
24	Facilitate regional learning and change within HSC as a result of the inquiry into hyponatraemia-related deaths (January 2018).	development and implementation (along with HSC Trusts) of a regional service improvement plan reflecting the Hyponatraemia Inquiry recommendations associated with: <ul style="list-style-type: none"> • Candour • Leadership • Clinical care (paediatrics) • SAI processes • Training and development . 	March 2019	M Hinds
25	Implement a range of actions through the HSC Safety Forum in support of HSC Trusts and other key stakeholders to improve the safety and quality of services delivered.	Improved response to sepsis in hospitals, developing spread plan to community; Continued support for collaboratives focusing in particular on the paediatric and discharge collaborative work plans; Continued support for the development of the Q initiative; Trusts supported to improve the escalation response through a range of early warning score tools.	March 2019	M Hinds

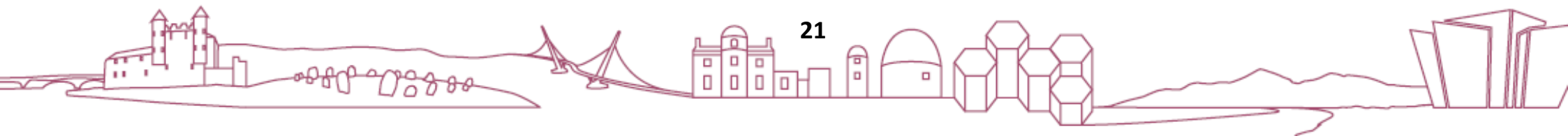


5. Our organisation works effectively

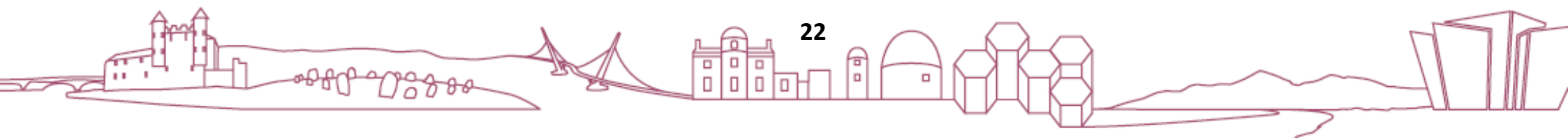
During the course of the PHA Corporate Plan 2017–21 we will work to:

- ensure appropriate resilience measures are in place across the organisation to enable a rapid and appropriate response to a major incident while maintaining and protecting key services;
- support our staff and their wellbeing at all times, especially during a period of reform and restructuring;
- use the research, evidence and health intelligence available to inform our decision-making and further develop appropriate and robust data where required;
- ensure we have the skills, opportunities and staffing levels to deliver our functions;
- ensure high quality and appropriate governance arrangements and processes to support the delivery of PHA functions;
- work in partnership and communicate effectively with our stakeholders and target audiences.

	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	Continue to take forward implementation of the PHA Procurement Plan.	Compliance with Procurement regulations; Contracts in place which deliver value for money in terms of both quality and cost; Access to high quality services that will better address identified needs and improve health and wellbeing outcomes.	March 2019	E McClean
2	Continue to facilitate and support embedding of OBA approach.	PHA enabled to demonstrate effectiveness, in line with other key strategies and plan.	March 2019	E McClean
3	Review and test the PHA Business Continuity Management Plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	PHA is able to maintain essential functions in the event of a business continuity disruption.	March 2019	E McClean



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
4	Ensure appropriate corporate and information governance arrangements are in place to underpin and support the Public Health Agency in undertaking its core business.	PHA has appropriate internal control measures in place, compliant with legislation and DoH regulations, enabling PHA to undertake its core functions; PHA is a safe and well run organisation, compliant with legislation and DoH regulations.	March 2019	E McClean
5	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas through the organisation of a series of events on key topic areas bringing a wide range of stakeholders together.	The formation of a number of Research Development Groups (RDGs) in PHA priority areas which will apply for research funding; <i>Augmentation of the evidence base of public health research which will have the potential to make positive contributions to the health of the population in Northern Ireland.</i>	March 2019	Dr Harper
6	Action recommended changes arising from the 2017/18 Consultative Review of R&D funded infrastructure.	Creation of a more efficient and cohesive infrastructure that is easier for researchers to navigate, with collaborative leadership to ensure an improved service (follow-up survey).	March 2020	Dr Harper
7	Design and deliver a new staff intranet to support communications within the PHA.	Effective communication platform in place to support dissemination of information for staff and programmes of work; <i>Improvements in staff awareness of work related issues leading to more effective working patterns.</i>	March 2019	E McClean
8	Continue to embed PPI into the culture and practice of the organisation through the PPI internal leads group and the roll out of PPI training for PHA staff.	PHA staff aware, equipped and skilled in PPI; Effective partnership working with service users and carers using PPI and co-production.	March 2019	M Hinds
9	Meet DoH financial, budget and reporting requirements.	PHA is compliant with DoH regulations, with a sound financial basis enabling the PHA to undertake its core business.	March 2019	P Cummings
10	Continue to support and develop staff during a period of organisational change, including relevant communication with staff.	Staff feel supported and valued; Improved staff morale; Staff skilled and equipped for the future.	March 2019	V Watts





Public Health Agency

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Find us on:



*Review of PHA Standing Orders, Standing Financial Instructions and
Scheme of Delegated Authority*

date 15 March 2018

item 11

reference PHA/05/03/18

presented by Mr Ed McClean, Director of Operations

action required For approval

Summary

List of Changes to Standing Orders

Overall, any references to the DHSSPS which are required to be updated to DoH were amended. Any references to DFP are now DoF.

On page 10, the words “shall form the Annual Business Plan. Plans will be subject to DoH approval.” have been reinstated as they were accidentally deleted from the previous year’s review.

On page 77, references to Controls Assurance Standards have been removed and the text updated.

On page 80, “the HPSS Capital Accounting Manual” has been changed to “The Capital Accounting Manual”

On page 82, the EU threshold has been updated to £118,133

On pages 96-97, paragraphs 1.1.2 and 1.1.3 have been removed and replaced with new text to reflect updated arrangements with regards to risk management and Controls Assurance Standards.

Changes to Standing Financial Instructions

As with Standing Orders, the main change to Standing Financial Instructions is that any references to the DHSSPS which are required to be updated to DoH were amended. Any references to DFP are now DoF.

Any references to specific guidance have also been reviewed and updated as required.

Scheme of Delegated Authority

A review of the Scheme of Delegated Authority (SoDA) has also been undertaken as part of the annual review.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **APPROVE** the review of PHA Standing Orders, Standing Financial Instructions and the Scheme of Delegated Authority.

STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

February 2018

TABLE OF CONTENTS

STANDING ORDERS

Contents	Page
Foreword	4
1. Introduction	6
2. Powers Reserved to the Agency board	16
3. Powers Delegated by the Agency board	36
4. Agency board Committees	45
5. Conduct of Agency board Business	47
6. Code of Conduct and Code of Accountability	63
7. Powers and Duties	73

APPENDICES

Appendix 1	Chief Executive's Scheme of Delegation	76
Appendix 2	Administrative Schemes of Delegation	78
Appendix 3	Financial Schemes of Delegation	89
Appendix 4	Governance and Audit Committee	95
Appendix 5	Remuneration and Terms of Service Committee	106
Appendix 6	Agency Management Team	111
Appendix 7	Role of Chair	113

Foreword

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

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

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

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

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

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

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

The PHA's original Standing Orders and Standing Financial Instructions were approved by the Agency board at its meeting on 1 April 2009 and were subsequently forwarded to the Department.

These current Standing Orders and Standing Financial Instructions were approved by the Agency board on 15 March 2018.



Andrew Dougal
Chairperson



Valerie Watts
Interim Chief Executive

Dated: 15 March 2018

1. Introduction - Contents

1.1 Statutory Framework

1.2 Functions of the Agency

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

1.4 Financial Performance Framework

1.5 Delegation of Powers

1.6 Interpretation

1. Introduction

1.1 Statutory Framework

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

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

The Agency is governed by Statutory Instruments: HPSS (NI) Order 1972 (SI 1972/1265 NI14), the HPSS (NI) Order 1991 (SI 1991/194 NI1), the Audit and Accountability (NI) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009. Their provisions are incorporated in these Standing Orders.

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

1.2 Functions of the Agency

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

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

Board (HSCB) with the aim of providing professional input to the commissioning of health and social care services that meet established safety and quality standards and support innovation. Working with the HSCB, the PHA has an important role to play in providing professional leadership to the HSC.

In exercise of these functions, the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social well-being and for anticipating the new opportunities offered by community planning.

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

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

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

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

- The main priorities and objectives of the body in carrying out its functions and the process by which it is to determine further priorities and objectives;
- The matters for which the body is responsible;

- The manner in which the body is to discharge its functions and conduct its working relationship with the Department and with any other body specified in the document; and
- The arrangement for providing the Department with information to enable it to carry out its functions in relation to the monitoring and holding to account of HSC bodies.

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

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

The **Code of Conduct** draws attention to the requirement for public service values to be at the heart of Health and Social Care (HSC) in Northern Ireland. High standards of corporate and personal conduct are essential. Moreover, as the HSC is publically funded, it is accountable to the Northern Ireland Assembly for the services provided and for the effective and economical use of taxpayers' money. It also sets out measures to deal with possible conflicts of interest of board members.

The **Code of Practice on Openness in the HPSS** sets out the requirements for public access to information and for the conduct of

board meetings. The Agency is required to ensure appropriate compliance with the Freedom of Information Act (2000).

1.4 Financial and Performance Framework

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

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

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

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

Consistent with the timetable for Northern Ireland Executive Budgets, the PHA will submit annually to the DoH a draft of the Corporate Plan covering up to 3 years ahead; the first year of the Corporate Plan, amplified as necessary, shall form the Annual Business Plan. Plans will be subject to DoH approval. The

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

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

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

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

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

1.5 Delegation of Powers

The Agency board is given powers as follows:

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

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

1.6 Interpretation

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

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

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

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

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

“BSO” means Regional Business Services Organisation.

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

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

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

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

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

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

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

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

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

“Department” means the Department of Health (DoH). The term Department does appear as part of the title of other Government organisations and in these instances the title is given in full.

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

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

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

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

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

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

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

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

“Minister” means the Minister for Health in the Northern Ireland Assembly

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

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

“Officer” shall mean an employee of the Agency. In certain circumstances, an officer may include a person who is employed by

another HSC organisation or by a Third Party contracted to or by the Organisation who carries out functions on behalf of the Organisation.

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

“PCC” means the Patient and Client Council.

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

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

“SFIs” is an abbreviation for Standing Financial Instructions.

“SOs” is an abbreviation for Standing Orders.

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

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

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

2. Powers Reserved to the Agency Board - Contents

2.1 Introduction

2.2 Composition of the board

2.3 Key Functions of the Agency board

2.3.1 Set Strategic Direction

2.3.2 Monitoring Performance

2.3.3 Financial Stewardship

2.3.4 Corporate Governance & Personal Conduct

2.3.5 System for Appointment of Senior Executives

2.3.6 Dialogue with Local Community

2.3.7 Additional Functions

2.1 Introduction

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

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

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

2.2 Composition of the board

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

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

2.3 Key Functions of the Agency board

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.3.3**Financial Stewardship**

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

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

STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD

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

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

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

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

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

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

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

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

STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD

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

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

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

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

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

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

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

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

STANDING ORDERS
SCHEDULE OF POWERS RESERVED TO THE AGENCY BOARD

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

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

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

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

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

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

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

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

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

**2.3.8
Additional Functions**

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

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

**2.3.8
Additional Functions**

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

3. Powers Delegated by the Agency Board - Contents

3.1 Arrangements for Delegation by the Agency Board

3.1.1 Introduction

3.1.2 Urgent Decisions

3.1.3 Delegation to Committees

3.1.4 Delegation to Officers

3.1.5 Decision Tree - Flowchart

3.2 Chief Executive's Scheme of Delegation

3.3 Statutory Schemes of Delegation

3.4 Administrative Schemes of Delegation

3.4.1 Custody of Seal

3.4.2 Sealing of Documents

3.4.3 Register of Sealing

3.4.4 Signature of Documents

3.4.5 Delegation of Budgets for Agency Administration

3.4.6 Procedure for Delegating Power to Authorise
& Approve Expenditure

3.4.7 Procedure for Quotations and Tendering

3.4.8 Use of Management Consultants

3.5 Financial Schemes of Delegation.

3.5.1 Procedure for Delegation of Budgets

3.5.2 Authorisation & Approval of Payroll Expenditure

3.5.3 Authorisation & Approval of Non Payroll
Expenditure

3.5.4 Authority to Initiate and Approve Cash Advances

3.1 Arrangements for Delegation by the Agency Board

3.1.1 Introduction

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

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

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

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

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

3.1.2 Urgent Decisions

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

3.1.3 Delegation to Committees

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

The PHA has established two Committees:

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

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

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

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

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

3.1.4 Delegation to Officers

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

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

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

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

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

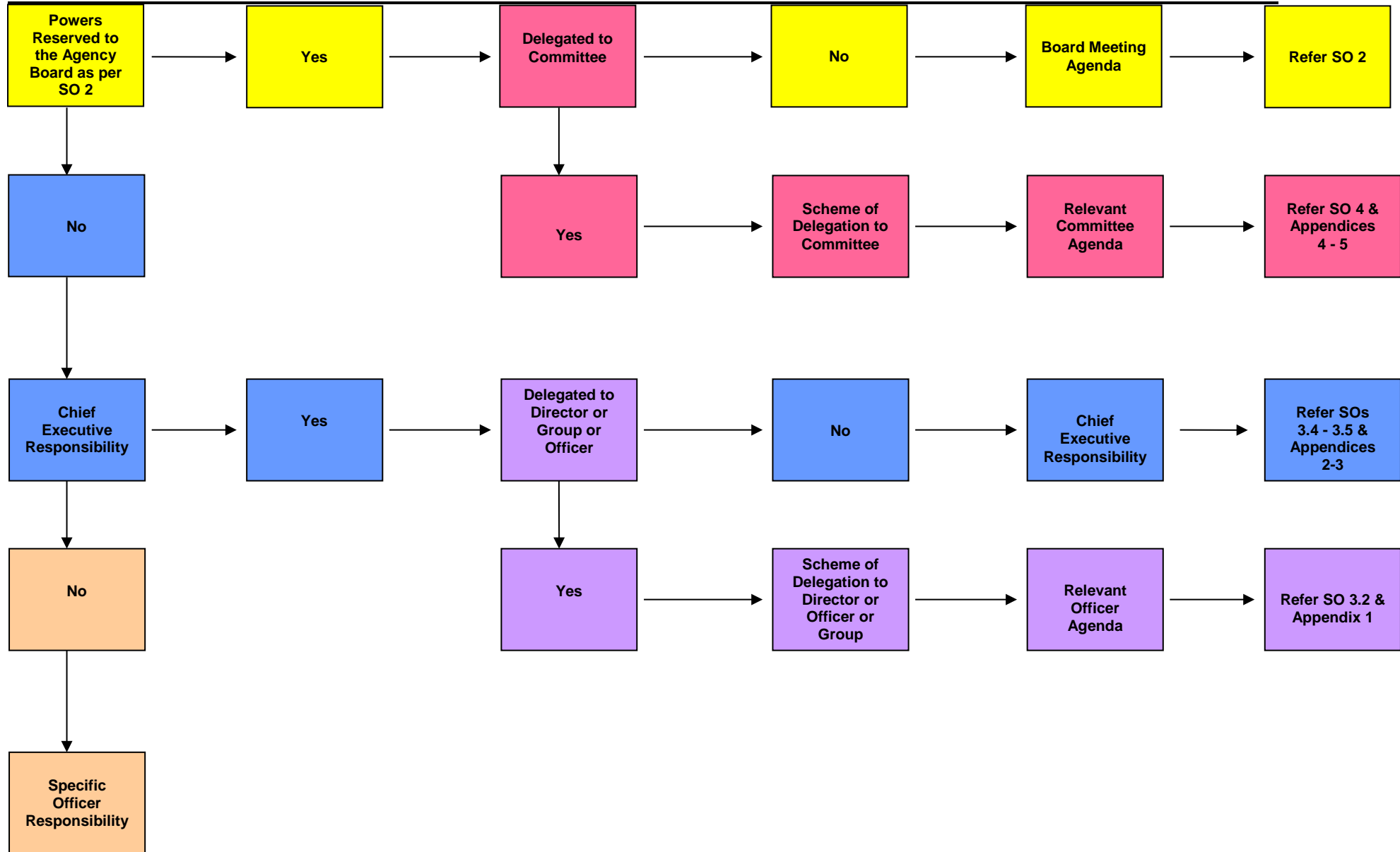
3.1.5 Decision Tree - Flowchart

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

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

Flowchart

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



3.2 Chief Executive's Scheme of Delegation

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

3.3 Statutory Schemes of Delegation

None applicable to the Agency at this time.

3.4 Administrative Schemes of Delegation

3.4.1 Custody of Seal

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

3.4.2 Sealing of Documents

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

3.4.3 Register of Sealing

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

3.4.4 Signature of Documents

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

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

3.4.5 Delegation of Budgets for Agency Administration

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

3.4.6 Procedure for Delegating Power to Authorise & Approve Expenditure

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

3.4.7 Procedure for Quotations and Tendering

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

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

3.4.8 Use of Management Consultants

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

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

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

3.5 Financial Schemes of Delegation

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

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

4. Agency board Committees - Contents

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

4.1 Appointment of Committees

4.2 Committees

4.1 Appointment of Committees

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

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

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

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

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

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

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

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

See also SO 5.2.24 on Potential Conflicts of Interest.

4.2 Committees

Board Committees

Refer to:

Appendix

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

Other board Committees may established as necessary

Sub Committees

* To be determined

Joint Committees

* To be determined

5. Conduct of Agency Board Business - Contents

5.1 Constitution and Remit of Agency

5.2 Procedures for Meetings

5.1 Constitution and Remit of Agency

5.1.1 Constitution

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

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

5.1.2 Remit

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

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

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

5.1.3 Composition of the Board

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

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

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

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

Details of board members are as follows:

The Chairperson

The role of the Chairperson is outlined in Appendix 7.

Non Officer Members

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

The Officer Members are

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

Others in Attendance at board meetings

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

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

5.1.4 The Agency Management Team comprises:

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

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

5.2 Procedures for Meetings - Contents

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

5.2.1 Code of Practice on Openness

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

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

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

5.2.2 Open board Meetings

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

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

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

5.2.3 Conduct of Meetings

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

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

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

5.2.4 Calling of Meetings

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

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

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

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

5.2.5 Setting the Agenda

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

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

meeting may be included on the agenda at the discretion of the Chairperson.

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

5.2.6 Petitions

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

5.2.7 Notice of Meetings

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

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

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

5.2.8 Notices of Motion

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

5.2.9 Deputations and Speaking Rights

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

5.2.10 Admission of the Public and Media

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

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

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

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

5.2.11 Attendance of other HSC Organisation representatives

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

5.2.12 Chairperson of Meeting

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

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

5.2.13 Quorum

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

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

5.2.14 Record of Attendance

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

5.2.15 Confidential Section of Meetings

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

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

5.2.16 Motions

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

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

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

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

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

When an adjourned item of business is re-commenced or a meeting is reconvened, any provisions for deputations or speaking rights, not

previously undertaken or other arrangements shall be treated as though no interruption had occurred.

(a) Withdrawal of Motion or Amendments

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

(b) Motion to Rescind a Resolution

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

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

(c) Chairperson's Ruling

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

5.2.17 Voting

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

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

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

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

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

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

5.2.18 Joint Members

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

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

5.2.19 Suspension of Standing Orders

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

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

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

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

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

5.2.20 Minutes

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

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

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

5.2.21 Committee Minutes

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

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

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

5.2.22 Variation and Amendment of Standing Orders

These Standing Orders shall be amended only if:

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

5.2.23 Appointments

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

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

(b) Appointment of Vice-Chairperson

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

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

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

If no meeting is scheduled or the Chairperson is not available and the Chief Executive needs to take advice on an urgent matter, the Chief

Executive may obtain the agreement of non-executive members to appoint one of their number as Chairperson for this purpose.

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

(c) Joint Members

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

5.2.24 Potential Conflict of Interests

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

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

The DoH may, subject to such conditions as it may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to be in the interests of the HSC that the disability shall be removed.

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

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

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

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

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

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

remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

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

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

6. Code of Conduct and Code of Accountability – Contents

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

6.1 Introduction

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

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

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

6.2 Public Service Values – General Principles

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

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

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

Those who work in the HSC have a duty to:

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

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

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

6.3 Openness and Public Responsibilities

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

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

6.4 Public Service Values in Management

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

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

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

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

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

Individuals are expected to:

- ensure that the interests of patients and clients remain paramount at all times;
- be impartial and honest in the conduct of their official business; and
- use public funds entrusted to them to the best advantage of the service as a whole always ensuring value for money in the procurement of goods and services.

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

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

6.5 Public Business and Private Gain

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

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

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

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

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

6.6 Counter Fraud Policy

The Agency is committed to maintaining an honest, open and well-intentioned atmosphere. It is therefore also committed to the elimination of any fraud within or against the Agency, and to the rigorous investigation of any such cases.

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

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

6.7 Gifts, Hospitality and Sponsorship

6.7.1 Providing and Receiving Hospitality

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

6.7.2 Gifts and Hospitality

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

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

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

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

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

6.7.3 Sponsorship

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

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

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

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

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

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

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

6.7.4 Register(s) of Hospitality, Gifts and Sponsorship

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

6.8 Declaration of Interests

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

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

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

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

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

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

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

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

6.8.1 Register of Interests

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

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

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

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

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

6.9 Employee Relations

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

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

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

6.10 Personal Liability of Board Members

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

6.11 Staff Policies and Procedures

The Agency has a number of policies and procedures on a range of issues affecting staff and how they work within the Agency. Staff can

access these from the policies and procedures sections of the PHA intranet site 'Connect' <http://connect.publichealthagency.org/> , or directly from their Senior Officer.

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

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

6.12 Staff Concerns

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

7. POWERS AND DUTIES

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

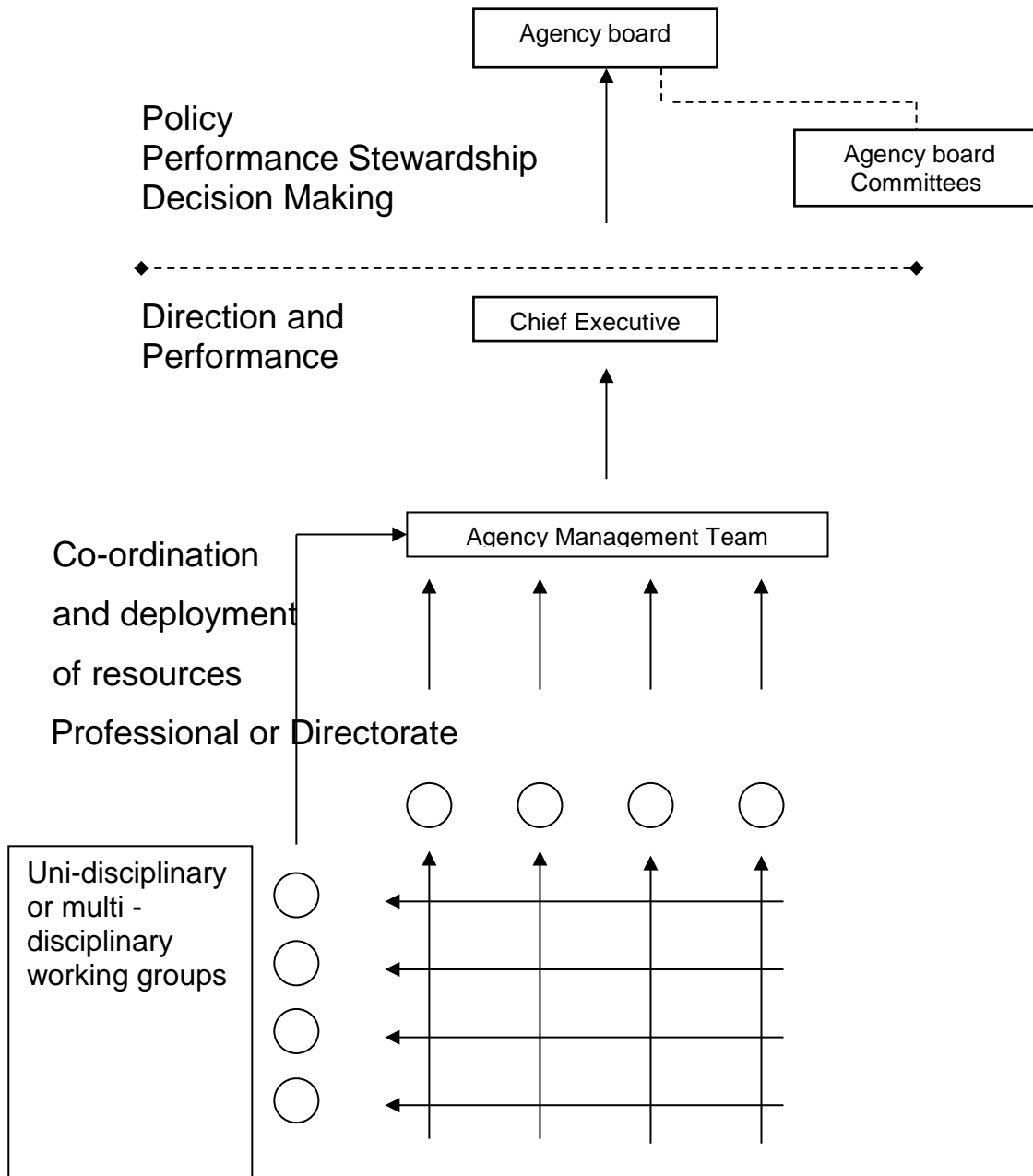
Those individuals who comprise the board, that is the Chairperson, Executive and Non-Executive board members, shall pay regard to SO 2, which sets out the main functions of the board and those matters that are reserved to the board.

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

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

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

*** Accountability Structures**



APPENDICES

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

Chief Executive's Scheme of Delegation

Appendix 1

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

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

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

Administrative Schemes of Delegation

Appendix 2

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

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

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

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

AUTHORITY TO INITIATE EXPENDITURE AND APPROVE PAYMENTS

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

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

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

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

ROUTINE EXPENDITURE

Definition

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

Expenditure Limits

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

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

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

NON-ROUTINE EXPENDITURE

Definition

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

Expenditure limits

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

No Budget or Approved Funding:

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

Specific Items

Individual procedures applies to the:

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

CAPITAL EXPENDITURE

Definition

Capital expenditure is defined in the Capital Accounting Manual.

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

Expenditure Limits

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

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

ADMINISTRATIVE SCHEMES OF DELEGATION

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

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

	>£EU Public Procurement Threshold†	Should be EU advertised and EU Directives apply. To be undertaken by PaLS.
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† = EU threshold is currently £118, 133. Further advice can be obtained from Finance

PLACING OF ORDERS

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

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

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

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

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

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

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

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

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

INTRODUCTION

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

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

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

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

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

DELEGATION

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

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

Annex A – Proposal Proforma

Annex B – Business Case

Annex C – Single Tender Action / Direct Award Contract

Annex D – Completion of Project

Annex E – Post Project Evaluation

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

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

Detailed guidance and all documentation is available on Connect.

TENDERING

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

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

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

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

LIAISON WITH DEPARTMENT OF HEALTH

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

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

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

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

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

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

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

ENGAGEMENT OF CONSULTANTS

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

MONITORING

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

FEES AND EXPENSES

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

FINANCIAL MONITORING

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

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

REPORT

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

Relates to Section 3.4 of STANDING ORDERS

ADMINISTRATIVE SCHEMES OF DELEGATION

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

RECORDS

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

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

CONSULTATION WITH STAFF

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

EMPLOYMENT OF IT CONSULTANTS

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

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

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

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

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION

3.5.1 Procedure for Delegation of Budgets

GENERAL

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

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

TIMETABLE

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

VIREMENT

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

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

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION

3.5.1 Procedure for Delegation of Budgets

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

OVERSPENDS AND UNDERSPENDS

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

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

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION

3.5.2 Authorisation & Approval Of Payroll Expenditure for Agency Administration

AUTHORITY TO INITIATE AND APPROVE PAYROLL EXPENDITURE

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

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

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

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

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

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION (SO.4.5)

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

Financial Limits

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

In turn, they may delegate them to named officers.

Relates to Section 3.5 of STANDING ORDERS

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

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

Relates to Section 3.5 of STANDING ORDERS

FINANCIAL SCHEMES OF DELEGATION (SO.4.5)

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

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

FINANCIAL SCHEMES OF DELEGATION

3.5.4 Authority To Initiate And Approve Cash Advances To HSC Bodies

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

1.0 Remit and Constitution

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

2.0 Conduct of Business

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

GOVERNANCE AND AUDIT COMMITTEE

1.0 REMIT AND CONSTITUTION

1.1 Introduction

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

1.1.1 The Code of Conduct and Code of Accountability originally issued in November 1994, updated and reissued in July 2012, specifies the requirement for HSC Bodies to establish an Audit Committee. It states that the audit committee supports the board and Accountable Officer with regard to their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. Circular HSS(PDD) 08/94 set out detailed guidance on the establishment of audit committees. In addition a Departmental letter issued on 10 July 2009 provides for a representative of the DoH to attend a Governance and Audit Committee once a year for the purposes of oversight of the Public Health Agency's systems. This follows on from the Public Accounts Committee's recommendations set out in their report in July 2008 entitled Good Governance – Effective Working Relationships between Departments and their Arm's Length Bodies.

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

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

- Accountability process and sponsorship function;
- Board Governance self-assessment tool;
- Assurance Framework;
- Mid-Year Assurance and Governance Statement;

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

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

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

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

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

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

1.2. Role

1.2.1 The board is responsible for:

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

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

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

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

exception to this is patient identifiable data that is required to be kept confidential.

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

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

1.2.3 The Committee shall give an assurance to the board of the Agency each year on the adequacy and effectiveness of the system of internal control in operation within the Agency.

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

1.3 Terms of Reference

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

1.3.1 The Committee shall undertake the following tasks:

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

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

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

1.3.3 The Governance and Audit Committee shall also:

- Review proposed changes to standing orders and standing financial instructions;

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

1.4 Composition of the Governance and Audit Committee

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

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

1.5 Establishment of a Governance and Audit Committee

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

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

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

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

1.6 Relationship with Internal Audit

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

1.7 Relationship with External Audit

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

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

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

2.0 CONDUCT OF BUSINESS

2.1 Attendance

- 2.1.1 Only the members of the Committee, the Lay Advisors and the nominated senior manager (who acts as secretary to the Committee), shall attend meetings as a matter of course together with appropriate administrative support staff.
- 2.1.2 The board's Chairperson and other Executive or Non-Executive board members may be invited to attend as required. The Lead Officer for Governance, the Director of Operations and the Director of Finance shall have a standing invitation to attend all meetings except the annual meeting with the External Auditor when it is stipulated that no Officers shall attend (see 2.1.3 below).
- 2.1.3 The External Auditor shall be invited to attend any meeting of the Committee. The Committee shall meet the External Auditor, without the presence of officers, once a year.
- 2.1.4 A nominated senior manager is responsible for securing the internal audit service for the Agency. He/she shall ensure the management respond promptly to Internal Audit reports and

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

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

2.1.6 The Corporate Secretariat shall service the committee.

2.2 Agenda

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

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

2.3 Frequency of Meetings

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

2.4 Complaints Matters

2.4.1 Complaints will be reviewed by the Governance and Audit

REMUNERATION AND TERMS OF SERVICE COMMITTEE

Contents

1.0 Remit and Constitution

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

2.0 Conduct of Business

- 2.1 Attendance
- 2.2 Agenda
- 2.3 Frequency of Meetings

REMUNERATION AND TERMS OF SERVICE COMMITTEE

1.0 REMIT CONSTITUTION AND CONDUCT OF BUSINESS

1.1 Introduction

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

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

1.2 Background

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

1.3 Role

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

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

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

1.4 Terms of Reference

The main functions of the Committee are:

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

1.5 Relationship with and Reporting to the board of the Agency

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

1.6 Composition of the Remuneration and Terms of Service Committee

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

The Chief Executive and other Senior Executives shall not be present for discussions about their own remuneration and terms of service.

However, they can be invited to attend meetings of the Committee to discuss other staff's terms as required.

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

1.7 Establishment of a Remuneration and Terms of Service Committee

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

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

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

2.0 CONDUCT OF BUSINESS

2.1 Attendance

2.1.1 Only the members of the Committee, the Chief Executive, the Director of Operations and a nominated HR Officer (from the BSO) shall attend meetings as a matter of course. Appropriate administrative support staff shall be in attendance to record the business of the meetings.

2.1.2 Other Executive or Non-Executive board Members and Officers may be invited to attend as required. The Director of Operations shall have a standing invitation to attend all meetings.

2.1.3 A nominated HR officer (BSO) will be responsible for the implementation of remuneration and terms and conditions of service in the Agency. He/she shall deal with all matters

affecting terms and conditions of service. He/she shall be present at every meeting.

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

2.1.5 The Committee Chair shall request fuller explanatory information in papers put before them, if there are any doubts or uncertainties and the issues discussed shall be summarised in the minutes.

2.2 Agenda

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

2.3 Frequency of Meetings

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

AGENCY MANAGEMENT TEAM

Contents

1. Role
2. Attendance
3. Frequency of Meetings

1.0 Role

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

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

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

2.0 Attendance

2.1 The Agency Management Team comprises:

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

The Chief Executive will chair AMT, with the Director of Operations deputising in his/her absence.

3.0 Frequency of Meetings

The AMT will normally meet on a weekly basis.

Appendix 7 – Role of Chairperson

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

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

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

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



PUBLIC HEALTH AGENCY
STANDING FINANCIAL INSTRUCTIONS

Reviewed and Revised February 2018

CONTENTS		Page
SO No.8 – STANDING FINANCIAL INSTRUCTIONS		
1.	INTRODUCTION	6
1.1	General	
1.2	Responsibilities and Delegation	7
1.2.1	The board	
1.2.4	The Chief Executive and Director of Finance	
1.2.6	The Director of Finance	8
1.2.7	Business Services Organisation	
1.2.8	PHA board Members, Members and Employees	9
1.2.9	Contractors and their employees	
1.2.10	Miscellaneous	
2.	AUDIT	10
2.1	Audit Committee	
2.2	Director of Finance and Director of Operations	11
2.3	Role of Internal Audit	12
2.4	External Audit	14
2.5	Fraud and Corruption	
2.6	Security Management	15
3.	RESOURCE LIMIT CONTROL	
3.1	Resource Limit Controls	
3.2	Promoting Financial Stability	16
4.	ALLOCATIONS, FINANCIAL STRATEGY, JOINT COMMISSIONING PLAN, BUDGETS, BUDGETARY CONTROL AND MONITORING	
4.1	Allocations	
4.2	Preparation and Approval of Joint Commissioning Plans and Budgets	
4.3	Budgetary Delegation within the PHA	17
4.4	Budget Control and Reporting within the PHA	18
4.5	Capital Expenditure	19
4.6	Monitoring Returns	20
5.	ANNUAL ACCOUNTS AND REPORTS	
6.	BANK ACCOUNTS	
6.1	General	
6.2	Bank Procedures	
6.3	Bank Accounts	21
6.4	Tendering and Review	
7.	INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS	
7.1	Income Systems	
7.2	Fees and Charges	22
7.3	Debt Recovery	

7.4	Security of Cash, Cheques and Other Negotiable Instruments	
8.	TENDERING AND CONTRACTING PROCEDURE	23
8.1	Duty to comply with Standing Orders and Standing Financial Instructions	
8.2	EU Directives Governing Public Procurement	
8.3	Reverse e-Auctions	
8.4	Capital Accounting Manual and other DoH guidance	24
8.5	Formal Competitive Tendering	
8.5.1	General Applicability	
8.5.2	Health Care Services	
8.5.3	Exceptions and instances where formal tendering need not be applied	
8.5.4	Single Tender Actions / Waiving of Competition	25
8.5.5	Single Tender Action	
8.5.6	Sole Supplier and Contract Extension	
8.5.7	DFP and DoH guidance	
8.5.8	Retention of Evidence	
8.5.9	Regulatory Framework – Public Contracts Regulations	
8.5.10	Financial Limits and Tendering Requirements	
8.5.11	List of Approved Firms	
8.5.12	Building and Engineering Construction Works	26
8.5.13	Items which subsequently breach thresholds after original approval	
8.6	Contracting/Tendering Procedure	
8.6.1	Invitation to Tender	
8.6.2	Receipt and safe custody of tenders	27
8.6.3	Opening tenders and Register of tenders	
8.6.4	Admissibility	29
8.6.5	Late Tenders	
8.6.6	Acceptance of formal tenders (See overlap with SFI No. 8.7)	
8.6.7	Tender reports to the board of the Public Health Agency	31
8.6.8	List of approved firms (see SFI No. 8.5.5)	
8.6.9	Exceptions to using approved contractors	32
8.7	Quotations: Competitive and Non-Competitive	
8.7.1	General Position on Quotations	
8.7.2	Competitive Quotations	
8.7.3	Quotations to be within Financial Limits	33
8.8	Authorisation of Tenders and Competitive quotations	
8.9	Instances where formal competitive tendering or competitive quotation is not required	33
8.10	Private finance for capital procurement (see overlap with SFI No.14.2)	34
8.11	Compliance requirements for all contracts	
8.12	Personnel and Agency or Temporary Staff Contracts	35
8.13	Healthcare Services Agreements (see overlap with SFI No 9)	
8.14	Disposals (see overlap with SFI No. 16)	
8.15	In-house Services	36
9.	NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES	
9.1	Service Level Agreements (SLAs) (see overlap with SFI No. 12.3)	
9.2	Involving Partners and Jointly Managed Risk	37
9.3	A ‘Patient/Client-led HSC and ‘Local Commissioning”	

9.4	Reports to board on SLAs and Contracts	
10.	JOINT COMMISSIONING	
10.1	Role of PHA on Commissioning Health and Care Services	
10.2	Role of Chief Executive	38
10.3	Role of Director of Finance (ref para 1.2.6) HSCB	39
11.	TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE PHA BOARD AND EMPLOYEES OF THE PUBLIC HEALTH AGENCY	
11.1	Remuneration and Terms of Service (see overlap with SO No.5)	
11.2	Funded Establishment	40
11.3	Staff Appointments	
11.4	Processing Payroll	41
11.5	Contracts of Employment	42
12.	NON-PAY EXPENDITURE – PROCUREMENT & PROGRAMME (see overlap with SFI No. 8)	43
12.1	Delegation of Authority	
12.2	Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with SFI No. 8)	
12.3	Joint Finance Arrangements with HSC Organisations and Voluntary Bodies (see overlap with SFI No. 9.1)	47
12.4	Grants and Other Bodies	
12.5	HSC Organisations	48
13.	HSC FINANCIAL GUIDANCE	
14.	CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS	49
14.1	Capital Investment	
14.2	Private Finance (see overlap with SFI No. 8.10)	50
14.3	HSC Organisations – Capital Proposals	51
14.4	Asset Registers	52
14.5	Security of Assets	53
15.	STORES AND RECEIPT OF GOODS	54
15.1	General Position	
15.2	Control of Stores, Stocktaking, Condemnations and Disposal	
15.3	Goods supplied by Centres of Procurement Expertise (COPE) / HPSS Service Providers	55
16.	DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENT (See overlap with SFI 8)	
16.1	Disposals and Condemnations	
16.2	Losses and Special Payments	
17.	INFORMATION TECHNOLOGY	57
17.1	Responsibilities and duties of the Director of Operations (ref para 1.2.6)	

17.2	Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application	
17.3	Contracts for Computer Services with other health bodies or outside agencies	58
17.4	Risk Assessment	
17.5	Requirements for Computer Systems which have an impact on corporate financial systems	
18.	ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT	59
19.	PAYMENTS TO INDEPENDENT CONTRACTORS	
19.1	Role of the PHA	
19.2	Duties of the Chief Executive	
19.3	Duties of the Director of Operations	
20.	RETENTION OF RECORDS	60
21.	RISK MANAGEMENT AND INSURANCE	
21.1	Programme of Risk Management	
21.2	Insurance arrangements with Commercial Insurers	60
	Appendix 1	65

STANDING FINANCIAL INSTRUCTIONS

1. INTRODUCTION

1.1 General

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

1.2 **Responsibilities and Delegation**

1.2.1 The Board of the PHA (board)

The board exercises financial supervision and control by:

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

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

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

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

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

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

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

1.2.6 The Director of Finance

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

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

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

The Director of Finance is responsible for:

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

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

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

1.2.7 Business Services Organisation

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

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

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

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

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

1.2.8 PHA board Members, Members and Employees

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

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

1.2.9 Contractors and their employees

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

1.2.10 Miscellaneous

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

2. AUDIT

2.1 Audit Committee

- 2.1.1 In accordance with Standing Orders and the Cabinet Office's guidance on Codes of Practice for Public Bodies (FD/DFP 03/06), the agency shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the Audit and Risk Assurance Committee Handbook (NI) (DAO (DFP) 05/14) which will provide an independent and objective view of internal control by:
- (a) overseeing Internal and External Audit services and the adequacy of management response to audit findings;
 - (b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;
 - (c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
 - (d) monitoring compliance with Standing Orders and Standing Financial Instructions;
 - (e) reviewing schedules of losses and compensations and making recommendations to the board;
 - (f) reviewing schedules of debtors/creditors balances over 6 months and £5,000 old and explanations/action plans;
 - (g) reviewing the information prepared to support the Assurance framework process prepared on behalf of the board and advising the board accordingly; and
 - (h) ensuring there is an effective Counter Fraud strategy in place/operation which is in line with DoF's guide "Managing the Risk of Fraud"
- 2.1.2 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should raise the matter at a full meeting of the board. Exceptionally, the matter may need to be referred to the DoH (to the Director of Finance (ref. Para 1.2.6) in the first instance). All incidents of fraud must be reported consistent with DoH policy.

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

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

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

2.2.1 The Director of Finance is responsible for:

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

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

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

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

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

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

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

The report must cover:

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

2.3 **Role of Internal Audit**

2.3.1 Internal Audit will review, appraise and report upon:

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

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

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

The reporting system for Internal Audit shall be as follows:

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

- (h) An action plan will be prepared and issued to all relevant parties. This action plan will include deadlines for action to be taken and review dates to ensure action has been taken. Action plans will be held on file for review and presentation to the audit committee; and
- (i) The final internal audit reports with management responses must be submitted to the Audit Committee for consideration.
- (j) Revised descriptors have been issued as per circular guidance (HSC(F) 47/2016) ,which should be used to describe internal audit findings and when providing their overall opinion at year end. The descriptors are Satisfactory, Limited and Unacceptable.

2.4 External Audit

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

2.5 Fraud and Corruption

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

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

2.6 **Security Management**

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

3. **RESOURCE LIMIT CONTROL**

3.1 **Resource Limit Control**

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

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

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

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

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

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

3.2 Promoting Financial Stability

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

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

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

4.1 Allocations

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

4.1.2 The Director of Finance will:

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

4.2 Preparation and Approval of Joint Commissioning Plans and Budgets

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

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

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

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

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

4.4.2 Each Budget Holder is responsible for ensuring that:

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

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

4.5 **Capital Expenditure**

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

4.6 **Monitoring Returns**

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

5. **ANNUAL ACCOUNTS AND REPORTS**

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

6. **BANK ACCOUNTS**

6.1 **General**

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

6.2 **Banking Procedures**

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

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

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

7.1 Income Systems

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

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

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

7.2 Fees and Charges

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

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

7.3 Debt Recovery

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

7.3.2 Income not received should be advised to the Director of Finance (ref para 1.2.6) and be dealt with in accordance with losses procedures and guidance issued by DoH circular HSC(F) 50/2012.

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

7.4 Security of Cash, Cheques and other Negotiable Instruments

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

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

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

8. TENDERING AND CONTRACTING PROCEDURE

8.1 Duty to comply with Standing Orders and Standing Financial Instructions

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

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

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

8.3 Reverse e-Auctions

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

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

The PHA shall comply as far as is practicable with the requirements of the DoH "Capital Investment Manual", CONCODE and liaise with Health Estates department in respect of capital investment and estate and property transactions. In the case of external management consultancy contracts the PHA shall comply with DoH guidance on the Use of Professional Services as set out in HSC(F) 25/2012 and updated in the letter FD (DoF) 08/17.

8.5 **Formal Competitive Tendering**

8.5.1 General Applicability

The PHA shall ensure that competitive tenders are invited for:

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

8.5.2 Health Care Services

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

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

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

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

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

- (b) where the supply is proposed under special arrangements negotiated by the DoH in which event the said special arrangements must be complied with;
 - (c) regarding disposals as set out in Standing Financial Instructions No.16;
- 8.5.4 Direct Award Contracts (DAC) encompassing Single Tender Actions / Waiving of Competition above £5,000
- Guidance has been issued from DoH in the form of circular HSC(F) 05/2012 and HSC(F) 58/2016 stating that any proposal which will not be subject to competition must be forwarded to the PHA's Centre of Procurement Expertise (COPE), which is BSO PALs for goods and services, for advice and agreement before it may be approved by the Chief Executive. This requirement is regardless of whether the actual purchasing is being conducted by PALs.
- 8.5.5 The case setting out why the Single Tender Action (DAC) is required must be presented by management to BSO PALs. After review PALs will provide a Red, Amber, Green (RAG) rating, this will then be considered by the Chief Executive for approval. It should be noted that procurement may not proceed until the Chief Executive has formally approved.
- 8.5.6 In addition this process also covers procurement with sole suppliers and contract extensions which are outside the options originally specified in the original contract.
- 8.5.7 Officers should liaise with the Director of Operations prior to procurement to ensure latest DoF and DoH procurement guidance is complied with.
- 8.5.8 Clear documented evidence must be retained and this should be forwarded to the Director of Operations or central retention, as well as reported to the Governance & Audit Committee.
- 8.5.9 The Regulatory Framework surrounding public procurement allows, in certain circumstances, single tender actions. Please refer to Public Contracts Regulations 2006 and amending regulations 2009 and 2011, and circulars HSC(F) 05/2012 and HSC(F) 58/2016. The exceptions quoted are within a very few, narrowly defined parameters.
- 8.5.10 Please refer to the PHA's Standing Order's Administrative Schemes of Delegation 3.4.7 for financial limits and tendering requirements.
- 8.5.11 List of Approved Firms

The PHA shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion

of the Director of Operations it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Executive (see SFI 8.6.8 List of Approved Firms).

8.5.12 Building and Engineering Construction Works

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

8.5.13 Items which subsequently breach thresholds after original approval

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

8.6 **Contracting/Tendering Procedure**

8.6.1 Invitation to Tender

- (a) All invitations to tender shall clearly state the closing date and time for the receipt of tenders. As per DoH circular guidance (HSC(F) 62/2013) involvement of incumbent suppliers in the preparation of procurement competition should be carefully controlled and avoided where possible;
- (b) All invitations to tender shall state that no tender will be accepted unless:
 - submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the PHA (or the word "tender" followed by the subject to which it related) and be received before the closing date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager;
 - that tender envelopes/packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

OR

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

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

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

8.6.2 Receipt and safe custody of tenders

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

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

OR

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

8.6.3 Opening tenders and Register of tenders

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

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

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

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

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

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

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

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

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

8.6.4 Admissibility

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

8.6.5 Late Tenders

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

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

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

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

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

- experience and qualifications of team members;
- understanding of client's needs;
- feasibility and credibility of proposed approach; and
 - ability to complete the project on time;
 - social considerations as per circular guidance HSC(F) 53/2016.

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

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

8.6.7 Tender reports to the board of the PHA

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

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

(a) Responsibility for maintaining list

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

(b) Building and Engineering Construction Works

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

(c) Financial Standing and Technical Competence of Contractors

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

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

8.6.9 Exceptions to using approved contractors

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

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

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

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

8.7.2 Competitive Quotations

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

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

8.7.3 Quotations to be within Financial Limits

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

8.8 **Authorisation of Tenders and Competitive Quotations**

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

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

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

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

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

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

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

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

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

- (a) The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector (HSC(F) 47/2015;
- (b) Where the sum exceeds delegated limits, a business case must be referred to the appropriate DoH for approval or treated as per current guidelines;
- (c) The proposal must be specifically agreed by the board of the PHA; and
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

8.11 **Compliance requirements for all contracts**

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

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

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

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

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

8.13 **Healthcare Services Agreements**

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

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

8.14 **Disposals**

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

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

8.15 **In-house Services**

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

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

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

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

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

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

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

9.2 **Involving Partners and Jointly Managed Risk**

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

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

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

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

The Chief Executive, as the Accounting Officer, will need to ensure that regular reports are provided to the board detailing actual and forecast expenditure against SLAs and Contracts with the independent sector.

10. **JOINT COMMISSIONING**

10.1 **Role of the PHA in Commissioning Health and Care Services**

- 10.1.1 The PHA will work with the HSCB to jointly commission Health and Care services on behalf of the resident population. This will require the PHA to work in partnership with the HSCB, local HSC Trusts, users, carers and the voluntary sector to develop an annual Joint Commissioning Plan.

10.2 **Role of the Chief Executive**

- 10.2.1 The Chief Executive as the Accounting Officer has responsibility for ensuring Health and Care services are commissioned in accordance with the priorities agreed in the Joint Commissioning Plan. This will involve ensuring SLA s and contracts are put in place with the relevant providers, based upon integrated care pathways.
- 10.2.2 SLAs and Contracts will be the key means of delivering the objectives of the Priorities for Action and therefore they need to have a wider scope. The PHA Chief Executive will need to ensure that all SLA s and Contracts;
- (a) Promote Health and Wellbeing improvements;
 - (b) Actively promote the reduction of inequalities;
 - (c) Where appropriate build on existing Joint Investment Plans;
 - (d) Meet the standards of service quality expected;
 - (e) Fit the relevant service framework (if any);
 - (f) Enable the provision of reliable information on cost and volume of services;
 - (g) Fit the Performance Assessment Framework;
 - (h) Are based upon cost-effective services; and
 - (i) Are based on integrated care pathways.
- 10.2.3 The Chief Executive, as the Accounting Officer, will need to ensure that regular reports are provided to the board detailing actual and forecast expenditure and activity for each SLA and Contract.
- 10.2.4 Where the PHA makes arrangements for the provision of services by non-NHS providers it is the Chief Executive, as the Accounting Officer, who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided.
- 10.2.5 The role and function of the PHA means that it will have a high proportion of contracts and grant arrangements with a large number of non HSC organisations. All such contracts and grant arrangements must comply with the PHA process and standard documentation for commissioning with non HSC organisations.

10.3 **Role of Director of Finance (ref para 1.2.6)**

10.3.1 A system of financial monitoring must be maintained by the Director of Finance to ensure the effective accounting of expenditure under the SLAs and Contracts. This should provide a suitable audit trail for all payments made under the agreements, but maintains patient confidentiality.

11. **TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE PHA BOARD AND EMPLOYEES OF THE PHA**

11.1 **Remuneration and Terms of Service (see overlap with SO No. 5)**

11.1.1 In accordance with Standing Orders the board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

11.1.2 The Committee will **(in areas not already specified by the Department)**:

- (a) advise the board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the PHA and other senior employees including:
 - all aspects of salary (including any performance-related elements/bonuses);
 - provisions for other benefits, including pensions and cars; and
 - arrangements for termination of employment and other contractual terms.
- (b) make such recommendations to the board on the remuneration and terms of service of officer members of the board (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the PHA - having proper regard to the PHA's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- (c) monitor and evaluate the performance of individual officer members of and other senior employees; and
- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

11.1.3 The Committee shall report in writing to the board the basis for its recommendations. The board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration

and terms of service of officer members in matters not already directed by the Department. Minutes of the board's meetings should record such decisions;

11.1.4 The board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees and officers not covered by either Departmental direction or by the Committee; and

11.1.5 The PHA will pay allowances to the Chairman and non-executive members of the board in accordance with instructions issued by the Minister and in line with DoH circular guidance HSC(F) 10/2014.

11.2 **Funded Establishment**

11.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.

11.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive.

11.2.3 The Finance Director will ensure that appropriate controls are in place to ensure the funded establishment is not exceeded without prior authority of the Chief Executive.

11.3 **Staff Appointments (also ref 8.12 Agency Staffing)**

11.3.1 No officer, Member of the board or PHA employee may engage new staff (either to vacancies or new posts), re-grade employees, or agree to changes in any aspect of remuneration, or hire agency staff (ref 8.12) either on a permanent or temporary basis:

(a) unless expressly authorised to do so by the Chief Executive or his/her nominated officer; and

(b) within the limit of their approved budget and funded establishment numbers as confirmed by the Director of Finance (ref para 1.2.6), who will review with reference to the overall Management and Administration budget set by the DoH and staff establishment.

(c) The Director of Finance shall raise any issues regarding non-approval based on the terms set in 11.3.1 (b) with the Chief Executive.

(d) The introduction of electronic recruitment and approval processes shall not remove the requirements of 11.3.1 a – c.

11.3.2 The board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc., for employees.

11.3.3 In accordance with DoH & HMRC guidance, staff will ensure that all individuals appointed to deliver services for PHA, regardless of type or duration of their appointment, are engaged using correct procedures. This covers staff directly recruited, employment agency appointments & other self-employed appointees.

11.4 **Processing Payroll**

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

- (a) specifying timetables for submission of properly authorised time records and other notifications either manually or electronically;
- (b) the final determination of pay and allowances;
- (c) making payment on agreed dates; and
- (d) agreeing method of payment.

11.4.2 The Director of Finance (Ref para 1.2.6) will agree and ensure the issue of instructions by the BSO regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees & non-executive appointees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act;
- (g) methods of payment available to various categories of employee and officers;
- (h) procedures for payment by cheque, bank credit, or cash to employees and officers;
- (i) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;

- (k) maintenance of regular and independent reconciliation of pay control accounts;
 - (l) separation of duties of preparing records and handling cash; and
 - (m) a system to ensure the recovery from those leaving the employment of the PHA of sums of money and property due by them to the PHA.
- 11.4.3 Appropriately nominated managers have delegated responsibility for:
- (a) submitting manual or electronic time records, and other notifications in accordance with agreed timetables;
 - (b) completing time records and other notifications in accordance with the instructions and in the form prescribed by the Director of Finance of the BSO; and
 - (c) submitting manual or electronic termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfill obligations in circumstances that suggest they have left without notice, the Director of Operations must be informed immediately.
- 11.4.4 Regardless of the arrangements for providing the payroll service, the Director of Operations, supported by the Director of Finance (ref para 1.2.6) of the HSCB, shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangement are made for the collection of payroll deductions and payment of these to appropriate bodies.
- 11.4.5 Payroll processing performance will be monitored by the Director of Finance (ref para 1.2.6) and set out within the SLA with the BSO.

11.5 **Contracts of Employment**

The DoH has directed that the processing of PHA payroll be outsourced to the Business Services Organisation.

- 11.5.1 The board shall delegate responsibility to a nominated BSO officer (HR Director) for:
- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the board and which complies with employment legislation;
 - (b) dealing with variations to, or termination of, contracts of employment.

The Director of Operations will ensure that there is an appropriate Service Level Agreement with the BSO and monitoring arrangements in place to ensure proper control systems are in place and operating effectively. This will provide the performance monitoring framework to be operated by the Director of Operations.

12. NON-PAY EXPENDITURE (Procurement and Programme)

12.1 Delegation of Authority

12.1.1 The board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

12.1.2 The Chief Executive will set out:

- (a) the list of managers who are authorised to place electronic requisitions for the supply of goods and services;
- (b) the maximum level of each electronic requisition and the system for authorisation above that level.

12.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

12.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Standing Financial Instruction No. 8)

12.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the PHA. In so doing, the advice of the PHA's Centre of Procurement Expertise (BSO PALs) shall be sought. Requisitions should be placed using the E-Procurement system

12.2.2 System of Payment and Payment Verification

The Director of Finance of the BSO shall be responsible for the prompt payment of accounts and claims once appropriately authorised by PHA officers. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with Public Sector Prompt Payment Policy.

12.2.3 The Director of Operations supported by the Director of Finance will through a Service Level Agreement and monitoring arrangements with the BSO:

- (a) advise the board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and Standing Financial Instructions and regularly reviewed;
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - An electronic approval framework for the electronic authorising of invoices and requisitions/orders.

A list of board members/employees (including specimens of their signatures) authorised to approve expenditure.

- Certification either manually or electronically that:
 - goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - work completed or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct; and
 - the account is in order for payment.
- A timetable and system for submission to the BSO Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; and

- Instructions to employees regarding the handling and payment of accounts within the BSO Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 12.2.4 below.

12.2.4 Prepayments

Prepayments are only permitted where exceptional circumstances apply. In such instances:

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages and the intention is not to circumvent cash limits;
- (b) The appropriate officer member must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the PHA if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) The Director of Operations will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered. This may impact on the ability of the Agency to deliver breakeven if the goods/services which are expected are not delivered by 31 March each financial year.

12.2.5 Official Orders

Official Orders either manual or electronic must:

- (a) be consecutively numbered;
- (b) be in a form approved by the PHA Director of Operations or the BSO Director of Operations on his behalf;
- (c) state the PHA's terms and conditions of trade; and
- (d) only be issued to, and used by, those duly authorised by the Chief Executive.

12.2.6 Duties of Managers and Officers

Managers and officers acting for the PHA must ensure that they comply fully with the guidance and limits specified by the Director of Operations and that:

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Operations in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with DoH guidance and circulars;
- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; or
 - conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with the Standing Order No 6 and the principles outlined in the PHA's policy on Standards of Business Conduct for Staff and the Gifts and Hospitality Policy.

- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Operations on behalf of the Chief Executive;
- (f) all goods, services, or works are ordered on an official order via a requisition on the E-procurement system;
- (g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (h) orders must not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (i) goods are not taken on trial or loan in circumstances that could commit the PHA to a future uncompetitive purchase;

- (j) changes to the list of members/employees and officers authorised to certify invoices are notified to the BSO;
 - (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Operations; and
 - (l) petty cash records are maintained in a form as determined by the Director of Finance of the BSO.
- 12.2.7 The Chief Executive and Director of Finance (ref para 1.2.6) shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and the Land Transactions Handbook. The technical audit of these contracts shall be the responsibility of the relevant Director.
- 12.3 **Joint Finance Arrangements with HSC Organisations and Voluntary Bodies (see overlap with Standing Financial Instruction NO 9.1)**
- 12.3.1 Payments to HSC organisations and voluntary organisations **shall** comply with procedures laid down by the Director of Operations which shall be in accordance with DoH guided best practice. See overlap with Standing Financial Instruction No 9.1)
- 12.4 **Grants and Service Level agreements with non-HSC organisations for Programme Expenditure**
- 12.4.1 Programme expenditure with non-HSC organisations for the provision of services to patients or clients shall, regardless of the source of funding, incorporate the principles set out in guidance issued by the DoH.
- 12.4.2 There are five main principles that apply to the management and administration of grant making. These are:
- (a) **Regularity** - funds should be used for the authorised purpose;
 - (b) **Propriety** - funds should be distributed fairly, and free from undue influence;
 - (c) **Value for Money** - funds should be used in a manner that minimises costs, maximises outputs and always achieves intended outcomes
 - (d) **Proportionate Effort** - resources consumed in managing the risks to achieve and demonstrate regularity, propriety and value for money should be proportionate to the likelihood and impact of the risks materialising and losses occurring.
 - (e) **Clarity of responsibility and accountability** - within partnership working arrangements there should be clear documented lines of responsibility and accountability of each partner involved. Those who delegate responsibility should ensure that there are suitable means of monitoring performance.

- 12.4.3 All such expenditure/agreements must be consistent with the Joint Commissioning Plan approved by the PHA at the outset of the year; approval of grants should be in line with the PHA's Scheme of Delegation.
- 12.4.4 The first payment should only be made on receipt of confirmation from the Organisation that the project is to commence within 6 weeks.
- 12.4.5 Subsequent payments must only be released upon receipt of satisfactory performance monitoring information.
- 12.4.6 All payments must be advised to the Finance department on a Programme Expenditure Authorisation (PEA) form authorised in accordance with the Scheme of Delegated Authority.
- 12.4.7 If performance monitoring is not satisfactory the PHA's 'Escalation Policy' should be referred to for action to be taken.
- 12.4.8 Any end of year non-delivery of services and resultant underspends must be promptly notified to the Finance department.

12.5 **HSC Organisations**

- 12.5.1 HSC organisations will normally be advised of approved increases to their budget via increases in Revenue Resource Limits. PHA staff will complete and authorise, in line with the Scheme of Delegated Authority, a Programme Expenditure Authorisation (PEA) form and forward to HSCB Finance Department for processing.

13. **HSC FINANCIAL GUIDANCE**

- 13.1.1 The Director of Operations should ensure that members of the board are aware of the extant finance guidance issued by DoH, (i.e. directions which the PHA must follow regarding resource and capital allocation and funding to HSC organisations) and that this direction and guidance is followed by the PHA.

14. **CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

14.1 **Capital Investment**

14.1.1 The Chief Executive:

- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without confirmation of the availability of resources to finance all revenue consequences, including capital charges; and
- (d) is required to seek Department approval for:
 - All capital projects with expenditure of £50k and above (in accordance with the Capital Investment Manual and DoH guidance on delegated limits; and
 - All ICT projects with expenditure of £250k and above.

14.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

- (a) that a business case commensurate to the level of investment and in line with the guidance contained within the *Capital Investment Manual* is produced setting out:
 - an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - the involvement of appropriate PHA personnel and external agencies;
 - appropriate project management and control arrangements;
- (b) that the Director of Finance or nominated Deputy has certified professionally to the costs and revenue consequences detailed in the business case;
- (c) that all approvals for capital expenditure are in line with the PHA's Scheme of delegated authority;
- (d) that Departmental approval is obtained for projects costing more than the PHA's delegated limit for capital schemes currently £50k; and
- (e) schemes requiring Departmental approval are re-submitted to the Department for re-consideration if any of the conditions specified in the Capital Investment Manual apply.

14.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the Land Transactions Handbook.

- 14.1.4 The Director of Finance shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with HM Revenue & Customs guidance.
- 14.1.5 The Director of Operations agrees procedures with the Director of Finance for the regular reporting of expenditure and commitment against authorised expenditure, these procedures shall be issued within the PHA as appropriate.
- 14.1.6 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender (see overlap with SFI No. 8.5); and
- (c) approval to accept a successful tender (see overlap with SFI No. 8.6).

The Chief Executive will issue a Scheme of delegation for capital investment management in accordance with the Land Transactions Handbook and the PHA's Standing Orders.

- 14.1.7 The Director of Operations, in conjunction with the Director of Finance (ref para 1.2.6) of the HSCB, shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuations for accounting purposes. These procedures shall fully take into account the current delegated limits for capital schemes (please refer to the PHA Standing Orders Administrative of Delegation 3.4.6).

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

- 14.2.1 The PHA should normally test for PFI when considering capital procurement. When the PHA proposes to use finance which is to be provided other than through its Allocations, the following procedures shall apply:
- (a) The Director of Operations, supported by the Director of Finance (ref para 1.2.6) shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector;
 - (b) Where the sum involved exceeds delegated limits, the business case must be referred to the DoH or in line with any current guidelines; and
 - (c) The proposal must be specifically agreed by the board.

14.3 **HSC Organisations - Capital Proposals**

- 14.3.1 The PHA is required to confirm that it supports relevant capital investment proposals from other HSC organisations at Strategic Context stage, above certain delegated limits. It must also state that it is prepared to remit its share of any revenue resource consequences resulting from the scheme.
- 14.3.2 Circular HSS(PDD) 4/95 directs that the Capital Accounting Manual (CAM) for Northern Ireland published (HSC(F) 63/2012) is to be implemented.
- 14.3.3 HSC organisations are required to obtain Departmental approval when costs are expected to exceed the following delegated limits or in accordance with circular HSC(F) 43/2014 where the delegated limit for office accommodation leases has been removed:
- (a) All capital projects with expenditure of £500k and above (in accordance with the Capital Accounting Manual (HSC(F) 63/2012 and DoH Circular HSS(F)13/06 and DAO(DFP) 06/05);
 - (b) All IM and IT projects with expenditure of £250k and above.
- 14.3.4 The circular states that “... *the commitment of Commissioners must be secured from Strategic Context stage, before much of the detailed planning work is undertaken, and re-affirmed throughout the process*”.
- 14.3.5 The Capital Accounting Manual requires confirmation of Commissioner support at each phase of the Business Case:
- (a) the Strategic Context (SC);
 - (b) Outline Business Case (OBC); and
 - (c) Full Business Case (FBC).

Approval shall be in line with the PHA’s Standing Orders Scheme of Delegation 3.4.6

- 14.3.6 Consideration of HSC organisations capital proposals is to be undertaken by a Capital Investment Core Group consisting of officers from PHA and Finance enlarged as necessary to give consideration from both the care/treatment and business/finance perspectives.
- 14.3.7 Further guidance is provided in SOC Paper 166/95 dated 22 August 1995. The requirement for all potential schemes to be tested for viability of private financing shall be particularly noted. The provisions of the Capital Investment Manual are to be followed in all cases above the delegated limits for HSC organisations.

14.4 **Asset Registers**

- 14.4.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance (ref para 1.2.6) concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.
- 14.4.2 The Director of Finance of the BSO, on behalf of the PHA, shall maintain an asset register recording fixed assets on behalf of the PHA. The minimum data set to be held within these registers shall be as specified in the Capital Accounting Manual as issued by the DoH.
- 14.4.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 14.4.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Attention is drawn to the guidance on limiting the holdings of land & buildings to the minimum required for the performance of present and clearly foreseen responsibilities as issued by DoH.
- 14.4.5 The Director of Finance (ref Para 1.2.6) shall reconcile balances on fixed assets accounts in ledgers against balances on fixed asset registers and will monitor the BSO delivery of the Fixed Asset register and associated services.
- 14.4.6 The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual issued by the DoH.
- 14.4.7 The value of each asset shall be depreciated using methods and rates as specified in the Capital Accounting Manual issued by the DoH.

14.5 **Security of Assets**

- 14.5.1 The overall control of fixed assets is the responsibility of the Chief Executive.

- 14.5.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance (ref para 1.2.6). This procedure shall make provision for:
- (a) recording managerial responsibility for each asset;
 - (b) identification of additions and disposals;
 - (c) identification of all repairs and maintenance expenses;
 - (d) physical security of assets;
 - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset; and
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 14.5.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Operations.
- 14.5.4 Whilst each employee and officer has a responsibility for the security of property of the PHA, it is the responsibility of board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to HSC property as may be determined by the board. Any breach of agreed security practices must be reported in accordance with agreed procedures.
- 14.5.5 Any damage to the PHA's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by board members and employees in accordance with the procedure for reporting losses.
- 14.5.6 Where practical, assets should be marked as PHA property.

15. STORES AND RECEIPT OF GOODS

15.1 General Position

- 15.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:
- (a) kept to a minimum;
 - (b) subjected to annual stock take; and

(c) valued at the lower of cost and net realizable value.

15.2 Control of Stores, Stocktaking, Condemnations and Disposal

15.2.1 Subject to the responsibility of the Director of Operations for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance (ref para 1.2.6).

15.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/officer. Wherever practicable, stocks should be marked as health service property.

15.2.3 The Director of Operations shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

15.2.4 Stocktaking arrangements shall be agreed with the Director of Operations in conjunction with the Director of Finance (ref para 1.2.6) of the HSCB and there shall be a physical check covering all items in store at least once a year.

15.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Operations.

15.2.6 The designated Manager/officer shall be responsible for a system approved by the Director of Operations for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Operations any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. 16 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

15.3 Goods supplied by Centres of Procurement Expertise (COPE) / HSC Service Providers

15.3.1 For goods supplied via COPE (BSO PALs) central warehouses, the Chief Executive shall identify those authorised electronically to requisition and accept goods from the store.

16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

16.1 Disposals and Condemnations

16.1.1 Procedures

The Director of Operations supported by the Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

16.1.2 When it is decided to dispose of a PHA asset, the Head of Department or authorised deputy will determine and advise the Director of Finance via the Director of Operations of the estimated market value of the item, taking account of professional advice where appropriate.

16.1.3 All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Operations;
- (b) recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Operations.

16.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Operations who will advise the Director of Finance (ref para 1.2.6) and take the appropriate action.

16.1.5 Heads of Department will be responsible for ensuring that all data held on assets for disposal are dealt with appropriately and securely.

16.2 **Losses and Special Payments**

16.2.1 Procedures

The Director of Finance (ref para 1.2.6) must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments, in line with DoH guidance.

16.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the Chief Executive and the Director of Operations, who will in turn inform the Director of Finance (ref para 1.2.6).

Where a criminal offence is suspected, the Director of Operations must immediately inform the police if theft or arson is involved. In cases of suspected fraud and corruption the officer should consult the PHA's Fraud Response Plan for further advice.

The Director of Operations, via the Fraud Liaison Service provided by the Director of Finance (HSCB), must notify the Counter Fraud and probity Service (CFPS, BSO), DoH Counter Fraud Policy Unit and the External Auditor of all frauds or thefts.

- 16.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Operations must immediately notify:
- (a) the board;
 - (b) the Director of Finance; and
 - (c) the External Auditor.
- 16.2.4 Within limits delegated to it by the DoH, the board shall approve the writing-off of losses.
- 16.2.5 The Director of Operations with the support of the Director of Finance (ref para 1.2.6) shall be authorised to take any necessary steps to safeguard the PHA's interests in bankruptcies and company liquidations.
- 16.2.6 For any loss, the Director of Operations should consider whether any insurance claim can be made.
- 16.2.7 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 16.2.8 No special payments exceeding delegated limits shall be made without the prior approval of the DoH.
- 16.2.9 All losses and special payments must be reported to the Governance & Audit Committee at least once per annum.

17. INFORMATION TECHNOLOGY

17.1 Responsibilities and duties of the Director of Operations

The Director of Operations is responsible for the security of the computerised data of the PHA and shall:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the PHA's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
 - (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.
- 17.1.2 The Director of Finance (ref para 1.2.6) is responsible for the accuracy of financial data and shall ensure that new financial systems and amendments to current financial systems have been developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.
- 17.1.3 The Director of Operations shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our PHA that we make publicly available.
- 17.2 Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application**
- 17.2.1 In the case of computer systems which are proposed General Applications all responsible directors and employees will send to the Director of Operations:
- (a) details of the outline design of the system;
 - (b) in the case of packages acquired either from a commercial organisation, from the HSC, or from another public sector organisation, the operational requirement; and
 - (c) a supporting business case.
- 17.3 Contracts for Computer Services with other health bodies or outside agencies**
- The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation (e.g. HSCB or BSO) or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data

during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation (e.g. BSO) or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

17.4 Risk Assessment

The Director responsible for ICT shall ensure that risks to the PHA arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

17.5 Requirements for Computer Systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems the Director of Finance shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists; and
- (c) such computer audit reviews as are considered necessary are being carried out.

18. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT (see overlap with SO No. 6 and SFI No. 12.2.6 (d))

The Director of Operations shall ensure that all staff are made aware of the PHA policy on acceptance of gifts and other benefits in kind by staff available on CONNECT. This policy follows DoH guidance on gifts and hospitality, and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions.

19. PAYMENTS TO INDEPENDENT CONTRACTORS

19.1 Role of the PHA

The PHA will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, within any time limits laid down in the contractor's HSC terms and conditions of service.

19.2 Duties of the Chief Executive

The Chief Executive shall:

- (a) ensure that lists of all contractors, for which the PHA is responsible, are maintained in an up to date condition;
- (b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc., within the appropriate contractor's terms and conditions of service.

19.3 Duties of the Director of Operations

The Director of Operations shall:

- (a) ensure that contractors who are included on a PHA approved list receive payments;
- (b) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures in accordance with the late payment of commercial debt regulations;
- (c) ensure that regular independent verification of claims is undertaken, to confirm that:
 - rules have been correctly and consistently applied;

- overpayments are detected (or preferably prevented) and recovery initiated in accordance with HSC(F) 50/2012 circular, Guidance on Losses and Special Payments, Appendix B “Recovery of Overpayments”;
 - suspicions of possible fraud are identified and subsequently dealt with in line with DoH Directions on the management of fraud and corruption.
- (d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
- (e) ensure that a prompt response is made to any query raised by the Business Services Organisation, Counter Fraud and Probity Service regarding claims from contractors submitted directly to them.

20. RETENTION OF RECORDS

- 20.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with DoH guidelines, Good Management, Good Records.
- 20.2 The records held in archives shall be capable of retrieval by authorised persons.
- 20.3 Records held in accordance with DoH guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

21. RISK MANAGEMENT AND INSURANCE

21.1 Programme of Risk Management

The Chief Executive shall ensure that the PHA has a programme of risk management, in accordance with current DoH assurance framework requirements, which must be approved and monitored by the board.

The programme of risk management shall include:

- (a) a process for identifying and quantifying risks and potential liabilities;
- (b) engendering, among all levels of staff, a positive attitude towards the control of risk;
- (c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control,

cost effective insurance cover, and decisions on the acceptable level of retained risk;

- (d) contingency plans to offset the impact of adverse events;
- (e) audit arrangements including; internal audit, clinical and social care audit, health and safety review;
- (f) a clear indication of which risks shall be insured;
- (g) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Annual Report and Accounts as required by current DoH guidance.

21.2 **Insurance arrangements with commercial insurers**

21.2.1 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, **three exceptions** when HSC organisations may enter into insurance arrangements with commercial insurers. The exceptions are:

- (a) HSC organisations may enter commercial arrangements for **insuring motor vehicles** owned by the PHA including insuring third party liability arising from their use;
- (b) where the PHA is involved with a consortium in a **Private Finance Initiative** contract and the other consortium members require that commercial insurance arrangements are entered into; and
- (c) where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the PHA for an HSC purpose the activity may be covered in the risk pool. In any case of doubt concerning a PHA's powers to enter into commercial insurance arrangements the Finance Director should consult the DoH.

PHA (Including SBNI) Scheme of Delegated Authority - February 2018

	CASH PAYMENTS					SALARY		LEGAL	CONTRACTING /BUSINESS CASE APPROVAL			LOSSES	DIRECT AWARD CONTRACTS		NOTES	
	STOCK/NON-STOCK WITH PURCHASE ORDER INC CAPITAL (E-procurement system)	NON-PURCHASE ORDER ADMIN COSTS. (FPM system manual payments including 3rd party orgs)	TRAVEL OR OTHER STAFF EXPENSES (HRPTS)	3RD PARTY/VOL.ORG G PAYMENTS WITHIN SLA. (Non-invoice i.e. Upload or manual memo generated by PHA ONLY)	USE OF EXTERNAL/MGT CONSULTANT PROJECTS PAYMENTS	S &W AMENDMENTS	EARLY RETIREMENT PAYMENTS	LEGAL PAYMENTS	CAPITAL APPROVAL FOR CONTRACTS	SLAs / SBAs INTER HSC (including adjustments and release of RRL)	SLAs / SBAs 3RD PARTY ORG'S (incl. adjustments - contracts only (Voluntaries))	INITIAL APPROVAL OF USE OF EXTERNAL/MGT CONSULTANT PROJECTS	WRITE OFF/LOSSES	GOODS & SERVICES EXC MANAGEMENT CONSULTANCY		HEALTH & SOCIAL CARE COMMISSIONED SERVICES - DAC policy only applicable >EU Threshold shown below
CHAIR	17,500	✓	✓	17,500	0	✓	0	0	0	0	0	0	0	0	0	
CHAIR SBNI	✓	✓	✓	50,000	✓	✓	20,000	✓	0	50,000	50,000	0	✓	0	0	
CHIEF EXECUTIVE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	118,133	>615,278	EU THRESHOLD - G&S 118,133 and £615,278 for Health and Social Care Commissioned Services from 1st January 2018 - (if this changes it will be automatically updated)
DIRECTORS (inc any new Directors)																
Director of Operations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	118,133	>615,278	EU THRESHOLD - G&S 118,133 and £615,278 for Health and Social Care Commissioned Services from 1st January 2018 - (if this changes it will be automatically updated)
Director of Public Health	✓	✓	✓	100,000	0	✓	20,000	✓	0	100,000	100,000	0	✓	0	0	
Director of Nursing and Allied Health Professions	✓	✓	✓	100,000	0	✓	20,000	✓	0	100,000	100,000	0	✓	0	0	
Director of Operations SBNI	✓	✓	✓	50,000	✓	✓	20,000	✓	0	50,000	50,000	0	✓	0	0	
ASSISTANT DIRECTORS (inc any new AD's)																
Assistant Directors Operations	30,000	30,000	30,000	50,000	0	✓	0	0	0	25,000	50,000	0	0	0	0	
Assistant Directors Public Health	25,000	25,000	25,000	50,000	0	✓	0	0	0	25,000	50,000	0	0	0	0	
Assistant Director R&D	25,000	25,000	25,000	60,000	0	✓	0	0	0	60,000	50,000	0	0	0	0	
Assistant Directors Nursing & Allied Health Professions	25,000	25,000	25,000	50,000	0	✓	0	0	0	25,000	50,000	0	0	0	0	
Director of ECCH	25,000	25,000	25,000	50,000	0	✓	0	0	0	0	0	0	0	0	0	
Tier 4 Officers (inc any new Tier 4)																
Tier 4 Operations	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	0	
Tier 4 Public Health	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	20,000	0	0	0	0	
Tier 4 R&D	10,000	10,000	10,000	35,000	0	✓	0	0	0	0	10,000	0	0	0	0	
Tier 4 Nursing & Allied Health Professions	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	0	
Professional Officer SBNI	10,000	10,000	10,000	20,000	0	✓	0	0	0	0	10,000	0	0	0	0	
Specified Tier 5 (No lower than band 6)																
Specified Tier 5 (No lower than band 6)	1,000	1,000	1,000	0	0	0	0	0	0	0	0	0	0	0	0	
OTHERS																
Director's PAs	500	500	0	0	0	0	0	0	0	0	0	0	0	0	0	
Office Managers	500	500	500	0	0	0	0	0	0	0	0	0	0	0	0	
Office Managers SBNI	500	500	500	0	0	0	0	0	0	0	0	0	0	0	0	

NB: All open limits designed by a tick are to be in line with PHA and Accounting Officer Delegated limits, be within Agency approved policy and within allocated budget.

In relation to R&D expenditure now classified as capital expenditure, DoH have confirmed that the existing delegation of £250k for capital projects does not apply - the limit is £1.5m as per circular HSC(F) 52-2016. Please refer to the Standing Orders and Standing Financial Instructions for further details.

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

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

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

*Sexually Transmitted Infection Surveillance in Northern Ireland 2017***date** 15 March 2018**item** 12**reference** PHA/06/03/18**presented by** Dr Adrian Mairs, Acting Director of Public Health**action required** For noting**Summary**

In 2016 annual numbers of new STI diagnoses made in Northern Ireland GUM clinics increased by 4%. Chlamydia increased by 7%, Genital Herpes by 18% and Genital Warts by 2%. People aged 16-34 year old account for 82% of new STIs.

MSM are also at disproportionate risk of contracting some STIs, accounting for 80% of infectious syphilis, 65% of male gonorrhoea, 14% of male herpes and 21% of male chlamydia infections.

Analysis of antimicrobial sensitivity patterns for gonococcal isolates has shown a significant level of resistance to azithromycin, one of the two antibiotics used as a combination treatment, and highlights the importance of adhering to current treatment guidelines, azithromycin AND ceftriaxone, and performing a test of cure for all cases of gonorrhoea.

Analysis suggests that a sustained decline in first episodes of genital warts is now occurring in young females, due to the impact of the human papilloma vaccine, first introduced (as a bivalent vaccine) in 2009, and (as a quadrivalent vaccine) in 2012.

The report recommends safer sex messages should continue to be promoted to the general population, young people and MSM. The risks to health of unprotected casual sex, both within and outside Northern Ireland, need to be reinforced.

Equality Impact Assessment

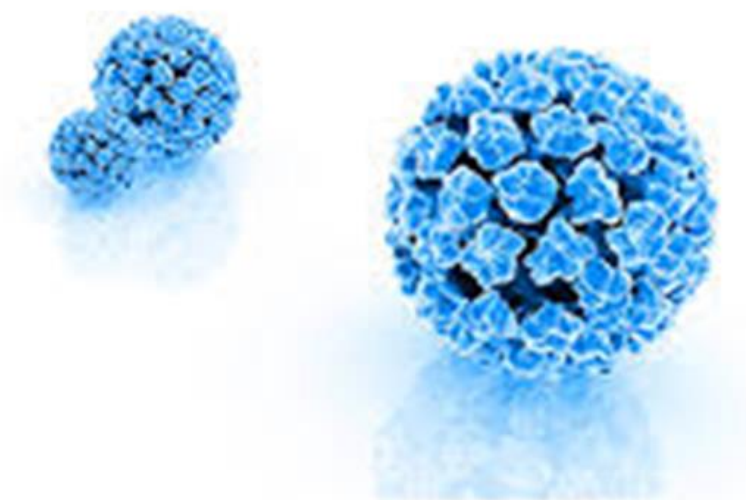
N/A

Recommendation

The Board is asked to **NOTE** the report.

Sexually Transmitted Infection surveillance in Northern Ireland 2017

An analysis of data for the calendar year 2016



Contents

Page

Summary points..... 3

Surveillance arrangements and sources of data..... 4

1: Diagnoses provided in Northern Ireland GUM clinics in 20165

2: Chlamydia7

3: Gonorrhoea11

4: Genital herpes15

5: Genital warts18

6: Syphilis21

7: Summary and conclusions.....25

References.....26

Appendices27

This report aims to provide an overview of STI epidemiology in Northern Ireland by collating and analysing information from a number of sources. Although it reflects epidemiological trends over time, its main focus will be on data collected in 2016.

In order to prevent possible disclosure, where the number of any category of episodes in any one year is between one and four, this is reported either within a cumulative figure, or as an asterix. In addition, where the anonymised figure can be deduced from the totals, the next smallest figure will also be anonymised.

Summary points

In Northern Ireland Genito-Urinary Medicine (GUM) clinics in 2016

- New diagnoses of chlamydia increased by 7%; 1,648 diagnoses in 2016 compared with 1,534 in 2014.
- New diagnoses of gonorrhoea decreased by 4%; 592 in 2016 compared with 619 in 2015.
- New diagnoses of genital herpes simplex (first episode) increased by 18%; 448 in 2016 compared with 381 in 2015.
- New diagnoses of genital warts (first episode) increased by 2%; 1,786 in 2016 compared with 1,746 in 2015.
- New diagnoses of infectious syphilis decreased by 26%; 56 in 2016 compared with 76 in 2015.

Surveillance arrangements and sources of data

KC60 returns

The most comprehensive source of surveillance data for sexually transmitted infections (STIs) in Northern Ireland is the statutory KC60 return each quarter from GUM clinics. This return records the numbers of new diagnoses for a range of STIs. Individual patients may contribute more than one diagnosis. For selected conditions, additional age, gender and sexual orientation information are provided. Regularly updated summary statistics are presented at: www.publichealth.hscni.net/directorate-public-health/health-protection/sexually-transmitted-infections.

Northern Ireland GUM clinics are in the process of migrating from KC60 to Sexual Health and HIV Activity Property Type (SHHAPT) codes. As a result of the changes gonorrhoea and chlamydia are no longer categorised as complicated and uncomplicated. Therefore the way gonorrhoea and chlamydia are presented within the report has been amended and some figures are not directly comparable to data from previous years as annotated in the relevant figures.

KC60/SHHAPT data reflect only those diagnoses made in GUM clinics. It follows that accessibility of those services to the public, as measured by service capacity and geographic location of services, may influence the diagnostic rate of STIs. Thus, direct comparison of different regions, or indeed different time periods within the same region if service access should change, must be interpreted with caution.

Given that the majority of new diagnoses originate from the GUM clinic at the Royal Victoria Hospital (the clinic that provides greatest access), the clinic location is not a useful proxy for patient residence.

Laboratory reporting

Laboratory data represent an important complementary source to clinician-initiated surveillance arrangements. Laboratory reporting of *Chlamydia trachomatis* in Northern Ireland is provided for 2006–2016 and *Neisseria gonorrhoeae* for 2016. Antibiotic susceptibility information for *Neisseria gonorrhoeae* isolates is provided for 2016.

Enhanced syphilis surveillance

Enhanced surveillance arrangements for infectious syphilis in Northern Ireland have been in place since the outbreak was first recognised in September 2001. Based on anonymised, confidential reporting by GUM clinicians to the Public Health Agency (PHA), a range of demographic, clinical and risk factor data are collected on cases of primary, secondary and early latent stage syphilis.

1: Diagnoses provided in Northern Ireland GUM clinics in 2016

During 2016:

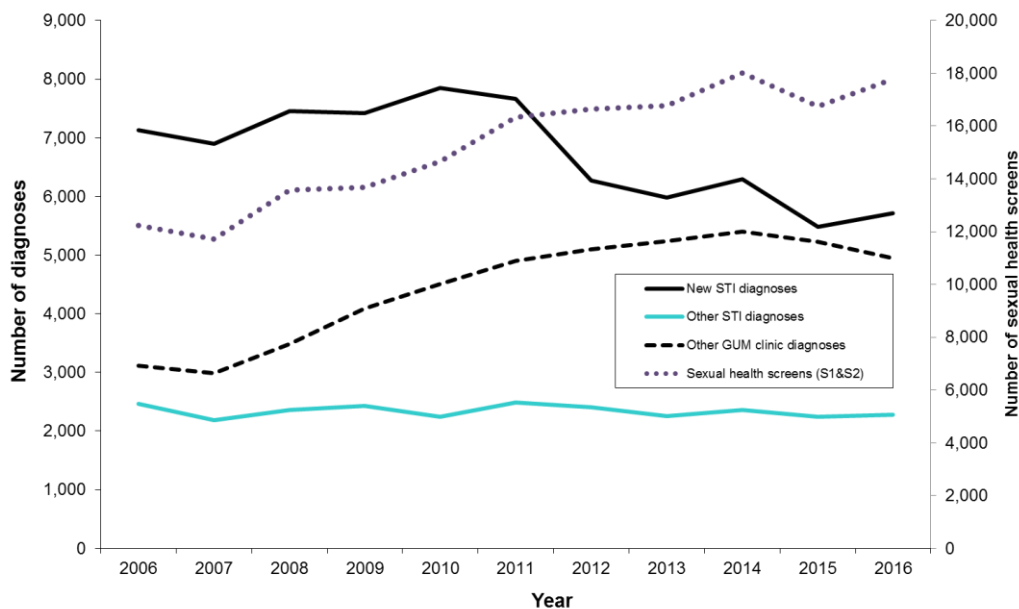
- 5,719 **new STI diagnoses** were made, an increase of 4% compared with 2015 (5,477);
- 63% (3,616/5,719) of **new STI diagnoses** were in males;
- three types of infection accounted for 74% of **new STI diagnoses** – genital warts (first infections) (31%), chlamydia (29%) and non-specific genital infection (14%);
- 2,279 **other STI diagnoses** were made;
- 4,953 **other diagnoses** were made at **GUM clinics**.

Trends: 2006–2016

Between 2006 and 2011 the number of **new STI diagnoses** remained relatively stable. However, between 2011 and 2016, the numbers have decreased by 25% (Figure 1.1). The decrease in new STI diagnoses from 2011 must be interpreted with caution. This largely reflects a steep decline in new diagnoses of complicated and uncomplicated non-specific genital infection (NSGI) (Figure 1.2). This decrease is likely to be due to the change in test technology within GUM clinics, whereby the more sensitive dual platform PCR test for gonorrhoea and chlamydia has largely replaced the invasive urethral culture in asymptomatic patients¹. This has resulted in more detections of organisms with proven pathogenicity, particularly gonorrhoea and thus NSGI diagnoses have fallen (Figure 1.2).

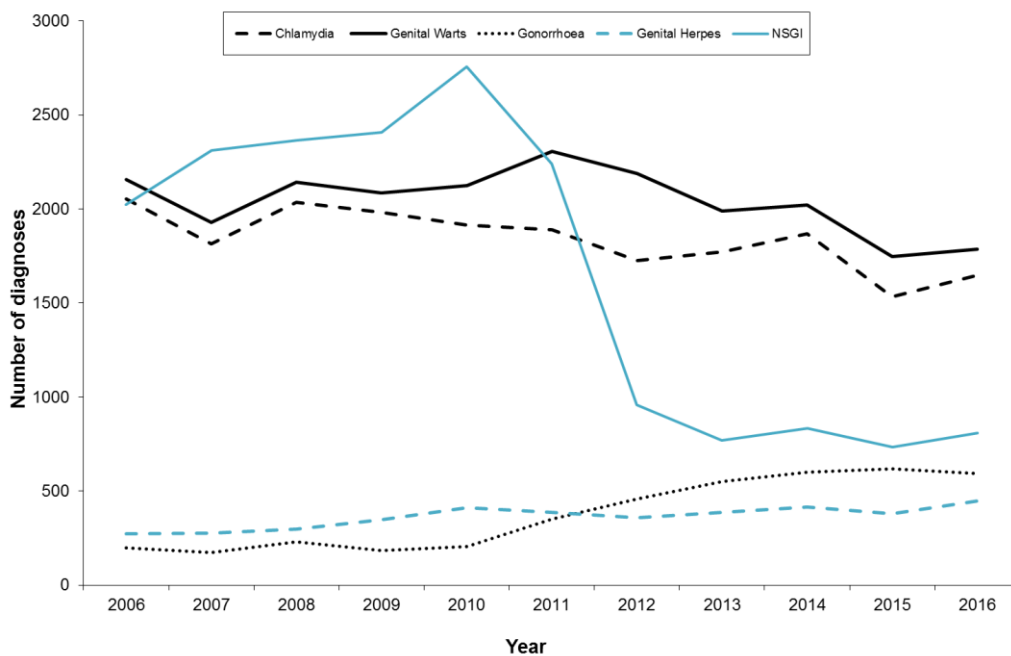
There has been an increased trend in annual **other GUM clinic diagnoses** since 2007 with the number of **other STI diagnoses** remaining largely stable since 2006. An explanation of STI categories is provided in Appendix 1. The number of sexual health screens performed annually has shown an increased trend from 2007 with stabilisation since 2014.

Figure 1.1: Trends in diagnoses and sexual health screens made in Northern Ireland GUM clinics, 2006–2016



During 2006–2016, chlamydia infection, non-specific genital infection (NSGI) and genital warts (first infections) accounted for the highest proportion of new STI diagnoses (74%) made in Northern Ireland GUM clinics (Figure 1.2). Specific disease trends will be examined in chapters 2 to 6.

Figure 1.2: Trends in new diagnoses of STIs in Northern Ireland GUM clinics, 2006–2016



2: Chlamydia

Genital chlamydia is a bacterial infection caused by *Chlamydia trachomatis*. The infection is asymptomatic in at least 50% of men and 70% of women. In women, untreated infection can cause chronic pelvic pain and lead to pelvic inflammatory disease (PID), ectopic pregnancy and infertility. An infected pregnant woman may also pass the infection to her baby during delivery. Complications in men include urethritis, epididymitis and Reiter's Syndrome.

Consistent with elsewhere in the UK, chlamydia is the most common bacterial STI diagnosed in Northern Ireland GUM clinics.

Although there is no organised regional chlamydia testing programme in Northern Ireland, symptomatic and asymptomatic testing of those at risk is undertaken within primary care and sexual health services.

Diagnoses made in GUM clinics during 2016

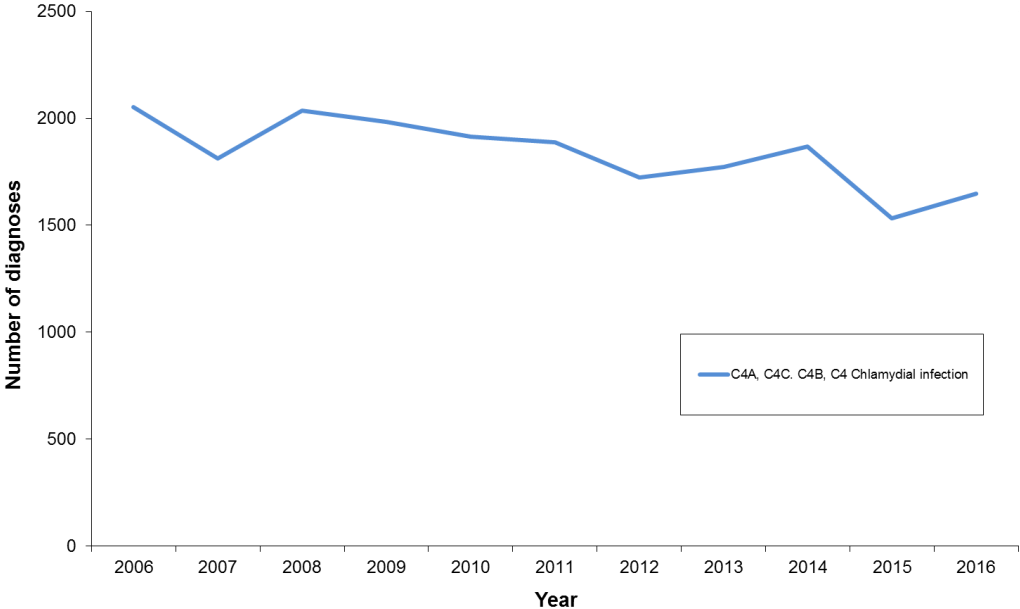
Chlamydial infection accounted for 29% (1,648/5,719) of all new STI diagnoses made in Northern Ireland GUM clinics during 2016.

- There were 1,648 new episodes of chlamydial infection diagnosed in Northern Ireland GUM clinics in 2016, compared with 1,534 in 2015.
- 891 (54%) of these were diagnosed in males.
- The highest rates of infection in both males and females were in the 20–24 years age group, accounting for 33% of male and 47% of female diagnoses.
- The rate of diagnoses in the 16–19 years age group is more than twice as high in females as in males.
- 21% (186/891) of the total male diagnoses occurred in men who have sex with men (MSM).

Trends: 2006–2016

Between 2006 and 2016, diagnoses of chlamydial infection decreased by 20%, from 2,053 diagnoses in 2006 to 1,648 in 2016 (Figure 2.1).

Figure 2.1: Diagnoses of chlamydia in Northern Ireland, 2006–2016



Age and gender trends: chlamydia

From 2012–2016, diagnostic rates in females were consistently highest in the 16–24 years age group, peaking between 20 and 24 years (Figure 2.2). In males, the highest rates were in the 20–34 years age group, again peaking between 20 and 24 years.

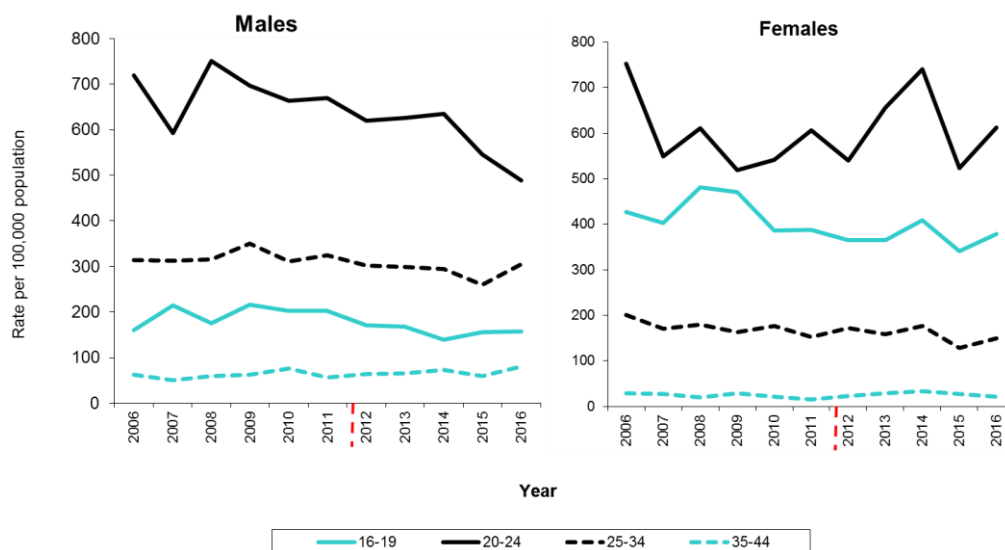
Diagnostic rates in those under 25 years of age were consistently higher in females, with rates in those aged 25 years and over consistently higher in males. Diagnostic rates in females aged over 24 years decrease due to changes in sexual behaviour, as well as decreased susceptibility.

Diagnoses in those under 16 years of age accounted less than 1% (27/8,542) of all diagnoses made during the period 2012–2016.

Diagnoses in the 45+ years’ age group accounted for 3% (261/8,542) of all diagnoses made during the period 2012–2016.

The proportion of male chlamydia diagnoses attributed to MSM has ranged from 6% in 2006 to 21% in 2016.

Figure 2.2: Rates of chlamydial infection in Northern Ireland, by gender and age group, 2006–2016



Footnote: Rates have been re-calculated from 2012 to include KC60 code C4B – Complicated chlamydia

Genital chlamydia trachomatis laboratory reporting, 2006–2016

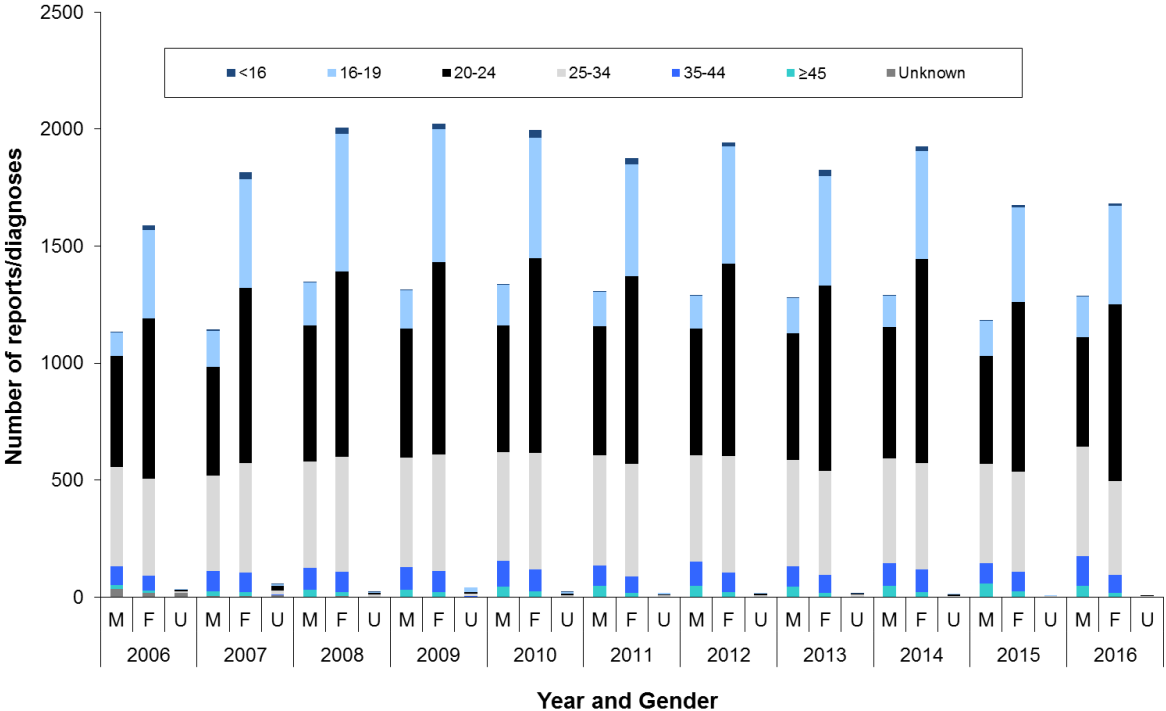
During 2016, 2,975 laboratory confirmed cases of genital chlamydia trachomatis were reported, a increase of 4% compared with 2015. GP specimens accounted for 33% (977/2,975) of cases reported during 2016 (Table 2.1). Between 2006 and 2016, confirmations from GP specimens increased by 36%.

Table 2.1: Referral source of genital *Chlamydia trachomatis* specimens, 2006–2016

Referral Source	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	TOTAL
GP Number (%)	720 (26.1)	894 (29.7)	979 (29.0)	1025 (30.3)	1124 (33.5)	1096 (34.3)	1207 (37.1)	1102 (35.2)	1093 (33.9)	1028 (35.8)	977 (32.8)	11,245
Other	2,036	2,121	2,396	2,353	2,231	2,104	2,044	2,023	2,130	1,836	1,998	23,272
Total	2,756	3,015	3,375	3,378	3,355	3,200	3,251	3,125	3,223	2,864	2,975	34,517

Higher numbers of diagnoses are consistently reported in females, accounting for 57% (1,681/2,975) of all cases reported by laboratories during 2016. The majority (68%; 13,901/20,353) of female cases reported in the period 2006–2016 were aged between 16 and 24 years. Between 2006 and 2016 females accounted for 79% of the diagnoses made by a GP. Males accounted for between 38% and 43% of cases reported annually since 2006. The majority of male cases reported since 2006 were in the 20–34 years age group (Figure 2.3). Information on gender was missing for 1% of cases reported during the period 2006–2016.

Figure 2.3: Laboratory reports of genital *Chlamydia trachomatis*, by age and gender, 2006–2016



3: Gonorrhoea

Gonorrhoea is a bacterial STI caused by *Neisseria gonorrhoeae*. Untreated, gonorrhoea can enter the bloodstream or spread to the joints, and in women it can cause pelvic inflammatory disease, ectopic pregnancy and infertility. An infected pregnant woman may pass the infection to her baby during delivery.

Diagnoses made in GUM clinics during 2016

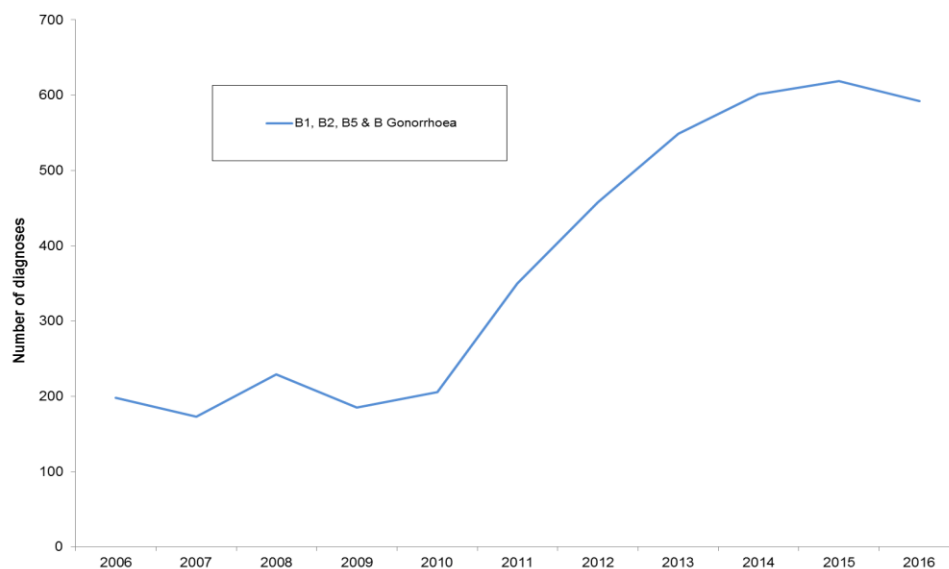
Gonorrhoea accounted for 10% (592/5,719) of all new STI diagnoses made in Northern Ireland GUM clinics during 2016.

- There were 592 new episodes of gonorrhoea diagnosed in Northern Ireland GUM clinics in 2016, compared with 619 in 2015, a decrease of 4%.
- 459 (78%) of these were diagnosed in males.
- The highest diagnostic rates in both men and women were in the 20–24 years age group.
- 69% of female diagnoses were in the 16–24 years age group and 19% were in the 25–34 years age group.
- 36% of male diagnoses were in the 16–24 years age group and 38% were in the 25–34 years age group.
- 65% (300/459) of male diagnoses were attributed to MSM.

Trends: 2006–2016

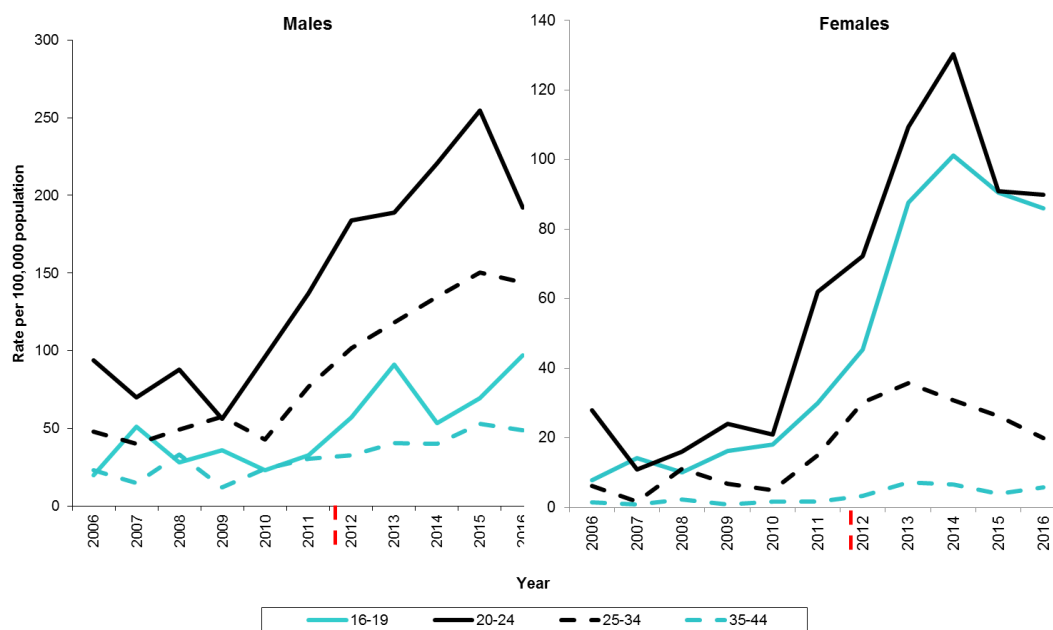
The annual number of diagnoses of gonorrhoea has shown very little change between 2006-2010. However diagnoses rose dramatically between 2010 and 2014 with a 192% increase; 601 diagnoses in 2014 compared with 206 in 2010 (Figure 3.1). The number of diagnoses in 2015 (619) was the highest ever recorded in Northern Ireland. In 2016 the number of new diagnoses decreased by 4%; 592 in 2016 compared with 619 in 2015. The proportion of male diagnoses attributed to MSM ranged from 24% in 2006 to 65% in 2016.

Figure 3.1: Diagnoses of gonorrhoea in Northern Ireland, 2006–2016



Age, gender and sexual orientation trends: gonorrhoea

Figure 3.2: Rates of gonorrhoea in Northern Ireland, by age group, 2006–2016

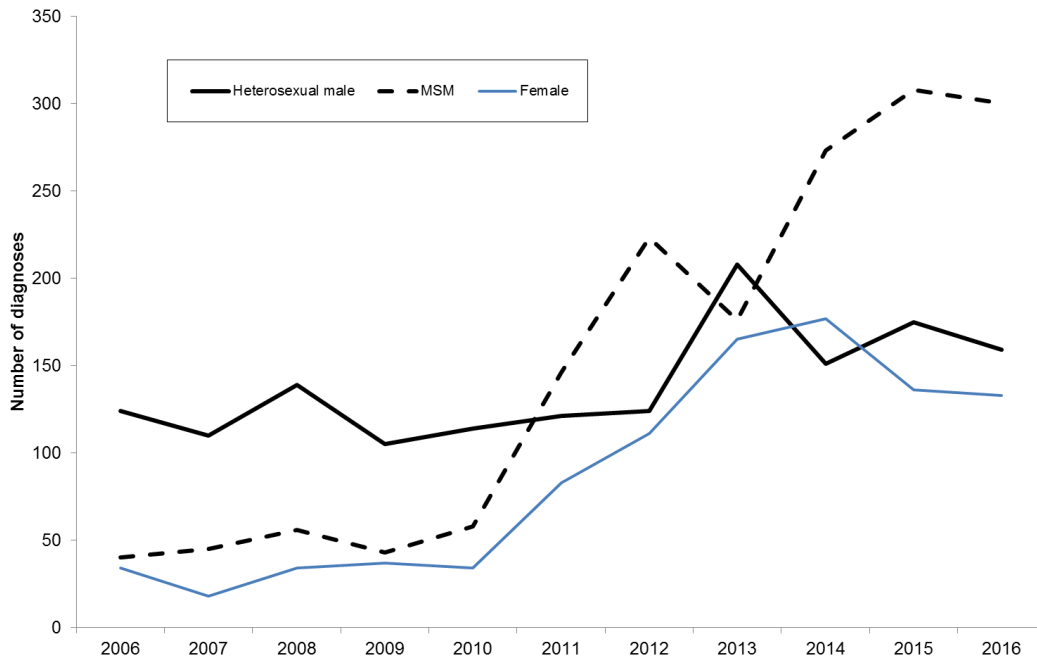


Footnote: Rates have been re-calculated from 2012 to include KC60 code B5 Complicated gonorrhoea

In males, the highest diagnostic rates have consistently been in the 20–34 years age groups (Figure 3.2). From 2012–2016, fewer than 10 diagnoses were made annually in males aged under 16 years. Males aged 45 years and over accounted for 10% (220/2,097) of all male diagnoses during the period 2012–2016.

In females the increases in 2012 and 2013 have clearly mostly affected the 16-19, and 20-24 age groups (Figure 3.2).

Figure 3.3: Number of diagnoses of gonorrhoea by sexual orientation in Northern Ireland, 2006-2016



The increase in diagnoses since 2010 has largely affected MSM and females. There has been a much smaller though still generally upward trend in heterosexual males.

Interpretation of the increase in diagnoses is made difficult by the introduction across Northern Ireland of combined chlamydia and gonorrhoea PCR testing in both GUM and community settings since 2010. The increase in numbers of people tested, and the increased sensitivity of the test compared with traditional culture methods, particularly at extra genital sites, may at least partly explain the increase seen in both the heterosexual and MSM populations.

Neisseria gonorrhoeae antimicrobial susceptibility reporting 2016

Effective treatment of gonorrhoea has been compromised by the ability of *Neisseria gonorrhoeae* to develop resistance to successive antimicrobial agents.² Ongoing monitoring of antimicrobial resistance in Northern Ireland is important to ensure that first line treatments for gonorrhoea remain effective, as patterns of resistance can change rapidly.

Current treatment guidelines recommend the use of a combination of oral azithromycin and intramuscular ceftriaxone, and that treatment should be followed by a test of cure.

By combining antibiotics in this way it is hoped to slow the development of resistance to each component. However, the world's first documented case of treatment failure to dual ceftriaxone and azithromycin therapy was reported in England in 2015. The isolate was confirmed by PHE to be resistant to ceftriaxone (minimum inhibitory concentration (MIC) 0.25 mg/L) and azithromycin (MIC 1.0 mg/L). Also of concern is an outbreak of high-level azithromycin resistant *N. gonorrhoeae* (MICs ≥ 256 mg/L), continuing in England since 2015. Should high-level resistance to azithromycin become

widespread, this would leave ceftriaxone as the only antibiotic suitable for empirical treatment. Experience has shown that resistance to ceftriaxone would then be likely to follow.

Neisseria gonorrhoeae antimicrobial susceptibility in Northern Ireland is monitored through a combination of routine diagnostic laboratory surveillance and, since 2015, participation in the European Gonococcal Surveillance Project (Euro-GASP). This sentinel programme tests a small number of isolates using PHE reference lab methodology, and allows comparison (as part of an overall UK sample) with countries elsewhere in Europe.

During 2016, laboratories reported antibiotic susceptibility data for 206 isolates as part of routine surveillance. Ninety percent of isolates were tested against azithromycin and 93% tested against ceftriaxone. 10% (19) were identified as resistant to azithromycin and all were susceptible to ceftriaxone (Table 3.1).

Of the 19 isolates resistant to azithromycin, a small number (<5) were identified as being highly resistant to azithromycin after testing at PHE reference lab.

During 2015 and 2016, 49 isolates were tested within the EUROGASP programme and showed similar resistance pattern to UK overall with 12% resistant to azithromycin and 0% to ceftriaxone².

Table 3.1: *Neisseria gonorrhoeae* antibiotic susceptibility reported activity for antibiotics - 2016

Antibiotics	Susceptible		Resistant		Intermediate		Total specimens Reported	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Azithromycin	149	80.5	19	10.3	17	9.2	185	100
Cefotaxime	2	100	0	0	0	0	2	100
Ceftriaxone	192	100	0	0	0	0	192	100
Ciprofloxacin	129	77.2	38	22.8	0	0.0	167	100
Doxycycline	92	71.9	32	25.0	4	3.1	128	100
Penicillin	20	11.0	113	62.4	48	26.5	181	100
Tetracycline	12	60	7	35	1	5	20	100

Key recommendations to reduce the spread of antimicrobial-resistant *N. gonorrhoeae* are:

- all primary diagnostic laboratories should test gonococcal isolates for susceptibility to first line antimicrobials and refer suspected azithromycin and/or ceftriaxone resistant isolates to the PHE reference laboratory for confirmation;
- practitioners should ensure all patients with gonorrhoea are treated and managed according to national guidelines and be alert to changes in antimicrobials recommended for front line use;
- anyone having sex with new or casual sexual partners should be advised to use condoms consistently and correctly and test regularly for sexually transmitted infections.

4: Genital herpes

Genital herpes is caused by the herpes simplex virus (HSV), of which there are two distinct subtypes. HSV2 is almost exclusively associated with genital infection. Historically, HSV1 has mainly been associated with oral infection, but the proportion of genital herpes attributed to HSV1 in the UK is increasing. Genital herpes infection may facilitate HIV transmission, can cause severe systemic disease in those with impaired immunity, and can be potentially fatal to neonates.

Diagnoses made in GUM clinics during 2016

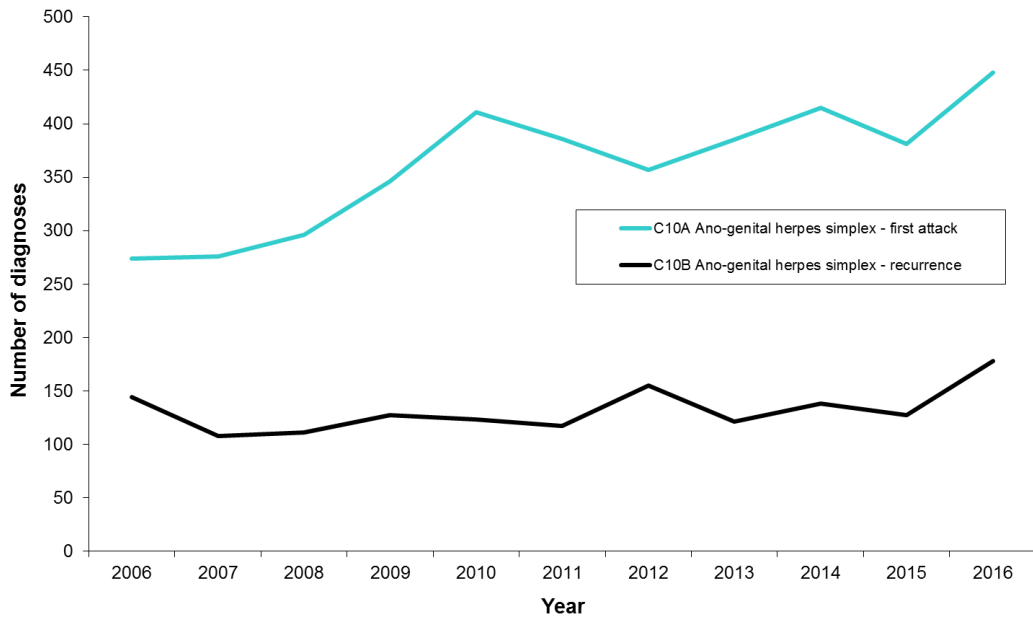
Genital herpes (first episodes) accounted for 8% (448/5,719) of all new STI diagnoses made in Northern Ireland GUM clinics during 2016.

- There were 626 episodes (first infections and recurrent infections) of genital herpes diagnosed in Northern Ireland GUM clinics in 2016.
- 408 (65%) of these were diagnosed in females.
- 448 (72%) of the total attendances for herpes in 2016 were for treatment of first infection and 178 (28%) were for treatment of recurrent infection.
- 28% of male diagnoses (60/218) and 29% (118/408) of female diagnoses were recurrent infections.
- The highest diagnostic rates of first infection in men were in the 20-34 years age group and in women were in the 16-24 years age group.
- Diagnostic rates of first infection in most age groups were higher in females. The diagnostic rate in 16–19 year old females were 5 times higher than in males of the same age.
- 14% (22/158) of male first diagnoses occurred in MSM.

Trends: 2006–2016

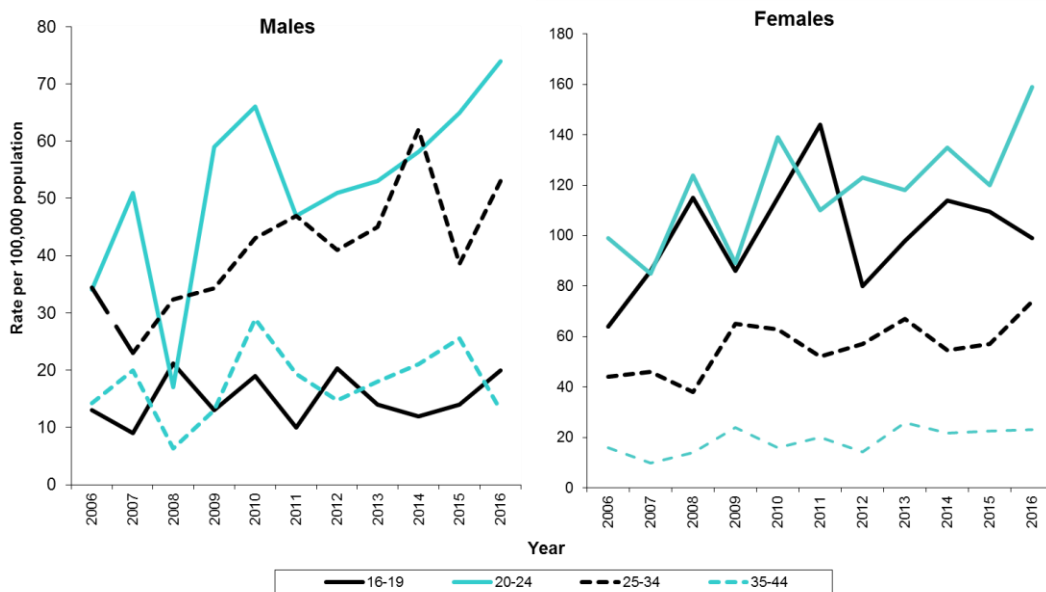
Annual numbers of first diagnoses of genital herpes increased each year from 2008-2010 with numbers remaining similar from 2011 to 2015. There was an 18% increase in 2016; 448 in 2016 compared with 381 in 2015. (Figure 4.1)

Figure 4.1: Diagnoses of genital herpes in Northern Ireland, 2006–2016



Age and gender trends: genital herpes (first episode)

Figure 4.2: Rates of diagnosis of genital herpes (first episode) in Northern Ireland, by age and gender, 2006–2016



Diagnostic rates in females were consistently highest in the 16–24 years age group. In males, the highest diagnostic rates were in the 20–34 years age group (Figure 4.2).

Males under 20 years of age accounted for 6% (85/1,387) of all male diagnoses of genital herpes (first episode) made during the period 2006–2016, with diagnoses in the 45+ years age group accounting for 11% (159/1,387).

Females under 16 years of age accounted for 1% (34/2,588) of all female diagnoses made during the period 2006–2016, with diagnoses in the 45+ years age group accounting for 7% (185/2,588).

5: Genital warts

Genital warts are caused by human papillomavirus (HPV). There are approximately 100 types of HPV, of which about 40 infect the genital tract. HPV types 6 and 11 cause the majority of genital warts. Persistent HPV infections can also lead to cancers – anal, throat and penile cancers in men, and vaginal, vulval and cervical cancers in women. The majority of HPV related cancers are associated with types 16 and 18.

HPV vaccine for girls was introduced as a school based programme in Northern Ireland in 2008/09. Until September 2012 the vaccine used protected against the oncogenic types 16 and 18, but not those types causing genital warts.³ From September 2012 onwards, the vaccine used also contains additional protection against types 6 and 11 which account for 90% of genital warts. In September 2014 the HPV immunisation programme changed from a three dose to a two dose schedule for those starting the course under the age of 15, in line with national recommendations.

From October 2016, the same quadrivalent HPV vaccine was introduced for MSM aged up to 45 years attending GUM clinics. Evidence suggests MSM attending GUM, sexual health and HIV treatment services bear a significantly increased burden of HPV related disease and adverse outcomes compared to heterosexual men. HPV type16-associated anal cancers in particular are more common in MSM compared to heterosexual men. This is even more marked in those with HIV infection.

Diagnoses made in GUM clinics during 2016

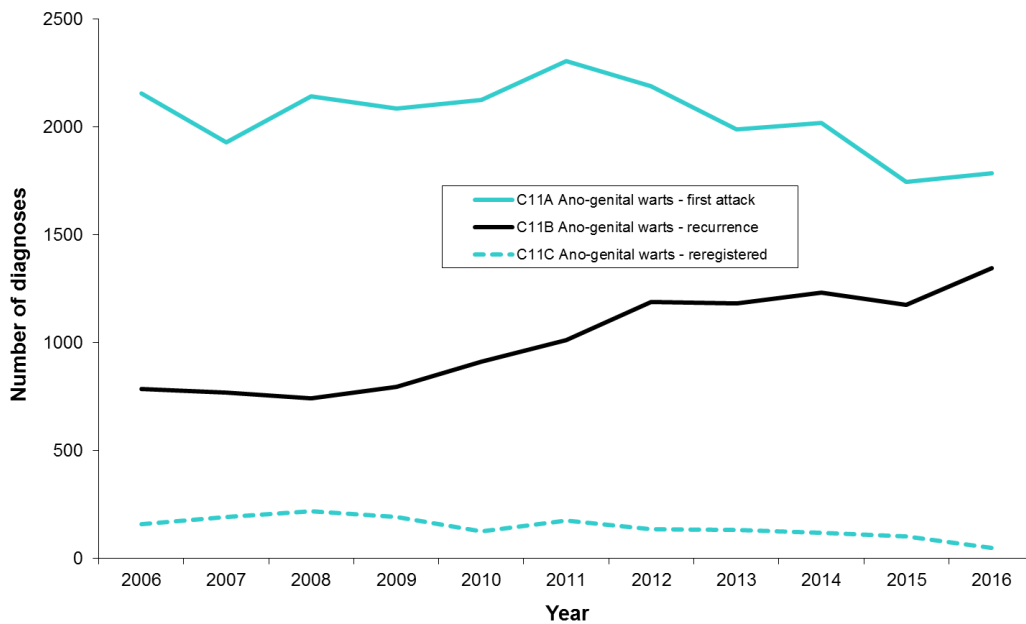
Genital warts (first episodes) accounted for 31% (1,786/5,719) of all new STI diagnoses made in Northern Ireland GUM clinics during 2016.

- There were 3,130 episodes (first infections and recurrent infections) of genital warts diagnosed in Northern Ireland GUM clinics in 2016.
- 1,986 (63%) of these were diagnosed in males.
- 1,786 (57%) of the total attendances for genital warts in 2016 were for treatment of first infection and 1,344 (43%) were for treatment of recurrent infection.
- 45% of male diagnoses (901/1,986) were recurrent infections, compared with 39% (443/1,144) of female diagnoses.
- The highest diagnostic rates of first infection in both men and women were in the 20–24 years age group.
- 36% of male diagnoses and 39% of female diagnoses of first infection were in the 20–24 years age group.
- The diagnostic rate in females aged 16–19 years (239/100,000) were twice that of males the same age. However, diagnostic rates in those aged over 19 years were higher in males.
- 8% (91/1,085) of male first diagnoses occurred in MSM.

Trends: 2006–2016

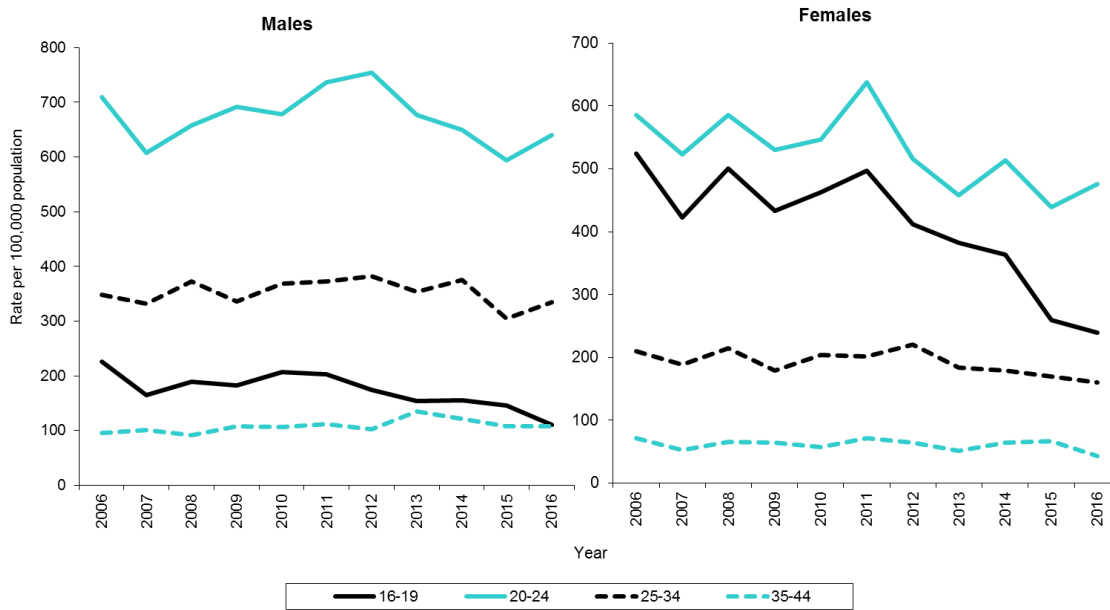
The number of annual diagnoses of first infections of genital warts has shown little variation between 2006 and 2011. There has been a decreasing trend in first episodes of infection, however, since 2011 (Figure 5.1). The decline in diagnostic rates from 2011 has been greatest in females aged 16-19 years (52%) and in males in the same age group (45%). It is likely that this pattern in females is explained by an unexpected direct protective effect from the bivalent vaccine introduced in 2009, and the expected effect from the switch to the quadrivalent vaccine in 2012, with smaller indirect effects being seen in males.

Figure 5.1: Diagnoses of genital warts in Northern Ireland, 2006–2016



Age and gender trends: genital warts (first episode)

Figure 5.2: Rates of diagnosis of genital warts (first episode) in Northern Ireland, by age and gender, 2006–2016



Between 2006 and 2016, diagnostic rates have been consistently highest in 20-24 year old males and females, followed by 16-19 year old females and 25-34 year old males. Individuals under 16 year old accounted for 0.4% (89/22,476) of diagnoses (first episode) made during 2006-2016, while the 45+ year age group accounted for 6% (1,401/22,476).

During 2006-2016, the proportion of male diagnoses attributed to MSM ranged from 2% in 2006 to 10% in 2012, with 8% in 2016.

6: Syphilis

Syphilis is a bacterial infection caused by the spirochete *Treponema pallidum*. Its importance lies in its ability to promote both the acquisition and transmission of HIV, and in the potential for serious or even fatal consequences if left untreated. Late syphilis can cause complications of the cardiovascular, central nervous and mucocutaneous systems. Infectious syphilis in pregnant women can cause miscarriage, stillbirth or congenital infection.

Northern Ireland has, in common with elsewhere in the UK and Europe, experienced a marked increase in infectious syphilis since 2000. In the decade prior to 2000, on average only one case of infectious syphilis per year was reported.

Diagnoses made in GUM clinics 2016

During 2016:

- 35 new episodes of primary and secondary syphilis were reported;
- 21 additional episodes of early latent syphilis were also reported;
- 80% (45/56) were diagnosed in MSM;

Enhanced surveillance 2016

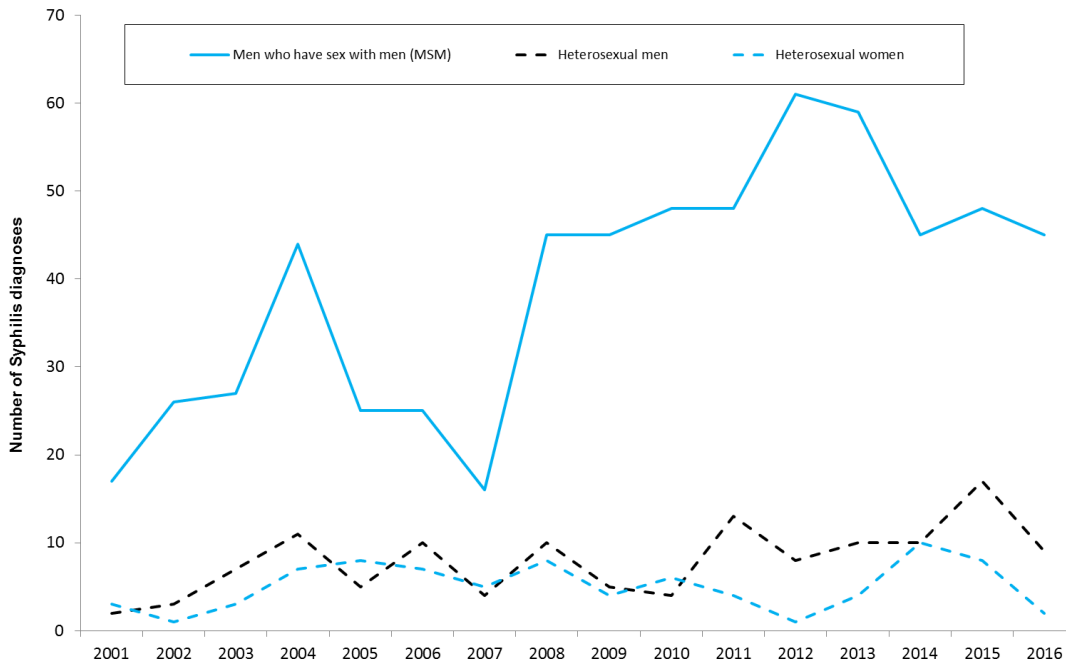
Information from enhanced surveillance arrangements is available for 38 cases:

- 36 episodes occurred in Northern Ireland residents and, in 28 episodes, syphilis was likely to have been acquired through exposure within Northern Ireland;
- 18% (7/38) also reported as being HIV positive;
- diagnosed co-infections also included chlamydia, gonorrhoea, genital warts and herpes;
- 32% (12/38) reported having had two sexual partners in the three months preceding diagnosis.

Trend information

Infectious syphilis is now endemic within Northern Ireland. Annual numbers of new diagnostic episodes have been consistently highest in MSM (Figure 6.1). Following an annual decrease from 2004 to 2007, numbers had increased from 2008 to 2015. However, 2016 saw a 26% decrease when compared to 2015; 56 in 2016 and 76 in 2015. Numbers in females and heterosexual males have remained relatively constant, although in 2015 there was an increase in heterosexual males with 17 diagnoses made compared with 10 in 2014, this has decreased again in 2016 for both females and heterosexual males.

Figure 6.1: Number of infectious syphilis diagnoses in Northern Ireland, by gender and sexual orientation, 2001-2016

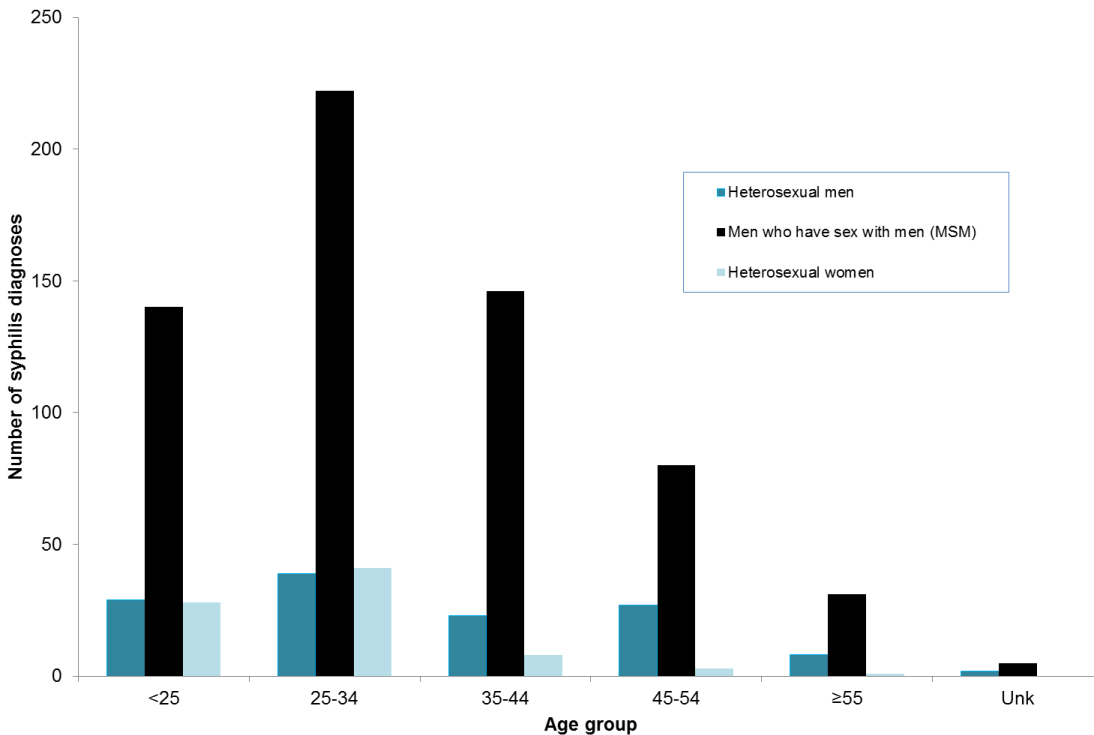


Note: Data derived from enhanced syphilis arrangements from 2001-2010 and from GUMCAD for 2011- 2016

Age and sexual orientation

Analysis of cumulative data by age and sexual orientation shows the highest number of episodes in heterosexual females was in the 25–34 years age group (51%; 41/81). In MSM, the highest number of episodes was in the 25–44 years age group (59%; 368/624). In heterosexual males, diagnoses were more evenly spread across the age bands, with those aged 25+ years accounting for 76% (97/128) of diagnoses. Information on age was missing for seven episodes (Figure 6.2).

Figure 6.2: Age distribution of syphilis diagnoses in Northern Ireland, by gender and sexual orientation, 2001–2016

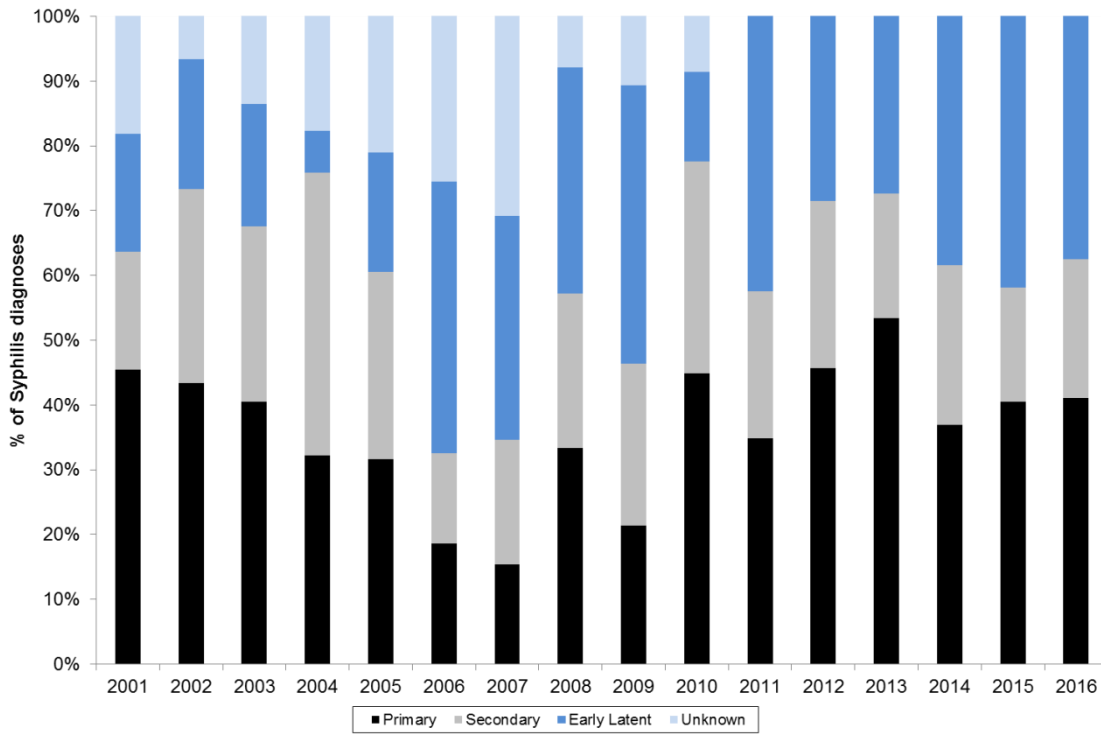


Note: Data derived from enhanced syphilis arrangements from 2001-2010 and from GUMCAD for 2011 -2016

Stage of disease

Since 2001 the majority of diagnoses have been made at the primary or secondary stage of disease, although there has been some significant year to year variation. Interpretation of data prior to 2011 is difficult due to variation in the extent to which stage is unknown. Over the past 5 years the percentage of diagnoses made during the (symptomatic) primary stage of syphilis has ranged from 37% to 53%. This suggests there is still a significant lack of awareness of the signs and symptoms of infectious syphilis in the affected population.

Figure 6.3: Stage of disease, by year of diagnosis



Note: Data derived from enhanced syphilis arrangements from 2001-2010 and from GUMCAD for 2011-2016

7: Summary and conclusions

2016 saw a 4% increase in annual numbers of new STI diagnoses made in Northern Ireland GUM clinics. In particular, Chlamydia increased by 7%, Genital Herpes by 18% and Genital Warts by 2%.

The highest diagnostic rates of the common STIs occur in 16-24 year old females and 20-34 year old males. People aged 16-34 year old account for 82% of new STIs.

MSM are at disproportionate risk of contracting some STIs accounting for 80% of infectious syphilis. MSM also account for 65% of male gonorrhoea, 14% of male herpes and 21% of male chlamydia infections.

Compared with 2015, 2016 has seen a 4% decrease in the number of diagnoses of gonorrhoea made in GUM clinics. However, this occurs in the context of a rapid and significant increasing trend between 2010 and 2015. Analysis of antimicrobial sensitivity patterns has shown a significant level of resistance to azithromycin, one of the two antibiotics used as a combination treatment, and highlights the importance of adhering to current treatment guidelines, azithromycin AND ceftriaxone, and performing a test of cure for all cases of gonorrhoea.

Analysis also suggests that a sustained decline in first episodes of genital warts is now occurring in young females, due to the impact of the human papilloma vaccine, first introduced (as a bivalent vaccine) in 2009, and (as a quadrivalent vaccine) in 2012. A smaller effect due to herd immunity is seen in similar aged males.

HPV vaccine for MSM attending GUM clinics was introduced in Northern Ireland in October 2016. The vaccine is offered to MSM aged 45 and under. It is hoped that this will have the same positive effect in MSM as has been seen in young females.

Safer sex messages should continue to be promoted to the general population, young people and MSM. The risks to health of unprotected casual sex, both within and outside Northern Ireland, need to be reinforced.

Individuals can reduce their risk of acquiring or transmitting an STI by:

- Always using a condom when having sex with casual and new partners;
- Getting tested if at risk, as these infections are frequently asymptomatic;
- MSM having unprotected sex with casual or new partners should have an HIV/STI screen at least annually, and every three months if changing partners regularly;
- Reducing the number of sexual partners and avoiding overlapping sexual relationships.

References

1. British Association for Sexual Health and HIV. UK National guideline for the management of gonorrhoea in adults 2011. Available at: www.bashh.org/guidelines
2. Public Health England. The Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP). Available at: <https://www.gov.uk/government/publications/gonococcal-resistance-to-antimicrobials-surveillance-programme-grasp-report>.
3. Howell Jones R et al (2013). Declining genital warts in young women in England associated with HPV 16/18 vaccination: an ecological study. *J Infect Dis.* 1;208(9): 1397-403

Appendix 1: STI groupings

New STI diagnoses
Chlamydial infection (uncomplicated and complicated)
Gonorrhoea (uncomplicated and complicated)
Infectious and early latent syphilis
Genital herpes simplex (first episode)
Genital warts (first episode)
New HIV diagnosis
Non-specific genital infection (uncomplicated and complicated)
Chancroid/lymphogranuloma venereum (LGV)/donovanosis
Molluscum contagiosum
Trichomoniasis
Scabies
Pediculus pubis
Other STI diagnoses
Congenital and other acquired syphilis
Recurrent genital herpes simplex
Recurrent and re-registered genital warts
Subsequent HIV presentations (including AIDS)
Ophthalmia neonatorum (chlamydial or gonococcal)
Epidemiological treatment of suspected STIs (syphilis, chlamydia, gonorrhoea, non-specific genital infection)
Other diagnoses made at GUM clinics
Viral hepatitis B and C
Vaginosis and balanitis (including epidemiological treatment)
Anogenital candidiasis (including epidemiological treatment)
Urinary tract infection
Cervical abnormalities
Other conditions requiring treatment at a GUM clinic

Appendix 2: Number of new episodes of selected diagnoses by gender and age group, Northern Ireland, 2006-2016

	2006			2007			2008			2009			2010			2011			2012			2013			2014			2015			2016			
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total				
Chlamydia	<16		22			11			13	0	8	8			11	0	9	9	0						0	6	6			4				
	16-19	87	220	307	115	206	321	93	243	336	113	236	349	105	192	297	104	191	295	97	177	274	85	175	260	70	194	264	78	162	240	78	176	254
	20-24	445	458	903	375	342	717	477	385	862	447	327	774	423	338	761	424	374	798	390	329	719	387	386	773	391	443	834	336	309	645	298	354	652
	25-34	362	239	601	365	205	570	371	220	591	416	201	617	373	220	593	390	191	581	366	217	583	362	200	562	359	223	582	318	162	480	374	187	561
	35-44	80	39	119	65	36	101	76	27	103	81	39	120	96	28	124	71	20	91	77	29	106	78	35	113	85	42	127	70	34	104	94	27	121
	45+	*	*	27	*	*	23	*	*	41	33	5	38	*	*	46	47	9	56	39	*	*	45	9	54	*	7	4	*	*	*	*	*	
Total	993	986	1,979	938	805	1,743	1,050	896	1,946	1,090	816	1,906	1,036	796	1,832	1,036	794	1,830	959	764	1,723	946	824	1,770	950	917	1,867	856	678	1,534	891	757	1,648	
% in MSM	6%			4%			4%			11%			14%			15%			10%			12%			17%			14%			21%			
Gonorrhoea*	<16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	16-19	*	*	15	27	7	34	15	5	20	19	8	27	12	9	21	17	15	32	*	22	*	46	42	88	*	48	*	35	43	78	48	40	88
	20-24	58	17	75	44	7	51	56	10	66	36	15	51	61	13	74	87	38	125	116	44	160	117	66	183	136	78	214	157	54	211	117	52	169
	25-34	55	7	62	*	*	49	58	13	71	69	8	77	51	6	57	93	19	112	123	38	161	143	45	168	154	39	203	183	33	216	176	25	201
	35-44	*	*	32	*	*	21	*	*	45	*	*	16	30	*	*	*	*	40	*	*	44	48	9	57	47	8	55	62	5	67	57	*	*
	45+	*	*	11	17	0	17	*	*	24	*	*	9	18	*	*	*	*	*	39	*	*	47	*	*	*	*	*	*	*	61	7	68	
Total	163	32	195	155	17	172	194	32	226	148	32	180	172	32	204	259	77	336	347	111	458	384	165	549	424	177	601	483	136	619	459	133	592	
% in MSM	24%			29%			29%			29%			34%			56%			65%			46%			64%			64%			65%			
Syphilis	<16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	16-19	0	*	*	0	0	*	0	0	*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	20-24	*	*	13	5	0	5	*	*	10	*	*	*	12	5	0	5	15	0	15	11	*	11	*	*	11	*	*	8	0	8	*	*	9
	25-34	10	0	10	*	*	9	*	*	10	*	*	11	18	0	18	11	0	11	18	0	18	17	*	*	12	*	*	14	*	16	*	*	14
	35-44	*	0	*	*	0	*	0	*	9	0	9	6	0	6	*	*	*	8	0	8	8	0	8	*	*	*	*	*	*	*	*	*	*
	45+	*	0	*	*	0	*	8	0	8	6	0	6	*	*	10	10	0	10	*	*	10	0	10	5	0	5	9	0	9	7	0	7	
Total	*	*	30	*	*	22	*	*	33	*	*	29	*	*	46	*	*	38	50	0	50	*	*	52	34	7	41	40	5	45	*	*	35	
% in MSM	52%			52%			45%			78%			75%			78%			90%			83%			76%			75%			88%			
Herpes	<16	0	*	*	0	*	*	0	*	0	*	*	0	*	*	0	6	6	0	5	5	0	0	0	0	0	0	0	0	0	0	0	0	
	16-19	7	33	40	5	44	49	11	58	69	7	43	50	10	57	67	5	71	76	10	39	49	7	47	54	6	54	60	7	52	59	10	46	56
	20-24	21	60	81	32	53	85	11	78	89	38	56	94	42	87	129	30	68	98	32	75	107	33	71	104	36	81	117	40	71	111	45	92	137
	25-34	39	52	91	27	55	82	38	47	85	41	80	121	52	79	131	56	65	121	50	72	122	55	85	140	76	69	145	47	71	118	65	93	158
	35-44	18	21	39	26	13	39	8	19	27	17	32	49	36	21	57	24	26	50	18	18	36	21	32	53	24	27	51	30	28	58	15	28	43
	45+	6	*	*	13	*	*	10	*	*	18	*	*	13	*	*	14	21	35	17	21	38	14	20	34	14	*	*	17	*	*	23	24	47
Total	91	183	274	103	173	276	78	218	296	121	225	346	153	258	411	129	257	386	127	230	357	130	255	385	156	259	415	141	240	381	158	290	448	
% in MSM	2%			4%			6%			7%			12%			11%			10%			23%			16%			14%			14%			
Warts	<16	*	*	11	*	*	5	*	*	10	*	*	18	*	*	11	*	*	0	10	10	0	6	6	0	0	0	0	0	0	0	0	0	
	16-19	122	270	392	88	216	304	100	253	353	95	217	312	107	230	337	104	245	349	88	200	288	78	183	261	78	172	250	*	123	196	*	*	166
	20-24	440	356	796	384	326	710	419	369	788	444	334	778	432	342	774	467	394	861	475	314	788	419	276	695	401	308	709	365	259	624	390	275	665
	25-34	401	249	650	387	227	614	439	262	701	400	221	621	442	255	697	448	254	702	462	278	739	427	232	659	456	226	682	371	214	585	409	200	609
	35-44	123	95	218	131	70	201	119	88	207	138	86	224	135	74	209	138	91	229	124	82	206	160	64	224	142	81	223	126	83	209	126	53	179
	45+	*	*	89	*	*	95	*	*	84	*	*	133	*	*	98	*	*	154	99	58	157	89	55	144	100	*	*	80	*	*	104	*	
Total	1,142	1,014	2,156	1,050	879	1,929	1,132	1,011	2,143	1,160	926	2,086	1,179	947	2,126	1,237	1,068	2,305	1,248	942	2,188	1,173	816	1,989	1,177	843	2,020	1,016	730	1,746	1,085	701	1,786	
% in MSM	2%			3%			2%			6%			8%			8%			10%			9%			9%			8%			8%			
Total diagnoses	6,292	5,718	12,010	6,211	5,110	11,321	6,546	5,787	12,333	6,966	5,356	12,322	7,304	5,222	12,526	7,046	5,729	12,775	6,117	5,000	11,117	5,728	4,752	10,480	5,953	4,937	10,890	5,481	4,186	9,667	5,692	4,375	10,067	
Total workload	8,871	7,104	15,975	8,480	6,488	14,968	9,897	8,321	18,218	11,903	9,698	21,601	13,242	10,542	23,784	14,035	11,704	25,739	16,140	11,887	28,027	15,720	11,381	27,101	16,955	12,129	29,084	15,446	10,842	26,288	16,811	11,403	28,214	

Notes on using these tables:

% in MSM represents the proportion of the total male diagnoses attributed to men who have sex with men (MSM)

* It is likely that the use of more sensitive Nucleic Acid Amplification Tests (NAATs) has contributed to the increase in gonorrhoea.

* Data is confidential

Following recent ONS guidance on data disclosure, the rules on publication of STI data with small cell sizes have changed. Cells with a value between 1 and 4 will now be anonymised with an asterisk. In addition, where the anonymised cell can be deduced from the totals, the next smallest cells will also be anonymised.

Due to a GLIM clinic migrating to new GUMCAD software are using SHHAPT codes figures from 2012 have been recalculated to include B5 (complicated gonorrhoea) and C4B (complicated chlamydia). Rates have been calculated using the 2015 mid year estimates

Definitions of selected conditions:

Chlamydia genital chlamydial infection, ICD10 code C4a, C4c & C4d & SHHAPT code C4
 Gonorrhoea gonorrhoea, ICD10 code B1, B2, B5 & SHHAPT code B
 Syphilis primary and secondary infectious syphilis, ICD10 code A1, A2
 Herpes anogenital herpes simplex (first attack), ICD10 code C10a
 Warts anogenital warts (first attack), ICD10 code C11a
 Total diagnoses all diagnoses made, includes all A,

Appendix 3: Rates of new episodes of selected diagnoses by gender and age group, Northern Ireland, 2006-2016

	2006			2007			2008			2009			2010			2011			2012			2013			2014			2015			2016 ^a			
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total				
Chlamydia	<16	*	*	28.8	*	*	14.6	*	*	17.4	0.0	22.1	10.8	*	*	14.9	0.0	25.0	12.2	0.0	*	*	20.1	*	*	17.7	8.6	*	*	11.8	*	*	*	
	16-19	161.1	427.1	291.0	215.4	402.6	307.0	176.1	481.1	325.3	216.4	471.1	341.1	203.0	386.2	292.8	203.1	387.7	293.6	167.6	356.1	259.9	166	354.5	257.7	135.0	383.7	255.6	154.9	341.5	245.4	157.9	378.5	264.6
	20-24	718.5	753.3	735.7	593.0	548.5	570.9	749.5	610.9	680.6	697.1	519.2	609.0	663.5	540.7	602.7	689.5	606.0	638.2	614.3	517.5	560.7	622.1	605.2	613.8	624.5	688	655.8	545	516.0	530.7	188.8	612.7	549.1
	25-34	314.2	201.1	256.8	313.3	169.8	240.3	314.5	179.6	245.8	349.5	162.5	254.2	311.0	176.3	242.3	324.6	152.1	236.4	297.4	166.5	230.6	293.3	151.3	220.8	290	163.4	225.6	261.3	128.5	193.7	305.2	149.2	226.3
	35-44	62.1	29.3	45.4	50.2	27.0	38.4	58.8	20.2	39.2	63.4	29.4	46.1	76.2	21.4	48.3	57.3	15.5	36.0	60.0	22.1	40.7	61.4	22.4	41.5	71.6	30.7	50.6	59.7	27.5	43.1	80.6	21.9	50.5
	45+	*	*	4.2	*	*	3.5	*	*	6.1	10.3	1.4	5.6	*	*	6.6	14.0	2.4	7.9	10.2	*	*	2.1	*	*	12.1	1.8	6.7	*	1.8	*	*	*	
Total	116.4	110.8	113.5	108.8	89.5	98.9	120.6	98.7	109.4	124.1	89.2	106.3	117.1	86.5	101.5	116.5	85.8	100.9	105.1	79.2	91.9	103.7	82.5	92.9	103.4	90.7	96.9	94.8	72.3	83.3	97.4	79.9	88.5	
Gonorrhoea	<16	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*	*	*	0.0	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
	16-19	*	*	14.2	50.6	13.7	32.5	28.4	9.9	19.4	36.4	16.0	26.4	23.2	18.1	20.7	33.2	30.4	31.9	*	45.3	*	90.9	87.6	89.3	*	101.2	*	69.5	90.6	79.8	97	86.0	91.7
	20-24	93.6	28.0	61.1	69.6	11.2	40.6	88.0	15.9	52.1	56.1	23.8	40.1	95.7	20.8	58.6	137.4	61.6	100.0	184.1	70.6	128.4	187.4	104.5	146.5	219	121.9	171.1	254.6	90.2	173.6	191.9	90.0	142.3
	25-34	47.7	5.9	26.5	*	*	20.7	49.2	10.6	29.5	58.0	6.5	31.7	42.5	4.8	23.3	77.4	15.1	45.6	100.8	27.7	63.5	116.5	34.1	74.4	133.9	23.8	77.9	150.4	26.2	87.2	143.6	19.9	81.1
	35-44	*	*	12.2	*	*	8.0	*	*	17.1	*	*	6.1	23.8	*	12.5	*	*	15.8	*	*	17.7	40.4	5.6	22.6	39.2	4.8	21.6	52.9	4.0	27.8	48.9	*	*
	45+	*	*	1.7	5.6	0.0	2.6	*	*	3.6	*	*	1.3	5.5	*	2.7	*	*	*	11.1	*	*	17.7	40.4	5.6	22.6	39.2	4.8	21.6	52.9	4.0	27.8	48.9	*
Total	19.1	3.6	11.2	18.0	1.9	9.8	22.3	3.5	12.7	16.8	3.5	10.0	19.4	3.5	11.3	29.1	8.3	18.5	38.5	11.5	24.7	42.4	16.8	29.3	46.6	17.2	31.6	53.5	14.5	33.6	50.2	14.0	31.8	
Syphilis	<16	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	16-19	0.0	*	*	0.0	0.0	*	0.0	0.0	*	0.0	0.0	0.0	0.0	0.0	0.0	*	*	*	0.0	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	20-24	*	*	10.6	7.9	0.0	4.0	*	*	7.9	*	*	*	*	*	9.5	7.9	0.0	4.0	23.8	0.0	12.1	17.8	*	*	17.8	*	*	13.0	0.0	6.6	*	*	7.6
	25-34	8.7	0.0	4.3	*	*	3.8	*	*	4.2	*	*	4.5	15.0	0.0	7.4	9.2	0.0	4.5	14.9	0.0	7.3	14.0	*	*	9.9	*	*	11.5	*	6.5	*	*	5.6
	35-44	*	0.0	*	*	0.0	*	*	0.0	*	7.0	0.0	3.5	4.8	0.0	2.3	*	*	*	6.6	0.0	3.3	6.7	0.0	3.3	4.3	*	*	*	*	*	*	0.0	*
	45+	*	0.0	*	*	0.0	*	2.6	0.0	1.2	1.9	0.0	0.9	*	*	1.4	3.0	0.0	1.4	*	0.0	*	2.9	0.0	1.4	1.4	0.0	0.7	2.5	0.0	1.2	1.9	0.0	0.9
Total	*	*	1.7	*	*	1.2	*	*	1.9	*	*	1.6	*	*	2.5	*	*	2.1	5.6	0.0	2.7	*	*	2.8	3.8	0.7	2.2	4.4	0.5	2.4	3.6	0.2	1.9	
Herpes	<16	0.0	*	*	0.0	*	*	0.0	*	*	0.0	*	0.0	*	*	0.0	16.7	8.1	0.0	13.9	6.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	21.5	10.5
	16-19	13.0	64.1	37.9	9.4	86.0	46.9	20.8	114.8	66.8	13.4	85.8	48.9	19.3	114.7	66.1	9.8	144.1	75.6	19.7	80.3	49.4	13.8	98.0	54.8	11.9	113.8	61.3	13.9	109.6	60.3	20.2	98.9	58.3
	20-24	33.9	98.7	66.0	50.6	85.0	67.7	17.3	123.8	70.3	59.3	88.9	74.0	65.9	139.2	102.2	47.4	110.2	78.4	50.8	123.2	86.4	53.3	117.7	65.1	58.4	135.3	96.3	64.9	118.6	91.3	73.8	159.2	115.4
	25-34	33.8	43.8	38.9	23.2	45.5	34.6	32.2	38.4	35.3	34.4	64.7	49.8	43.4	63.3	53.5	46.6	51.8	49.2	41.3	57.1	49.4	45.4	67.3	56.6	62.4	54.7	58.5	38.6	56.3	47.6	53.0	74.2	63.7
	35-44	14.0	15.8	14.9	20.1	9.7	14.8	6.2	14.2	10.3	13.3	24.1	18.8	28.6	16.1	22.2	19.4	20.2	19.8	14.8	14.2	14.5	17.7	25.6	21.8	20.5	21.8	21.2	25.6	22.6	24.1	12.9	22.7	17.9
	45+	2.0	*	*	4.2	*	*	3.2	*	*	5.6	*	*	4.0	*	*	4.2	5.6	4.9	5.0	5.5	5.3	4.0	5.2	4.6	3.9	*	*	4.8	*	*	6.3	5.9	6.1
Total	10.7	20.6	15.7	11.9	19.2	15.7	9.0	24.0	16.6	13.8	24.6	19.3	17.3	28.0	22.8	14.5	27.8	21.3	14.2	24.8	19.6	14.5	27.3	21.0	17.3	27.6	22.5	15.6	25.6	20.7	17.3	30.6	24.1	
Warts	<16	*	*	14.4	*	*	6.6	*	*	13.4	*	*	24.2	*	*	14.9	*	*	0.0	27.9	13.6	0.0	17.2	8.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	16-19	226.0	524.2	371.6	164.8	422.1	290.7	189.4	500.9	341.7	182.0	433.2	305.0	206.9	462.7	332.3	203.1	497.3	347.4	173.6	411.7	290.1	154.1	381.7	264.8	154.9	362.6	255.6	*	259.3	259.3	*	173.0	
	20-24	710.4	585.5	648.6	607.2	522.8	565.3	658.4	585.5	622.1	692.4	530.4	612.1	677.6	547.1	613.0	737.4	638.4	688.5	754.0	515.8	637	677.0	457.6	568.8	650.4	514.3	583.4	592.0	432.5	432.5	639.6	476.0	560
	25-34	348.0	209.6	277.7	332.2	188.0	258.8	372.1	213.9	291.5	336.0	178.6	255.8	368.6	204.3	284.8	372.8	202.3	285.7	381.7	220.4	299.4	352.8	183.8	266.5	374.7	179.2	275.2	304.8	169.7	169.7	333.8	159.6	245.7
	35-44	95.4	71.4	83.2	101.2	52.5	76.5	92.1	65.9	78.8	108.0	64.9	86.0	107.1	56.6	81.4	111.4	70.6	90.6	102.0	64.7	83	134.6	51.3	91.9	121.1	65.4	92.5	107.5	67.0	67	108.1	43.0	74.7
	45+	*	*	13.9	*	*	14.5	*	*	12.6	*	*	19.5	*	*	14.1	*	*	21.7	28.9	15.2	21.7	25.5	14.2	19.6	28.2	22.5	14.2	19.6	28.2	22.5	14.2	19.6	28.2
Total	133.9	113.9	123.7	121.8	97.7	109.5	130.0	111.3	120.5	132.0	101.2	116.3	133.3	102.9	117.8	139.1	115.5	127.0	139.5	101.4	120.1	130.7	87.5	108.7	130.4	89.9	109.8	112.5	77.8	77.8	118.6	74.0	95.9	

Notes on using these tables:

Diagnoses are calculated on GUM clinics in the region, rates are calculated for the region's resident population

Diagnostic rates for specific age groups were estimated by dividing the annual number of diagnoses in each age bracket by the estimated mid-year resident population of Northern Ireland for each age group. The denominators used to calculate rates in people under 16 and over 44 years of age were the population aged 13 to 15, and the population aged over 44 years respectively. The total population was used for the calculation of overall rates.

2001-2011 rates have been revised using revised mid year estimates to take into account the 2011 Census

Rates are calculated using mid year estimates

* Data is confidential
Following recent CNS guidance on data disclosure, the rules on publication of STI data with small cell sizes have changed. Cells with a value between 1 and 4 will now be anonymised with an asterisk. In addition, where the anonymised cell can be deduced from the totals, the next smallest cells will also be anonymised.

Definitions of selected conditions:

Chlamydia genital chlamydial infection, ICD10 codes C4c, C4c & C4d & SHHAPT code C4
Gonorrhoea gonorrhoea, ICD10 code B1, B2, B6 & SHHAPT code B
Syphilis primary and secondary infectious syphilis, ICD10 code A1, A2
Herpes anogenital herpes simplex (first attack), ICD10 code C10a
Warts anogenital warts (first attack), ICD10 code C11a
Total diagnoses all diagnoses made, includes all A, B, C and E ICD10 codes
Total workload all workload not requiring a diagnosis, includes all D, P and S ICD10 codes & SHHAPT T codes



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*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)*

date 15 March 2018

item 13

reference PHA/07/03/18

presented by Mrs Mary Hinds, Director of Nursing, Midwifery and AHPs

action required For noting

Summary

The importance of surveillance in relation to developmental dysplasia of the hip in new born infants (DDH) and early referral in response to risk factors and clinical indicators is well recognised.

A Cochrane Review of screening programmes for developmental dysplasia of the hip in new born infants (Shorter 2011) provides a useful definition of DDH as well as information about cause, prevalence and associated risks:

“Uncorrected DDH, especially when associated with hip dislocation, is associated with significant long term morbidity including gait abnormalities, chronic pain and premature degenerative arthritis of the hip requiring joint replacement in later life.”
(Shorter 2011)

The aim of this guidance is to ensure that infants screened by Nurses for DDH and require further assessment receive appropriate assessment and if required a clinical intervention as early as possible. The purpose of this pathway is to ensure that Nurses who carry out DDH examination make appropriate referrals for further intervention including Ultrasound x-ray and / or specialist paediatric orthopaedic assessment when relevant risk factors and clinical findings indicate that this is necessary.

Equality Impact Assessment

N/A

Recommendation

The Board is asked to **NOTE** the referral pathway.