

## agenda

|                         |   |
|-------------------------|---|
| <b>Title of Meeting</b> | 116 <sup>th</sup> Meeting of the Public Health Agency Board |
| <b>Date</b>             | 21 November 2019 at 1.30pm                                  |
| <b>Venue</b>            | 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 17 October 2019 |                     | 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                                      | <b>PHA/01/11/19</b> | Mr Cummings     |
| 1.45 |   |                     |                 |

### items for approval

- |      |   |                     |           |
|------|---|---------------------|-----------|
| 8    | Quality Improvement Plan Report 2018/19 | <b>PHA/02/11/19</b> | Mrs Quinn |
| 1.50 |   |                     |           |

### items for noting

- |      |   |                     |            |
|------|---|---------------------|------------|
| 9    | Annual Business Plan Mid-Year Monitoring Report         | <b>PHA/03/11/19</b> | Mr McClean |
| 2.05 |   |                     |            |
| 10   | PHA Annual Business Plan 2020/21 Process and Timescales | <b>PHA/04/11/19</b> | Mr McClean |
| 2.20 |   |                     |            |
| 11   | Management Statement / Financial Memorandum             | <b>PHA/05/11/19</b> | Mr McClean |
| 2.25 |   |                     |            |
| 12   | Register of Interests                                   | <b>PHA/06/11/19</b> | Mr McClean |
| 2.30 |   |                     |            |

## **closing items**

13 Any Other Business  
2.35

14 Details of next meeting:

*Thursday 5 December 2019 at 1.30pm*

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

|                         |   |
|-------------------------|---|
| <b>Title of Meeting</b> | 115 <sup>th</sup> Meeting of the Public Health Agency Board |
| <b>Date</b>             | 17 October 2019 at 1.30pm                                   |
| <b>Venue</b>            | Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast   |

**Present**

|                          |   |
|--------------------------|---|
| Mr Andrew Dougal         | - Chair   |
| Mrs Valerie Watts        | - Interim Chief Executive                                     |
| Mr Edmond McClean        | - Interim Deputy Chief Executive / Director of Operations     |
| Dr Adrian Mairs          | - Acting Director of Public Health                            |
| Mrs Briega Quinn         | - Interim Director of Nursing and Allied Health Professionals |
| Alderman William Ashe    | - Non-Executive Director                                      |
| Mr Leslie Drew           | - Non-Executive Director                                      |
| Ms Deepa Mann-Kler       | - Non-Executive Director                                      |
| Professor Nichola Rooney | - Non-Executive Director                                      |
| Alderman Paul Porter     | - Non-Executive Director                                      |
| Mr Joseph Stewart        | - Non-Executive Director                                      |

**In Attendance**

|                   |  |
|-------------------|--|
| Dr Aideen Keaney  | - Director of Quality Improvement            |
| Mr Paul Cummings  | - Director of Finance, HSCB                  |
| Ms Marie Roulston | - Director of Social Care and Children, HSCB |
| Mr Robert Graham  | - Secretariat                                |
| Ms Jenny Redman   | - Boardroom Apprentice                       |

**Apologies**

|                         |                          |
|-------------------------|--------------------------|
| Mr John-Patrick Clayton | - Non-Executive Director |
|-------------------------|--------------------------|

**88/19 | Item 1 – Welcome and Apologies**

88/19.1 The Chair welcomed everyone to the meeting. There were no apologies.

**89/19 | Item 2 – Declaration of Interests**

89/19.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**90/19 Item 3 – Minutes of previous meeting held on 19 September 2019**

90/19.1 The minutes of the previous meeting, held on 19 September 2019, were approved as an accurate record of that meeting, subject to one amendment: the words, “in keeping with the guidance” were added in the first sentence of paragraph 81/19.2.

**91/19 Item 4 – Matters Arising**

91/19.1 There were no matters arising.

**92/19 Item 5 – Chair’s Business**

92/19.1 The Chair presented his Report and began by commenting on the findings regarding high rates of loneliness, particularly among those in the 16-24 age group. Ms Roulston advised that this is an issue for those young people in the care system.

92/19.2 The Chair noted that there is a swab test available to determine if a patient has a bacterial or a viral infection, but it is not used in Northern Ireland. He said that this test could reduce the consumption of antibiotics. Dr Mairs advised that there is a 5-year action plan to reduce the use of antibiotics entitled, “Changing the Culture”.

92/19.3 The Chair said that during his appraisal meetings with members, there had been positive feedback on the recent workshops held and that another workshop has been arranged for December 2019.

92/19.4 The Chair advised that the issue of staffing and workforce planning had been referenced at the recent PHA Accountability Review and that he would like to extend the remit of the Remuneration Committee to look at this. The Interim Chief Executive asked whether this meant bringing reports from Directors on these matters as she said that the situation is a dynamic one. She referenced the difficulties in recruiting public health consultants. The Chair noted that at present there is only one non-medical consultant post available in Northern Ireland, and that more could be done in this area. Dr Mairs explained that the training scheme for public health consultants in Northern Ireland is only available for medical trainees, however it is possible to get an equivalent qualification through the Faculty of Public Health and individuals have done that. He said that work is ongoing to improve opportunities, perhaps working with the Deanery in Scotland who will hopefully act as the accrediting body.

92/19.5 Mr McClean advised that the Agency is required to have a Governance and Audit Committee and Remuneration Committee, and their remits are set out in the legislation and associated regulations. Mr Stewart said that under Standing Orders, the Board could establish another Committee if it was appropriate to do so. The Interim Chief Executive informed members that she has signed off on a proposal for work to commence on a Human Resources and Organisational Development

Strategy for the Agency and that members will be kept informed of this work.

- 92/19.6 The Chair noted that almost two years have passed since members had undertaken training on outcomes, and that it may be useful to have refresher training.

**93/19 Item 6 – Chief Executive’s Business**

- 93/19.1 The Interim Chief Executive updated members on EU Exit and advised that planning is continuing, covering a wide range of scenarios. She reminded members that the Department of Health convenes a forum of the Health and Social Care organisations in Northern Ireland to discuss matters relevant to EU Exit.

- 93/19.2 The Interim Chief Executive updated members on the closure of the Health and Social Care Board. She said that the Oversight Board had met recently to discuss the way forward, but in the absence of an Assembly there is no vehicle to approve the necessary legislation, meaning that the anticipated closure date of March 2021 may need to be changed.

- 93/19.3 The Interim Chief Executive advised that the most recent meeting of the HSC Making Life Better partnership had taken place last Friday. She reminded members that the partnership was established in April 2018 as part of the refresh of regional MLB structures. She said that it is convened by PHA and comprises Chief Executives and Directors representing PHA, HSCB, BSO, NIAS, HSC Trusts and the Department of Health with a core purpose of considering MLB implementation across the HSC, improving outcomes and making life better for the individuals and communities served by the HSC.

- 93/19.4 The Interim Chief Executive said that there have been discussions exploring the critical learning and experience obtained through TIG pathfinders to date, and the potential of developing a broad framework of principles for population health planning. She went on to say that there was overall agreement of the need to explore and develop a framework of principles for population health planning that will help to improve health and wellbeing and reduce inequalities through a consistent approach to population health focussed planning. She added that the Chief Medical Officer is supportive of this work.

- 93/19.5 The Interim Chief Executive moved on to give members an overview of the HSC Hospital Passport for people with Learning Disability which was developed to improve the experience of people with Learning Disability accessing general hospital services. She advised that the information in the passport will help hospital staff to make reasonable adjustments to provide safe and effective care and enable the individual with learning disability to feel as involved as possible in shared decisions about their care. She advised that the passport has recently won a British Medical

- Association award for accessible information. Members were shown a video outlining how the passport works.
- 93/19.6 The Interim Chief Executive informed members that following a recruitment process, Mr Rodney Morton has been offered the post of PHA Director of Nursing, Midwifery and Allied Health Professions. She expressed her thanks to Mrs Briege Quinn for her work in filling the role on an interim basis. She further advised that the recruitment process for the Director of Public Health role has commenced with the shortlisting stage completed and that interviews are scheduled to take place on Monday 11 November.
- 93/19.7 The Interim Chief Executive reported that she plans to retire as Interim Chief Executive of the Public Health Agency and Chief Executive of the Health and Social Care Board on 31st March 2020. She said that this has not been an easy decision, however, after nearly 40 years in public service, she feels it is now the right time to spend more time with her family. She added that over the last 5 years, it has been a privilege to lead both organisations. She noted that both organisations have faced many challenges, most notably the announcement of the closure of the HSCB, yet have still continued to deliver so much across all areas of Health and Social Care.
- 93/19.8 The Interim Chief Executive said that she has really enjoyed working with the PHA Board and with staff across both the PHA and HSCB, and that the professionalism, commitment and dedication to patients, service users and the wider public which she has experienced has been second to none.
- 93/19.9 The Chair acknowledged the tremendous effort of the Interim Chief Executive in carrying out both roles simultaneously and thanked her for her valiant commitment to the work of the Agency.
- 94/19 Item 7 – Finance Report (PHA/01/10/19)**
- 94/19.1 Mr Cummings presented the Finance Report for the period up to 31 August, and advised that there was very little variation in comparison to the previous report and that PHA continues to have a surplus largely due to expenditure not being in line with the budget. He highlighted Health Improvement and Service Development and Screening as two areas where spend is lagging, but he said that he has received assurances that the funding will be spent in the second half of the year and that there is a meeting of all budget managers taking place on 8 November to review all budget lines.
- 94/19.2 The Chair asked about virement and spending on media campaigns. Mr McClean explained that at this stage it would be difficult to undertake a new campaign and he added that there are issues with staffing levels and capacity as a team that would once have had up to 6 staff has been reduced to 2.

- 94/19.3 Mr Drew said that he is reassured that the surplus will be looked at with the meeting taking place of all budget managers and he hoped that the next update will have further detail on this.
- 94/19.4 Professor Rooney noted the large variance in the Board's administration budget, but it was noted that this is due to the fact that the Agency is not currently covering the salary costs of a Chief Executive.
- 94/19.5 The Board noted the Finance Report.
- 95/19 Item 8 – Update from Governance and Audit Committee (PHA/02/10/19)**
- 95/19.1 Mr Drew informed members that the Governance and Audit Committee met on 8 October and considered two reports from Internal Audit. He said that the first relating to Lifeline received a satisfactory level of assurance, but there were some concerns about response times. He said that the second report concerning Family Nurse Partnership received a limited assurance. He reassured members that there is excellent work going on within the programme, but the issues related to areas such as governance and IT. He went on to say that the Committee received an update on the implementation of previous Internal Audit recommendations, and that 45/62 had been fully implemented, with the remaining 17 partially implemented.
- 95/19.2 Mr Drew said that members reviewed the latest Corporate Risk Register, on which there was one new risk relating to the PHA Intranet. He said that the Committee acknowledged the detailed briefing on staffing received at the last Board meeting. He added that the Committee approved the updated Risk Management Strategy and Policy.
- 95/19.3 Mr Drew advised that the Committee received the final Report to those Charged with Governance from the Northern Ireland Audit Office which confirmed that PHA had received an unqualified audit opinion. He added that the Committee noted the retirement of Mr Denver Lynn from NIAO.
- 95/19.4 Mr Drew said that the Committee approved the Mid-Year Assurance Statement, which is being presented to the Board today, and also received updates on EU Exit and Emergency Planning. He thanked the other Non-Executives who contribute so effectively to the work of the Committee.
- 95/19.5 The Chair asked about the Family Nurse Partnership audit. Mr Drew reiterated that the concerns pertain to ensuring that opportunities to share knowledge are not missed by Trusts ensuring there is improved attendance at meetings. Mrs Quinn said that the feedback from the audit has been taken on board. Ms Mann-Kler added that there is a commitment to bring an update on the programme to the full Board in the next few months.

95/19.6 The Board noted the update from the Committee Chair.

**96/19 Item 9 – Mid-Year Assurance Statement (PHA/03/10/19)**

96/19.1 The Interim Chief Executive advised members that PHA is required to submit a Mid-Year Assurance Statement to the Department of Health following approval by the PHA Board. She said that the Statement is similar to previous statements but that the sections relating to staffing and the management and administration budget have been merged.

96/19.2 Alderman Porter asked about the number of temporary staff and the risk of them losing their jobs. The Interim Chief Executives explained that many of the staff are acting up in temporary roles, and this creates an issue of backfilling, but she assured Alderman Porter that these staff have substantive posts. Mr Cummings added that these temporary posts are generally non-recurrent short term roles. Alderman Porter said that the high number of these is concerning, but the Interim Chief Executive said that PHA is starting to review all of these.

96/19.3 The Board **APPROVED** the Mid-Year Assurance Statement.

**97/19 Item 10 – Annual Quality Report (PHA/04/10/19)**

*Ms Grainne Cushley joined the meeting for this item.*

97/19.1 Mrs Quinn introduced the Annual Quality Report and said that this is the sixth year this report has been prepared. She said that the Report remains a draft but will be finalised in preparation for World Quality Day on 14 November. She invited Ms Cushley to give members an overview of the Report.

97/19.2 Ms Cushley said that the Report sets out a series of stories and examples of the HSCB/PHA's commitment to safety and quality. She explained that the first section of the Report features some infographics, the second section contains the short stories and the final section gives readers links to other useful documents. She added that it is hoped that the final online version will be interactive.

97/19.3 Ms Cushley advised that the five sections, each in a different colour, are the five themes that the Department requires HSCB/PHA to report on. Under Transforming the Culture, she highlighted the commitment to governance and leadership, the number of SAIs and complaints, and examples of patient experience and co-production. Under Strengthening the Workforce, she noted the commitment to helping staff improve.

97/19.4 Within Measuring Improvements, Ms Cushley advised that work has been done in the areas of quality improvement plans, prevention of pressure ulcers, falls and mixed gender accommodation. In Raising the



Standards, she highlighted dysphagia and maternity and children's services. Finally, under Integrating the Care, she gave examples of inter-agency and inter-organisational working with, for example, the Department of Justice and the Department of Education.

97/19.5 Ms Cushley said that the Report will be launched on World Quality Day and there will be coverage of this on social media.

97/19.6 The Chair said that the Report was well laid out and easy to follow. He asked whether exit interviews are carried out as part of the work on Project RETAIN. Ms Cushley said that she would find out.

97/19.7 Professor Rooney sought clarity that the categories of complaints were indeed the main ones. Ms Cushley confirmed that this was the case. Professor Rooney asked about the specialist group referrals for disseminating the lessons from SAI. Ms Cushley explained that a better way of sharing learning may be through a group, for example there is a maternity collaborative, and any learning can be more quickly disseminated through that forum.

97/19.8 Ms Mann-Kler said that the infographics are really useful at highlighting key information, but she felt that an opportunity is being missed as the graphics are process-focused, but should perhaps look at outcomes and patient experience. She highlighted the example of stroke and said that there is an assumption that strokes affect men more than women, but women experience very different symptoms. She said that having this information could better inform PHA's approach to a campaign in this area. Mr McClean acknowledged the point, and said that, with additional funding, PHA would have liked to have extended its FAST campaign to look at targeting different genders and age groups. Dr Mairs added that there is also an educational aspect to this. Ms Mann-Kler said that it may be useful for PHA to link with Public Health England to look at a twin-track approach. The Chair noted that the issue of women's heart disease and its distinct aetiology have been on the agenda for the last 15/20 years.

97/18.9 The Board **APPROVED** the Annual Quality Report.

#### **98/19 Item 11 – Presentation Update on Connected Health EU Projects**

*Mr Eddie Ritson and Ms Soo Hun joined the meeting for this item.*

98/19.1 Mr Ritson explained that the team in PHA was previously the European Centre for Connected Health, but it now works closely with the eHealth team in HSCB. He invited Ms Hun to give an overview of some of the European projects that the team has been involved in.

98/19.2 Ms Hun began her presentation by saying that the Centre for Connected Health's first project was in relation to Implementing Transnational Telemedicine Systems, and since then has been supporting the

- Department of Health, HSCB and PHA in a range of projects, including Beyond Silos, Sunfrail and ACT@Scale. With regard to the Sunfrail project, she gave an overview of a screening tool that had been developed.
- 98/19.3 Ms Hun advised that there are three projects currently ongoing, namely PLACE-EE (a rural project), MAGIC (looking at procurement) and VIGOUR (looking at social prescribing). In terms of impact, she said that work is ongoing to ensure that projects align better with HSC priorities. She added that improvements are being made in terms of sharing knowledge and good practice.
- 98/19.4 Ms Hun informed members that she has been involved in a digital blueprint project which looks at 12 different personas across a matrix of life course and health needs.
- 98/19.5 In terms of future work, Ms Hun highlighted the PEACE Plus and INTERREG programmes.
- 98/19.6 The Chair asked about the virtual reality work in stroke. Ms Hun explained that following the identification of upper body rehabilitation as an issue, different organisations had come forward with a prototype and in consultation with Ulster University, a European company and a local company in Northern Ireland a virtual reality idea was developed which is currently being tested. She said that physiotherapists will look at different exercises and then through a process called gamification, these are transferred into virtual reality where the patient can work through different exercises and progress through different levels.
- 98/19.7 Ms Mann-Kler said that it is excellent to see such innovation, but she was not certain that this innovation would be adapted based on previous experience, and asked if this was likely to change. Mr Ritson agreed that as people are busy it is difficult to find time to adapt to new innovations.
- 98/19.8 Mr Ritson also highlighted pre-commercial procurement. He said that this area is about looking at innovations that might work, and then developing a business case.
- 98/19.9 Ms Hun added that in European projects, the emphasis is not on doing new things, but to look at existing practice and how it can be improved. Mr Ritson said that the solution is not about developing new gadgets, rather applying existing technologies for mainstream issues.
- 98/19.10 Ms Mann-Kler asked about the impact of EU Exit. Ms Hun advised that there are ring-fenced funds with PEACE Plus. Mr Ritson conceded that the possibility of EU Exit has made potential partners reluctant to work with Northern Ireland, but he hoped that there remained the possibility of continuing work with a European perspective, particularly in R&D. Ms Hun added that the issues facing the population haven't changed, and

that there could be some form of network that Northern Ireland can continue to participate in.

98/19.11 The Chair thanked Mr Ritson and Ms Hun for the update.

**99/19 Item 12 – Surveillance of Influenza in Northern Ireland 2018/19 (PHA/05/10/19)**

*Dr Gerry Waldron and Mr Mark O’Doherty joined the meeting for this item.*

- 99/19.1 Mr O’Doherty advised that PHA carries out surveillance of flu all year round and produces a weekly flu bulletin in addition to the Report that is being presented today. He noted that 2018/19 was a relatively quiet year as the predominant flu strain was H1N1. He reported that there were only a few outbreaks of flu within the nursing homes sector.
- 99/19.2 Mr O’Doherty said that PHA also monitors the uptake of the flu vaccine, both among specific public groups, and also healthcare workers in line with targets set by the Chief Medical Officer. He advised that there had been a slight decline in the uptake among the public groups, but an increase in the uptake for healthcare workers. He noted that although the number of vaccines has increased, the population is also increasing. He added that last year there was a specific vaccine for those over 65.
- 99/19.3 Going forward, Mr O’Doherty advised that PHA is developing its public information for this year’s flu season by developing a bespoke letter for “at risk” groups. He added that the weekly flu bulletin has been revamped and it will be more accessible to the public and healthcare professionals. He added that as part of the public relations work, two animations have been developed for social media, one targeted for the public, and the other for healthcare professionals. He said that there is also a “Flu Fighters” programme to help increase uptake among healthcare staff.
- 99/19.4 Alderman Porter highlighted an issue in his own area where people were forming long queues to get the vaccine. Dr Waldron said that there was an issue last year, but that it is the responsibility of GP practices to manage their own administration of the vaccine, whether that be through an “open” session, or through an appointment system. He advised that the issue last year related to a delay in the vaccine for those over 65. Alderman Porter acknowledged the point, but felt that as PHA is paying for the vaccine it has a responsibility for ensuring that people can access it properly because if there is a situation where people have to queue, then they may choose not to get the vaccine. Dr Mairs said that practices have to find the time to provide the service in addition to their other services, but he said that this issue could be raised with the GP Federation.
- 99/19.5 The Chair said that he has always had concerns about the low uptake among healthcare staff. Dr Waldron agreed that the rate needs to

increase, but he highlighted an issue around availability. Mr O'Doherty said that PHA works with the Occupational Health teams in Trusts. He said that there needed to be a streamlining of the information sent in by Trusts as some Trusts may report the uptake among certain groups of staff, but that other Trusts may not.

99/19.6 The Board noted the Surveillance of Influenza in Northern Ireland Report for 2018/19.

**100/19 Item 13 – Update for Making Life Better, Community Planning and Programme for Government (PHA/06/10/19)**

100/19.1 Mr McClean presented the update and reminded members that PHA is responsible for leading on the implementation of the Making Life Better strategy on behalf of the HSC system and the Department of Health. He advised that a meeting of the HSC Partnership had taken place last week where there was an increased focus on the population health planning approach and trying to bring a more holistic focus to that work. He said that PHA is working with the Kings Fund in London in this area. In terms of community planning, Mr McClean drew members' attention to the table which shows the different areas where each of the Councils is either leading or supporting others.

100/19.2 Mr McClean said that with regard to Programme for Government, a meeting had taken place earlier today to look at the action plan and in particular those areas that PHA is involved in, namely Family Nurse Partnership, smoke-free society, vaccinations and, at the request of the Department, reduction in suicide. He said that this will be done using an Outcomes Based Accountability approach and that there will be a website and a dashboard showing how this is progressing, with the aim of linking it back to the Making Life Better strategy.

100/19.3 Alderman Porter acknowledged that there is a lot of good work being done, but he asked whether there are data on how much each Trust is doing in the field of mental health. He said that there is a lot of information being generated, but he queried what difference it is making and are we helping people. The Interim Chief Executive acknowledged that waiting lists are an issue and that the Permanent Secretary would like to see more being done to reduce them.

100/19.4 Alderman Ashe said that while there is good work being done in the field of community planning, there is a knock-on effect in other areas and he cited an example of declining numbers of children playing rugby at school possibly due to a lack of investment in facilities. He thought that community planning would have had a greater impact at grass roots level, but this has not been the case. The Interim Chief Executive agreed with Alderman Ashe, but suggested that there is a responsibility on communities, as well as on parents.

100/19.5 Ms Mann-Kler said that the summary grid is useful to see the overview,

but she asked about further detail on the impact on the population of areas with higher deprivation. Mr McClean said that each Council may have its own metrics for this. He added that next month a review will commence which looks at the implementation of community planning.

100/19.6 The Chair sought clarity as to whether PHA or the Department of Health is responsible for the implementation of Making Life Better. Mr McClean said that it is cross-departmental policy and the Department had asked the PHA to lead on its implementation across the wider system. Responding to Alderman Porter's queries on mental health, he said that it is important for PHA to support counselling-type initiatives. He said that although PHA does some work in this area, it could potentially be increased. Mr Drew made reference to a recent documentary that highlighted Parkrun as a way of improving mental health and wellbeing.

100/19.7 The Board noted the update on Making Life Better, community planning and Programme for Government.

**101/19 Item 14 – Any Other Business**

101/19.1 There was no other business.

**102/19 Item 15 – Details of Next Meeting**

*Thursday 21 November 2019 at 1:30pm*

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

Signed by Chair:

Date:

# **Public Health Agency**

## **Finance Report**

**2019-20**

**Month 6 - September 2019**



# PHA Financial Report - Executive Summary

## Year to Date Financial Position (page 2)

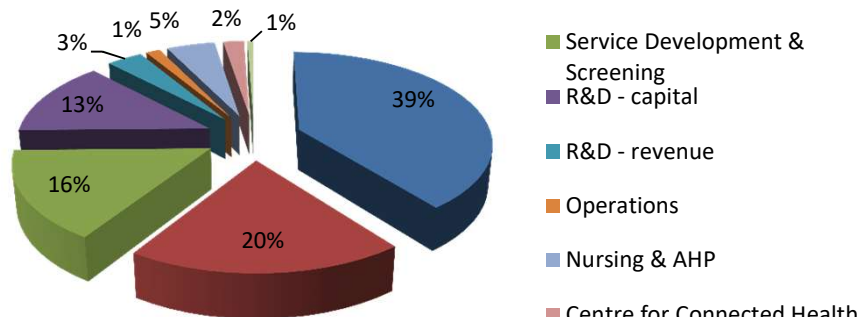
At the end of month 6 PHA is reporting an underspend (£1.3m) against its profiled budget. This underspend is primarily the result of year-to-date underspends on PHA Direct budgets (page 4) and Administration budgets (see page 5).

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

## Programme Budgets (pages 3&4)

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

**PHA Programme Budgets 2019-20**



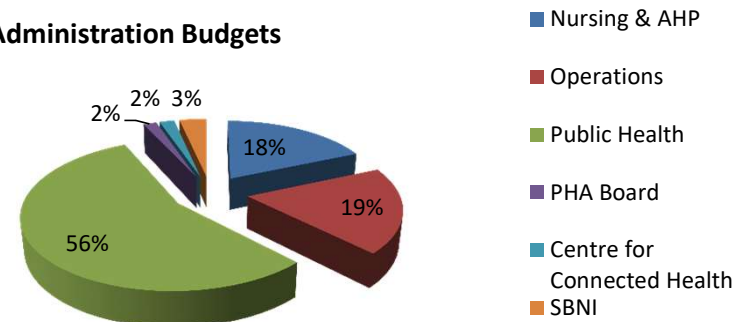
## Administration Budgets (page 5)

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

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

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

**Administration Budgets**



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

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



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

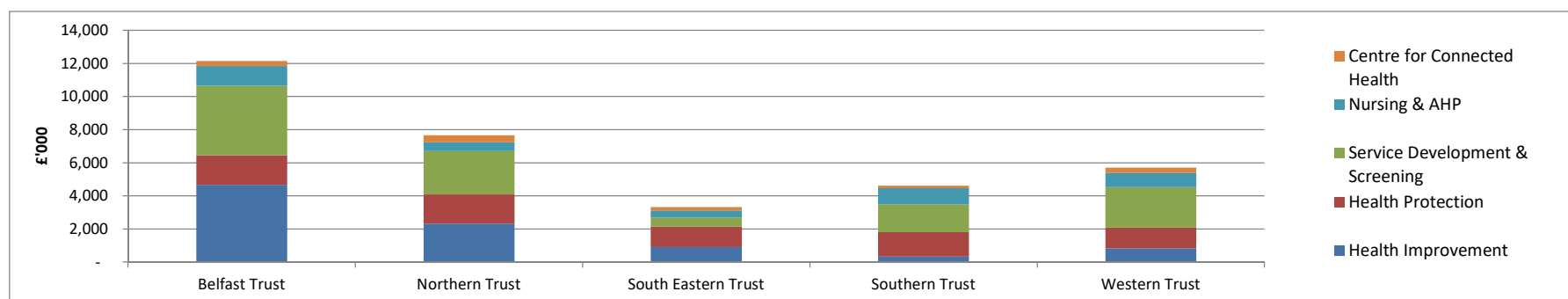
|                                    | Annual Budget |               |                |               | Year to Date   |               |               |                |               |               |
|------------------------------------|---------------|---------------|----------------|---------------|----------------|---------------|---------------|----------------|---------------|---------------|
|                                    | Programme     |               | Ringfenced     | Mgt & Admin   | Total          | Programme     |               | Ringfenced     | Mgt & Admin   | Total         |
|                                    | Trust         | PHA Direct    | Trust & Direct | Admin         |                | Trust         | PHA Direct    | Trust & Direct | Admin         |               |
|                                    | £'000         | £'000         | £'000          | £'000         | £'000          | £'000         | £'000         | £'000          | £'000         | £'000         |
| <b>Available Resources</b>         |               |               |                |               |                |               |               |                |               |               |
| Departmental Revenue Allocation    | 32,842        | 46,285        | 10,007         | 20,758        | <b>109,891</b> | 16,421        | 14,646        | 3,909          | 10,358        | <b>45,334</b> |
| Assumed Retraction                 |               |               | (105)          |               | <b>(105)</b>   |               |               | (43)           |               | <b>(43)</b>   |
| Revenue Income from Other Sources  | -             | 74            | -              | 720           | <b>794</b>     | -             | 74            | -              | 352           | <b>426</b>    |
| <b>Total Available Resources</b>   | <b>32,842</b> | <b>46,359</b> | <b>9,902</b>   | <b>21,478</b> | <b>110,580</b> | <b>16,421</b> | <b>14,721</b> | <b>3,866</b>   | <b>10,709</b> | <b>45,717</b> |
| <b>Expenditure</b>                 |               |               |                |               |                |               |               |                |               |               |
| Trusts                             | 33,602        | -             | 4,712          | -             | <b>38,314</b>  | 16,801        | -             | 2,357          | -             | <b>19,158</b> |
| PHA Direct Programme *             | -             | 47,009        | 5,190          | -             | <b>52,199</b>  | -             | 13,937        | 1,509          | -             | <b>15,447</b> |
| PHA Administration                 | -             | -             | -              | 20,067        | <b>20,067</b>  | -             | -             | -              | 9,858         | <b>9,858</b>  |
| <b>Total Proposed Budgets</b>      | <b>33,602</b> | <b>47,009</b> | <b>9,902</b>   | <b>20,067</b> | <b>110,580</b> | <b>16,801</b> | <b>13,937</b> | <b>3,866</b>   | <b>9,858</b>  | <b>44,463</b> |
| <b>Surplus/(Deficit) - Revenue</b> | <b>(760)</b>  | <b>(650)</b>  | <b>(0)</b>     | <b>1,411</b>  | <b>-</b>       | <b>(380)</b>  | <b>783</b>    | <b>0</b>       | <b>851</b>    | <b>1,254</b>  |
| <i>Cumulative variance (%)</i>     |               |               |                |               |                | <b>-2.31%</b> | <b>5.32%</b>  | <b>0.01%</b>   | <b>7.95%</b>  | <b>2.74%</b>  |

The year to date financial position for the PHA shows an underspend of £1.3m, which consists primarily of year-to-date underspends on PHA Direct budgets (page 4) and Administration budgets (see page 5).

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

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

## Programme Expenditure with Trusts



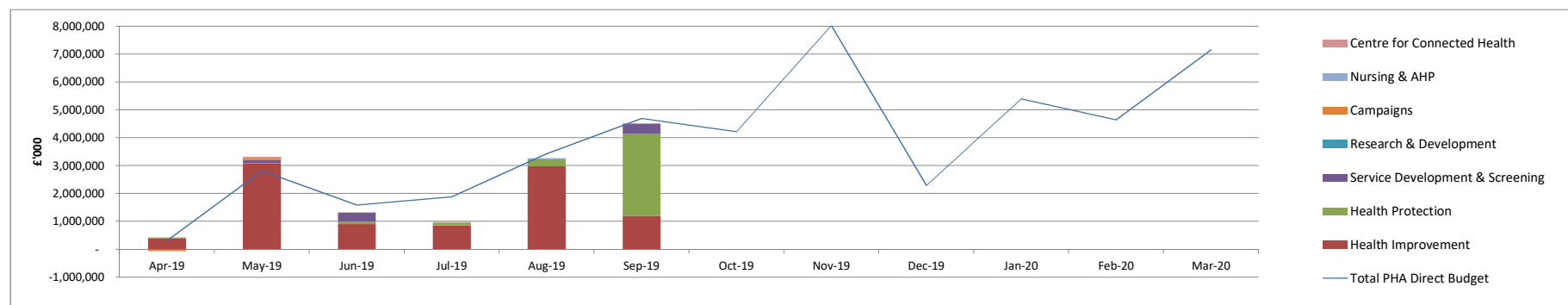
|                                 | Belfast Trust<br>£'000 | Northern Trust<br>£'000 | South Eastern Trust<br>£'000 | Southern Trust<br>£'000 | Western Trust<br>£'000 | NIAS Trust<br>£'000 | NIMDTA Trust<br>£'000 | Total Planned Expenditure<br>£'000 | YTD Budget<br>£'000 | YTD Expenditure<br>£'000 | YTD Surplus / (Deficit)<br>£'000 |
|---------------------------------|------------------------|-------------------------|------------------------------|-------------------------|------------------------|---------------------|-----------------------|------------------------------------|---------------------|--------------------------|----------------------------------|
| <b>Current Trust RRLs</b>       |                        |                         |                              |                         |                        |                     |                       |                                    |                     |                          |                                  |
| Health Improvement              | 4,666                  | 2,322                   | 907                          | 327                     | 814                    | -                   | -                     | 9,036                              | 4,423               | 4,518                    | (94)                             |
| Health Protection               | 1,784                  | 1,769                   | 1,242                        | 1,475                   | 1,267                  | -                   | -                     | 7,538                              | 3,483               | 3,769                    | (286)                            |
| Service Development & Screening | 4,195                  | 2,618                   | 538                          | 1,698                   | 2,457                  | -                   | -                     | 11,505                             | 5,752               | 5,753                    | (0)                              |
| Nursing & AHP                   | 1,202                  | 527                     | 431                          | 958                     | 840                    | -                   | -                     | 3,958                              | 1,979               | 1,979                    | (0)                              |
| Centre for Connected Health     | 299                    | 424                     | 208                          | 161                     | 328                    | -                   | -                     | 1,419                              | 710                 | 709                      | 0                                |
| Other                           | 39                     | 30                      | 28                           | 28                      | 22                     | -                   | -                     | 147                                | 73                  | 73                       | 0                                |
| <b>Total current RRLs</b>       | <b>12,185</b>          | <b>7,690</b>            | <b>3,354</b>                 | <b>4,645</b>            | <b>5,727</b>           | <b>-</b>            | <b>-</b>              | <b>33,602</b>                      | <b>16,421</b>       | <b>16,801</b>            | <b>(380)</b>                     |
| <b>Cumulative variance (%)</b>  |                        |                         |                              |                         |                        |                     |                       |                                    |                     |                          | <b>-2.31%</b>                    |
| <b>Ringfenced</b>               | <b>1,056</b>           | <b>1,113</b>            | <b>784</b>                   | <b>755</b>              | <b>912</b>             | <b>93</b>           | <b>-</b>              | <b>4,713</b>                       | <b>2,357</b>        | <b>2,357</b>             | <b>0</b>                         |
|                                 |                        |                         |                              |                         |                        |                     |                       |                                    |                     |                          | <b>0.00%</b>                     |

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

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

Ringfenced funds allocated to Trusts have been assumed at breakeven.

## PHA Direct Programme Expenditure



|                                 | Apr-19<br>£'000 | May-19<br>£'000 | Jun-19<br>£'000 | Jul-19<br>£'000 | Aug-19<br>£'000 | Sep-19<br>£'000 | Oct-19<br>£'000 | Nov-19<br>£'000 | Dec-19<br>£'000 | Jan-20<br>£'000 | Feb-20<br>£'000 | Mar-20<br>£'000 | Total<br>£'000 |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| <b>Profiled Budget</b>          |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                |
| Health Improvement              | 249             | 2,369           | 963             | 1,972           | 3,013           | 1,063           | 2,471           | 4,013           | 1,156           | 3,415           | 3,461           | 3,158           | 27,303         |
| Health Protection               | 38              | 353             | 79              | 249             | 164             | 3,084           | 1,599           | 2,232           | 765             | 335             | 238             | 1,943           | 10,581         |
| Service Development & Screening | 2               | 65              | 517             | 112             | 132             | 527             | 124             | 129             | 336             | 44              | 326             | 560             | 2,875          |
| Research & Development          | -               | -               | -               | -               | -               | -               | -               | 1,563           | -               | 1,483           | -               | 165             | 3,211          |
| Campaigns                       | 23              | 23              | 23              | 23              | 23              | 23              | 23              | 47              | 31              | 102             | 678             | 256             | 1,277          |
| Nursing & AHP                   | -               | -               | -               | 1               | 101             | -               | 3               | 44              | 1               | 17              | 5               | 220             | 391            |
| Centre for Connected Health     | -               | -               | -               | 25              | -               | -               | -               | -               | -               | -               | 64              | 490             | 452            |
| Other                           | -               | -               | -               | -               | -               | -               | -               | -               | -               | -               | -               | 368             | 368            |
| <b>Total PHA Direct Budget</b>  | <b>312</b>      | <b>2,810</b>    | <b>1,583</b>    | <b>1,885</b>    | <b>3,433</b>    | <b>4,698</b>    | <b>4,221</b>    | <b>8,029</b>    | <b>2,288</b>    | <b>5,396</b>    | <b>4,644</b>    | <b>7,161</b>    | <b>46,459</b>  |
| <i>Cumulative variance (%)</i>  |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                |
| <b>Actual Expenditure</b>       | <b>364</b>      | <b>3,398</b>    | <b>1,365</b>    | <b>1,011</b>    | <b>3,302</b>    | <b>4,497</b>    | -               | -               | -               | -               | -               | -               | <b>13,937</b>  |
| <b>Variance</b>                 | <b>(52)</b>     | <b>(588)</b>    | <b>218</b>      | <b>874</b>      | <b>131</b>      | <b>200</b>      |                 |                 |                 |                 |                 |                 | <b>783</b>     |

|              | YTD<br>Budget<br>£'000 | YTD<br>Spend<br>£'000 | Variance<br>£'000 |              |
|--------------|------------------------|-----------------------|-------------------|--------------|
|              | 9,629                  | 9,427                 | 202               | 2.1%         |
|              | 3,469                  | 3,418                 | 51                | 1.5%         |
|              | 1,357                  | 980                   | 376               | 27.7%        |
|              | -                      | -                     | -                 | 0.0%         |
|              | 139                    | 13                    | 126               | 90.6%        |
|              | 101                    | 130                   | (28)              | 100.0%       |
|              | 25                     | 25                    | -                 | 100.0%       |
|              | -                      | (56)                  | 56                | 100.0%       |
| <b>Total</b> | <b>14,721</b>          | <b>13,937</b>         | <b>783</b>        | <b>5.32%</b> |

|                                       | Apr-19<br>£'000 | May-19<br>£'000 | Jun-19<br>£'000 | Jul-19<br>£'000 | Aug-19<br>£'000 | Sep-19<br>£'000 | Oct-19<br>£'000 | Nov-19<br>£'000 | Dec-19<br>£'000 | Jan-20<br>£'000 | Feb-20<br>£'000 | Mar-20<br>£'000 | Total<br>£'000 |
|---------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| <b>Ringfenced Budgets</b>             |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                 |                |
| Profiled Ringfenced PHA Direct Budget | -               | -               | 572             | 331             | 397             | 253             | -               | -               | -               | -               | -               | -               | 1,553          |
| Actual Expenditure                    | (38)            | 461             | 134             | 364             | 405             | 182             | -               | -               | -               | -               | -               | -               | 1,509          |
| <b>Variance</b>                       | <b>38</b>       | <b>(461)</b>    | <b>437</b>      | <b>(33)</b>     | <b>(8)</b>      | <b>71</b>       |                 |                 |                 |                 |                 |                 | <b>44</b>      |

|  | YTD<br>Budget<br>£'000 | YTD<br>Spend<br>£'000 | Variance<br>£'000 |       |
|--|------------------------|-----------------------|-------------------|-------|
|  | 1,553                  | 1,509                 | 44                | 2.85% |

The year-to-date position shows a £0.8m surplus, which is mainly due to expenditure behind profile on a number of Health Improvement and Service Development & Screening budgets.

The budgets and profiles are shown after adjusting for retractions and new allocations from DoH.

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

**PHA Administration**  
2019-20 Directorate Budgets

|                                   | Nursing & AHP<br>£'000 | Operations<br>£'000 | Public Health<br>£'000 | PHA Board<br>£'000 | Centre for<br>Connected<br>Health<br>£'000 | SBNI<br>£'000 | Total<br>£'000 |
|-----------------------------------|------------------------|---------------------|------------------------|--------------------|--|---------------|----------------|
| <b>Annual Budget</b>              |                        |                     |                        |                    |  |               |                |
| Salaries                          | 3,807                  | 2,727               | 11,524                 | 316                | 339  | 444           | 19,157         |
| Goods & Services                  | 170                    | 1,359               | 406                    | 37                 | 58   | 291           | 2,321          |
| <b>Total Budget</b>               | <b>3,977</b>           | <b>4,087</b>        | <b>11,930</b>          | <b>353</b>         | <b>397</b>                                 | <b>735</b>    | <b>21,478</b>  |
| <b>Budget profiled to date</b>    |                        |                     |                        |                    |  |               |                |
| Salaries                          | 1,903                  | 1,385               | 5,767                  | 119                | 170  | 222           | 9,566          |
| Goods & Services                  | 87                     | 680                 | 191                    | 19                 | 29   | 139           | 1,144          |
| <b>Total</b>                      | <b>1,989</b>           | <b>2,065</b>        | <b>5,958</b>           | <b>138</b>         | <b>199</b>                                 | <b>361</b>    | <b>10,709</b>  |
| <b>Actual expenditure to date</b> |                        |                     |                        |                    |  |               |                |
| Salaries                          | 1,680                  | 1,331               | 5,481                  | 54                 | 180  | 213           | 8,939          |
| Goods & Services                  | 96                     | 547                 | 223                    | (47)               | 11   | 89            | 919            |
| <b>Total</b>                      | <b>1,776</b>           | <b>1,878</b>        | <b>5,704</b>           | <b>7</b>           | <b>190</b>                                 | <b>302</b>    | <b>9,858</b>   |
| <b>Surplus/(Deficit) to date</b>  |                        |                     |                        |                    |  |               |                |
| Salaries                          | 223                    | 55                  | 285                    | 65                 | (10)                                       | 9             | 626            |
| Goods & Services                  | (10)                   | 133                 | (32)                   | 66                 | 18   | 50            | 225            |
| <b>Surplus/(Deficit)</b>          | <b>213</b>             | <b>187</b>          | <b>254</b>             | <b>131</b>         | <b>8</b>                                   | <b>58</b>     | <b>851</b>     |
| <b>Cumulative variance (%)</b>    | 10.71%                 | 9.07%               | 4.26%                  | 94.66%             | 4.16%                                      | 16.19%        | 7.95%          |

PHA's administration budget is showing a year to date surplus, which has been generated by a number of long standing vacancies. In 2018-19 this surplus was used to achieve non-recurrently the £0.5m savings target for the organisation. However, following DoH approval the 2018-19 savings target has been removed recurrently from Programme budgets, thus leading to an opening non-recurrent surplus in Administration budgets. This was carried out with the permission of the DoH, in order to protect the funded staffing structure within the PHA, but will leave the organisation with an in-year forecast surplus for which non-recurrent plans are being developed.

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

## Public Health Agency 2019-20 Capital Position

|                                    | Annual Budget |              |             |               | Year to Date |            |             |              |
|------------------------------------|---------------|--------------|-------------|---------------|--------------|------------|-------------|--------------|
|                                    | Programme     |              | Mgt & Admin | Total         | Programme    |            | Mgt & Admin | Total        |
|                                    | Trust         | PHA Direct   |             |               | Trust        | PHA Direct |             |              |
| £'000                              | £'000         | £'000        | £'000       | £'000         | £'000        | £'000      | £'000       |              |
| <b>Available Resources</b>         |               |              |             |               |              |            |             |              |
| Capital Grant Allocation & Income  | 7,461         | 4,611        | -           | <b>12,072</b> | 3,730        | 1,411      | -           | <b>5,141</b> |
| <b>Expenditure</b>                 |               |              |             |               |              |            |             |              |
| Capital Expenditure - Trusts       | 7,461         |              |             | <b>7,461</b>  | 3,730        |            |             | <b>3,730</b> |
| Capital Expenditure - PHA Direct   |               | 4,611        |             | <b>4,611</b>  |              | 639        |             | <b>639</b>   |
|                                    | <b>7,461</b>  | <b>4,611</b> | <b>-</b>    | <b>12,072</b> | <b>3,730</b> | <b>639</b> | <b>-</b>    | <b>4,369</b> |
| <b>Surplus/(Deficit) - Capital</b> | <b>-</b>      | <b>-</b>     | <b>-</b>    | <b>-</b>      | <b>-</b>     | <b>772</b> | <b>-</b>    | <b>772</b>   |
| <i>Cumulative variance (%)</i>     |               |              |             |               |              |            |             |              |

PHA has received a Capital budget of £12.1m in 2019-20, most of which relates to Research & Development projects in Trusts and other organisations. Expenditure of £4.4m is shown for the year to date, and a breakeven position is anticipated for the full year.

## PHA Prompt Payment

### Prompt Payment Statistics

|   | September 2019<br>Value | September 2019<br>Volume | Cumulative position<br>as at 30 September<br>2019<br>Value | Cumulative position<br>as at 30 September<br>2019<br>Volume |
|---|-------------------------|--------------------------|--|---|
| Total bills paid (relating to Prompt Payment target)                  | £5,045,792              | 424                      | £23,108,283  | 3,109   |
| Total bills paid on time (within 30 days or under other agreed terms) | £4,968,332              | 399                      | £22,468,031  | 2,884   |
| <b>Percentage of bills paid on time</b>                               | <b>98.5%</b>            | <b>94.1%</b>             | <b>97.2%</b>   | <b>92.8%</b>  |

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

The 10 day prompt payment performance remained strong at 92.8% by value for the year to date, which significantly exceeds the 10 day DoH target for 2019-20 of 60%.

|                         |  |
|-------------------------|--|
| <b>Title of Meeting</b> | PHA Board Meeting  |
| <b>Date</b>             | 21 November 2019   |
| <b>Title of paper</b>   | Quality Improvement Plan Report 2018/19  |
| <b>Reference</b>        | PHA/02/11/19   |
| <b>Prepared by</b>      | Mary McElroy   |
| <b>Lead Director</b>    | Briege Quinn   |
| <b>Recommendation</b>   | <p style="text-align: center;"> <b>For Approval</b> <input checked="" type="checkbox"/> <span style="float: right;"><b>For Noting</b> <input type="checkbox"/></span> </p> |

### 1 Purpose

The purpose of this paper is to seek approval of the Quality Improvement Plan Report for 2018/19.

### 2 Background Information

The HSC framework requires HSCB/PHA to gain assurance on progress with regional safety and quality priorities via Quality Improvement Plans (QIPS). The purpose of this document is to demonstrate measurement on the regional priority areas to improve outcomes for patients and service users and review the process through which this will be achieved.

### 3 Key Issues

The key areas covered within the report are:

1. Prevention of Pressure Ulcers
2. Reduction of Harm from Falls
3. Compliance with accurately completed National Early Warning Scores (NEWS) charts
4. Mixed Gender Accommodation

### 4 Next Steps

Following approval, the Report will be shared with the relevant organisations within the HSC.

|                         |  |
|-------------------------|--|
| <b>Title of Meeting</b> | PHA Board Meeting  |
| <b>Date</b>             | 21 November 2019   |
| <b>Title of paper</b>   | Annual Business Plan Mid-Year Monitoring Report  |
| <b>Reference</b>        | PHA/03/11/19   |
| <b>Prepared by</b>      | Rosemary Taylor, Rossa Keegan  |
| <b>Lead Director</b>    | Ed McClean   |
| <b>Recommendation</b>   | <p style="text-align: center;"> <b>For Approval</b> <input type="checkbox"/> <span style="float: right;"><b>For Noting</b> <input checked="" type="checkbox"/></span> </p> |

### 1 Purpose

The purpose of this paper is to provide the PHA Board with a mid-year report on progress against the objectives set out in the PHA Annual Business Plan 2019/20.

### 2 Background Information

The PHA Corporate Plan 2017–2021 has five overarching outcomes:

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

Based on these outcomes, an Annual Business Plan was developed for 2019/20 which had 77 actions.

### 3 Key Issues

Of the 77 actions:

- No action has been categorised as red (significantly behind target/will not be completed)
- 6 actions have been categorised as amber (will be completed, but with slight delay)



- 71 actions have been categorised as green (on target to be achieved/already completed).

Each of the actions in the Annual Business Plan contributes to the five overarching outcomes identified in the Corporate Plan; progress against each outcome is summarised in the report.

#### **4 Next Steps**

Work will continue against the targets in the Plan and an end-year Report will be brought to the Board early in 2020/21.



# **PERFORMANCE MANAGEMENT REPORT**

## **Monitoring of Targets Identified in The Annual Business Plan 2019 – 2020**

As at 30 September 2019

This report provides a mid-year update on achievement of the actions identified in the PHA Annual Business Plan 2019-20.

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

There are a total of 77 actions in the Annual Business Plan. Each action has been given a RAG status as follows:

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

Of these 77 actions 71 have been rated green, 6 as amber and 0 as red.

| Outcome   | Red      | Amber    | Green     | Total     |
|---|----------|----------|-----------|-----------|
| <b>1) All children and young people have the best start in life</b>                           | 0        | 1        | 10        | <b>11</b> |
| <b>2) All older adults are enabled to live healthier and more fulfilling lives</b>            | 0        | 0        | 11        | <b>11</b> |
| <b>3) All individuals and communities are equipped and enabled to live long healthy lives</b> | 0        | 1        | 24        | <b>25</b> |
| <b>4) All health and wellbeing services should be safe and high quality</b>                   | 0        | 3        | 15        | <b>18</b> |
| <b>5) Our organisation works effectively</b>  | 0        | 1        | 11        | <b>12</b> |
| <b>Total</b>  | <b>0</b> | <b>6</b> | <b>71</b> | <b>77</b> |

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

## Actions with an **amber** RAG status

| 1. All children and young people have the best start in life |  |  |                     |     |   |
|--|--|--|---------------------|-----|---|
|  | Action from Business Plan:   | Progress   | Achievability (RAG) |     | Mitigating actions where performance is <b>Amber</b> / <b>Red</b>   |
|  |  |  | Sep                 | Mar |   |
| 2  | Continue to Implement the Infant Mental Health Action Plan, during 2019-2020, in particular focusing on workforce training and the establishment of a new service team with Belfast providing Child Psychotherapy support to families with 0-3's with attachment problems. | The business case for funding (from the DoH Transformation Fund) to establish a Training Platform for Child Psychotherapists in a pilot phase led by Belfast Trust was unsuccessful due to concerns about sustainability and has therefore not progressed. |                     |     | <p>Maurice Meehan</p> <p>PHA has continued to commission a number of Infant Mental Health workforce training programmes supporting a number of staff to progress into newly forming 0-3 Parent Infant Teams, such as the new SET PIPS/ABC Parent Infant Team. These trainings include a 2 Year Infant Mental Health Diploma ran in conjunction with the Tavistock Institute; Video Interactive Guidance and Mood Matters with families with newborns.</p> |

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

|   | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red  |
|---|---|--|---------------------|-----|--|
|   |   |  | Sep                 | Mar |  |
| 8 | Lead on the planning and re-procurement of Alcohol and Drug services that will allow for the implementation of a range of programmes and services to deliver and support outcomes within the New Strategic Direction for Alcohol and Drugs. | A Project Initiation Document (PID) for the re-tendering of Drug and Alcohol contracts has been developed and presented to the Procurement Board. All recommendations from the Procurement Board have now been incorporated into the revised PID, including setting realistic timelines to allow the necessary pre-procurement planning to be undertaken. A revised PID, proposing a completion date of July 2021 will be brought to AMT for approval shortly. |                     |     | Michael Owen<br><br>The current contracts can be extended for a limited period through a DAC to allow the planning and procurement process to be completed within the proposed revised timescales. |

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

|    | Action from Business Plan:   | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red   |
|----|--|---|---------------------|-----|---|
|    |  |   | Sep                 | Mar |   |
| 3  | <p>Working in partnership with HSCB and HSCTs, continue to support and develop cancer services nursing, including:</p> <ul style="list-style-type: none"> <li>• Roll out of Clinical Nurse Specialist (CNS) workforce expansion plan across NI HSC Cancer Services</li> <li>• Oversee the Acute Oncology Nursing Service (AONS);</li> <li>• Develop a sustainable model for Non-Medical Prescribing (NMP)</li> <li>• Develop advanced practice nursing roles across Cancer Services to support the Oncology Services Transformation</li> </ul> | <p>CNS Workforce Expansion is in Year 4 of 5 year expansion plan. Allocation letters have been delayed, due to difficulties identifying the funding stream but are now being finalised with finance.</p> <p>AOS Expansion Workforce Plan identified through AOS Task and Finish sub group in light of Peer Review Visit. Report compiled July 2019 and priority based phased implementation process identified pending funding.</p> <p>Development of Sustainable NMP model ongoing. ANP and Consultant Nurses roles supported through OST work and early workforce bid. IPTs to be completed by Cancer Centres and Cancer Units are progressing.</p> |                     |     | <p>Loretta Gribben</p> <p>Allocation letters to be sent when agreed by finance.</p> <p>Working in partnership with DoH, charitable organisations and funding partners to identify funding streams and recurrent funding for AOS service, expansion plan and advanced roles of ANP and Consultant Nurses in Oncology</p> |
| 15 | <p>Work collaboratively with all appropriate stakeholders to ensure the smooth transition towards the Regional Improvement Hub (incorporating HSC Safety Forum, HSCQI and Q 2020</p>   | <p>A Director of HSCQI has been appointed and took up their post in September 2019 and has commenced review of the HSCQI 2019/20 Delivery Plan, against available resources.</p> <p>Between April and September, a regional collaborative approach was used to design and plan the transition of the Safety Forum to the HSCQI Improvement Hub and the subsequent development of the HSCQI Regional Network.</p>  |                     |     | <p>Dr A Keaney</p> <p>Recruitment of agreed HSCQI staff in process.</p> <p>Discussions regarding accommodation requirements for HSCQI Hub are in progress.</p>  |

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

|    | Action from Business Plan:   | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red   |
|----|--|--|---------------------|-----|---|
|    |  |  | Sep                 | Mar |   |
|    |  | <p>A number of QI prototypes were identified for regional scale and spread across the region. It was agreed that the Institute of Healthcare Improvement (IHI) would provide support for the scale and spread of these prototypes.</p> <p>The sustainability of HSCQI Hub and the further development of the HSCQI Regional Network is at present considered fragile with respect to accommodation and staffing, and as funding source from Transformation fund.</p> |                     |     | <p>Discussions ongoing with Finance and DoH regarding funding post 30 March 20120</p> <p>Director of HSCQI will continue to engage with members if the HSCQI Leadership Alliance and PHA colleagues</p>                                     |
| 16 | Implement a range of actions through HSCQI in support of HSC Trusts and other key stakeholders to improve the safety and quality of services delivered | <p>Preparatory work during the transition phase has been ongoing through collaborative work as outlined in objective 15.</p> <p>In addition a number of pre-existing (Safety Forum) work streams also continue to be supported by the existing HSCQI Improvement Hub.</p> <p>As stated above, the sustainability of this work is considered fragile in relation to accommodation and current staffing level of the HSCQI Improvement Hub.</p>                        |                     |     | <p>Dr A Keane</p> <p>The Director of HSCQI is reviewing the HSCQI Delivery Plan and the current work streams that are being supported by the HSCQI Hub during this transition phase between Safety Forum and the HSCQI Improvement Hub.</p> |

## 5. Our organisation works effectively

|   | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red   |
|---|---|---|---------------------|-----|---|
|   |   |   | Sep                 | Mar |   |
| 1 | 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 NIPHRN Director moved to Ulster University in September 2018 and following a process of internal and external advertisement, the Network Coordinator took up post in mid-August 2019. |                     |     | Dr Janice Bailie (Dr Nicola Armstrong)<br><br>A process of induction has been agreed and is underway. A meeting on 24 October 2019 will discuss the autumn/winter work programme, with full activity of the Network anticipated to resume by the end of the year. |



## Actions with a green RAG status

| 1. All children and young people have the best start in life |   |   |                     |     |   |
|--|---|---|---------------------|-----|---|
|  | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|  |   |   | Sep                 | Mar |   |
| 1  | Continue to implement the Breastfeeding Strategy through the Breastfeeding Strategy Implementation Steering Group (BSISG) and Action Plan, in particular seeking new evidence based approaches to promote the action plan during 2019-2020. | <p>The BSISG continues to meet 3 times a year. Key progress includes;</p> <ul style="list-style-type: none"> <li>The Breastfeeding Welcome Here Scheme has increased membership from 500 pre the 'notsorymums' PIC to almost 1,000 members in September 2019. All Government departments have joined the scheme.</li> <li>World Breastfeeding Week in August 2019 saw 800 people attend Breastival in the Ulster Museum.</li> <li>Data from NIMATS suggests upward trends in breastfeeding being attempted in hospital from 57.9% in 2016, 59.9% in 2017 to 61.1% in 2018p.</li> <li>Solihull Breastfeeding Peer Support Training is now being delivered across all 5 HSCTs.</li> </ul> |                     |     | Janet Calvert                                       |

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

|   | Action from Business Plan:   | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|--|---|---------------------|-----|---|
|   |  |   | Sep                 | Mar |   |
| 3 | Lead implementation and evaluation of Early Intervention Transformation Programme (EITP) work streams 1 and 2. | <p>EITP Work Stream 2:<br/>Early Intervention Support Service (EISS) is well established in all 5 areas, with 2,454 families supported between August 2015 and June 2019 (92% of cumulative target). It is anticipated EISS will meet 98% of contract targets by March 2020. Funding from the confidence &amp; Supply Transformation Fund was allocated to maintain the 5 existing EISS until 31 March 2020.</p> <p>Stakeholder engagement ongoing to consider funding streams to sustain EISS post March 2020.<br/>EISS has been identified as a priority for funding within PHA as an inescapable service pressure; a submission has been made to DoH to support funding post March 2020</p> <p>The final phase of the implementation of the Ready for Baby and 3+ reviews programme (EITP WS1) evaluation by QUB is ongoing. Final report cards and report are being developed</p> <p>(see attached EISS score card)</p> |                     |     | Amanda McLean/ Siobhan Slavin                       |

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

|   | Action from Business Plan:   | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|--|--|---------------------|-----|---|
|   |  |  | Sep                 | Mar |   |
| 4 | Lead and co-ordinate the provision of health advice provided for children undergoing Statutory Assessment  | Processes have been established to ensure the delivery of a regional streamlined approach. A transformation initiative has been embedded across each Trust to ensure the timely provision of health advice for children with Special Educational Needs undergoing Statutory Assessment   |                     |     | Michelle Tennyson/Geraldine Teague                  |
| 5 | Lead the development, implementation and evaluation of a transformational approach to improve health outcomes for school aged Looked After Children. | A Pilot is well underway in 2 Trust sites. The SHSCT reported some difficulties in achieving the set targets due to staffing levels but have measures in place to help mitigate, particularly over the school summer holiday period. The NHSCT have had very positive feedback in relation to the whole school approach in Abbey College and the 5 feeder primary schools. They have also widened out the pilot to include other school nurses to increase the number of LACYP. An Interim evaluation report to consider value and impact is almost completed for sharing with DoH. The DoH have requested projected funding over next 3 years if this approach was to be adopted and rolled out into mainstream SCPHN services. |                     |     | Emily Roberts                                       |

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

|   | Action from Business Plan:   | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|--|---|---------------------|-----|---|
|   |  |   | Sep                 | Mar |   |
| 6 | Continue to implement the Maternity Strategy through the Maternity Strategy Implementation Group (MSIG) including progressing work on the 'saving babies lives' care bundle, antenatal and postnatal care pathways and peri-natal mental health. | A final meeting and review of progress of MSIG is planned for the end of October 2019. Some areas of work remain outstanding and a task and finish group will be established to complete this work. Following October 2019 meeting the report will be sent to the DoH.  |                     |     | D Boulter<br>B Quinn<br>D McNamee<br>D Webb         |
| 7 | Maintain and improve uptake targets for seasonal influenza vaccinations for children aged 2–4 years and the primary school programme set by DoH.   | Flu in children - This year's programme started on the 1 October 2019. Schools are starting first then GPS for 2-4 year olds.   |                     |     | Dr L Jessop   |
| 8 | Use research funding programmes (CHITIN, NIHR, EITP, Research Fellowships etc) to generate new knowledge on effective early years practice which will impact children and young people   | <p>The CHITIN funding programme has funded 'Walking In Schools' (WISH): a peer-led, school based walking intervention trial for adolescent girls, to the value of €669k.</p> <p>The trial commenced activity in April 2019 and has to date recruited all 9 schools for this 19/20 academic year and 5 out of 9 schools for 20/21 academic year. 172 pupils have been recruited to date. Data collection is ongoing in accordance with the planned timeline.</p> |                     |     | Dr Janice Bailie                                    |

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

|  | Action from Business Plan: | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|--|----------------------------|---|---------------------|-----|---|
|  |                            |   | Sep                 | Mar |   |
|  |                            | <p>This trial will assess the effectiveness of a low-cost school-based, peer-led walking intervention in increasing physical activity in adolescent girls. If the intervention increases physical activity there is potential for adoption by schools across Ireland resulting in sustainable, long-term, positive impacts on child and adolescent population health.</p> <p>Three EITP projects were funded alongside the EITP workstreams 1-3. Two EITP projects completed and one is close to completion. The EITP Projects will be presented at a Making Life Better Workshop in October with the aim of prompting discussions around future service provision. Membership of the Child Development Research Work strand is to be refreshed at this event, with the aim of developing a new work programme for the Group.</p> |                     |     |   |

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

|    | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|----|---|--|---------------------|-----|---|
|    |   |  | Sep                 | Mar |   |
| 9  | Implement expansion of the Newborn Bloodspot Screening Programme to cover four additional inherited metabolic diseases.   | PHA has established a regional Project Team and Project Board to take this work forward. Planning is underway, with the aim of implementing expanded screening within 2919/20. The current proposed date of introduction is 2 March 2020. The aim of the NBSP is to improve health outcomes for babies born with any of these conditions, which can cause critical illness, severe disability and death, by achieving early diagnosis and treatment. |                     |     | R Doherty   |
| 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.  | Ongoing programme of communications activity delivered relating to the health and wellbeing of children and young people, including public relations, social media, graphics and video on issues such as childhood vaccination, home accident prevention, sudden unexpected death in infants, type 1 diabetes, breastfeeding, and nutrition and physical activity.   |                     |     | S Wilson/G McKeown                                  |
| 11 | Develop a regional protocol for the response to, and review of, sudden deaths in infancy; and take forward as a coordinated approach to monitoring such deaths and providing relevant information to health and social care staff and the public. | Work is underway, and expected to be completed between April and June 2020.  |                     |     | Heather Reid  |

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

|   | Action from Business Plan:   | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|--|---|---------------------|-----|---|
|   |  |   | Sep                 | Mar |   |
| 1 | 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>A Regional Age Friendly network has been established, with the aim of implementing, with partners, the WHO Age Friendly model in all local government districts. PHA is working in partnerships with DfC, AGENI and each of the 11 councils. It is anticipated this will:</p> <ul style="list-style-type: none"> <li>• Enable co-ordination and development of Age Friendly Northern Ireland;</li> <li>• Support Councils to engage people of all ages in community activities;</li> <li>• Encourage people of all ages to actively participate in community activities;</li> <li>• Help older people stay connected to the people who are important to them.</li> </ul> <p>Currently all 11 councils are represented on the Network and the commitment of councils is reflected within the individual Community Plans.</p> <p>Six Councils have formally signed the WHO Age Friendly declaration; 6 have a council led multi agency partnership in place and 5 have a current 3 years Age Friendly action plan in place.</p> <p>The launch of the network and engagement event will take place on the 22 November in Belfast City Hall.</p> |                     |     | Siobhan Sweeney                                     |

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

|   | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|--|---------------------|-----|---|
|   |   |  | Sep                 | Mar |   |
| 2 | Continue to 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, and in particular in 2019-2020 work in partnership with the Institute of Public Health to further develop research evidence and apply to practice and delivery of Arts and Health programmes for Older people. | <p>A regional Arts and Later years programme is in place in partnership with ArtsCare NI and Arts council Northern Ireland, with specific emphasis in year on the development of training and good practice in the field of Arts and Dementia.</p> <p>A PID has been completed and the IPH have commenced research to look at the evidence in relation to Arts and Health programmes for older people. The desk research element of the research commenced in September and the overall report is expected in June 2020.</p>   |                     |     | Siobhan Sweeney                                     |
| 3 | <p>Continue to lead the work to develop a frailty model for NI, including developing and leading a Frailty Network for NI, involving PHA, HSCB and external stakeholders, and testing a frailty model that will include:</p> <ul style="list-style-type: none"> <li>• Falls</li> <li>• Continence</li> <li>• Mild Cognitive Impairment</li> <li>• Mental Wellbeing ( including social isolation)</li> <li>• Polypharmacy</li> </ul>                                     | <p>Frailty network established and launched in March 2019, with a current membership of over 650 members, from over 80 organisations across all sectors. A formal reporting structure has been established, in partnership with Age NI, adopting a co-production approach. 6 prototypes to test a frailty model (including interventions around the frailty syndromes) have been funded, 4 of these will remain operational until 31 March 2020, at which time they will be evaluated. A Regional Frailty Expert Panel has been established and will lead Task and finish groups to progress key priority areas identified by the Panel. Other developments include:</p> |                     |     | Sandra Aitcheson / Brid Farrell                     |



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

|   | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|--|---------------------|-----|---|
|   |   |  | Sep                 | Mar |   |
|   |   | <ul style="list-style-type: none"> <li>Establishment of PHA/HSC Frailty Oversight Group</li> <li>Frailty Network Logo developed by Age NI</li> <li>Review of academic evidence completed</li> <li>ECHO learning and knowledge network established and programme for 19/20 developed</li> <li>Connections made locally, nationally and internationally.</li> </ul> Frailty conference held on 1 <sup>st</sup> October 2020. |                     |     |   |
| 4 | Lead and co-ordinate the implementation of the enhancement to Home based Intermediate care developed from National Audit of Intermediate Care audit 2017 findings | All transformation funding has been allocated for enhancement of home based IC to the 5 Trusts. Monthly monitoring process established to measure impact along with continued participation in NAIC.   |                     |     | Michelle Tennyson / Shane Breen                     |
| 5 | Support the provision of high quality care in the nursing home sector through a programme of education and in-reach activities.                                   | Care Home support teams in each HSC Trust have been appointed to lead on delivering support to Care Home staff to meet the needs of patients and residents. Regional training and development through workshops, conference and individual training opportunities has been made available to all Care Homes. Engagement with voluntary and community sector representatives has commenced.                                 |                     |     | Kathy Fodey   |

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

|   | Action from Business Plan:   | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|--|---|---------------------|-----|---|
|   |  |   | Sep                 | Mar |   |
| 6 | Continue to enhance the vaccination programmes to protect the health of older adults such as flu and shingles.   | Flu and shingles in the elderly campaigns started on the 1 October 2019.  |                     |     | Dr J Johnston                                       |
| 7 | Use research funding programmes (CHITIN, NIHR, commissioned research, Research Fellowships etc) to generate new knowledge on effective care and practice for older adults. | <p>CHITIN has enabled funding of 3 Health Intervention Trials, trialling interventions specifically designed to enable older adults to live healthier and more fulfilling lives.</p> <p>The Anticipatory Care Planning trial (commenced Sept 18) works with GPs to assist older adults identified as at risk for functional decline by developing a personalised support plan based on mutual understanding. To date this trial has recruited 4 GPs in NI (with 35 participating patients) and 4 in ROI (36 participating patients).</p> <p>The PolyPrime trial (commenced Sept 18) is a 3-phase theory based study to improve prescribing of appropriate polypharmacy (using multiple medicines) in older people living at home. Phase 1 of the study (12 GP practices) is complete. Recruitment for Phase 2 of the project is now underway.</p> |                     |     | Dr Janice Bailie                                    |

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

|   | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|--|---------------------|-----|---|
|   |   |  | Sep                 | Mar |   |
|   |   | The BRAIN-Diabetes:Border Region Area Lifestyle Intervention study for Health neurocognitive ageing in Diabetes will study the feasibility and effects of a practical lifestyle intervention programme, developed in conjunction with people with diabetes living in the border regions of Ireland. Recruitment is opening soon.   |                     |     |   |
| 8 | 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. | <p>An evaluation of the dementia care research programme published in July showed that over 30 organisations were involved in the programme and 926 patients, carers and staff took part in the research.</p> <p>Outputs from the programme reported until July 2019 included 28 publications, 11 posters, 3 leaflets, an artwork exhibition and a theatre piece</p> <p>The evaluation involving key stakeholders reported that people felt that the programme had built capacity in this important research topic through the employment of 60 researchers and that relationships built during the programme would be sustained in future collaborations.</p> |                     |     | Dr Janice Bailie (Dr Gail Johnston)                 |

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

|    | Action from Business Plan:   | Progress  | Achievability (RAG) |     | Mitigating actions where performance is <b>Amber</b> / <b>Red</b> |
|----|--|---|---------------------|-----|---|
|    |  |   | Sep                 | Mar |   |
| 9  | Prepare for introduction of FIT testing within the bowel cancer screening programme.   | <p>Work is continuing to prepare for the introduction of FIT testing in 2020. Two procurement exercises are in progress:</p> <ul style="list-style-type: none"> <li>to obtain test kits and required laboratory equipment, and</li> <li>for revised mailing and fulfilment contract</li> </ul> <p>Discussions are ongoing with Trusts to consider and plan for the expected impact of FIT testing on diagnostic services.</p>   |                     |     | T Owen  |
| 10 | <p>Continue to lead work with HSCB and Trusts to complete the delivery of Phase Two of the Dementia e-Health and Data Analytics Pathfinder Programme for Northern Ireland including:</p> <ul style="list-style-type: none"> <li>the implementation of 'My Care Record' Patient Portal;</li> <li>delivery of a Dementia Apps library;</li> <li>a number of Dementia Data Analytics projects.</li> </ul> | <p>My Care Record has been made available to people living with dementia and those involved in their care. The first phase evaluation has been completed and will inform enhancement to future phases. Full functionality will be available by March 2020. Planning is underway to extend usage of my care record to other patient cohorts.</p> <p>Dementia Apps library soft launched in June for further testing. Full launch due 16 Oct in conjunction with a seminar on Mobile Health and Apps, with rollout of HSC professionals training on recommending Apps from library during Oct-Dec 2019.</p> <p>A number of dementia-specific and dementia-related Apps have also been commissioned from NHSCT, Ulster University and Carers UK.</p> |                     |     | E Ritson  |

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

|    | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|----|---|---|---------------------|-----|---|
|    |   |   | Sep                 | Mar |   |
|    |   | <p>To-date 14 Dementia Data Analytics projects have been commissioned, of which 3 has been completed and the remaining 11 are progressing according to plan.</p> <p>Work has commenced with Deloitte's on evaluation and development of Sustainability Plan post March 2020.</p>  |                     |     |   |
| 11 | Continue to seek opportunities to develop and utilise innovative practices /technologies to improve health and wellbeing working collaboratively with HSCNI and other stakeholders. | <p>Work ongoing to:</p> <ul style="list-style-type: none"> <li>provide support to DoH in European Innovation Partnership Active and Healthy Ageing Reference site activities (EIP-AHA) and sharing knowledge/learning with members of UK Reference Site Network focusing initially on dementia;</li> <li>collaborate with EU partners on development of "Digital Blueprint" for the EU Commission;</li> <li>implement activities on relevant EU projects pertaining to older adults e.g. MAGIC, PLACE-EE and VIGOUR;</li> <li>support Interreg V CAWT cross-border projects such as mPower and iRecovery.</li> </ul> <p>Work ongoing to explore opportunities to develop and utilise innovative practices/ technologies with external stakeholders such as ECH Alliance, Belfast City Council, TEC Scotland and through SBRI initiatives.</p> |                     |     | E Ritson  |

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

|   | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|---|---------------------|-----|---|
|   |   |   | Sep                 | Mar |   |
| 1 | Lead and coordinate regional implementation of the Making Life Better Public Health Framework, including introduction of the refreshed regional arrangements and exploring how leadership within HSC can be strengthened to operationally promote MLB during 2019-2020. | <p>The MLB Network was officially launched at its inaugural conference on 4 June 2019. Following this, a new seminar series has commenced with over 200 people registered for the first 4 events between September and December 2019.</p> <p>A £400k small grants programme was launched and follow up PR is now being planned.</p>   |                     |     | Brendan Bonner                                      |
| 2 | Continue to participate in the 11 local government community planning partnerships, and work with community planning partners to take forward agreed actions to improve health and wellbeing through the community planning action plans.                               | <p>PHA continues to work with all 11 councils and their community planning partnerships. The 4 areas agreed for HSC focus (mental health and wellbeing, physical activity, early years and later years/age friendly) are reflected across all 11 community plans and action plans.</p> <p>PHA continues to lead the HSC Community Planning Forum, (PHA, HSC Trusts and the HSCB). The Forum facilitates collective action across all the organisations and encourages alignment with MLB and PFG.</p> <p>Current actions PHA is taking forward through Community Planning include expanding the Breastfeeding Welcome here scheme and ensuring there are appropriate frameworks for 'Take 5' for schools, communities and workplaces.</p> |                     |     | E McClean   |

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

|   | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
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|   |   |  | Sep                 | Mar |   |
|   |   | Community Planning Partnerships are currently reviewing their action plans to ensure they are focussed appropriately. Community Planning Partnerships have been working on their Community Planning Statements of Progress, which are due to be published November 2019.   |                     |     |   |
| 3 | Progress and report on PHA-led PfG priorities as outlined in the draft plan and the Outcomes Delivery Plans | <p>The Outcomes Delivery Plan is being updated for 2019/20 by NICS. The actions from previous year (low birthweight, stroke, healthy places, SHIP) will continue, albeit with reduced monitoring by DoH throughout the life of the draft PfG (2016-2021).</p> <p>The refreshed actions PHA will report on are:</p> <ul style="list-style-type: none"> <li>• Family Nurse Partnership</li> <li>• Smoke-free Society</li> <li>• Childhood Vaccinations</li> <li>• Implementation of a regional training programme to include suicide awareness and suicide intervention for HSC staff</li> </ul> <p>The Executive Office is also working to collate case studies to provide some further information on the type of work being taken forward and these will be available on the PfG website due for launch late in 2019.</p> |                     |     | All Directors                                       |

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

|   | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|--|---------------------|-----|---|
|   |   |  | Sep                 | Mar |   |
|   |   | <p>PHA has been asked to provide a case study on Family Nurse Partnership. Report cards for the actions will also be made available on the website for public access.</p> <p><i>(see attached FNP score card)</i></p>  |                     |     |   |
| 4 | <p>Develop and implement the actions flowing from the Transformation workstream on the expansion of community development approaches and explore how the learning from the community development framework will inform the structure of procurement specifications.</p> | <p>The Community Development Capacity Building programme (ELEVATE) is currently underway and on target to meet its objectives. To date an online portal has been developed to support the training and capacity building needs of the Community and Voluntary Sector, face to face training is underway, along with the delivery of a mentorship programme offering organisations support to develop local community based initiatives to tackle health inequalities. The programme will be evaluated early 2020 and the learning from the programme will help inform PHAs future decisions in relation to funding communities to address health inequalities.</p> <p>A combined community development symposium and MLB workshop (November 2019) will focus on supporting the multi-professional standards for practice for those delivering the public health agenda</p> |                     |     | Diane McIntyre                                      |



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

|   | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
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|   |   |  | Sep                 | Mar |   |
|   |   | Capacity Building and Evaluation subgroups have been established to support the Community Development Implementation Board and continue to meet with representation across the C&V sector, agencies and departments and local government   |                     |     |   |
| 5 | 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. | <p><b>Tackling fuel poverty</b> for vulnerable target groups. PHA will continue to implement the Keep Warm Pack Scheme and a range of locality based work relating to energy efficiency and fuel poverty support. Packs will be distributed during quarters 3 &amp; 4.</p> <p><b>Addressing food poverty</b> By 30 June 2019 through support for the regional Fareshare food redistribution model: 108 Community Food Members were registered and receiving food on a weekly basis. Food was redistributed providing 214,285 meals according to FSA guidelines, with 12,300 vulnerable clients receiving food support via meals delivered to Community Food Members.</p> |                     |     | Tracey Colgan                                       |

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

|   | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|---|---------------------|-----|---|
|   |   |   | Sep                 | Mar |   |
|   |   | <p><b>Improving incomes and benefit maximisation</b><br/>                     By 30 June 2019 through the provision of targeted benefit entitlement advice for those with underlying health needs: 548 vulnerable clients were supported through the Northern and Southern locality Advice 4 Health projects resulting in £491,645.69 income/benefit maximisation. Through the BHSCT Mental Debt Advice Service 464 clients received advice and tribunal to maximise their income/benefits with £530,618.73 realised for these clients.</p> |                     |     |   |
| 6 | <p>Implement the multi-agency obesity prevention action plan with particular focus on:</p> <ul style="list-style-type: none"> <li>• Development of early years obesity prevention programme;</li> <li>• Roll out of revised Physical Activity Referral Scheme;</li> <li>• Implementation of Minimum Nutritional Standards in HSC;</li> <li>• Implementation of revised Nutritional Standards for School Meals.</li> </ul> | <p>PHA has continued to Implement 'A Fitter Future for All', monitoring its progress through the Regional Obesity Prevention Implementation Group, and is working with DoH to agree the next set of short term outcomes for the final phase of AFFA from 2019-2022.</p> <p>A wide range of programmes focusing on healthier eating, weight management and physical activity are being delivered. Of particular note:</p>  |                     |     | Caroline Bloomfield                                 |

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

|   | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
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|   |   |   | Sep                 | Mar |   |
|   |   | <ul style="list-style-type: none"> <li>• PHA is leading the development and procurement of an early years obesity prevention programme, which will be available in Sure Starts and in client's own home on referral from a Health Visitor. Business Case has been approved and procurement process underway.</li> <li>• A regionally consistent Physical Activity Referral Scheme has now been rolled out across all Council areas.</li> <li>• Implementation of the Minimum Nutritional Standards for staff and visitors in HSC facilities is underway</li> <li>• Discussions are underway with DoH with regard to restarting a Commercial Weight Management programme</li> <li>• 60 new schools recruited to the Active School Travel programme, bringing total to almost 400 schools.</li> <li>• Daily Mile now implemented in over 220 schools</li> </ul> |                     |     |   |
| 7 | Explore the future delivery models for specialist drugs and alcohol services, in particular, the take-home Naloxone programme and the needle and syringe exchange services. | <b>Needle &amp; Syringe Exchange Services:</b><br>During 2018/19 22 community pharmacies and 2 Trust outreach providers, distributed 33,992 Needle exchange packs.  |                     |     | Michael Owen  |

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

|  | Action from Business Plan: | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
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|  |                            |   | Sep                 | Mar |   |
|  |                            | <p>A pilot community based Needle Exchange outreach service within Belfast City Centre has been commissioned, commencing on 1 October 2019. This service will provide harm reduction information and education; facilitate the distribution and disposal of drug taking paraphernalia, with the outreach provision increasing accessibility, convenience and anonymity for service users; work with key agencies and services across all sectors who support people who inject drugs (PWIDs) within the city centre; routinely visit an agreed number of homeless hostels within the local vicinity to provide an NSES outreach service within the hostels; provide support, information and advice to PWIDs out of hours, when community pharmacies and D&amp;A support services are closed, in response to need.</p> <p>A self-select needle exchange model is currently being piloted through 2 community pharmacies within Belfast City Centre, enabling each needle exchange to be tailored to individual client need; help reduce drug litter and provide opportunities for clients to engage with pharmacy staff about what they want as well as providing increased opportunity for harm reduction and health advice, which can open the door to other discussions.</p> |                     |     |   |

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

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|                            |  | Sep                 | Mar |   |
|                            | <p>The PHA are liaising with the BHSCT to enable the expansion of the NSES to the Inclusion Hub, following relevant training, protocols, governance and reporting processes being completed, enabling sterile injecting equipment, harm reduction advice and support to be provided to the Inclusion Hub service users.</p> <p><b>Take Home Naloxone programme:</b><br/>Across Northern Ireland, 1,332 Take Home Naloxone packs were distributed during 2018/19: 976 to individuals at risk of overdose and 356 to workers/friends/family in contact with an individual at risk of overdose.</p> <p>The PHA is currently:</p> <ul style="list-style-type: none"> <li>working with HSCB to launch a pilot programme of naloxone supply from two community pharmacies in Belfast. This pilot will involve pharmacy staff making supplies of naloxone to service users and providing training in the administration of naloxone.</li> <li>expanding naloxone provision by providing Take Home Naloxone through the Belfast Inclusion Health Service. This service is provided to the homeless population by BHSCT and will increase access to naloxone within the homeless population.</li> </ul> |                     |     |   |

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|   |   |  | Sep                 | Mar |   |
|   |   | <ul style="list-style-type: none"> <li>looking at models for the introduction of nasally administered naloxone. Nasally administered naloxone was licenced for use in the UK earlier this year and consideration is being given to rolling out in other regions.</li> <li>A local protocol and training is currently being developed around the provision of naloxone to under 18s.</li> </ul>   |                     |     |   |
| 9 | Continue to implement the Ten Year Tobacco Control Strategy in Northern Ireland (2012-2020) proactively targeting young people, pregnant smokers and disadvantaged adults. Following the review of the Tobacco Strategy we will review our direction and focus in line with the findings. | <p>Work continues to implement the Tobacco Control Strategy for NI. The mid-term review of the strategy was completed in September 2019.</p> <p>Between April and September 2019, a quality improvement exercise was completed with colleagues in HSCB Integrated Care. Attendance and quit rates for services at all pharmacies were analysed and letters issued to contractors whose quit rates were below the threshold of 35%. Work is ongoing to help pharmacists improve quit rates, or exit from the service.</p> <p>A new contract has been drawn up for Tobacco Enforcement Officers throughout NI to ensure they are taking opportunities to proactively target smoking cessation in addition to their enforcement role.</p> |                     |     | Colette Rogers                                      |

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|    |  | <p>PHA has been working in partnership with the Department of Justice in planning towards Smoke Free Prisons. A public consultation has been launched and is due to complete by end of 2019.</p> <p>PHA continues to engage with the 5 HSCT Heads of Service to identify best practice in smoking cessation provision and to plan towards regionally consistent services.</p> <p><i>(See action 25 for stop smoking campaign work)</i></p> |                     |     |   |
| 10 | Lead on the planning and procurement of Protect Life services that will allow for the implementation of a range of programmes to promote mental and emotional wellbeing and prevent suicide.   | The Protect Life 2 strategy was published on 10 September 2019. An outline work plan has been approved by AMT to proceed with a number of task and finish groups to begin a procurement process for services.  |                     |     | Fiona Teague  |
| 11 | Lead the development of healthier workplaces in the HSC and other sectors, working with other HSC organisations, through exploring the development of online toolkits / portal, the development of a Charter and exploring options to manage succession planning for an ageing workforce | <p>The HSC Healthier Workplaces Network met on 1 August and the next meeting is scheduled for 10 December.</p> <ul style="list-style-type: none"> <li>• A HSC Workplace Charter has been finalised and is due to be presented to Chief Executives for implementation.</li> <li>• A task and finish group has presented options for consistency across HSC on the use of web-based support.</li> </ul>                                      |                     |     | Janet Calvert                                       |

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|    |  | <ul style="list-style-type: none"> <li>Transformation projects tasked with delivering on HSC Staff Health and Wellbeing support are fully operational in BHSCT, SHSCT, SEHSCT and NHSCT.</li> </ul> <p>The PHA Workplace Health Service is currently being retendered and the new contracts will commence in March 2020.</p> |                     |     |   |
| 12 | Continue to provide strategic direction for the development of a sustainability programme for Recovery Colleges, and carry out an independent regional evaluation of Recovery Colleges during 2019-2020 to inform next phase of development. | The evaluation has been completed and a workshop is planned for October to discuss next steps.   |                     |     | Briege Quinn / Deirdre McNamee                      |
| 13 | Provide strategic leadership and co-ordination for the evaluation of the Regional HSC Hospital Passport for people with learning disabilities.   | <p>Phase Two evaluation of HSC Hospital Passport is on schedule to be completed by end of March 2020.</p> <p>Pop Up Promotional events, held in all Acute Hospitals across all 5 HSC Trusts, were facilitated by TILII between March and July 2019.</p>  |                     |     | Briege Quinn / Deirdre McNamee                      |



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|    |   |  | Sep                 | Mar |   |
| 14 | Informed by the review of Tier 3 Drugs & Alcohol services, ensure there is regional consistency regarding service provision with seamless transitions of care and provide direction on the evidence based treatment models required to provide the most effective and efficient use of resources to address system pressures. | In partnership with the HSCB, a Regional Review has been completed focusing on the future delivery of Opiate Substitution services. A regional ECHO project is being established to take forward the recommendations within this report – this will help facilitate the development of more standardised practice regionally, including the need to progress the development of the primary/secondary care 'shared care model'. It is planned to hold a workshop to engage with all key stakeholders.  |                     |     | Briege Quinn / Deirdre McNamee/ S Bergin            |
| 15 | Informed by the review of acute mental health service provide direction on the treatment models required to provide evidence based treatments/interventions and guide the most effective and efficient use of resources to address system pressures.  | In partnership with the HSCB, the Regional Review has been completed with a report (submitted to DoH) that includes a range of recommendations to help enable the development of services. In particular, to initiate regional participation in the NHS Mental Health Benchmarking system and the establishment of a formal regional collaborative (to facilitate the development of more standardised and consistent practice regionally). Recommendations from the Review are also being used to inform the development of a Five Year Plan for Mental Health in Northern Ireland. |                     |     | Briege Quinn / Deirdre McNamee<br>Stephen Bergin    |

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|    |   |   | Sep                 | Mar |   |
| 16 | Continue to lead the implementation of the Regional Palliative Care work plan, including work with primary care, out of hours specialist advice and rapid response service. | <p>43 GP practices and associated District Nurses are participating in Phase 2 of the Early Identification Prototype using AnticiPal. (Phase 1 (18/19) saw an increase of 70% in the number of patients on GP Palliative Care QOF registers and District Nurses reported finding the prototype helpful for identifying patients who would benefit from a palliative care approach, facilitating their role as the palliative care keyworker.) Discussions are underway to explore potential for AnticiPal to be available on other GP clinical systems. Scoping work is also underway in Emergency Departments to better understand patients with palliative care needs who are presenting at ED.</p> <p>Specialist Palliative Care Workforce Planning Report (covering 8 SPC professions) has been submitted to the DoH Workforce Strategy Programme Board for consideration.</p> <p>The Palliative Care Clinical Engagement Group are scoping the provision of palliative care advice for health care professions 24/7 across NI. The 9 main SPC provider organisations have completed templates to identify mechanisms currently available for providing advice to health care professionals in all care settings.</p> |                     |     | Mary Hinds / Corrina Grimes                         |

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|    |   |   | Sep                 | Mar |   |
|    |   | <p>617 healthcare professionals responded to a survey to understand their requirements for palliative care advice. The findings of both exercises will inform the next phase of the project.</p> <p>The Marie Curie Rapid Response service is now operating in all areas of NI offering palliative nursing care in the patient's own home (including care home) as an alternative to transferring patients with known palliative care needs to ED. Between April and September 2019, 1,940 patients have benefited from this service.</p> |                     |     |   |
| 17 | Lead the implementation of an integrated Communication Advice Service | A regional model has been developed that has ensured the delivery of a tiered standardised model for the assessment and provision of Augmentative and Alternative Communication Aids for people with significant communication difficulties.  |                     |     | M Tennyson/G Teague                                 |

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|    |  |  | Sep                 | Mar |   |
| 18 | Continue to take forward the strategic planning and commissioning of prison healthcare for Northern Ireland, and participate in co-ordinating the implementation of the joint health care and criminal justice strategy action plan (to be launched in 2019), including the transformation of health care services in police custody through a nurse-led pathfinder. | The joint health care and criminal justice strategy action plan was launched in June 2019, and implementation is currently being progressed.   |                     |     | Siobhan Donald                                      |
| 19 | Provide access for people across NI to participate in leading-edge research focused on the needs of patients and the public  | <p>A public awareness campaign was held in May to mark International Clinical Trials Day with several events held throughout the Trusts and PHA to raise awareness of the value of research and opportunities for participation, including a televised interview with 2 service users on the benefits of involvement in research shown on NTV. Discussions have taken place with the PCC re the inclusion of a consent to be approached for research question in their new Membership Registration Form, with the aim of establishing a local participation register. NI public continue to access clinical trials via those funded through the NI Clinical Research</p> <p>Almost 100 stakeholders including service users attended a Masterclass in June 2019 on the Impact of Involvement in Research hosted by</p> |                     |     | Dr Janice Bailie (Dr Gail Johnston)                 |

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|    |  |   | Sep                 | Mar |   |
|    |  | <p>Simon Denegri, former director of patient and public involvement, NIHR to raise awareness of the benefits.</p> <p>Patients participating in trials have access to new treatments and interventions in areas like cancer, dementia, diabetes and cardiovascular disease, not available through routine care with the aim of improving their quality of life and potentially their prognosis.</p>  |                     |     |   |
| 20 | Prepare for the introduction of a new model of service delivery within the Diabetic Eye Screening Programme                          | The consultation report on the service model was approved by PHA Board in August 2019. This recommended a change to delivery screening on fixed sites. An implementation plan and associated project structure is now being developed.  |                     |     | R Doherty   |
| 21 | Prepare for introduction of primary screening with Human Papillomavirus Virus (HPV) testing within the Cervical Screening Programme. | <p>Initial meetings have been held with:</p> <ul style="list-style-type: none"> <li>• Pathology Network representatives – to review previous work, and scope future work;</li> <li>• DoH Screening representatives – to advise and inform policy decisions</li> </ul> <p>Draft proposals to introduce Primary HPV testing for cervical screening in NI have been developed, with a plan to seek approval at AMT / DoH, secure funding for project support and develop project team.</p> |                     |     | T Owen/ D Bennett                                   |

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|    |  |   | Sep                 | Mar |   |
| 22 | Develop Homeless Hub services to provide access to health care services for people who are experiencing homelessness in Belfast and elsewhere in Northern Ireland.   | <p>The Homeless Hub service established within BHSCT (from a defined base within the 'Welcome Centre') is now providing access to GP, podiatry and dental services, access to secondary care services, and addiction and mental health liaison services.</p> <p>Investment has been provided to the NHSCT and WHSCT to help facilitate development of the above service model.</p>  |                     |     | S Bergin  |
| 23 | <p>Continue to lead the implementation and monitoring of key elements of the e-Health and Care Strategy under the objectives of</p> <ul style="list-style-type: none"> <li>• Supporting People</li> <li>• Using Information and Analytics</li> <li>• Fostering Innovation</li> </ul> <p>in particular through telecare, telehealth, electronic assistive technology, and the further development of video-conferencing and Apps libraries.</p> | <p>Work has continued with the HSCTs to identify service areas where the Florence and Inhealthcare services can be fully implemented. A draft Request for Information (RFI) document for Technology Enabled Care (TEC) has been completed and active consideration is being given to issuing this to the market as a precursor to procurement of a new service for Telecare and, possibly, other technology to support people.</p> <p>Work commenced on the use of video-conferencing with Dysphagia NI for the TeleEating, Drinking &amp; Swallowing by Dysphagia Lead in SHSCT.</p> |                     |     | E Ritson  |

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|    |   |  | Sep                 | Mar |   |
|    |   | Discussions are on-going with NHSCT CCIO on potential to use of video-conferencing and Apps libraries for Mental Health.   |                     |     |   |
| 24 | Deliver new communication programmes supporting public health messaging including a new living well programme located in community pharmacies and available on the NIDirect web platform. | <p>Living Well Campaigns have been implemented in 515 Community Pharmacies. Care in the sun (June/July) was the first campaign delivered and evaluated. (see attached).</p> <p>The 'Choose to Live Better' campaign ran in 515 pharmacies during August and September with over 80,000 leaflets and 25,000 tape measures distributed. Web traffic to 'Choose to Live Better' website increased by 44% during this period compared with same period in 2018. Campaign evaluation will be available in November 2019. Qualitative research is planned to inform development of mass media advertising.</p> |                     |     | S Wilson/ M McCrory/<br>L Giles                     |
| 25 | Target a range of communications to support adults through behavioural change relating to smoking, obesity, diabetes, drugs and alcohol,  | The stop smoking communications plan for 2019/20 (includes mass media advertising) is being taken forward, with a focus on raising awareness and promotion of the stop smoking services. The <i>attached newsletter</i> includes campaign evaluation results; the survey will be repeated, and service uptake reviewed, at financial year end.   |                     |     | S Wilson/G McKeown /M McCrory                       |

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|  |                            |   | Sep                 | Mar |   |
|  |                            | <p>Sustained programme of communications activity continues, including through public relations, social media, features, political engagement, and the creation of rich media such as video and graphics to support adults through behavioural change relating to diabetes, drugs and alcohol, as well as smoking and obesity.</p> <p>This work utilises case studies with which the public can identify, expert advice from PHA spokespeople, engaging and clear graphical and video content to enable and empower people to make positive choices, and reactive press work to help ensure that media coverage of these issues is balanced and accurate.</p> |                     |     |   |



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

|   | Action from Business Plan:   | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
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|   |  |   | Sep                 | Mar |   |
| 1 | <p>Implement the comprehensive patient and client experience programme, monitoring the agreed key regional priorities for 2019-2020 which include:</p> <ul style="list-style-type: none"> <li>• Continue to develop the 10,000 More Voices Initiative to understand the patient client experience, including care of older people in nursing homes, dysphagia and neurology;</li> <li>• The co-production model is adopted when designing and delivering transformational change.</li> <li>• The Scale and Spread of Always Events</li> <li>• Undertake an improvement project in relation to Mixed Gender Accommodation and work with Trusts to measure and report compliance with their policy for mixed gender accommodation in 100% of inpatient areas.</li> </ul> | <p>10,000 More Voices initiative has continued to progress the Regional workplan. Patient Client experience stories have been collected in mental health service, children’s audiology and custody suites. There is also ongoing work with intermediate care, living in a care home and living with a swallowing difficulty. The aim of each project is to support the patient experience to influence both local service improvement and strategic commissioning. Each project engages the service user and stakeholders from design to analysis of the data.</p> <p>Reports are available on the website <a href="http://www.10000morevoices.hscni.net">www.10000morevoices.hscni.net</a></p> |                     |     | M Tennyson/ M McElroy/L Craig                       |

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

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|   |  |  | Sep                 | Mar |   |
| 2 | Continue to implement the District Nursing Framework, including progressing work on the Neighbourhood District Nursing prototype, KPIs, education and district nursing career pathway. | <p>Regional district nursing sub-groups are progressing work on: Neighbourhood District Nursing, Quality Indicators, Education Workforce and Succession Planning, Information and Technology and Safe Caseloads.</p> <p>Neighbourhood District Nursing prototypes in 5 HSCTs, went live in June 2019 with the official launch in July 2019. A Regional evaluation framework has been developed including pre and post-test questionnaire, community profiles and scorecard. Qualitative evaluation is planned to capture user and staff experience. Six priority KPI's have been identified. Work with interface groups will inform future quality indicators related to documentation, Malnutrition Universal Screening Tool, referral access, palliative care key worker and Sepsis.</p> <p>An action plan based on recommendations from the Education, Workforce and Succession Planning sub-group report is being developed. The NIPEC district nursing career pathway project is progressing on the core competencies and education requirements.</p> |                     |     | Rose McHugh   |

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| 4 | Contribute to the regional DoH review of Neurology Services.   | Continuing to contribute to this work. Review of Neurology Nursing Workforce underway.  |                     |     | Sandra Aitcheson                                    |
| 5 | Continue to support the AHP workforce in primary care transformation with an initial focus on first contact physiotherapy, and identifying additional opportunities for the wider AHP workforce including Occupational Therapy and Dietetics | Developments in embedding and enhancing the role of AHPs in Primary Care include: <ul style="list-style-type: none"> <li>• First Contact Physiotherapy pilots to address MSK pressures</li> <li>• the development of OT JDs to support Mental Health support</li> <li>• Dietetic first line intervention to address gastro conditions.</li> </ul>   |                     |     | Michelle Tennyson / Geraldine Teague                |
| 6 | Continue to lead on the development of methodology and models for the policy framework for Delivering Care Project NI for the nursing and midwifery workforce.   | <ul style="list-style-type: none"> <li>• Phase 5b: Delivering Care Framework document for Community Mental Health Services in NI is complete and awaiting CNO endorsement;</li> <li>• Phase 6 (neonatal): –In progress;</li> <li>• Phase 8 (Independent sector / Nursing Homes): Job Descriptions for bands 2, 3 and 5 being developed</li> <li>• Phase 9 (Learning Disability): Regional workshop took place in September 2019 and an expert reference group to be established by end November 2019</li> </ul> |                     |     | Siobhan Donald                                      |

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

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| 7 | Implement the recommendations of the GP Nursing Framework including workforce capacity within primary care settings, through the development of ANP roles; rolling out regional education and training programmes, co-designed with users, carers and communities, professional governance and core competencies. | <ul style="list-style-type: none"> <li>• A regional GPN network has been established; the RCN has been commissioned to co-ordinate the events.</li> <li>• Liaison with NI universities on the development of GPN education programmes. First cohort of 20 GPNs undertaking the Advanced Certificate in General Practice Nursing at Ulster University.</li> <li>• A comprehensive education programme for GPNS/nursing assistants has been funded via the RCN. Approximately 470 have attended courses as at June 2019.</li> <li>• Phase 7 (Primary Care) of the DoH policy framework, Delivering Care has been endorsed by the CNO.</li> <li>• 2 GP Federations have received funding to increase the numbers of GPNs and implement the recommendations of the childhood immunisations review.</li> <li>• 22 ANPs have taken up post across the Federations.</li> <li>• NIPEC have been commissioned to develop a Career Pathway which comprises core competencies, education requirements and Job Descriptions to enable a standardised approach to the continued development of the five main roles within GPN.</li> </ul> |                     |     | Siobhan Donald                                      |

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| 8  | Increase public awareness of antimicrobial resistance as a health issue and the importance of appropriate use of antimicrobials by everyone through the Keep Antibiotic Working campaign resources and media campaign.  | Keep Antibiotic Awareness multimedia campaign, delivered December 2018, has been externally evaluated and a report is currently being completed.   |                     |     | Dr P Veal   |
| 9  | Commission Flu Fighters to enhance and promote the delivery of influenza vaccine for HSCNI workers to achieve the DoH target for 2019/20 – i.e. 50% uptake for Trust employed health care workers & 40% for Trust employed social care workers.   | PHA is not commissioning flu fighters in 2019/20, but is managing this internally.<br><br>All injectable flu vaccine arrived in NI and Trust campaigns started on the 1 October 2019   |                     |     | Dr J Johnston                                       |
| 10 | Continue to implement the R&D PPI Strategy through the delivery of training and provision of guidance to researchers and members of the public on PPI in research and facilitate opportunities for patients and public to be involved as partners and co-designers in the research process through the promotion and expansion of the PIER role and its evaluation. | A Train the Trainer course was held in September with 13 attendees including 3 service users to increase the number of facilitators for Building Research Partnerships with the aim of expanding its reach and building capacity for the future.<br><br>100% of attendees rated the event as excellent and 100% agreed or strongly agreed that the opportunity to learn and share with others was useful. All participants wanted the opportunity to be future facilitators for the programme. |                     |     | Dr J Bailie (Dr G Johnston)                         |

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| 11 | Contribute to the National Institute for Health Research (NIHR) funding programmes which aim to fund leading-edge health and care research and translate discoveries into practical products, treatments, devices and procedures. | <p>Following on from the 52 research studies funded through the NIHR programmes between January and April 2019 (one of which included a NI based co-applicant), a further 57 research studies (one of which involves a NI based co-applicant) were funded between May and August 2019. These studies will commence recruitment of participants over the coming months.</p> <p>Research commissioned will lead to improvements, and drive faster translation of scientific discoveries into tangible benefits for patients, across health and social care.</p>   |                     |     | Dr J Bailie   |
| 12 | Continue to gain assurance on progress with regional safety and quality priorities through Quality Improvement Plans.   | <p>The PHA and HSCB continue to gain assurance on progress with regional safety and quality priorities which include pressure ulcer prevention, reduction of harm from falls, compliance with accurately completed National Early Warning Scores (NEWS) charts and mixed gender accommodation.</p> <p>PHA has established and leads a number of regional groups, and continues to provide advice and support to Trusts on the implementation of these key priorities, shares learning across the region and provides a platform for organisations to discuss progress and challenges relating to particular priority areas.</p> |                     |     | A Phillips  |

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|    |  |   | Sep                 | Mar |   |
| 13 | Provide a strategic role in the management of and learning from the SAI (Serious Adverse Incidents) process, including leading the development of the Learning Matters newsletter, development of thematic reviews and contributing to the SAI Biannual learning report. | <p>Review and updating of the SAI procedure is ongoing. A webpage with information for families regarding the SAI process is being developed.</p> <p>Learning Matters published July 2019 and specific maternity learning matters in development.</p> <p>A new procedure is being tested for Level 1 acute SAIs to enable faster dissemination of learning.</p> <p>Thematic review of mixed gender accommodation completed September 2019.</p>  |                     |     | D Boulter   |
| 14 | Continue to oversee the implementation of the Q2020 Strategy including providing advice and support to the task streams and co-ordinating the development of the Annual Quality Report.  | <p>The PHA, linking closely with HSCB, DoH, HSCTs and other ALBs continues to oversee the implementation of the Q2020 Strategy.</p> <p>Activities to date include:</p> <ul style="list-style-type: none"> <li>Regionally testing the mealtime matters and family presence models using Always Events methodology in a small number of wards in each Trust. Learning is shared across organisations regularly through the Patient and Client Experience Steering Group.</li> <li>Developing an always event relating to acute pain management for testing within each organisation; workshop held in July 2019.</li> </ul> |                     |     | G Cushley   |

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|--|----------------------------|--|---------------------|-----|---|
|  |                            |  | Sep                 | Mar |   |
|  |                            | <ul style="list-style-type: none"> <li>• Supporting multi-disciplinary faculty development in relation to human factors including the development of videos to be used in training and preparations for an introduction to human factors train the trainer programme which is planned for Oct 2019.</li> <li>• Continue to support shared learning relating to reducing surgical never events including hosting an 'all teach all learn' session in June 2019 for a range of key stakeholders.</li> <li>• Continuing to promote training programmes aligned to the Attributes Framework, monitor training uptake within the PHA and building a capacity &amp; capability framework for NI.</li> <li>• Supporting the development of a regional model for supporting staff involved in SAIs and other incidents, including the testing of Schwartz rounds in a number of Trusts and buddying model.</li> </ul> <p>The PHA have led the development of the joint HSCB / PHA annual quality report which is due for publication on World Quality Day (14<sup>th</sup> November 2019).</p> |                     |     |   |



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

|    | Action from Business Plan:   | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|----|--|---|---------------------|-----|---|
|    |  |   | Sep                 | Mar |   |
| 17 | <p>Provide strategic leadership for the implementation of involvement and co-production at a regional level by:</p> <ul style="list-style-type: none"> <li>Working in partnership with the Regional HSC PPI Forum to implement the co-produced action plan, including a review of monitoring processes, hosting of a Regional event and development of high quality training for HSC staff.</li> <li>Working in partnership with DoH, HSCB, PCC, HSC Trusts and the other ALBs to shape best practice involvement and co-production in Transformation programmes.</li> </ul> | <p>The PHA continues to provide strategic leadership through the Regional HSC Forum and in partnership with a range of DoH, HSC and C&amp;V colleagues continues to shape best practice.</p> <p>Subgroups of the Forum are progressing work in a number of key areas, including, leadership and governance, training, reimbursement, remuneration, performance and monitoring.</p> <p>The PHA in partnership with the PCC are undertaking a pilot to streamline the Involvement process within Transformation Projects. This pilot utilises expertise and resources from both organisations to identify the optimal use of resource to support strategic level Involvement. Other partners include, DoH and BSO (Encompass). A protocol will be developed based on the pilot results.</p> |                     |     | M Tennyson / M Quinn                                |

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

|    | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|----|---|---|---------------------|-----|---|
|    |   |   | Sep                 | Mar |   |
| 18 | Working with the HSCB, convene a group to review the current Northern Ireland Extreme Surge Framework (Pandemic Flu), identify gaps and plan to take forward work on the necessary elements to address gaps. Draft updated regional guidance for NI will be submitted by the end of June to the DoH for consideration and approval. | This work was completed in June 2019 and submitted to DoH. DoH response is awaited, prior to taking further action. |                     |     | Dr G Waldron  |

## 5. Our organisation works effectively

|   | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|---|---------------------|-----|---|
|   |   |   | Sep                 | Mar |   |
| 2 | Implement an ongoing change management process in 2019-20 to create a more efficient and cohesive R&D infrastructure that makes it easier for researchers to navigate, with collaborative leadership to ensure an improved service. | <p>Further changes have been implemented, including the introduction of a single set of paperwork UK-wide for local research approvals. Business case is well underway with support from DoH for new staffing model to deliver research approvals in NI.</p> <p>All 5 Trusts have moved to a new process for capacity &amp; capability for local research approvals from June 2019</p>  |                     |     | Dr Janice Bailie                                    |
| 3 | Further develop and embed an outcomes approach and impact measurement across the PHA beginning with PfG and Community Planning actions.   | <p>PHA continues to further develop business planning and corporate monitoring processes to reflect an OBA approach and place a focus on the impact PHA is having through its actions.</p> <p>The learning from the development of the 6 Outcomes Delivery Plan report cards in 2018/19 is being used to further develop and embed an impact focussed approach.</p> <p>PHA is also working with other HSC organisations to ensure a shared approach to incorporating OBA into Community Planning reports relating to health themes.</p> |                     |     | R Taylor/J Mawhinney                                |

## 5. Our organisation works effectively

|   | Action from Business Plan:  | Progress  | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|---|---------------------|-----|---|
|   |   |   | Sep                 | Mar |   |
| 4 | Review and test the PHA Business Continuity Management Plan to ensure arrangements to maintain services to a pre-defined level through a business disruption. | The PHA Business Continuity Plan is kept under review, particularly, but not limited to, in respect of EU Exit preparations. The project team continues to meet and raise awareness across Directorates. A 'walk-through', with a particular focus on EU Exit contingencies, will take place with AMT early October.  |                     |     | K Braithwaite/ C Hermin                             |
| 5 | Ensure appropriate corporate and information governance arrangements are in place to underpin and support the PHA in undertaking its core business.           | <p>Corporate and information governance arrangements continue to be maintained.</p> <p>The 2019/20 Information Governance Action Plan was approved by AMT and GAC; progress by all Directorates will be reported at IGSG and updates brought to GAC. Records Management Factsheets and Email top tips have been updated and awareness raised via Connect and 'inPha'.</p> <p>The Risk Management Policy and Strategy has been reviewed and updated to reflect ISO 31000:2018.</p> |                     |     | R Taylor/K Braithwaite                              |

## 5. Our organisation works effectively

|   | Action from Business Plan:   | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|--|--|---------------------|-----|---|
|   |  |  | Sep                 | Mar |   |
| 6 | Undertake a review of PHA contract management processes to ensure they are meeting standards of practice required, are addressing risks to PHA on a proportionate basis and are being managed effectively across the organisation. | A paper setting out the scope of the review will be developed for approval by AMT by the end of October 2019. It is anticipated that the review will be completed early 2020.  |                     |     | S Murray  |
| 7 | Continue to take forward the implementation of the PHA Procurement Plan, taking account of the findings from the Procurement Planning Task and Finish Group  | <p>PHA board approved the report of the Planning and Procurement Task and Finish Group in June 2019. The Procurement Plan has been revised to reflect more realistic timescales for completing tenders taking into account the pre-planning required to ensure due process is followed. PHA is currently reviewing existing staffing structures/budgets to identify how additional planning expertise required to effectively support the delivery of the Procurement Plan, can be established.</p> <p>In September 2019 PHA issued a regional tender to develop workplace health programmes with an annual value of circa £240k. Pre planning work required to re-tender the drugs and alcohol services and RSE service is also being progressed in line with agreed timelines.</p> |                     |     | R Taylor/S Murray                                   |

## 5. Our organisation works effectively

|   | Action from Business Plan:  | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|---|---|--|---------------------|-----|---|
|   |   |  | Sep                 | Mar |   |
| 8 | Develop the PHA Investment Plan and monitor implementation to ensure budgets are allocated and spent in line with agreed strategic priorities   | PHA Investment Plan for 2019/20 has been developed and approved by the PHA board. A mid-year budget review meeting, with budget leads, has been scheduled for 8 November to review progress against planned spend and identify any significant variances that need to be managed to ensure a breakeven position is achieved. In addition there are on-going meetings between budget leads and staff from Operations and Finance to monitor progress.                             |                     |     | S Murray/<br>S Bailie                               |
| 9 | Support the further integration of involvement and co-production practice into the governance structures of the PHA by: <ul style="list-style-type: none"> <li>Establishing a Service User and Carer Reference group within PHA.</li> <li>Developing an Involvement and co-production plan for each PHA Directorate.</li> <li>Providing assurance through the corporate monitoring of Involvement and co-production practice within PHA.</li> </ul> | The PHA continues to support the integration of involvement and co-production within governance structures. Progress includes: <ul style="list-style-type: none"> <li>Hosting a Strategic meeting with Assistant Directors to agree a process for the development of Directorate/Divisional plans and monitoring arrangements.</li> <li>Development of proposals to establish a PHA Service User and Carer Reference Group and consideration of this proposal at AMT.</li> </ul> |                     |     | Michelle Tennyson / Martin Quinn                    |

## 5. Our organisation works effectively

|    | Action from Business Plan:   | Progress   | Achievability (RAG) |     | Mitigating actions where performance is Amber / Red |
|----|--|--|---------------------|-----|---|
|    |  |  | Sep                 | Mar |   |
| 10 | Continue to support and develop staff during a period of organisational change, including relevant communication with staff. | The Chief Executive has met with staff across all sites between July and August 2019. Staff have access to training and development programmes via the HSC Leadership Centre.  |                     |     | CX  |
| 11 | Continue to prepare for the new organisational arrangements (anticipated 1 April 2021), working with HSCB and DoH.           | The PHA continues to work with HSCB and DoH as appropriate.  |                     |     | CX  |
| 12 | Continue to develop and update the new staff intranet to support communications within the PHA                               | <p>Development of the new Connect staff intranet by BSO ITS on Wordpress platform is almost complete, with some final technical touches outstanding.</p> <p>Existing content from the existing Drupal platform has been migrated. News and events sections are being maintained and updated. Training on Wordpress has been delivered to the Directorate content managers (Aug/Sept 2019).</p> <p>A longer-term content plan will be agreed.</p> |                     |     | S Wilson/T Sheridan                                 |

|                         |  |
|-------------------------|--|
| <b>Title of Meeting</b> | PHA Board Meeting  |
| <b>Date</b>             | 21 November 2019   |
| <b>Title of paper</b>   | PHA Annual Business Plan 2020/21 Process and Timescales  |
| <b>Reference</b>        | PHA/04/11/19   |
| <b>Prepared by</b>      | Rosemary Taylor  |
| <b>Lead Director</b>    | Edmond McClean   |
| <b>Recommendation</b>   | <p style="text-align: center;"> <b>For Approval</b> <input type="checkbox"/> <span style="float: right;"><b>For Noting</b> <input checked="" type="checkbox"/></span> </p> |

## 1 Purpose

The purpose of this paper is to provide members with an overview of the process for the development of the PHA Business Plan 2020/21.

## 2 Background Information

The PHA is required to develop an Annual Business Plan setting out key targets and milestones for the year ahead. The DoH guidance requires that the Annual Business Plan (ABP) should set out the key actions for the year ahead in line with the Corporate Business Plan, as well as aligning with Programme for Government (PFG) and showing contribution to the achievements of the Outcomes Delivery Plan (ODP). They also require that the ABP should be agreed with the Department prior to final approval by the PHA Board and submission for final formal DoH approval no later than 31 March 2020.

## 3 Key Issues

### Content of Annual Business Plan

The PHA Corporate Plan 2017-21 sets out the strategic direction, concentrating on five key outcome areas:

- All children and young people have the best start in life;
- All older adults are enabled to live healthy and fulfilling lives;



- All individuals and communities are equipped and enabled to live long healthy lives;
- All health and wellbeing services should be safe and high quality;
- Our organisation works effectively.

The Annual Business Plan (ABP) for 2020/21 should therefore set out the key actions to be taken forward during the coming year, across all Directorates, to help achieve these outcomes.

These key actions for 2020/21 should reflect the bullet points under each of the outcome areas in the Corporate Plan (i.e. the principle ways in which the PHA said it would work towards achieving each of the outcomes over the period of the Corporate Plan).

The ABP actions should also reflect how the PHA is contributing to PFG/ODP, Making Life Better and Community Planning.

Actions should also take account of anticipated funding arrangements for 2020/21.

Additionally, following on from the approach taken in the Annual Business Plan 2019/20 and in line with the emphasis on an outcomes based approach as reflected in both the Executive Office Outcomes Delivery Plan and Community Planning reporting, Directorates will be asked to identify the expected impacts of their proposed actions. To help focus thinking, three questions should be considered for each action:

- Who will benefit?
- What difference will it make?
- How will you know (measure) that this has been achieved?

It is noted however that the ABP will also include some 'enabling' actions.

It should also be recognised that the ABP can only include the key actions for 2020/21 across each of the outcomes, and not all actions that will be progressed during the year. (Actions not captured in the corporate ABP can be included in Directorate Business Plans.) The final ABP document should therefore be succinct, while still reflecting the breadth of the PHA work.

#### Process for development of 2020/21 Plan

As in previous years, a pro-forma to identify proposed priorities/actions for 2020/21 will be issued to Assistant Directors for completion. Planning and Project Managers will act as co-ordinators in each Directorate, to ensure that these are completed and returned; they will also help with any subsequent clarification and refinement. Staff in Planning and Operational Services will also be happy to meet with Assistant Directors and their teams if that would be helpful.

Directors and Assistant Directors are asked to support this process and ensure that all relevant staff are fully engaged in contributing to the Annual Business Plan 2020/21, linking with planning and project managers.

In order for the Annual Business Plan 2020/21 to be developed and subsequently approved by the PHA board in line with DoH requirements, the following timescale is proposed:

| <b>TASK/ACTION</b>  | <b>Timescale</b>    | <b>Who</b>                       |
|---|---------------------|----------------------------------|
| Request for ABP 2020/21 actions sent out to all Directors and ADs                             | End of October 2019 | Operations                       |
| Completed template (actions) returned to Operations   | 22 November 2019    | All Directorates                 |
| Board workshop  | 5 December 2019     | PHA Board                        |
| Comments and queries returned to authors for clarification and refinement                     | By 13 December 2019 | Operations                       |
| Amended templates (actions) returned to Operations  | By 6 January 2020   | All Directorates                 |
| Responses collated into draft 1 ABP 2020/21   | By 13 January 2020  | Operations                       |
| Board meeting (depending on outcome of 5 December workshop)                                   | 23 January 2020     | PHA Board                        |
| Share draft ABP with DoH  | End of January 2020 | Operations                       |
| Amendments to ABP to reflect outcome of board workshop and DoH comments.                      | February 2020       | Operations with all Directorates |
| Draft ABP 2020/21 to AMT  | 3 March 2020        | AMT                              |
| Final draft Annual Business Plan 2020/21 to PHA board for approval prior to submitting to DoH | 19 March 2020       | PHA board                        |

It is recognised that there are still many unknowns in planning for 2020/21 and that the above assumptions and timescales may change. However the above proposal provides a framework to enable the process to commence and to allow the Annual Business Plan 2020/21 to be ready for the new financial year.

AMT approved the proposed process, and requests were sent out to all Directorates at the end of October 2019.

#### **4 Next Steps**

The PHA Board is asked to note the process and timetable and to note the workshop taking place on 5 December after the PHA Board meeting on that date.

|                         |  |
|-------------------------|--|
| <b>Title of Meeting</b> | PHA Board Meeting  |
| <b>Date</b>             | 21 November 2019   |
| <b>Title of paper</b>   | Management Statement / Financial Memorandum  |
| <b>Reference</b>        | PHA/05/11/19   |
| <b>Prepared by</b>      | Robert Graham  |
| <b>Lead Director</b>    | Edmond McClean   |
| <b>Recommendation</b>   | <p style="text-align: center;"> <b>For Approval</b> <input type="checkbox"/> <span style="float: right;"><b>For Noting</b> <input checked="" type="checkbox"/></span> </p> |

### 1 Purpose

The purpose of this paper is to ask members to note the Management Statement and Financial Memorandum between PHA and the Department of Health.

### 2 Background Information

The Management Statement and Financial Memorandums (MS/FMs) is central to the accountability process and sets the framework for the relationship between the Department of Health and the Public Health Agency.

It is required that the MS/FM is brought to the Board annually for noting.

### 3 Key Issues

There are no changes to the Management Statement and Financial Memorandum. It should be noted that the revised Memorandum of Understanding between the PHA and the Safeguarding Board for Northern Ireland has not yet been signed off, and once this has taken place, the updated MOU will be incorporated within the MS/FM.

### 4 Next Steps

The Management Statement / Financial Memorandum will be kept under review.

**MANAGEMENT STATEMENT (Tab A) and FINANCIAL MEMORANDUM (Tab B)**

**Between DoH and PHA**

**August 2018**

## MANAGEMENT STATEMENT

### 1. INTRODUCTION

#### 1.1 This document

- 1.1.1 This *Management Statement* and *Financial Memorandum* (MS/FM) has been drawn up by the Department of Health (DoH) in consultation with the Public Health Agency (PHA), Linenhall Street, Belfast. The document is based on a model prepared by the Department of Finance (DoF).
- 1.1.2 The terms and conditions set out in the combined *Management Statement* and *Financial Memorandum* may be supplemented by guidelines or directions issued by the sponsor Department/Minister in respect of the exercise of any individual functions, powers and duties of the PHA.
- 1.1.3 A copy of the MS/FM for the PHA should be given to all newly appointed Board Members, senior PHA executive staff and Departmental sponsor staff on appointment. Additionally the MS/FM should be tabled for the information of Board Members at least annually at a full meeting of the Board. Amendments made to the MS/FM should also be brought to the attention of the full Board on a timely basis.
- 1.1.4 Subject to the legislation noted below, this *Management Statement* sets out the broad framework within which the PHA will operate, in particular:
- the PHA's overall aims, objectives and targets in support of the sponsor Department's wider strategic aims, the NICS Outcomes Delivery plan and the outcomes and targets contained in the current draft Programme for Government (PfG).
  - the rules and guidelines relevant to the exercise of the PHA's functions, duties and powers;
  - the conditions under which any public funds are paid to the PHA; and
  - how the PHA is to be held to account for its performance.
- 1.1.5 The associated *Financial Memorandum* sets out in greater detail certain aspects of the financial provisions which the PHA shall observe. However, the *Management Statement* and *Financial Memorandum* do not convey any legal powers or responsibilities.
- 1.1.6 The document shall be periodically reviewed by the sponsor Department in accordance with the timetable referred to in Section 7 below.
- 1.1.7 The PHA, the sponsor Department, or the Minister, may propose amendments to this document at any time. Any such proposals by the PHA shall be considered in the light of evolving Departmental policy aims, operational factors and the track record of the PHA itself. The guiding principle shall be that the extent of flexibility and freedom given to the PHA shall reflect both the quality of its internal controls to achieve performance and its operational needs. The sponsor Department shall determine what changes, if any, are to be incorporated in the document. Legislative provisions shall take precedence over any part of the document. Significant variations to the document shall be cleared with DoF Supply after consultation with the PHA, as appropriate. (The definition of "significant" will be determined by the sponsor Department in consultation with DoF).
- 1.1.8 The MS/FM is approved, signed and dated by the sponsor Department and the PHA's Chief Executive.

1.1.9 Any question regarding the interpretation of the document shall be resolved by the sponsor Department after consultation with the PHA and, as necessary, with DoF Supply.

1.1.10 Copies of this document and any subsequent substantive amendments shall be placed in the Library of the Assembly. (Copies shall also be made available to members of the public on the PHA's website).

## **1.2 The founding legislation, functions, duties and powers of the PHA**

1.2.1 The PHA is established under section 12 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (hereafter referred to as the Act). The PHA does not carry out its functions on behalf of the Crown.

1.2.2 The PHA is established for the purposes specified in section 13 of the Act. The PHA's general powers etc. are listed in Schedule 2 to the Act.

## **1.3 Classification**

1.3.1 For policy/administrative purposes the PHA is classified as a Health and Social Care body (akin to an executive non-Departmental public body) and for national accounts purposes is classified to the central government sector).

1.3.3 References to the PHA include, where they exist, all its subsidiaries and joint ventures that are classified to the public sector for national accounts purposes. If such a subsidiary or joint venture is created, there shall be a document setting out the arrangements between it and the PHA.

## **2. AIMS, OBJECTIVES AND TARGETS**

2.1 The approved overall aim for the PHA is to improve the health and social well-being of the population and the quality of care provided, and to protect the population from communicable disease or emergencies or other threats to public health. As well as the provision or securing of services related to those functions, the PHA will commission or undertake programmes of research, health awareness and promotion etc. This aim will be delivered through three core functions of the PHA:

- securing the provision of and developing and providing programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland,
- 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; and
- providing professional input to the commissioning of health and social care services which meet established quality standards and which support innovation.

2.2 The PHA also has a general responsibility for promoting improved partnership working with local government and other public sector organisations to bring about real improvements in public health and social well-being on the ground and anticipating the new opportunities offered by community planning.

- 2.3 Objectives and key targets - The Department determines the PHA's performance framework in light of the Department's wider strategic aims, the NICS Outcomes Delivery Plan, and current draft PfG objectives and targets.
- 2.4 The key targets, standards and actions to be delivered by the PHA are set out in its Annual Business Plan supported by the 3 year strategic plan. These are defined by the Department within Commissioning Directions and approved by the Minister. The Department 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 Act, i.e. in consultation with the PHA, having due regards 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 Department to have sole or lead responsibility. The document will also set out the PHA's contribution to the commissioning process through its professional medical expertise.

### **3. RESPONSIBILITIES AND ACCOUNTABILITY**

#### **3.1 The Minister**

3.1.1 The Minister is accountable to the Assembly for the activities and performance of the PHA. Their responsibilities include:

- approving the PHA's strategic objectives and the policy and performance framework within which the PHA will operate (as set out in this *Management Statement* and *Financial Memorandum* and associated documents);
- keeping the Assembly informed about the PHA's performance; as part of the HSC system;
- carrying out responsibilities specified in the founding legislation including appointments to the board (including its Chairman) and laying of the annual report and accounts before the Assembly; and
- approving the remuneration scheme for Non-Executive board members and setting the annual pay settlement each year under these arrangements.

#### **3.2 The Accounting Officer of the sponsor Department**

3.2.1 The Permanent Secretary, as the sponsor Department's principal Accounting Officer (the 'Departmental Accounting Officer'), is responsible for the overall organisation, management and staffing of the sponsor Department and for ensuring that there is a high standard of financial management in the Department as a whole. The Departmental Accounting Officer is accountable to the Assembly for the issue of any grant-in-aid to the PHA. The Departmental Accounting Officer designates the Chief Executive of the PHA as the PHA's Accounting Officer, and may withdraw the Accounting Officer designation if he/she believes that the incumbent is no longer suitable for the role.

3.2.2 In particular, the Departmental Accounting Officer of the sponsor Department shall ensure that:

- the PHA's strategic aim(s) and objectives support the sponsor Department's wider strategic aims, the NICS Outcomes Delivery Plan and current draft PfG objectives and targets;
- the financial and other management controls applied by the sponsor Department to the PHA are appropriate and sufficient to safeguard public funds and for ensuring that the PHA's compliance with those controls is effectively monitored ("public funds" include not only any funds granted to the PHA by the Assembly but also any other funds falling within the stewardship of the PHA);

- the internal controls applied by the PHA conform to the requirements of regularity, propriety and good financial management; and
- any grant-in-aid to the PHA is within the ambit and the amount of the Request for Resources and that Assembly authority has been sought and given.

3.2.3 The responsibilities of a Departmental Accounting Officer are set out in more detail in Chapter 3 of Managing Public Money Northern Ireland (MPMNI).

3.2.4 The Departmental Accounting Officer (DAO) is also responsible for ensuring that arrangements are in place to:

- continuously monitor the PHA's activities to measure progress against approved targets, standards and actions, and to assess compliance with safety and quality, governance, risk management and other relevant requirements placed on the organisation;
- address significant problems in the PHA, making such interventions as he/she judges necessary to address such problems;
- periodically carry out an assessment of the risks both to the Department's and the PHA's objectives and activities;
- inform the PHA of relevant Government policy in a timely manner; and
- bring concerns about the activities of the PHA to the full PHA Board, requiring explanations and assurances that appropriate action has been taken.

### **3.3 The sponsoring team in the Department**

3.3.1 Within the sponsoring Department, **Health Development Policy Branch (HDPB)** is the sponsoring team for the PHA. The Branch, in consultation as necessary with the relevant Departmental Accounting Officer, is the primary source of advice to the Minister on the discharge of his/her responsibilities in respect of the PHA, and the primary point of contact for the PHA in dealing with the sponsor Department. The sponsoring team shall carry out its duties under the management of a senior officer, who shall have primary responsibility within the team for overseeing the activities of the PHA.

3.3.2 The Executive Board Member (EBM) sponsor from the Department is the Chief Medical Officer, Dr Michael McBride. The EBM Sponsor has primary responsibility for overseeing sponsorship of the PHA. In particular the EBM supports the Permanent Secretary in ensuring sponsorship is applied systematically; provides an assurance that a proportionate approach to assurance and accountability is in place; manages the PHA's business planning process; and ensures that significant governance, risk management or internal control issues are escalated within the Department. The EBM Sponsor also undertakes end-year appraisals for PHA Chairs and participates in ground-clearing and accountability meetings as required.

3.3.3 The sponsoring team shall advise the Minister on:

- an appropriate framework of objectives and targets for the PHA in the light of the Department's wider strategic aims, the NICS Outcomes Delivery Plan and current draft PfG objectives and targets;
- an appropriate budget for the PHA in the light of the Department's overall public expenditure priorities; and
- how well the PHA is achieving its strategic objectives and whether it is delivering value for money.

### **3.4 The PHA's Board**

3.4.1 The Board Members are appointed by the Minister, following an open competition in accordance with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland. The established departmental practice is that initial appointments are usually for a four year period. Re-appointment for a second term of



appointment can be considered. In the absence of a Government Minister the Permanent Secretary of the Department of Health can appoint Board Members. The PHA Board is made up of a Non-Executive Chair, the Chief Executive, seven Non-Executive Directors, and three Executive Directors. Executive Directors are employees of the PHA.

3.4.2 The Board must ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control. The Board must set up an Audit Committee, which complies with the requirements of The Code of Conduct and Code of Accountability originally issued in November 1994, updated and reissued in July 2012. Circular HSS(PDD) 08/94 also set out detailed guidance on the establishment of audit committees. And any subsequent relevant guidance, is chaired by an independent non-executive, and comprising solely independent members, to provide independent advice on the effectiveness of the internal control and risk management systems.

3.4.3 The Board has corporate responsibility for ensuring that the PHA fulfils the aims and objectives set by DoH and approved by the Minister, and for promoting the efficient, economic and effective use of staff and other resources by the PHA. To this end, and in pursuit of its wider corporate responsibilities, the Board shall:

- establish the overall strategic direction of the PHA within the policy and resources framework determined by the sponsor Minister and Department;
- constructively challenge the PHA's executive team in their planning, target setting and delivery of performance;
- ensure that the sponsor Department is kept informed of any changes which are likely to impact on the strategic direction of the PHA or on the attainability of its targets, and determine the steps needed to deal with such changes;
- ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority and any delegated authority agreed with the sponsor Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board takes into account all relevant guidance issued by DoF and the sponsor Department;
- ensure that the Board receives and reviews regular financial information concerning the management of the PHA; is informed in a timely manner about any concerns about the activities of the PHA; and provides positive assurance to the sponsor Department that appropriate action has been taken on such concerns;
- demonstrate high standards of corporate governance at all times, including using the independent audit committee, (see paragraph 4.7) to help the Board to address the key financial and other risks facing the PHA; and
- appoint with the Minister's approval, or with the sponsor Department's approval, a Chief Executive to the PHA and, in consultation with the sponsor Department, set performance objectives and remuneration terms linked to these objectives for the Chief Executive, which give due weight to the proper management and use of public monies.

3.4.4 Individual Board Members shall act in accordance with their wider responsibilities as Members of the Board – namely to:

- comply at all times with the Code of Practice (see paragraph 3.4.2) that is adopted by the PHA and with the rules and guidance relating to the use of public funds and to conflicts of interest. 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;

- not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations; and to declare publicly and to the board any private interests that may be perceived to conflict with their public duties;
- comply with the Board's rules on the acceptance of gifts and hospitality, and of business appointments; and
- act in good faith and in the best interests of the PHA.

3.4.5 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).

3.4.6 The sponsor Department shall have access to all Board meeting (and Governance and Audit Committee) papers and minutes.

### **3.5 The Chairman of the PHA**

3.5.1 The Chairman is appointed as set out in paragraph 3.4.1.

3.5.2 The Chairman is accountable to the Minister of the sponsor Department. The Chairman shall ensure that the PHA's policies and actions support the wider strategic policies of the Minister; and that the PHA's affairs are conducted with probity. The Chairman shares with other Board members the corporate responsibilities set out in paragraph 3.4.2, and in particular for ensuring that the PHA fulfils the aims and objectives set by the sponsor Department and approved by the Minister.

3.5.3 The Chairman has a particular leadership responsibility on the following matters:

- formulating the Board's strategy;
- ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Minister or the sponsor Department;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging and delivering high standards of regularity and propriety;
- representing the views of the Board to the general public; and
- 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. Meetings must be open to the public, the public should be advised of meetings through the press and the minutes must be placed on the PHA website after formal approval.

3.5.4 The Chairman shall also:

- ensure that all members of the Board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and receive appropriate induction training, including on the financial management and reporting requirements of public sector bodies and on any differences which may exist between private and public sector practice;
- advise the Department of the needs of the PHA when Board vacancies arise, with a view to ensuring a proper balance of professional and financial expertise; and
- assess the performance of individual Board Members. Board Members will be subject to ongoing performance appraisal, with a formal assessment being completed by the Chair of the Board at the end of each year. Members will be made aware that they are being appraised, the standards against which they will be appraised, and will have an opportunity to contribute to and view their report.

The Chair of the Board will also be appraised on an annual basis by the Departmental Accounting Officer.

- Ensure the completion of the Board Governance Self Assessment Tool on an annual basis. Assurance will be provided through the mid-year assurance statement, that the tool is being completed, actions are being addressed and that any exception issues will be raised with the Department.

3.5.5 The Chairman shall also ensure that a Code of Practice for Board Members is in place, based on the Codes of conduct for board members of public bodies (FD (DFP) 04/14 refers). The Code shall commit the Chairman and other Board Members to the Nolan “seven principles of public life”, and shall include a requirement for a comprehensive and publicly available register of Board Members’ interests.

3.5.6 Communications between the Board, the Minister and the Department shall normally be through the Chairman. The Chairman shall ensure that the other Board Members are kept informed of such communications on a timely basis.

### **3.6 The Chief Executive’s role as Accounting Officer**

3.6.1 The Chief Executive of the PHA is designated as the PHA’s Accounting Officer by the Departmental Accounting Officer of the sponsor Department.

3.6.2 The Chief Executive, as the PHA’s Accounting Officer, is personally responsible for safeguarding the public funds for which he/she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day-to-day operations and management of the PHA. In addition, he/she should ensure that the PHA as a whole is run on the basis of the standards (in terms of governance, decision-making and financial management) set out in Box 3.1 to MPMNI. In addition, the Chief Executive must, within three months of appointment, attend the training course ‘An Introduction to Public Accountability for Accounting Officers’.

3.6.3 As Accounting Officer, the Chief Executive shall exercise the following responsibilities in particular:

#### ***on planning and monitoring -***

- establish, with approval of the sponsor Department, the PHA’s corporate and business plans in support of the Department’s wider strategic aims, the NICS Outcomes Delivery plan and current draft PfG objectives and targets;
- inform the sponsor Department of the PHA’s progress in helping to achieve the Department’s policy objectives and in demonstrating how resources are being used to achieve those objectives;
- ensure that timely forecasts and monitoring information on performance and finance are provided to the sponsor Department; that the sponsor Department is notified promptly if overspends or underspends are likely and that corrective action is taken.
- that any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the sponsor Department in a timely fashion;

#### ***on PHA’s corporate host responsibilities to the Safeguarding Board for Northern Ireland (the SBNI) -***

- Ensure the PHA discharges and accounts for its corporate host obligations to the SBNI in accordance with the Memorandum of Understanding. The PHA acts as corporate host to the Safeguarding Board for Northern Ireland (the SBNI). It discharges functions primarily relating to the regulations made under section 1(5)(c)2 of the 2011 SBNI Act.

- The PHA is accountable to the Department for the discharge of its corporate host obligations to the SBNI but is not accountable for how the SBNI discharges its statutory objective, functions and duties.
- A copy of the Memorandum of Understanding between the Department, the PHA and the SBNI is attached at Appendix 2.

***on advising the Board -***

- advise the Board on the discharge of its responsibilities as set out in this document, in the founding legislation and in any other relevant instructions and guidance that may be issued from time to time by DoF or the sponsor Department;
- advise the Board on the PHA's performance compared with its aims and objectives;
- ensure that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed appropriately;
- take action in line with Section 3.8 of MPMNI if the Board, or its Chairman, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness;

***on managing risk and resources -***

- ensure that a system of risk management is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;
- ensure that an effective system of programme and project management and contract management is maintained;
- ensure compliance with the Northern Ireland Public Procurement Policy;
- ensure that all public funds made available to the PHA are used for the purpose intended by the Assembly, and that such monies, together with the PHA's assets, equipment and staff, are used economically, efficiently and effectively;
- ensure that adequate internal management and financial controls are maintained by the PHA, including effective measures against fraud and theft;
- maintain a comprehensive system of internal delegated authorities that are notified to all staff, together with a system for regularly reviewing compliance with these delegations;
- ensure that effective personnel management policies are maintained;

***on accounting for the PHA's activities -***

- sign the accounts and be responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Minister, the sponsor Department, or DoF;
- sign a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;
- sign a Governance Statement regarding the PHA's system of internal control, for inclusion in the annual report and accounts, that details significant internal control divergences;
- sign a mid-year assurance statement on the condition of the PHA's system of internal control;
- ensure that effective procedures for handling complaints about the PHA are established and made widely known within the PHA;
- act in accordance with the terms of this document and with the instructions and relevant guidance in *MPMNI* and other instructions and guidance issued from time to time by the sponsor Department and DoF - in particular, Chapter 3 of *MPMNI* and the Treasury document *Regularity and Propriety and Value for Money* (a copy

of which the Chief Executive shall receive on appointment). Section IX of the *Financial Memorandum* refers to other key guidance;

- give evidence, normally with the Accounting Officer of the sponsor Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the PHA;
- ensure that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and TEO;
- ensure that Lifetime Opportunities is taken into account; and
- ensure that the requirements of the Data Protection Act 2018 and the Freedom of Information Act 2000 are complied with.
- ensuring that a business continuity plan is developed and maintained;
- ensuring that effective procedures for handling adverse incidents are established and made widely known within the PHA;
- Copies of adverse inspection reports are shared with the Department
- Ensuring an acceptance and provision of Gifts and Hospitality Policy is in place that set out the principles and requirements under which gifts and hospitality can be received and in turn when such offers can be made.
- Ensuring that the requirements of relevant statutes, court rulings, and Departmental directions are fully complied with.

### **3.7 The Chief Executive's role as Consolidation Officer**

3.7.1 For the purposes of Whole of Government Accounts, the Chief Executive of the PHA is normally appointed by DoF as the PHA's Consolidation Officer.

3.7.2 As the PHA's Consolidation Officer, the Chief Executive shall be personally responsible for preparing the consolidation information, which sets out the financial results and position of the PHA; for arranging for its audit; and for sending the information and the audit report to the Principal Consolidation Officer nominated by DoF.

3.7.3 As Consolidation Officer, the Chief Executive shall comply with the requirements of the PHA Consolidation Officer Letter of Appointment as issued by DoF and shall, in particular:

- ensure that the PHA has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process; and
- prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation adjustments) in accordance with the consolidation instructions and directions issued by DoF on the form, manner and timetable for the delivery of such information.

### **3.8 Delegation of duties**

3.8.1 The Chief Executive may delegate the day-to-day administration of his/her Accounting Officer and Consolidation Officer responsibilities to other employees in the PHA. However, he/she shall not assign absolutely to any other person any of the responsibilities set out in this document.

### **3.9 The Chief Executive's role as Principal Officer for Ombudsman cases**

3.9.1 The Chief Executive of the PHA is the Principal Officer for handling cases involving the Northern Ireland Commissioner for Complaints. As Principal Officer, he/she shall inform the Permanent Secretary of the sponsor Department of any complaints about the PHA accepted by the Ombudsman for investigation, and about the PHA's proposed response to any subsequent recommendations from the Ombudsman.

### **3.10 Consulting customers**

3.10.1 The PHA will work in partnership with its stakeholders and customers to deliver the services/programmes, for which it has responsibility, to agreed standards. It will consult

regularly to develop a clear understanding of citizens' needs and expectations of its services, and to seek feedback from both stakeholders and customers and will work to deliver a modern, accessible service. It will follow the guidance of the Health and Social Care (Reform) Act (Northern-Ireland) 2009 (points 19 and 20) as appropriate. [http://www.legislation.gov.uk/nia/2009/1/pdfs/nia\\_20090001\\_en.pdf](http://www.legislation.gov.uk/nia/2009/1/pdfs/nia_20090001_en.pdf)

## **PLANNING, BUDGETING AND CONTROL**

### **4.1 The corporate plan**

4.1.1 Consistent with the timetable for the NI Executive's Budget process reviews, the PHA shall submit to the sponsor Department a draft of the PHA's corporate plan [normally] covering the three years ahead. The PHA shall have agreed with the sponsor Department the issues to be addressed in the plan and the timetable for its preparation.

4.1.2 DoF reserves the right to ask to see and agree the PHA's corporate plan.

4.1.3 The plan shall reflect the PHA's statutory duties and, within those duties, the priorities set from time to time by the Minister. In particular, the plan shall demonstrate how the PHA contributes to the achievement of the Department's strategic aims, the NICS Outcomes Delivery Plan and current draft PfG objectives and targets.

4.1.4 The corporate plan shall set out:

- the PHA's key objectives and associated key performance targets for the forward years, and its strategy for achieving those objectives;
- a review of the PHA's performance in the preceding financial years and an estimate of performance in the current year;
- alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast;
- a forecast of expenditure and income, taking account of guidance on resource assumptions and policies provided by the sponsor Department at the beginning of the planning round. These forecasts should represent the PHA's best estimate of all its available income not just any grant or grant-in-aid; and
- other matters as agreed between the sponsor Department and the PHA – for example - statement of purpose of organisation as per legislation, strategic aims, performance in preceding corporate plan period, governance and accountability arrangements, links with the NICS Outcomes Delivery Plan, draft PfG and wider ministerial/Departmental priorities.

4.1.5 The main elements of the plan, including the key performance targets, shall be agreed between the sponsor Department and the PHA in light of the sponsor Department's decisions on policy and resources taken in the context of the Executive's wider policy and spending priorities and decisions.

### **4.2 The business plan**

4.2.1 Each year of the corporate plan, amplified as necessary, shall inform the basis of the business plan for the relevant forthcoming year. The business plan shall include key targets and milestones for the year immediately ahead and shall be linked to budgeting information so that resources allocated to achieve specific objectives can readily be identified by the sponsor Department.

4.2.2 The business plan should include reference to SMART objectives that:

- support the delivery of the NICS Outcomes Delivery Plan and the current draft PfG Commitments;
- support the delivery of Departmental policy and strategy

- deliver on the functions etc. specified in the PHAs founding legislation setting out the purposes for which the PHA was created and the functions/services it is to deliver
- address known areas of underperformance, the findings of inquiries etc. and respond to particular events, serious adverse incidents and near misses.
- References to staff – training, development etc.

#### 4.2.3 DoF reserves the right to ask to see and agree the PHA's annual business plan.

4.2.4 Corporate and business plans will be formally approved by the Permanent Secretary.

### 4.3 Publication of plans

4.3.1 The corporate and business plans shall be published and made available on the Internet.

### 4.4 Reporting performance to the sponsor Department

4.4.1 The PHA shall operate management information and accounting systems which enable it to review in a timely and effective manner its financial and non-financial performance against the budgets and targets set out in its agreed corporate and business plans.

4.4.2 The PHA shall take the initiative in informing the sponsor Department of changes in external conditions, which make the achievement of objectives more or less difficult, or which may require a change to the budget or objectives as set out in the corporate or business plans.

4.4.3 The PHA's performance in helping to deliver Departmental policies, including the achievement of key objectives, shall be reported to the Department on a regular basis. Performance will be formally reviewed twice yearly by the Permanent Secretary and other officials of the sponsor Department. The Minister shall meet the Board as appropriate to discuss the PHA's performance, its current and future activities, and any policy developments relevant to those activities.

4.4.4 The Department may, at its discretion, request evidence of progress against key objectives at any time. Senior Departmental officials will hold two Ground Clearing Sponsor Review Meeting(s) (SRM) with the PHA, and one non-Ground Clearing SRM per year. The purpose of these meetings is to discuss the PHA's overall performance, its current and future activities, any policy developments relevant to those activities safety and quality, financial performance and corporate control/risk management performance, and other issues as prescribed by the Department.

4.4.5 Issues identified at the Ground Clearing meeting which cannot be resolved at the meeting or through other avenues will be escalated for discussion to the Accounting Officer Accountability meeting with the Chair and Chief Executive of the PHA.

4.4.6 The PHA's performance against key targets shall be reported in the PHA's annual report and accounts (see Section 5.1 below).

### 4.5 Budgeting procedures

4.5.1 The PHA's budgeting procedures are set out in the *Financial Memorandum*.

### 4.6 Internal audit

4.6.1 The PHA shall establish and maintain arrangements for internal audit in accordance with the PSIAS (Public Sector Internal Audit Standards).

4.6.2 The Department should outline the arrangements that they have determined as appropriate for the PHA taking account of DAO (DFP) 01/10 Internal Audit Arrangements between Departments and Arm's Length Bodies.) This will include specifying the Department's requirements in terms of

- having input to PHA planned internal audit coverage;
- arrangements for the receipt of audit reports, assignment reports, the Head of Internal Audit's annual report and opinion etc;
- arrangements for the completion of Internal and External Assessments of the PHA internal audit function against PSIAS including advising that the sponsor Department reserves a right of access to carry out its own independent reviews of internal audit in the PHA;
- the right of access to all documents prepared by the PHA's internal auditor, including where the service is contracted out. Where the PHA's audit service is contracted out the PHA should stipulate this requirement when tendering for the services.

4.6.3 The PHA shall consult the sponsor Department to ensure that the latter is satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving the appointment are in accordance with PSIAS and relevant DoF guidance.

4.6.4 The sponsor Department will review the PHA's terms of reference for internal audit service provision. The PHA shall notify the sponsor Department of any subsequent changes to internal audit's terms of reference. The Sponsor branch will have an annual meeting with the PHA's internal audit to discuss the PHA's audit plan and strategy.

#### **4.7 Audit Committee**

4.7.1 The PHA shall set up an independent audit committee as a committee of its Board, in accordance with current Cabinet Office Guidance and in line with the Audit and Risk Assurance Committee Handbook-

4.7.2 The audit committee's meeting agendas, minutes and papers shall be forwarded as soon as possible to the sponsoring team.

4.7.3 The Audit Committee should complete the National Audit Office Checklist on an annual basis. Assurance on completion of the checklist will be provided through the mid-year assurance statement any exception issues should be reported to the Department.

4.7.4 The sponsor Department will review the PHA's audit committee terms of reference. The PHA shall notify the sponsor Department of any subsequent changes to the audit committee's terms of reference. The sponsor Department will attend at least one PHA audit committee meeting per year as an observer, and will not participate in any Audit Committee discussion.

#### **4.8 Fraud**

4.8.1 The PHA shall report immediately to the Counter Fraud and Probity Services (CFPS) within the BSO all frauds (proven or suspected), including attempted fraud. CFPS shall then report the frauds immediately to DoF and the C&AG. In addition the PHA shall forward to CFPS the annual fraud return, commissioned by DoF, on fraud and theft suffered by the PHA

4.8.2 All HSC bodies are required to have an Anti-Fraud Policy and Fraud Response Plan in place. This should be reviewed at least every 5 years and sent to CFPS for review. The PHA shall notify the sponsor Department of any subsequent changes to the policy or response plan.

#### **4.9 Additional Departmental access to the PHA**

4.9.1 In addition to the right of access referred to in paragraph 4.6.2 above, the sponsor Department shall have a right of access to all the PHA's records and personnel for purposes such as for example sponsorship audits and operational investigations. (See also paragraphs 3.4.4 and 4.7.2 access to Board and Audit Committee minutes).



## **5. EXTERNAL ACCOUNTABILITY**

### **5.1 The annual report and accounts**

- 5.1.1 After the end of each financial year the PHA shall publish as a single document an annual report of its activities together with its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the PHA. A draft of the report shall be submitted to the sponsor Department in line with the timescale set by the Department before the proposed publication date although it is expected that the Department and the PHA will have had extensive pre-publication discussion on the content of the report prior to formal submission to the Department.
- 5.1.2 The report and accounts shall comply with the most recent version of the Government Financial Reporting Manual (FReM) issued by DoF. *(NOTE: This guidance is updated every year)*. The accounts shall be prepared in accordance with any relevant statutes and the specific Accounts Direction issued by the sponsor Department.
- 5.1.3 The report and accounts shall outline the PHA's main activities and performance during the previous financial year and set out in summary form the PHA's forward plans. Information on performance against key financial targets shall be included in the notes to the accounts, and shall therefore be within the scope of the audit.
- 5.1.4 The report and accounts shall be laid before the Assembly and made available, in accordance with the guidance on the procedures for presenting and laying the combined annual report and accounts as prescribed in the relevant FD letter issued by DoF.
- 5.1.5 Due to the potential accounting and budgetary implications, any changes to accounting policies or significant estimation techniques underpinning the preparation of annual accounts, requires the prior written approval of the sponsor.

### **5.2 External audit**

- 5.2.1 The Comptroller and Auditor General (C&AG) audits the PHA's annual accounts and passes the accounts to the sponsor Department who shall lay them before the Assembly. For the purpose of audit the C&AG has a statutory right of access to relevant documents as provided for in Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.
- 5.2.2 The C&AG will liaise with the PHA on the arrangements for completing the audit of the PHA's accounts. This will either be undertaken by staff of the NIAO or a private sector firm appointed by the C&AG to undertake the audit on his behalf. The final decision on how such audits will be undertaken rests with the C&AG, who retains overall responsibility for the audit.
- 5.2.3 The C&AG has agreed to share with sponsor Departments relevant information identified during the audit process including the report to those charged with governance at the end of the audit. This shall apply, in particular, to issues which impact on the Department's responsibilities in relation to financial systems within the PHA. The C&AG will also consider, where asked, providing Departments and other relevant bodies with reports which Departments may request at the commencement of the audit and which are compatible with the independent auditor's role.

### **5.3 VFM examinations**

- 5.3.1 The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the PHA has used its resources in discharging its functions. For the purpose of these examinations the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.

Where making payment of a grant, or drawing up a contract, the PHA should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the transaction. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

## **6. STAFF MANAGEMENT**

### **6.1 General**

- 6.1.1 The decision to fill vacant or new senior positions in PHAs (at Director or Assistant Director level) is subject to approval by the Department, except where there are exceptional circumstances which have been agreed by the Department in advance.
- 6.1.2 Approvals for any change to the remuneration of Senior Executives must be obtained from the Department. This position will be kept under review by the Department.
- 6.1.3 Within the arrangements approved by the Minister and DoF the PHA shall have responsibility for the recruitment, retention and motivation of its staff. To this end the PHA shall ensure that:
- its rules for the recruitment and management of staff create an inclusive culture in which diversity is fully valued; where appointment and advancement is based on merit; and where there is no discrimination on grounds of gender, marital status, domestic circumstances, sexual orientation, race, colour, ethnic or national origin, religion, disability, community background or age;
  - the level and structure of its staffing, including grading and numbers of staff, are appropriate to its functions and the requirements of efficiency, effectiveness and economy;
  - the performance of its staff at all levels is satisfactorily appraised and the PHA's performance measurement systems are reviewed from time to time;
  - its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the PHA's objectives;
  - proper consultation with staff takes place on key issues affecting them;
  - adequate grievance and disciplinary procedures are in place;
  - whistle blowing procedures consistent with the Public Interest (Northern Ireland) Order 2003 are in place; and
- 6.1.4 A code of conduct for staff is in place based on Annex 5A of Public Bodies: A Guide for Northern Ireland Departments (available at [www.afmdni.gov.uk](http://www.afmdni.gov.uk)).

## **7. REVIEWING**

- 7.1 The PHA shall be reviewed periodically, in accordance with the business needs of the sponsor Department and the PHA. Reference should be made to Chapter 9 of the Public Bodies: a Guide for Northern Ireland Departments.
- 7.2 The next review of the PHA will take place at a time determined by the Department.

**SIGNED ON BEHALF OF THE  
DEPARTMENT OF HEALTH**



**RICHARD PENGELLY  
PERMANENT SECRETARY**

**DATE: 11 September 2018**

**SIGNED ON BEHALF OF THE  
PUBLIC HEALTH AGENCY**



**VALERIE WATTS  
CHIEF EXECUTIVE (INTERIM)**

**DATE: 10 October 2018**

**1.1 Documentation to be sent to the Sponsor Branch for information**

**Monthly (or as the occasion arises)**

- Board meeting papers (including draft minutes) for each meeting as and when issued to Board members
- Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members
- Monthly financial monitoring returns to Finance Directorate in the Department
- Last MS noted – Assurance Committee papers (including draft minutes) for each meeting as and when issued to Committee members

**Annually**

- Register of Board members' interests.
- The annual report, with the draft submitted to the Department two weeks before the publications date (separate timetable for the annual accounts, Governance Statement etc. set by Finance Directorate).
- The Assurance Framework (annually)

**Once and then when revised**

- Code of Conduct for Board members
- Code of Practice for staff
- Audit Committee Terms of Reference
- Audit Strategy
- Assurance / Governance Committee Terms of Reference
- Complaints procedure
- Anti-Fraud Policy
- Fraud Response Plan
- Whistle-blowing procedures
- Grievance and Disciplinary procedures
- Equality scheme
- Publication scheme
- Consultation Scheme
- Business Continuity Plan

**1.2 Documentation to be sent to the Sponsor Branch for consideration / comment / approval**

**Quarterly**

- Report on quarterly assessment of progress being made in the delivery of the Commissioning Plan's aims and objectives.

**Bi-annual**

- Corporate Risk Register every six months

**Annually**

- Annual Governance Statement
- Mid-year Assurance Statement (by end-October)
- Annual Internal Audit work-plan
- Internal Audit Progress Report
- Annual Fraud return
- Corporate Plan (including the Business Plan) must be produced and approved by the Department.
- An annual Commissioning Plan established by the HSCB but approved by the PHA
- The Head of Internal Audit's end-of-year and mid-year opinion on risk management, control and governance

**As specified**

- Corporate Plan for approval

**Once**

- Adverse inspection reports by external bodies (e.g. RQIA, MHRA), as specified in directions
- Internal Audit reports with less than satisfactory assurance
- Reports to Those Charged with Governance

Currently being reviewed – July 2018

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY**

**PUBLIC HEALTH AGENCY**

**AND**

**SAFEGUARDING BOARD FOR NI**

**11 September 2012**

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## INTRODUCTION

1. This Memorandum of Understanding (MoU) is a tri-lateral agreement between the Department of Health, Social Services and Public Safety (the Department), Regional Agency for Public Health and Social Well-being (hereafter referred to as the Public Health Agency (PHA)) and the Safeguarding Board for Northern Ireland (SBNI). The SBNI was established under the Safeguarding Board (NI) Act 2011 as an unincorporated statutory body. It is sponsored by the Department.
2. The SBNI is a multi-disciplinary interagency body and its objective is to coordinate and ensure the effectiveness of what is done by its members to safeguard and promote the welfare of children in Northern Ireland. The SBNI will have a range of functions which it must undertake including:
  - i. developing policies and procedures for safeguarding and promoting the welfare of children in Northern Ireland;
  - ii. promoting an awareness of the need to safeguard and promote the welfare of children;
  - iii. keeping under review the effectiveness of what is done by members to safeguard and promote the welfare of children;
  - iv. undertaking case management reviews without discretion in such circumstances as may be prescribed;
  - v. reviewing such information as may be prescribed in relation to deaths of children in NI;
  - vi. advising the Regional Health and Social Care Board and Local Commissioning Groups in relation to safeguarding and promoting the welfare of children:
    - i) as soon as reasonably practicable after receipt of a request for advice; and
    - ii) on such other occasions as the Safeguarding Board thinks appropriate.
  - vii. promote communication between the Board and children and young persons; and
  - viii. making arrangements for consultation and discussion in relation to safeguarding and promoting the welfare of children
3. The PHA was established under section 12(1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and is an Arms Length Body (ALB) of the Department of Health, Social Services and Public Safety (DHSSPS). It delivers a range of health functions including:
  1. health and social wellbeing improvement;
    - health protection;
    - public health support to commissioning and policy development; and
    - HSC research and development.
4. Chapter 7 of Managing Public Money Northern Ireland (MPMNI)<sup>1</sup> considers the working partnerships that public sector organisations may establish in order to deliver their objectives more effectively than they could acting alone.
5. It is also acknowledged in MPMNI that *“there are many different kinds of partnership. Each involves some tension between autonomy and accountability with scope for conflict if the terms of engagement are not resolved openly at the outset. Each partnership requires its own customised terms to work effectively. One size does not fit all”* This MoU describes the nature of the relationship between the Department, the PHA and the SBNI.
6. The PHA will act as corporate host to the SBNI discharging functions primarily relating to regulations made under section 1(5)(c)<sup>2</sup> of the 2011 SBNI Act. The relationship between

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<sup>1</sup> Managing Public Money Northern Ireland sets out the main principles for dealing with resources used by public sector organisations in Northern Ireland (NI). [http://www.ceforum.org/upload2/MPMNI\\_July08](http://www.ceforum.org/upload2/MPMNI_July08)



the PHA and Department and the framework within which PHA operates as an ALB of the Department is specified in the Management Statement and Financial Memorandum (MSFM) in place between these bodies. The MSFM makes reference to the PHA's corporate host responsibilities to the SBNI, acknowledging that 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 statutory objective, functions and duties.

7. This MoU does not affect existing statutory functions nor amend any other policies or agreements relating to the activities of the PHA or SBNI. It is not a legally binding document nor a contract between partners, nor is it intended to cover every aspect of the relationship between the three organisations. Each signatory agrees to work together within the framework outlined in this MoU.
8. It is acknowledged that the SBNI and its objective and functions of safeguarding and promoting the welfare of children in Northern Ireland are entirely separate from that of the PHA. However, in light of its small size, it has been agreed that the PHA, will support the SBNI by securing HR, financial and other support services for the Board. The PHA does not have its own in-house HR, IT, Equality and Finance functions and these are secured by it from BSO and HSCB through a Service Level Agreement. The arrangement of PHA acting as corporate host for SBNI will allow it to take advantage of the relationship PHA has with BSO and HSCB and therefore minimise the administrative apparatus necessary to support the SBNI.

#### **PURPOSE**

9. This MoU specifies the roles, responsibilities and obligations of the Department, PHA and the SBNI necessary to facilitate the arrangement whereby the PHA acts as host to the SBNI. As the corporate host, PHA will either provide or secure the necessary corporate governance structures, accommodation, financial management, IT, HR, Legal and Equality services, necessary to meet the staffing, accommodation and expenses needs of the SBNI. This will enable the SBNI to effectively function within the resources made available to it by the Department.
10. Within the SBNI financial allocation, provision will be made to cover the costs of the above services. PHA, as corporate host, will be consulted in advance of any proposed change to SBNI requirements and the SBNI will secure from the Department such approvals and additional resources as may be necessary to implement these requirements.
11. This MoU will be subject to review after one year and three years thereafter. In the early stages of the operation of the MOU, there may be initial issues requiring resolution. Any issues arising at any stage from the operation of the MoU, will be brought to the Department's attention by the SBNI or PHA, as soon as practicable.

#### **ASSURANCE AND ACCOUNTABILITY ARRANGEMENTS**

12. The PHA's responsibilities in respect of the SBNI governance functions are defined in the PHA's Management Statement and Financial Memorandum which clearly states that 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 statutory objective, functions and duties. As an unincorporated statutory body, the SBNI will **not** have a separate MSFM. However, a copy of this MoU will be appended to the MSFM of the PHA

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<sup>2</sup> Section 1(5) of the Safeguarding Board (NI) Act 2011 states "Regulations may make provision as to – (c) the staff, premises, and expenses of the Safeguarding Board (including provision as to which person or body provides the staff, premises or expenses)"

and these arrangements should be reflected in any future update to the Department's Framework Document.

13. The Department must exercise oversight of the SBNI on an ongoing basis throughout the year. SBNI must provide regular performance reports and documentation demonstrating progress against Departmental priorities and assurance as to the ongoing effectiveness of their systems on internal control.
14. This will include twice yearly Department Accounting Officer sponsored assurance and accountability meetings between the Department and the SBNI Chair which will be timed and conducted in line with the arrangements for the equivalent meetings with DHSSPS sponsored Arms Length Bodies (ALBs).
15. PHA officers will not attend the SBNI twice yearly Department Accounting Officer sponsored assurance and accountability meetings. The SBNI Chair and Director of Operations may be asked by the Department to attend PHA twice yearly Department Accounting Officer sponsored assurance and accountability meetings if there are particular issues relating to corporate host functions which require discussion.
16. On an ongoing basis and at Department Accounting Officer sponsored accountability meetings, the Department will ask the PHA and the SBNI to account for risk management arrangements as they relate to the SBNI. The PHA will account for risks relating to its corporate host functions; the SBNI will account for any risks associated with its statutory objective, functions and duties directly to the Department.
17. If requested, the SBNI Chair and/or Director of Operations will attend meetings of the PHA Governance and Audit Committee in relation to corporate and resource governance matters. Matters relating to quality and performance against SBNI objectives will be handled through the Department's sponsorship arrangements with the SBNI and will be subject to the usual governance and assurance arrangements within the Department.

#### **Assurance Framework**

18. The SBNI is required to establish its own Internal Assurance Framework which should be broadly based on the arrangements set out in the DHSSPS Framework: A Practical Guide for Boards of DHSSPS Arms Length Bodies document (March 2009). The Framework will be reviewed every two years and should be shared in draft form with the PHA Governance and Audit Committee on an annual basis for their comment and approval for those elements relating to the corporate host functions.

#### **Declaration of Assurance to Department**

19. At the end of each year and mid-year the SBNI will provide Declarations of Assurance. A template for the Declaration of Assurance to the Department is attached at **Annex 1**. Twice yearly, a Declaration of Assurance will be provided to:
  - the PHA in relation to those matters which relate to the PHA's corporate host function, which will inform the PHA mid-year assurance statement and Statement of Internal Control (SIC); and
  - the Department in relation to performance against the SBNI's statutory objective, functions and duties and any risks associated with them.

#### **Risk Register**

20. The SBNI will put in place its own Risk Register. An updated risk register will be submitted by the SBNI to the Department, and for consideration, to the PHA Governance and Audit committee every six months, in respect of those areas relevant to the PHA as corporate host.

### **Business Continuity Plan**

21. The SBNI will put in place its own Business Continuity arrangements, which will be developed and tested as part of PHA Business continuity planning.

### **Controls Assurance Standards**

22. The relevance of specific Controls Assurance Standards (CAS) should be agreed between PHA, SBNI and the Department. The SBNI will comply with specified criteria within the relevant CAS.

### **Internal Audit**

23. SBNI will be included within the PHA annual Internal Audit work plan. In keeping with established PHA procedures, SBNI audit reports will be brought to the PHA Governance and Audit Committee, for consideration of those areas where the SBNI provides assurance to the PHA. The SBNI shall provide a written declaration to the PHA that it has submitted final audit reports to the Department including management responses to any weaknesses found. The Department may wish to have separate audit arrangements for those areas for which the SBNI provides assurance directly to the Department.

### **Information Management**

24. The SBNI will designate suitable members of its staff as Data Guardian, Senior Information Risk Owner (SIRO), and Information Asset Officer (IAO) who will be responsible for ensuring that information risk is managed appropriately and for providing assurances to the SBNI Chair.

25. The SBNI will be responsible for handling its own Freedom of Information requests.

### **Complaints Handling**

26. The SBNI will put in place adequate arrangements for the handling of complaints against it relating to the discharge of its statutory objective, functions and duties. The PHA will not be liable in any way for the handling of such complaints against the SBNI. However, the PHA will work in partnership with the SBNI on complaints that are relevant to corporate hosting matters.

27. The Chair of the SBNI will inform the Permanent Secretary of the Department of any complaints about the SBNI accepted by the Ombudsman for investigation, and about the SBNI's proposed response to any subsequent recommendations from the Ombudsman.

28. The Chair of the SBNI will inform the Chief Executive of the PHA of any matters affecting employees of the PHA acting as officers of the SBNI.

### **Alerts**

29. The SBNI must alert the Department in a timely manner of any action or risk which would adversely impact on the delivery of the SBNI's functions or reputation or that of the Department. The SBNI must alert the PHA in a timely manner of any action or risk which would adversely impact on the PHA. The PHA must alert the Chair of the SBNI and the Department in a timely manner of any material action or risk which would adversely impact on the SBNI. The PHA must alert the Department in a timely manner of any action or risk arising from these hosting arrangements which would adversely impact on the delivery of the PHA functions or reputation or that of the Department.

### **FINANCIAL MANAGEMENT**

30. As an unincorporated statutory body, the SBNI is unable to hold its own funds. The PHA will receive an agreed financial allocation, including funding for Salaries and Wages, Goods and Services, SBNI accommodation costs and legal services, representing the full running costs of the SBNI.

31. Responsibility for the proper management of public funds allocated to SBNI falls to the CEO of the PHA, who will hold accounting officer responsibilities in respect of the SBNI's stewardship of public funds as set out in MPMNI. Normally accountability also extends to how an organisation performs against objectives. However, this will be a matter for the Chair of the SBNI who will account directly to the Department's Accounting Officer in relation to the delivery of the SBNI statutory objective, functions and duties. This will be set out in the revised Accounting officer letter to the CEO of the PHA.
32. On behalf of the SBNI and in line with his/her responsibilities, the Chief Executive of PHA, as Accounting Officer, will be expected to ensure effective financial arrangements are in place and effective financial services are secured from HSCB/BSO for the proper management of the SBNI budget.
33. Details of the SBNI's expenditure will be included within the PHA Annual Accounts.
34. The PHA will not use funds allocated for the SBNI for any other purpose. Any request for additional resources by SBNI or in respect of SBNI must be referred to the sponsor branch in the Department. The PHA Accounting Officer should be advised of all requests and approvals of additional resources and expenditure, as he/she will be held accountable for this expenditure.
35. It is the responsibility of the SBNI to ensure that it complies with PHA Standing Orders (where they relate to corporate host functions including finance), Standing Financial Instructions and all other financial policies and procedures of the PHA.
36. SBNI assurance on these matters, including the arrangements for ensuring the financial stability (including financial risks) of the SBNI, for ensuring value for money and that resources allocated by the Minister/Department are deployed fully in achievement of agreed outcomes will be provided by the SBNI to the PHA in its Declarations of Assurance.

#### **PERFORMANCE AGAINST OBJECTIVES**

37. The SBNI will be required to submit to the Department a draft 3-year strategic plan. The plan will reflect the SBNI priorities, strategic aims and objectives. It will set out how the SBNI will deliver on its statutory objective, functions and statutory duties. The plan will be subject to Departmental approval and will be supported by an annual Business Plan.
38. The Business Plan will include key actions, supported by performance targets and indicators, to be undertaken in the year ahead and will include budget information.
39. PHA, as corporate host for the SBNI, has no responsibility for the development of the SBNI Strategic and Business Plans, their review or approval. However as a core member of the SBNI, the PHA will contribute fully to the development of the SBNI's Strategic and Business Plans.
40. Prior to the approval of the SBNI Strategic and Business Plans the Department will consult the Chief Executive of the PHA in respect of any financial issues relevant to his/her role as PHA Accounting Officer.

#### **LEGAL SERVICES**

41. The Departmental Solicitors Office will provide legal services for matters relating to the SBNI's statutory objective, functions and duties. PHA will secure legal services from the Directorate of Legal Services for those matters for which PHA has responsibility in its SBNI corporate hosting role.

## **ASSETS AND ESTATE MANAGEMENT**

42. The PHA will provide agreed office accommodation for SBNI staff. The proportionate costs of this accommodation will be met by SBNI. The PHA will provide standard office equipment. Costs of equipment, telephone line rental and telephone calls will be borne by SBNI. Access to PHA switchboard services will be provided free of charge.
43. The SBNI is accommodated within the premises of the PHA. The SBNI will comply with Departmental requirements placed on the PHA in relation to its usage of PHA leased premises. The SBNI will comply with specified criteria, set out in the Buildings, Land, Plant and Non Medical Equipment Controls Assurance Standard, as agreed with the PHA.

## **HUMAN RESOURCES**

44. With the exception of the Chair and lay persons, who are publicly appointed by the Department, the employer of SBNI staff is the Public Health Agency. The Department has determined that all SBNI posts will be subject to the approval of the Department. The level and structure of SBNI staffing agreed with the Department should not be utilised elsewhere in PHA without formal agreement with the Department. Where the SBNI require additional support from PHA staff it will agree and make such financial provision as may be necessary for this.
45. The PHA will have responsibility for securing HSC payment arrangements for SBNI staff salaries and related costs. Staff costs and any associated processing costs will be borne by the SBNI.

### **Management of SBNI Staff**

46. SBNI staff, as employees of the PHA, will be subject to the same policies and procedures as other PHA staff. The SBNI and its staff must comply with the HR policies and procedures set down by PHA including those relating to complaints, grievances, discipline and whistle blowing. The Chair of the SBNI will advise the PHA Chief Executive or his/her nominated officer, of any issues emerging in relation to SBNI staff and their adherence to PHA policies and procedures. Individual incidents/breaches of these policies and procedures will be managed by the SBNI in the first instance, in keeping with normal HSC good practice, PHA guidance and escalation arrangements.

### **Staff Appraisal**

47. Annual appraisal of SBNI staff will be conducted by the SBNI, against SBNI business and personal staff objectives and in line with the HSC Performance Appraisal processes operated by the PHA. The Chief Executive of the PHA will countersign the SBNI Chair's annual appraisal of the Director of Operations. Appraisal of the performance of the Chair and lay members will be conducted in line with established Public Appointment's arrangements.

### **Staff Training and Development**

48. The SBNI is responsible for securing the provision of training and development of its staff in relation to SBNI functions and for making funds available for this purpose as approved by the Department. The SBNI will work with PHA to negotiate and resource shared training and development provision.

### **Recruitment of Staff**

49. The PHA will secure the timely recruitment of agreed SBNI staff posts through the BSO HR service and the costs of recruitment will be borne by the SBNI.

## **PRESENTATIONAL ISSUES**

### **Communication and Liaison Arrangements**

50. Good communication is essential for effective working. PHA and SBNI agree to keep each other promptly and regularly informed about any work being undertaken or issues arising which may impact on the other, or in which the other organisation has an interest. Both parties must keep the Department informed about any matter which is likely to be of interest to the Department or the Minister.

51. Regular meetings will be held between the Chief Executive of the PHA and the Chair of the SBNI. Any disagreements which may arise between the PHA and the SBNI will normally be resolved amicably at the working level. If this is not possible, senior management at either organisation should seek to settle any issue. Failure to resolve disputes at this level should be referred to the Department.

#### **Media Handling and Support**

52. Day to day support for the SBNI in relation to media handling/communications will be provided by PHA. There may be occasions where conflicts of interest arise, when it is more appropriate for the SBNI to go directly to the Department for support.

#### **Web site**

53. The SBNI will commission the development of a website from the PHA. The development, ongoing maintenance and support costs will be borne by SBNI.

### **OTHER MATTERS**

#### **Indemnity**

54. The SBNI Chair and the members of the Safeguarding Board (SBNI) will be indemnified by the Department while they are engaged in SBNI business, provided they have acted honestly and in good faith, and have not acted recklessly. This means that the Department will indemnify the Chair and the members of the SBNI in relation to any legal costs and damages which may be awarded against him or the other members of the SBNI, in connection with the conduct of SBNI business.

#### **Conflicts of Interest**

55. If any conflicts of interest should arise for the Chief Executive of the PHA in his role as Accounting Officer for the PHA and the SBNI, the matter should be referred to the Department for resolution.

### **AGREEMENT AND REVIEW OF THE MEMORANDUM OF UNDERSTANDING**

56. This Memorandum will be reviewed after one year and three years thereafter. It will also be amended if necessary, following any relevant changes to the policies, procedures and structures of the parties concerned.

Agreement to this Memorandum of Understanding is given by signature of the following:

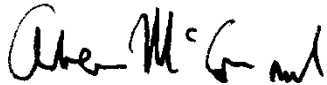
**On behalf of PHA**

..... **Mr Eddie Rooney**  
**Chief Executive**

**On behalf of SBNI**

..... **Mr Hugh Connor**  
**SBNI Chair**

**Endorsement on behalf of the Department of Health, Social Services and Public Safety**



..... **Mr Andrew McCormick**  
**Permanent Secretary**

This Memorandum of Understanding will be effective from 17 September 2012 and subject to review by 17 September 2013.

**TEMPLATE - SBNI Declaration of Assurance to the Department**

This statement concerns the condition of the system of internal control in the Safeguarding Board NI as at DD/ MMM /YYYY

The purpose of this assurance statement is to attest to the effectiveness of the system of internal control. In accordance with Departmental guidance, I do this under the following headings.

**1. Governance**

A system of governance which encompasses effective corporate control arrangements is in operation e.g. corporate and business planning arrangements; risk management and internal controls; and monitoring and assurance thereon.

A Declaration of assurance (see attached) has been provided to the PHA to inform their mid-year assurance statement or SIC.

**2. Significant Internal Control Problems –**

**[Insert details of significant internal control problems not otherwise covered e.g. description of the issue that has arisen and its (potential) impact on services, service-users, stakeholders etc, and a summary of the action taken or proposed to address the issue]**

**3. Assurance Framework**

I can confirm that an Assurance Framework, which operates to maintain, and help provide reasonable assurance of the effectiveness of controls, has been approved and is reviewed by the SBNI. Minutes of board meetings are available to further attest to this.

**4. Risk Register**

I confirm that the Corporate Risk Register has been regularly reviewed by organisation and that risk management systems/processes are in place throughout the organisation. As part of the system of risk management, the Register is presented to the Department, and for consideration, to the PHA *Governance Audit* Committee, every six months – most recently on [dd.mm.yy].

**5. Performance against Departmental Objectives**

I confirm satisfactory progress towards the achievement of the objectives and targets set by the Department [*with the following exceptions:-* ]

**6. External and Internal Audit reports (if relevant)**

I confirm implementation of the accepted recommendations made by internal or external audit, with the following exception:

*Signed*  
**SBNI Chair**



**FINANCIAL MEMORANDUM**  
**BETWEEN**  
**THE DEPARTMENT OF HEALTH**  
**AND**  
**THE PUBLIC HEALTH AGENCY**

**Agreement of Terms**

This Financial Memorandum sets out the strategic control framework within which the Public Health Agency (PHA) is required to operate, including the conditions under which Government funds are provided as detailed in Managing Public Money Northern Ireland (MPMNI). It aims to achieve prudent and effective management of resources by the PHA, combined with a reasonable degree of day-to-day freedom for the PHA to manage its operations.

The Memorandum has been drawn up by the Department of Health (DoH), in consultation with the PHA, which agrees to conduct its finances within the conditions contained therein. The contents of the Memorandum have been approved by the Department of Finance (DoF). It will remain in force and binding on the PHA until such time as it is reviewed and/or revised by the Department of Health.

SIGNED ON BEHALF OF THE  
DEPARTMENT OF HEALTH



PERMANENT SECRETARY  
DATE: 11 September 2018

SIGNED ON BEHALF OF THE PHA



CHIEF EXECUTIVE  
DATE: 10 October 2018

## 1. INTRODUCTION

- 1.1. This Financial Memorandum sets out certain aspects of the financial framework within which the PHA is required to operate.
- 1.2. The terms and conditions set out in the combined Management Statement and Financial Memorandum (MSFM) may be supplemented by guidelines or directions issued by the Department/ Minister in respect of the exercise of any individual functions, powers or duties of the PHA.
- 1.3. The PHA should follow the standards, rules, guidance and advice in MPMNI and satisfy the conditions and requirements set out in the combined MSFM document, together with such other conditions as the Department/Minister may from time to time impose.

## 2. INCOME AND EXPENDITURE- GENERAL

### 2.1. The Departmental Expenditure Limit (DEL)

- 2.1.1. The PHA's current and capital expenditure form part of the Department's Resource DEL and Capital DEL respectively.

### 2.2. Expenditure not proposed in the budget / Delegated Limits

- 2.2.1. The PHA must not enter into any commitments or incur expenditure above pre-defined limits as set out in the delegated arrangements or which incur expenditure which is not provided for in the annual budget as approved by the Department. This reflects the general principles set out in MPMNI relating to the authority for expenditure, regularity, propriety and value for money which applies to all public expenditure.
- 2.2.2. The PHA shall not, without prior Departmental approval, enter into any undertaking to incur any expenditure outside its remit or which may be likely to bring either the PHA or the Department into disrepute.

### 2.3. Novel, Contentious or Repercussive Proposals

- 2.3.1. The PHA must obtain the approval of the Department of Health and the Department of Finance for any transactions which set precedents, are novel, potentially contentious or could cause repercussions elsewhere in the public sector. DoH and DoF approval must be obtained even where such transactions are within the PHA's delegated limits which appear to offer value for money. Examples include:
  - a. incurring expenditure for any purpose which is or might be considered novel or contentious, or which has or could have significant future cost implications, including staff benefits;
  - b. making any significant changes in the operation of funding of initiatives or particular schemes previously approved by the Department;
  - c. unusual financing transactions, especially those with lasting commitments; and
  - d. making any change of policy or practice which has wider financial implications (e.g. because it might prove repercussive among other public sector bodies) or which might significantly affect the future level of the resources required. The Department will advise on what constitutes 'significant' in this context.
- 2.3.2. The PHA must identify any factors that might set precedents or make expenditure novel, contentious or repercussive to the Department when submitting such proposals

for approval, whether capital, IT, Direct Award Contracts (DAC), consultancy, gifting etc. and irrespective of any existing delegations.

#### **2.4. Procurement**

- 2.4.1. The PHA's procurement policies shall reflect the public procurement policy adopted by the Northern Ireland Executive in May 2002 (refreshed May 2009); Procurement Guidance Notes and any other guidelines or guidance issued by DoH, Central Procurement Directorate (CPD) and the Procurement Board. The PHA shall also ensure that it complies with any relevant UK and EU or other international procurement rules.
- 2.4.2. In particular, the PHA shall reflect in its policies DoH and DoF Guidance on procurement which addresses the appropriate market testing and evidence retention that should take place for all levels of purchase, irrespective of value, as small expenditures may not require CoPE involvement, but nonetheless require a form of market testing.
- 2.4.3. Periodically and wherever practicable, the PHA's procurement policies shall be benchmarked against best practice elsewhere.
- 2.4.4. The PHA's procurement activity should be carried out by means of a Service Level Agreement (SLA) with a recognised and approved Centre of Procurement Expertise (CoPE). The relevant CoPEs are: the Business Services Organisation – Procurement and Logistics Service (BSO PaLS) for Goods and Services and Central Procurement Directorate – Health Projects (CPD HP) for Construction Works/Services. If another CoPE or equivalent is to be used for a specific project, this should be consented to in advance by either BSO PaLS or CPD HP depending on the subject matter.
- 2.4.5. The Accounting Officer may decide on the level of internal delegation required for approval of purchases subject to delegated limits set by DoH or DoF guidance, and subject to any additional SLA requirements regarding, or formal guidance on, lowest acceptable delegations given by the relevant CoPE.
- 2.4.6. Delegations for the approval of purchases should be formally recorded within the organisation's scheme of delegation.

#### **2.5. Competition**

- 2.5.1. Competition promotes economy, efficiency and effectiveness in public expenditure. Works, goods and services should be acquired through public competition unless there are convincing reasons to the contrary, and where appropriate should comply with EU and domestic advertising rules and policy. The form of competition chosen should be appropriate to the value and complexity of the goods or services to be acquired.
- 2.5.2. Contracts shall be placed on a competitive basis and tenders accepted from suppliers who provide best value for money overall.
- 2.5.3. Where a contract is awarded to an economic operator (i.e. supplier, contractor) without competition, this is referred to as a Direct Award Contract (DAC). In light of their exceptional nature, all DACs should be dealt with in accordance with the advice requirements and delegations set out in DoH and DoF guidance and in accordance with the SLA or any formal general guidance on direct awards given by the relevant CoPE (in addition to complying with any other applicable delegations not arising as a result of DAC status e.g. capital or IT delegations).

2.5.4. The PHA shall send to the Department on a bi-annual basis (or on such other basis as shall be required by DoH) a report of contracts above the current de minimis limit for procurement expenditure in which competitive tendering was not employed.

## 2.6. **Best Value for money**

2.6.1. Procurement of work, supplies and services by the PHA shall be based on best value for money. This is defined as the most advantageous combination of costs, quality and sustainability to meet customer and PHA requirements. In this context, cost means consideration of the whole life cost; quality means meeting a specification which is fit for purpose and sufficient to meet the customer's requirements; and sustainability means economic, social and environmental benefits. It is not about minimising up front prices. Whether in conventional procurement, market testing, private finance or some other form of public private partnership, finding value for money involves an appropriate allocation of risk.

2.6.2. In accordance with MPMNI/Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE), where appropriate, a full options appraisal should be carried out before procurement decisions are taken.

## **Expenditure and Payments**

### 2.7. **Timeliness in paying bills**

2.7.1. The PHA shall collect receipts and pay all matured and properly authorised invoices in accordance with applicable terms, MPMNI and any guidance issued by the Department/ DoF.

### 2.8. **Payments in advance**

2.8.1. The PHA should control its commitments and expenditure to provide value for money. Payments made in advance of the delivery of a service are not value for money and should only be made in exceptional circumstances and require the approval of DoF. There are occasions where advance payments are acceptable and examples are listed in MPMNI.

### 2.9. **Deferred payments**

2.9.1. Any proposal for deferred payments is considered novel and contentious and must receive DoF approval.

### 2.10. **Risk Management**

2.10.1. The PHA shall ensure that it has systems in place for identifying and managing risk and that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of best practice in corporate governance, and shall develop a risk management strategy, in accordance with the Treasury guidance *The Management of Risk: Principles and Concepts (the Orange Book)* and MPMNI.

2.10.2. The PHA shall take proportionate and appropriate steps to assess the financial and economic standing of any organisation or other body with which it intends to enter into a contract or which it intends to give grant or grant-in-aid.

### 2.11. **Fraud**

2.11.1. The PHA shall adopt and implement policies and practices to safeguard itself against fraud, and ensure it has adequate controls to detect and deter fraud in accordance with MPMNI and Departmental and DoF guidance which includes DoF's *Managing the Risk of Fraud*. In line with this the PHA should develop a fraud policy statement and fraud response plan. This should be updated every 5 years and sent to Counter Fraud

and Probity Services at BSO for review. The PHA shall notify the Department of any subsequent changes to the policy or response plan.

- 2.11.2. The PHA should identify, and assess how it might be vulnerable to fraud (including bribery), and evaluate the possible impact and likelihood of each fraud risk. Fraud should be always considered as a risk in the risk register.
- 2.11.3. All cases of attempted, suspected or proven fraud shall be reported to the BSO who shall report it to DoF and the Comptroller and Auditor General (C&AG) (see section 4.8 in the Management Statement) as soon as they are discovered, irrespective of the amount involved.

## 2.12. **Wider markets**

- 2.12.1. In line with MPMNI the PHA shall seek to maximise receipts and seek out and implement wider market opportunities, provided that this is consistent with (a) the PHA's main functions and core objectives and (b) its corporate plan as agreed with the Department. All such proposals must be supported by a business case and subject to Departmental approval and DoF approval, where appropriate.
- 2.12.2. The PHA must ensure that services are priced fairly and competition law and the rules on state aid are considered. The PHA must not however acquire assets just for the purpose of engaging in, or extending, commercial activity. If the wider markets activity demands further investment to keep it viable, the PHA must ensure the activity is reappraised.

## 2.13. **State Aid**

- 2.13.1. Any funding favouring a particular company or sector or seen to distort competition could be subject to the EU rules and, in certain circumstances, require notification to the European Commission. Article 107(1) of the EU Treaty prohibits in principle any form of preferential government assistance – state aid - to commercial undertakings. The purpose is to prevent distortion of competition within the EU. When designing policies, the PHA should consider early whether state aids rules apply and seek advice from the Department.

## 2.14. **Fees and Charges**

- 2.14.1. Fees or charges for any services supplied by the PHA, including services provided between HSC bodies shall be determined in accordance with MPMNI and should be based on a full cost recovery basis. Where it is decided to charge less than full costs, this will require Ministerial and DoF approval and there should be an agreed plan to achieve full cost recovery within a reasonable period. If the subsidy is intended to last the decision should be documented and periodically reviewed.
- 2.14.2. All fees and charges should be disclosed in the annual accounts in line with MPMNI / FReM.

## 2.15. **Commercial services**

- 2.15.1. Charges for commercial services should be set at a commercial rate in line with market practice and reflect fair competition with private sector providers. The requirements of competition law and State Aid must be considered. Decisions to set rates at below market practice must have Ministerial and DoF approval.

## 2.16. **Shared services**

- 2.16.1. Active engagement should be undertaken with the BSO to continue improving, enhancing and extracting value from existing and new services with consideration to consolidating services through shared service provisioning.

2.16.2. The PHA should always use BSO in the first instance where it can provide the relevant service. Where it is not possible to avail of BSO services then Enterprise Shared Services (ESS) should be always be considered as a viable alternative and must appraised in the business case.

2.16.3. All charges should be at cost in accordance with fees and charges guidance in MPMNI.

## **THE PHA's INCOME**

### **3.1. Grant-in-Aid**

3.1.1. Grant-in-aid (GIA) will be paid to the PHA in regular instalments as agreed on the basis of a written application from the PHA showing evidence of need. The application shall certify that the conditions applying to the use of GIA have been observed to date and that further GIA is now required for purposes appropriate to the PHA's functions. The forecast GIA provided by the PHA and included in the Department's spring supplementary estimates cannot be exceeded.

3.1.2. Where GIA is drawn by a service provider party on behalf of the PHA, the PHA should seek assurances throughout the period about monies drawn on their behalf.

3.1.3. The PHA should have regard to the general guidance and principles enshrined in MPMNI that it should seek GIA according to need. GIA should not be drawn down in advance of need.

3.1.4. Cash balances during the year shall be held at the minimum consistent with the efficient operation of the functions of the PHA. GIA not drawn down by the end of the year shall lapse. However, where draw-down of GIA is delayed to avoid excess cash balances at year-end, the Department will make available in the next financial year (subject to approval by the Assembly of the relevant Estimates provision) any such GIA required to meet any liabilities at year end, such as creditors.

### **3.2. Fines and Taxes as Receipts**

3.2.1. Most fines and taxes (including levies and some licences) do not provide additional DEL spending power and should be surrendered to the Department.

### **3.3. Receipts from sale of goods or services**

3.3.1. Receipts from the sale of goods and services (including certain licences), rent of land and dividends normally provide additional spending power. If the PHA wishes to retain a receipt or utilise an increase in the level of receipts, it must gain the prior approval of the Department.

3.3.2. If there is any doubt about the correct classification of a receipt, the PHA shall consult the Department, which may consult DoF as necessary.

### **3.4. Interest earned**

3.4.1. Interest earned on cash balances cannot necessarily be retained by the PHA without Departmental approval. Depending on the budgeting treatment of this receipt, and its impact on the PHA's cash requirement, it may lead to commensurate reduction of GIA or be required to be surrendered to the NI Consolidated Fund via the Department.

### **3.5. Unforecast changes in in-year income**

3.5.1. If the negative DEL income realised or expected to be realised in-year is less than estimated, the PHA shall, unless otherwise agreed with the Department, ensure a

corresponding reduction in its gross expenditure so that the authorised provision is not exceeded. (NOTE: For example, if the PHA is allocated £100 resource DEL provision by the Department and expects to receive £10 of negative DEL income, it may plan to spend a total of £110. If income (on an accruals basis) turns out to be only £5, the PHA will need to reduce its expenditure to £105 to avoid breaching its budget. If the PHA still spends £110, the Department will need to find £5 of savings from elsewhere within its total DEL to offset this overspend).

- 3.5.2. If the negative DEL income realised, or expected to be realised, in the year is more than estimated, the PHA may apply to the Department to retain the excess income for specified additional expenditure within the current financial year without an offsetting reduction to GIA. The Department shall consider such applications, taking account of competing demands for resources, and will consult with DoF in relation to any significant amounts. If an application is refused, any GIA shall be commensurately reduced or the excess receipts shall be required to be surrendered to the NI Consolidated Fund via the Department.

### **3.6. Build-up and draw-down of deposits**

- 3.6.1. The PHA shall comply with the rules that any DEL expenditure financed by the draw-down of deposits counts within DEL. The PHA shall maintain and manage cash balances as working balances only. These shall be held at a minimum level throughout the year. Any interest earned on overnight deposits must be returned to the Department.

### **3.7. Proceeds from Disposal of Assets**

- 3.7.1. Disposals of land and buildings are dealt with in Section 6 below.

### **3.8. Gifts and Bequests received**

- 3.8.1. The PHA is free to retain any gifts, bequests or similar donations subject to paragraph 3.8.2. These shall be capitalised at fair value on receipt and must be notified to the Department.
- 3.8.2. Before accepting a gift, bequest or similar donation, the PHA shall consider if there are any costs associated in doing so or any conflicts of interest arising. The PHA shall not accept a gift, bequest or similar donation if there are conditions attached to its acceptance that would be inconsistent with the PHA's function.
- 3.8.3. The PHA must keep a register detailing gifts they have received, their estimated value and what happened to them (whether they were retained, disposed of, etc). The PHA should liaise with Department as to whether the gifts received need to be noted in annual report and accounts.
- 3.8.4. Donations, sponsorship or contributions, e.g. from developers should also be treated as gifts and should be treated in line with guidance in Managing Public Money NI on Gifts and accounted for in accordance with FReM requirements.

### **3.9. Other Receipts**

- 3.9.1. The PHA should ensure that effective control is maintained, and records kept, of receipts from other sources (e.g. provision of fire certificates, reports etc).

### **3.10. Borrowing**

- 3.10.1. Normally the PHA is not permitted to borrow funds. However if doing so, under exceptional circumstances, the PHA must observe the principles in MPMNI, seeking the approval of the Department and, where appropriate DoF, to ensure it has the

necessary authority and budget cover for borrowing or the expenditure to be financed for such borrowing.

#### **4. EXPENDITURE ON STAFF**

##### **4.1 Staff Costs**

4.1.1. Subject to its delegated limits of authority, the PHA will ensure that the creation of any new/additional posts does not incur future commitments which will exceed its ability to pay for them.

##### **4.2 Pay and Conditions of Service**

4.2.1. Employees of the PHA, whether on permanent or temporary contract, will be subject to levels of remuneration, and terms and conditions of service (including Superannuation) as agreed by the Department and DoF. Current terms and conditions for employees of the PHA are set out in the NHS Terms and conditions of Service Handbook.

4.2.2. Annual pay increases of the PHA staff must be in accordance with the annual Finance Director (FD) letter on Pay Remit Approval Process and Guidance issued by DoF. All proposed pay awards must be approved by the PHA Remuneration Committee and Board prior to submission to the Department for approval. All proposed pay awards must have prior approval of the Department and DoF Minister before implementation.

4.2.3. Payments shall be made to Board members in respect of travelling expenses, fees or other allowances in accordance with the relevant (Payment of Allowances to Members) Determination and Direction (Northern Ireland), which the Department may from time to time amend. The PHA shall ensure that a comprehensive set of guidelines on all expenditure on travel and subsistence is in place.

4.2.4. Recruitment exercises to fill vacant or new senior positions in the PHA should proceed only where there are exceptional circumstances which have been agreed by the Permanent Secretary of the Department in advance. This position will be kept under review by the Department.

4.2.5. Any change to the remuneration of Senior Executives must have prior approval of the Permanent Secretary of the Department and the DoF Minister.

##### **4.3. Pension Costs**

4.3.1. The PHA's staff shall be eligible to join the Health and Social Care (HSC) Pension Scheme.

4.3.2. Staff may opt out of the HSC Pension Scheme provided by the PHA. However, the employer's contribution to any personal pension arrangement, including a stakeholder pension, shall be limited to the national insurance rebate level.

4.3.3. Any proposal by the PHA to move from the existing pension arrangements, or to pay any redundancy, or compensation for loss of office, requires the approval of the Department and DoF. Proposals on severance payments must comply with MPMNI and any related DoF/ Departmental guidance.

#### **5. NON-STAFF EXPENDITURE**

##### **5.1. Economic Appraisal**



- 5.1.1. The PHA is required to apply the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending or saving public money, including European Union (EU) funds, and any other decisions or proposals that involve changes in the use of public resources. For example, appraisal must be applied irrespective of whether the relevant public expenditure or resources:
- involve capital or current spending, or both;
  - are large or small;
  - are above or below delegated limits.
- 5.1.2. All business cases must be approved internally in line with the scheme of delegation. Those Business cases above the delegated limits must be submitted for Departmental approval prior to any expenditure being committed. Business cases submitted to the Department for approval must be approved by the PHA's Board and signed off by its Accounting Officer.
- 5.1.3. All business cases for external consultancy, including those below delegated limits, must be submitted to the Department in advance of any expenditure. All business cases for Direct Award Contracts should be advised on by the CoPE and appropriately approved in advance of expenditure.
- 5.1.4. Delegations do not remove the need for appraisal or evaluation. All expenditure, including that below delegation limits, must be appraised and evaluated with effort that is proportionate to the resources involved, with due regard to the specific nature of the case. NIGEAE provides more detailed guidance on the application of appropriate and proportionate effort.
- 5.1.5. Business cases and appraisals should be prepared in accordance with the following guidance, using the pro forma templates or full business case as required:
- The Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE);
  - The HM Treasury Guide, The Green Book: Appraisal and Evaluation in Central Government;
  - Departmental circulars;
  - Business cases below delegated limits will be subject to an annual test drilling exercise by the Department and DoF.

## **5.2. Capital Expenditure**

- 5.2.1. Subject to being above an agreed capitalisation threshold, all expenditure on the acquisition or creation of fixed assets shall be capitalised on an accruals basis in accordance with relevant accounting standards.
- 5.2.2. Proposals for large scale capital projects or acquisitions will normally be considered within the PHA's corporate and business planning process. Applications for approval within the corporate/business plan by the Department, and DoF if necessary, shall be supported by formal notification that the proposed project or purchase has been examined and duly authorised by the Board. Regular reports on the progress of projects shall be submitted to the Department in accordance with current instructions.
- 5.2.3. Approval of the corporate/business plan does not obviate the PHA's responsibility to abide by the economic appraisal process.

## **5.3. Capital Projects**

- 5.3.1. The Accounting Officer or appropriate officer as notified to the Department may authorise capital or IT expenditure on discreet capital projects of up to the agreed

delegated limits. Capital or IT projects over this amount require the approval of the Department and where necessary DoF.

- 5.3.2. The principles of appraisal, evaluation and management apply equally to proposals supported by information communication technology (ICT) as to all other areas of public expenditure. The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.
- 5.3.3. Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of the Department and DoF.
- 5.3.4. Transfers of assets between government departments should generally be at full current market value; assets transferred under a transfer of functions order to implement a machinery of government change are generally made at no charge.

#### **5.4. Transfer of Funds within Budgets**

- 5.4.1. Unless financial provision is subject to specific Department or DoF controls (e.g. where provision is ring-fenced for specific purposes such as contractually committed projects) or delegated limits, transfers between budgets within the total capital budget, or between budgets within the total revenue budget, do not need Departmental approval. The one exception to this is that, due to HM Treasury controls, any movement into, or out, of depreciation and impairments within the resource budget will require Departmental and DoF approval. *[NOTE: Under resource budgeting rules, transfers from capital to resource budgets are not allowed.]*
- 5.4.2. Virement of funding from capital to resource budgets shall not be permitted without prior approval from the Department, DoF and the Executive.

#### **5.5. Lending, Guarantees, Indemnities; Contingent Liabilities; Letters of Comfort**

- 5.5.1. The PHA shall not, without the prior written consent of the Department (and, where necessary, DoF), lend money, charge any asset or security, give any guarantees or indemnities or letters of comfort, or incur any other contingent liability (as defined in Managing Public Money Northern Ireland), whether or not in a legally binding form.

#### **5.6. Grants or loans by the PHA**

- 5.6.1. Unless covered by a delegated authority, all proposals to make a loan to a third party, whether one-off or under a scheme, together with the terms and conditions under which such a loan is made, shall be subject to prior approval by the Department and, where necessary, DoF. If loans are to be made under a continuing scheme, statutory authority is likely to be required.
- 5.6.2. The terms and conditions of such grants or loans shall include the requirement on the recipient organisation to prepare accounts and to ensure that its books and records in relation to the grant or loan are readily available for inspection by the PHA, the Department and the Comptroller and Auditor General.

#### **5.7. Gifts Made**

- 5.7.1. Departmental / DoF approval is needed for all gifts above delegated limits. Those exceeding £250,000 (or subsequent updated limits) also require Estimate cover and to be notified to the Assembly. Gifts include transfers of assets or leases at below market value. Public money must not be used to provide for gifts to members of staff. This shall also apply to members of the Board. Gifts by management to staff are subject to the requirements of DAO (DoF) 05/03.

5.7.2. Gifts should be noted in the annual report and accounts in line with MPMNI and the latest FReM requirements.

### **5.8. Write-offs, Losses and Other Special Payments**

5.8.1. Proposals for write offs losses or other special payments including ex gratia and compensation payments outside the delegated limits must have the prior approval of the Department and where necessary DoF. Furthermore it is important to consult with the Department if payments are made, irrespective of delegations, which:

- involve important questions of principle;
- raise doubts about the effectiveness of existing systems;
- contain lessons which might be of wider interest;
- might create a precedent for other departments; or
- arise because of obscure or ambiguous instructions issued centrally.

5.8.2. Losses shall not be written off until all reasonable attempts to make a recovery have been made and have proved unsuccessful and there is no feasible alternative.

5.8.3. The PHA should always pursue recovery of overpayments, irrespective of how they came to be made.

5.8.4. Special payments should only be authorised after careful appraisal of the facts and when satisfied that the best course has been identified.

5.8.5. The PHA should ensure that full, justification is provided together with the necessary legal advice where appropriate and lessons learned clearly identified.

5.8.6. Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the appropriate officer as notified to the Department, for amounts below the delegated limit, and the Department, where appropriate.

5.8.7. Losses and special payments should be reported in the annual accounts in accordance with MPMNI and the latest FReM requirements.

### **5.9. Remedy**

5.9.1. The PHA should operate a clear accessible complaints process which should respond promptly and consistently and consider whether a remedy is appropriate in line with MPMNI.

### **5.10. Leasing**

5.10.1. Prior Departmental and DoF approval is required for all property and finance leases as delegated authority has been removed. The PHA must have DEL provision for finance leases and other transactions that are, in substance, a form of borrowing.

5.10.2. Before acquiring a new lease or continuing with an existing lease term, the PHA must, at expiry or break option dates, submit a proportionate business case at least 12 months before either the lease expiry date or landlord /tenant notice date whichever is earlier. The PHA must ensure that the lease demonstrates value for money and that this is appropriately demonstrated in the business case through analysis of options including leasing of alternative property assets and purchase.

5.10.3. Business cases must be submitted for Departmental approval in the first instance. The Department will then seek approval from DoF before expenditure is committed.

## **5.11. Public Private Partnerships**

- 5.11.1. The PHA should seek opportunities to enter into public/private partnerships where this would be more affordable and offer better value for money than conventional procurement.
- 5.11.2. All such proposals require Departmental / DoF approval. The PHA must consult with the Department when considering any proposal to enter into such arrangements. Procurement by private finance is only considered suitable for capital projects of £50million and above, because less capital intensive projects seldom justify the relatively high procurement and management costs involved. For instance, PFI solutions are not usually considered appropriate for Information Communication Technology (ICT) projects. Private finance should only be used after the rigorous scrutiny of all alternative procurement options, where:
- the use of private finance offers better value for money for the public sector compared with other forms of procurement; and
  - the public sector partner is able to predict the nature and level of its long term service requirements with a reasonable degree of certainty.
- 5.11.3. The PHA should ensure adherence to DoF guidance on value for money assessments of alternative procurement options.
- 5.11.4. The PHA should consult with the Department over the accounting and budgeting treatment for any private finance initiative. Where judgement over the level of control is difficult, the Department will consult DoF (who may need to consult with the Office of National Statistics over national accounts treatment).

## **5.12. Subsidiary Companies and Joint Ventures**

- 5.12.1. The PHA shall not establish subsidiary companies or joint ventures without the express approval of the Department and DoF. In judging such proposals, the Department will have regard to its own wider strategic aims, objectives and those of the Government.
- 5.12.2. For public expenditure accounts purposes, any subsidiary company or joint venture controlled or owned by the PHA shall be consolidated with it in accordance with guidance in the FReM, subject to any particular treatment required by the FReM. Where the judgement over the level of control is difficult, the Department will consult DoF (who may need to consult with the Office of National Statistics over national accounts treatment). Unless specifically agreed with the Department and DoF, such subsidiary companies or joint ventures shall be subject to the controls and requirements set out in this MSFM and to the further provisions set out in supporting documentation.

## **5.13. Financial Investments**

- 5.13.1. The PHA shall not make any financial investment without the prior written approval of the sponsor Department and, where appropriate, DoF, nor should it build up cash balances or net assets in excess of what is required for operational purposes. Funds held in bank accounts or as financial investments may be a factor for consideration when grant-in-aid is determined. Equity shares in ventures which further the objectives of the PHA shall equally be subject to Departmental and DoF approval unless covered by a specific delegation.

## **5.14. Unconventional Financing**

- 5.14.1. The PHA shall not enter into any unconventional financing arrangement without the approval of the Department and DoF. If the PHA is using a new or non-standard technique, it should ensure that it has the competence to manage, control and track its

use and any resulting financial exposures, which may vary with time. In particular, the PHA should consult the Department before using derivatives for the first time. The PHA must evaluate any such financing techniques carefully, especially to assess value for money and any proposal must be assessed in line with MPMNI chapter on funding.

#### **5.15. Commercial Insurance**

5.15.1. The PHA shall not take out any insurance without the prior approval of the Department and DoF, other than third party insurance required by the Road Traffic (NI) Order 1981 (as amended) and any other insurance which is a statutory obligation or which is permitted in Managing Public Money Northern Ireland. Decisions on whether to buy insurance should be based on objective cost-benefit analysis, using guidance in the *Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE)* (supported by additional DoF guidance).

5.15.2. In the case of a major loss or third-party claim, the Department shall liaise with the PHA about the circumstances in which an appropriate addition to budget out of the Department's funds and/or adjustment to the PHA's targets shall be considered. The Department will liaise with DoF Supply where required in such cases.

#### **5.16 Employers Liability**

5.16.1 The PHA is listed in exemption Regulations made by the Department of Enterprise, Trade and Investment (now the Department for the Economy), under the Employer's Liability (Compulsory Insurance) (Amendment) Regulations (Northern Ireland) 2009, and therefore is not required to insure against liability for personal injury suffered by its employees.

#### **5.17. Payment/Credit Cards**

5.17.1. The PHA, in consultation with the Department, shall ensure that procedures on the issue of payment cards (including credit cards) are in place. No payment/credit cards should be issued without the prior written approval of the PHA's Accounting Officer.

#### **5.18. Hospitality**

5.18.1. The PHA shall ensure that a comprehensive set of guidelines on the provision of hospitality is in place. Reference should be made to Departmental guidance.

#### **5.19. Use of consultants**

5.19.1. The PHA must notify the Department of any occasion when it intends to use consultants, for what purpose, and submit consultancy business case in advance of any expenditure being committed. Prior Departmental/ DoF approval must be sought in line with current delegated limits. The PHA shall also comply with current Departmental and DoF guidance on the Use of Consultants.

5.19.2. The PHA will provide the Department with a quarterly statement on the status of all consultancies completed and/or started in each financial year.

5.19.3. Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

### **6. MANAGEMENT AND DISPOSAL OF ASSETS**

#### **6.1. Asset Management Strategy**

6.1.1. Each public sector organisation is expected to develop and operate an asset management strategy underpinned by a reliable and up to date asset register which should be reviewed annually by the PHA's Accounting Officer as part of the corporate planning process.

6.1.2. The PHA must ensure effective use, maintenance, acquisition and disposal of the public sector assets under its control.

6.1.3. The PHA shall keep an up to date asset register of all the capital assets it owns and uses.

## **6.2. Asset transfer between public bodies**

6.2.1. Public sector organisations may transfer property among themselves without placing the asset on the open market, provided they do so at market prices and in appropriate circumstances and this is accounted for in compliance with MPMNI and FReM.

## **6.3. Machinery of Government changes**

6.3.1. Some assets transfer due to machinery of government changes. The relevant legislation (Transfer Order) should prescribe the terms of any such transfer.

6.3.2. The PHA should maintain information asset registers as part of their asset management strategy.

## **6.4. Register of Assets**

6.4.1. The PHA shall maintain an accurate and up to date register of fixed assets.

## **6.5. Disposal of Assets**

6.5.1. The PHA shall dispose of those assets that are surplus to its requirements in compliance with current policy. Assets should be sold for best price, as advised by Land & Property Services. Assets shall be sold by auction or competitive tender as advised by Land & Property Services (unless otherwise agreed by the Department) and in accordance with the principles of MPMNI provided that the PHA is satisfied that the articles are spent, redundant or surplus to requirements.

6.5.2. Other than at a public auction, no article shall pass into the possession of any member of staff of the PHA or member of the Board without approval of the Department.

6.5.3. All receipts derived from the sale of assets (including grant financed assets, see below) must be declared to the Department, which will consult with DoF on the appropriate treatment.

## **6.6. Recovery of Grant – Financed Assets**

6.6.1. Where the PHA has financed expenditure on capital assets by third parties, the PHA shall set conditions and make appropriate arrangements to ensure that assets are not disposed of without the PHA's prior consent.

6.6.2. The PHA shall ensure that any grants to third parties for the acquisition of assets should normally include a clawback condition under which they can recoup the proceeds if the recipient of the grant later sells the asset.

6.6.3. The PHA shall ensure that, if the assets created by grants made by the Board cease to be used by the recipient of the grant for the intended purpose, a proper proportion of the value of the asset shall be repaid to the PHA for surrender to the Department. The amount recoverable shall be calculated by reference to the best possible value of the asset and in proportion to the NI Consolidated Fund's original investment(s) in the asset.

## **7. BUDGETING PROCEDURES**

## **7.1. Setting the Annual Budget**

- 7.1.1. Each year, in the light of decisions by the Department on the PHA's updated draft corporate plan, the Department will send to the PHA:
- a formal statement of the annual budgetary provision allocated by the Department in the light of competing priorities across the Department and of any forecast income approved by the Department; and
  - a statement of any planned change in policies affecting the PHA.
- 7.1.2. The PHA approved annual business plan will take account both of its approved funding provision and any forecast receipts, and will include a budget of estimated payments and receipts together with a profile of expected expenditure and of draw-down of any Departmental funding and/or other income over the year. These elements will form part of the approved business plan for the year in question (Section 4.2 of the Management Statement).
- 7.1.3. Any Grant-in-Aid provided by the Department for the year in question will be voted in the Department's Estimate and will be subject to Assembly control.

## **7.2. General Conditions for the Authority to Spend**

- 7.2.1. Once the PHA's budget has been approved by the Department (and subject to any restrictions imposed by Statute/the Minister/this MSFM or any other circulars, directives, and best practice guidance that may issue from, or by way of, the Department), the PHA shall have authority to incur expenditure approved in the budget without further reference to the Department, on the following conditions:
- The PHA shall comply with the delegations issued by the Department in HSC(F) 52-2016 (Appendix 1) or subsequent revisions). These delegations shall not be altered without the prior agreement of the Department and DoF;
  - The PHA shall comply with the conditions set out in paragraph 2.3 above regarding novel, contentious or repercussive proposals;
  - Inclusion of any planned and approved expenditure in the PHA's budget shall not remove the need to seek formal Departmental (and, where necessary, DoF) approval where such proposed expenditure is above the delegated limits, or is for new schemes not previously agreed;
  - The PHA shall provide the Department with such information about its operations, performance, individual projects or other expenditure as the Department may reasonably require (see paragraph 7.3 below); and
  - The PHA shall comply with NI Procurement Policy and carry out procurement via a recognised and approved CoPE.

## **7.3. Providing Monitoring Information to the Department**

- 7.3.1. The PHA shall provide the Department with information on a regular basis which will enable the satisfactory monitoring by the Department of:
- The PHA's cash management;
  - its draw-down of any grant-in-aid;
  - the expenditure for that month;
  - forecast outturn by resource headings; and
  - other data required for the DoF Outturn and Forecast Outturn Return.

Other information requirements are listed at **Appendix 2**.

## **8. BANKING**

### **8.1. Banking Arrangements**

- 8.1.1. The PHA's Accounting Officer is responsible for ensuring that the PHA's banking arrangements are in accordance with the requirements of Chapter 5 of *MPMNI*. In particular, the Accounting Officer shall ensure that the arrangements safeguard public funds and that their implementation ensures efficiency, economy and effectiveness. This responsibility remains even with the current banking pool arrangements. Accounting Officers are responsible for the credit risk to which public funds are exposed when held in commercial banks. It is important that they manage this risk actively, so that it is kept to a minimum. This means using the most efficient and cost effective money transmission methods and securing the best terms possible from banks. The PHA should seek the advice of the Department before opening new bank accounts.
- 8.1.2. The PHA's Accounting Officer shall therefore ensure that:
- these arrangements are suitably structured and represent value-for-money, and are reviewed at least every two years, with a comprehensive review, usually leading to competitive tendering, at least every three to five years;
  - sufficient information about banking arrangements is supplied to the Department's Accounting Officer to enable the latter to satisfy his/her own responsibilities;
  - The PHA's banking arrangements shall be kept separate and distinct from those of any other person or organisation; and
  - adequate records are maintained of payments and receipts and adequate facilities are available for the secure storage of cash.

## **9. COMPLIANCE WITH INSTRUCTIONS AND GUIDANCE**

### **9.1. Relevant Documents**

- 9.1.1. The PHA shall comply with the following general guidance documents:
- This document (both the *Financial Memorandum* and the *Management Statement*);
  - *Managing Public Money Northern Ireland (MPMNI)*;
  - *Public Bodies - a Guide for NI Departments* issued by DoF;
  - *Government Internal Audit Standards*, issued by DoF;
  - *Managing the Risk of Fraud* issued by DoF;
  - *The Government Financial Reporting Manual (FReM)* (Treasury document) issued by DoF;
  - Relevant DoF Dear Accounting Officer and Finance Director letters;
  - Relevant Dear Consolidation Officer and Dear Consolidation Manager letters issued by DoF;
  - *Regularity, Propriety and Value for Money*, issued by Treasury;
  - The Consolidation Officer Letter of Appointment, issued by DoF;
  - *PFI - Working Together in Financing our Future: Policy Framework for Public Private Partnerships in Northern Ireland* available at: <http://webarchive.proni.gov.uk/20141007005953/http://www.ofmdfmni.gov.uk/maindoc.pdf>.
  - Other relevant instructions and guidance issued by the central Departments (DoF/The Executive Office (TEO)) including Procurement Board and CPD guidance;
  - Specific instructions and guidance issued by the Department;
  - Recommendations made by the Public Accounts Committee, or by other Assembly/Parliamentary authority, which have been accepted by the Government and which are relevant to the PHA.

## **10. REVIEW OF FINANCIAL MEMORANDUM**



- 10.1. This Financial Memorandum will normally be formally reviewed every five years, or following a review of the PHA's functions as provided for in the Management Statement.
- 10.2. The Department of Finance will be consulted on any significant variation proposed to the Management Statement and Financial Memorandum.

## APPENDIX 1

### HSC(F) 52-2016 Revised HSC & NIFRS Delegated Limits and requirements for Departmental / DoF approval

1. DoF has updated some of the delegated limits per (DAO (DPF) 06/12) providing guidance on the revised arrangements for Departmental delegations, following the restructuring of the new nine Departments, and the associated requirements for DoF approval. The revised DAO can be found at: [https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/daodfp0612\\_revised%20280716\\_0.pdf](https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/daodfp0612_revised%20280716_0.pdf). The principles of DAO (DPF) 06/12 still remain and reminds organisations of the guidance contained in MPMNI relating to the authority for expenditure, regularity, propriety and value for money and the requirement to ensure that the principles of appraisals are applied when expending resources. The relevant extracts are included at **Annex A**.
2. This circular sets out the delegations between DoH and Health and Social Care bodies and NIFRS and conveys delegated authority to commit and incur expenditure subject to the restrictions set out at **Table A** below and per **Annex B and Annex C**.
3. The main changes to delegated limits are:
  - Capital Projects
    - DoH delegated limit excluding hospital schemes has increased from £1m to £2m
    - Trusts delegated limit, excluding hospital schemes, has increased from £500k to £1.5m
    - New delegated limit introduced for PHA lead Research and development of £1.5m
    - Trusts delegated limit for hospital schemes has also increased from £500k to £1.5m
  - Gifts has increased from £100 to £250 for all bodies;
  - Ex-Gratia Financial Remedy Payments (i.e.those made to complainants through an organisation's internal complaints procedures/processes increased from £250 to £500;
  - Overpayments - Foregoing the recoupment of overpayments of pay, pensions and allowances ; Pensions from £500 to £1,000;
  - Clinical negligence – delegated limit increased from £500k to £1m;
  - Delegated limit for all leases for Office / warehouse / storage accommodation is nil for all bodies;
  - DoH Delegated limit for EU Peace IV and In VA Programmes has increased from £2m to £5m. Delegated limits for all bodies remains NIL.
4. The table below summarises the main financial delegated limits where the Department has given delegated authority to HSC and NIFRS to spend within those limits. This must be read in conjunction with **Annex B and Annex C which contains a full list of delegations for which HSC bodies and NIFRS have NO delegated authority other than those listed below**.

5. All proposed expenditure which is set to exceed the HSC/NIFRS delegated limit must receive the appropriate prior approval before commitment to spend.

**TABLE A**

| <b>Area of Delegation</b>  | <b>HSC/NIFRS Delegated Limit</b>   | <b>DoH Delegated Limit</b> |
|--|--|----------------------------|
| Use of External Consultants  | HSC Bodies - £10,000<br>NIFRS - £10,000  | £75,000                    |
| Capital Expenditure (excluding hospital schemes)   | HSC Board & Trusts - £1,500,000<br>BSO £250,000  | £2,000,000                 |
|  | PHA - £50,000  |                            |
|  | PHA R&D - £1,500,000   |                            |
|  | NIBTS - £200,000   |                            |
|  | Other HSC Bodies - £10,000   |                            |
|  | NIFRS - £250,000   |                            |
| Hospital Schemes – New Build, Extension, Refurbishment and Equipment involving capital expenditure   | HSC Board & Trusts - £1,500,000<br>BSO - £250,000<br>PHA - £50,000<br>NIBTS - £200,000<br>Other HSC Bodies - £10,000 | £5,000,000                 |
| IT Projects  | HSC Board; Trusts; BSO; PHA; £250,000  | £1,000,000                 |
|  | NIBTS - £200,000   |                            |
|  | NIMDTA - £20,000   |                            |
|  | Other HSC Bodies - £10,000<br>NIFRS - £250,000   |                            |
| Gifts  | £250   | £250                       |
| Losses – write off of cash losses and cash equivalents, bookkeeping losses, exchange rate fluctuations, fruitless payments and constructive losses, property in stores or in use due to any deliberate act   | HSC Bodies £10,000<br>NIFRS - £1,000   | n/a*                       |
| Losses -. The write off of losses relating to pay, allowances, superannuation benefits, social security benefits, grants, subsidies and the failure to make adequate charges for use of public property or services and loans - as per guidance in MPMNI | All HSC Bodies and NIFRS - Nil**   | Nil**                      |
| Losses - Waived of Abandoned claims  | HSC Bodies £10,000<br>NIFRS - £1,000   | £100,000                   |
| Special payments / Ex-Gratia Payments  | All HSC Bodies - £10,000<br>NIFRS - £1,000   | £100,000                   |
| Overpayments - Foregoing the recoupment of overpayments of pay,  | All HSC Bodies and NIFRS - £1,000 (pay & allowances )  | £20,000                    |

| Area of Delegation  | HSC/NIFRS Delegated Limit                                     | DoH Delegated Limit               |
|---|---|-----------------------------------|
| pensions and allowances   | £1,000 ( pensions)  |                                   |
| Overpayments - Foregoing the recoupment of overpayments of grants   | All HSC Bodies and NIFRS - Nil**                              | Nil**                             |
| Special severance payments  | All HSC Bodies and NIFRS - Nil**                              | Nil**                             |
| Ex-Gratia Financial Remedy Payments (i.e..those made to complainants through an organisation's internal complaints procedures/processes)  | All HSC Bodies and NIFRS - £500                               | £500                              |
| Ex-Gratia Payments to be made as a result of a recommendation from the NI Public Services Ombudsman   | All HSC Bodies - £10,000<br>NIFRS - £1,000                    | £50,000                           |
| Compensation payments for Clinical Negligence (to include interim payments if overall settlement is expected to exceed delegated limits)<br>To include agreement of Periodic Payment Orders ( PPOs) | HSC Bodies £1.000,000<br>NIFRS n/a                            | £2,000,000                        |
| Compensation payments following legal advice (This would include all personal injury and public liability claims)   | HSC Bodies - £25,000<br>NIFRS - £1,000                        | £100,000                          |
| Compensation payments without legal advice  | All HSC Bodies and NIFRS - Nil                                | £10,000                           |
| Extra-Statutory and Extra-Regulatory payments   | All HSC Bodies and NIFRS - Nil                                | £100,000                          |
| Confidentiality Agreements  | Nil   | Nil                               |
| Grants:<br>Revenue<br>Capital   | All HSC Bodies and NIFRS<br>£500k per annum<br>£200k in total | £500k per annum<br>£200k in total |
| Leases for office accommodation/<br>warehousing / storage   | All HSC Bodies and NIFRS<br>Nil                               | Nil                               |
| Pay remits  | All HSC Bodies and NIFRS<br>Nil                               | Nil                               |
| Revenue Business cases  | NIFRS - £250,000<br>All other HSC Bodies – fully delegated    | Nil                               |

\* DoH has full delegated authority

\*\* Prior DoH and DoF approval required in all cases

6. It is mandatory for HSC bodies and NIFRS to obtain prior Departmental approval for expenditure above those limits outlined above and per Annex B & C attached. Failure to obtain the required DoF approvals will result in regularity and propriety issues. Any expenditure which falls outside a Department's delegated authority and which has not been approved by DoF is deemed irregular and could result in qualified accounts and investigation by PAC.
7. Where expenditure proposals exceed the Department's delegated limits, DoF Supply will act as the approving authority.

8. All expenditure which is novel, contentious, repercussive or which could set a potentially expensive precedent, irrespective of size, even if it appears to offer value for money taken in isolation **must** have Departmental and DoF approval before expenditure is committed.

#### **Further Guidance**

9. For further details on these categories of expenditure, including approvals procedures, HSC Bodies and NIFRS should refer to Managing Public Money Northern Ireland<sup>3</sup> and NIGEAE<sup>4</sup>, as well as current Departmental finance guidance on:
  - The use of professional services (including consultants)
  - Losses and special payments
  - Claims handling (including clinical negligence and personal injury litigation)
  - Fraud
  - Capital

#### **Process for approval of expenditure**

10. Any payments / expenditure that require Departmental approval must be submitted through Financial Policy and Accountability Unit, who will act as a single point of contact through whom all liaison with DoF on significant financial matters, including approvals, should be conducted. This is to ensure that appropriate Departmental approvals have been obtained and that regularity, propriety and VFM have been adhered to.
11. It has been agreed that the Infrastructure Investment Director will be the contact point for all such submissions concerning capital.

Should you have any queries please contact the following.

**Charles Barnett 02890 522254**  
**Sharon Allen (Capital) 02890 523169**

#### **Action Required**

12. HSC Bodies and NIFRS to note the requirements to obtain prior Departmental approval before committing expenditure outside the delegations conveyed by this letter. This circular should therefore be circulated as appropriate throughout your organisation, and schemes of delegation revised and updated accordingly.

Yours sincerely

**PAULA SHEARER**  
**Financial Policy, Accountability and Counter Fraud Unit**

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<sup>3</sup> <https://www.finance-ni.gov.uk/articles/managing-public-money-ni-mpmni>

<sup>4</sup> <https://www.finance-ni.gov.uk/topics/finance/northern-ireland-guide-expenditure-appraisal-and-evaluation-nigeae>

**Extract from revised DAO (DFP) 06/2012*****Expenditure Appraisal and Evaluation***

1. FD(DFP) 20/09 draws departments' attention to the Northern Ireland Guide to
  - a. Expenditure Appraisal and Evaluation (NIGEAE), which contains DoF's core guidance on the appraisal, evaluation, approval and management of policies, programmes and projects. The principles of appraisal should be applied, with proportionate effort, to every proposal for spending or saving public money, or proportionate changes in the use of public sector resources. For example, appraisal must be applied irrespective of whether the relevant public expenditure or resources:
    - b. involve capital or current spending, or both;
    - c. are large or small;
    - d. are above or below delegated limits.
2. Appraisal is a systematic process for examining alternative uses of resources. It is designed to assist in defining problems and finding the solutions which offer the best value for money. It is a way of thinking expenditure proposals through, right from the emergence of the need for a project through its implementation, to post-project evaluation. It is the established vehicle for planning and approving projects and other expenditures. Good appraisal leads to better decisions and use of resources. It facilitates good project management and project evaluation. Appraisal is not optional; it is an essential part of good financial management, which is vital to decision-making and crucial to accountability. But it must also be proportionate.
3. It is important to begin applying appraisal early in the gestation of any proposal which has expenditure or resource implications. The justification for incurring any expenditure at all should be considered. Appraisal should be applied from the emergence of a need right through to the recommendation of the most cost-effective course of action. It should not be regarded merely as the means to refine the details of a predetermined option.
4. It should be noted that delegations do not remove the need for appraisal or evaluation. All expenditure, including that below delegation limits, must be appraised and evaluated with effort that is proportionate to the resources involved, with due regard to the specific nature of the case. NIGEAE provides more detailed guidance on the application of appropriate and proportionate effort.

***Implementation of delegated authority***

5. This DAO restates a number of working arrangements which are intended to facilitate the efficient implementation of delegated authority and the achievement of accountability and value for money. They are part of the internal controls of a department and should facilitate an Accounting Officer in signing the Governance Statement.

***Management Arrangements***

6. Departments should nominate a senior official, preferably the Departmental Finance Director, to assist in the discharge of all aspects of the delegation arrangements within the department. This official should act as a single point of contact through whom all liaison with DoF on significant financial matters, including approvals, should be conducted, unless alternative arrangements are agreed with DoF. Departments should inform DoF of the name and job title of this point of contact and notify DoF of any subsequent change.

7. Expenditure above delegated limits generally requires specific DoF approval. The normal procedure for seeking DoF approval is to submit a suitable business case to the appropriate DoF Supply Division in accordance with the guidance in NIGEAE.
8. All cases presented to DoF for approval must confirm that the department is content with the regularity, propriety and value for money of the project and the project has the necessary approvals within the departmental Accounting Officer's delegated arrangements. Where it is clear to DoF that a case has been submitted without proper departmental approval procedures being followed, the case will be returned without consideration.
9. It should be noted that where DoF approval is required, expenditure should not be committed until DoF approval has been granted. Where DoF's approval has not been sought, DoF will not generally grant retrospective approval where the relevant expenditure has already been committed or the works have commenced.
10. The practice of consulting DoF informally during the course of development of a project is strongly encouraged, particularly where the project is deemed to be complicated, novel or contentious. However, such informed consultation does not remove the need for a department to formally submit the project for DoF approval if that is required. DoF will not confirm its formal view of any proposal unless the department has provided confirmation of its Accounting Officer's view (under the responsibility of the Accounting Officer) on the regularity, propriety and value for money of the relevant proposed expenditure.

#### **Appraisals and Post Project Evaluations**

11. All departments should ensure that their operating procedures and guidance on conducting economic appraisals comply with NIGEAE, are recorded in a Finance Manual, that this Manual is kept updated regularly, and that those who are involved in the economic appraisal process have access to it.
12. The Departmental Finance Director should ensure that commensurate Post Project Evaluations (PPEs) are completed in accordance with the principles set out in NIGEAE that lessons learnt are shared within the department (and, where appropriate, with other departments). A copy of the PPE should be forwarded to DoF Supply if it formed a condition of the approval. Departmental Finance Manuals should ensure that appropriate procedures are established for PPEs.

#### **Review of Processes**

13. Each department should carry out an annual review (independent of the spending areas) of the processes in relation to the appraisal of cases and PPEs that fall within its delegated limits, to ensure that the proper processes are being followed and the delegation limits set out in this DAO adhered to. If a department has evidence-based confidence in its internal controls, it may decide to implement a cycle of reviews, taking a different part of the department each year.

#### **Review of Economic Appraisals/PPEs**

14. In addition to the annual review of processes described at (viii) above, departments should conduct ad hoc 'test drilling' of economic appraisals and PPEs that fall (a) within their delegated limits and (b) within the delegated limits given to their sponsored bodies, to ensure that the appropriate appraisal standards have been applied in accordance with NIGEAE guidance and that decisions have been taken on a proper basis. The review should be undertaken independent of the spending area. A department may undertake a cycle of reviews concentrating on the higher risk areas. A report of the findings of the examination of individual cases should be provided by departments to the Departmental Accounting Officer and to DoF Supply on an annual basis, by 30 June each year. This

should provide further assurance to the Departmental Accounting Officer in signing off the Annual Governance Statement.

15. Departments should submit to DoF Supply a list of all appraisals above the level agreed with their Supply Officer. Supply may request a sample of those cases for review, to confirm the effectiveness of departments' control systems (in line with the criteria in MPMNI A.2.3.8). Any necessary corrective action identified should be implemented within an agreed timescale.

## AREAS REQUIRING DoF APPROVAL FOR ALL DEPARTMENTS

|   | Details  | Reference  |
|---|--|--|
| <b>Where DoF approval (in writing) is required:</b> |  |  |
| <b>Use of Resources</b>                             |  |  |
| 1   | Public statements which might imply a willingness on the part of the Executive to commit resources or incur expenditure beyond agreed levels   | MPMNI Box A.2.3.A                                  |
| 2   | Guarantees, indemnities or general statements/ letters of comfort which could create a contingent liability  | MPMNI Box A.2.3.A                                  |
| 3   | All expenditure which is novel, contentious, repercussive or which could set a potentially expensive precedent, irrespective of size, even if it appears to offer value for money taken in isolation   | MPMNI Box A.2.3.A<br>Box 2.3                       |
| 4   | Expenditure that could create pressures which could lead to a breach of: <ul style="list-style-type: none"> <li>1. Departmental Expenditure Limits (DELs);</li> <li>2. resource limits or capital limits; or</li> <li>3. Estimates provision.</li> </ul> | MPMNI Box A.2.3.B                                  |
| 5   | Expenditure that would entail contractual commitments to significant levels of spending in future years for which plans have not been set  | MPMNI Box A.2.3.B                                  |
| 6   | Legislation with financial implications as per guidance in MPMNI   | MPMNI A.2.2.1                                      |
| 7   | New services under the sole authority of the Budget Act  | MPMNI A.2.5.15                                     |
| 8   | Loans – on borrowing from the Northern Ireland Consolidated Fund for Contingencies   | MPMNI A.2.5.9<br>MPMNI A.2.5.11                    |
| <b>Accounting Officers</b>                          |  |  |
| 9   | Appointment of the permanent head of each central government department to be its Accounting Officer   | MPMNI 3.2.1  |
| 10  | Appointment of an Accounting Officer for a Trading Fund (TF)   | Financial Provisions NI Order 1993 and MPMNI 3.2.2 |
| <b>Internal Management</b>                          |  |  |
| 11  | Gifts – Giving any individual gift in excess of £250. <b>Refer to Table A for HSC and NIFRS Delegation</b>   | MPMNI A.4.12.3                                     |
| 12  | Insurance – Decision to purchase commercial insurance.   | MPMNI 4.4.1 – 4.4.2                                |



|                | Details  | Reference   |
|----------------|--|---|
| 13             | Losses – The write off of losses relating to pay, allowances, superannuation benefits, social security benefits, grants, subsidies and the failure to make adequate charges for use of public property or services and loans - as per guidance in MPMNI - <b>Refer to Table A for HSC and NIFRS Delegation</b> | MPMNI Annex A.4                                   |
| 14             | Losses - Waived or Abandoned claims above £100,000 and Special payments e.g. ex gratia over £100,000. To include the foregoing the recoupment of overpayments of pay, pensions and allowances over £20,000 and the recoupment of overpayments of grants. <b>Refer to Table A for HSC and NIFRS Delegation</b>  | MPMNI A.4.10.2 &<br>Box A.4.10.A<br>MPMNI A.4.11  |
| 15             | Payments – Advance payments excluding those allowed under the guidance in MPMNI  | MPMNI A.4.6.5                                     |
| 16             | Payments – Deferred payments excluding those allowed under the guidance in MPMNI   | MPMNI A.4.6.9                                     |
| 17             | Payments - Special severance payments - <b>Refer to Table A for HSC and NIFRS Delegation</b>   | MPMNI A.4.13.9                                    |
| 18             | Payments – Financial Remedy Payments over £500 (ie payments made to complainants through an organisations internal complaints procedures/processes) and payments over £50,000 to be made as a result of a recommendation from the Northern Ireland Public Services Ombudsman                                   | MPMNI A.4.14.8                                    |
| <b>Funding</b> |  |   |
| 19             | Banking – Proposals to open an account outside the pool or any proposed changes to Banking Pool arrangements   | MPMNI 5.8.2<br>MPMNI A.5.7.3<br>MPMNI Box A.5.7.B |
| 20             | Banking – Requests for indemnities that commercial banks may seek to replace their normal arrangements   | MPMNI Box A.5.7B                                  |
| 21             | Borrowing from the Private Sector for all Arms Length Bodies (ALBs)  | MPMNI 5.7.1                                       |
| 22             | Borrowing on terms more costly than those usually available to government  | MPMNI A.5.6.11                                    |
| 23             | Borrowing – foreign borrowing  | MPMNI A.5.6.12                                    |
| 24             | Foreign Currency - Any proposals to negotiate contracts in foreign currencies other than the euro, yen or US dollar  | MPMNI A.5.7.13                                    |
| 25             | Income - Use of income and cash by departments to meet expenditure needs if there is no specific legislation   | MPMNI A.5.3.1<br>MPMNI A.5.3.5                    |
| 26             | Income & Receipts - Increases to the amount that can be treated as an accruing resource  | MPMNI A.5.3.8<br>MPMNI A.5.3.9                    |

|                                 | Details   | Reference  |
|---------------------------------|---|--|
|                                 | during a financial year in order to finance a comparable increase in expenditure as per in-year monitoring/budgeting guidance                     |  |
| 27                              | Liabilities – Departments seeking statutory authority to accept liabilities   | MPMNI A.5.5.5  |
| 28                              | Liabilities – Assuming statutory liabilities including the liabilities of any sponsored bodies in excess of £1 million for any single transaction | MPMNI A.5.5.14   |
| 29                              | Liabilities – Reporting non-statutory, where required, to the Assembly  | MPMNI A.5.5.23   |
| 30                              | Liabilities – Reporting a contingent liability in confidence by writing to the Chair of the PAC   | MPMNI A.5.5.28   |
| 31                              | Liabilities – Departments should consult DoF about reporting a liability during recess and outside Assembly sessions during a dissolution         | MPMNI A.5.5.30<br>MPMNI A.5.5.34   |
| 32                              | Loans – proposals to make voted loans and premature repayment   | MPMNI 5.6.1<br>MPMNI A.5.6.2   |
| <b>Fees, Charges and Levies</b> |   |  |
| 33                              | Charges - Primary legislation to empower charging   | MPMNI 6.2.1  |
| 34                              | Charges - Restructuring charges using the Fees and Charges (NI) Order 1988 No. 929 (N.I.8) in line with guidance in MPMNI                         | MPMNI Box 6.2  |
| 35                              | Charges - Public sector supplier moving away from full cost charging  | MPMNI A.6.4.8  |
| 36                              | Interdepartmental Transactions – where the transaction may require legislative procedures or where DoF agreement is required under statute        | MPMNI A.6.6.3  |
| <b>Working with Others</b>      |   |  |
| 37                              | Agency framework documents and the methods of financing an agency   | MPMNI 7.4.2 & Box 7.2  |
| 38                              | All Management Statements and Financial Memorandums (MSFM) or other relationship documents  | MPMNI 7.7.6  |
| 39                              | The establishment or termination of an NDPB   | Public Bodies: A Guide for NI Departments  |
| 40                              | The establishment and operation of a Trading Fund including sources of capital  | Financial Provisions NI Order 1993 and MPMNI A.6.6.3, MPMNI 7.5.2, 7.5.4 & Box 7.3 |
| 41                              | Provision of funding by way of an Endowment Fund  | A.5.1.10   |
| 42                              | Grants to Councils under the Local Government (Finance) Act (NI) 2011   | Local Government (Finance) Act (NI) 2011   |
| <b>Other Delegations</b>        |   |  |
| 43                              | Wider market projects where the full annual cost or aggregated annual income from such  | MPMNI A.7.6.6  |

|    | Details  | Reference   |
|----|--|---|
|    | services exceeds, or is expected to exceed thresholds agreed by DoF  |   |
| 44 | Assets - Transfer or disposal of assets at less than market value.   |   |
| 45 | Assets – to appropriate any sums realised as a result of selling an asset above the deminimis level in the DoF Budget/In-year Monitoring Guidance  |   |
| 46 | Assets – to allow an organisation to retain receipts arising from the sale of assets funded by grant or grant-in-aid above the deminimis level in the DoF Budget/In-year Monitoring Guidance   |   |
| 47 | Compensation payments without legal advice - Individual compensation claims settled out of court over £10,000. - <b>Refer to Table A for HSC and NIFRS Delegation</b>  |   |
| 48 | Compensation payments following legal advice - Individual compensation claims settled out of court over £100,000 where the legal advice is that the department will not win the case if contested in court. - <b>Refer to Table A for HSC and NIFRS Delegation</b> |   |
| 49 | Consultants – Expenditure on external consultancy projects over £75,000<br>Expenditure on external consultancy assignments co-funded by the Strategic Investment Board over £150k – <b>Refer to Table A for HSC and NIFRS Delegation</b>                           | FD(DOF)07/12<br>Minute to Principal Finance Officers dated 19 April 2004                            |
| 50 | Estimates – form and content of Main and Supplementary Estimates.  | Supply Estimates in Northern Ireland – A Guidance Manual  |
| 51 | Virement   | Supply Estimates in Northern Ireland – A Guidance Manual  |
| 52 | Fraud – any departure from immediate reporting (not including National Fraud Initiative (NFI) for which separate arrangements have been agreed   | FD(DFP) 02/13   |
| 53 | IT projects over £1 million <b>Refer to Table A for HSC and NIFRS Delegation</b>   | CONSIDER AGAINST AGILE  |
| 54 | Capital Projects - All other expenditure on Capital Projects involving over £2million of Central Government expenditure unless other delegations specifically allow - <b>Refer to Table A for HSC and NIFRS Delegation</b>   |   |
| 55 | Projects - All PFI + 3PD projects at key stages as stipulated in NIGEAE  | NI Guide to Expenditure Appraisal and Evaluation<br>MPMNI A.7.5.4<br>FD(DFP) 20/09<br>FD(DFP) 17/11 |

|           | <b>Details</b>  | <b>Reference</b>  |
|-----------|---|---|
| <b>56</b> | Receipts – repayment of CFERs from the Northern Ireland Consolidated Fund   |   |
| <b>57</b> | Redundancy – All staff redundancy schemes not covered by existing regulations or which are more generous than existing NICS scheme.   |   |
| <b>58</b> | EU - All expenditure over £5 million under the EU Programmes for which the Special EU Programmes Body is responsible rather than with a threshold of £2 million.  | Letter to Finance Directors & EUSG Members 2 March 2011 |
| <b>59</b> | Pay Remits - <b>Refer to Table A for HSC and NIFRS Delegation</b>   | FD Letter - Pay Remit Approval Process and Guidance     |
| <b>60</b> | All leases for Office Accommodation (including supporting storage or warehousing) – both new and existing extension or renewal beyond break points. Excluding offices outside Northern Ireland - <b>Refer to Table A for HSC and NIFRS Delegation</b> | Letter to Accounting Officers 28 July 2014              |

**Specific DEPARTMENT OF HEALTH delegations**

| Ref Number  | Details   | Reference |
|---|---|-----------|
| <b>Where DoF approval (in writing) is required:</b> |   |           |
| 1   | Hospital Schemes – Ne Build, Extension, Refurbishment and Equipment involving capital expenditure over £5 – <b>Refer to Table A for HSC and NIRFS Delegation.</b>             |           |
| 2   | Third Party Development schemes for health and social care / service provision.   |           |
| 3   | All grants/awards to the Voluntary and Community Sector:<br>Revenue Grants £500,000 per annum, Capital Grants £200,000 – <b>refer to Table A for HSC and NIRFS Delegation</b> |           |
| 4   | Medical/Clinical Negligence settlements over £2m – <b>refer to Table A for HSC and NIRFS Delegation</b>   |           |
| 5   |   |           |
| 6   |   |           |

| Ref number  | Details   | Reference                                     |
|---|---|---|
| <b>Where DoF approval (in writing) is required:</b> |   |   |
| 5   | Staff redundancy schemes.   |   |
| 6   | Provisions concerning appointment of officers.                            | Fire Services (NI) Order 1984                 |
| 7   | Doctors Qualifications.   | HPSS Order 1972 Article 107(6)                |
| 8   | Doctors Rights/Working Conditions.  | HPSS Order 1972 Article 107(6)                |
| 9   | Requirement to maintain list of Doctors/Dentists by Boards / Departments. | HPSS Order 1972 Article 107(6)                |
| 10  | Terms of Service for Medical Professionals.                               | HPSS Order 1972 Article 107(6)                |
| 11  | Prescription Charges.   | HPSS Order 1972 Article 98 (2)<br>Schedule 15 |
| 12  | Optical Charges.  | HPSS Order 1972 Article 98 (2)<br>Schedule 15 |
| 13  | Dental Charges.   | HPSS Order 1972 Article 98 (2)<br>Schedule 15 |

**Core Departmental Information Requirements**

1. *INFORMATION TO BE PROVIDED ROUTINELY DURING THE FINANCIAL YEAR*
  - 1.1 Minutes of Board and all Committee meetings (to be forwarded to the Department as soon as possible following each meeting)
  - 1.2 Internal audit reports where substantive assurance not achieved (immediately following report)
  - 1.3 Inspection/review reports (immediately following receipt of report by the PHA)
  - 1.4 Monthly financial monitoring returns (to enable the Department to exercise both Estimate and budgetary control)
  
2. *OTHER INFORMATION TO BE PROVIDED*
  - 2.1 Corporate/Business Plan (to be forwarded to the Department, in draft form, prior to sign-off by the PHA in February/March)
  - 2.2 Internal audit work plan for the forthcoming year (to be forwarded in February/March)
  - 2.3 Internal audit report for the previous year (to be forwarded in May/June)
  - 2.4 Business Continuity plan (to be updated at least annually, and forwarded to the Department thereafter)
  - 2.5 Risk register (to be updated at, least annually, and forwarded to the Department in March/April)
  - 2.6 Assurance Framework (to be updated, at least annually, and forwarded to the Department in March/April)
  - 2.7 Mid-year Assurance Statement, end of year Governance Statement (to be forwarded to the Department in October/November and May/June respectively)

|                         |  |
|-------------------------|--|
| <b>Title of Meeting</b> | PHA Board Meeting  |
| <b>Date</b>             | 21 November 2019   |
| <b>Title of paper</b>   | Register of Interests  |
| <b>Reference</b>        | PHA/06/11/19   |
| <b>Prepared by</b>      | Robert Graham  |
| <b>Lead Director</b>    | Edmond McClean   |
| <b>Recommendation</b>   | <p style="text-align: center;"> <b>For Approval</b> <input type="checkbox"/> <span style="float: right;"><b>For Noting</b> <input checked="" type="checkbox"/></span> </p> |

### 1 Purpose

The purpose of this paper is to ask members to note the current PHA Board Members Register of Interests.

### 2 Background Information

Under Standing Order 6.8, board members are required to declare any interests which are relevant and material to the Agency. The Register is a public document and is available on the PHA website.

### 3 Key Issues

There are no key issues.

### 4 Next Steps

Members are asked to ensure that their forms are correct, and to advise the Secretariat of any changes.



# Public Health Agency

## REGISTER OF MEMBERS' DECLARED INTERESTS

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies):

| Name                     | Position Held on PHA board                                   | Name and Nature of Company   | Office or Status e.g. Chairman/Director /Secretary, etc. | Address of Registered Office or Headquarters               | Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding |
|--------------------------|--|--|--|--|--|
| Mr Andrew Dougal         | Chair  | Ulster Orchestra Foundation  | Non-Executive Director                                   | Seymour House<br>9 Gloucester Street<br>Belfast<br>BT1 4LS | Voluntary  |
| Mrs Valerie Watts        | Interim Chief Executive                                      | -  | -  | -  | -  |
| Mr Ed McClean            | Director of Operations                                       | -  | -  | -  | -  |
| Mrs Brieger Quinn        | Director of Nursing and Allied Health Professionals (Acting) | -  | -  | -  | -  |
| Dr Adrian Mairs          | Director of Public Health (Acting)                           | -  | -  | -  | -  |
| Cllr Billy Ashe          | Non-Executive Director (Local Gov Rep)                       | -  | -  | -  | -  |
| Mr John Patrick Clayton  | Non-Executive Director                                       | -  | -  | -  | -  |
| Mr Leslie Drew           | Non-Executive Director                                       | Les Drew Strategic Business Support Services Limited <ul style="list-style-type: none"> <li>▪ Business Change Management;</li> <li>▪ Risk Management including BC&amp;DR Planning;</li> <li>▪ Procurement Advice</li> <li>▪ Financial &amp; Management Accounting</li> </ul> | MD   | 29 Claragh Road<br>Cough<br>Downpatrick<br>BT30 8RG        | Shareholder<br>100%  |
| Ms Deepa Mann-Kler       | Non-Executive Director                                       | VRNI Limited<br>NEON is a trading name of VRNI<br>Immersive tech content/ apps for health and wellbeing  | Director   | 13 High Street<br>Killyleagh<br>BT30 9QF                   | 100%   |
| Ald Samuel Paul Porter   | Non-Executive Director (Local Gov Rep)                       | -  | -  | -  | -  |
| Professor Nichola Rooney | Non-Executive Director                                       | -  | -  | -  | -  |
| Mr Joseph Stewart        | Non-Executive Director                                       | -  | -  | -  | -  |
| Mr Paul Cummings         | Director of Finance (HSCB)                                   | -  | -  | -  | -  |
| Ms Marie Roulston        | Director of Social Care & Children (HSCB)                    | -  | -  | -  | -  |



**(b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HSC.**

| <b>Name</b>              | <b>Position Held on PHA board</b>                            | <b>Name and Nature of Company</b> | <b>Office or Status<br/>e.g.<br/>Chairman/Director/<br/>Secretary, etc.</b> | <b>Address of<br/>Registered Office or<br/>Headquarters</b> | <b>Nature &amp; Extent<br/>of Interest e.g.<br/>Shareholder and<br/>Number of<br/>Shares or %<br/>holding</b> |
|--------------------------|--|-----------------------------------|---|---|---|
| Mr Andrew Dougal         | Chair  | -                                 | -   | -   | -   |
| Mrs Valerie Watts        | Interim Chief Executive                                      | -                                 | -   | -   | -   |
| Mr Ed McClean            | Director of Operations                                       | -                                 | -   | -   | -   |
| Mrs Briege Quinn         | Director of Nursing and Allied Health Professionals (Acting) | -                                 | -   | -   | -   |
| Dr Adrian Mairs          | Director of Public Health (Acting)                           | -                                 | -   | -   | -   |
| Cllr Billy Ashe          | Non-Executive Director (Local Gov Rep)                       | -                                 | -   | -   | -   |
| Mr John Patrick Clayton  | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Mr Leslie Drew           | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Ms Deepa Mann-Kler       | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Ald Samuel Paul Porter   | Non-Executive Director (Local Gov Rep)                       | -                                 | -   | -   | -   |
| Professor Nichola Rooney | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Mr Joseph Stewart        | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Mr Paul Cummings         | Director of Finance (HSCB)                                   | -                                 | -   | -   | -   |
| Ms Marie Roulston        | Director of Social Care & Children (HSCB)                    | -                                 | -   | -   | -   |

**(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the HSC.**

| <b>Name</b>              | <b>Position Held on PHA board</b>                            | <b>Name and Nature of Company</b> | <b>Office or Status e.g. Chairman/Director /Secretary, etc.</b> | <b>Address of Registered Office or Headquarters</b> | <b>Nature &amp; Extent of Interest e.g. Shareholder and Number of Shares or % holding</b> |
|--------------------------|--|-----------------------------------|---|---|---|
| Mr Andrew Dougal         | Chair  | -                                 | -   | -   | -   |
| Mrs Valerie Watts        | Interim Chief Executive                                      | -                                 | -   | -   | -   |
| Mr Ed McClean            | Director of Operations                                       | -                                 | -   | -   | -   |
| Mrs Briega Quinn         | Director of Nursing and Allied Health Professionals (Acting) | -                                 | -   | -   | -   |
| Dr Adrian Mairs          | Director of Public Health (Acting)                           | -                                 | -   | -   | -   |
| Cllr Billy Ashe          | Non-Executive Director (Local Gov Rep)                       | -                                 | -   | -   | -   |
| Mr John Patrick Clayton  | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Mr Leslie Drew           | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Ms Deepa Mann-Kler       | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Ald Samuel Paul Porter   | Non-Executive Director (Local Gov Rep)                       | -                                 | -   | -   | -   |
| Professor Nichola Rooney | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Mr Joseph Stewart        | Non-Executive Director                                       | -                                 | -   | -   | -   |
| Mr Paul Cummings         | Director of Finance (HSCB)                                   | -                                 | -   | -   | -   |
| Ms Marie Roulston        | Director of Social Care & Children (HSCB)                    | -                                 | -   | -   | -   |

**(d) A position of authority in a charity or voluntary body involving the field of health and social care.**

| <b>Name</b>              | <b>Position Held on PHA board</b>                            | <b>Name and Nature of Company</b> | <b>Office or Status<br/>e.g.<br/>Chairman/Director/<br/>Secretary, etc.</b> | <b>Address of<br/>Registered Office or<br/>Headquarters</b>                            | <b>Nature &amp; Extent of<br/>Interest e.g. Volunteer, etc</b> |
|--------------------------|--|-----------------------------------|---|--|--|
| Mr Andrew Dougal         | Chair  | -                                 | -   | -  | -  |
| Mrs Valerie Watts        | Interim Chief Executive                                      | -                                 | -   | -  | -  |
| Mr Ed McClean            | Director of Operations                                       | -                                 | -   | -  | -  |
| Mrs Briega Quinn         | Director of Nursing and Allied Health Professionals (Acting) | -                                 | -   | -  | -  |
| Dr Adrian Mairs          | Director of Public Health (Acting)                           | -                                 | -   | -  | -  |
| Cllr Billy Ashe          | Non-Executive Director (Local Gov Rep)                       | -                                 | -   | -  | -  |
| Mr John Patrick Clayton  | Non-Executive Director                                       | -                                 | -   | -  | -  |
| Mr Leslie Drew           | Non-Executive Director                                       | -                                 | -   | -  | -  |
| Ms Deepa Mann-Kler       | Non-Executive Director                                       | -                                 | -   | -  | -  |
| Ald Samuel Paul Porter   | Non-Executive Director (Local Gov Rep)                       | -                                 | -   | -  | -  |
| Professor Nichola Rooney | Non-Executive Director                                       | Children's Heartbeat Trust NI     | Chair   | H12, Howard Building, Twin Spires Centre, 155 Northumberland Street, Belfast, BT13 2JF | Volunteer  |
| Mr Joseph Stewart        | Non-Executive Director                                       | -                                 | -   | -  | -  |
| Mr Paul Cummings         | Director of Finance (HSCB)                                   | -                                 | -   | -  | -  |
| Ms Marie Roulston        | Director of Social Care & Children (HSCB)                    | -                                 | -   | -  | -  |

**(e) Any connection with a HSC organisation, voluntary organisation or other organisation contracting for HSC services**

| <b>Name</b>              | <b>Position Held on PHA board</b>                            | <b>Name and Nature of Company</b>  | <b>Office or Status e.g. Chairman/Director/Secretary, etc.</b> | <b>Address of Registered Office or Headquarters</b>   | <b>Nature &amp; Extent of Interest e.g. Shareholder / Volunteer, etc</b>  |
|--------------------------|--|--|--|---|---|
| Mr Andrew Dougal         | Chair  | -  | -  | -   | -   |
| Mrs Valerie Watts        | Interim Chief Executive                                      | -  | -  | -   | -   |
| Mr Ed McClean            | Director of Operations                                       | -  | -  | -   | -   |
| Mrs Briega Quinn         | Director of Nursing and Allied Health Professionals (Acting) | Royal College of Nursing   | Board Member   | Windsor Avenue, Belfast   | Note – temporarily stood down from this role from September 2019 to fulfil full obligations of Acting Director of Nursing role.   |
| Dr Adrian Mairs          | Director of Public Health (Acting)                           | -  | -  | -   | -   |
| Clr Billy Ashe           | Non-Executive Director                                       | -  | -  | -   | -   |
| Mr John Patrick Clayton  | Non-Executive Director                                       | -  | -  | -   | -   |
| Mr Leslie Drew           | Non-Executive Director                                       | -  | -  | -   | -   |
| Ms Deepa Mann-Kler       | Non-Executive Director                                       | -  | -  | -   | -   |
| Ald Samuel Paul Porter   | Non-Executive Director                                       | -  | -  | -   | -   |
| Professor Nichola Rooney | Non-Executive Director                                       | RQIA   | Professional Adviser / Clinical Psychology                     | 9 <sup>th</sup> Floor, Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  | Sessional work / inspections  |
| Mr Joseph Stewart        | Non-Executive Director                                       | -  | -  | -   | -   |
| Mr Paul Cummings         | Director of Finance (HSCB)                                   | Health and Social Care Board<br><br>Belfast Health and Social Care Trust<br><br>Belfast Health and Social Care Trust | -  | 12/22 Linenhall Street, Belfast<br><br>City Hospital, Lisburn Road, Belfast<br><br>City Hospital, Lisburn Road, Belfast | Family member employed as Band 6 in Directorate of Social Care and Children's Services<br><br>Family member employed as Social Worker (Fostering)<br><br>Family member employed as Band 6 (Estates) |
| Ms Marie Roulston        | Director of Social Care & Children (HSCB)                    | -  | -  | -   | -   |

**(f) Involvement in other organisations**

| <b>Name</b>                   | <b>Position Held on PHA board</b>                            | <b>Name and Nature of Company</b>    | <b>Office or Status e.g. Chairman/Director/Secretary, etc.</b> | <b>Address of Registered Office or Headquarters</b>  | <b>Nature &amp; Extent of Interest e.g. Shareholder / Volunteer, etc</b> |
|-------------------------------|--|--------------------------------------|--|--|--|
| Mr Andrew Dougal              | Chair  |                                      |  |  |  |
| Mrs Valerie Watts             | Interim Chief Executive                                      | -                                    | -  | -  | -  |
| Mr Ed McClean                 | Director of Operations                                       | Gregg's Quay Management Company      | Director   | c/o Charles White Ltd<br>3rd Floor Cathedral Chambers,<br>143 Royal Ave,<br>Belfast<br>BT1 1FH | Director of Management Board   |
| Mrs Briega Quinn              | Director of Nursing and Allied Health Professionals (Acting) | -                                    | -  | -  | -  |
| Dr Adrian Mairs               | Director of Public Health (Acting)                           | -                                    | -  | -  | -  |
| Cllr Billy Ashe               | Non-Executive Director                                       | -                                    | -  | -  | -  |
| Mr John Patrick Clayton       | Non-Executive Director                                       | -                                    | -  | -  | -  |
| Mr Leslie Drew                | Non-Executive Director                                       | -                                    | -  | -  | -  |
| Ms Deepa Mann-Kler            | Non-Executive Director                                       | Registers of Scotland Land Registry  | NED  | 153 London Road<br>Edinburgh<br>EH8 7AU  | -  |
|                               |  | Ulster University                    | Visiting Professor in Immersive Futures                        | Ulster University<br>York Street<br>Belfast BT15 1ED   | -  |
| Ald Samuel <u>Paul</u> Porter | Non-Executive Director                                       | Lisburn and Castlereagh City Council | Elected Member   | Lagan Valley Island<br>Lisburn   | Representing Lisburn and Castlereagh City Council                        |
|                               |  | Democratic Unionist Party            | Part-time worker for 3 MLAs                                    | The Old Town Hall<br>Lisburn<br>Co. Down<br>BT27 4DH   |  |
| Professor Nichola Rooney      | Non-Executive Director                                       | Queen's University                   | Honorary Chair, School of Psychology                           | QUB School of Psychology, David Keir Building, Malone Road, Belfast                            | Advisory   |
| Mr Joseph Stewart             | Non-Executive Director                                       | Suffolk Sheep Society, NI Branch     | Council Member   | Fernaghy Road,<br>Ballymena  | -  |
| Mr Paul Cummings              | Director of Finance (HSCB)                                   | -                                    | -  | -  | -  |
| Ms Marie Roulston             | Director of Social Care & Children (HSCB)                    | -                                    | -  | -  | -  |