



Health and Social  
Care Board

# **Standing Orders**

**Including Standing  
Financial Instructions**

**FOR THE HEALTH AND  
SOCIAL CARE BOARD**

2017

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## FOREWORD

The Regional Health and Social Care Board, the statutory body established by Section 7 (1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009, is required to have Standing Orders and Schedules on:

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

The Standing Orders, reserved and delegated powers and Standing Financial Instructions provide a comprehensive business framework for the Health and Social Care Board and enables the organisation to discharge its functions.

These documents fulfil the dual role of protecting the interests of the Health and Social Care Board ensuring, for example, that all transactions maximise the benefit to the Health and Social Care Board and protecting staff from any possible accusation that they have acted less than properly (provided that staff have followed the correct procedures outlined in the relevant documents).

Chair, Board Members, Directors and all members of staff shall be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions required to comply fully with the regulations.

The Health and Social Care Board is committed to conducting its business and its meetings as publicly and openly as possible. It is intended that people shall be able to know about the services commissioned by the Health and Social Care Board and to contribute to discussion about changes, which may affect them or their dependants.

The Health and Social Care Board is required to comply with all existing legislation, Department of Health, (DoH) Framework Document, Management Statement/Financial Memorandum, Code of Conduct and Code of Accountability for Board Members of HSC bodies, Circulars and Regulations insofar as these impact upon Health and Social Care Board functions, activities and conduct. Where these are replaced or updated throughout the year, the new provision shall apply.

The Standing Orders and Standing Financial Instructions were approved by the Board at its meeting on \_\_\_\_\_ and subsequently submitted to the Department of Health for information.

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**Chair**

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**Chief Executive**

# 1 INTRODUCTION

- 1.1 Statutory Framework
- 1.2. Statutory Accountability
- 1.3. Functions of the Health and Social Care Board
- 1.4 Health and Social Care Framework
- 1.5 Financial and Performance Framework
- 1.6 Interpretation of Terms Used

## 1.1 Statutory Framework

The Regional Health and Social Care Board is a statutory body established by Section 7 (1) of the Health and Social Care (Reform) Act (NI) 2009.

The Health and Social Care Board is subject to the provisions within Statutory Instruments including: HPSS (NI) Order 1972 (S.I. 1972/1265 N.I.14), the HPSS (NI) Order 1991 (S.I. 1991/194 N.I.1), the Audit and Accountability (NI) Order 2003 (S.I. 2003/418 N.I.5). It is also subject to the provisions within the Health and Social Care (Reform) Act (Northern Ireland) 2009(c.1) which are incorporated in Standing Orders.

## 1.2. Statutory Accountability

In terms of service commissioning and provision, the Department of Health discharges its duty under Section 2(1) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 primarily by delegating its statutory functions to the Health and Social Care Board.

The Health and Social Care Board is accountable to the Department of Health for the manner in which it performs its devolved duties, manages assets and for adherence to high standards of public administration.

The finances of all Health and Social Care bodies, including the Department of Health, are subject to statutory review by the Comptroller and Auditor General for Northern Ireland on behalf of the Northern Ireland Assembly. The Health and Social Care Board must co-operate fully with the Department of Health, its appointed Auditors and the Northern Ireland Audit Office in accounting for the use of public funds,

the delivery of patient care and other services and compliance with its statutes, directions, guidance and policies.

As a statutory body, the Health and Social Care Board has specific powers to act as a regulator, to contract in its own name and to act as a corporate trustee. In the latter role, it is accountable to the Minister for Health for all funds allocated to it for the purposes of carrying out its core functions. The Health and Social Care Board is also accountable to the Charity Commission for those funds deemed to be charitable.

### **1.3. Functions of the Health and Social Care Board**

The Health and Social Care Board has a range of statutory duties and shall, as a body corporate, exercise the functions assigned to it by the Department of Health, including those set out in Article 8 (1-8) of Health and Social Care (Reform) Act (Northern Ireland) 2009 and such other functions (including functions imposed under an oath of any court) with respect to the administration of health and social care as the Department of Health may direct, including the Government Resources and Accounts Act (Northern Ireland) 2001.

The Health and Social Care Board is responsible for exercising the following key functions:

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

In fulfilling these functions, the Health and Social Care Board should:

- specify its requirements in terms of the accurate and timely financial and other information required to allow the Board to discharge its responsibilities;
- be clear what decisions and information are appropriate to the Board and draw up Standing Orders, a Schedule of Decisions reserved to the Board and Standing Financial Instructions to secure compliance with the wishes of the Board;
- establish performance and quality targets that maintain the effective use of resources and provide value for money;
- ensure that proper management arrangements are in place for the delegation of programmes of work and for performance against programmes to be monitored and senior executives held to account;
- establish Audit and Remuneration Committees on the basis of formally agreed terms of reference which set out the membership of the Committee, the limit to their powers, and the arrangements for reporting back to the main Board; and
- act within statutory, financial and other constraints.

#### **1.4. Health and Social Care Framework**

In addition to statutory requirements, the Minister, through the Department of Health, issues instructions and guidance. Where appropriate, these are incorporated within the Standing Orders of the Health and Social Care Board or other Corporate Governance documentation.

In accordance with Section 5 (1) of the Health and Social Care (Reform) Act (NI) 2009, the Department of Health has produced a Framework Document (September 2011) which sets out in relation to each health and social care body:

- The main priorities and objectives of the body in carrying out its functions and the process by which it is to determine further priorities and objectives;
- The matters for which the body is responsible;
- The manner in which the body is to discharge its functions and conduct its working relationship with the Department of Health and with any other body specified in the document and;
- The arrangements for providing the Department of Health with information to enable it to carry out its functions in relation to the monitoring and holding to account of HSC bodies.

## 1.5. Financial and Performance Framework

A Management Statement establishes the framework agreed with the Department of Health within which the HSC Board operates.

The associated Financial Memorandum sets out certain aspects of the financial provisions which the HSC Board observes.

A copy of the Management Statement/Financial Memorandum will be tabled for the information of Board Members at least annually at a full meeting of the Board. Amendments to the Management Statement/Financial Memorandum will be brought to the attention of the full Board on a timely basis.

The performance framework for the Health and Social Care Board is determined by the Department of Health in light of its wider strategic aims and of current Public Service Agreement objectives and targets. The key targets, standards and actions for the Health and Social Care Board are defined by the Department of Health within “Priorities for Action” and approved by the Minister.

The Department of Health has strengthened its assurance and accountability arrangements in business planning of its Arm’s Length Bodies and, as such, the Health and Social Care Board is required to reflect these within its annual Business Plans (including Commissioning Plan and Corporate Plan).

The Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2016, issued by the Department of Health defines the focus and broad format of the annual “*Commissioning Plan*” which is drawn up by the Health and Social Care Board in accordance with Section 8 of the Health and Social Care (Reform) Act (NI) 2009, in consultation with the Public Health Agency, having due regard for any advice or information provided by the Public Health Agency and published only with its approval.

Consistent with the timetable for the Northern Ireland Executive budgets, the Health and Social Care Board shall submit annually to the Department of Health, a draft of the Health and Social Care Board *Corporate Plan* covering up to three years ahead. The Corporate Plan outlines the key objectives for the organisation in addition to those associated with the Commissioning Plan and those that will support its delivery. The *Corporate Plan* shall be published by the Health and Social Care Board and made available on its website [www.hscboard.hscni.net](http://www.hscboard.hscni.net).



The *Financial Memorandum* sets out in detail certain aspects of the financial provisions which the Health and Social Care Board shall observe: Income and Expenditure (General); HSCB Income; Expenditure on Staff; Non-Staff Expenditure; Management and Disposal of Fixed Assets; Budgeting Procedures; Banking; Compliance with Instructions and Guidance and; Review of Financial Memorandum.

The terms and conditions set out in the combined *Management Statement* and *Financial Memorandum* may be supplemented by guidelines or directions issued by the Department of Health/Minister in respect of the exercise of any individual functions, powers and duties of the Health and Social Care Board.

The Health and Social Care Board shall satisfy the conditions and requirements set out in the combined document, together with such other conditions as the Department of Health/Minister may from time to time impose.

After the end of each financial year, the Health and Social Care Board shall publish, as a single document, an annual report of its activities together with relevant extracts from its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the Health and Social Care Board.

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

- To break even on its Income and Expenditure Account year on year and to maintain its Net Current Assets;
- To maintain annual management and administration costs at or below limits set by the Department of Health;
- To stay within its cash limit for the year;
- To promote financial stability in Health and Social Care;
- To operate within the Resource Limits, both Capital and Revenue set by the Department of Health; and
- To comply with the Confederation of British Industry “Better Payments Practice Code” which advocates:
  - Explaining payment procedures to suppliers;
  - Agreeing payment terms at the outset and adhering to these;

- Paying bills in accordance with agreed terms, or as agreed by law;
- Telling suppliers without delay when an invoice is contested; Settling quickly when a contested invoice gets a satisfactory response and;
- Payment must be made within 30 days of the receipt of goods or valid invoice.

## 1.6 Interpretation of Terms Used

Save as permitted by law, at any meeting the Chair of the Board shall be the final authority on the interpretation of Standing Orders on which he shall be advised by the Chief Executive and/or Secretary to the Board.

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

**"Accountable Officer"** shall be the Chief Executive who is personally responsible for safeguarding the public funds of which she has charge; for ensuring propriety and regularity in the handling of those funds; and for the day to day operations and management of the Health and Social Care Board. In addition, she should ensure that the Health and Social Care Board, as a whole, is run on the basis of the standards (in terms of governance, decision-making and financial management) as set out in *Managing Public Money Northern Ireland*.

**"Board"** shall mean the Chair, and Non Executive (or non-officer) Directors, appointed by the Minister for Health and the Executive (or officer) members appointed by the Board.

**"Budget"** means a resource, expressed in financial terms, approved by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Board.

**"Chair"** is the person appointed by the Minister to lead the Board and to ensure that it successfully discharges its overall responsibility for the Health and Social Care Board as a whole. The expression 'Chair of the Board' shall be deemed to include the member of the Board deputising for the Chair if he is absent from the meeting or is otherwise unavailable.

**"Chief Executive"** means the Chief Officer of the Health and Social Care Board.

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

**"Common Seal of Health and Social Care Board"** before any building, engineering, property or capital document is sealed, it must be approved and signed by the Director of Finance (or an officer nominated by him) and authorised and countersigned by the Chief Executive (or an officer nominated by him who shall not be within the originating directorate).

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

**"Committee"** shall mean a Committee established by the Board either for its own good governance or by Department of Health direction or by legislation.

**"Committee Members"** shall be persons formally appointed by the Board to specific Committees.

**"Department of Health"** prior to 9 May 2016, previously known as the Department of Health, Social Services and Public Safety.

**"Director" – there are three categories:** Executive Director means an officer member of the Board; Non Executive Director means a non-officer member of the Board and; the term "Director" will be applied to a functional Director of the Organisation.

**"An eHealth and Care Strategy for Northern Ireland"** was published by the Department of Health in March 2016. The purpose of the Strategy is to support reform and modernisation of health and care services as set out in strategic DoH policy statements. The Directorate engages with the European Commission (EC) and more widely to secure support for innovation and best practice adoption.

**"HSC"** refers to Health and Social Care (This was previously known as HPSS and references to HPSS relate to previously published documents).

**“Information Communication Technology (ICT) Policy”** refers to the Health and Social Care Board ICT Security Policy and applies to all staff. The ICT Security Policy mandates the minimum ICT Security standards to be applied to all HSC organisations.

**“Local Commissioning Groups”** means committees of the Health and Social Care Board established to exercise such functions to the commissioning of health and social care as may be prescribed by the Health and Social Care Board and such other functions it may, with the agreement of the Department of Health determine.

**“Member”** shall mean Non Executive Director (Non-Officer member) or Executive Director (Officer Member) of the Board but does not include its Chair.

**"Nominated Officer"** means an Officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

**"Non-Officer Member"** means a member of the Board appointed under the Health and Social Care (Reform) Act (Northern Ireland) 2009.

**“Observer status”** means someone who attends Board meetings to participate in Board discussions, but does not have the ability to vote on matters.

**"Officer"** shall mean employee of the HSC organisation. In certain circumstances, officer may include a person who is employed by another HSC organisation or by Third Party contracted to or by the organisation who carries out functions on behalf of the organisation.

**"Officer Member"** means a member of the Board who is a member by virtue of or appointed under the Health and Social Care (Reform) Act (Northern Ireland) 2009.

**“Performance Management ”** is a process of developing a culture of continuous service improvement in the interests of patients, clients and carers by monitoring health and social care performance against relevant objectives, targets and standards, promptly and effectively addressing poor performance through appropriate interventions, service development and, where necessary, the application of sanctions and identifying and promulgating best practice.

**"Public"** means any person who is not a Board member or a member of staff.

**"Secretary"** means a person who is independent of the Board's decision making process and who shall be appointed, by the Board, to have responsibility for the administration of the Board of the Health and Social Care Board.

**"Senior Management Team"** currently comprises the Chief Executive, Director of Commissioning, Director of Finance, Director of Performance and Corporate Services, Director of Social Care and Children, Director of Integrated Care, Regional Director of e-Health and External Collaboration and any other Officer whom the Chief Executive determines should be a member of the Senior Management Team.

**"Standing Financial Instructions"** set out the financial responsibilities of budget-holders and individuals.

**"Sub-Committee"** means a committee of a committee established by the Board.

**"Vice-Chair"** means a Non Executive Director who may be appointed by the Board to take on the duties of the Chair if the Chair is absent for any reason.

~~**"Transforming Your Care"** — Following the Review of Health and Social Care published in December 2011, the Health and Social Care Board has responsibility for implementing many of the proposals it contains. Known as "Transforming Your Care", this sets a vision for improving the health and wellbeing of people by promoting good health decisions, preventing ill health in the first place, achieving better outcomes when ill health does occur & enabling people to live healthily and independently for as long as possible.~~

## **2. CONSTITUTION AND REMIT OF HEALTH AND SOCIAL CARE BOARD**

- 2.1. Constitution
- 2.2. Remit
- 2.3. Composition of the Board
- 2.4. Role of Chair
- 2.5. Role of Non Executive Board Members
- 2.6. Chief Executive
- 2.7. Executive Board Members
- 2.8. Senior Management Team
- 2.9. Health and Social Care Board Offices

### **2.1. Constitution**

All business shall be conducted in the name of the Health and Social Care Board.

All funds received in trust shall be held in the name of the Board as corporate trustee of Health and Social Care Board.

### **2.2. Remit**

The powers of the Health and Social Care Board established under statutory instruments shall be exercised by the Board meeting in public session except as otherwise provided for in Standing Order 6.15.

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

The Board has resolved that it may only exercise certain powers and decisions in formal session. These powers and decisions are set out in “Powers Reserved to the Board” (Section 3) and have effect as if incorporated into the Standing Orders.

### **2.3. Composition of the Board**

The Department of Health determines the composition of the Board as follows:

- a) A Chair appointed by the Minister for Health
- b) A prescribed number of persons (Non Executive members) appointed by the Minister for Health
- c) Chief Executive of the Health and Social Care Board
- d) A prescribed number of officers appointed by the Health and Social Care Board.

Except insofar as regulations otherwise provide, no person who is an officer of the Health and Social Care Board may be appointed under paragraphs a) or b) above. Regulations may provide that all or any of the persons appointed under b) above must fulfil prescribed conditions or hold posts of a prescribed description.

### **2.4. Role of Chair**

The Chair is responsible for leading the Board and for ensuring that it successfully discharges its overall responsibility for the organisation as a whole.

The Chair is accountable to the Minister through the Departmental Accounting Officer.

The Chair has a particular leadership responsibility on:

- formulating the Board's strategy for discharging its duties;
- ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Department of Health and other departmentally designated authorities;
- ensuring that risk management is regularly and formally considered at Board meetings;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging high standards of propriety;
- representing the views of the Health and Social Care Board to the general public;

- ensuring that the Health and Social Care 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 and;
- ensuring that all Board Members are fully briefed on the terms of their appointment, their duties, rights and responsibilities and to annually assess the performance of individual Board Members.

## **2.5. Role of Non Executive Board Members**

Non Executive Board Members are appointed by the Minister for Health to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability, through the Department of Health to the Minister and to the local community.

The contribution of Non Executive Board Members to Board business derives from their wide experience and their detachment from the job of management. They have a key role in working with the Chair in the appointment of the Chief Executive and other Executive Board Members.

The Chair and Non Executive Board Members comprise the Remuneration and Audit Committees.

Non Executive Board Members shall also undertake specific functions agreed by the Health and Social Care Board including an oversight of staff, relations with the general public and the media, participation in professional conduct and competency enquiries, staff disciplinary appeals and procurement of information management and technology. This exercise of such functions shall be in a non executive capacity.

## **2.6. Chief Executive**

The Chief Executive is directly accountable to the Chair and Non Executive Members of the Board for ensuring that Board decisions are implemented, that the organisation works effectively in accordance with government policy and public service values and for the maintenance of proper financial stewardship.

The Chief Executive should be allowed full scope, within clearly defined delegated powers, to fulfil the decisions of the Board.



## **2.7 Executive Board Members**

Executive Board Members are senior members of the Health and Social Care Board staff who have been appointed to lead its major professional and corporate functions.

## **2.8 Senior Management Team**

The Health and Social Care Board Senior Management Team comprises:

- Chief Executive
- Director of Finance, Director of Commissioning, Director of Social Care and Children, Director of Performance and Corporate Services, Director of Integrated Care, Regional Director of eHealth & External Collaboration and any other Officer whom the Chief Executive determines should be a member of the Senior Management Team.

## **2.9 Health and Social Care Board Offices**

The Headquarters of the Health and Social Care Board is at 12-22 Linenhall Street, Belfast, BT2 8BS and the four local Offices of the Health and Social Care Board are located as follows:

- Eastern Office, 12/22 Linenhall Street, Belfast;
- Northern Office, County Hall, 180 Galgorm Road, Ballymena;
- Southern Office, Tower Hill, Armagh;
- Western Office, Gransha Park House, Clooney Road, Derry.

## **3. POWERS RESERVED TO THE BOARD**

### 3.1 Introduction

### 3.2 Key Functions of the Board

3.2.1 Establish the overall strategic direction

3.2.2 Monitoring performance

3.2.3 Financial Stewardship

3.2.4 Corporate Governance, Personal Behaviour and Conduct

3.2.5 Appointment, Appraisal and Remuneration of Senior Executives

3.2.6 Effective Dialogue with the local community

3.2.7 Governance – Inclusive of Clinical and Social Care and Risk Management

### **3.1 Introduction**

The matters reserved to the Board of each HSC organisation are derived from the Code of Conduct and Code of Accountability for Board members of HSC bodies (April 2011) issued by the DHSSPS under cover of a letter dated 18 July 2012.

### **3.2 Key Functions of the Board**

Section 7 of the Code of Accountability directs that HSC Boards have corporate responsibility for ensuring that the organisation fulfils the aims and objectives set by the Department/Minister, and for promoting the efficient, economic and effective use of staff and other resources.

The key functions of the Board are included in Standing Order 1.3 (Pages 7 - 8).

The 'Schedule of Powers Reserved to the Board' is sub-divided to correspond accordingly.

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

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

The 'Schedule of Powers Reserved to the Board' is highlighted in the yellow section of the Decision Tree Flowchart in Section 4.1.4.

**STANDING ORDERS**  
**SCHEDULE OF POWERS RESERVED TO THE BOARD OF DIRECTORS OF THE HSCB**

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
<b>3.2.1</b> <b>Set Strategic Direction</b> To establish the overall <i>strategic direction</i> of the organisation within the policy and resources framework determined by the Department/Minister.				
	Developing Commissioning Plans including Family Health Services	Approve annual Commissioning Plan to achieve the priorities and objectives as set out in the Commissioning Plan Direction	Section 8 (3) Health and Social Care (Reform) Act (Northern Ireland) 2009 The Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2016 The Board, with its Local Commissioning Groups, to agree with the Public Health Agency, by 31 March each year or as soon as practicable thereafter.	Chief Executive/Director of Commissioning
	Programme for Government	Approve response to consultation	Response to be determined by the Board with its Local Commissioning Groups and within timescale set by Government.	Director of Commissioning

	Northern Ireland Budget proposals	Approve response to consultation	Response to be determined by the Board, with its Local Commissioning Groups, and within timescale set by Government	Director of Finance
	Corporate Plan	Production of a Corporate Plan covering up to three years ahead.  Approval of Annual Corporate Plan  Twice yearly Monitoring Report	Health and Social Care Board Management Statement  Corporate Plan to be submitted to DoH on an annual basis.  Submitted to Senior Management Team for approval by the Board	Senior Management Team
	HSC Board Financial Plan (consistent with DoH principles of promoting “Financial Stability”)	Approve capital investment and recurrent expenditure proposals annually	Following receipt of the Capital Resource Limit and Revenue Resource Limit each year, consistent with DoH principles of ‘Promoting Financial Stability’	Director of Finance

	HSC Trust Delivery Plans	HSC Board Commissioning Plan provides the framework for each HSC Trust to develop its Trust Delivery Plan.	The Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2016  DoH Framework Document (Sept 2011)  Consideration and approval by HSC Board of HSC Trust Delivery Plans on an annual basis.	Director of Commissioning
	DoH Strategic Proposals	Approve response to DoH consultation proposals	As determined by consultative documents and prepared by Board with appropriate Local Commissioning Groups.	Appropriate Executive Director
	Other DoH proposals which relate to Health and Wellbeing	Approve response to consultative proposals, in conjunction with the Public Health Agency	As determined by consultative documents and prepared by Board with its Local Commissioning Groups.	Appropriate Executive Director
	Strategic processes identified within the Board on specific programme of care issues.	Approve the strategy and agree action plans and monitoring arrangements.	The Board with its Local Commissioning Groups, as they arise.	Director of Commissioning

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
	Trust Proposals for Capital Expenditure	Confirm support for Trust's capital investment proposals above delegated limits (£500,000) and the extent to which the Board is prepared to remit its share of any revenue consequences resulting from the scheme	The Board, with its Local Commissioning Groups, and in accordance with Capital Investment Manual limits at the Strategic Context stage for NI (1995)	Director of Commissioning
	<del>Implementation of Transforming Your Care: Vision to Action</del>	<del>Implementation of agreed service delivery changes arising from the proposals set out in Transforming Your Care, supported by Commissioning decisions, in order to deliver the shift of resources from hospital to primary and community care services</del>	<del>Strategic Implementation Plan  Population Plans for each of the 5 Local Commissioning Group areas  The Board, with its Local Commissioning Groups</del>	<del>Chief Executive /Director of Commissioning</del>
	Approval of New/Revised Board Strategies/Policies, as appropriate.	Consideration of the implications of any proposals to introduce new or revised strategy/policy, including identification of any significant financial risk.	HSC Board approval.  Where appropriate, consideration by relevant Board Committee.  Affordability within DoH expenditure limits and other statutory controls	Appropriate Executive Director to identify all significant financial or other implications

**STANDING ORDERS**  
**SCHEDULE OF POWERS RESERVED TO THE BOARD OF DIRECTORS OF THE HSCB**

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
<b>3.2.2</b> <b>Monitoring Performance</b> To oversee the delivery of planned results by <i>monitoring performance</i> against objectives and ensuring corrective action is taken when necessary.				
	Ministerial Priorities and Objectives	Monitor performance across a range of areas consistent with the priorities and objectives set out in the Commissioning Plan Direction and ensure corrective action is taken.	The Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2016  The Health and Social Care (Indicators of Performance) Direction (Northern Ireland) 2016  Annual Commissioning Plan  Periodic reports as prescribed by the DoH	Director of Performance and Corporate Services/Director of Commissioning
	Service Agreement Performance	Monitor performance of providers against service agreements, ensure corrective action is taken and ensure appropriate action plans are pursued with providers	Monthly and quarterly reports supplemented by additional monitoring of specific issues on an “as needs” basis	Director of Performance and Corporate Services /Director of Commissioning



	Specific DoH monitoring	To monitor trends and identify critical issues for DoH	Annual/periodic as specified by the DoH	Appropriate Executive Director
	Staffing Levels	Monitor staffing levels and approve submission to Equality Commission	Article 55 Reviews Submission of three yearly returns to Equality Commission	Chief Executive/Director of Performance and Corporate Services
	Section 75: Statutory Duties/ Responsibilities	Statement of the Board's commitment to fulfilling its Section 75 statutory duties, including procedures for measuring performance	Schedule 9 Northern Ireland Act 1998  Annual Report to Equality Commission by 31 August	Chief Executive/Director of Performance and Corporate Services

**STANDING ORDERS**  
**SCHEDULE OF POWERS RESERVED TO THE BOARD OF DIRECTORS OF THE HSCB**

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
<b>3.2.3</b> <b>Financial Stewardship</b> To ensure effective <i>financial stewardship</i> through value for money, financial control and financial planning and strategy.				
	Financial Performance Framework	To ensure that the Health and Social Care Board achieves its financial performance targets.	Health and Social Care Board Management Statement/Financial Memorandum	Director of Finance
	Annual Financial Plan including Commissioning Plan and Commissioner costs	Approve plan within DoH expenditure limits	By 31 March each year, or as soon as practicable thereafter	Director of Finance
	Monitoring	Consider monthly monitoring reports covering Health and Social Care Board and HSC Trust Financial Position	Monthly Report to Public Board Meeting	Director of Finance
	Health and Social Care Board Capital Expenditure in excess of £250,000	Approve ICT Investment Strategy  Capital Expenditure Proposals	Within DoH indicative financial parameters  Health and Social Care Board approval.  DoH/DoF approval may be required dependent upon type of expenditure	Regional Director of eHealth & External Collaboration  Director of Finance/ Regional Director of eHealth & External Collaboration

	Disposal of Health and Social Care Board Assets in excess of £100,000	Consider submissions, approve decision and means of disposal	Net book value in excess of £100,000  Health and Social Care Board approval	Director of Finance
	Statements on Internal Control	Establish and maintain a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives whilst safeguarding public funds and assets,  Annual Statement on Internal Control  Mid Year Assurance Statement on Control	Consideration by the Audit Committee as part of the Annual Accounts and recommended for approval by the Health and Social Care Board  Approval by Audit and Governance Committees at a joint meeting.	Chief Executive

	Annual Accounts (and supporting Financial excerpt in the Health and Social Care Annual Report)	Approve for submission to DoH and for inclusion in the Health and Social Care Board Annual Report	Recommended by Audit Committee for approval by Board. To include detailed scrutiny of reconciliation to Board approved Financial Plan and the remuneration of all Board Members	Chief Executive/ Director of Finance
	External Audit Management Letter	Consider recommendations and approve requisite action plan and response to External Auditor	Each year following recommendation by Audit Committee	Director of Finance
	Fraud Prevention and Detection	Review of the management of potential, suspected or actual fraud within the Health and Social Care Board	Report to each meeting of the Audit Committee	Director of Finance

**STANDING ORDERS**  
**SCHEDULE OF POWERS RESERVED TO THE BOARD OF DIRECTORS OF THE HSCB**

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
<b>3.2.4</b> <b>Corporate Governance, Personal Behaviour and Conduct</b> To ensure that high standards of <i>corporate governance</i> and <i>personal behaviour</i> are maintained in the <i>conduct</i> of the business of the whole organisation.				
	Board Governance Self Assessment Tool	Completion of annual Board Governance Self Assessment Tool	Approval of Self-Assessment proforma at a HSC Board public meeting for submission to DHSSPS	Chief Executive/Director of Performance and Corporate Services
	Annual Review of HSC Board Standing Orders and Standing Financial Instructions	Approve new or revised versions	Consideration by the Audit Committee for onward submission to a public meeting of the HSC Board for approval	Chief Executive/Director of Performance and Corporate Services/Director of Finance
	<ul style="list-style-type: none"> <li>• Schedule of Matters Reserved to the Board</li> <li>• Scheme of Delegation of Powers</li> </ul>	Approve new or revised versions	Consideration by the Audit Committee for onward submission to a public meeting of the HSC Board for approval	Chief Executive/Director of Performance and Corporate Services/Director of Finance
	<ul style="list-style-type: none"> <li>• Standing Financial Instructions</li> </ul>	Approve new or revised versions	Consideration by the Audit Committee for onward submission to a public meeting of the HSC Board for approval	Director of Finance

	<ul style="list-style-type: none"> <li>• Conduct of Board Meetings</li> </ul>	Approve new or revised versions	Consideration by the Audit Committee for onward submission to a public meeting of the HSC Board for approval	Chief Executive/Director of Performance and Corporate Services/Director of Finance
	Scheme of Delegation of Specific Statutory Functions	Approve new or revised versions and submission to DoH for approval	Within 3 months of new legislation being implemented consideration by the Governance Committee for onward submission to a public meeting of the HSC Board for approval	Appropriate Director
	Board Committees	<p>Approve establishment, terms of reference, membership and reporting arrangements of Board Committees:</p> <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Governance Committee</li> <li>• Local Commissioning Groups</li> </ul>	<p>Legislation/guidance including Code of Accountability (2011). With the exception of Disciplinary Committee and Assessment Panel, HSCB Chair selects Committee Chairs with the appointment being noted at subsequent Board meeting and recorded in Board minutes.</p> <p>Circular HPSS PDD 8/94</p> <p>Circular HPSS PPM 10/2002</p> <p>Section 9 Health and Social Care (Reform) Act NI 2009 &amp; Article 18 of the 1972 Order</p>	Chief Executive/ Appropriate Director

**STANDING ORDERS**  
**SCHEDULE OF POWERS RESERVED TO THE BOARD OF DIRECTORS OF THE HSCB**

	<b>ITEMS</b>	<b>RESPONSIBILITY/TASK</b>	<b>CONTROLS</b>	<b>LEAD PERSON</b>
	Board Committees	<ul style="list-style-type: none"> <li>• Remuneration and Terms of Service Committee</li> <li>• Pharmacy Practices Committee</li> <li>• Reference Committee</li> <li>• Disciplinary Committee</li> <li>• Review Panel</li> <li>• Assessment Panel</li> </ul>	<p>Code of Accountability (2011) Circular HPSS PDD 8/94</p> <p>Pharmaceutical Services Regulations (NI) 1997</p> <p>The Health and Social Care (Disciplinary Procedures) Regulations (NI) 2016</p> <p>The Health and Social Care (Disciplinary Procedures) Regulations (NI) 2016</p> <p>HPSS (PMPL) (Amendment) Regulations (Northern Ireland) 2008</p> <p>Part 2, Regulation 31, Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004</p> <p>Circular HPSS PDD 8/94</p>	Chief Executive/ Appropriate Director

		<ul style="list-style-type: none"> <li>Audit and Governance Committees – Joint Meetings</li> </ul>	Circular HPSS PPM 10/2002	
	Appointment of Members to Board Committees	Approval of Appointment of Members to Board Committees where such persons are not members of the Board for onward submission to DoH for final approval.	Paragraph 7 (1) (3), Schedule 1 of the Health and Social Care (Reform) Act (NI)	Director of Performance and Corporate Services/Director of Integrated Care
	Board Sub Committees (defined as a committee of a Committee)	Approve establishment, terms of reference, membership and reporting arrangements of Board Committees	Section 8 of Health and Social Care (Reform) Act (NI) 2009.	Chief Executive/ Director of Performance and Corporate Services
	Advisory and Other Committees	There may be a range of Committees that advise the Board. These may be set up by statute or regulation but are not delegated a power reserved to the Board, eg Audit Committee, Remuneration and Terms of Service Committee	Appropriate advice notified to Board	Appropriate Executive Director



	<p>Declaration of Chair and Members' Interests</p>	<p>Board Members' Interests to be declared and recorded in minutes within 4 weeks of a change or addition; to be entered in Register available for scrutiny by public in HSCB offices, at Board meetings and on HSCB website.</p>	<p>Code of Conduct and Code of Accountability (for Board Members of HSC bodies (April 2011))</p> <p>HSCB Standing Orders</p> <p>Register of Directors Interests</p>	<p>Board Members</p>
	<p>Implementation of measures to ensure authorised officers behave with propriety</p>	<p>Approve measures to ensure that all Directors and staff are aware of the public service values which must underpin their conduct, eg withdrawal from discussion where there is a potential/perception of conflict of interest</p>	<p>Code of Conduct and Code of Accountability for Board Members of HSC bodies (2011)</p> <p>HSCB Standing Orders</p>	<p>Chief Executive</p>

	Concerns of Staff	Ensure a procedure is in place to enable staff to raise concerns about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest including breaches of the Code of Conduct and other concerns of an ethical nature	<p>Code of Conduct and Code of Accountability for Board Members of HSC bodies (2011)</p> <p>Code of Conduct for HSC Employees (2016)</p> <p>HSCB Standing Orders</p> <p>HSC Board Whistleblowing Policy (compliant with the requirements of The Public Interest Disclosure (NI) Order 1998 (Whistleblowing) and aligned with DHSSPS Circular HSS(F) 07/2009 “Whistleblowing” HSC(F) 32-2015 - DFP Good Practice Guide</p>	Chief Executive/ Appropriate Director
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**STANDING ORDERS**  
**SCHEDULE OF POWERS RESERVED TO THE BOARD OF DIRECTORS OF THE HSCB**

ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON	
<b>3.2.5</b> <b>Appoint, Appraise and Remunerate Senior Executives</b> <i>To appoint, appraise and remunerate senior executives</i>				
	Executive Director Appointments	Ensure that proper arrangements are in place for the composition of interview panels for the appointment of Executive Directors	Code of Conduct and Code of Accountability for Board Members of HSC bodies (2011) Panel composition in accordance with Health and Social Care Board selection and recruitment policies.	Chief Executive
	Terms and Conditions	Scrutinise terms and conditions of service for the Chief Executive and other Senior Executives	Code of Accountability for Board Members of HSC Bodies (2011)  Standing Financial Instruction 11.1  Recommendation by Remuneration and Terms of Service Committee for approval by Board	Chair of Board

	Remuneration	Scrutinise decision in respect of the total remuneration for Executive Directors and Senior Executives to assure compliance with Ministerial/DoH direction	Code of Accountability for Board Members of HSC bodies (2011)  Standing Financial Instruction 11.1  DoH Senior Executive Pay Award Circulars  Recommendation by Remuneration and Terms of Service Committee annually in line with current approved terms including salary review and Performance Related Pay arrangements including any termination payments, for approval by Board	Chair of Board
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**STANDING ORDERS**  
**SCHEDULE OF POWERS RESERVED TO THE BOARD OF DIRECTORS OF THE HSCB**

ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
<b>3.2.6</b> <b>Dialogue with Local Community</b> To ensure that there is <i>effective dialogue between the organisation and the local community</i> on its plans and performance and that these are responsive to the community's needs.			
Board Meetings	To hold meetings in public	Monthly or as agreed by Board. Only exceptional categories of items to be considered in a section of the meeting not open to the public. Standing Order 6.15	Chair
Local Commissioning Groups	To hold meetings in public	Monthly, at least 9 times per year. Only exceptional categories of items to be considered in a section of the meeting not open to the public. Standing Order 6.15	Director of Performance and Corporate Services/Director of Commissioning
Meeting with Patient and Client Council	To convene, jointly with PHA, a meeting with PCC	Annually or to be determined	Chair

	<p>Personal and Public Involvement</p>	<p>Strategy for Personal and Public Involvement for the Public Health Agency and Health and Social Care Board “Valuing People, Valuing Their Participation”</p> <p>HSCB Action Plan on Implementing Personal and Public Involvement</p> <p>Twice yearly progress reports to Board</p> <p>Report to DoH</p>	<p>Section 19 and 20 Health and Social Care (Reform) Act (NI) 2009</p> <p>Circular HSC (SQSD) 03/2012</p>	<p>Director of Social Care and Children</p>
	<p>Annual Report</p>	<p>After the end of each financial year, the Health and Social Care Board shall publish, as a single document, an annual report of its activities together with relevant extracts from its audited annual accounts.</p>	<p>Code of Accountability (2011)</p> <p>Considered by Audit Committee for onward submission to a public Board Meeting for approval. To be signed by Chair and Chief Executive and submitted to the DoH by due date</p>	<p>Chief Executive</p>

	Monitoring of Services	Ensure dissemination of service monitoring and other relevant reports to a cross section of interest groups and community organisations	Reports and follow up of specific issues on an “as needs” basis.	Chief Executive/ appropriate Executive Directors
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**STANDING ORDERS**  
**SCHEDULE OF POWERS RESERVED TO THE BOARD OF DIRECTORS OF THE HSCB**

ITEMS	RESPONSIBILITY/TASK	CONTROLS	LEAD PERSON
<b>3.2.7 Governance – Inclusive of Clinical and Social Care and Risk Management</b>			
Completion of an Annual Governance Statement and Mid Year Assurance Statement	Approval of an Annual Governance Statement and Mid Year Assurance Statement	Governance Committee Audit and Governance Committees Joint Meeting	Chief Executive/Director of Performance and Corporate Services
Assurances on Internal Control	Adoption of a Health and Social Care Board Governance Framework which identifies the key components that underpin the HSC Board system of internal control. Approval of Health and Social Care Board Assurance Framework to provide assurances on the effectiveness of the system of internal control which strengthens the Governance Statement and Mid Year Statement	Approval by Governance Committee  Reports to HSC Board, Committees of the Board, Senior Management team and other groups/fora	Chief Executive/Director of Performance and Corporate Services
Health and Social Care Risk Register	Production of a fully functioning risk register at both Directorate and Corporate levels Approval of a Corporate Risk Register	Review report submitted to Governance Committee on a quarterly basis	Director of Performance and Corporate Services/ Appropriate Director



	Safety and Quality Report	Establish, maintain and report upon arrangements for the purpose of monitoring and improving the quality of the health and personal social services provided to individuals and the environment in which these are provided.	Article 34 Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003  DoH Framework Document (2011)  Report to Governance Committee and HSC Board	Director of Performance and Corporate Services and Appropriate Executive Director
	Minor and temporary relocations of pharmacy premises	Granting of applications	Pharmaceutical Services Regulations (NI) 1997  Approval of applications by Board in confidential session	Director of Integrated Care
	Children and Young People's Plan	Prepare and publish , with copy to DoH	Triennial Report to Health and Social Care Board	Director of Social Care and Children
	Review of Children and Young People's Plan	Prepare and publish, with copy to DoH	Annual Report to Health and Social Care Board	Director of Social Care and Children
	Area Child Care Partnership Plan	Prepare and publish, with copy to DoH/Department of Education.	Triennial Report to Health and Social Care Board	Director of Social Care and Children

	Corporate Parenting Report	Prepare and publish 6 monthly report with copy to DoH	Article 18 Children (NI) Order 1995 DHSSPS Circular CC3/02  Report to Health and Social Care Board	Director of Social Care and Children
	Delegated Statutory Functions Report	Prepare and publish report with copy to the DoH	Annual Report to the Health and Social Care Board	Director of Social Care and Children
	NI Adult Safeguarding Partnership Report	Prepare and publish report with copy to the DoH	Annual Report to Health and Social Care Board	Director of Social Care and Children

## 4. POWERS DELEGATED BY THE BOARD

- 4.1 Arrangements for Delegation by the Board
  - 4.1.1 Introduction
  - 4.1.2 Delegation to Committees
  - 4.1.3 Delegation to Chief Executive and Directors
  - 4.1.4 Decision Tree Flowchart
- 4.2 Scheme of Delegation
- 4.3 Administrative Schemes of Delegation
  - 4.3.1 Common Seal of Health and Social Care Board
  - 4.3.2 Execution of Documents
  - 4.3.3 Arrangements for Commissioning of Health and Social Care
  - 4.3.4 Delegation of Budgets for Board Administration
  - 4.3.5 Procedure for Delegating Power to Authorise and Approve Administrative Expenditure
  - 4.3.6 Procedure for Tendering and Contracting
  - 4.3.7 Use of External Consultants
  - 4.3.8 ICT and ICT Related Investment and Expenditure
- 4.4 Financial Schemes of Delegation
  - 4.4.1 Procedure for Delegation of Care Budgets
- 4.5 Cash Management Reserved to DHSSPS
- 4.6 Chief Executive's Scheme of Delegation

### 4.1 **Arrangements for Delegation by the Board**

#### 4.1.1 Introduction

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

Subject to such directions as may be given by the Department of Health, the Health and Social Care Board may make arrangements for the exercise, on its behalf, of any of its functions by a Committee, sub-Committee or joint Committee, appointed by virtue of Standing Order 5.-3 or the Chief Executive in each case subject to such restrictions and conditions as the Board thinks fit.

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

The Board of the Health and Social Care Board may also delegate statutory functions to HSC Trusts in accordance with the provisions of the HPSS (NI) Order 1994.

#### 4.1.2 Delegation to Committees

The Board shall, in accordance with Paragraph 7 of Schedule 1 of the Health and Social Care (Reform) Act (NI) 2009 appoint a number of committees.

The Health and Social Care Board has established the following Committees:

- Assessment Panel
- Audit Committee
- Audit and Governance Committees – Joint Meeting
- Disciplinary Committee
- Governance Committee
- Local Commissioning Groups
  - Belfast
  - Northern
  - Southern
  - South Eastern
  - Western
- Pharmacy Practices Committee
- Reference Committee
- Remuneration and Terms of Service Committee
- Review Panel

The Board shall approve the constitution and Terms of Reference of these Committees, those appointed by the direction of the Minister or Department of Health, sub-Committees, or Joint Committee, and their specific executive powers. The Terms of Reference pertaining to each Board Committee are included at Appendices 4 – 13.

The Board shall agree any amendment to the delegation of executive powers to be exercised by Committees, those appointed by the Direction of the Minister or Department of Health, sub-Committees, or Joint Committee, which it has formally constituted, as part of the annual review of Standing Orders, or as required.

The Board may also establish other Committees or sub-Committees as appropriate, including a Joint Committee or a Joint sub-Committee between the Health and Social Care Board and the Public Health Agency to facilitate inter-organisational working.

#### 4.1.3 Delegation to Chief Executive and Directors

Where the Board delegates responsibility to the Chief Executive and Directors, the Chief Executive shall prepare a Scheme of Delegation identifying arrangements and who will be responsible for affecting these arrangements through the Senior Management Team and to ensure appropriate training for Board Officers.

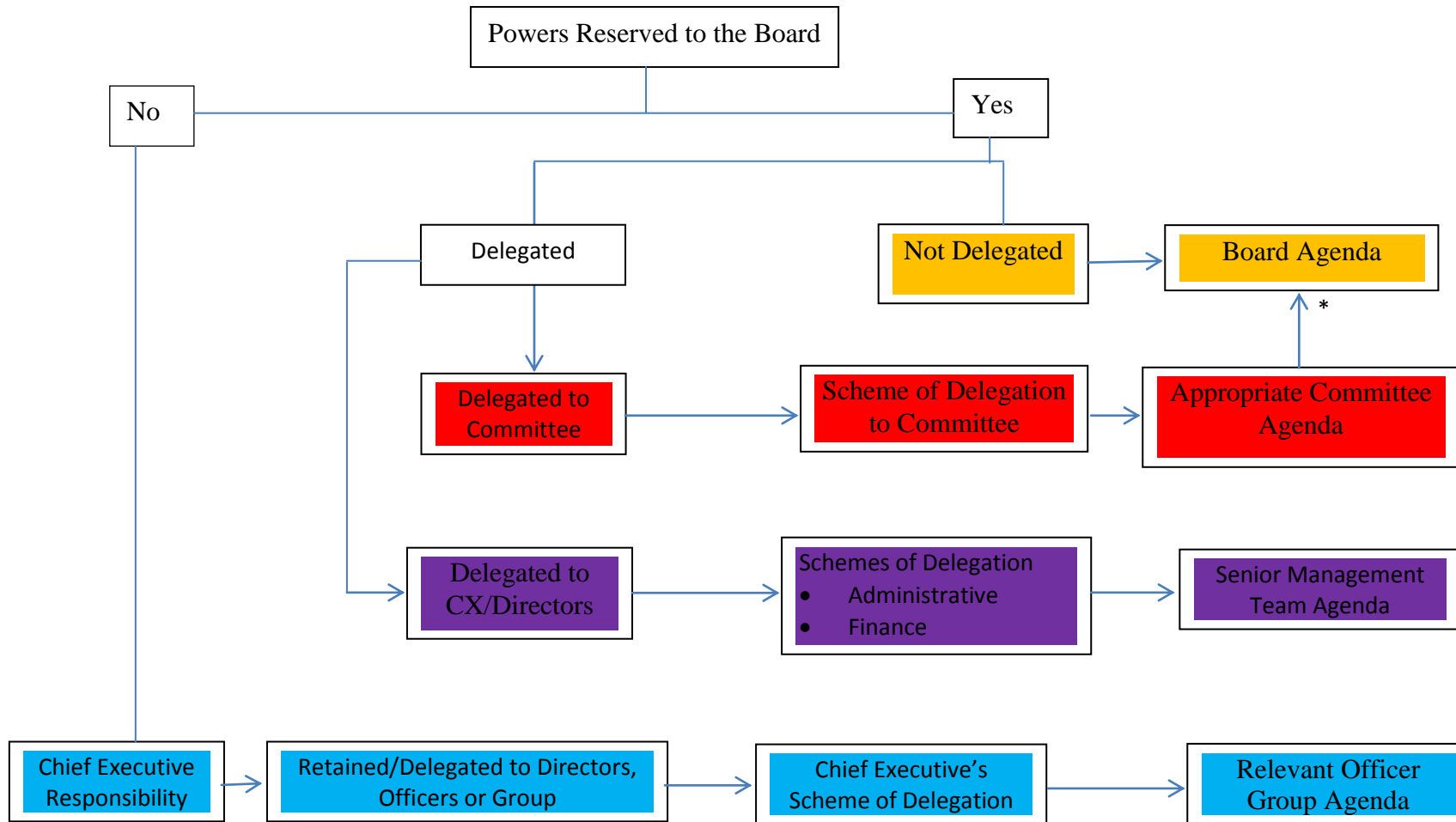
The Administrative Scheme and Financial Scheme of Delegation are detailed in the following pages and at Appendices 1 and 2.

The arrangements made by the Board as set out in the "Powers Reserved to the Board and Powers Delegated by the Board" (Sections 3 and 4) shall have effect as if incorporated in these Standing Orders.

#### 4.1.4 Decision Tree - Flowchart

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

- reserved to the Board;
- delegated by the Board to Committees;
- exercised by the Chief Executive for which she is personally accountable to the Board;
- delegated by the Chief Executive to nominated officers;
- specific Officer Responsibility, for example Director of Social Care and Children.



\*Audit Committee

\*Remuneration & Terms of Services Committee

## **4.2 Scheme of Delegation**

The Chief Executive shall prepare a Scheme of Delegation for those responsibilities which have been delegated by the Board to her and Directors. The Scheme shall be divided into Administration and Finance, each of which identifies arrangements and who will be responsible for affecting these arrangements through the Senior Management Team. The Chief Executive shall ensure appropriate training is provided to Board Officers.

Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board by the Director of Finance, the Director of Commissioning, Director of Social Care and Children, Director of Performance and Corporate Services, or any other Director or Officer to provide information and advise the Board in accordance with statutory requirements. Outside of these statutory requirements, the roles of the Director of Finance, Director of Commissioning, Director of Social Care and Children, Director of Performance and Corporate Services, Director of Integrated Care, Regional Director of eHealth & External Collaboration and Officers shall be accountable to the Chief Executive for operational matters.

## **4.3 Administrative Schemes of Delegation**

### **4.3.1 Common Seal of the Health and Social Care Board**

The Common Seal of the Health and Social Care Board shall be kept by the Chief Executive [or Secretary] in a secure place.

Before any building, engineering, property or capital document is sealed, it must be approved and signed by the Director of Finance (or an officer nominated by him) and authorised and countersigned by the Chief Executive (or an officer nominated by her who shall not be within the originating directorate).

An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose. A report of all sealings shall be made to the Board annually. The

report shall contain details of the seal number, the description of the document and date of sealing.

#### 4.3.2 Execution of Documents

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

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

#### 4.3.3 Arrangements for Commissioning of Health and Social Care

Procedures for commissioning of health and social care services are set out in section 9 of the Standing Financial Instructions. Each year, on behalf of the Health and Social Care Board, the Director of Commissioning will prepare for consideration and approval of the Senior Management Team, a schedule of health and social care services, distinguishing between those where commissioning is delegated to Local Commissioning Groups and those which are commissioned regionally on behalf of Local Commissioning Groups.

The Director of Commissioning is responsible to the Chief Executive for the establishment and maintenance of a strategic framework for the Health and Social Care System, which reflects Ministerial policy and priorities and ensures the effective and meaningful engagement of key stakeholders, both internal and external, in the HSC Board's planning and commissioning processes.



#### 4.3.4. Delegation of Budgets for Board Administration

Each year, on behalf of the Chief Executive, the Director of Finance will bring forward, for consideration and approval by the Senior Management Team, a schedule of budgetary delegation to individual Directors of the Board's budget for management and administration expenditure within the financial limits specified by the Department of Health.

#### 4.3.5 Procedure for Delegating Power to Authorise and Approve Administrative Expenditure

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

#### 4.3.6 Procedure for Tendering and Contracting

Procedures for tendering and contracting are set out in section 8 of the Standing Financial Instructions. The tendering and contracting for most services and supplies to the Health and Social Care Board will be undertaken by the Procurement and Logistics Service (PaLs) of the Business Services Organisation in its role as a recognised centre of procurement expertise. Certain specified areas of procurement, eg care service commissioning/procurement will be reserved to the Board/Chief Executive and delegated to nominated committees/officers of the Board.

#### 4.3.7 Use of External Consultants

External consultancy services, including the widely used term "Management Consultants" are provided by an external supplier/provider, individual, agency, or firm for a limited period of time to carry out a specific or "one off" task or project. DoH Circulars HSC(F) 25/2012 and HSC(F) 48/2012 provide revised guidance on the use of

professional services, covering the engagement of External Consultants by the Health and Social Care Board.

Procurement Guidance Note 03/10 states that:

- Single Action Tenders of any value require Departmental Accounting Officer approval;
- Competitive Tenders above £9,999 require prior approval of the Minister and above £75,000 also require approval by the Department of Finance.
- Competitive Tenders below £10,000 require approval by Health and Social Care Board Chief Executive and must be notified to the Department of Health in advance.

#### 4.3.8 ICT and ICT Related Investment and Expenditure

The Health and Social Care Board is responsible for the preparation and implementation of a Department of Health approved ICT strategy for the wider HSC, within the capital and revenue resources made available by the Minister. These resources may be supplemented by both capital and revenue resource transfers from general allocations available to HSC bodies.

The approval of the Health and Social Care ICT Investment Strategy is reserved to the Board. The approval of Business Cases and associated capital investment and expenditure is delegated to the Chief Executive within the parameters of the approved strategy, Department of Health directions and available capital and revenue allocations.

The Administrative Schemes of Delegation for Sections 4.3.1 – 4.3.8 (Appendix 1) follow the purple section in the Decision Tree Flowchart.

### 4.4 **Financial Schemes of Delegation** (Appendix 2)

#### 4.4.1 Procedure for Delegation of Care Budgets

Each year, on behalf of the Health and Social Care Board, the Director of Finance will bring forward for consideration and approval by the Senior Management Team, a scheme

of budgetary delegation to Local Commissioning Groups of the Health and Social Care Board's budget for health and social care commissioning, consistent with the Health and Social Care Board's Commissioning Plan and any Department of Health earmarked or capitation funding requirements.

The Financial Schemes of Delegation for Sections 4.4.1 (Appendix 2) follow the purple section in the Decision Tree Flowchart.

#### 4.5 **Cash Management Reserved to DHSSPS**

The responsibility for the authorisation and approval of Cash Advances to HSC bodies is reserved to the Department of Health.

#### 4.6 **Chief Executive's Scheme of Delegation (Appendix 3)**

The Chief Executive shall exercise those functions of the Board, which are not reserved to the Board or delegated to a Committee, sub-Committee or Joint Committee, on behalf of the Board.

The Chief Executive shall determine which function she shall perform personally and shall delegate to nominated officers the remaining functions for which she shall still retain accountability to the Board.

The Chief Executive's Scheme of Delegation (Appendix 3) follows the blue section of the Decision Tree Flowchart.

## 5. BOARD COMMITTEES

The arrangements for Powers Delegated to Committees on behalf of the Board are outlined in the red section of the Decision Tree Flowchart.

- 5.1 Appointment of Local Commissioning Groups
- 5.2. Appointment of Board Committees
- 5.3 Appointment of Committees
- 5.4 Appointment of Committee Members

### 5.1. Appointment of Local Commissioning Groups

Section 9 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 requires the Health and Social Care Board to appoint a prescribed number of Local Commissioning Groups as Committees of the Health and Social Care Board.

The five Local Commissioning Groups are:

- Belfast
- Northern
- South Eastern
- Southern
- Western

The Terms of Reference for Local Commissioning Groups is at Appendix 9.

### 5.2 Appointment of Board Committees

Section 7 Schedule 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 requires the Health and Social Care Board to appoint one or more other Committees to which it may delegate such of its functions as it thinks fit.

The Standing Orders of the Health and Social Care Board shall apply, as appropriate, to meetings of Committees established by the Board. Each Committee shall have such Terms of Reference and powers, membership and be

subject to such reporting back arrangements as the Board shall decide. The Terms of Reference are incorporated as appendices to the Standing Orders.

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

### **Board Committees**

- Assessment Panel – Appendix 4
- Audit – Appendix 5
- Audit and Governance Committees (Joint Meeting) – Appendix 6
- Disciplinary Committee – Appendix 7
- Governance Committee – Appendix 8
- Local Commissioning Groups – Appendix 9
- Pharmacy Practices Committee – Appendix 10
- Reference Committee – Appendix 11
- Remuneration and Terms of Service Committee – Appendix 12
- Review Panel – Appendix 13

### **5.3 Appointment of Committees**

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

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

The Standing Orders of the Health and Social Care Board shall apply, as appropriate, to meetings of Committees established by the Board. Each Committee shall have such Terms of Reference and powers, membership and be subject to such reporting back arrangements as the Board shall decide. The Terms of Reference are incorporated as appendices to the Standing Orders.

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

#### 5.4 **Appointment of Committee Members**

Paragraph 7 (1) (3) of Schedule 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 seeks Department of Health approval to appointments to Board Committees if such persons are not members of the Regional Board.

The Board shall define the powers of such appointees and shall agree the terms of their remuneration and/or reimbursement for loss of earnings and/or expenses.

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

## **6. CONDUCT OF BOARD BUSINESS: PROCEDURES FOR MEETINGS**

- 6.1 Code of Practice on Openness
- 6.2 Open Board Meetings
- 6.3 Conduct of Meetings
- 6.4 Calling of Meetings
- 6.5 Setting the Agenda
- 6.6 Petitions
- 6.7 Notice of Meetings
- 6.8 Notice of Motion
- 6.9 Deputations and Speaking Rights
- 6.10 Admission of the Public and media
- 6.11 Attendance of others
- 6.12 Chair of Meeting
- 6.13 Quorum
- 6.14 Record of attendance
- 6.15 Confidential Section of meetings
- 6.16 Motions
- 6.17 Voting
- 6.18 Joint Members
- 6.19 Suspension of Standing Orders
- 6.20 Minutes
- 6.21 Committee Minutes
- 6.22 Variation and Amendment of Standing Orders
- 6.23 Appointments
- 6.24 Potential Conflict of Interests

## 6.1 **Code of Practice on Openness**

The Code of Practice on Openness in the HPSS sets out the requirements for public access to information on the HPSS and for the conduct of Board meetings. The Health and Social Care Board is required to ensure appropriate compliance with the Freedom of Information Act (2000).

The Board shall pursue the aims of the Code of Practice on Openness: *“...to ensure that people may easily obtain an understanding of all services that are provided by the HPSS and, particularly, changes to those services that may affect them or their families”*.

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

## 6.2 **Open Board Meetings**

The Health and Social Care Board shall hold all its Board meetings in public, although, certain issues may be taken in a confidential section of the meeting (See Standing Order 6.15). The notice and agenda for public Board meetings shall be posted on the Health and Social Care Board website [www.hscboard.hscni.net](http://www.hscboard.hscni.net) and published in the press in advance of the meeting and provided, on request, to members of the public.

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

## 6.3 **Conduct of Meetings**

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



The Code of Practice on Openness is not statutory, it does not set aside restrictions on disclosure, which are based in law and decisions shall rest on judgement and discretion. (See Guidance on implementation of the Code of Practice on Openness, para 9.3).

#### 6.4 **Calling of Meetings**

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

The Chair may call a meeting of the Board for a special purpose including in the event of an emergency, at any time.

The notice and agenda for such a meeting shall be conveyed to members and posted on the Health and Social Care Board website [www.hscboard.hscni.net](http://www.hscboard.hscni.net) as far in advance of the meeting as circumstances shall allow.

If requested by at least one third of the whole number of members, the Chair shall call a meeting of the Board for a special purpose. If the Chair refuses to call a meeting or fails to do so within seven days after such a request, such one third or more members may forthwith call a meeting.

The Board shall agree an annual schedule of public meetings which shall be posted on the Health and Social Care Board website [www.hscboard.hscni.net](http://www.hscboard.hscni.net)

#### 6.5 **Setting the Agenda**

The Board may determine or may be directed to ensure that certain matters shall appear on every agenda for a meeting of the Board. If so determined these matters shall be listed as an appendix to the Standing Orders (Appendix 14).

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

The agenda and supporting papers shall be dispatched to members five working days in advance of the meeting, but shall certainly be dispatched no later than three working days beforehand, except in an emergency.

The notice for each meeting shall be published in the press and posted, together with the agenda, on the Health and Social Care Board website [www.hscboard.hscni.net](http://www.hscboard.hscni.net) five working days before the meeting. On request from the press or a member of the public, a copy of the agenda for the public Board meeting shall be supplied.

## 6.6 **Petitions**

Where the Board has received a petition, the Chair shall include the petition as an item on the agenda for the next Board meeting, providing it is appropriate for consideration by the Board. The Chair shall advise the meeting of any petitions that are not granted and the grounds for refusal.

## 6.7 **Notice of Meetings**

Before each meeting of the Board, a notice of the meeting, specifying the business proposed to be transacted at it and any motions relating to it, and approved by the Chair, or by an officer of the Board authorised by the Chair shall be delivered to each member and posted on the Health and Social Care Board website [www.hscboard.hscni.net](http://www.hscboard.hscni.net) at least five working days before the meeting.

Absence of service of the notice on any member shall not affect the validity of a meeting. Failure to serve such a notice on more than three members shall invalidate the

meeting. A notice shall be presumed to have been served one day after posting.

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

## 6.8 **Notices of Motion**

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

## 6.9 **Deputations and Speaking Rights**

Deputations from any meeting, association, public body or an individual may be permitted to address a public meeting of the Board provided the request to address the Board relates to an agenda item under discussion at the Board meeting. A summary of the subject matter must be provided to the Board at least two clear days prior to the meeting, provided that the Chair of the Board has approved the request. The specified notice may be waived at the discretion of the Chair.

In normal circumstances, this facility shall be confined to the making of a short statement or presentation from the members of the deputation and making a copy of the presentation available in advance of the meeting. Each deputation has a total of ten minutes to address the Board and where two members of a deputation will deliver the address, each shall be allocated five minutes.

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

arrangements shall be treated as though no interruption had occurred. (Standing Order 6.16)

#### 6.10 **Admission of the Public and Media**

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

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

*“That in the interests of public order the meeting adjourns for (the period to be specified) to enable the Board to complete business without the presence of the public.”*

In order to avoid undue disruption to Board meetings, television crews/press photographers can have access for filming pictures for a maximum of ten minutes at the outset of the meeting. This will be subject to the agreement of the Chair and members.

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

#### 6.11 **Attendance of Others**

The Director of Integrated Care, Regional Director of eHealth & External Collaboration, Local Commissioning

Group Chairs, the Executive Medical Director/Director of Public Health and the Director of Nursing and Allied Health Professions (Public Health Agency) and the Head of Operations (Patient and Client Council) attend and participate in meetings of the Board of the Health and Social Care Board (observer status).

HSC Board Officers and Officers from HSC Trusts, Patient and Client Council and the Business Support Organisation may attend and participate in meetings of the Board as required.

#### 6.12 **Chair of Meeting**

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

If the Chair is absent temporarily on the grounds of a declared conflict of interest such Non Executive Director, as the members shall choose, shall preside.

#### 6.13 **Quorum**

No decisions may be taken at a meeting unless at least one-third of the whole number of the Chair and voting members appointed, (including at least one Non-Officer Member and one Officer Member) are present.

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

further but not voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting.

#### 6.14 **Record of Attendance**

A record of the names of the Chair (Vice-Chair), and members present at the meeting shall be noted in the minutes and, if necessary, the point at which they join, leave or resume their place at the meeting shall also be noted.

#### 6.15 **Confidential Section of Meetings**

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

- By reason of the confidential nature of the business to be transacted at the meeting.
- When publicity would be prejudicial to the public interest.
- For such special reasons as may be specified in the resolution arising from the exceptional nature of the business to be transacted or of the proceedings at the meeting.
- It shall be noted, and recorded in the minutes of the subsequent public Board Meeting that the Health and Social Care Board met in confidential session

#### 6.16 **Motions**

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

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

- An amendment to the motion
- The adjournment of the discussion or the meeting
- That the meeting proceed to the next business (+)

- The appointment of an ad hoc Committee to deal with a specific item of business
- That the motion be now put (+)
- A motion resolving to exclude the public (including the press).

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

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

When an adjourned item of business is re-commenced or a meeting is reconvened, any provisions for deputations or speaking rights, not previously undertaken or other arrangements shall be treated as though no interruption had occurred.

**Withdrawal of Motion or Amendments** - The proposer may withdraw a motion or amendment once moved and seconded with the concurrence of the seconder and the consent of the Chair.

**Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) that has been passed within the preceding six calendar months, shall bear the signature of the Member who gives it and also the signature of four other Board Members.

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

**Chair's Ruling** - Statements of members made at meetings of the Board shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be final.

## 6.17 **Voting**

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

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

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

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

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

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

## 6.18 **Joint Members**

Where more than one person shares the office of a member of the Board jointly which qualifies the holder for Officer membership:



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

#### 6.19 **Suspension of Standing Orders**

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

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

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

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

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

#### 6.20 **Minutes**

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

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

Minutes shall be circulated in accordance with members' wishes. A copy of the approved minutes of a public Board meeting shall be placed on the HSC Board website [www.hscboard.hscni.net](http://www.hscboard.hscni.net) Where providing a record of a public meeting, the minutes shall be made available to the public upon request as required by Code of Practice on Openness in the HPSS and the Freedom of Information Act 2000.

#### 6.21 **Committee Minutes**

The minutes of all Board Committee meetings shall be approved as follows:

- The approved minutes shall be presented for information to the public Board meeting immediately following Committee approval.
- Where confidentiality needs to be expressly protected, eg by reason of the confidential nature of the business to be transacted or the proceedings at the meeting, they will be submitted to a confidential meeting of the Board.
- Where Committees meet infrequently, the draft minutes shall be presented to the subsequent confidential meeting of the Board for information only.

#### 6.22 **Variation and Amendment of Standing Orders**

These Standing Orders shall be amended only if:

- a notice of motion under the appropriate Standing Order has been given;
- no fewer than half the total of Non-Officer Members vote in favour of amendment;
- at least two-thirds of the Board members are present;  
or
- the variation proposed does not contravene a statutory provision or direction made by the Department of Health.

## 6.23 **Appointments**

**Appointment of the Chair and Members** The legislative provisions governing the appointment of the Chair and members, and their terms of office, are contained in Schedule 1, 3-6 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. Non Executive appointments are made in accordance with the Code of Practice, issued by the Commissioner for Public Appointments for Northern Ireland.

**Appointment of Vice-Chair** - Subject to the following, the Chair and Members of the Board may appoint one of their number, who is not also an Officer Member of the Board, to be Vice-Chair, for such period, not exceeding the remainder of his/her term as a Member of the Board, as they may specify on appointing him/her.

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

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

If no meeting is scheduled or the Chair is not available, and the Chief Executive needs to take advice on an urgent matter, the Chief Executive may obtain the agreement of Non Executive Directors to appoint one of their number as Chair for this purpose.

Where the Chair of the Board has died or has ceased to hold office, or where he/she has been unable to perform his/her duties as Chair owing to illness, absence from Northern Ireland or any other cause, the Vice-Chair, if previously appointed, shall act as Chair until a new Chair is appointed or the existing Chair resumes his/her duties, as the case may be. If not previously appointed, the Board

may appoint one of their number, who is not also an Officer Member of the Board, to be Chair, for such period.

#### 6.24 **Potential Conflict of Interests**

Subject to the following provisions of this Standing Order, if the Chair, Board Member, Local Commissioning Group Chair or observer has any potential conflict of interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, he/she shall, at the meeting, and as soon as practicable after its commencement, disclose the fact.

It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision, and the individual shall withdraw from the meeting while the consideration or discussion of the contract or other matter and the vote is being taken.

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

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

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

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

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

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

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

- of his/her membership of a company or other body, if he/she has no beneficial interest in any securities of that company or other body;
- of an interest of his/her as a person providing Family Health Services which cannot reasonably be regarded as an interest more substantial than that of others providing such of those services as he/she provides; or
- of an interest in any company, body or person with which he/she is connected as mentioned in Standing Orders above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

Where the Chair or a Board Member has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and the total nominal value of those securities does not exceed £5,000 or one-hundredth

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

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

## **7. CODE OF CONDUCT AND CODE OF ACCOUNTABILITY**

- 7.1 Introduction
- 7.2 Code of Conduct
  - 7.2.1. Public Service Values
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- 7.3 Code of Accountability
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#### 7.3.4. Personal Liability of Board Members

### 7.4 Staff Policies and Procedures

#### 7.4.1 Substance Abuse

#### 7.4.2 Misuse of Internet Facilities



## 7.1 Introduction

The Code of Conduct and Code of Accountability for Board Members of Health and Social Care bodies (April 2011), provides the basis on which HSC bodies should seek to fulfil the duties and responsibilities conferred upon them by the DoH.

These Codes replace the previous guidance “Corporate Governance in the Health and Personal Social Service – Code of Conduct and Code of Accountability (2005)”.

## 7.2. Code of Conduct

All Board Members must subscribe to the Code and will be judged upon the way the Code is observed.

Board Members should satisfy themselves that the actions of the Board and its Members in conducting Board business fully reflect the values in the Code of Conduct.

### 7.2.1 Public Service Values

Public service values must be at the heart of health and social care services in Northern Ireland. High standards of corporate and personal conduct, based on a recognition that patients and clients come first, have been a requirement throughout health and social care since its inception. As health and social care is publicly funded, it is accountable to the Northern Ireland Assembly for the services provided and for the effective and economical use of taxpayers’ money.

### 7.2.2. General Principles

Those who work in the Health and Social Care have a duty to:

- conduct business with probity;
- respond impartially to staff, patients, clients, and suppliers;
- achieve value for money from the public funds with which they are entrusted; and

- demonstrate high ethical standards of personal conduct.

The success of the Code depends on a vigorous and visible example from the Board and the consequential influence on the behaviour of all those who work within the organisation. Given their prime responsibility for establishing and maintaining high corporate standards of conduct, the Code's precepts must inform and govern the decisions and conduct of all Board Members.

### 7.2.3. Seven Principles of Public Life (the "Nolan Principles")

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

- Selflessness      Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends
- Integrity          Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties
- Objectivity        In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit
- Accountability    Holders of public office are accountable for their decisions and actions to the public and must submit

themselves to whatever scrutiny is appropriate to their office

- Openness                      Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands
  
- Honesty                        Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest
  
- Leadership                    Holders of public office should promote and support these principles by leadership and example

#### 7.2.4 Openness and Public Responsibilities

The Code of Conduct advises that there should be a willingness to be open and to actively involve the public, patients, clients and staff as the need for change emerges. The reasons for any change should be fully explained and views from the public, patients and clients actively sought and taken into account before decisions are reached.

Health and social care business should be conducted in a way that is socially responsible and forge an open relationship with local communities and conduct a dialogue with clients, patients and their carers about the planning and provision of the services provided. Health and Social Care bodies should demonstrate to the public that they are concerned with the wider health and social well-being of the population.

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

### 7.2.5 Public Service Values in Management

It is a long established principle that public sector bodies, which include the Health and Social Care Board, must be impartial, honest and open in the conduct of their business, and that their employees shall remain beyond suspicion.

It is unacceptable for the Board of any health and social care body, or any individual within the organisation, to ignore public service values in achieving results.

Chairs and Board Members have a duty to ensure that public funds are properly safeguarded and that at all times the Board conducts its business as efficiently and effectively as possible. Proper stewardship of public monies requires value for money to be high on the agenda of the Health and Social Care Board. Accounting, procurement and employment practices must reflect the highest professional standards. Public statements and reports issued by the Board should be clear, comprehensive and balanced and should fully represent the facts.

Annual and other key reports should be made available in good time to all individuals and groups in the community who have a legitimate interest in health and social care issues to allow full consideration by those wishing to attend public meetings on local HSC issues.

It is also an offence under the Public Bodies Corrupt Practices Act 1889 and Prevention of Corruption Acts 1906 and 1916 for an employee to accept any inducement or reward for doing, or refraining from doing anything, in his or her official capacity, or corruptly showing favour or disfavour, in the handling of contracts.

### 7.2.6 Public Business and Private Gain

The Chair, Board members and all staff shall act impartially and shall not be influenced by social, political or business relationships. They should not use information gained in the course of their public service for personal gain or for political purposes nor seek to use the opportunity of public service to promote private interests or those of connected

persons, firms, businesses or other organisations. Where there is a potential for private, voluntary, charitable etc. interests to be material and relevant to HSC business, the relevant interest should be declared and recorded in the Board minutes and entered into a register which is publicly available. When a conflict of interest is established, the Board Member shall withdraw and play no part in the relevant discussion or decision. (Standing Order 7.3.1)

#### 7.2.7 Counter Fraud Policy

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

Circular HSC (F) 44/2011 provides detailed guidance on the revised procedures to be followed for reporting of fraud within the Health and Social Care to Counter Fraud & Probity Services. From 28 September 2011, it is mandatory for all HSC bodies to report all incidents of suspected or actual fraud to Counter Fraud & Probity Services, Business Services Organisation.

The Health and Social Care Board wishes to encourage anyone with reasonable suspicions of fraud to report them. The Health and Social Care Board 'Whistleblowing Policy' enables staff to raise concerns about issues of public interest either internally or externally at an early stage (Standing Order 7.2.13).

The Health and Social Care Board has in place a Fraud Response Plan to give officers specific direction in dealing with cases of suspected fraud, theft or corruption. Advice may also be obtained from the Director of Finance.

#### 7.2.8 Hospitality and Other Expenditure

The use of public funds for hospitality and entertainment, including hospitality at conferences or seminars, shall be carefully considered within the guidelines contained in

DHSSPS Circular HSS (F) 49/2009 as outlined in the Standing Financial Instructions (SFI 18).

All expenditure on these items should be capable of justification as reasonable in light of approved practice in the public sector.

HSCB Gifts and Hospitality Policy (April 2012) is compliant with Circulars FD (DFP) 19/09 and DAO (DFP) 19/09.

See also Standing Order 7.4.1 on Substance Abuse.

#### 7.2.9 Relations with Suppliers

The Health and Social Care Board has an explicit procedure for the declaration of hospitality and sponsorship offered by, for example, suppliers. Their authorisation should be carefully considered and decisions recorded.

Standing Order 7.2.12 refers.

HSCB Gifts and Hospitality Policy and Code of Conduct for HSC Employees (September 2016) also refer.

#### 7.2.10 Gifts

Token gifts (generally at Christmas) of low intrinsic value such as diaries or calendars may be accepted from persons outside the Health and Social Care Board with whom staff have regular contact. At present, a value of less than £50 is used as a guide to identifying gifts of low intrinsic value but the nature or number of gifts may mean that items whose value is less than this may be considered inappropriate. The number of gifts accepted shall be limited within any financial period. Apart from trivial/inexpensive seasonal gifts, such as diaries, no gift or hospitality of any kind from any source should be accepted by anyone involved in the procurement or monitoring of a contract. This will ensure that no criticism can be made regarding bias to a particular company or supplier.

More expensive or substantial items, valued at £50 or more, and gifts of lottery tickets, cash, gift vouchers or gift

cheques, cannot on any account be accepted. All gifts offered, even if they are declined/returned, need to be recorded in the register.

If in doubt, staff shall decline the gift or consult their line manager/ Director before accepting it.

HSCB Gifts and Hospitality Policy (April 2012) and Code of Conduct for HSC Employees (September 2016) also refer.

#### 7.2.11 Sponsorship

Commercial sponsorship may be acceptable on occasions. However, acceptance should never be capable of being perceived as having compromised the organisation's integrity.

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

Board members must be satisfied that their acceptance of any commercial sponsorship could not compromise, or be perceived to compromise, future decisions.

Acceptance of commercial sponsorship of conferences, courses or other events run by the Health and Social Care Board may only be accepted if it can be demonstrated that:

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

Any decisions regarding sponsorship are to be referred to the Health and Social Care Board's Senior Management Team in the case of Health and Social Care Board organised events. Decisions, together with all relevant information, shall be recorded in the minutes for future scrutiny.

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

HSCB Gifts and Hospitality Policy (April 2012) and Code of Conduct for HSC Employees (September 2016) also refer.

#### 7.2.12 Register(s) of Hospitality, Gifts and Sponsorship

All instances when hospitality, gifts (of less than £50 in value) and sponsorship are accepted or returned shall be notified to the Chief Executive's Office, with a record of the basis of the decision to accept or return. Register(s) shall be maintained and monitored within performance management arrangements set out in the HSCB Gifts and Hospitality Policy (compliant with Circulars FD (DFP) 19/09 and DAO (DFP) 19/09 revised as at 3 September 2009) and shall be made available for public inspection on request.

#### 7.2.13 Staff Concerns

The Health and Social Care Board must ensure that staff have a widely publicised and understood procedure for raising concerns about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest, including breaches of the Code of Conduct and other concerns of an ethical nature.

The Health and Social Care Board is committed to promoting a culture of safety built on openness and honesty to reassure staff that it is acceptable to speak up and that their concerns will be handled with sensitivity and respect for confidentiality. The purpose of the Health and Social Care Board Whistleblowing policy is to reassure staff that it



is safe and acceptable to raise concerns about any malpractice at an early stage and in the right way.

If staff wish to make a complaint about their employment or how they have been treated, they may use the Health and Social Care Grievance Procedure.

If staff wish to raise a concern about possible fraud, they can also refer to the Health and Social Care Board Fraud Response Plan.

### 7.3. Code of Accountability

Board Members share corporate responsibility for all decisions of the Board.

The Health and Social Care Board is required to meet regularly and to retain full and effective control of the organisation.

The Chair and Non Executive Board members are responsible for monitoring the executive management of the organisation and are responsible to the Department of Health for the discharge of these responsibilities.

Standing Order 2 includes the responsibilities of the Chair, Non Executive Board Members, Chief Executive and Executive Board Members as well as the key functions of the Board.

#### 7.3.1 Declaration of Interests

The Chair and members of the Health and Social Care Board and the Chair and members of the Local Commissioning Groups are required to declare interests, which are relevant and material to the Health and Social Care Board. All existing managers or budget-holders within the Health and Social Care Board, having delegated responsibility to commit or influence commitment of Public Funds, shall declare such interests. Any managers appointed subsequently shall do so on appointment.

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

- directorships, including non-executive directorships held in private companies or Private Limited Companies (with the exception of those of dormant companies);
- ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the Health and Social Care Board;
- majority or controlling share holdings in organisations likely or possibly seeking to do business with the Health and Social Care Board;
- a position of trust in a charity or voluntary organisation involved in the field of health and social care;
- any connection with a Health and Social Care organisation, voluntary organisation or other organisation contracting for health and social care services; and
- any other commercial interest in the decision before the meeting.

At the time Board members'/Local Commissioning Group members' interests are declared, they shall be recorded in the Board minutes. Any changes in interests shall be declared at the Board meeting following the change occurring. A Register of Board Members Interests has been established and published on the Health and Social Care Board website [www.hscboard.hscni.net](http://www.hscboard.hscni.net). A Register of Interests for each of the five Local Commissioning Groups has also been established and published on the relevant section of the Health and Social Care Board website [www.hscboard.hscni.net](http://www.hscboard.hscni.net). A Register of Interest has been established and maintained in respect of the Pharmacy Practices Committee which includes persons who are not members of the Health and Social Care Board.

Board members/Local Commissioning Group members, directorships of companies likely or possibly seeking to do business with the Health and Social Care Board shall be published in the Board's Annual Report. The information shall be kept up to date for inclusion in succeeding Annual Reports.

At the outset of a Board meeting, the Chair shall invite Members to declare an interest in any agenda item. If a conflict of interest is established, the Member concerned shall, as soon as he/she is able after its commencement, disclose the fact. It shall be disclosed in a manner that cannot be perceived to influence subsequent discussion or decision. The member shall withdraw from the meeting and play no part in the relevant discussion or decision. See Standing Order 6.24

### 7.3.2. Register of Interests

The Chief Executive shall ensure that a Register of Interests is established to record formally declarations of interests of relevant members and officers of the Health and Social Care Board. In particular, the Register shall include details of all directorships and other relevant and material interests, which have been declared by Executive and Non Executive Directors/Local Commissioning Group members, managers and budget-holders.

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

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

If Board members/Local Commissioning Group members' or relevant Officers have any doubt about the relevance of an interest, this shall be discussed with the Chair, Chief Executive or Executive Director as appropriate

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

### 7.3.3. Employee Relations

The Health and Social Care Board must comply with legislation and guidance from the Department of Health (whether or not issued explicitly on behalf of the Minister), respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.

Appointments to Health and Social Care Board posts shall be made on the basis of merit and should normally be by means of open competition.

The terms and conditions agreed by the Board for senior staff should take full account of the need to obtain maximum value for money for the funds available for patient care, and of extant departmental direction or guidance on the subject.

The Board will ensure, through the appointment of a Remuneration Committee (Appendix 12) that Executive Board Members' total remuneration can be justified as reasonable in light of general practice in the public sector. All Board Members' total remuneration from the organisation of which they are a Board Member shall be published in the annual report.

### 7.3.4. Personal Liability of Board Members

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

#### 7.4. Staff Policies and Procedures

The Health and Social Care Board has a number of policies and procedures on a range of issues affecting staff and how they work within the Health and Social Care Board. These can be accessed through the Health and Social Care Board intranet or directly from their Senior Officer.

The content of these policies has been consulted on with recognised staff side organisations and cover issues such as: complaints, health and safety, fire safety, security, equal opportunities, human rights and diversity, Governance, Human Resources, and Information Governance

##### 7.4.1 Substance Abuse

The Health and Social Care Board discourages any form of substance abuse by members of staff. Under the terms of individual contracts of employment, disciplinary action may be instituted if an employee is unable to perform the duties of his/her post as a result of any form of substance abuse or if the actions of an employee brings the Health and Social Care Board into disrepute.

The Health and Social Care Board has approved a “Drugs, Alcohol and Substance” policy.

**Alcohol** - The Health and Social Care Board permits moderate quantities of alcohol to be provided and paid for out of public funds on occasions such as:

- approved hospitality for visitors or guests; and
- approved special functions in Health and Social Care Board premises (see Standing Order 7.2.8).

Otherwise, alcohol may not be consumed in Health and Social Care Board premises or any other location or venue attributed to the Health and Social Care Board except when specific permission has been given by a Director or Senior Officer with appropriate authority, for staff to bring their own refreshments for a function (for example, at Christmas and other times of celebration).

Staff are expected to ensure that, if they consume alcohol, it shall not affect the performance of their duties.

**Drugs** - The Health and Social Care Board expects staff to observe the law both during and outside working hours.

If medical opinion advises that the taking of prescription drugs may affect an individual's performance of their duties, they shall inform their line manager or a senior Human Resources officer in order that an acceptable management of the situation can be agreed.

Any use of recreational drugs, which affects the performance of an employee's duty or brings the Health and Social Care Board into disrepute, shall be considered unacceptable behaviour.

**Smoking** - In meeting with the requirements of The Smoking (Northern Ireland) Order 2006, smoking is not permitted within Health and Social Care Board accommodation, offices or buildings.

#### 7.4.2 Misuse of Internet Facilities

Health and Social Care Board officers, in the conduct of their work for the Health and Social Care Board, have access to the Internet for research and other work related activities. Officers are required to make application for access to the Internet and agree to comply with the Health and Social Care Board's ICT Security Policy.

The Health and Social Care Board' "Use of the Internet" policy outlines the permissible use of services from the workplace or using Health and Social Care Board resources remotely.

Any breach of the policy may result in disciplinary action which may result in dismissal.

## **8 POWERS AND DUTIES**

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

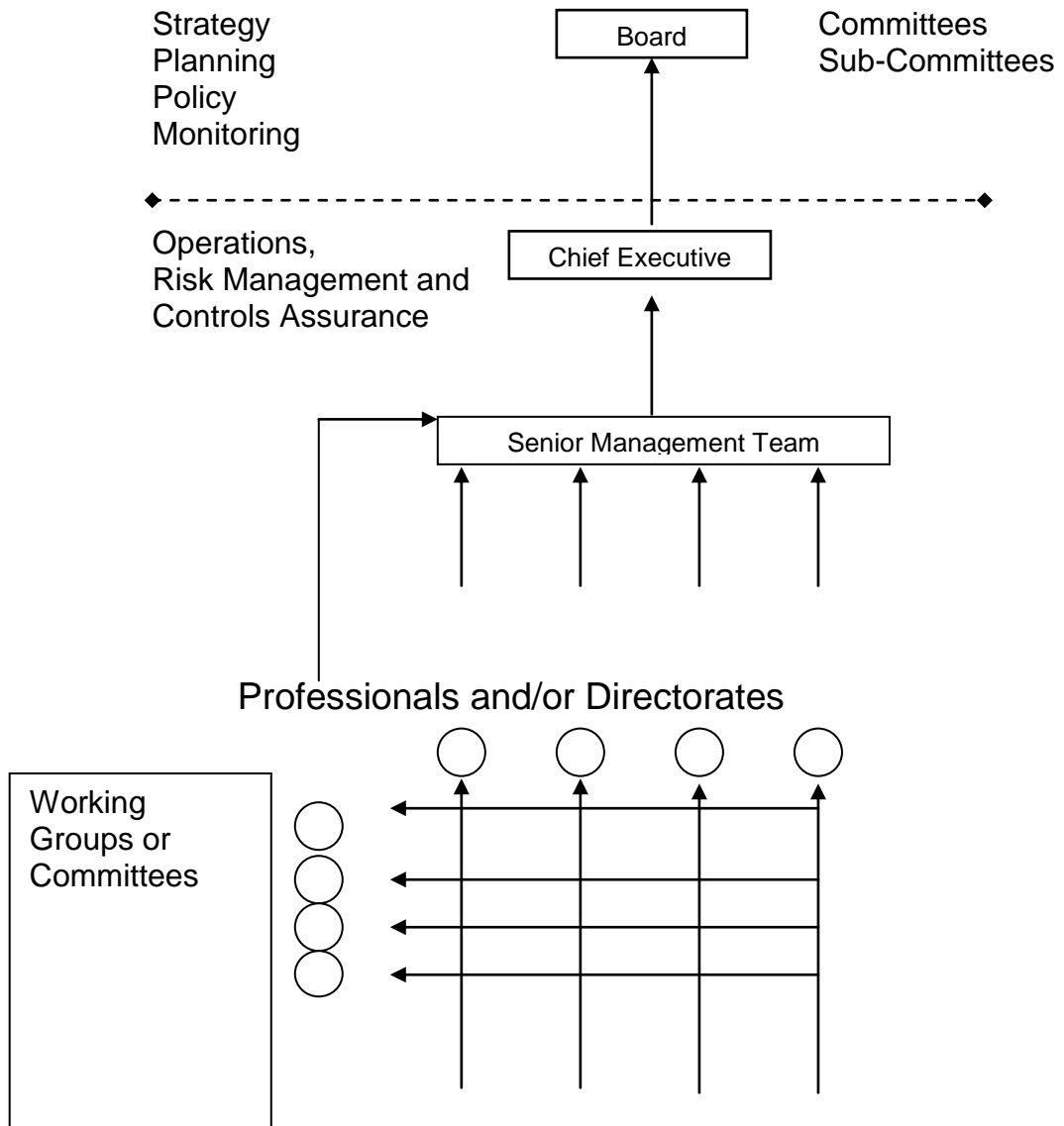
Those individuals who comprise the Board, that is the Chair, Executive and Non Executive Board Directors, shall have regard to Standing Orders 2 and 3 which set out the main functions of the Board and those matters that are reserved to the Board.

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

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

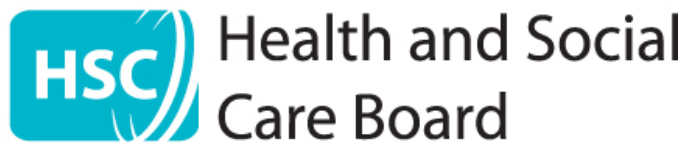
Individuals are accountable through their professional or directorate management structure as well as through any participation on a working group, committee or functional role. This accountability is to the Chief Executive through the Senior Management Team as illustrated in the following diagram.

## \*Accountability Structures





**STANDING FINANCIAL INSTRUCTIONS**



**HEALTH AND SOCIAL CARE BOARD**

**STANDING FINANCIAL INSTRUCTIONS**

**January 2016**

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## **STANDING ORDER NO. 9 - STANDING FINANCIAL INSTRUCTIONS**

### **1. INTRODUCTION**

#### **1.1 General**

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

meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.

## **1.2 Responsibilities and delegation**

### **1.2.1 The Board of the HSCB (Board)**

The Board exercises financial supervision and control by:

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

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

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

### **1.2.4 The Chief Executive and Director of Finance**

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

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accounting Officer, to the Permanent Secretary for Health Social Services and Public Safety (HSSPS), for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the HSCB's activities; is responsible to the Chairman



and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the HSCB's system of internal control.

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

#### 1.2.6 **The Director of Finance**

The Director of Finance is responsible for:

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

without prejudice to any other functions of the HSCB, and employees of the HSCB, the duties of the Director of Finance include:

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

### **1.2.7 Board Members, Members and Employees**

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

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

### **1.2.8 Contractors and their employees**

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

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

## **2. AUDIT**

### **2.1 Audit Committee**

- 2.1.1 In accordance with Standing Orders and the Cabinet Office's guidance on Codes of Practice for Public Bodies (FD/DFP 03/06), the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (DAO[DFP] 07/07) , which will provide an independent and objective view of internal control by:

- (a) overseeing Internal and External Audit services and the adequacy of management response to audit findings;
- (b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;

- (c) monitoring compliance with Standing Orders and Standing Financial instructions;
- (d) reviewing schedules of losses and compensations and making recommendations to the Board;
- (e) reviewing schedules of debtors/creditors balances over 6 months and £5,000 old and explanations/action plans;
- (f) Ensuring there is an effective Counter Fraud strategy in place / operation, which is in line with DFP's guide "Managing the Risk of Fraud".

2.1.2 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the DHSSPS (to the Director of Finance in the first instance). All incidents of fraud must be reported consistent with DHSSPS policy.

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

## **2.2 Governance Committee**

2.2.1 In accordance with the Standing Orders, the Board will establish a Governance Committee with clearly defined terms of reference, which will provide an independent and objective review of:

- (a) adequacy and effectiveness of the system of internal control
- (b) the maintenance of a robust assurance framework
- (c) how risks and opportunities are identified and managed
- (d) the information provided to the Board
- (e) compliance with law, guidance and codes of accountability.

2.2.2 The Governance Committee shall give an assurance to the Board each year, on the adequacy of the system of internal control in operation.

2.2.3 The Governance Committee will seek assurance and advise the Board on the strategic processes in place for managing risk, and review the content in the annual Statement on Internal Control and Mid Year Assurance Statement. For full details on the wider role of the Governance Committee please refer to terms of reference contained in Standing Orders.

## **2.3 Director of Finance**

2.3.1 The Director of Finance is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) ensuring that the Internal Audit is adequate and meets the Public Sector Internal Audit Standards (PSIAS) (and with reference to circular HSS(F) 21/03 detailing Internal Audit arrangements between a sponsoring Department and its non-Departmental Public Bodies and circular HSS(F) 13/2007 on the model HPSS Financial Governance Documents.
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- (d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee [and the Board]. The report must cover:
  - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the DHSSPS including for example compliance with control criteria and standards;
  - (ii) major internal financial control weaknesses discovered;
  - (iii) progress on the implementation of internal audit recommendations;
  - (iv) progress against plan over the previous year;
  - (v) strategic audit plan covering the coming three years;
  - (vi) a detailed plan for the coming year.

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

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

## **2.4 Role of Internal Audit**

2.4.1 Internal Audit will review, appraise and report upon:

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

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

- 2.4.3 The Chief Internal Auditor will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chairman and Chief Executive of the HSCB.
- 2.4.4 The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting system for Internal Audit shall be agreed between the Director of Finance, the Audit Committee and the Chief Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the Public Sector Internal Audit Standards. The reporting system shall be reviewed at least every 3 years.
- 2.4.5 The reporting system for Internal Audit shall be as follows:
- a) An urgent interim report is to be made orally or in writing to alert management to the need to take immediate action to correct a serious weakness in performance or control or whether there are reasonable grounds for suspicion of malpractice;
  - b) On completion of an audit a draft report will be sent to the Director of Finance (or nominated person) and the Director or Manager with direct responsibility for the areas being audited and who has the authority to take action on internal audit recommendations;
  - c) Revised descriptors have been issued as per circular guidance (HSC(F) 32/2013) ,which should be used to describe internal audit findings and when providing their overall opinion at year-end. The descriptors are Substantial, Satisfactory, Limited and Unacceptable.
  - d) A meeting will be arranged between Internal Audit, Director of Finance (or nominated person), and the appropriate Senior Manager to review the report. Management comments will be discussed at this meeting for inclusion in the final report;
  - e) Interim reports are also to be made where it is necessary to make a significant change in the scope of the assignment or where it is desirable to inform management of progress;
  - f) The final report will be issued to the Chief Executive, the Director of Finance, the Assistant Director of Finance and the appropriate Senior Manager from the area being audited;
  - g) An action plan will be prepared and issued to all relevant parties. This action plan will include deadlines for action to be taken and review dates to ensure action has been taken. Action plans will be held on file for review and presentation to the audit committee; and
  - h) The final internal audit reports with management responses must be submitted to the Audit Committee for consideration.

## **2.5 External Audit**

- 2.5.1 The Northern Ireland Comptroller and Auditor General is the appointed External Auditor of the HSCB, who may outsource the External Audit programme to appropriately qualified private sector organisations. The charge for the External Auditor is held as a notional cost by the HSCB. The Audit Committee must ensure a cost-efficient service.
- 2.5.2 If there are any problems relating to the service provided by an outsourced External Auditor, then this should be raised with the External Auditor and referred on to the NIAO if the issue cannot be resolved. The Director of Finance will notify the Board of any such instances.
- 2.5.3 Value for Money Audit work is directed by the nominated DHSSPS Senior Officer. The HSCB shall be funded for 100% of each study done in the HSCB and of any later work to follow-up completed studies.

## **2.6 Fraud and Corruption**

- 2.6.1 In line with their responsibilities, the HSCB Chief Executive and Director of Finance shall monitor and ensure compliance with Directions issued by the DHSSPS Counter Fraud Policy Unit on fraud and corruption.
- 2.6.2 The HSCB shall nominate a suitable person to carry out the duties of the Fraud Liaison Officer as specified by the DHSSPS Counter Fraud Policy and guidance.
- 2.6.3 The Fraud Liaison Officer shall report to the HSCB Director of Finance and shall work with staff in the Counter Fraud Probity service in the BSO and the Regional Counter Fraud Policy Unit in accordance with the DHSSPS Counter Fraud Policy.
- 2.6.4 The Fraud Liaison Officer will provide a written report, at least annually, on counter fraud work within and on behalf of the HSCB.

## **2.7 Security Management**

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

### **3. RESOURCE LIMITS**

#### **3.1 Resource Limit Controls**

- 3.1.1 The HSCB is required by statutory provisions not to exceed Cash and Resource Limits, with a further requirement to declare all in-year easements to the DHSSPS. The Chief Executive has overall executive responsibility for the HSCB's activities and is responsible to the HSCB for ensuring that it stays within these limits and any in-year or cumulative deficits are eliminated.
- 3.1.2 The definition of use of resources is set out in RAB directions on use of resources which are available in the DHSSPS Finance Manual
- 3.1.3 Any sums received on behalf of the Minister for HSSPS are treated as sums received by the HSCB.
- 3.1.4 The Director of Finance will:
- a) provide monthly reports in the form required by the DHSSPS;
  - b) ensure money drawn from the DHSSPS against Cash limit is required for approved expenditure only, and is drawn only at the time of need, follows best practice as set out in 'Cash Management in the NHS';
  - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the HSCB to fulfil its statutory responsibility not to exceed its Annual Revenue and Capital Resource Limits and Cash limit; and
  - d) be responsible for the financial risk register and ensure that the Chief Executive and Senior Management Team are advised of potential financial problems to ensure timely action is taken so that Departmental Expenditure limits are not breached.
- 3.1.5 The Senior Management Team shall ensure that adequate information is provided in a timely way to the Director of Finance to enable reliable financial projections to be made, and necessary advice provided to the Chief Executive on any financial risk to the break-even position.



## **3.2 Promoting Financial Stability**

- 3.2.1 The HSCB has an obligation, with all other HSC Organisations, to contain expenditure within the resources available. Deficits should not be allowed to develop, and where they do threaten to arise, the HSCB, as commissioner, must, in partnership with the PHA and providers, agree appropriate contingency and/or recovery arrangements are put in place.
- 3.2.2 The principles set out in circular HSS(F) 29/2000, “Promoting Financial Stability within HPSS Organisations” must be adhered to. In particular, no service developments should be initiated without the prior securing of recurrent funding from the DHSSPS

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

### **4.1 Allocations**

4.1.1 The Director of Finance of the HSCB will:

(a) periodically review the basis and assumptions used for distributing allocations and ensure that these are reasonable and realistic and secure the HSCB’s entitlement to funds;

(b) prior to the start of each financial year submit to the HSCB for approval a Financial Plan showing the total allocations received and their proposed distribution including any sums to be held in reserve;

(c) regularly update the HSCB on significant changes to the initial allocation and the uses of such funds.

### **4.2 Preparation and Approval of Joint Commissioning Plans and Budgets**

4.2.1 The Chief Executive will compile and submit to the Board a Joint Commissioning Plan (prepared in conjunction with the PHA) which takes into account financial targets and forecast limits of available resources. The Joint Commissioning Plan will contain:

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

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

### **4.3 Budgetary Delegation within the HSCB**

- 4.3.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This

delegation must be in writing and be accompanied by a clear definition of:

- (a) the amount of the budget;
- (b) the purpose(s) of each budget heading;
- (c) individual and group responsibilities;
- (d) authority to exercise virement only within total Revenue or total Capital (non virement between revenue and capital);
- (e) achievement of planned levels of service;
- (f) the provision of regular reports.

4.3.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

4.3.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement. Where DHSSPS resources allocated for a particular purpose are not required or not required in full, for that purpose, they must be returned to the Department for potential redistribution.

4.3.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

4.3.5 All Budget Holders are required to regularly review all projected expenditure and identify to the Director of Finance on a timely basis, where inescapable expenditure has the potential to breach their delegated budget.

#### **4.4 Budgetary Control and Reporting within the HSCB**

4.4.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

- (a) monthly financial reports to the Board in a form approved by the Board containing:
  - (i) income and expenditure to date showing trends and forecast year-end position;
  - (ii) movements in working capital;
  - (iii) movements in cash and capital;
  - (iv) capital project spend and projected outturn against plan;
  - (v) explanations of any material variances from plan;

- (vi) details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
- (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- (c) investigation and reporting of variances from financial, workload and manpower budgets;
- (d) monitoring of management action to correct variances;
- (e) arrangements for the authorisation of in-year budget transfers.

4.4.2 Each Budget Holder is responsible for ensuring that:

- (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board or its delegated representative;
- (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
- (c) no permanent employees are appointed without the approval of the Chief Executive, or his/her delegated representative, other than those provided for within the available resources and manpower establishment as approved by the Board.
- (d) they attend such training as deemed necessary by the Director of Finance.

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

## **4.5 Capital Expenditure**

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

## **4.6 Monitoring Returns**

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

## **5. ANNUAL ACCOUNTS AND REPORT**

- 5.1 The Director of Finance, on behalf of the HSCB, will:

- (a) prepare financial returns in accordance with the accounting policies and guidance given by the DHSSPS and the Treasury, the HSCB's accounting policies, and generally accepted accounting practice;
- (b) prepare and submit annual financial reports and report to the DHSSPS certified in accordance with current guidelines;
- (c) submit financial returns to the DHSSPS for each financial year in accordance with the timetable prescribed by the DHSSPS.

- 5.2 The HSCB's annual accounts and annual report must be audited by the Comptroller and Auditor General to the NI Assembly. The HSCB's audited annual accounts and annual report must be presented to a public meeting and made available to the public after laying before the NI Assembly. This document must comply with the DHSSPS's Manual for Accounts.

## **6. BANK ACCOUNTS**

### **6.1 General**

- 6.1.1 The Director of Finance is responsible for managing the HSCB's banking arrangements with the Business Services Organisation, including setting clarity for the BSO within the Service Level Agreement (SLA) and for advising the HSCB on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the DHSSPS.

- 6.1.2 The Board shall approve the banking arrangements.

## **6.2 Bank Accounts**

6.2.1 The Director of Finance is responsible for setting the parameters for the BSO within the SLA for the following:

- (a) operation of bank accounts;
- (b) establishment of separate bank accounts for the HSCB's non-public funds;
- (c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- (d) all arrangements made with the HSCB's bankers for accounts to be overdrawn and reporting arrangements to the Director of Finance of the HSCB
- (e) monitoring compliance with DHSSPS guidance on the level of cleared funds.

## **6.3 Banking Procedures**

6.3.1 The Director of Finance will prepare detailed instructions to advise the Business Services Organisation on the operation of bank accounts which must include:

- (a) the conditions under which each bank account is to be operated;
- (b) those authorised to sign cheques or other orders drawn on the HSCB's accounts; and
- (c) the limit to be applied to any overdraft.

6.3.2 The Director of Finance must advise the HSCB's bankers in writing of the conditions under which each account will be operated.

## **6.4 Tendering and Review**

6.4.1 The Director of Finance will review the commercial banking arrangements of the HSCB at regular intervals to ensure they reflect best practice and represent best value for money by periodically

seeking competitive tenders for the HSCB's commercial banking business, in co-operation with other HSC organisations. The HSCB should avail of the regional banking contract, unless in exceptional circumstances.

- 6.4.2 Competitive tenders for HSC banking business should be sought at least every 5 years or extended period as agreed by the HSCB. The results of the tendering exercise should be reported to the Board.

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

### **7.1 Income Systems**

- 7.1.1 The Director of Finance is responsible for ensuring, via the Performance Management of the Service Level Agreement with the BSO, that there is compliance with agreed systems for the proper recording, invoicing, collection and coding of all monies due, including HSC transactions.

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

### **7.2 Fees and Charges**

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

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

### **7.3 Debt Recovery**

- 7.3.1 The Director of Finance is responsible for ensuring that the BSO complies with the appropriate recovery action on all outstanding debts.

7.3.2 Income not received should be dealt with in accordance with losses procedures and guidance issued by DHSSPS (circular HSC(F) 50/2012).

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

#### **7.4 Security of Cash, Cheques and other Negotiable Instruments**

7.4.1 The Director of Finance is responsible for setting clarity within the BSO Service Level Agreement on the systems for:

(a) approving the form of all receipt books, agreement forms, or other means either electronic or manual, of officially acknowledging or recording monies received or receivable;

(b) ordering and securely controlling any such stationery;

(c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the HSCB.

7.4.2 Public Funds shall not under any circumstances be used for the encashment of private cheques or IOUs.

7.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

7.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the HSCB is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the HSCB from responsibility for any loss.

7.4.5 Any shortfall in cash, cheques or other negotiable instruments must be reported to the Director of Finance or Fraud Liaison Officer as soon as it is discovered.



## **8. TENDERING AND CONTRACTING PROCEDURE**

### **8.1 Duty to comply with Standing Orders and Standing Financial Instructions**

The procedure for making all contracts by or on behalf of the HSCB shall comply with these Standing Orders and Standing Financial Instructions (except where Standing Order 6.19 Suspension of Standing Orders is applied).

### **8.2 Northern Ireland Public Procurement Policy, EU Directives Governing Public Procurement and DHSSPS Mini-Code Guidance**

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

### **8.3 Reverse e-Auctions**

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

### **8.4 Capital Investment Manual and other DHSSPS Guidance**

The HSCB shall comply as far as is practicable with the requirements of the DHSSPS "Capital Investment Manual", CONCODE and liaise with Health Estates department in respect of capital investment and estate and property transactions. In the case of external management consultancy contracts the HSCB shall comply with DHSSPS guidance on the Use of Professional Services as set out in HSC(F) 25/2012 and HSC(F) 47/2012.

### **8.5 Formal Competitive Tendering**

#### **8.5.1 General Applicability**

The HSCB shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;

- the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DHSSPS);
- For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) and for disposals.

#### 8.5.2 Health Care Services

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

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

Formal publicly advertised tendering procedures **need not be applied** (ref Standing Orders Administrative Scheme of Delegation 4.3.6) where:

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed **£30,000**; or
- (b) where the supply is proposed under special arrangements negotiated by the DHSSPS in which event the said special arrangements must be complied with;
- (c) regarding disposals as set out in Standing Financial Instructions No.16.

#### 8.5.4 Direct Award Contracts (DAC) encompassing Single Tender Actions / Waiving of Competition above £5,000

Guidance has been issued from DHSSPS in the form of circular HSC(F) 05/2012 stating that any proposal which will not be subject to competition must be forwarded to the HSCB's Centre of Procurement Expertise (COPE), which is BSO PaLS, for goods and services, for

advice and agreement before it may be approved by the Chief Executive. This requirement is regardless of whether the actual purchasing is being conducted by PaLS.

#### 8.5.5 STA Agreement by Centre of Procurement Expertise

The case setting out why the Single Tender Action /DAC is required must be presented by management to BSO PALs. After review PALs will provide a Red, Amber or Green (RAG) rating. This will then be considered by the Chief Executive or the Director of Finance for approval. It should be noted that procurement may not proceed until the Chief Executive or Director of Finance has formally approved.

#### 8.5.6 STA Coverage

In addition, this process also covers procurement with sole suppliers and contract extensions which are outside the options specified in the original contract.

#### 8.5.7 STA Liaison with Director of Finance

Officers should liaise with the Director of Finance prior to procurement to ensure latest DFP and DHSSPS procurement guidance is complied with.

#### 8.5.8 STA Retention of Evidence

Clear documented evidence must be retained and this should be forwarded to the Director of Finance for central retention, as well as reported to the Audit Committee.

#### 8.5.9 STA Regulatory Framework

The Regulatory Framework surrounding public procurement allows, in certain circumstances, single tender actions. Please refer to circular HSC(F) 05/2012. The exceptions quoted are within a few very narrowly defined parameters.

#### 8.5.10 STA Delegated Limits

Please refer to the HSCB's Standing Orders Administrative Schemes of Delegation 4.3.6 for financial limits and tendering requirements.

### 8.5.11 List of Approved Firms

The HSCB shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Director of Finance it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Executive (see SFI 8.6.8 List of Approved Firms).

### 8.5.12 Building and Engineering Construction Works

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with CONCODE) without DHSSPS approval.

### 8.5.13 Items which subsequently breach thresholds after original approval

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Chief Executive (or appropriate delegated Board Officer) and be recorded in an appropriate HSCB record.

## **8.6 Contracting/Tendering Procedure**

### 8.6.1 Invitation to tender

- (i) All invitations to tender shall clearly state the closing date and time for the receipt of tenders. As per DHSSPS circular guidance (HSC(F) 62/2013) involvement of incumbent suppliers in the preparation of procurement competition should be carefully controlled and avoided where possible.
- (ii) All invitations to tender shall state that no tender will be accepted unless:
  - submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the HSCB (or the word "tender" followed by the subject to which it related) and be received before the closing date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager;
  - that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

## **OR**

Where an e-tendering system is in use, it shall not be accessible by any means until after the appointed date and time of closing and only then by appropriately authorised personnel.

- (iii) Every tender for goods, materials, services or disposals shall embody such of the HSC Standard Contract Conditions as are applicable.
- (iv) Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with DHSSPS guidance and, in minor respects, to cover special features of individual projects.

### **8.6.2 Receipt and safe custody of tenders**

The Chief Executive or his nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

## **OR**

Where an e-tendering system is in use the electronic files shall be held in a secure electronic environment until time of opening has passed at which point the system shall release the files for access by appropriately authorised personnel.

### 8.6.3 Opening tenders and Register of tenders

The HSCB would expect the Procurement and Logistics Service of the BSO would undertake the following on its behalf:

- (i) As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Chief Executive and not from the originating department.
- (ii) Where services are to be provided by a Centre of Procurement Expertise (CoPE) it will be the responsibility of the CoPE to ensure that appropriate personnel from the CoPE are present at tender opening.
- (iii) The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the HSCB's Schemes of Delegation.
- (iv) The 'originating' Department will be taken to mean the Department sponsoring or commissioning the tender.
- (v) The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Director of Finance or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders.
- (vi) All Executive Directors/members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

The HSCB's Company Secretary will count as a Director for the purposes of opening tenders

- (vii) Every tender received shall be marked with the date of opening and initialled by those present at the opening.
- (viii) A register shall be maintained by the Chief Executive, or a person authorised by him, to show for each set of competitive tender invitations dispatched:
  - the name of all firms/ individuals invited;
  - the names of firms/ individuals from which tenders have been received;

- the date the tenders were opened;
- the persons present at the opening;
- the price shown on each tender;
- a note where price alterations have been made on the tender.

Each entry to this register shall be signed by those present.

A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood.

- (ix) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders.

#### 8.6.4 Admissibility

- (i) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Chief Executive.
- (ii) Where only one tender is sought and/or received, the Chief Executive and Director of Finance shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the HSCB.

#### 8.6.5 Late tenders

- (i) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Executive or his nominated officer decides that there are exceptional circumstances i.e. dispatched in good time but delayed through no fault of the tenderer. Where services are to be provided by a Centre of Procurement Expertise (CoPE), a duly authorised CoPE officer will act as nominated officer.
- (ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened

have not left the custody of the Chief Executive or his nominated officer or if the process of evaluation and adjudication has not started. Where services are to be provided by a Centre of Procurement Expertise (CoPE), a duly authorised CoPE officer will act as nominated officer.

- (iii) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer. Where services are to be provided by a Centre of Procurement Expertise (CoPE), a duly authorised CoPE officer will act as nominated officer.

#### 8.6.6 Acceptance of formal tenders (See overlap with SFI No. 8.7)

Prior to commencement of a tender process a group shall be constituted to evaluate and agree the award of contract. Nominees to the group shall be provided by the Chief Executive or his/her nominated officer and shall have the delegated authority to act on behalf of the HSCB in respect of the award of contract.

- (i) Prior to participation in an evaluation process those Officers participating in the evaluation will be required to complete a Declaration of Objectivity and Interests.
- (ii) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender. Such discussions must be carried out by or with the knowledge and approval of the Procurement Officer responsible for management of the tender process.
- (iii) The lowest tender, if payment is to be made by the HSCB, or the highest, if payment is to be received by the HSCB, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:



- (a) experience and qualifications of team members;
- (b) understanding of client's needs;
- (c) feasibility and credibility of proposed approach;
- (d) ability to complete the project on time.
- (f) social considerations as per circular guidance HSC(F) 60/2013

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

- (iv) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the HSCB and which is not in accordance with these Instructions except with the authorisation of the Chief Executive or Director of Finance.
- (v) The use of these procedures must demonstrate that the award of the contract was:
  - (a) not in excess of the going market rate / price current at the time the contract was awarded;
  - (b) that best value for money was achieved.
- (vi) All Tenders should be treated as confidential and should be retained for inspection.

#### 8.6.7 Tender reports to the Board

Reports to the Board will be made on an exceptional circumstance basis only.

#### 8.6.8 List of approved firms (see SFI No. 8.5.5)

- (a) Responsibility for maintaining list

A manager nominated by the Chief Executive shall on behalf of the HSCB maintain lists of approved firms from who tenders and quotations may be invited. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to

tender and as to whose technical and financial competence the HSCB is satisfied. All suppliers must be made aware of the Trust's terms and conditions of contract.

(b) Building and Engineering Construction Works

- (i) Invitations to tender shall be made only to firms included on the approved list of tenderers compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147).
- ii) Firms included on the approved list of tenderers shall comply with the N.I. Public Sector standard Equality Clause and shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, and the Disabled Persons (Employment) Act 1944 and any amending and/or related legislation.
- iii) Firms shall conform at least with the requirements of the Health and Safety at Work Act (N.I. Order) and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

(c) Financial Standing and Technical Competence of Contractors

The Director of Finance or the HSCB's Centre of Procurement Expertise may make or institute any enquiries he deems appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical and social care governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / professional / medical competence.

8.6.9 Exceptions to using approved contractors

If in the opinion of the Chief Executive and the Director of Finance, or the Director with lead responsibility for clinical governance or the

HSCB's Centre of Procurement Expertise, it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Chief Executive should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.

An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list.

## **8.7 Quotations: Competitive and non-competitive**

### **8.7.1 General Position on quotations**

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed the current levels contained within the DHSSPS Mini-code Guidance.

### **8.7.2 Competitive Quotations**

- (i) Quotations should be obtained in accordance with the DHSS&PS Mini-code based on specifications or terms of reference prepared by, or on behalf of, the HSCB.
- (ii) Quotations should be in writing unless the Chief Executive or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone (only for order value up to and including £2,000). Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.
- (iii) All quotations should be treated as confidential and should be retained for inspection.
- (iv) The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the HSCB, or the highest if payment is to be received by the HSCB, then the choice made and the reasons why should be recorded in a permanent record and held as evidence by the approving officer

Where quotations are obtained without formal competition being sought approval must be given by the Chief Executive or his/her appointed Officer.

### 8.7.3 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the HSCB and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Chief Executive or Director of Finance.

## **8.8 Authorisation of Tenders and Competitive Quotations**

8.8.1 Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the officers nominated in the Chief Executive's Scheme of Delegation at Appendix 1

8.8.2 These levels of authorisation may be varied or changed and need to be read in conjunction with the Board's Scheme of Delegation.

8.8.3 Formal authorisation must be put in writing. In the case of authorisation by the Board this shall be recorded in their minutes.

8.8.4 Where the contract to be awarded is a multi-organisation or Regional Contract then the Chief Executive shall nominate in advance an HSCB employee(s) to participate in the tender evaluation and adjudicate the contract on behalf of the Trust. In doing so the Chief Executive shall delegate authority to that officer(s) to award the contract on behalf of the HSCB.

## **8.9 Instances where formal competitive tendering or competitive quotation is not required**

Where competitive tendering or a competitive quotation is not required the HSCB should adopt one of the following alternatives:

(a) the HSCB shall use the Centre of Procurement Expertise (COPE) for procurement of all goods and services unless the Chief Executive or nominated officers deem it inappropriate. The decision to use alternative sources must be documented.

(b) If the HSCB does not use the Centre of Procurement Expertise (BSO Pals) - where tenders or quotations are not required,

because expenditure is below **£2,000** the HSCB shall procure goods and services in accordance with procurement procedures approved by the Director of Finance.

#### **8.10 Private Finance for capital procurement (see overlap with SFI No. 14.2)**

The HSCB should normally market-test for PFI (Private Finance Initiative funding) when considering a capital procurement. When the Board proposes, or is required, to use finance provided by the private sector the following should apply:

- (a) The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector in line with HSC(F) 47/2015.
- (b) Where the sum exceeds delegated limits, a business case must be referred to the appropriate DHSSPS for approval or treated as per current guidelines.
- (c) The proposal must be specifically agreed by the Board of the HSCB.
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

#### **8.11 Compliance requirements for all contracts**

The Board may only enter into contracts on behalf of the HSCB within the statutory powers delegated to it by the Minister for HSSPS and shall comply with:

- (a) The HSCB's Standing Orders and Standing Financial Instructions;
- (b) EU Directives and other statutory provisions including N.I. Procurement Policy and DHSS&PS Guidance;
- (c) any relevant directions including the Capital Investment Manual and guidance on the Procurement and Management of Consultants;

- (d) such of the HSC Standard Contract Conditions as are applicable.
- (e) contracts with HSC Trusts must be in a form compliant with appropriate DHSSPS guidance.
- (f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.
- (g) In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the HSCB.

### **8.12 Personnel and Agency or Temporary Staff Contracts**

The Chief Executive shall nominate officers with relevant delegated budgetary authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.

These engagements should follow the process set out by the Director of Human Resources (BSO) and unless a Single Tender Action is approved in advance, by the Chief Executive or Director of Finance, be within the terms of the current contract.

### **8.13 Healthcare Services Agreements (see overlap with SFI No. 9)**

Service agreements with HSC providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the HSCB. Service agreements are not contracts in law and are not enforceable by the courts. However, a contract with an NHS Foundation Trust, being a PBC, is a legal document and is enforceable in law.

The Chief Executive shall nominate officers to commission service agreements with providers of healthcare in line with the Joint Commissioning Plan approved by the Board.

### **8.14 Disposals (See overlap with SFI No. 16)**

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his / her nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the HSCB;
- (c) items to be disposed of with an estimated sale value of less than £20,000 (this figure to be reviewed on a periodic basis);
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- (e) land or buildings concerning which DHSSPS guidance has been issued but subject to compliance with such guidance.

## **8.15 In-house Services**

8.15.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The HSCB may also determine from time to time that in-house services should be market tested by competitive tendering.

8.15.2 In all cases where the Board determines that in-house services should be subject to competitive tendering the following groups shall be set up:

- (a) Specification group, comprising the Chief Executive or nominated officer/s and specialist.
- (b) In-house tender group, comprising a nominee of the Chief Executive and technical support.

8.15.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.

8.15.4 The evaluation team shall make recommendations to the Board.

8.15.5 The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the HSCB.

## **9. HSC SERVICE AGREEMENTS FOR PROVISION OF SERVICES (see overlap with SFI No. 8.13)**

### **9.1 Service and Budget Agreements (SBAs) (see overlap with SFI No. 12.3)**

9.1.1 The Chief Executive, as the Accounting Officer, is responsible for ensuring the HSCB enters into suitable agreements or contracts (Service Level/Budget Agreements SBAs, SLAs with service providers for the provision of Health and social care services.

All agreements or contracts should aim to implement the agreed priorities contained within the Joint Commissioning Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- the standards of service quality expected;
- the relevant service framework (if any);
- the provision of reliable information on cost and volume of services;
- the Performance Assessment Framework;
- that SBAs build where appropriate on existing Investment Plans;
- that SBAs are based on integrated care pathways.

### **9.2 Involving Partners and jointly managing risk**

A good SBA/SLA will result from a dialogue of clinicians, social workers, users, carers, public health professionals, PAMs and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the HSCB works with all partner agencies involved in both the delivery and the commissioning of the service required. The SLA will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the HSCB can jointly manage risk with all interested parties. Due consideration in all provider/purchaser



arrangements must be observed as the HSC moves toward a 'Patient/Client-led HSC'.

### **9.3 A 'Patient/Client-led HSC and 'Local Commissioning''**

Commissioning a Patient / Client-led HSC and Local commissioning are being rolled out by the DHSSPS and full support and latest guidance may be accessed at [www.dhssps.gov.uk](http://www.dhssps.gov.uk)

### **9.4 Reports to Board on SBAs & SLAs**

The Chief Executive, as the Accounting Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast expenditure against the SBA/SLA.

## **10. JOINT COMMISSIONING**

### **10.1 Role of the HSCB in Commissioning Health and Care Services**

10.1.1 The HSCB will work with the PHA to jointly commission Health and Care services on behalf of the resident population. This will require the HSCB to work in partnership with the PHA, local HSC Trusts, users, carers and the voluntary sector to develop a Joint Commissioning Plan.

### **10.2 Role of the Chief Executive**

10.2.1 The Chief Executive as the Accounting Officer has responsibility for ensuring Health and Care services are commissioned in accordance with the priorities agreed in the Joint Commissioning Plan. This will involve ensuring SBAs are put in place with the relevant providers, based upon integrated care pathways.

10.2.2 SBAs will be the key means of delivering the objectives of the PFA and therefore they need to have a wider scope. The HSCB Chief Executive will need to ensure that all SBAs;

- Meet the standards of service quality expected;
- Fit the relevant service framework (if any);
- Enable the provision of reliable information on cost and volume of services;

- Fit the Performance Assessment Framework;
- that SBAs build where appropriate on existing Joint Investment Plans;
- that SBAs are based upon cost-effective services;
- that SBAs are based on integrated care pathways.

10.2.3 The Chief Executive, as the Accounting Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast expenditure and activity for each SBA.

10.2.4 Where the HSCB makes arrangements for the provision of services by non-NHS providers it is the Chief Executive, as the Accounting Officer, who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided. Before making any agreement with non-NHS providers, the HSCB should explore fully the scope to make maximum cost-effective use of NHS facilities.

### **10.3 Role of Director of Finance**

10.3.1 A system of financial monitoring must be maintained by the Director of Finance to ensure the effective accounting of expenditure under the SBA/SLA. This should provide a suitable audit trail for all payments made under the agreements, but maintains patient confidentiality.

10.3.2 The Director of Finance must account for Out of Area Treatments/Non Contract Activity financial adjustments in accordance with DHSSPS guidelines.

## **11. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE BOARD AND EMPLOYEES OF THE HSCB**

### **11.1 Remuneration and Terms of Service (see overlap with SO No. 5)**

11.1.1 In accordance with Standing Orders the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

11.1.2 The Committee will **(in areas not already specified by the Department):**

- (a) advise the Board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the HSCB and other senior employees including:
  - (i) all aspects of salary (including any performance-related elements/bonuses);
  - (ii) provisions for other benefits, including pensions and cars;
  - (iii) arrangements for termination of employment and other contractual terms;
- (b) make such recommendations to the Board on the remuneration and terms of service of officer members of the Board (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the HSCB - having proper regard to the HSCB's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- (c) monitor and evaluate the performance of individual officer members of and other senior employees;
- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

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

11.1.4 The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees and officers not covered by either Departmental direction or by the Committee.

11.1.5 The HSCB will pay allowances to the Chairman and non-executive members of the Board in accordance with instructions issued by the Minister and in line with DHSSPS Circular guidance HSC(F) 10/2014.

## **11.2 Funded Establishment**

- 11.2.1 The manpower plans incorporated within the annual budget will form the funded establishment.
- 11.2.2 The funded establishment of any department may not be varied without the approval of the Chief Executive.
- 11.2.3 The Finance Director will ensure that appropriate controls are in place to ensure the funded establishment is not exceeded without prior authority of the Chief Executive.

## **11.3 Staff Appointments**

- 11.3.1 No officer or Member of the Board or HSCB employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:
  - (a) unless authorised to do so by the Chief Executive or his/her nominated officer; and
  - (b) within the limit of their approved budget and funded establishment as confirmed by the Director of Finance.
  - (c) the introduction of electronic recruitment and approval processes shall not remove the requirements of 11.3.1 a-b.
- 11.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc., for employees.
- 11.3.3 In accordance with DHSSPS & HMRC guidance, staff will ensure that all individuals appointed to deliver services for HSCB, regardless of type or duration of their appointment, are engaged using correct procedures. This covers staff directly recruited, employment agency appointments & other self-employed appointees, in accordance with DHSSPS circular reference HSC(F) 21/2014.

## **11.4 Processing Payroll**

The DHSSPS has directed that the processing of HSCB payroll be outsourced to the Business Services Organisation. The HSCB Finance Director will ensure that there is an appropriate Service Level Agreement and monitoring arrangements in place with the BSO to

ensure his responsibilities with regard to payroll processing are in place and operating effectively.

11.4.1 The Director of Finance is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications either manually or electronically;
- (b) the final determination of pay and allowances;
- (c) making payment on agreed dates;
- (d) agreeing method of payment.

11.4.2 The Director of Finance will agree and ensure the issue instructions by the BSO regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees & non-executive appointees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act;
- (g) methods of payment available to various categories of employee and officers;
- (h) procedures for payment by cheque, bank credit, or cash to employees and officers;
- (l) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;

- (k) maintenance of regular and independent reconciliation of pay control accounts;
- (l) separation of duties of preparing records and handling cash; and
- (m) a system to ensure the recovery from those leaving the employment of the HSCB of sums of money and property due by them to the HSCB.

11.4.3 Appropriately nominated managers have delegated responsibility for:

- (a) submitting manual or electronic time records, and other notifications in accordance with agreed timetables;
- (b) completing time records and other notifications in accordance with the Director of Finance's instructions and in the form prescribed by the Director of Finance;
- (c) submitting manual or electronic termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Finance must be informed immediately.

11.4.4 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangement are made for the collection of payroll deductions and payment of these to appropriate bodies.

## **11.5 Contracts of Employment**

The DHSSPS has directed that the processing of HSCB payroll be outsourced to the Business Services Organisation.

11.5.1 The Board shall delegate responsibility to a nominated BSO officer (HR Director) for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;

- (b) dealing with variations to, or termination of, contracts of employment.

The HSCB Director of Finance will ensure that there is an appropriate Service Level Agreement with the BSO and monitoring arrangements in place to ensure proper control systems are in place and operating effectively.

## **12. NON-PAY EXPENDITURE**

### **12.1 Delegation of Authority**

12.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

12.1.2 The Chief Executive will set out:

- (a) the list of managers who are authorised to place electronic requisitions for the supply of goods and services;
- (b) the maximum level of each electronic requisition and the system for authorisation above that level.

12.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

12.1.4 Non-pay expenditure should be committed in accordance with NI Public Procurement Policy and Procurement Control Limits(APP)

12.1.5 The Scheme of Delegated Authority will be incorporated into all electronic approval systems.

### **12.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Standing Financial Instruction No. 8)**

#### **12.2.1 Requisitioning**

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the HSCB. In so doing, the advice of the HSCB COPE (BSO Pals) shall be sought. Requisitions should be placed using the E-Procurement system.

## 12.2.2 System of Payment and Payment Verification

The Director of Finance of the BSO shall be responsible for the prompt payment of accounts and claims once appropriately authorised by HSCB officers. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with Public Sector Prompt Payment Policy.

12.2.3 The Director of Finance will through a Service Level Agreement and monitoring arrangements with the BSO:

- (a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and Standing Financial Instructions and regularly reviewed;
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
  - (i) An electronic approval framework for the electronic authorisation of invoices and requisitions/orders;
  - (ii) A list of Board members/employees (including specimens of their signatures) authorised to authorise expenditure;
  - (iii) Certification, either manually or electronically, that:
    - goods have been duly received, examined and are in accordance with specification and the prices are correct;
    - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;



- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
- the account is arithmetically correct;
- the account is in order for payment.

(iv) A timetable and system for submission to the BSO Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment;

(v) Instructions to employees regarding the handling and payment of accounts within the BSO Finance Department.

- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 12.2.4 below.

#### 12.2.4 Prepayments

Prepayments are only permitted where exceptional circumstances apply. In such instances:

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%) and the intention is not to circumvent cash limits.
- (b) The appropriate officer member must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the HSCB if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements

proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);

- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

#### 12.2.5 Official orders

Official Orders, either manual or electronic must:

- (a) be consecutively numbered;
- (b) be in a form approved by the HSCB Director of Finance or the BSO Director of Finance on his behalf;
- (c) state the HSCB's terms and conditions of trade;
- (d) only be issued to, and used by, those duly authorised by the Chief Executive.

#### 12.2.6 Duties of Managers and Officers

Managers and officers acting for the HSCB must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with EU rules on public procurement;
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with DHSSPS Guidance on the Use of Professional Services relating to the Engagement of External Consultants (HSC(F) 25/2012 and HSC(F) 47/2012), and the sharing of lessons learned from post project evaluation following the use of consultancy HSC(F) 51/2015.

- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
  - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; or
  - (ii) conventional hospitality, such as lunches in the course of working visits;

*(This provision needs to be read in conjunction with Standing Order No. 7 and the principles outlined in the HSCB's policy on "Standards of Business Conduct for Staff" and the Gifts and Hospitality Policy);*

- (e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- (f) all goods, services, or works are ordered on an official order via a requisition on the E-Procurement system.;
- (g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (h) orders must not be split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (i) goods are not taken on trial or loan in circumstances that could commit the HSCB to a future uncompetitive purchase;
- (j) changes to the list of members/employees and officers authorised to certify invoices are notified to the Director of Finance;
- (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance;
- (l) petty cash records are maintained in a form as determined by the Director of Finance.

12.2.7 The Chief Executive and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the

guidance contained within CONCODE and the Land transactions Handbook. The technical audit of these contracts shall be the responsibility of the relevant Director.

### **12.3 Finance Arrangements with HSC Organisations and Voluntary Bodies (see overlap with Standing Financial Instruction No. 9.1)**

12.3.1 Payments to HSC organisation and voluntary organisations **shall** comply with procedures laid down by the Director of Finance which shall be in accordance with DHSSPS guided best practice. (See overlap with Standing Financial Instruction No. 9.1)

### **12.4 Grants and Other Bodies**

12.4.1 Grants to other bodies for the provision of services to patients or clients shall, regardless of the source of funding, incorporate the principles set out in The Departmental Grants Manual, March 2005, issued by the DHSSPS. (Please refer to [www.DHSSPSNI.gov.uk](http://www.DHSSPSNI.gov.uk))

12.4.2 The Manual aims to provide a guide to best practice in the management and administration of grant making. It is a procedures manual, setting out the basic accountability requirements for grant making and giving guidance on how these may be met in practice.

12.4.3 There are five main principles that apply to the management and administration of grant making. These are:

- **Regularity** – funds should be used for the authorised purpose;
- **Propriety** – funds should be distributed fairly, and free from undue influence;
- **Value for Money** – funds should be used in a manner that minimises costs, maximises outputs and always achieves intended outcomes
- **Proportionate Effort** – resources consumed in managing the risks to achieve and demonstrate regularity, propriety and value for money should be proportionate to the likelihood and impact of the risks materialising and losses occurring.
- **Clarity of responsibility and accountability** – within partnership working arrangements there should be clear documented lines of responsibility and accountability of each partner involved. Those who delegate responsibility should ensure that there are suitable means of monitoring performance.

12.4.4 All other grants shall be must be consistent with the Joint Commissioning Plan approved by the HSCB at the outset of the year, be supported by an appropriate Business Case and authorised in line with the HSCB's scheme of delegated authority.

### **13. HSC FINANCIAL GUIDANCE**

13.1.1 The Director of Finance should ensure that members of the Board are aware of the extant finance guidance issued by DHSS&PS, (i.e. directions which the HSCB must follow regarding resource and capital allocation and funding to HSC organisations.) and that this direction and guidance is followed by the HSCB.

### **14. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

#### **14.1 Capital Investment**

14.1.1 The Chief Executive:

- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without confirmation of the availability of resources to finance all revenue consequences, including capital charges; and
- (d) is required to seek Department approval for:
  - All capital projects with expenditure of £500k and above (in accordance with the Capital Investment Manual and DHSSPS Circular HSS(F)13/06 and DAO(DFP) 06/05); and
  - All ICT projects with expenditure of £250k and above.

14.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

- (a) that a business case (in line with the guidance contained within the *Capital Investment Manual*) is produced setting out:

- (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
- (ii) the involvement of appropriate HSCB personnel and external agencies;
- (ii) appropriate project management and control arrangements;
- (b) that the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case;
- (c) that Departmental approval is obtained for projects costing more than the HSCB's delegated limit for capital schemes, currently £500k; and
- (d) schemes requiring Departmental approval are re-submitted to the Department for re-consideration if any of the conditions specified in the Capital Investment Manual apply.

14.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the Land Transactions Handbook.

14.1.4 The Director of Finance shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

14.1.5 The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

14.1.6 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender ( see overlap with SFI No. 8.5);

(c) approval to accept a successful tender (see overlap with SFI No. 8.6).

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Land Transactions Handbook and the HSCB's Standing Orders.

14.1.7 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the current delegated limits for capital schemes (please refer to the HSCB Standing Orders Administrative Schemes of Delegation 4.3.6).

## **14.2 Private Finance (see overlap with SFI No. 8)**

14.2.1 The HSCB should normally test for PFI when considering capital procurement. When the HSCB proposes to use finance which is to be provided other than through its Allocations, the following procedures shall apply:

(a) The Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.

(b) Where the sum involved exceeds delegated limits, the business case must be referred to the DHSSPS or in line with any current guidelines.

(c) The proposal must be specifically agreed by the Board.

## **14.3 HSC Organisations – Capital Proposals**

14.3.1 The HSCB is required to confirm that it supports relevant capital investment proposals from other HSC organisations at Strategic Context stage, above certain delegated limits. It must also state that it is prepared to remit its share of any revenue resource consequences resulting from the scheme.

14.3.2 Circular HSS(PDD) 4/95 directs that the Capital Investment Manual (CIM) for Northern Ireland published is to be implemented.

14.3.3 HSC organisations are required to obtain Departmental approval when costs are expected to exceed the following delegated limits or in

accordance with Circular HSC(F) 43-2014 where the delegated limit for office accommodation leases has been removed:

- All capital projects with expenditure of £500k and above (in accordance with the Capital Investment Manual and Capital Accounting Manual HSC(F) 63/2012...
- All IM and IT projects with expenditure of £250k and above.

14.3.4 The circular states that “... *the commitment of Commissioners must be secured from Strategic Context stage, before much of the detailed planning work is undertaken, and re-affirmed throughout the process*”.

14.3.5 The Capital Investment Manual requires confirmation of Commissioner support at each phase of the Business Case:

- the Strategic Context (SC);
- Outline Business Case (OBC); and
- Full Business Case (FBC).

Approval shall be in line with the HSCB’s Standing Orders Scheme of Delegation 3.4.6

14.3.6 Consideration of HSC organisations capital proposals is to be undertaken by a Capital Investment Core Group consisting of officers from Planning and Finance enlarged as necessary to give consideration from both the care/treatment and business/finance perspectives.

14.3.7 Further guidance is provided in SOC Paper 166/95 dated 22<sup>nd</sup> August 1995. The requirement for all potential schemes to be tested for viability of private financing shall be particularly noted. The provisions of the Capital Investment Manual are to be followed in all cases above the delegated limits for HSC organisations.

## **14.4 Asset Registers**

14.4.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

14.4.2 The BSO on behalf of the HSCB shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Capital Accounting Manual



currently set out in Circular HSC(F) 63/2012 as issued by the DHSSPS.

14.4.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
- (c) lease agreements in respect of assets held under a finance lease and capitalised.

14.4.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Attention is drawn to the recent guidance on limiting the holdings of land & buildings to the minimum required for the performance of present and clearly foreseen responsibilities HSC(F) 40/2013.

14.4.5 The Director of Finance shall reconcile balances on fixed assets accounts in ledgers against balances on fixed asset registers and will monitor the BSO delivery of the Fixed Asset register and associated services.

14.4.6 The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual (HSC(F) 63/2012).

14.4.7 The value of each asset shall be depreciated using methods and rates as specified in the Capital Accounting Manual issued by the DHSSPS.

## **14.5 Security of Assets**

14.5.1 The overall control of fixed assets is the responsibility of the Chief Executive.

14.5.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

- (a) recording managerial responsibility for each asset;
- (b) identification of additions and disposals;
- (c) identification of all repairs and maintenance expenses;
- (d) physical security of assets;
- (e) periodic verification of the existence of, condition of, and title to, assets recorded;
- (f) identification and reporting of all costs associated with the retention of an asset;
- (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

14.5.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance.

14.5.4 Whilst each employee and officer has a responsibility for the security of property of the HSCB, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to HPSS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

14.5.5 Any damage to the HSCB's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.

14.5.6 Where practical, assets should be marked as HSCB property.

14.5.7 HSCB assets procured for the use of General Medical Practitioners and located in General Practice will also be included in the HSCB Fixed Asset Register. The Finance Director shall ensure that GPs understand their responsibility for the safe physical custody of such assets located in their practices.

## **14.6 Financial Instruments**

If the HSCB is to enter into an arrangement to provide funding for loans or other equity investments in a private sector entity, specific written authority must be obtained in advance from DHSSPS.

## **15. STORES AND RECEIPT OF GOODS**

### **15.1 General position**

15.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to annual stock take;
- (c) valued at the lower of cost and net realisable value.

### **15.2 Control of Stores, Stocktaking, Condemnations and Disposal**

15.2.1 Subject to the responsibility of the Director of Finance for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance.

15.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/officer. Wherever practicable, stocks should be marked as health service property.

15.2.3 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

15.2.4 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

15.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.

15.2.6 The designated Manager/officer shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. 16 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

### **15.3 Goods supplied by Centres of Procurement Expertise (COPE) / HPSS Service Providers**

15.3.1 For goods supplied via COPE (BSO Pals) central warehouses, the Chief Executive shall identify those authorised electronically to requisition and accept goods from the store.

## **16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS (see overlap with SFI No. 8.14 and 15.2.6)**

### **16.1 Disposals and Condemnations**

#### **16.1.1 Procedures**

The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

16.1.2 When it is decided to dispose of an HSCB asset, the Head of Department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

16.1.3 All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance;
- (b) recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

16.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

16.1.5 Heads of Department will be responsible for ensuring that all data held on assets for disposal are dealt with appropriately and securely.

## **16.2 Losses and Special Payments**

### **16.2.1 Procedures**

The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments, in line with the requirements of Circular HSC(F) 50/2012.

16.2.2 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the Chief Executive and the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or Chief Executive. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of suspected fraud and corruption the officer should consult the HSCB's Fraud Response Plan for further advice.

The Director of Finance, via the Fraud Liaison Service, must notify the DHSS&PS Counter Fraud Policy Unit and the External Auditor of all frauds or thefts.

16.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must immediately notify:

- (a) the Board,
- (b) the External Auditor.

16.2.4 Within limits delegated to it by the DHSSPS, the Board or delegated officers shall approve the writing-off of losses (HSC(F) 50/2012)

16.2.5 The Director of Finance shall be authorised to take any necessary steps to safeguard the HSCB's interests in bankruptcies and company liquidations.

- 16.2.6 For any loss, the Director of Finance should consider whether any insurance claim can be made.
- 16.2.7 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 16.2.8 No special payments exceeding delegated limits shall be made without the prior approval of the DHSSPS.
- 16.2.9 All losses and special payments must be reported to the Audit Committee at least once per annum..

## **17. INFORMATION TECHNOLOGY**

### **17.1 Responsibilities and duties of the Director of Finance**

- 17.1.1 As well as the Director of Performance Management and Service Improvement's responsibility to ensure that Departmental ICT policy controls e.g. Gateway Reviews are complied with, the Director of Finance, who is responsible for the accuracy and security of the computerised financial data of the HSCB, shall:
- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the HSCB's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
  - (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
  - (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
  - (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

17.1.2 The Director of Finance shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

17.1.3 The Director responsible for Information and Communication Technology (ICT) shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our HSCB that we make publicly available.

## **17.2 Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application**

17.2.1 In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of HSCB's in the Region wish to sponsor jointly) all responsible directors and employees will send to the Director of Finance:

(a) details of the outline design of the system;

(b) in the case of packages acquired either from a commercial organisation, from the HSC, or from another public sector organisation, the operational requirement.

(c) a supporting business case

## **17.3 Contracts for Computer Services with other health bodies or outside agencies**

The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation (e.g. BSO) or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation (e.g. BSO) or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

## **17.4 Risk Assessment**

The Director responsible for ICT shall ensure that risks to the HSCB arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

## **17.5 Requirements for Computer Systems which have an impact on corporate financial systems**

Where computer systems have an impact on corporate financial systems the Director of Finance shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) Director of Finance staff have access to such data;
- (d) such computer audit reviews as are considered necessary are being carried out.

## **18. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT (see overlap with SO No. 7 and SFI No. 12.2.6 (d))**

The Director of Finance shall ensure that all staff are made aware of the HSCB policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in DHSSPS circular guidance on gifts and hospitality, HSS(F) 49/2009 and is also deemed to be an integral part of these Standing Financial Instructions and the Standing Orders (see overlap with SO No. 7).

## **19. PAYMENTS TO INDEPENDENT CONTRACTORS**

### **19.1 Role of the HSCB**

The HSCB will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and



resignations received shall be dealt with equitably, within any time limits laid down in the contractor's HPSS terms and conditions of service.

## **19.2 Duties of the Chief Executive**

The Chief Executive shall:

- (a) ensure that lists of all contractors, for which the HSCB is responsible, are maintained in an up to date condition;
- (b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc., within the appropriate contractor's terms and conditions of service.

## **19.3 Duties of the Director of Finance**

The Director of Finance shall:

- (a) ensure that contractors who are included on an HSCB approved list receive payments;
- (b) maintain a system of payments such that all valid contractors' claims are paid promptly in accordance with the late payment of commercial debt regulations (HSC(F) 52/2013) and correctly, and are supported by the appropriate documentation and signatures;
- (c) ensure that regular independent verification of claims is undertaken, to confirm that:
  - (i) rules have been correctly and consistently applied;
  - (ii) overpayments are detected (or preferably prevented) and recovery initiated in accordance with HSC(F) 50/2012 circular, Guidance on Losses and Special Payments, Appendix B "Recovery of Overpayments;
  - (iii) suspicions of possible fraud are identified and subsequently dealt with in line with DHSSPS Directions on the management of fraud and corruption.
- (d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and

- (e) ensure that a prompt response is made to any query raised by the Business Services Organisation, Counter Fraud and Probity Service regarding claims from contractors submitted directly to them.

## **20. RETENTION OF RECORDS**

- 20.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with DHSSPS guidelines, Good Management, Good Records.
- 20.2 The records held in archives shall be capable of retrieval by authorised persons.
- 20.3 Records held in accordance with DHSSPS guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

## **21. RISK MANAGEMENT AND INSURANCE**

### **21.1 Programme of Risk Management**

The Chief Executive shall ensure that the HSCB has a programme of risk management, in accordance with current DHSSPS assurance framework requirements, which must be approved and monitored by the Board.

The programme of risk management shall include:

- a) a process for identifying and quantifying risks and potential liabilities;
- b) engendering among all levels of staff a positive attitude towards the control of risk;
- c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d) contingency plans to offset the impact of adverse events;

- e) audit arrangements including; internal audit, clinical and social care audit, health and safety review;
- f) a clear indication of which risks shall be insured;
- g) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Governance Statement the Annual Report and Accounts as required by current DHSSPS guidance.

## **21.2 Insurance arrangements with commercial insurers**

21.2.1 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, **three exceptions** when HSC organisation's may enter into insurance arrangements with commercial insurers. The exceptions are:

- (1) HSC organisation's may enter commercial arrangements for **insuring motor vehicles** owned by the HSCB including insuring third party liability arising from their use;
- (2) where the HSCB is involved with a consortium in a **Private Finance Initiative** contract and the other consortium members require that commercial insurance arrangements are entered into; and
- (3) where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the HSCB for an HPSS purpose the activity may be covered in the risk pool. In any case of doubt concerning an HSCB's powers to enter into commercial insurance arrangements the Finance Director should consult the DHSSPS.

# APPENDICES

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## ADMINISTRATIVE SCHEMES OF DELEGATION

This appendix refers to Sections 4.3.1 – 4.3.8 of the Standing Orders

ITEMS	RESPONSIBILITY	CONTROLS	DELEGATED TO
<p><b>4.3.1</b> Application of Board Seal</p>	<p>Authorisation and application of the Board Seal to building, engineering, property or capital document.</p> <p>Approval and signature by Director of Finance and (or an officer nominated by him) and authorised and countersigned by the Chief Executive (or an officer nominated by her who shall not be within the originating Directorate).</p>	<p>Schedule 1 14 (a) (b) Health and Social Care (Reform) Act (Northern Ireland) 2009</p> <p>Register of Sealings</p> <p>Annual Report to public Board Meeting</p>	<p>Chief Executive/ Director of Finance</p>
<p><b>4.3.2</b> Execution of Documents</p>	<p>Signing of any document concerning legal proceedings, agreement or other document not requested to be executed as a deed.</p>	<p>Schedule 1 15 (1) (2) Health and Social Care (Reform) Act (Northern Ireland) 2009</p>	<p>Chief Executive/ Nominated officer</p>
<p><b>4.3.3</b> Arrangements for commissioning of Health and Social Care</p>	<p>The development and implementation of coherent commissioning arrangements</p>	<p>Section 8 (3) Health and Social Care (Reform) Act (Northern Ireland) 2009</p>	<p>Chief Executive/ Director of Commissioning</p>

	to ensure the delivery of the annual Commissioning Plan and to drive continuous improvement in performance and standards.	The Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2016	
<b>4.3.4</b> Authorisation and Approval of Non-Pay Expenditure for Board Administration	<p>The authorisation and approval of non-pay expenditure for Board administration.</p> <p>Chief Executive further delegates these powers to Directors or nominated Officers within the budgets provided to them and the limits set out below.</p> <p>In turn, they may delegate them to named officers.</p>	<p>Within Limits set out overleaf.</p> <p>The Director of Finance will bring forward annual budgets within which each Director must manage their annual expenditure.</p>	Chief Executive, Directors or nominated Budget Holders

## ADMINISTRATIVE SCHEMES OF DELEGATION

## 4.3.5 Procedure for Delegating Power to Authorise and Approve Non-Pay Expenditure For Board Administration

**Authority to initiate expenditure and approve payments**

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

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

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

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

**Routine Expenditure****Definition:**

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

	<b>Expenditure Limits:</b> None. Within budgets. An exception relates to office accommodation leases where the delegated limit was removed as per circular HSC(F) 43-2014	
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**Relates to Section 4.3 of STANDING ORDERS**

**4.3.5 Procedure for Delegating Power to Authorise and Approve Non-Pay Expenditure For Board Administration**

	<p><b>Non Routine Expenditure</b></p> <p><b>Definition:</b> This is expenditure which occurs on a once-only or occasional basis for which a budget may be provided. It may include books, periodicals, courses, travel, and equipment costing less than £5,000.</p> <p><b>Expenditure limits:</b> As provided by the Scheme of Delegation within the budget or approved funding.</p> <p><b>No Budget or Approved Funding:</b> If no budget or specifically approved funding exists for any such proposed expenditure, a Director or nominated Officer is to consult the Director of Finance to identify a possible source of funds. A submission may then be prepared for the Senior Management Team seeking the authorisation of the Chief Executive for the proposed expenditure and its funding.</p> <p><b>Specific Items:</b> Individual procedures applies to the:</p> <ul style="list-style-type: none"><li>- Use of External Management Consultants</li><li>- ICT Expenditure</li></ul> <p>Please refer to the following sections for further information.</p> <p><b>Capital Expenditure</b></p> <p><b>Definition:</b> Capital expenditure is defined in the HPSS Capital Accounting Manual. The essential elements are that there is an asset capable of use for more than one year and that the expenditure exceeds £5,000.</p> <p><b>Expenditure Limits:</b> As provided by the Scheme of Delegation within the budget or approved funding.</p>	
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**Relates to Section 4.3 of STANDING ORDERS**

**ADMINISTRATIVE SCHEMES OF DELEGATION  
4.3.5 Authorisation and Approval Of PAYROLL Expenditure for Board  
administration**

**Authority to Initiate and Approve Payroll  
Expenditure**

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

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

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

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

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

**Relates to Section 4.3 of STANDING ORDERS**

**ADMINISTRATIVE SCHEMES OF DELEGATION  
4.3.5 Authorisation and Approval of Non-Pay Expenditure  
For Board Administration**

	<b>FINANCIAL LIMITS</b>	
	<p>The responsibility for the authorisation and approval of non-pay expenditure for Board administration is delegated to the Chief Executive. The Chief Executive further delegates these powers to Directors and nominated Officers within the budgets provided to them and the limits set out below. In turn, they may delegate them to named officers in line with the Scheme of Delegated Authority.</p> <p><b>Routine Revenue Expenditure:</b></p>	
Not required	<p>Within budget limits</p> <p><b><u>Non-Routine Revenue Expenditure:</u></b> <b>(excluding ICT and Use of External Management Consultants (Standing Order 4.3.7) and where there are separate arrangements Standing Order 4.3.8)</b></p>	
Limits may be varied	<p>Within budget or ear-marked funds: please refer to the current Scheme of Delegated Authority for full details of all authorised limits</p> <p><b>No budget or ear-marked funds:</b> Submission to Senior Management Team</p> <p><b>Use of External Management Consultants</b> <b>Authorisation of proposed use:</b></p>	
Up to £10,000	Chief Executive and notify Policy and Accountability Unit in advance.	
£10,000 to £75,000	Chief Executive plus authorisation of the Minister (DoH) in advance.	

£75,000 and above	<p>Chief Executive plus authorisation of the Minister (DoH) and DoF in advance.</p> <p>Please note that where a Single Tender Action is proposed for an External Consultancy project, the Permanent Secretary's advance approval must also be secured. This applies to all levels of expenditure.</p>	
Any amount	<p><b>Approval to pay:</b></p> <p>As per Scheme of Delegated Authority for Non Purchase Order administration costs.</p>	
<p>Within projected financial limit &lt;£500,000</p> <p>&gt; £500,000</p>	<p><b>Capital Expenditure</b></p> <ul style="list-style-type: none"> <li>• ICT Strategy to be approved by Board</li> <li>• Support to Trust proposed Capital Investment at Strategic Outline stage.</li> <li>• Director (Board and Department of Health approval required for ICT Business Cases &gt;£250,000)</li> <li>• Chief Executive/SMT (Department of Finance approval required for ICT Business Cases &gt;£500,000)</li> </ul>	
<p>&lt;£100,000</p> <p>&gt;£100,000</p>	<p><b>Disposal of Board Assets</b></p> <ul style="list-style-type: none"> <li>• Chief Executive</li> <li>• Board</li> </ul>	

**Relates to Section 4.3 of Standing Orders**

**ADMINISTRATIVE SCHEMES OF DELEGATION**

**4.3.6. Authorisation and Approval of Non-Pay Expenditure for Board Administration (unless order drawn from an existing tendered contract)**

<b>Financial Limits</b>		
<b>Order Value:</b>		<b>Requirement:</b>
Up to and including £5,000		Formal written quotations not required. However Officers must ensure that value for money can be demonstrated eg cost comparisons from internet or phone enquiries.
>£5,000	<£10,000	Written evidence of at least 4 cost comparisons/quotations must be sought.
>£10,000	<£30,000	Tenders or written quotations from 5 suppliers.
>£30,000	£EU Public Procurement Threshold	Publicly advertise tender competition (Newspaper/Website). Advice will be provided by Procurement and Logistics Service as to the most cost effective procurement process on a case by case basis. The Tender process must be conducted in line with Procurement Guidance Note 05/12 (Procurement of Goods, Works and Services over £30,000 and below EU Thresholds).
>£EU Public Procurement Threshold		EU Directives apply and require advertising in the Official Journal of the European Union (OJEU). The process will be undertaken by the Procurement and Logistics Service.
* Current EU Threshold		

**Placing of Orders**

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

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

When selecting suppliers to be invited to submit a quotation or tender for procurements below **£30,000**, contracting authorities should provide opportunities for Small and Medium sized Enterprises to compete for business in line with the Health and Social Care Board's Procurement Policy.

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

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

**Relates to Section 4.3 of STANDING ORDERS**

**ADMINISTRATIVE SCHEMES OF DELEGATION  
4.3.7 Procedure for Use of External Consultants for Non-Pay  
Expenditure for Board Administration**

**Introduction:**

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

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

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

**Delegation:**

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

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

Annex A – Proposal Proforma

Annex B – Business Case

Annex C – Single Tender Action/Direct Award Contract

Annex D – Completion of Project

Annex E – Post Project Evaluation

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



**Relates to Section 4.3 of STANDING ORDERS**

**4.3.7 Procedure for Use of External Consultants for Non-Pay Expenditure for Board Administration**

	<p>Appropriate Senior Management Team members shall be consulted before making a decision on whether the relevant skills and expertise are available internally.</p> <p>Detailed guidance and documentation are available on HSCB Intranet.</p> <p><b>Tendering:</b></p> <p>The use of External Management Consultancy is subject to the normal contract procedures as referred to in Standing Orders, Administrative/Financial Schemes of Delegation for Non-Pay Expenditure (see above).</p>	
	<p><b>Liaison with Department of Health, Social Services and Public Safety:</b></p> <p>The circular requires that the Department's Policy and Accountability Unit is notified <b>in all instances</b> where there is a case for External Consultants being employed. The HSC Board has decided that in all cases the notification shall be directed via the Director of Finance, who shall provide advice on the completion of forms and the notification to the Department of Health.</p> <p>The Circular also requires <b>the approval</b> of the Minister of Health <b>before</b> going out to tender where the fees <b>are likely to exceed</b> £9,999 and Department of Finance approval if greater than £75,000. As above, the Director of Finance shall advise on the referral for approval and shall be the primary point of contact with the Department's Finance Policy and Accountability Unit (FPAU).</p> <p>In addition, and in exceptional circumstances, if a Single Tender Action (direct award contract without competition) is proposed for the External Management Consultancy project, the relevant Director must present</p>	

	<p>the case to the Chief Executive who will decide whether the request may proceed to the Permanent Secretary (DoH) for approval of the Single Tender Action which must be prior to the approval of the Management Consultancy Project.</p> <p><b>This is the case at all levels of proposed expenditure on External Management Consultancy with a proposal for a Single Tender Action.</b></p> <p>The Business Services Organisation (PaLS) should be consulted in cases where a tender is deemed necessary.</p>	
	<p><b>Engagement of Consultants:</b> The Health and Social Care Board's standard letter of contract shall be used. Where it is deemed necessary to depart from this, advice shall be sought from the Director of Finance.</p> <p><b>Monitoring:</b> The sponsoring directorate or steering Committee must appoint an officer to manage the External Management Consultancy project.</p> <p><b>Fees and Expenses:</b> All expenditure <b>must</b> be approved according to the Scheme of Delegated Authority after the initial approval to proceed with the Scheme by the Chief Executive, Director of Finance, DoH, Minister or DoF as appropriate.</p>	
	<p><b>Financial Monitoring:</b> The Director of Finance is responsible for maintaining the records of expenditure on assignments completed and/or started during each year, which are required by the circular, and for submitting the quarterly and annual returns to the Department of Health.</p> <p>The nominated officer, identified as being responsible for managing the project, is responsible for advising the Director of Finance on expenditure on the project.</p> <p><b>Report:</b></p>	

	<p>The appointed officer and/or the steering Committee/project team shall complete the Post Project Evaluation Report recording the assessment of the consultant, which the circular requires. It shall then be forwarded to the Director of Finance for onward submission to the Department of Health.</p>	
	<p><b>Records:</b> The monitoring officer shall set up a contract file which includes:</p> <ul style="list-style-type: none"> <li>• terms of reference / consultants brief;</li> <li>• evidence of DoH notification and approval;</li> <li>• evidence of notification to staff associations/Trade Unions if applicable;</li> <li>• evaluation criteria;</li> <li>• copies of all the consultants proposals;</li> <li>• details of the shortlisting and final selection process;</li> <li>• the letter of contract and any variations;</li> <li>• records of payments;</li> <li>• implementation plans, and</li> <li>• project evaluation details.</li> </ul>	
	<p><b>Consultation with Staff:</b> DoH circular HSC(F) 25/2012 requires that before commissioning any consultancy work on an efficiency assignment which may impact on the organisational structure and/or staffing, the organisation should notify the relevant Staff Association side.</p> <p><b>Employment of IT Consultants:</b> In addition, the Information Management Group of the NHS HSS Executive has produced a guide on "The Procurement and Management of Consultants within the NHS." The Department has issued this as a model of good practice. Volume One focuses on the general issues of which senior management shall be aware and Volume Two on the practical details for a manager purchasing consultancy services.</p>	

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

**Relates to Section 4.3 of STANDING ORDERS**

**ADMINISTRATIVE SCHEMES OF DELEGATION**

**4.3.8 Procedure for Delegating Power to Authorise and Approve ICT and ICT Related Investment & Expenditure for Board Administration**

	<p>The Health and Social Board is responsible for the preparation and implementation of a DoH approved ICT strategy for the wider HSC, within the capital and revenue resources made available by the Minister. These resources may be supplemented by both capital and revenue resource transfers from general allocations available to HSC bodies.</p>	
	<p>The approval of the HSC ICT Investment Strategy is reserved to the Board. The approval of Business Cases and associated capital investment and expenditure is delegated to the Chief Executive within the parameters of the approved strategy, Departmental directions and available capital and revenue allocations.</p> <p>The Chief Executive may delegate to the Director responsible for ICT expenditure authority to approve Business Cases up to £250,000, and the transfer of capital allocations (post formal business cases approvals) to other HSC organisations up to £1,000,000, provided they are consistent with the priorities approved by the Board within the ICT Strategy and affordable within the budgetary allocations notified or indicated by the DoH.</p> <p>The Director responsible for ICT expenditure will agree with the Finance Director their scheme of further delegation to nominated officers within the eHealth and External Collaboration of powers:</p> <ul style="list-style-type: none"><li>- to approve the transfer of capital allocations to other HSC organisations by the DoH;</li><li>- to approve business cases within the Board approved ICT strategy and budgets, approve requisitions for Board/GMS ICT assets and services and, separately,</li></ul>	

- to approve invoices for Board/GMS ICT assets within Board approved annual budgets. Board and DoH approval is required for ICT Business Cases in excess of £250,000.
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## FINANCIAL SCHEMES OF DELEGATION

This appendix refers to Sections 4.4 of the Standing Orders

**Relates to Section 4.4.1 of STANDING ORDERS**

### FINANCIAL SCHEMES OF DELEGATION

#### 4.5.1 Procedure for Delegation of Budgets including Budgets for Commissioning of Care

<p>The Director of Finance under the authority of the Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and accompanied by a clear definition of:</p> <ul style="list-style-type: none"> <li>• the amount of the budget;</li> <li>• the purpose of each budget heading;</li> <li>• individual and group responsibilities;</li> <li>• authority to exercise virement within total revenue or total capital;</li> <li>• achievement of planned levels of service; and</li> <li>• the provision of regular reports.</li> </ul> <p><b>Principles of Delegation:</b> Control of a budget shall be set at a level at which budget management can be most effective.</p> <p>Whilst the Chief Executive retains overall responsibility for budgets, they may be delegated to Directors, Local Commissioning Groups or nominated Officers who may, in turn, delegate the management of a budget to officers under their span of control. A list of the officers so authorised shall be forwarded to the Director of Finance.</p> <p><b>General:</b> All expenditure is to be included in the budgetary system and all items must be coded to a budget heading.</p> <p>Where additional funding is required outside the budgetary framework for prospective expenditure the relevant Director or nominated Officer shall prepare a submission to the Senior Management Team.</p>	<p>Standing Financial Instructions Section 10.2</p>
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**Timetable:**

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

**Virement:**

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

Virement is permissible except where expressly excluded as below:

- no virement between capital and revenue budgets is permitted except with the written permission of DoH;
- no virement from a non-recurrent to a recurrent purpose is permitted;
- all non-recurrent virements must be agreed within a period of account and certainly no longer than one year;
- locally planned savings are available to the budget holder on a recurring basis at the discretion of the Director or nominated Officer involved;
- savings arising from Health and Social Care Board policy changes or from imposed cuts are not available to the budget holder;
- fortuitous savings are at the disposal of budget holders in the same way as planned savings, although the Chief Executive reserves the right to request all fortuitous savings to be made available for another planned purpose;
- where timing delays, such as the late delivery of capital equipment, mean that expenditure is not incurred in one period of account, then the "savings" are not available for virement until the postponed expenditure in the following period of account has been committed.

	<p>Budget holders must confirm their agreement to the Director of Finance in writing and the proposed virement must then be submitted to the Senior Management Team to be approved by the Chief Executive.</p>	
	<p><b>Overspends and Underspends</b></p> <p>The consent of the Chief Executive must be obtained before incurring any overspends which cannot be met by approved virement.</p> <p>Any funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.</p>	



**Relates to Section 4.4 of STANDING ORDERS**

**FINANCIAL SCHEMES OF DELEGATION**  
**4.5 Authority To Initiate And Approve Cash Advances To HSC Bodies**

<b>FUNCTION</b>	
<b>Cash Advances:</b>	
<p>The responsibility for the authorisation and approval of Cash Advances to HSC Bodies is reserved to the Department of Health.</p> <p>The Department of Health retains responsibility for the reconciliation of overall HSC cash draw and reported Income and Expenditure positions of individual HSC organisations in Northern Ireland.</p>	
<b>Limits of Authority:</b>	
<p>There is <b>no</b> delegated authority to the Health and Social Care Board from the Department of Health for cash advances in any single financial year.</p>	

**CHIEF EXECUTIVE’S SCHEME OF DELEGATION**

**This appendix refers to Section 4.6 of the Standing Orders**

<b>ITEMS</b>		<b>RESPONSIBILITY</b>	<b>CONTROLS</b>	<b>DELEGATED TO</b>
	Corporate Operational Matters	Matters which impact on the corporate operational performance of the Board	Timely submission required from appropriate lead Director or joint submission	Senior Management Team
	Multidisciplinary Planning and Commissioning and Monitoring proposals	Proposed matters which involve the planning and commissioning and monitoring of services including in year management of resources	Proposals to be submitted for Senior Management Team approval and monitoring	Appropriate Planning or Commissioning Team
	Lead and Manage Individual Directorates	The operational management of individual directorates including leadership and development	Responsive to corporate needs	Individual Directors
	Financial Performance of Directorate operations	Monitoring of individual Directorate performance to achieve overall corporate targets set by the Department of Health	Monthly reporting by Director of Finance to achieve overall targets	Senior Management Team

Control Assurance Standards and Risk Management	Ensure Board-wide implementation and compliance with the requirements of Controls Assurance Standards.	Governance Committee	Director of Performance and Corporate Services
Policy approval process to comply with Controls Assurance Standards	New policy proposals requiring approval in accordance with Controls Assurance Standards.	Policies relating to internal management arrangements to be submitted to the Senior Management Team for approval.	Senior Management Team
Revision/approval of HSCB Policies	Approval of revision to existing HSC Board policies  Approval of policies relating to operational matters	Controls Assurance Standards Relevant legislation and guidance	Senior Management Team
Complaints Monitoring	Monitoring of complaints activity within the HSC Board, Family Practitioner Services and HSC Trusts in accordance with the HSC Complaints Procedure guidelines and accompanying regulations.	Annual Report to Governance Committee	Chief Executive/Director of Performance and Corporate Services

Management of serious concerns/underperformance concerns in the four Family Practitioner Services	The review of concerns about under-performance of general medical, dental, pharmaceutical and ophthalmic practitioners including advice on the management of cases and referral for investigation, where appropriate.	<ul style="list-style-type: none"> <li>• Regional Professional Panel</li> <li>• Reference Committee or, where appropriate, the Chief Executive</li> <li>• Review Panel</li> <li>• Disciplinary Panel</li> </ul>	Director of Integrated Care and appropriate officers in the Directorate of Integrated Care
Operation of the Regional Professional Panel from 1 January 2011	Assessing expressions of concern about under-performance of general medical, dental, pharmaceutical and ophthalmic practitioners.	Referral on to Stage 3 shall be decided by the Reference Committee or, where appropriate, the Chief Executive.	Director of Integrated Care and appropriate officers in the Directorate of Integrated Care
Management of the GMS Contract	The operation of the HPSS (General Medical Services Contracts) Regulations (Northern Ireland) 2004	Key proposals to be submitted for SMT approval and monitoring	Director of Integrated Care and appropriate officers in the Directorate of Integrated Care
Operation of the NI Primary Medical Performers List	The operation of the HPSS (Primary Medical Performers Lists) Regulations (Northern Ireland 2004, including the inclusion, conditional inclusion, contingent removal,	<ul style="list-style-type: none"> <li>• Regional Primary Medical Performers List Advisory Committee</li> <li>• Review Panel</li> </ul>	Director of Integrated Care and appropriate officers in the Directorate of

	suspension and removal of GP Performers from the NI PMPL List		Integrated Care
Operation of the Responsible Officer role	The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010	Responsible Officers forum (DoH) – papers relating to the operation of the Responsible Officer role to be submitted to SMT for approval. The responsible officer reports to the Director of Integrated Care and is accountable to the HSCB Board for this function.	Assistant Director of Integrated Care (Head of GMS) – Designated as the Responsible Officer.
Operation of the Accountable Officer Role	The Health Act 2006; The Controlled Drugs (Supervision and Management and Use) Regulations (Northern Ireland) 2009 as amended by the Controlled Drugs (Supervision of Management and Use) (Amendment) Regulations (Northern Ireland) 2015 (the Regulations)	<ul style="list-style-type: none"> <li>The Accountable Officer reports to the Director of Integrated Care and is responsible to HSCB Board for this function.</li> </ul>	Assistant Director of Integrated Care (Head of Pharmacy and Medicines Management) – Designated as the Accountable Officer

<p>Chairmanship and Operation of Northern Ireland Local Intelligence Network (Controlled Drugs) November 2014</p>	<p>Sharing of information between organisations regarding concerns about relevant persons (includes health professionals and employees who are not health professionals) relating to the management of controlled drugs including potential or actual systems failures.</p>	<p>The Health Act 2006  The Controlled Drugs (Supervision and Management and Use) Regulations (Northern Ireland) 2009 as amended by the Controlled Drugs (Supervision of Management and Use) (Amendment) Regulations (Northern Ireland) 2015 (the Regulations)</p> <p>The Accountable Officer reports to the Director of Integrated Care and is accountable to HSCB Board for this function.</p>	<p>Assistant Director of Integrated Care (Head of Pharmacy and Medicines Management) – Designated as the Accountable Officer</p>
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**ASSESSMENT PANEL**

**Contents**

- 1 Remit and Constitution**
- 2 Rejection of Closure Notice by the Board**
- 3 Assignments to Closed Lists**



# **ASSESSMENT PANEL**

## **1 REMIT AND CONSTITUTION**

### **1.1 Introduction**

The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 govern the operation of the GMS contracts between the HSCB and the 353 practices in the HSCB's area. This includes provision for the registration of patients on practice lists and for the closure of practice lists in certain circumstances.

### **1.2 Role**

The primary role of the Assessment Panel is to exercise the functions of the Board under Schedule 5, Part 2, Regulation 31 and 35 of The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 on behalf of the Board.

### **1.3 Terms of Reference**

An Assessment Panel will be appointed by the Board, as soon as is practicable.

(a) where the Board has rejected a closure notice, to consider and determine whether a GMS contractor should be permitted to close his list of patients, and if so, the terms on which he should be permitted to do so; and

(b) where the Board wishes to assign new patients to contractors which have closed their lists of patients.

### **1.4 Relationship with and Reporting to the Board**

An Assessment Panel is established as a committee of the Health and Social Care Board pursuant to Schedule 1 paragraph 7 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 with the power to make decisions in

accordance with its Terms of Reference. The Assessment Panel shall report its decisions, in writing to the Board.

## **1.5 Composition of the Assessment Panel**

The Panel shall comprise three members:

- the Chief Executive of the Board
- a person representative of the patients in an area other than that in which the practice is located; and
- a person representative of a Local Medical Committee which does not represent practitioners in the area of the Board which is a party to the contract.

## **2 REJECTION OF CLOSURE NOTICE BY THE BOARD**

### **2.1 Assessment Panel**

The Board shall provide the Assessment Panel with such information as it may reasonably require to enable it to reach a determination and shall include in such information any written observations received from the contractor.

At least one of the Assessment Panel shall visit the contractor before reaching a determination.

Within the period of 28 days beginning with and including the date on which the Board rejected the closure notice, the Assessment Panel shall –

- (a) Approve the list closure; or
- (b) Reject the list closure,

and shall notify the Board and the contractor of its determination, in writing, as soon as possible.

### **2.2 Determination on Rejection of Closure Notice**

Where the Assessment Panel determines that the contractor's list of patients should close, it shall specify –

- (a) a date from which the closure shall take effect which must be within a period of 7 days beginning with and including the date of the Assessment Panel's determination; and
- (b) those details specified in paragraph 29(8), Part 2 of Schedule 5 of the Regulations which are attached as Annexe A.

Where the Assessment Panel determines that the contractor's list of patients may not close, that list will remain open. The Panel shall specify that the contractor may not submit a further closure notice until:

- (a) the expiry of a period of three months beginning with and including the date of the Assessment Panel's determination; or
- (b) (if applicable) the final determination of the dispute resolution procedure (or any court proceedings)

whichever is the later, unless there has been a change in the circumstances of the contractor which affects his ability to deliver services under the contract.

The Board and the contractor shall enter into discussions with a view to ensuring that the contractor receives support from the Board which will enable him to continue to provide services safely and effectively.

### **2.3 Dispute Resolution Procedure**

Where the Board has rejected a closure notice the contractor and the Board may not refer the matter for determination, in accordance with the dispute resolution procedure (or, where applicable, commence court proceedings) until the Assessment Panel has given its determination.

After the Assessment Panel has given its determination any of the parties wishing to refer a dispute shall send a written request to the Department for dispute resolution within a period of three years beginning with and including the date on which the matter giving rise

to the dispute happened or should reasonably have come to the attention of the party wishing to refer the dispute.

### **3 ASSIGNMENTS TO CLOSED LISTS**

**3.1** Where most or all of the providers of essential services (or their equivalent) whose practice premises are within an area of the Board and have closed their lists of patients and the Board wishes to assign new patients to contractors which have closed their lists, it must -

- (a) prepare a proposal for consideration by the Assessment Panel which must include details of those contractors to which the Board wishes to assign patients.

### **3.2 Determination on Assignments to Closed Lists**

In reaching its determination the Assessment Panel shall have regard to relevant factors including:

- (a) whether the Board has attempted to secure the provision of essential services (or their equivalent) for new patients other than by means of their assignment to contractors with closed lists of patients; and
- (b) the workload of those contractors likely to be affected by any decision to assign such patients to their lists of patients.

The Assessment Panel will make a determination within 28 days beginning with and including the date on which the Panel was appointed and

- (a) shall determine whether the Board may assign patients to contractors which have closed their lists of patients; and if it determines that the Board may make such assignments, it shall also determine those contractors to which patients may be assigned; and

- (b) may determine that the Board may assign patients to contractors other than those contractors specified by the Board in its proposal referred to at point 3.1 above as long as the contractors were notified under paragraph 35, sub-paragraph (4)(a) of the Regulations which is attached as Annex B.

The Assessment Panel's determination shall include its comments on the matters specified at point 3.3 above and shall be notified in writing to those contractors which were notified under paragraph 35, sub-paragraph (4)(a) of the Regulations which is attached as Annex B.

### **3.3 Dispute Resolution Procedure**

Where an Assessment Panel makes a determination that the Board may assign new patients to contractors which have closed their lists of patients, any contractor specified in that determination may refer the matter for review to the Department within 7 days beginning with and including the date of the determination.

## ANNEX A

The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004, Paragraph 29, sub-paragraph (8) states:

A closure notice shall be submitted in the form specified in Schedule 6, and shall include the following details which (in a case falling within sub-paragraph (7)(a)) have been agreed between the parties or (in a case falling within sub-paragraph (7)(b)) are proposed by the contractor –

(a) the period of time (which may not exceed 12 months) for which the contractor's list of patients will be closed;

(b) the current number of the contractor's registered patients;

(c) the number of registered patients (lower than the current number of such patients, and expressed either in absolute terms or as a percentage of the number of such patients specified pursuant to head (b)) which, if that number were reached, would trigger the re-opening of the contractor's list of patients;

(d) the number of registered patients (expressed either in absolute terms or as a percentage of the number of such patients specified pursuant to head (b)) which, if that number were reached, would trigger the re-closure of the contractor's list of patients; and

(e) any withdrawal from or reduction in provision of any additional or enhanced services which had previously been provided under the contract.

## ANNEX B

The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004, Paragraph 35, sub-paragraph (4)(a) states:

The Board shall notify in writing contractors or Article 15B providers whose practice premises are within the Board's area which:

- (i) have closed their list of patients, and
- (ii) may, in the opinion of the Board, be affected by the determination of the Assessment Panel;

that it has referred the matter to the Assessment Panel.

## AUDIT COMMITTEE (Standing Financial Instruction 2.1 refers)

### REMIT AND CONSTITUTION

#### 1.1 Introduction

##### 1.1.1 The Health and Social Care (Reform) Act (Northern Ireland) 2009 (Schedule 1, Paragraph 7) applies.

The Codes of Conduct and Code of Accountability specified the requirement for an Audit Committee to be established by HSS Boards and Circular HSS (PDD) 8/94 set out detailed guidance on how this should be done.

The Code of Accountability for Board Members of HSC bodies (April 2011) clarifies the composition and role of the Audit Committee.

##### 1.1.2 HM Treasury Guidance “Corporate Governance in Central Government Departments: Code of Good Practice Northern Ireland 2013” provides that:

“Principle 5: The Board should ensure that there are effective arrangements for governance, risk management and internal control for the whole departmental family. Advice about and scrutiny of key risks is a matter for the Board, not a committee. The Board should be supported by:

- an Audit and Risk Assurance Committee [For the HSCB, this is delivered by the Audit and Governance Committees] chaired by a suitably experienced Non Executive Director;
- an Internal Audit service operating to Internal Audit Standards issued by DFP;



- 1.1.3 On Audit Committees, this principle is supported by two provisions:

Provision 5.7: The Board and Accountable Officer should be supported by an Audit and Risk Assurance Committee [For the HSCB, this is delivered by the Audit and Governance Committees] comprising at least three members, please refer to section 1.5 below for the HSCB agreed composition of the Audit Committee taking provision 5 and the Audit and Risk Assurance Handbook NI (2014) into account.

Provision 5.12: The Terms of Reference of the Audit and Risk Assurance Committee [For the HSCB, this is delivered by the Audit and Governance Committees], including its role and the authority delegated to it by the Board, should be made available publicly. The Board through the work of the Audit and Risk Assurance Committee chair(s), should report annually on the work of the Committee in discharging those responsibilities”

## **1.2 Establishment of an Audit Committee**

- 1.2.1 In accordance with The Health and Social Care (Reform) Act (Northern Ireland) 2009 (Schedule 1, Paragraph 7) an Audit Committee is to be constituted as a Committee of the Health and Social Care Board to act with independence.
- 1.2.2 The Core Controls Assurance for Financial Management notes that:

*“There is an Audit Committee overseeing the financial aspects of governance.*

*Every ALB is required to establish a Non Executive Committee of the Board to be known as the Audit Committee. The Committee must report directly to the Board. The main objective of that Committee is to independently contribute to the Board’s overall process for ensuring that an effective internal control system is maintained...”*

### 1.3 Role

1.3.1. The Health and Social Care Board is responsible for the:

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

1.3.2 The Audit Committee will support the Board and Accountable Officer with regard to their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

The Code of Accountability (2011) states that the Audit Committee has “*no authority in its own right, either over the management of risk, control, governance .etc., or over the operation of those bodies which conduct audit and assurance work in the organisation.*” It also states that the Audit Committee may offer opinions or recommendations on the way in which such management is conducted.

1.3.3 HM Treasury “Management of Risk – Principles and Concepts” (October 2004) defines assurance as:

“an evaluated opinion, based on evidence gained from review on the organisation’s governance, risk management and internal control framework”

1.3.4. The Audit Committee will provide the Health and Social Care Board with a means of independent and objective review of :

- systems of internal control and;

- compliance with statutory requirements, guidance and Codes of Conduct

1.3.5 The Audit Committee will constructively challenge:

- assurance providers as to whether the scope of their activity meets the Board and Accounting Officer's assurance need and;
- the actual assurances to test that they are founded on sufficient reliable evidence and that the conclusions are reasonable in the context of the evidence

## **1.4 Terms of Reference**

1.4.1 The Terms of Reference of the Audit Committee are in accordance with the Good Practice Principles contained within Audit & Risk Assurance Committee Handbook NI (March 2014)

1.4.2 The Terms of Reference of the Audit Committee are approved by the Health and Social Care Board and will be kept under review in light of any emerging or changing accountability arrangements for the Health and Social Care Board.

1.4.3 The Audit Committee will advise the Board and Accountable Officer on:

- the strategic processes for risk, control and governance and the Governance Statement;;
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified and management's letter of representation to the external auditors;
- the planned activity and results of both internal and external audit;
- the scope and effectiveness of internal control;

- adequacy of management response to issues identified by audit activity, including external audit's management letter;
- assurances relating to the corporate governance requirements for the organisation;
- (where appropriate) proposals for tendering for either Internal or External Audit services or for purchase of non-audit services from contractors who provide audit services;
- anti-fraud policies, whistle-blowing processes and arrangements for special investigations;
- review any changes to the HSCB Standing Orders and Standing Financial Instructions and Scheme of Delegated Authority as a result of the annual review;
- undertaking an annual self-assessment for submission to the Department of Health, Social Services and Public Safety.

## **1.5 Composition of the Audit Committee**

- 1.5.1 The Audit Committee shall comprise four Non Executive Directors with a quorum of three. The Board will also have the power to co-opt an additional member on the recommendation of the Audit Committee in line with the requirements of paragraph 1.5.2 below, or to provide specialist skills (subject to budgetary approval) for a period not exceeding one year.
- 1.5.2 It is required that at least one member of the Committee has recent and relevant financial expertise.
- 1.5.3 None of the Non Executive Directors shall be the Chair of the Board (although he/she may be invited to attend meetings that are discussing issues pertinent to the whole Board) or the Chair or Members of the Remuneration & Terms of Services Committee.

## **1.6 Meetings**

- 1.6.1 The Audit Committee shall meet at least four times per year with a specific remit as the core of each meeting, although any appropriate matters may be considered at any meeting.

Further meetings may be arranged at the discretion of the Chair or request of the Accounting Officer or Board as necessary.

- 1.6.2. Joint Meetings of the Audit and Governance Committees shall be convened as and when required, with a specific remit as the core of each meeting, although any appropriate matters may be considered at any meeting.

## **2.0 CONDUCT OF BUSINESS**

### **2.1 Attendance**

- 2.1.1 The Director of Finance of the Health and Social Care Board, who is responsible for the management of Internal Audit arrangements, shall have a standing invitation to attend all meetings except the annual meeting with the External Auditor when it is stipulated that no Officers shall attend.
- 2.1.2 The External Auditor shall be invited to attend any meeting of the Committee. Once a year, the Audit Committee shall meet the External Auditor without the presence of Officers.
- 2.1.3 Any member of staff of the Board may be required to attend a meeting of the Audit Committee as necessary.
- 2.1.4 In accordance with MMCB 167 "Oversight of DHSSPS Arm's Length Bodies: Departmental Attendance at Audit Committees", a Department of Health, Social Services and Public Safety representative should be in attendance at one Audit Committee meeting per year.

2.1.5 A Corporate Business Officer shall service the Audit Committee.

## **2.2 Scope of Work**

2.2.1 The Audit Committee will undertake the following tasks:

- Review verification reports and assurance reports from Internal Audit assignments and management's responses
- Prior to the External Audit, discuss the audit plan with the Auditor including the reliance to be placed on Internal Audit
- Review the Draft Annual Accounts and Report prior to recommendation to the Board
- Review the External Auditor's Report To Those Charged With Governance and management's response
- Seek annual assurance of the independence of the Board's External and Internal Auditors
- Consider any report of the Public Accounts Committee or the Comptroller and Auditor General involving the Board and review management's proposed response before presentation to the Board
- Bring to the Board's attention value for money studies that have been done elsewhere which might be relevant and review the work of the Health and Social Care Board in this area
- Review proposed changes to Standing Orders and Standing Financial Instructions before presentation to the Board-
- Examine the circumstances associated with each instance where Standing Orders are waived
- Review all proposed losses for write-off and compensation payments and make recommendations to the Board
- Approve accounting policies and any subsequent changes
- Monitor the implementation of the Codes of Conduct and Accountability thus offering

assurance to the Board of probity in the conduct of business

- Monitor and review the effectiveness of the Board's Counter Fraud programme

## **2.3 Reporting**

2.3.1 The Audit Committee will formally report to the Board and Accountable Officer after each meeting.

2.3.2 The Audit Committee will provide the Board and Accountable Officer with an Annual Report, timed to support finalisation of the accounts and the Statement on Internal Control, summarising its conclusions from the work it has done during the year.

## **2.4 Relationship with Internal Audit**

2.4.1 The Audit Committee must obtain the necessary information to assure the Board that the systems of internal control are operating effectively and for this, it relies on the work of Internal Audit and that of the External Auditor.

2.4.2 The Audit Committee shall receive reports of findings on internal control. These reports shall form the basis of the Audit Committee's conclusions and recommendations

2.4.3 A nominated officer is responsible for securing the Internal Audit service for the Board. A direct reporting line, independent of the Chief Executive and other Executive Directors, shall be available to the Chair of the Audit Committee.

## **2.5 Relationship with External Audit**

2.5.1 The Audit Committee shall rely upon the certification of the accuracy, probity and legality of the Annual Accounts provided by the External Auditor, combined with more detailed internal audit review of systems and procedures, in discharging its responsibilities for

ensuring sound internal control systems and accurate accounts and providing such assurances to the Board.

2.5.2 The External Auditor may provide an independent assessment of any major activity within his remit and a mechanism for reporting the outcome of value for money or regularity studies. Non Executive Directors shall raise any significant matters which cause them concern.

2.5.3 The Northern Ireland Comptroller and Auditor General is the appointed External Auditor. He discharges his responsibilities through staff from the Northern Ireland Audit Office and may, in addition, contract work to independent companies. The Audit Committee has a duty to ensure that an effective External Audit Service is provided. Officers shall offer advice to the Audit Committee in their annual assessment of the performance of the External Audit Service. The Audit Committee shall also monitor the extent and scope of co-operation and joint planning between External and Internal Audit. Any problems shall be raised with the External Auditor.



## **APPENDIX 6**

### **AUDIT AND GOVERNANCE COMMITTEES – JOINT MEETING**

#### **1 Remit and Constitution**

1.1 Background

1.2 Role

1.3 Terms of Reference

1.4 Relationship with and Reporting to the Board

1.5 Composition of the Audit and Governance Committees

## **1. Background**

- 1.1.1 The former Audit and Governance Committee was divided into two separate Committees in June 2011 to ensure a balanced and proportionate consideration of the full range of corporate governance responsibilities, particularly with reference to those concerning safety and quality.

## **1.2 Role**

- 1.2.1 An annual joint meeting of the Audit and Governance Committees is required to consider the Board's Mid Year Assurance Statement, which enables the Chief Executive, as Accountable Officer for the Health and Social Care Board, to attest to the continuing robustness of the organisation's system of internal control.

It may also be necessary to convene a joint meeting of the Audit and Governance Committees as and when required.

## **1.3 Terms of Reference**

- 1.3.1 The annual joint meeting of the Audit and Governance Committees will:
- seek assurance and provide the Board with a balanced appraisal, capable of substantiation, of the state of the organisation's internal controls.
  - ensure that the Chief Executive is open in the Mid Year Assurance Statement in the disclosure of any significant control issues;
  - ensure that, in the Mid Year Assurance Statement, the Chief Executive sets out what action has been taken to resolve outstanding issues and the plan for complete resolution of issues identified.

Any other joint meeting of the Audit and Governance Committee will have a specific remit as the core of its business.

#### **1.4 Relationship with and Reporting to the Board**

1.4.1 The Audit and Governance Committees joint meeting shall be conducted formally and minutes submitted to the Board for information following approval by the Committees.

#### **1.5 Composition**

The Audit and Governance Committees Joint Meeting shall comprise of the Members of each Committee (six Non Executive Directors) and include Non Executive Directors with a professional medical and nursing background

The full Senior Management Team of the Health and Social Care Board should normally be in attendance at this meeting.

#### **1.6. Quorum**

The quorum for meetings will be three Non Executive Directors, one of which must be the joint Chair of the Audit and Governance Committees, as well as a member from each Committee.

1.7. A Corporate Business Officer shall service the Committee.

**Terms of Reference and Operating Procedures for the HSCB  
Disciplinary Committee**

**DISCIPLINARY COMMITTEE**

**Remit and Constitution**

1. Introduction
2. Terms of Reference
3. Composition of the Disciplinary Committee
4. Conduct of Business
5. Frequency of Meetings

# **DISCIPLINARY COMMITTEE**

## **1 REMIT AND CONSTITUTION OF BUSINESS**

### **1.1 Introduction**

Pursuant to Schedule 1 paragraph 7 of The Health and Social Care (Reform) Act (Northern Ireland) 2009 the Disciplinary Committee will be established as a committee of the Health and Social Care Board (“HSCB”).

The Health and Social Care (Disciplinary Procedures) Regulations (Northern Ireland) 2016 (“the Regulations”) came into effect on 1 April 2016. These Regulations provide for the investigation and determination of questions about whether a chemist, dentist, ophthalmic medical practitioner or optician has failed to comply with their terms of service.

These Terms of Reference and Operating Procedures should be read in conjunction with the DHSSPS Guide for the HSCB in relation to Disciplinary Procedures.

Where the HSCB receives information which it considers could amount to an allegation that a practitioner may have failed to comply with their terms of service, a Case Officer will be identified and a preliminary report will be prepared for consideration by the HSCB Reference Committee. That Committee will then decide either to take no action or to take one or both of the courses of action set out in paragraph 2 of Regulation 2 of the Regulations;

*(a) to investigate the disciplinary matter,*

*(b) to refer the information to, as it considers appropriate, the Tribunal, the relevant professional body or the police.*

The Reference Committee, where it decides that the matter should be investigated, will refer the matter to the Disciplinary Committee for consideration and decision.

### **1.2 On-going Complaints Procedures**

Under Regulation 2(3) and (4) the HSCB cannot carry out an investigation in any case where the allegation and information on

which it is based is the subject of a complaint that is being investigated under the complaints procedures set out in the respective general dental, general ophthalmic and pharmaceutical services regulations or under a complaint procedure under the Health and Social Care (Reform) Act (NI) 2009. An allegation remains the subject of a complaint until the complaint procedure is completed, withdrawn or abandoned.

### 1.3 Overpayments

Under Regulation 2(5) where the HSCB considers that a payment has been made to a practitioner which was not due and the practitioner does not admit the overpayment, the HSCB may investigate the matter at any time.

### 1.4 Time Limits – Regulation 3

#### **Cases where the disciplinary matter has been subject to a complaint**

In cases where the disciplinary matter has been subject to a complaint the HSCB must decide whether to act within 28 days of the allegation no longer being subject to a complaint. **Regulation 3(1).**

#### **Cases where the disciplinary matter has not been subject to a complaint**

In cases where the disciplinary matter has not been subject to a complaint the HSCB must decide whether to act within the following time limits; Regulation 3(2).

In the case of an ophthalmic medical practitioner, optician or chemist, 26 weeks after the event or matter which is the subject of the allegation; Regulation 3(3)(a)

In the case of a dentist—

- where the matter concerns the treatment of a patient, 26 weeks after the date on which the matter came to the notice of the HSCB;

- where the matter does not concern the treatment of a patient and is reported to the HSCB by the BSO, 26 weeks after the date on which the matter came to the notice of the BSO. Where the BSO reports a matter to the HSCB in circumstances in which this time limit would otherwise expire within 28 days of the date on which the HSCB received the report, the relevant time limit shall be extended so that it expires on the 28th day after the date on which the HSCB received the report.
- where the matter does not concern the treatment of a patient and comes to the notice of the HSCB other than by a report from the BSO, 26 weeks after the date on which the matter came to the notice of the HSCB. Regulation 3(3) (b).

## 2 Terms of Reference

The Terms of Reference of the Disciplinary Committee will be kept under review.

- 2.1 The role of the Disciplinary Committee is to undertake the HSCB's functions as appropriate under the Regulations with respect to disciplinary matters for a chemist, dentist, ophthalmic medical practitioner or optician referred to it by the HSCB's Reference Committee. The HSCB's decision-making powers with respect to disciplinary matters will be delegated to the Disciplinary Committee.
- 2.2 The Disciplinary Committee will discharge the following functions of the HSCB as set out in Regulation 4 of the Regulations;
- “(1) The Regional Board, after investigating the disciplinary matter and considering the evidence available to it shall—*
- (a) make such findings of fact as it sees fit;*
- (b) draw such inferences from those findings as it sees fit as to whether the practitioner has failed to comply with any one or more of their terms of service;*
- (c) determine either—*
- (i) no further action should be taken in relation to the matter; or*

*(ii) that action should be taken in relation to the practitioner, in accordance with any one or more of the following provisions.*

*(2) Where the Regional Board determines that a practitioner whom it has investigated has failed to comply with any of their terms of service it may—*

*(a) determine that an amount shall be recovered from the practitioner, whether by way of deduction from their remuneration or otherwise;*

*(b) where the practitioner is a dentist, determine that the dentist should be required to submit estimates for the prior approval of the Dental Committee—*

*(i) in respect of any treatment of such description; and*

*(ii) during such a period, as shall be specified in the determination;*

*(c) determine that the practitioner should be warned to comply more closely with their terms of service in future.*

*(3) In acting under sub-paragraphs (a) to (c) of paragraph (2) the Regional Board may take into consideration any previous determination made by the Regional Board, so long as such a determination has not been overturned on appeal and was not made more than 6 years prior to the date of investigation under regulation 2(2), that the practitioner had, on some other occasion, failed to comply with their terms of service.*

*(4) The Regional Board shall give notice in writing of its determination under paragraph (1) and any determination under paragraph (2) to the practitioner and the Department and shall include with the notice—*

*(a) a statement of its findings of fact and the inferences drawn from those findings; and*

*(b) a statement as to the rights of appeal to the Department under regulation 5.*



*(5) Where, in the case of a dentist, the Regional Board has determined that action should be taken in accordance with paragraph (2)(a), by recovery of an amount from the dentist and is of the opinion that such recovery should be effected by deduction of the amount from the dentist's remuneration, the Regional Board shall notify the RBSO, and the RBSO shall effect the recovery.*

*(6) Any amount determined under paragraph (2) (a) as being recoverable shall, to the extent that it is not recovered from the practitioner's remuneration, be a debt owed by the practitioner to the Regional Board.*

*(7) A determination made by the Regional Board under the provisions of paragraph (2)(a), (b) or (c) shall not take effect until the expiration of 45 days from and including the date on which notice thereof is served on the practitioner, or, in a case where an appeal has been brought under regulation 5, until the appeal is determined or withdrawn."*

### **3 Composition of Disciplinary Committee**

3.1. The Disciplinary Committee will have the following members;

- A Legally qualified chairperson
- A lay person
- A representative of the profession of the practitioner, i.e. a pharmacist or chemist, optometrist or dentist.

3.2 All members shall be appointed for a three year period, with the possibility of extension to five years.

3.3. The Disciplinary Committee shall be made up of three voting members in accordance with paragraph 3.1 above.

### **4 Conduct of Business**

4.1 Meetings of the Disciplinary Committee shall be conducted formally and its decisions will be provided to the Board of the HSCB for noting in the confidential section of its next meeting.

4.2 Appropriate HSCB officers (including the Case Officer and relevant professional advisers from Integrated Care Directorate) shall attend the meetings to present cases as required.

4.3 The Business Services Organisation shall provide administrative support to the Committee.

#### **4.4 Pre-Meeting Procedures**

4.4.1 A minimum of 28 days' notice of a meeting will be given.

#### **4.5 Service of Documents**

4.5.1 Any notice or other document which is required to be served on a party may be served by any of the following methods:

4.5.2 In the case of the practitioner, by leaving it with the practitioner personally, sending it by recorded delivery or other secure method to the practitioner's usual or last known home or practice address.

4.5.3 In the case of the HSCB by delivering it to or sending it by recorded delivery or first class post to the Director of Integrated Care of the HSCB.

4.5.4 By any other method agreed between the parties.

4.5.5 A document will be considered to be served on the second day after the document was posted or the day after it was delivered to the permitted address. A Saturday, Sunday or Bank Holiday shall be excluded from a calculation of the relevant period.

4.5.6 Copies of any documents upon which the HSCB proposes to rely will be served on the practitioner, where practicable, 10 working days but not less than 7 working days before the date set for the meeting.

4.5.7 Copies of any documents upon which the practitioner wishes to rely should be served on the HSCB not less than 5 working days before the date of the meeting.

- 4.5.8 There should normally be a period of 2 working days between the service of any late evidence and the commencement of the meeting.
- 4.5.9 Subject to the overriding duty of fairness, the Chairperson shall have the discretion to abridge any time set for the service of documents or statements.
- 4.5.10 The Case Officer shall prepare a set of case papers for use by the members of the Disciplinary Committee. These papers will, unless directed by the committee, include the summary of case, supporting documents and witness statements of both parties.

#### **4.6 Conduct of Oral Meetings**

- 4.6.1 The overriding duty on the Committee is to ensure that its proceedings are conducted fairly.
- 4.6.2 When a matter is referred to the Disciplinary Committee, the practitioner will be notified and advised of the names of the Committee members. If any member is considered to have an interest in the case and there is a challenge to the membership, the Chairperson will consider whether the challenge is well-founded.
- 4.6.3 Committee members should be told in confidence the names of the practitioner, Case Officer, and the representatives of both parties before the case papers are issued to them so that they can advise whether they have any connection with either side. Members will be asked to sign a conflict of interest form. The time period for relevant interests is 12 months before joining an advisory committee and for the duration of membership of the committee.
- 4.6.4 Where possible the Chairperson shall not have determined any previous case in respect of the practitioner.
- 4.6.5 The Chairperson shall be responsible for the conduct of the meeting.

4.6.6 The meeting shall take place in private.

#### **4.7 Attendance at Meetings**

4.7.1 Any party may attend the committee at the direction and permission of the chairperson. It is generally expected that the following shall attend meetings of the Disciplinary Committee and the Chairperson will adjudicate in any matters of dispute regarding attendance:

the practitioner and their representative(s). The practitioner may be legally represented at the meeting;

the Presenting Officer of the HSCB and their representative(s). The presenting officer will normally be the Case Officer. The HSCB may be legally represented at the meeting;

any witnesses to be called by either party (but only while giving evidence, unless the Chairperson otherwise directs) ;

at the request of the Disciplinary Committee, a HSCB professional clinical adviser(s) with relevant experience of any clinical issues may attend meetings to provide any required clinical input. This adviser should have had no previous involvement in the matters under consideration by the Committee.

4.7.2 Meetings will normally be digitally recorded. Both parties will receive a copy of the recording at the end of the meeting. An officer of the BSO may also be present to formally record the meeting.

#### **4. 8 Adjournment**

4.8.1 The Disciplinary Committee may adjourn the meeting at any stage. In the event of an adjournment, and if reasonably practicable, the adjourned meeting date should be fixed within seven days of the original date where possible.

4.8.2 If the HSCB itself needs to postpone the meeting, an alternative date within seven days of the original date will be offered to the practitioner where possible.

4.8.3 If a practitioner contends that his/her health will prevent his/her attendance at a meeting of the Disciplinary Committee, the Chairperson may grant an adjournment of the meeting having considered any related medical evidence provided. Medical evidence should ordinarily be submitted prior to the hearing date if a practitioner is seeking an adjournment.

#### **4.9 Meeting Procedure**

4.9.1 In these procedures, the 'meeting' means the 'open' part of the Committee meeting (not including any initial pre-meeting of the Committee or the subsequent deliberations of the Committee).

4.9.2 At the commencement of the meeting the Chairperson shall explain:

the purpose of the meeting;

the procedure that will be followed;

what will happen after the conclusion of the meeting.

4.9.3 The Chairperson should ask both parties whether they wish to apply to produce any further documentary evidence. Participants must make application to produce any late evidence and it may only be introduced at the discretion of the Chair person.

4.9.4 Subject to the discretion of the Chairperson, the following procedures should normally be followed at the meeting:

4.9.5 All parties must be permitted to be present throughout the meeting unless a direction is made by the Chairperson to the contrary.

4.9.6 The determination of any procedural and/or legal matters at the meeting shall be for the Chairperson.

4.9.7 The HSCB shall present its case and make reference as appropriate to relevant Regulations, documentation and any witness statements submitted by the HSCB together with the relevant terms of service. The Case Officer usually presents the HSCB's case.

4.9.8 The HSCB should then call any witnesses on its behalf.

Questions may be put to the witnesses by either party through the Chairperson. Witnesses who have made written statements that may be used during the meeting may be asked to attend. The Chairperson will determine questions of admissibility of evidence.

4.9.9 Where there is a relevant dispute about evidence to be given, it is expected that the witness will be available to attend to be questioned by or on behalf of the practitioner. The final decision as to the attendance of witnesses will rest with the Chairperson.

4.9.10 The practitioner shall be invited to present their case and call any witnesses on their behalf following the same procedure as was applicable to the HSCB.

4.9.11 At the conclusion of the evidence, the HSCB and the practitioner shall be invited to sum up their cases and add any final comment.

4.9.12 The Committee members may take their own notes of the proceedings throughout the meeting. All notes made by Committee members shall be collected by the Secretary to the Committee at the end of their deliberations and securely stored with a set of the meeting papers.

#### **4.10 Non-Attendance by Practitioner**

4.10.1 In the event that the practitioner does not attend the meeting at the time and place notified and the Committee is satisfied that notice has been served upon the practitioner and they have failed to attend without good reason, the Chairperson will consider the circumstances and decide whether the meeting should proceed in the practitioner's absence.

4.10.2 If the meeting proceeds in the absence of the practitioner, the Committee shall consider the allegations/concerns, supporting evidence and representations presented by the HSCB together with any documents, written evidence and submissions submitted by the practitioner.

4.10.3 The Committee may require the HSCB to call witnesses or produce any additional documents, if any, as it considers necessary to determine the matters before the Committee.

#### **4.11 Evidence**

4.11.1 The standard of proof in relation to allegations against the practitioner shall be that of “the balance of probability” (i.e. that the stated assertion of fact is more likely than not).

4.11.2 On conclusion of the evidence and final statements the Committee shall withdraw to consider the matters set out in Regulation 4 (1) (a) and (b). No person other than a member of the Committee and, if requested by the Chairperson, the Committee Secretary, shall be entitled to be present during their deliberations.

4.11.3 The Committee shall not be given information about any previous determinations made in respect of by the practitioner until such time as the Committee has made its determination on in accordance with paragraph 4.11.2 above.

4.11.4 Once the facts of the case are determined, the Committee will hear submissions in relation to sanction. This may include consideration of previous determinations in accordance with regulation 4(3) of the Regulations where appropriate. Such submissions may, at the discretion of the chairperson, be heard at a reconvened meeting.

#### **4.12 The Decision**

4.12.1 Having heard all relevant submissions, the Committee will deliberate in private and shall decide on the appropriate sanction.

4.12.2 The Committee should ordinarily communicate its decision to the practitioner after the meeting by way of a written decision to be issued within four weeks of the determination being made.

4.12.3 The determination of the Disciplinary Committee will be provided to the HSCB Board and Chief Executive.

4.12.4 The HSCB will give notice in writing of its determination to the Department to include a statement of the findings of fact and the inferences drawn from those facts.

4.12.5 When the determination of the HSCB is sent to the practitioner, it shall be accompanied by a communication from the HSCB Chief Executive notifying the practitioner of their right of appeal to the Department under the Regulations.

4.12.6 In accordance with regulation 4(7) where a determination is made to recover a financial amount, require submission of estimates by a dentist for prior approval, or to issue a warning, it shall not take effect until the expiration of 45 days from and including the date on which notice is served on the practitioner, or where the determination has been appealed, until the appeal has been determined by the Department.

#### **4.13 Appeal to the Department**

The practitioner has a right to appeal to the Department of Health, Social Services and Public Safety within 45 days beginning on and including the date on the HSCB notified the practitioner of its decision.

#### **5.0 Frequency of Meetings**

The Disciplinary Committee will meet as and when required to deal with cases referred to it.



**GOVERNANCE COMMITTEE**  
**(Standing Financial Instruction 2.2. refers)**

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# **GOVERNANCE COMMITTEE**

## **1.0 REMIT AND CONSTITUTION**

### **1.1 Introduction**

- 1.1.1 Circular DAO (DFP) 5/2001 introduced the requirement for a wider Statement of Internal Control (SIC) in the accounts of the Department of Health, Social Services and Public Safety and of HPSS bodies. The circular referred to the Turnbull Report conclusion that a sound system of internal control must be based on a thorough and regular evaluation of the extent and nature of risks to which an organisation is exposed. The HRRRI Review (1999) into risk management in the HPSS, concluded that, while good work was being done, the approach across the HPSS and within individual bodies tended to be fragmented and inconsistent.
- 1.1.2 Circular HSS (PPM) 6/2002 announced that the Department of Health, Social Services and Public Safety, in recognition of the importance of a sound system of risk management, had entered into a license agreement with Standards Australia for the use of their internationally recognised risk management standard AS/NZS 4360:1999 (now updated to 2004 model). The application of this internationally recognised approach to risk management would be seen as an important piece of evidence in support of a Statement of Internal Control.
- 1.1.3 The application of Controls Assurance standards within the HPSS, was announced in Circular HSS (PPM) 8/2002. This process would enable individual HPSS organisations to provide evidence that they are doing their reasonable best to protect users, staff, the public and other stakeholders against risk of all kinds. It is a means by which Chief Executives as Accounting Officers can discharge their responsibilities and provide assurances to the Department, the Assembly and the Public.
- 1.1.4 In January 2003, the Department of Health, Social Services and Public Safety issued guidance under Circular HSS (PPM) 10/2002, specific to clinical and social care

governance. The guidance was to enable HPSS organisations to formally begin the process of developing and implementing clinical and social care governance arrangements within their respective organisations and set a framework for action which highlighted the roles, responsibilities, reporting and monitoring mechanisms that are necessary to ensure delivery of high quality health and social care.

The circular also stipulated the requirement that this new guidance should be read in the context of previous guidance already issued on the implementation of a common system of risk management and the development of controls assurance standards for financial and organisational aspects of governance.

- 1.1.5 The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 imposed a 'statutory duty of quality' on HPSS Boards and Trusts. To support this legal responsibility, the Quality Standards for Health and Social Care have been issued by Department of Health, Social Services and Public Safety. They are used by the new Regulation, Quality Improvement Authority (RQIA) to assess the quality of care provided by the HPSS.
- 1.1.6 In April 2009, the Department of Health, Social Services and Public Safety issued 'An Assurance Framework: A *Practical Guide for Boards of DHSSPS Arm's Length bodies*'. The Framework guidance which is mandatory is intended to help the Boards of HSC organisations, and other arm's length bodies of Department of Health, Social Services and Public Safety, improve the effectiveness of their systems of internal control.
- 1.1.7 HSC Performance and Assurance Roles and Responsibilities (MIPB 74/09) was issued in April 2009 and set out performance and assurance roles and responsibilities in relation to four key HSC domains and to identify the key functions and associated roles and responsibilities of DHSSPS, HSCB, PHA, BSO, Trusts and other Arm's Length Bodies.

- 1.1.8 In May 2009, DHSSPS formally issued a Mid Year Assurance Statement template to HSC Organisations and NDPBs for adoption from the financial year (2009-10) onwards
- 1.1.9 The introduction of a Governance Statement for the issue of 2012/13 Accounting period (DH1/12/265759), was issued to all DHSSPS Arm's Length Bodies in October 2012.
- 1.1.10 The Department of Finance & Personnel (DFP) issued the Audit and Risk Assurance Committee Handbook (the Handbook) in March 2014. Within the new Handbook, there is a strong emphasis on risk and assurance, thus the change from "Audit Committee" to "Audit and Risk Assurance Committee". [For the HSCB, this is delivered by the Audit and Governance Committees.]

## **1.2 Establishment of a Governance Committee**

- 1.2.1 The Governance Committee is to be constituted as a Committee of the Health and Social Care Board to act with independence. The Terms of Reference of the Committee are to be approved by the Board and recorded in the Board minutes.
- 1.2.2 Governance Committee meetings shall be conducted formally and minutes submitted to the Board at its next meeting.

## **1.3 Role**

- 1.3.1 It is important that the Health and Social Care Board discharges its functions in a way which ensures that risks are managed as effectively and efficiently as possible to meet corporate objectives and to continuously improve the quality of services. Good governance hinges on having clear objectives, sound practices, a clear understanding of the risks run by the organisation and effective monitoring arrangements.
- 1.3.2. The Governance Committee will support the Board in all aspects of corporate and clinical and social care

governance. *Financial governance will be the responsibility of the HSCB Audit Committee.*

1.3.3 The Governance Committee assists the Board in these functions by providing an independent and objective review of:

- the adequacy and effectiveness of the system of internal control and to ensure a robust assurance framework is maintained;
- how risks and opportunities are identified and managed;
- the information provided to the Board,
- compliance with law, guidance and codes of conduct and accountability

1.3.4 The Governance Committee shall give an assurance to the Board of the Health and Social Care Board each year on the adequacy and effectiveness of the system of internal control in operation within the Health and Social Care Board.

#### **1.4. Terms of Reference**

1.4.1. The Terms of Reference will be kept under review in light of any emerging or changing accountability arrangements for the Health and Social Care Board.

1.4.2. The Committee will:

- seek assurance and advise the Board on the scope and effectiveness of the system of internal control;
- ensure an assurance framework is in place for the organisation relating to the corporate and clinical and social care governance, and that it is both effective and robust;
- seek assurance and advise the Board on the strategic processes in place for the management of risk and corporate governance requirements for the organisation;
- review the content of the annual Governance Statement and mid-year assurance statement;
- approve the Governance Framework, Governance Strategy and other governance related policies and

procedures; review Board officers responses and actions in relation to regional procedures in respect of the management and follow up of serious adverse incidents and complaints, where the HSCB has a regional responsibility;

- seek assurance and advise the Board on protocols in respect of the Health and Social Care Board's social care statutory responsibilities.

1.4.3 The following activity will fall within the remit of the Governance Committee:

- Management of corporate risk;
- Quality, safety and standards in health and social care;
- Social Care Delegated Statutory Functions;
- Controls assurance and internal control;
- Serious adverse incident management;
- Complaints management;
- Litigation management;
- Maintenance of the reputation, image and integrity of the Health and Social Care Board;
- Professional regulation;
- Information governance;

## **1.5. Composition of the Governance Committee**

1.5.1 The Governance Committee shall comprise of four Non Executive Directors, to include the Non Executive Directors with a professional medical and nursing background. The quorum for meetings of the Committee will be three members. The full Senior Management Team of the Health and Social Care Board should normally be in attendance at all meetings of the Governance Committee.

1.5.2 None of the Non Executive Directors shall be the Chair of the Board although he may be invited to attend meetings that are discussing issues pertinent to the whole Board.

## **1.6. Meetings**

1.6.1 The Governance Committee shall meet at least four times per year with a specific remit as the core of each meeting,

although any appropriate matters may be considered at any meeting.

- 1.6.2 The Committee will also periodically review its own effectiveness and report the results of that review to the Board.
- 1.6.3. Joint Meetings of the Audit and Governance Committees shall be convened as and when required, with a specific remit as the core of each meeting, although any appropriate matters may be considered at any meeting.

## **2. CONDUCT OF BUSINESS**

### **2.1 Attendance**

- 2.1.1 The HSCB Governance Manager, or deputy, would be required to be in attendance at all meetings of the Governance Committee.
- 2.1.2 Any member of staff of the Board may be required to attend a meeting of the Governance Committee as necessary.
- 2.1.3 A Corporate Business Officer shall service the Governance Committee.

### **2.2 Reporting**

The Governance Committee will formally report to the Board after each meeting.

### **2.3 Relationship with the Governance Officers Group**

The Governance Committee must obtain the necessary information to assure the Board that the system of internal control and the management of risk in respect of corporate, clinical and social care governance are operating effectively and for this, it relies on the work of the Governance Officers group.

The Governance Officers group will bring together aspects of the governance framework in order to accomplish continuous improvement in safety and quality.



## **LOCAL COMMISSIONING GROUPS (LCGS)**

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#### **3. Scheme of Delegation**

# **LOCAL COMMISSIONING GROUPS (LCGs)**

## **1 REMIT AND CONSTITUTION**

### **1.1 Introduction**

Section 9 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 requires the Health and Social Care Board to appoint a prescribed number of Local Commissioning Groups as Committees of the Health and Social Care Board. Local Commissioning Groups have responsibility for addressing the needs of their local populations, working within regional policy and strategy frameworks, available resources and performance targets.

Local Commissioning Groups will have responsibility to commission services for the populations they cover, as set out in the Scheme of Delegation (see 3.0).

Each Local Commissioning Group shall comply with the Standing Orders and Standing Financial Instructions of the Health and Social Care Board.

The Local Commissioning Groups are co-terminus with the five HSC Trusts. However, individual Local Commissioning Group commissioning can cross Trust boundaries in keeping with patient movement and care pathways.

The five Local Commissioning Groups are as follows:

- Belfast
- Northern
- South Eastern
- Southern
- Western

## **1.2 Role**

Local Commissioning Groups are the point of local leadership in commissioning health and social care. The framework of the Board's Commissioning Plan will articulate the vision, purpose and control of the commissioning function for Local Commissioning Groups in order to deliver effective and efficient commissioning in their areas. They will need to understand, interact with, respond and adapt to their own situation and the external environment. Each Local Commissioning Group will be required to contribute to the Health and Social Care Board's strategic planning process to improve health and wellbeing, provide high quality health outcomes and reduce inequalities in its local population.

1.2.1 Each Local Commissioning Group shall exercise its functions as regards such area of Northern Ireland as may be prescribed.

1.2.2 Each Local Commissioning Group shall exercise:

- such functions with respect to the commissioning of health and social care as may be prescribed; and
- such other functions as the Health and Social Care Board may, with the agreement of the Department of Health, Social Services and Public Safety, determine.

Each Local Commissioning Group:

- must exercise its functions in accordance with the provisions of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and in accordance with any scheme for the time being having effect under Article 18 of the Order of 1972 and;
- in connection with the exercise of its functions, must:
  - work in collaboration with the Public Health Agency and have due regard to any advice or information provided by it; and
  - undertake such consultation as the Department of Health, Social Services and Public Safety may direct.

### **1.3 Terms of Reference**

To be kept under review in light of any emerging or changing accountability arrangements for Health and Social Care Board

1.3.1 Each Local Commissioning Group must exercise its functions with the aim of:

- improving the health and social well-being of people in the area as regards which the Local Commissioning Group exercises its functions;
- planning and commissioning health and social care to meet the needs of people in that area;
- securing the delivery to people in that area of health and social care that is efficient, co-ordinated and cost-effective; and
- improving the availability and quality of health and social care in that area.

### **1.4 Relationship with and Reporting to the Health and Social Care Board**

The Health and Social Care Board has approved a scheme of delegation within which Local Commissioning Groups will operate. (See 3.0 Scheme of Delegation)

The Local Commissioning Group Chairs will be accountable to the Chair and Chief Executive of the Health and Social Care Board for discharging their responsibilities.

The Assistant Directors of Commissioning, leading the staff supporting the Local Commissioning Groups, will report to the Health and Social Care Board's Director of Commissioning.

Local Commissioning Groups will be subject to the Code of Practice on Openness referred to in Standing Order 6.1.

## **1.5 Composition of Local Commissioning Groups**

The Local Commissioning Group (Membership) Regulations (Northern Ireland) 2009 prescribes the composition of each Local Commissioning Group as follows:

- 4 General Medical Practitioners (GPs);
- 1 Pharmacist;
- 1 Dentist;
- 4 locally elected representatives;
- 2 Health & Social Care related voluntary and community sector representatives;
- 5 employees of the Health and Social Care Board (HSCB) and Public Health Agency (PHA):
  - 2 social workers (HSCB),
  - 1 nurse (PHA),
  - 1 person who is registered as a public health medicine specialist on the Specialist Register maintained by the General Medical Council (PHA),
  - 1 person who is registered as a member of a profession to which the Professions Supplementary to Medicine Act 1960 extends (PHA).

No decisions may be taken at a meeting unless 50% of members appointed are present.

## **1.6. Establishment of Local Commissioning Groups**

1.6.1 Local Commissioning Groups have been constituted as Committees of the Health and Social Care Board in accordance with the Act. Their Terms of Reference have been approved by the Board of the Health and Social Care Board and recorded in the Board minutes.

1.6.1 Local Commissioning Group meetings shall be conducted formally and minutes submitted to the Health and Social Care Board at its next meeting in accordance with Standing Order section 6.21 of the Standing Orders.

## **2 CONDUCT OF BUSINESS**

### **2.1 Attendance at Meetings**

2.1.1 Only the members of the Committee, supported by the designated Assistant Director of Commissioning and such other senior staff as determined by the Local Commissioning Group Chair, shall attend meetings as a matter of course.

2.1.2 Other officers of the Health and Social Care Board, Public Health Agency, Patient and Client Council, Business Services Organisation and HSC Trusts may be invited to attend as required. The Director of Commissioning shall have a standing invitation to attend all meetings.

2.1.3 Corporate Services Officers in each Local Office shall service the Committee.

### **2.2 Procedures for Meetings**

2.2.1 Local Commissioning Groups should meet at least **nine** times per year. Further meetings may be arranged at the discretion of the Chair as necessary.

Meetings of Local Commissioning Groups will be held in public, although certain issues may be taken in a confidential section of the meeting, and the procedures for meetings will be in accordance with Health and Social Care Board Standing Orders 6.2 – 6.12 and 6.14 – 6.22, the exceptions being the quorum (6.13) and Appointment of Chair and Members and Terms of Office (6.23).

### **3.0 SCHEME OF DELEGATION**

The Health and Social Care Board is a single organisation with accountability to its Board through the Chief Executive as Accountable Officer. The Local Commissioning Groups, as part of the corporate organisation, are subject to the Health and Social Care Board's accountability and governance framework.

Local Commissioning Groups have a lead role in the strategic commissioning process, in particular helping to shape strategic thinking and applying it locally. They have responsibility for assessing health and social care needs in their areas, planning to meet current and emerging needs and securing the delivery of a comprehensive range of services to meet the needs of their populations. They have full delegated authority and the devolved ability to discharge these responsibilities, including a significant ability to direct resources.

In advance of each year, the Board will determine, in consultation with Local Commissioning Groups, the range of services to be commissioned locally by the Groups and regionally; and identify the corresponding budgets within which such services will be commissioned. Local Commissioning Groups will not be responsible for the operational management of service delivery.

## Local Commissioning Group Principal Functions

The principal functions of Local Commissioning Group Members, collectively, will be:

- to take ownership and control of their local commissioning agenda; and
- to set the commissioning direction and priorities in their areas and exercise effective oversight and management.

Local Commissioning Groups will be required to engage their respective local populations and will explain to them how they plan, oversee investment and manage performance to improve health and well-being outcomes on their behalf. Within the context of the agreed Commissioning Plan, they will make care commissioning decisions having due regard for:

- the identified needs of their population;
- available resources; and
- the advice of the Public Health Agency

In forming their views, Local Commissioning Groups will take account of:

- care needs of their populations;
- Ministerial and Regional Priorities;
- views of service users, carers and the wider public;
- views of, and performance by, service providers; and
- available evidence and best practice.

## General Responsibilities and Accountabilities

Local Commissioning Groups will have:

- identified funds within which they will develop Commissioning Plans as part of the Board's Commissioning Plan.
- flexibility to introduce initiatives to involve primary and community care practitioners and community and voluntary groups at a local level, to actively engage in



designing and reshaping services to better meet the needs of their local communities;

- as Committees of the Health and Social Care Board, a statutory duty to pay due regard to the views of the Public Health Agency in addressing the wider determinants of health and well-being; and
- arrangements in place for regular and meaningful engagement with elected representatives in Local Government Councils and with advocacy groups, patients, carers, and the wider public, consistent with Ministerial policy on “Personal and Public Involvement”.

Local Commissioning Groups will be required to:

- adopt an inclusive approach to decision-making, recognising the distinctive contribution of all professional groups, lay representatives, patients, carers, the community and voluntary sector, locally elected representatives and the wider public;
- play a critical role in relation to the improvement of public health and well-being. They will forge partnerships with other appropriate bodies, including the Public Health Agency, to commission programmes of health improvement and to address health inequalities;
- manage and undertake robust and regular needs assessments that establish a full understanding of current and future health and social care needs and requirements;
- prioritise investment according to local needs, service requirements and Ministerial policy and objectives;
- be agents of innovation and continuous improvement;
- work in partnership with service providers, seeking to realise all opportunities to secure delivery of significantly higher standards for safe good quality care and improved health and well-being;

- pursue all opportunities to secure enhanced value for money and improved resource utilisation while contributing to the maintenance of sound financial stability of the local health and care economies.

In addition, Local Commissioning Groups will contribute to shaping commissioning decisions which affect populations extending beyond their own geography. As such, Local Commissioning Groups must work collaboratively on areas of mutual interest to ensure that, across the region, consistent approaches underpin needs assessment, service planning, procurement and performance management.

A Service Level Agreement will be developed between the Health and Social Care Board and the Public Health Agency to ensure appropriate professional support to Local Commissioning Groups to enable them to fulfil their responsibilities. In fulfilling their responsibilities, Local Commissioning Groups will also draw appropriately on other professional and support services provided within the Health and Social Care Board.

### Financial Governance and Stewardship

Local Commissioning Groups must ensure that their annual expenditure remains within the resources allocated by the Board. They must also ensure that this expenditure is undertaken consistent with Department of Health, Social Services and Public Safety and Health and Social Care Board policy and established best practice.

The Health and Social Care Board Finance Director will make available necessary professional advice and support to Local Commissioning Groups to enable them to fulfil their responsibilities in this regard.

The Health and Social Care Board will adopt an approach to the allocation of funds which reflects the new financial regime directed by Department of Health, Social Services and Public Safety and is based on the following principles:

- It must be consistent, fair and transparent, taking account of capitation;
- It must be consistent with Health and Social Care Board budget-setting plans for 2010/11 onwards;
- It should not adversely impact on the financial stability of the Health and Social Care Board; and
- It must be simple and understandable.

The approach to the allocation of funds to Local Commissioning Groups will use “fair shares” principles, using the current Department of Health, Social Services and Public Safety “needs weighted capitation funding” approach, subject to ongoing refinement for resource allocation and any decisions by the Minister in relation to transition arrangements to “full capitation” funding should the distance of specific Local Commissioning Groups from full capitation shares be significant.

# **PHARMACY PRACTICES COMMITTEE**

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- 2.6 Notification of Decisions

# PHARMACY PRACTICES COMMITTEE

## 1 REMIT AND CONSTITUTION

### 1.1 Introduction

The Pharmacy Practices Committee is established as a Committee of The Health and Social Care Board pursuant to Schedule 1 paragraph 7 of The Health and Social Care (Reform) Act (Northern Ireland) 2009.

### 1.2 Role

The primary role of the Pharmacy Practices Committee is to exercise the functions of the Board under Regulation 6(9) of the Pharmaceutical Services Regulations (Northern Ireland) 1997 on behalf of the Board and in accordance with Schedule 4 of the same Regulations.

### 1.3 Terms of Reference

The main function of the Committee is:

- to make recommendations to the Board on an application made by a person:
  - who wishes to be included in the pharmaceutical list for the provision of pharmaceutical services, or;
  - whose name is already included in the pharmaceutical list but who intends to open additional premises from which to provide pharmaceutical services or;
  - who wishes to relocate the premises from which they provide pharmaceutical services and the move does not meet the criteria for a “minor” relocation or;
  - who wishes to provide domiciliary oxygen as an additional pharmaceutical service
  - who wishes to vary the times at which a pharmacist is required to be normally available

## **1.4 Reporting to the Board**

The Committee shall submit its draft minutes to a subsequent confidential meeting of the Board. A summary of the applications considered by the Committee shall be included in the Annual Report of the Health and Social Care Board.

## **1.5 Composition of the Pharmacy Practices Committee**

The Committee shall comprise seven members of whom:

- two shall be the Chairperson and Vice-Chairperson respectively and be appointed as such by the Board. The Chairperson and Vice Chairperson shall be non-executive members of the Board and neither shall be a doctor, dentist, ophthalmic optician, pharmacist or a person, or the employee of a person whose name is included in the pharmaceutical list;
- three shall be pharmacists of whom:
  - one shall be a pharmacist whose name is not included on the pharmaceutical list and who is not an employee of a person whose name is included in that list, and they shall be appointed by the Board from persons nominated by the Pharmaceutical Society of Northern Ireland; and
  - two shall be pharmacists, each of whom is included in the pharmaceutical list or is an employee of a person whose name is included in the pharmaceutical list and each shall be appointed by the Board from persons nominated by the Northern Ireland Pharmaceutical Contractors Committee or such organisation which is, in the opinion of the Board, representative of the general body of pharmacists; and
  - two shall be non-pharmacist/lay members appointed by the Board, neither of whom shall be a person, or employee of a person, whose name is included in the pharmaceutical list, or be a doctor who is required to supply drugs or appliances in terms of Part III of the above regulations.

Persons to act as deputies for each of those categories of person appointed as above shall, provided they satisfy the criteria specified above, be appointed by the Board, and, in the absence of any of those persons, a deputy from the appropriate category shall be entitled to act in their place.

If a nomination is sought for a pharmacist member as above, and is not made before such date as the Board may determine, the Board may appoint as a member a person who satisfies the above criteria.

## **1.6 Area Panels**

The membership for each meeting will be drawn from four area panels, mapped to each HSC Board office, in order to reflect the location of the application(s) being considered, where possible. The composition of each area panel will mirror the membership of the Pharmacy Practices Committee, with deputies as required.

The Board shall determine the nominating arrangements for the non-pharmacist/lay members. It shall prepare and maintain lists of the persons who have been appointed as above and who currently serve on the Committee and shall provide this to the Department of Health, Social Services and Public Safety.

## **1.7 Establishment of a Pharmacy Practices Committee**

The Pharmacy Practices Committee shall be constituted as a Committee of the Board with the power to make decisions in accordance with its Terms of Reference. The Terms of Reference shall be approved by the Board and recorded in the Board minutes.

Committee meetings shall be conducted formally and minutes submitted to the Board at its next confidential meeting.

The Committee shall expect to meet routinely as required to ensure prompt response to requests from pharmacists. Agenda and briefing papers shall be prepared and circulated in sufficient time for members to give them due consideration.

- 1.8 Corporate Business Officers in each Local Office shall service the Committee.

## **2 CONDUCT OF BUSINESS**

### **2.1 Attendance**

- 2.1.1 Only the members of the Committee shall attend meetings as a matter of course. A Corporate Business Officer shall be in attendance to record the business of the meetings.

- 2.1.2 Designated senior Board Pharmacist (s) shall be in attendance at meetings to assist the Committee and advise on procedural and professional issues. The Assistant Director of Medicines and Pharmacy Management and deputy shall have a standing invitation to attend meetings.

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

- 2.1.4 A legal representative from the Directorate of Legal Services, Business Services Organisation shall be invited to attend a meeting of the Committee, as necessary

### **2.2 Oral Representations**

- 2.2.1 The Committee will be convened to hear oral representations and shall give reasonable notice to the applicant and to any other person who was notified of the application and who submitted written representations within the allowed consultation period.

- 2.2.2 These persons shall be invited to make oral representations at the meeting in accordance with the procedures



determined by the Committee on behalf of the Board.

- 2.2.3 The Chair may permit, where appropriate, the applicant and those who have submitted written representations to be assisted in making oral representations by another person, but that person shall not be entitled to be heard in the capacity of counsel or solicitor.

## **2.3 Declaration of Interest**

- 2.3.1 At the start of each meeting of the Pharmacy Practices Committee, the Chairperson or Vice Chairperson, if acting as Chairperson, shall ask those present whether, in respect of any matter to be considered at the meeting, any of them has an interest to declare or is associated with a person who has such interest, and anyone who has or, as the case may be, is associated with a person who has any such interest shall declare it accordingly. All members must comply with the requirements of the Bribery Act 2010.

- 2.3.2 Anyone who has declared an interest, or who, in the opinion of the Chairperson or Vice Chairperson if acting as Chairperson, shall have declared such an interest, shall not be present at the consideration or discussion of that matter or the voting on it, and a deputy who has no such interest may act in their place.

## **2.4 Quorum**

- 2.4.1 The Quorum is five members. No business shall be transacted at a meeting of the Pharmacy Practices Committee unless the Chairperson or Vice Chairperson acting as chairperson; one member appointed as a pharmacist not on the pharmaceutical list; one member appointed as a pharmacist on the pharmaceutical list and two lay members are present.

## **2.5 Voting**

- 2.5.1 Every application shall be considered by all members present, but be determined only by a majority of votes of members present who are entitled to vote.

2.5.2 The Chairperson or Vice Chairperson, if acting as Chairperson, shall not be entitled to vote except in the case of an equality of votes of the other persons present and voting, in which case they shall have a casting vote.

2.5.3 A member appointed as a pharmacist on the pharmaceutical list shall not be entitled to vote and shall withdraw immediately before a decision on an application by voting takes place.

2.5.4 The proceedings shall not be invalidated by any vacancy in its membership or any defect in a member's appointment.

## **2.6 Notification of Decisions**

2.6.1 The Pharmacy Practices Committee shall within 14 days of the meeting give written notice of its decision and the reasons to the applicant and to those who were invited to respond to the original consultation letter.

2.6.2 These persons shall be advised of their right to appeal against the decision within 21 days from the date on which the notification of the decision was sent.

**REFERENCE COMMITTEE**

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## **REFERENCE COMMITTEE**

### **1 REMIT AND CONSTITUTION OF BUSINESS**

#### **1.1 Introduction**

The Reference Committee is established as a committee of the Health and Social Care Board Pursuant to Schedule 1 paragraph 7 of The Health and Social Care (Reform) Act (Northern Ireland) 2009.

- 1.1.1.1 In its letter of April 1996 (Revised Disciplinary Arrangements for Practitioners - Disciplinary Procedures Regulations) Health and Safety Executive directed that the Board may wish to create a Committee of the Board named the Reference Committee which would exercise the Board's function with respect to the referral of disciplinary matters relating to family health service practitioners (General Medical, Dental, Pharmaceutical and Ophthalmic Practitioners) under the Health and Personal Social Services (Disciplinary Procedures) Regulations Northern Ireland 1996. The Reference Committee was established at that time.
- 1.1.1.2 The Health and Personal Social Services (Disciplinary Procedures) Regulations (Northern Ireland) 1996 were revoked by the Health and Personal Social Services (Disciplinary Procedures) Regulations (Northern Ireland) 2014. These have subsequently been replaced by the Health and Personal Social Services (Disciplinary Procedures) Regulations (Northern Ireland) 2016. The 2016 Regulations provide for the investigation and determination of questions about whether a chemist, dentist, ophthalmic medical practitioner or an optician has failed to comply with their terms of service. The 2016 Regulations do not apply to General Medical Practitioners. The Reference Committee's terms of reference have been extended in order to comply with these regulations, in conjunction with a newly established Disciplinary Committee.

## **1.2 Terms of Reference**

To be kept under review in light of any emerging or changing accountability arrangements for HSCB.

- 1.2.1 The role of the Committee is to exercise the Health and Social Care Board's function under the 2016 Regulations with respect to the referral of disciplinary matters for a chemist, dentist, ophthalmic medical practitioner and opticians. It also exercises a range of functions in relation to performance concerns for General Medical Practitioners providing services as part of a GMS contract.

Where it is considered that a practitioner may have failed to comply with their terms of service, a Case Officer will be identified and a preliminary report will be prepared for consideration by the HSCB Reference Committee. That Committee will then decide either to take no action, or to take one or both of the courses of action set out in paragraph 2 of the Regulations:

*(c) to investigate the disciplinary matter;*

*(d) to refer the information to, as it considers appropriate, the Tribunal, the relevant professional body or the police.*

Following investigation the Reference Committee may decide to refer the matter to the Disciplinary Committee for consideration and decision. To take action as appropriate under current regulations.

- 1.2.3 In deciding on the appropriate course of action, the Reference Committee, it shall adhere to the 2016 Regulations as detailed

## **1.3 Action under General Medical Services Contract (2004)**

- 1.3.1 Under the General Medical Services Contract the options for the Reference Committee when considering a serious concern raised against a general medical practice include:
- a) Take no further action
  - b) Referral to General Medical Council

- c) Referral to the HSC Tribunal
- d) Referral to the Police
- e) Request Board Officers to take and complete further investigation /action
- f) Request Board Officers to instigate the proceedings for breach of contract under the GMS Contracts Regulations
- g) Determine the content of sanctions to be applied, or to determine whether the contract should be terminated and the basis for this.

For actions (a) to (e) the arrangements of the Health and Social Care Board's Regional Professional Panel (RPP) will be followed.

For actions (f) to (g) Board officers will also bring to the Reference Committee those cases where a contractor has not taken the required steps to remedy a breach of contract, following the issuing of a remedial or breach notice; or where conditions specified in the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 are not satisfied. (Regulation 4 (1) (2) (3); Regulation 5; Paragraphs 103-106 refer).

## **1.4 Composition of Reference Committee**

- 1.4.1.1 The Reference Committee shall consist of three members. One member must be an Executive Director. In addition two Non-Executive Directors shall also be appointed. A minimum of two Lay Advisors may be appointed and shall attend meetings of the Committee and shall participate fully in the discussions but shall not be able to vote.
- 1.4.2 Where possible one member of the Committee shall have a legal background.
- 1.4.3 The members shall select a Chair of the Committee from among their number.
- 1.4.4 The Reference Committee shall have a quorum of two one of which should be an Executive Director.
- 1.4.5 Appropriate HSC officers (including relevant professional advisers from Integrated Care Directorate) shall attend the meetings as required.

## **1.5 Establishment of a Reference Committee**

- 1.5.1 The Reference Committee is to be constituted as a Committee of the Health and Social Care Board and as such may exercise the Health and Social Care Board's powers under the Regulations with respect to the referral of disciplinary matters.
- 1.5.2 Reference Committee meetings shall be conducted formally and minutes (in accordance with Standing Order 5.2.21) submitted to the confidential session of the Health and Social Care Board at its next meeting.
- 1.5.3 Agenda and briefing papers shall be prepared and circulated in sufficient time for members to give them due consideration.
- 1.5.4 The Committee Chair shall request fuller explanatory information in papers put before them, if there are any doubts or uncertainties and the issues discussed shall be summarised in the minutes.
- 1.5.5 A Corporate Business Officer shall service the Committee.

## **1.6 Frequency of Meetings**

- 1.6.1 Frequency of meetings of the Reference Committee shall be determined by the Chairperson of the Committee when information is received concerning possible breaches by practitioners of terms of service and by the time limits for referral stipulated by the 2016 Regulations. All referrals to the Committee shall be processed through the Health and Social Care Board's Committee Support mechanisms to the Chair of the Committee.
- 1.6.2 The Reference Committee may also meet to consider the recommendations of the Regional Professional Panel or any similar panels existing or which may be established in the future in relation to Family Practitioners.
- 1.6.3 The Committee shall meet at least once per year to review its working arrangements and advise the Health and Social Care Board Chair.

## **REMUNERATION AND TERMS OF SERVICE COMMITTEE**

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#### **2. Conduct of Business**

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# **REMUNERATION AND TERMS OF SERVICE COMMITTEE**

**(Standing Financial Instruction 11.1 refers)**

## **1 REMIT CONSTITUTION AND CONDUCT OF BUSINESS**

### **1.1 Introduction**

The Remuneration and Terms of Service Committee is established as a committee of the Health and Social Care Board pursuant to Schedule 1 paragraph 7 of The Health and Social Care (Reform) Act (Northern Ireland) 2009.

The Code of Conduct and Code of Accountability set out in Circular HPSS PDD 8/94 requires that a Remuneration and Terms of Service Committee be established.

### **1.2 Background**

All staff, with the exception of Senior Executives, are on the nationally agreed terms and conditions of service. The work of the Committee must take place within this context.

### **1.3 Role**

The primary responsibility of the Remuneration and Terms of Service Committee is to make recommendations to the Board on all aspects of remuneration and terms and conditions of employment for the Chief Executive and other Executive Directors.(Code of Accountability for Board members of HSC bodies) (April 2011).

### **1.4 Terms of Reference**

The main functions of the Committee are:

- to advise the Board of the Health and Social Care Board on the appropriate remuneration and terms of service for Executive Directors and Senior Executives

to ensure that they are fairly rewarded for their individual contribution to the organisation, ensuring that any directions issued by the Department of Health, Social Services and Public Safety on pay are scrupulously observed. This would include having proper regard to the organisation's circumstances and performance.

- to oversee the proper functioning of performance and appraisal systems including Knowledge and Skills Framework;
- to oversee appropriate contractual arrangements for all staff. This would include a proper calculation and scrutiny of termination payments, taking account of such national guidance as is appropriate;
- to agree and monitor a remuneration strategy that reflects national agreements and Departmental policy; and
- to monitor the application of the remuneration strategy to ensure adherence to all equality legislation.

## **1.5 Relationship with and Reporting to the Board of the HSCB**

In accordance with the Code of Accountability (2011), the Committee shall report, in writing, to the Board of the HSCB the basis for its decisions. Minutes of the Board meeting shall record such decisions.

## **1.6 Composition of the Remuneration and Terms of Service Committee**

The Committee shall comprise the Health and Social Care Board Chair and at least two Non Executive Directors. None of these members should be members of the Audit Committee.

## **1.7. Quorum**

The quorum shall be two members.

The Committee shall be chaired by the HSCB Chair.

The Chief Executive and other Senior Executives shall not be present for discussions about their own remuneration and terms of service. However, they can be invited to attend meetings of the Committee to discuss other staffs' terms as required.

The Chief Executive, a nominated HR officer (from BSO) and the Director of Finance shall provide advice and support to the Committee.

## **1.8 Establishment of Remuneration and Terms of Service Committee**

The Committee shall be constituted as a Committee of the Board and, in accordance with the Code of Accountability (April 2011) “will make recommendations to the Board on all aspects of remuneration and terms and conditions of employment for the Chief Executive...” and other Senior Executives.

The Terms of Reference are to be approved by the Board and recorded in the Board minutes.

Committee meetings shall be conducted formally and the Chair will provide a verbal report of proceedings to the Board at its next confidential meeting.

The Committee shall expect to meet a minimum of once per annum. Agenda and briefing papers shall be prepared and circulated in sufficient time for members to give them due consideration.

A Corporate Business Officer shall service the Committee.

## **2 CONDUCT OF BUSINESS**

### **2.1 Attendance**

2.1.1 Only the members of the Committee, the Chief Executive, the Director of Finance and a nominated HR officer (from BSO) shall attend the meetings as a matter of course.

A Corporate Business Officer shall service the Committee.

- 2.1.2 Other Executive or Non Executive Directors and Officers may be invited to attend as required. The Director of Finance shall have a standing invitation to attend all meetings.
- 2.1.3 A nominated HR officer (BSO) will be responsible for the implementation of remuneration and terms and conditions of service in the HSCB. He/she shall deal with all matters affecting terms and conditions of service. He/she shall be present at every meeting.
- 2.1.4 Any member of staff of the HSCB may be required to attend a meeting of the Committee, as necessary.
- 2.1.5 The Committee Chair shall request fuller explanatory information in papers put before them. If there are any doubts or uncertainties on the issues discussed, it shall be summarised in the minutes

## **2.2 Frequency of Meetings**

- 2.2.1 Meetings should be held as a minimum, once per year to review remuneration matters or deal with specific matters. Further meetings may be arranged at the discretion of the Chair, as necessary.

**REVIEW PANEL**

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12	Written Representations

## **REVIEW PANEL**

### **1 Background**

1.1 “The HPSS (Primary Medical Services Performers List) Regulations (Northern Ireland) 2004 were amended by regulations of the same title which came into effect on 8<sup>th</sup> December 2008. Under the Amendment Regulations the HSCB may:

- (i) Conditionally include the practitioner in accordance with Regulation 8A.
- (ii) Contingently remove the practitioner in accordance with Regulation 10A.
- (iii) Suspend a practitioner in accordance with Regulation 12A.

1.2 The Amendment Regulations entitle the HSCB to review its conditions placed on practitioners at any time, in certain circumstances and if requested to do so by the practitioner.

### **2 Establishment and Composition of the Review Panel**

2.1 In January 2010, the HSCB established a Review Panel to conduct oral hearings in relation to, removal from the PMPL other than in circumstances where the HSCB is obliged to remove a performer’s name or in relation to suspension of a performer or in review proceedings.

The Review Panel will consider any written representations made by a practitioner where the HSCB is considering removal from the PMPL or in review proceedings.

2.2 The Review Panel is established as a Committee of the Health and Social Care Board pursuant to schedule 1 paragraph 7 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

2.3 The Review Panel is composed of a medical member and a lay non-executive member of the HSCB. However, if the performer requests the opportunity to make oral representations, the Committee shall comprise of at least

one third General Medical Practitioners, to consider those representations and make a recommendation to the Board.

2.3.1 The Review Panel has a quorum of its two members;

2.3.2 The Chair is selected by the members themselves and membership should change every 3 years;

2.3.3 Medical members may be drawn from the HSCB directors or members and from LCG members;

2.3.4 Medical members should be General Medical Practitioners.

2.4 The Review Panel shall not include any person who has been involved in the HSCB investigation of the practitioner or who may be called as a witness at the hearing or who is likely to be involved in subsequent disciplinary proceedings should a later decision to take formal action against a practitioner be made.

### **3 Conduct of all Oral Hearings**

3.1 The overriding duty on the Panel is to ensure that the matters before the Panel are considered in a way which is fair to both the practitioner and the HSCB in exercising its duty to protect patient safety.

3.2 To give effect to this overriding duty, the Chair shall have a general discretion to conduct the hearing in a way which he/she considers just and fair and may vary any procedural requirement herein in order to achieve this objective.

3.3 The hearing shall take place in private.

### **4 Attendance at Oral Hearings**

4.1 It is expected that at oral hearings the following shall attend and the Chair will have the right to adjudicate in any matters of dispute regarding attendance:

- the practitioner,
- one person to accompany/assist the practitioner in the presentation of their case who will usually be a union representative or work colleague (as these are internal proceedings and it is not a quasi-judicial hearing there will be no right on the part of the Board or the practitioner to

legal representation. Should the person assisting the practitioner or the HSCB be legally qualified they will not be permitted to cross-examine witnesses or address panel members directly);

- Investigating Officer of the HSCB;
- one person assisting the Investigating Officer in the presentation of their case;
- any witnesses (but only while giving evidence unless the Chair otherwise directs and the parties agree.)
- an officer from the HSCB Committee Secretariat to formally record the hearing.
- a HSCB professional clinical adviser(s) with relevant experience of any clinical issues involved in a case shall attend hearings at the request of the Panel to provide any required clinical input.

## **5 Oral Hearing – Procedure**

- 5.1 In these procedures, the ‘hearing’ means the ‘open’ part of the Panel meeting (not including any initial pre-meeting by the Panel or the subsequent deliberations of the Panel).
- 5.2 At the commencement of the hearing the Chair shall explain:
- the purpose of the hearing;
  - the procedure that will be followed;
  - what will happen after the panel has finished hearing the parties’ representations and taking evidence and the parties leave the hearing.
- 5.3 Further the Chair should:
- ask both parties whether they wish to apply to produce any further documentary evidence.
- 5.4 Subject to the discretion of the Chair, the following procedures should be followed at the hearing:
- 5.4.1 The persons assisting the practitioner and HSCB, Secretariat Staff, must be permitted to be present throughout the hearing unless a direction is made by the Chair to the contrary.



- 5.4.2 The determination of any procedural and/or legal matters at the hearing shall be for the Review Panel and not just the Chair alone.
- 5.4.3 The HSCB shall present its case and make reference as appropriate to relevant Regulations, documentation and any witness statements submitted by the HSCB. The investigating officer usually presents the HSCB's case.
- 5.4.4 The HSCB should then call any witnesses on its behalf. Witnesses may only be questioned by the Review Panel. Witnesses who have made written statements that may be used during the hearing may be asked to attend. Witnesses are not under any legal obligation to attend and, generally speaking, their written statements should be sufficient. If a witness is asked to attend it will be to give direct evidence. They may be questioned by the Review panel, but not by the Investigating Officer or by the doctor who is making representations. The Chair should have an absolute right of adjudication if there is any question about admissibility. If, exceptionally, a witness wishes to be accompanied, their companion will be unable to play any part in the proceedings.
- 5.4.5 The final decision as to the attendance of witnesses will rest with the Chair and witnesses will usually only be asked to attend when the Chair is satisfied that their attendance will add materially to the decision-making process.
- 5.4.6 The practitioner shall be invited to present his case and call any witnesses on his behalf following the same procedure as was applicable to the HSC Board.
- 5.4.7 The Review Panel may also receive oral or written evidence on its own initiative from third parties provided that such evidence has been sufficiently disclosed to the practitioner and the HSC Board.
- 5.4.8 At the conclusion of the evidence, the HSCB and then

the practitioner are invited to sum up their cases and add any final comment.

5.4.9 The Review Panel members may take their own notes of the proceedings throughout the hearing. All notes made by Review Panel members shall be collected by the Secretary to the Review Panel at the end of their deliberations and securely stored with a set of the hearing papers.

## **6 Non-Attendance by Practitioner**

- 6.1 In the event that the practitioner does not attend the hearing at the time and place agreed and the Review Panel is satisfied that notice has been served upon the practitioner and they have failed to attend without good reason, the Chair will consider the circumstances and decide whether the hearing should proceed in the practitioner's absence.
- 6.2 If the hearing proceeds in the absence of the practitioner, the Review Panel shall first consider the written evidence. The Review Panel should weigh the allegations/concerns and supporting evidence against any representations, documents and written evidence submitted by the practitioner.
- 6.3 The Review Panel may then require the HSCB to call witnesses, if any, as it considers necessary to determine the matters before the Review Panel.
- 6.4 If a practitioner's health prevents a hearing from taking place the HSCB will consider any related medical evidence provided.

## **7 Evidence**

- 7.1 The standard of proof in relation to allegations against the practitioner shall be that of "the balance of probability" (i.e. that the stated assertion of fact is more likely than not).
- 7.2 Any issue as to whether any evidence should be admitted shall be determined by the Chair.

- 7.3 In the event that the HSCB seeks to rely on matters and evidence concerning the practitioner going beyond those originally notified to the practitioner, the Review Panel may also agree to admit such evidence and permit the issues before the Review Panel to be extended to include the investigation of matters relating to further allegations.
- 7.4 In the event that the issues are extended as referred to above, the Review Panel should give the practitioner the opportunity to have the hearing adjourned on the grounds that it is unfair to permit the hearing to continue with the additional issues. However if the practitioner agrees to its continuation a formal note should be made of the offer of an adjournment and its rejection by the practitioner.
- 7.5 The Review Panel shall consider and rule upon such an application and may adjourn the hearing if it considers that it is appropriate to do so.
- 7.6 On conclusion of the evidence and final statements the Review Panel shall withdraw to consider its decision. No person other than a member of the Review Panel and if requested by the Chair, the Committee Secretary, shall be entitled to be present during their deliberations.

## **8 Adjournment**

- 8.1 The Review Panel may adjourn the hearing at any stage. In the event of an adjournment, and if reasonably practicable, the adjourned hearing date should be fixed within seven days of the original date where possible.
- 8.2 If the HSCB itself needs to postpone the hearing an alternative date within seven days of the original date where possible will be offered to the practitioner.
- 8.3 In suspension proceedings the practitioner may be suspended pending the adjourned hearing date.

## **9 The Decision**

- 9.1 Upon conclusion of the summing up the Review panel will deliberate in private and shall determine whether the proposed action recommended by the HSCB Investigating Officer should be accepted or if alternative action should be taken.
- 9.2 The Review Panel should ordinarily communicate its decision to the practitioner after the hearing by way of a written report. The preparation of the report shall be the responsibility of the Chair and the practitioner will be notified within seven days of the decision being taken.
- 9.3 The report shall contain such matters as:
- Details of material evidence given to the panel;
  - The panel's findings on all relevant questions of fact;
  - The conclusion which, in the view of the panel, may be properly drawn from such findings of fact as to the allegations made against the practitioner or the matters under review;
  - the panel's reasons for drawing such conclusions;
  - the panel's decision;
  - (in removal proceedings) a statement of the condition or conditions upon which they are relying in the event that their decision is that the practitioner should be contingently removed from the list;
  - (in admission proceedings) a statement of the condition or conditions upon which they are relying in the event that their decision is that the practitioner should be conditionally included in the list.
- 9.4 When the report is sent to the practitioner it shall be accompanied by a communication from the Chief Executive notifying the practitioner (if appropriate) of any right of appeal and/or review under the Regulations.

## **10 Service of Documents**

- 10.1 Any notice or other document which is required to be served on a party under this procedure may be served by any of the following methods:
- 10.2 In the case of the practitioner, by leaving it with the practitioner personally, sending it by recorded delivery or other secure method to the practitioner's usual or last known home or practice address.
- 10.3 In the case of the HSC Board by delivering it to or sending it by recorded delivery or first class post to the HSC Board Chief Executive.
- 10.4 By any other method agreed between the parties.
- 10.5 A document will be considered to be served on the second day after the document was posted or the day after it was delivered to the permitted address. A Saturday, Sunday or Bank Holiday shall be excluded from a calculation of the relevant period.
- 10.6 Copies of any documents upon which the HSCB proposed to rely will be served on the practitioner, where practicable, 14 working days before the date set for the hearing but not less than 7 working days.
- 10.7 Copies of any documents upon which the practitioner wishes to rely should be served on the Board not less than 7 working days before the date of the hearing.
- 10.8 There must be a period of 2 working days between the service of any late evidence and the date of the hearing.
- 10.9 Subject to the overriding duty not to unduly prejudice the practitioner or the HSCB, the Chair shall have the discretion to abridge any time set for the submission of documents or statements or to permit their provision to the Review Panel.

## **11 Appeals**

- 11.1 There is no right of appeal against a decision to suspend.
- 11.2 In relation to all other decisions, the performer has a right to appeal to the Department of Health, Social Services and Public Safety within 28 days, or longer period as the Department for reasonable cause allows, from the date the HSCB notified the practitioner of its decision.

## **12 Arrangements for considering written representations in removal and review proceedings**

- 12.1 In circumstances where a practitioner has the opportunity to make written representations, the case papers presented by the practitioner and the Board will be considered by the Review Panel at its meeting.
- 12.2 In addition to the members of the Review Panel, the Secretary to the Panel will be present throughout the meeting to record the proceedings.
- 12.3 A HSCB professional clinical adviser(s) or HSCB officer with relevant experience of any of the issues involved in the case shall provide any required input at the request of the Review Panel. Their input will be included in the Review Panel's written report.
- 12.4 The decision of the Panel will be communicated to the practitioner following the procedure used for oral hearings – see Section 9.0 "The Decision".

**HSC BOARD AGENDA: STANDING ITEMS**

- 1. Chief Executive's Report**
- 2. Safety and Quality Issues**
- 3. Financial Report**
- 4. Performance Report**