



Northern Ireland Blood Transfusion Service

Board Assurance Framework

2021

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1. INTRODUCTION

- 1.1** People need to be confident about the quality of care that they get from organisations commissioning or providing health and social care. They want services that are readily accessible, are safe and are provided by competent and confident staff who will always work in their best interests.
- 1.2** The Board of Northern Ireland Blood Transfusion Service (the Agency) and of each of the Department's Non-Departmental Public Bodies (NDPB's), has therefore a duty on behalf of its service users, carers, staff and local communities to ensure that the organisation is carrying out its responsibilities within a system of effective control and in line with the objectives set by Ministers. Their organisations must also demonstrate value for money, maximising resources to support the highest standards of service. To discharge all these duties, Boards need to have in place robust systems of direction, control and communication – good governance in other words.
- 1.3** This document entitled 'Board Assurance Framework' provides the policy framework and structure by which the Agency's responsibilities will be fulfilled. The Board Assurance Framework is an integral part of the governance arrangements for the Agency and should be read in cognisance with the extant Corporate Plan, Business Plan and Risk Management Strategy. In addition, cognisance must be taken of the NIBTS Establishment Order, Functions Directive, Standing Orders, Standing Financial Instructions, Management Statement and Financial Memorandum (2011), draft Partnership Agreement between DoH and NIBTS, Letters of Appointment, Contracts of Employment and Job Descriptions.
- 1.4** The Board Assurance Framework (BAF) describes the process for setting organisational objectives. Through the Corporate Risk Register, potential risks to their achievement are identified, the key control measures through which these risks will be managed and the sources of assurance about the

effectiveness of these controls are described. The BAF lays out the sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes.

1.5 This framework will provide the Agency Board with confidence that systems, policies and people are operating effectively, are subject to appropriate scrutiny and that the Board is able to demonstrate that they have been informed about key risks affecting the organisation.

1.6 The Agency has:

- Defined corporate objectives
- Identified principal risks that may threaten the achievement of those objectives
- Controls in place to manage these risks, underpinned by core organisational assurance standards
- Explicit arrangements for obtaining assurance on the effectiveness of existing controls across all areas.

1.7 On an on-going basis the Agency Board will:

- Assess the assurances given
- Identify where there are gaps in controls and/or assurances
- Seek assurance that corrective actions have been taken where gaps have been identified and
- Maintain dynamic risk management arrangements including a regular review of the corporate risk register.

1.8 The BAF provides its Board with a means for making fuller use of the existing governance capacity:

- in terms of how the various aspects of governance relate to organisational responsibilities and accountability
- in relation to the information it needs to discharge its responsibilities and accountability

- to know how the different facets of governance are working, and
- to ensure the effective management of risk.

1.9 The Agency has a duty to protect patients, donors, service users, staff and others in the planning and delivery of services. Reducing risk is not just about financial or management probity. It is also concerned with improving the safety, quality and user experience of services. This means that equal priority needs to be given to the obligations of governance across all aspects of the business, whether financial, organisational or clinical. Good governance must be embedded in the organisation's culture. Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

1.10 The six core principals of good governance, as set out in the Good Governance Standard for Public Service are:

- Focusing on the organisation's purpose and on outcomes for citizens and service users
- Performing effectively in clearly defined functions and roles
- Promoting values for the whole organisation and demonstrating the value of good governance through behaviour
- Taking informed, transparent decisions and managing risk
- Developing the capacity and capability of the governing body to be effective
- Engaging stakeholders and making accountability real.

2 Governance in Context

The Board of NIBTS needs to be confident that its governance arrangements are operating effectively. It has to know that the risks inherent in the provision of health and social care are identified, managed and minimised and that they will help to achieve business objectives.

The Chief Executive must, as Accounting Officer, sign a Governance Statement as part of the statutory accounts and year end annual report process. In addition, they must also produce a Mid-Year Assurance Statement to attest to the maintenance and improvement of control systems. These obligations heighten the need for the Board to be able to demonstrate that it has been properly informed about the totality of its risks. To do this, it needs to be able to show that it has systematically identified its objectives, managed the principal risks to achieving them and identified any significant weakness that need to be addressed. In turn, this assurance (in the form of a Governance Statement and Mid-Year Assurance Statement) is provided to the Department's Accounting Officer.

2.1 What a Board Must Do

Criterion 6 of the former Controls Assurance Governance Standard states:

“The Board ensures that it has proper and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes”

To meet this criterion, the Board needs to develop a process to support the Chief Executive in making a balanced, fully informed Governance Statement – one that describes both the achievements in embedding risk management and the work that remains to be done.

This process will include:

- Establishing principal objectives (at organisation and departmental level)
- Identifying and documenting the principal risks that may threaten the achievement of those objectives
- Identifying and evaluating the key controls intended to manage these risks
- Setting out explicit arrangements for obtaining assurance on the effectiveness of key controls across the areas of principal risk
- Assessing the assurances given
- Identifying the positive assurance and areas where there are gaps in controls and/or assurances

- Seeking assurance that corrective actions are taken where gaps have been identified and
- Maintaining dynamic risk management arrangements including a regularly reviewed corporate risk register.

Section C of the NIBTS Standing Orders set out the matters reserved for the Board. These are included in Appendix 2.

2.2 What Assurance Means for NIBTS

The Agency Board can properly fulfil its responsibilities when it has a full grasp of the principal risks facing the organisation. Based on knowledge of risks identified, the Members will determine the level of assurance that should be available to them with regard to those risks. Taking account of all legal, regulatory and voluntary guidance and their relationship to key risks is a necessary task.

The Agency Board is committed to debating and making the connections between the corporate objectives, risks and the range and effectiveness of existing assurance reporting. This will require some consideration of the principal of **reasonable** rather than **absolute** assurance.

In determining reasonable assurance, it is necessary to balance both the likelihood of any given risk materialising and the severity of the consequences should it do so, against the cost (within the limited resources available) of eliminating, reducing or minimising it (within available resources).

This BAF defines the approach of the Agency Board to **reasonable** assurance. It is clear that assurance, from whatever source, will never provide **absolute** certainty. Such a degree of assurance does not exist and pursuit of it is counter-productive.

Effective risk management requires the embedding of organisational control assurances in the key processes that directly support NIBTS service objectives.

The Governance Statement imposes an important public disclosure obligation on the NIBTS Board. In effect, the Governance Statement requires confirmation that the effectiveness of the system of internal control has been reviewed and that the results of the effectiveness review have been discussed by the Accounting Officer with the Board. That responsibility for the system of internal control encompasses:

- Adopting appropriate policies on internal control
- Obtaining regular assurance that the system is functioning effectively and
- Ensuring that the system of internal control truly identifies and manage risks as the Board intended.

The Governance Statement requirement is that the members of the NIBTS Board understand the links in the NIBTS assurance chain and continuously monitors the effectiveness of its internal control. No set of standards, however rigorously adhered to, replaces the need for an organisation-wide bespoke system of risk management.

3 Accountability in Context

3.1 The Policy and Planning Hierarchy

Each year the Government sets out, in its **Programme for Government (PfG)** and supporting **Budget** and **Investment Strategy**, its intentions for improving public services in Northern Ireland. The PfG contains a series of Public Service Agreements committing departments to work towards particular aims and outcomes for the benefit of service users.

The HSC response to this is communicate through commissioning and delivery plans, which describe how commissioners and ALBs intend to use their resources to commission services for their resident populations and deliver health and social care services to service users, carers and families.

As approved, commissioning and delivery plans form the basis of the relevant organisation's comprehensive business plans.

It will be the objectives contained in the **NIBTS Business Plan** that will form the 'spine' of the BAF.

It is important that the NIBTS objectives cascade to **individual departmental level within NIBTS**, where more detailed targets and actions will be set in order to support or help meet overall aims and objectives. Individuals should, in turn, be able to translate the departmental level information into **personal objectives** – thereby establishing the final link between their own jobs, the objectives of their organisation and the Department of Health's objectives as laid down in the PfG.

The DoH Draft HSC Performance Management Framework (issued June 2017) sets out an enhanced framework for managing performance and accountability for HSC with the primary performance management role undertaken within ALBs. The key regional forum for holding ALB's to account will be through the DoH accountability review meetings under the new PMF. The PHA (and HSCB currently) may provide advice to the DoH with regards to performance management and support to the ALB's within an overall cycle of continuous engagement and improvement.

3.2 Objective Setting within NIBTS: Corporate Plan : 2021-25

The Corporate Plan : 2021-25 sets out the vision and strategic direction for the services the Agency provides and outlines key priorities for the next four years. The plan gives an overview of the priorities the Agency wishes to pursue under five key headings:

- *Safety and Quality*
- *People and Culture*
- *Partnership and Engagement*
- *Continuous Improvement*
- *Resources*

The Corporate Plan is a key strategic document which sets out the challenges and opportunities to create better health outcomes for the population served by

the Agency and reflects key policy statements and Northern Ireland Executive strategies.

This plan is complemented by an annual Business Plan which provides more detail of the objectives for the current year, target performance indicators, how these will be measured as well as how they will be reported to the Board to provide ongoing assurance.

Specific objectives under each of the five themes provides clear direction on how services will continue to improve.

The Business Plan takes account of the Health and Social Care Board / Public Health Agency Commissioning Plan, relevant targets within the Health and Social Care (Commissioning Plan) Direction (NI) 2013 and other associated documents.

The corporate objectives and associated annual targets (regional and local) are cascaded throughout the Agency in:

- Department Management Plans and
- Individual objectives.

This process forms an integral part of the Agency's Performance Management and Operating Cycle and ultimately the Assurance Framework.

3.3 Accountability: The Four Domains

There are four broad domains of accountability:

- **Corporate Control**
 - **Safety and Quality**
 - **Finance**
 - **Operational Performance and Service Improvement**
- Corporate Control**

These are the arrangements by which NIBTS directs and controls its functions and relates to stakeholders.

This encompasses the policies, procedures, practices and internal structure which are meant to give assurance that the entity is fulfilling its essential

obligations as a public body. It follows that most of the requirements reflect those in place across the public sector, but a few have been instituted for reasons specific to the field of health and social care – notably the statutory duty of quality created by Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order, 2003 and the statutory duty to seek views from and consult with the recipients of health and social care created by sections 19 and 20 of the HSC (Reform) Act (NI), 2009.

The staple public sector requirements include the existence of appropriate Board roles, structures and capacity; compliance with prescribed standards of public administration, with national or regional policy on procurement and pay, operation of a professional internal audit service and corporate and business planning approvals. The Accounting Officer letter of appointment will spell out the principals underlying many of these obligations, while the letters appointing Chairs and Non-Executive Members of Board will also give due emphasis to this aspect of the appointees' duties.

Safety and Quality

This describes the arrangements for ensuring that health and social care service and public safety services, are safe and effective and meet people's needs.

In addition to the numerous operational/professional requirements that concern or touch on safety and quality, there are more general requirements with which compliance is demanded. In the latter category, those issued by the Department include the Quality Standards and Care Standards, and the statutory duty of quality created under the HPSS (Quality, Improvement and Regulation) (NI) Order, 2003 as well as the Blood Safety and Quality Regulations (2005).

Finance

The arrangements for ensuring the financial stability of NIBTS, for securing value for money and for ensuring that resources allocated by the Minister/Department are deployed fully in achievement of agreed outcomes.

Maintaining financial balance is essential. Through prudent use of resources, the HSC is able to demonstrate delivery of real improvements to service users, not

only in productivity (through efficiency and higher levels of activity), but also in terms of quality and modes of delivery.

The Board must be satisfied that the financial information they receive is accurate and that financial controls and systems of risk management are robust and defensible. When considering what it would be justifiable to tolerate by way of risks, the Board need to compare the cost (financial or otherwise) of minimising risk against the cost to be borne should the risk materialise; as in other aspects of risk management, an acceptable balance must be struck. Likewise, when considering opportunities and how much risk can be taken in order to capture their benefits, it is a matter of weighing the value (financial or otherwise) of potential benefits against the losses which the organisation might suffer.

As with corporate control matters, the Departmental Accounting Officer's Letter of Appointment and those of the Chair and other Non-Executive Members will stress the probity and related expectations in respect of finance.

Operational Performance and Service Improvement

The detailed accountability arrangements between the Department and NIBTS hinges on the terms of the Framework Document to be produced under Section 5 of the Health and Social Care (Reform) Act (NI), 2009.

There are six principals that are set out below that should underpin the approach to assurance and the performance of corporate responsibilities post March 2009:

- The Minister and the Department have ultimate accountability for the effective functioning of the HSC across the four domains
- The Minister and the Department will provide the HSC with a clear direction across each of the four domains, specifying outputs and outcomes that are appropriate, affordable and achievable. This direction will be developed with the involvement of the HSCB, PHA and other HSC organisations, consistent with their stated roles and responsibilities
- Local accountability for organisational performance across the four domains and for ensuring that appropriate assurance arrangements are in place, rests wholly with each organisation's Board. It is the responsibility of these Boards

to manage local performance and to manage emerging issues in the first instance

- The assurance arrangements and associated information streams within individual HSC organisations will as far as possible, be used to meet the assurance requirements of the HSCB and PHA and those of the Department, subject to such additional independent verifications as may be deemed necessary
- The Department and in turn the HSCB and PHA will seek to build a relationship with other HSC organisations based on open communication and 'no surprises', adopting an informal, supportive approach to clarify and resolve issues as they arise, minimising the need for formal intervention
- There will be a continuing need for the Department of Health to engage with ALBs, often via its Sponsor Branch, to ensure sound financial management and for other matters, but the Department will ensure that such engagement is undertaken with proper regard for the roles, responsibilities and effectiveness of the HSCB (and the PHA).

4 The Assurance Framework in Practice

4.1 Key stages in building the Assurance Framework

The Assurance Framework (see Figure A below) provides a simple but comprehensive method for effectively managing the principal risks to meeting its objectives. It also provides a structure for acquiring and examining the evidence to support the Governance Statement.

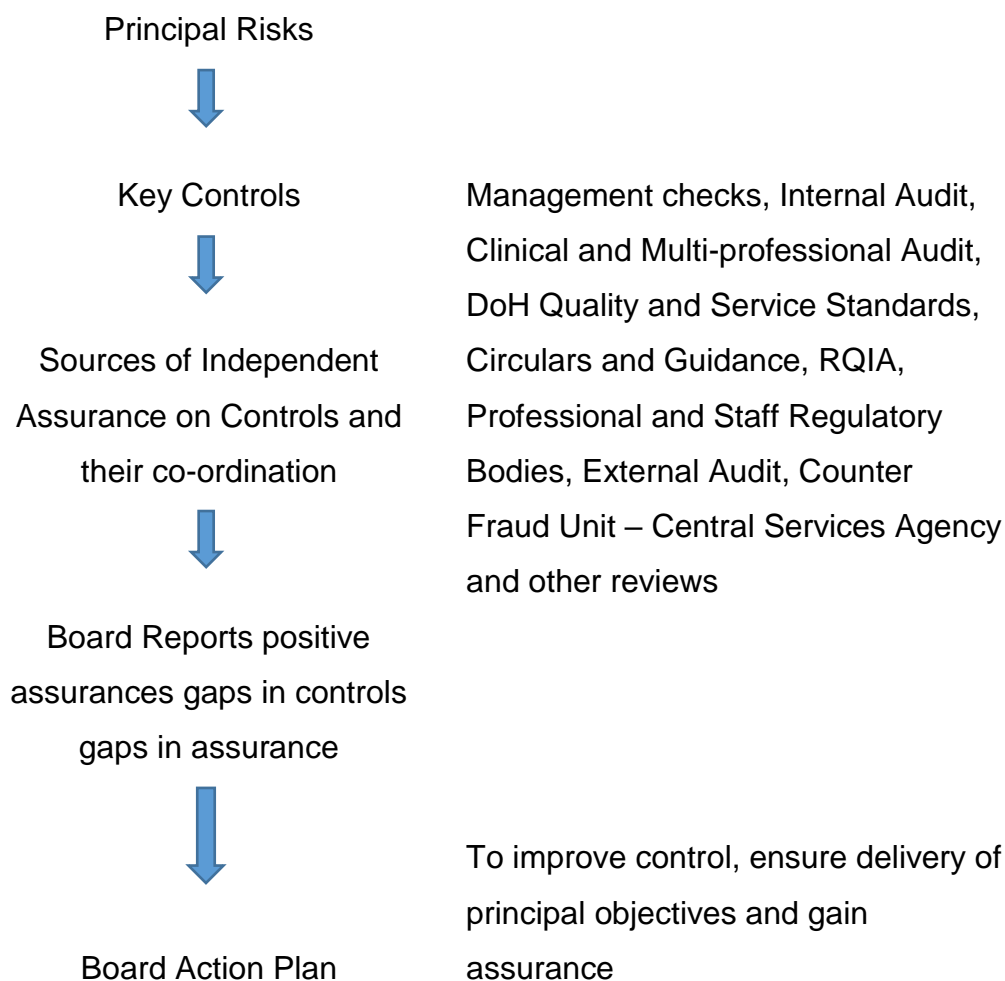
By contributing to more pertinent Board reporting and the prioritisation of action plans, the framework will in turn allow for more effective performance management.

Figure A – the key stages in building an assurance framework

Principal Objectives



**ORGANISATIONAL AND
DEPARTMENT LEVEL
OBJECTIVES**



1st step – identifying **principal objectives** to achieve outcomes across all relevant business areas – clinical and social care, financial and organisational.

2nd step – identifying **principal risks** which threaten achievement of the principal objectives and managing these risks effectively through the organisation’s risk management arrangements.

3rd step – documenting **key controls** in place to manage risk.

4th step – determining the **independent assurance** required for the organisation to be governed effectively. Consider types of assurance available, co-ordinate these effectively and identify areas where further assurance is required, tailoring assurance to the organisation's needs.

5th step – **reporting** key information to the Board, including positive information on controls and assurance, identification of inadequate controls or where insufficient assurance exists.

6th step – **action plan** to be agreed by the Board to address gaps in controls and assurance with proposals to take corrective, restorative or remedial steps as required.

This assurance framework provides a comprehensive and systematic approach to effectively managing the risks to meeting our objectives. The framework illustrates the wide range of assurances from internal and external sources. The objective assurances are those derived from independent reviewers – which will include the MHRA inspection, UKAS audit, Departmental special enquiries or reviews as well as Internal and External audit. These are supplemented from non-independent sources such as performance management, multi-disciplinary audit, self-assessment reports and professional monitoring and review processes within legislative and professional regulatory guidance.

It is important that as information is collated and evaluated across the Agency that this is done in a consistent and efficient way, is proportionate and minimizes duplication of work by different reviewers. This framework provides a structure for acquiring and examining the evidence to support the Governance Statement.

4.2 Assurance and Co-ordination

In implementing a system to gain **assurances** about the effectiveness of the controls in place to manage principal risks, the Board will wish to have a system that provides good **co-ordination** and assessment of the work of the auditors, inspectors and reviewers and which will bring increased benefits to both the

organisation and the review bodies. Such a system will help minimise the burden on the organisation by reducing overlap and allow potential gaps in assurance to be identified and closed.

In considering regular reports, the Board will consider the adequacy of the assurances on the management of their principal risks and be proactive in addressing the issues that arise. In summary, the Board will need to assess whether a review:

- **Provides full assurance:** there are sufficient, relevant, positive assurances to confirm the effectiveness of key controls and the objectives are met
- **Reveals gaps in control:** there is a clear conclusion, either based on sufficient and relevant work, that one or more of the key controls on which the organisation is relying are not effective
- **Reveals gaps in assurance:** there is a lack of assurance, either positive or negative, about the effectiveness of one or more of the key controls. This may be as a result of lack of relevant reviews, or concerns about the scope or depth of reviews that have taken place.

4.3 Assessing the Assurance Framework

It is important for the quality and robustness of the assurance framework itself to be evaluated by the Board, which should also have arrangements in place to keep itself updated in the light of evidence from reviews and achievements.

For example, if the Agency's actual or apparent performance in a particular area seems at odds with the assessment from the assurance framework reports, the reasons for the discrepancy need to be investigated. Leaving aside the possibility of, for example, inaccurate reporting, it may be that:

- The objectives themselves need to be revised
- The risks reassessed and evaluated, or
- The assurance on the effectiveness of the controls reviewed.

Action plans should be updated to reflect the remedial or corrective steps to be taken.

Appendix 7 details the outcomes of the Board assurance arrangements preparedness assessment undertaken by the Agency. Based on the questions

toolkit, the assessment concludes that the Agency's assessment of its Board assurance preparedness is fully effective.

5 Roles, Responsibilities and Organisational Arrangements for Board Assurance

In 2020, following a comprehensive review of its Governance and Risk Management arrangements, the Agency Board approved structures for Governance which were fully aligned to the four domains as referenced in the Department's Assurance Framework document. For ease of reference, these are listed below. They are also set out in the Agency's Governance and Risk Management Strategies;

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

An important element of the Agency's arrangements is the need for robust governance within Departments. There are a number of internal mechanisms that will support this which feed in to the governance structure illustrated in Appendix 4.

Good governance requires all concerned to be clear about the functions of governance and their roles and responsibilities.

Good governance means:

- promoting value for the whole organisation
- demonstrating the value of good governance through behaviour
- taking informed and transparent decisions
- managing risk
- developing the capacity and capability of the Board to be effective
- engaging stakeholders to make accountability real.

The responsibilities defined below of the Board, Non-Executive Members, Chair, Chief Executive reflect the Management Statement and Financial Memorandum

between NIBTS and the Department of Health agreed in 2011. This document is scheduled to be replaced by a Partnership Agreement between NIBTS and the Department of Health in Northern Ireland during 2021/22. The roles and responsibilities as defined in the Standing Orders, MSFM (2011), draft Partnership Agreement, Appointment Letters and Job Descriptions are detailed in the table in Appendix 5. The responsibilities defined below for the Committees of the Board reflect the Terms of Reference for each.

5.1 The Board

The Board must ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control.

The Board also has corporate responsibility for ensuring that the NIBTS fulfils the aims and objects set by the Department. In pursuit of its wider corporate responsibilities, the Board shall:

- Establish the strategic direction of the NIBTS;
- Ensure that the NIBTS's performance fully meets its aims and objectives as efficiently and effectively as possible;
- Ensure that the Department is kept informed of any changes which are likely to impact on the strategic direction of NIBTS or on the attainability of its target, and determine the steps needed to deal with such changes;
- Ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operated within the limits of its statutory authority and any delegated authority set by the Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board has taken into account all relevant guidance issued by the DFP and the Department or other relevant authority;
- Ensure that it receives and reviews regular financial information concerning the management of the NIBTS; is informed in a timely manner about any concerns about the activities of the NIBTS; and provides positive assurance to the Department that appropriate action has been taken on such concerns;

- Constructively challenge the NIBTS's executive team in their planning, target setting and delivery of performance;
 - Ensure that an executive member of the Board has been allocated lead responsibility for risk management;
 - Demonstrate high standards of corporate governance at all times, including using the independent audit committee to help the Board address the key financial and other risks facing the NIBTS; and
- Appoint a Chief Executive to the NIBTS, and in consultation with the Department, set performance objectives and remuneration terms linked to these objectives for the Chief Executive which give due weight to the proper management and use of public monies.

The membership of the Board of the Agency is listed in Appendix 6.

5.2 The Chair

The Chair is accountable to the Minister through the Departmental Accounting Officer. Communications between the NIBTS Board and the Minister should normally be through the Chairman (who will ensure that the other Board members are kept informed of such communications). He/she is responsible for ensuring that the NIBTS's policies and actions support the Department's wider strategic policies; and that the NIBTS's affairs are conducted with probity. Where appropriate, these policies and actions should be clearly communicated and disseminated through the NIBTS.

In addition, the Chair has the following leadership responsibilities:

- 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;
- 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 regularity and propriety;

- Representing the views of the Board to the general public; and
- Ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board members. Meetings must be open to the public, the public should be advised of meetings through the press and the minutes of a Board Meeting should be placed on the website within one week of their approval at the subsequent Board Meeting.

The Chair will also:

- Ensure that all the members of the Board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities and, within three months of the appointment, receive appropriate induction training, including on the financial management, risk management and reporting requirements of public sector bodies and on any material differences which may exist between private and public sector practice:
- Advise the Department of the needs of NIBTS when Board vacancies arise, with a view to ensuring a proper balance of professional, financial or other expertise;
- Assess, annually, the performance of individual Board members, including when they are being considered for re-appointment on the Board; and
- Ensuring that a Code of Practice for Board members is in place, based on the Cabinet Office's Code of Practice for Board Members of Public Bodies.

5.3 The Chief Executive

The Chief Executive, as the NIBTS' Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day-to-day operations and management of the NIBTS. In addition he/she should ensure that the NIBTS as a whole is run on the basis of the standards (in terms of governance, decision making and financial management) set out in Box 3.1 of MPMNI.

Responsibilities for accounting to the Assembly

Responsibilities include:

- Signing the accounts and being responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Department or DFP;
- Signing a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;
- Signing a Statement on Internal Control regarding the NIBTS's system of internal control, for inclusion in the annual report and accounts;
- Signing a mid-year assurance statement on the condition of the NIBTS's system of internal control;
- Acting in accordance with the terms of MSFM (2011) and with instructions and relevant guidance in MPMNI and other instructions and guidance issued from time to time by the Department and DFP – in particular, Chapter 3 of MPMNI and the Treasury document *Regularity and Propriety* (a copy of which the Chief Executive shall receive on appointment). Section IX of the Financial Memorandum refers to other key guidance; and
- Giving evidence, normally with the Accounting Officer of the Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the NIBTS.

Responsibilities to the Department

Particular responsibilities to the Department include:

- Establishing, with the approval of the Department, the NIBTS's Corporate and Business Plans in support of the Department's wide strategic aims and objectives and targets in the Programme for Government, PSAs and Priorities for Action;
- Informing the Department of the NIBTS's progress in helping to achieve the Department's wide strategic aims and objectives, and relevant targets in the

current Programme for Government, PSAs and PfA, and in demonstrating how resources are being used to achieve those objectives;

- Ensuring that timely forecasts and monitoring information on performance and budgetary control are provided to the Department, including prompt notification of overspends or underspends and that corrective action is taken;
- Notifying to the Department any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, as appropriate and in timely fashion;
- Ensuring that a system of risk management, based on Departmental guidance, is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;
- Ensuring that an effective system of programme and project management and contract management is maintained;
- Ensuring compliance with the Northern Ireland Public Procurement Policy;
- Reporting on compliance with governance assurance and quality standards to the Department;
- Ensuring that an Assurance Framework is developed and maintained;
- Ensuring that a Business Continuity Plan is developed and maintained;
- Ensuring that effective procedure for handling complaints about the NIBTS are established and made widely known within the NIBTS;
- Ensuring that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and The Executive Office ;
- Ensuring that lifetime opportunities is taken into account;
- Ensuring that the requirements of the Data Protection Act 1998 are complied with;
- Ensuring that the requirements of the Freedom of Information Act 2000 are complied with and that a publication scheme is in place which is reviewed as required and placed on the website' and
- Ensuring that the requirements of relevant statutes, court rulings, and departmental directions are fully complied with.

The Chief Executive must also ensure that the effective procedures for handling adverse incidents are established and made widely known within the NIBTS.

Responsibilities to the Board of the NIBTS

The Chief Executive is responsible for:

- Advising the Board on the discharge of its responsibilities as set out in MSFM (2011), in the founding legislation and in any other relevant instructions and guidance that may be, or have been, issued from time to time;
- Advising the Board on the NIBTS's performance compared with its aims and objectives;
- Ensuring the financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed; and
- Taking action in line with Section 3.8 of MPMNI if the Board, or its Chair, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness.

The Chief Executive's Role as Consolidation Officer:

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

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

As Consolidation Officer, the Chief Executive shall comply with the requirements of the NIBTS Consolidation Officer Memorandum as issued by DFP and shall, in particular:

- Ensure that the NIBTS has in place and maintains sets of accounting records that will provide the necessary information for the consolidation process; and
- Prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation adjustments) in accordance with the consolidation instructions and directions ("Dear Consolidation Officer" (DCO) and "Dear Consolidation Manager" (DCM))

letters) issued by DFP on the form, manner and timetable for the delivery of such information.

5.4 The Audit Committee

The Audit Committee is a non-executive committee of the NIBTS Board and has no executive powers, other than those specifically delegated in the Committee's Terms of Reference. Committee membership is appointed by the NIBTS Board from amongst the Non-Executive Members and one of these members is appointed as Chair.

The Finance Manager and appropriate Internal and External Audit representatives normally attend meetings. However, at least once a year the Committee should meet privately with the External and Internal Auditors, if required.

The Audit Committee's purpose and role is to support the Accounting Officer and Board on governance issues. In line with the handbook, the Audit and Risk Assurance Committees focuses on:

- assurance arrangements over governance; financial reporting; annual reports and accounts, including the Governance Statement; and
- ensuring there is an adequate and effective risk management and assurance framework in place.

NIBTS and DoH have agreed arrangements in respect of Audit Committees which includes:

- attendance by departmental representatives in an observer capacity at NIBTS's Audit Committee meetings;
- Access to NIBTS' Audit Committee papers and minutes;
- Any input required from NIBTS' Audit Committee to the Departmental Audit and Risk Assurance Committee.

Full compliance with the Audit and Risk Assurance Committee Handbook (NI) is an essential requirement. In the event of significant non-compliance with the handbooks five good practice principals (or other non-compliance), discussion will be required with the Department and a full explanation provided in the annual Governance Statement.

The extant Audit and Risk Assurance Committee Handbook (NI) is available on the DoF website.

5.5 The Governance and Risk Management Committee

Reviewing the development and maintenance of an effective system of integrated governance (i.e. risk management, quality and regulatory affairs) and internal control, across the organisation's activities that supports the achievement of the organisation's objectives

- Ensuring effective governance arrangements are in place both at strategic and operational level across the organisation and
- Ensuring that key governance priorities are addressed.

Membership of the Governance & Risk Management Committee comprises three Non-Executive Members. Meetings are held on a quarterly basis with a report made to the next Agency Board meeting via the Chair of the Committee.

It is the responsibility of the Non-Executive Member, in their capacity as Chair of the Committee, to provide an assurance to the Agency Board as to the **effectiveness** of the Agency's governance arrangements.

5.6 The Remuneration and Terms of Service Committee

The role of the Remuneration and Terms of Service Committee is to advise the Board of the appropriate remuneration and terms of service for the Chief Executive. This will include:

- All aspects of salary (including any performance-related elements/bonuses)
- Provisions for other benefits, including pensions and cars
- Arrangements for termination of employment and other contractual terms

5.7 The Senior Management Team (SMT)

SMT is responsible for:

- Ensuring that the sequence of performance reports, audits and independent reports, required by the Board as part of the performance management and assurance processes, is available
- Ensuring that governance and service improvement is embedded at all levels within the organisation and that risk management is an integral part of the accountability process
- Preparing and regularly updating a corporate risk register, which will inform the management planning, service development and accountability review process.

5.8 The Finance Manager (Lead Manager responsible for Financial Governance)

The Finance Manager is accountable to the Chief Executive for ensuring that effective processes and systems are in place to ensure good financial governance within the Agency.

5.9 The Head of Human Resources and Corporate Services (Lead responsibility for Corporate Governance)

The Head of Human Resources and Corporate Services is accountable to the Chief Executive for the overall strategic management and delivery of the Agency's corporate governance and risk management (including organisational controls) agendas. They are responsible for ensuring that a comprehensive organisation-wide system of risk management is introduced at all levels within the organisation. They are also the Lead Manager for Governance.

5.10 The Medical Director

The Medical Director is accountable to the Chief Executive for the overall strategic management and delivery of the medical governance programme. The Medical Director is responsible for ensuring that effective processes and

reporting mechanisms are in place in order ensure safe and effective care. The Medical Director fulfils the role of Laboratory Director as required by UKAS. They also provide assurance and advice to the Chief Executive - through to the Board - on medical matters relating to NIBTS business.

5.11 Quality & Regulatory Compliance Manager/Responsible Person

The Q&RC Manager is accountable to the Chief Executive for the overall strategic development of Quality Systems in NIBTS to ensure that these systems meet the necessary regulatory standards (BSQR/MHRA/UKAS) and others considered relevant to NIBTS. This will include the management of the relevant Quality Control laboratories.

They are also the Responsible Person to the MHRA ensuring the implementation and maintenance of appropriate systems to meet the criteria defined in BSQR (2005) and that Wholesale dealer activities are undertaken in compliance with the relevant provisions of the Medicines Act 1968 as amended and the Medicines for Human Use Regulations 1994 as amended. In addition, they ensure Good Distribution Practice as described in the Guidelines for Pharmaceutical Manufacturers and Distributors are in place and being applied.

5.12 Laboratory and Donor Services Manager

The L&DS Manager is accountable to the Chief Executive for all operational activities associated with the collection of blood and delivery of biomedical services within the laboratories of the Northern Ireland Blood Transfusion Service (NIBTS), including the timely provision of blood and services to all hospitals within the province.

5.13 Departmental Heads and Individual Staff Members

All staff are accountable to a member of the Senior Management Team for providing donors with the highest possible quality of care/service and for taking all appropriate actions to promote donor, patient and staff safety by minimising risk. There is also an onus on each staff member to highlight any issues of

concern, which they may have in relation to patient/client care and safety. Staff should also ensure that they assume responsibility for their continuing professional development.

6.0 Links Between Assurance Framework and Related Internal Business Processes

6.1 Performance Reporting

Performance reporting, amongst other things, is regarded as a form of assurance. It functions as an early warning that the delivery of objectives may be at risk and enables the identification of good practice that may be shared and is therefore an important component of the overall system of internal control.

It is good practice to integrate the management of risk and organisation performance as part of a coherent approach to corporate governance. Performance reports previously typically cover activity-related performance as well as progress on other work programmes.

Performance reports generate valuable information for an assurance framework and there is a strong need for performance reporting and the assurance framework to be strongly linked.

Performance reports generally record the organisation's performance against operational targets, such as those in business plans.

As part of the annual business planning cycle, the Agency Board will specify the content of performance reports so that every objective is considered at an appropriate time throughout the year. There will follow regular reports from each SMT member to the Agency Board on progress and difficulties being encountered. The Board may therefore place considerable reliance on performance reports as a method by which to manage principal risks that relate to key objectives.

As the Board Assurance Framework will focus on key objectives and risks, it will be strongly aligned to strategic and annual business plans. In practice, the framework will incorporate key business objectives set out in these plans and the business planning process will include a risk identification element to allow the assurance framework to record risks and controls.

Conversely, there are limitations to the usefulness of both performance reports and an Assurance Framework if these are left to operate separately.

Performance reporting will highlight emerging problems and will describe the action proposed to remedy the situation.

Action points stemming from the Framework will be reported regularly to the Board alongside performance reports.

6.2 Performance Management and Operating Cycle

The Agency's Corporate Plan describes a planning cycle which is informed by internal and external drivers;

- Bi-annual accountability requirements – Chief Executive, Senior Management Team and Departmental Managers.
- Audit Committee (reports to Agency Board)
- SMT Performance and Planning Meetings
- Meetings with Department of Health Sponsor Branch
- Networking with stakeholders e.g. donors and customer Trusts

In addition, the Agency will respond to planning documents such as the HSCB Commissioning Plan and develop as appropriate.

- Service and Budget Agreement
- Agency Business Plan

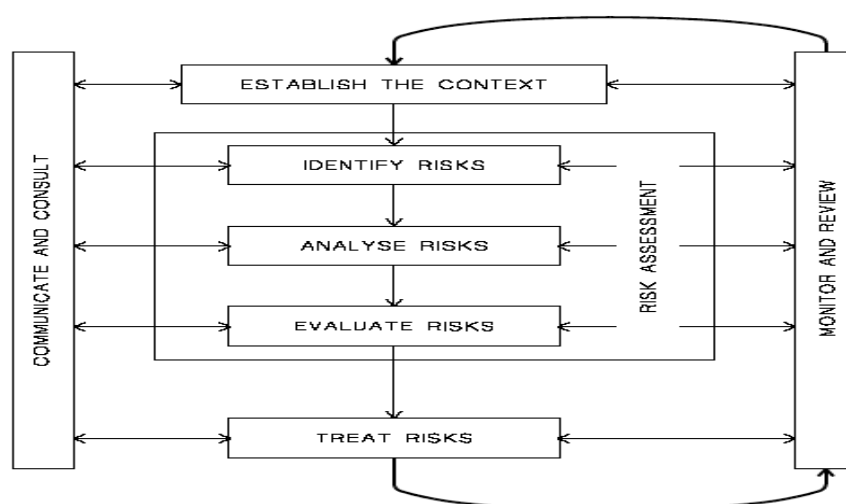
- Departmental Plans
- Agency Delivery Plan

This operating cycle and its implementation will require a robust cyclical mechanism to be formally embedded at Corporate and Department level. This will ensure that Agency planning and accountability cycle systematically and methodically monitors performance against the business plan. It is essential that rigor and timing are adhered to for each element of the operating cycle to enable the system to deliver the benefits intended.

6.3 Risk Management

The Agency has developed a risk management strategy that is underpinned by its policy on risk management and explains its approach to acceptable risk. A sound assessment of the principal risks that the organisation actually faces can only be made once the risk management framework is fully in place. All HSC organisations have adopted the principals set out in the HC Regional Risk Management Model (including Risk Matrix), September 2018 (see below).

Figure B – Risk Management Process – An Overview



The Agency has adopted an open and learning culture that encourages continual quality improvement, but with openness when things go wrong. Processes for managing and learning from adverse incidents, complaints and litigation are in

place and these will be reviewed in the incoming year. The controls assurance programme will remain a key process for the Agency. The Agency has identified key SMT personnel and Departmental Managers to be accountable for action planning against each standard. The results will be used to inform the Agency's Corporate Risk Register and will be mainstreamed with other aspects of the Agency's Delivery Plan through the Assurance Framework.

6.4 Risk Registers

Risk registers (both corporate and departmental level) are a record of all forms or residual risk i.e. those risks which remain after treatment, action may have reduced the probability of their occurring, but it is unlikely to have eradicated all possibility of the risk occurring. So as to be accurate and complete, risk registers will be constantly updated to reflect new risks and changes to existing risks. Thus it will be driven from a broad range of information sources. For example, the risk register will be linked to risk assessment and inspection programme and regimes, incident reporting systems and complaints and legal case handing procedures. Risk registers will be developed at both corporate and Department level and these will be clearly linked to the principal objectives of the Agency. These will be updated on quarterly basis and on an annual basis when the corporate objectives are published.

The Board Assurance Framework will act as a high-level risk identification in regard to corporate objectives, information such as gaps in control, gaps in assurance process and details necessary action. In order to maximise this information, the principal residual risks identified in the framework should be incorporated into the Corporate Risk Register to ensure that all forms of risks are shown in one document. By assessing assurance framework-derived risks, the risk register will generate prioritised action processes and progress reports.

As the risk register process gathers details from many other assessment sources, it is very important that the risk identification process determines the relevance and significance of such risks to corporate objectives. Without a strong link

between the risk register and the assurance framework there is a danger of material risks and their relevance to the delivery of objectives being overlooked.

7.0 Board Reporting

It is important that key information is reported to the Board to provide structured assurances about where risks on the Corporate Risk Register are being effectively managed and objectives are being delivered.

This will be done at least on a quarterly basis and will allow the Board to decide on an efficient use of their resources and addresses the issues identified in order to improve the quality and safety of services.

Reports to the Board will focus on the principal risks. To avoid overpopulating the Board Assurance Framework / Corporate Risk Register, risks throughout the organisation will be classified in accordance with the Risk Matrix in Appendix 3.

The Head of Human Resources and Corporate Services, in conjunction with other relevant Senior Managers, will be responsible for

- providing the monitoring and support for the Assurance Framework
- providing an updated position on performance and governance,
- the effectiveness of the Agency's system of internal control,
- providing details of positive assurances on principal risks where controls are effective and objectives are being met,

Where the organisation's achievement of its objectives is at risk through significant gaps in control and where there are gaps in assurances about the organisations ability to achieve its corporate objectives.

8.0 Independent Assurance

As described previously, there are a number of sources of Independent Assurance provided to the NIBTS Board. Specifically for NIBTS, these include :

- MHRA
- UKAS
- RQIA

- Internal Audit
- External Audit
- Accountability Review with DoH Sponsor Branch and Permanent Secretary

9.0 Review

The quality and robustness of this assurance framework will be evaluated by the Board annually. This will include completion of the Board Assurance Arrangements Preparedness Assessment (Appendix 7).

Appendix 1 – Glossary of Terms

Term	Definition
Arm's Length Body (ALB)	An Arm's Length Body is a stand-alone organisation which is accountable to the Department for aspects (such as commissioning, delivery, regulation etc) of services for which the Department remains fundamentally responsible.
Assurance	Confidence, based on sufficient evidence, that internal controls are in place and are operating effectively and that objectives are being achieved.
Assurance Committee	A Board level committee with overarching responsibility for ensuring that appropriate assurance is gained on the management of all principal risks. This may be an existing committee such as governance or risk management committee.
Assurance Framework	A structure within which a Board identified the principal risks to the organisation's meeting its principal objectives and through which they map out both the key controls to manage them and how they have gained sufficient assurance about the effectiveness of those controls.
Audit Committee	The function of an Audit Committee is to support the Accounting Officer (and Board) by monitoring and reviewing the risk, control and governance processes that have been

	established in the organisation and the associated assurance processes (which are mainly internal and external audit assurance). In some organisations this role is amalgamated with the relevant assurance committee.
Board Assurance Action Plan	An action plan approved by the Board to improve its key controls to manage its principal risks and gain assurances where required.
Board Assurance Reports	Key information reported to the Board on the assurance framework, providing details of positive assurances and significant gaps in internal controls and assurances relating to principal risk. In addition to providing information leading to a Board Assurance action plan. These reports will also supply evidence to support the annual Statement on Internal Control.
Corporate Objectives / risks	See ' <i>principal objective/risks</i> ' below
Department level Objectives	How the organisation translates an overall goal into deliverables at Department (or equivalent) level.
Effective Control	A control that is properly designed and is systematically operated to deliver the intended objective.
External Assurance	Assurances provided by reviewers, auditors and inspectors from outside the organisation, such as External Audit, the HSC Regulation and Quality Improvement Authority or Royal Colleges.
Gaps in Assurance	Failure to gain sufficient evidence that policies, procedures, practices or organisational structures on which reliance is placed are operating effectively.
Gap in Control	Failure to put in place sufficiently effective policies, procedures, practices or organisational structures to manage risks and achieve objectives.
Term	Definition
Governance Statement	A Governance Statement is the means by which the Accounting Officer provides a comprehensive explanation on the Arm's Length Bodies (ALBs) approach to governance, risk management, internal control and how they operate in practice. The Governance Statement forms an integral component of the Annual Report and Accounts.
Independent Assurance	Assurances provided by (a) reviewers external to the organisation, such as the HSC Regulation and Quality Improvement Authority, and (b) internal reviewers working to prescribed government standards, such as Internal Audit.
Internal Assurance	Assurances provided by reviewers, auditors and inspectors who are part of the organisation, such as Clinical or Multi-professional Audit or management peer review.
Internal Control	The on-going policies, procedures, practices and organisational structures designed to provide reasonable assurance that objectives will be met and that undesired events will be prevented or detected and corrected.
Key Control	A control to manage one or more principal risks.
Mapping of Assurance	A process, providing a clear management and audit trail, that links: <ul style="list-style-type: none"> • Principal objectives to principal risks • Principal risks to key controls

	<ul style="list-style-type: none"> • Key controls to assurances
Organisational (or Strategic) Objectives	An overall goal of the organisation.
Organisational Controls Assurance	This is a process designed to provide evidence that organisations are doing their 'reasonable best' to manage themselves so as to meet their objectives and protect patients, staff, the public and other stakeholders against risks of all kinds.
Positive Assurance	Evidence that risks are being reasonably managed and objectives are being achieved.
Principal Objectives	Objectives set at organisation and Department (or equivalent) level (sometimes referred to as 'corporate objectives').
Principal Risk	A risk which threatens the achievement of principal or corporate objectives.
Prioritisation of Risk	A process by which risks are graded according to the likelihood of their occurrence and the impact of their consequences.
Reasonable Best	A defensible decision or course of action, agreed by the Board, that is based on sufficient evidence.
Residual Risk	When action is taken to treat risks, this may eradicate the possibility of the risk occurring. The action is, however, more likely to reduce the probability, leaving a residual risk.
Risk	Risk is the 'effect of uncertainty on objectives' (ISO31000:2018). In other words the chance of something happening that will have an impact on objectives. It is measured in terms of consequence and likelihood.
Risk Assessment	The overall process of risk analysis and risk evaluation.
Risk Management Process	A systematic process by which potential risks are identified, assessed, managed and monitored.
Term	Definition
Risk Register	A record of residual risk which details the source, nature, existing controls, assessment of the consequence and likelihood of occurrence, action necessary to manage risk, person responsible for implementing action and timetable for completion.
Sources of Assurance	The various reviewers, auditors and inspector, internal and external, who carry out work at HSC organisations (see Internal Assurance and External Assurance). Boards determine which sources of assurances are relevant to principal risks and the extent to which they provide sufficient assurance.
System of Internal Control	A system, maintained by the Board, that supports the achievement of the organisation's objectives. This should be based on an on-going risk management process that is designed to identify the principal risks to the organisation's objectives, to evaluate the nature and extent of those risks, and to manage them efficiently, effectively and economically.

Appendix 2 - Standing Orders Section C – Scheme Of Reservation And Delegation Powers Reserved To The Board

Area	Approval Level	Basis of Authority
General Enabling Provision	Agency Board	Code of Conduct & Accountability
Standing Orders	Agency Board	Code of Conduct & Accountability
Establishment of Board Sub Committees, Terms of Reference and Reporting Arrangements	Agency Board	Code of Conduct & Accountability
Standing Financial Instructions	Agency Board	Code of Conduct & Accountability
Strategy, Plans and Budgets	Agency Board	Code of Conduct & accountability
Performance	Agency Board	Code of Conduct & Accountability
Approval of Annual Accounts and Annual Report	Agency Board	Code of Conduct and Accountability
Approval of Agency Banking Arrangements	Agency Board	Code of Conduct & Accountability
Capital Business Cases >£10k	Agency Board	Code of Conduct & Accountability

Appendix 3 – NIBTS – Risk Matrix & Assessment Framework

DOMAIN	IMPACT (CONSEQUENCE) LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
PEOPLE <i>(Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)</i>	<ul style="list-style-type: none"> Near miss, no injury or harm. 	<ul style="list-style-type: none"> Short-term injury/minor harm requiring first aid/medical treatment. Any patient safety incident that required extra observation or minor treatment e.g. first aid. Non-permanent harm lasting less than one month. Admission to hospital for observation or extended stay (1-4 days duration). Emotional distress (recovery expected within days or weeks). 	<ul style="list-style-type: none"> Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). Admission/readmission to hospital or extended length of hospital stay/care provision (5-14 days). Any patient safety incident that resulted in a moderate increase in treatment e.g. surgery required. 	<ul style="list-style-type: none"> Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by >14 days. 	<ul style="list-style-type: none"> Permanent harm/disability (physical/emotional trauma) to more than one person. Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES <i>(Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit Inspections)</i>	<ul style="list-style-type: none"> Minor non-compliance with internal standards, professional standards, policy or protocol. Audit / Inspection - small number of recommendations which focus on minor quality improvements issues. 	<ul style="list-style-type: none"> Single failure to meet internal professional standard or follow protocol. Audit/Inspection - recommendations can be addressed by low level management action. 	<ul style="list-style-type: none"> Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection - challenging recommendations that can be addressed by action plan. 	<ul style="list-style-type: none"> Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection - Critical Report. 	<ul style="list-style-type: none"> Gross failure to meet external/national standards. Gross failure to meet professional standards or statutory functions/ responsibilities. Audit / Inspection - Severely Critical Report.
REPUTATION <i>(Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)</i>	<ul style="list-style-type: none"> Local public/political concern. Local press < 1day coverage. Informal contact / Potential intervention by Enforcing Authority (e.g. HSE/NIFRS). 	<ul style="list-style-type: none"> Local public/political concern. Extended local press < 7 day coverage with minor effect on public confidence. Advisory letter from enforcing authority/increased inspection by regulatory authority. 	<ul style="list-style-type: none"> Regional public/political concern. Regional/National press < 3 days coverage. Significant effect on public confidence. Improvement notice/failure to comply notice. 	<ul style="list-style-type: none"> MLA concern (Questions in Assembly). Regional / National Media interest > 3 days < 7days. Public confidence in the organisation undermined. Criminal Prosecution. Prohibition Notice. Executive Officer dismissed. External Investigation or Independent Review (eg, Ombudsman). Major Public Enquiry. 	<ul style="list-style-type: none"> Full Public Enqui^/Critical PAC Hearing. Regional and National adverse media publicity > 7 days. Criminal prosecution - Corporate Manslaughter Act. Executive Officer fined or imprisoned. Judicial Review/Public Enquiry.
FINANCE, INFORMATION & ASSETS <i>(Protect assets of the organisation and avoid loss)</i>	<ul style="list-style-type: none"> Commissioning costs (£) <1m. Loss of assets due to damage to premises/property. Loss - £1K to £10K. Minor loss of non-personal information. 	<ul style="list-style-type: none"> Commissioning costs (£) 1m - 2m. Loss of assets due to minor damage to premises/ property. Loss - £10K to £100K. Loss of information. Impact to service immediately containable, medium financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 2m - 5m. Loss of assets due to moderate damage to premises/ property. Loss - £100K to £250K. Loss of or unauthorised access to sensitive / business critical information Impact on service contained with assistance, high financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 5m - 10m. Loss of assets due to major damage to premises/property. Loss - £250K to £2m. Loss of or corruption of sensitive / business critical information. Loss of ability to provide services, major financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) > 10m. Loss of assets due to severe organisation wide damage to property/premises. Loss - > £2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss
RESOURCES <i>(Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)</i>	<ul style="list-style-type: none"> Loss/ interruption < 8 hour resulting in insignificant damage or loss/impact on service. No impact on public health social care. Insignificant unmet need. Minimal disruption to routine activities of staff and organisation. 	<ul style="list-style-type: none"> Loss/interruption or access to systems denied 8 - 24 hours resulting in minor damage or loss/ impact on service. Short term impact on public health social care. Minor unmet need. Minor impact on staff, service delivery and organisation, rapidly absorbed. 	<ul style="list-style-type: none"> Loss/ interruption 1-7 days resulting in moderate damage or loss/impact on service. Moderate impact on public health and social care. Moderate unmet need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems denied and incident expected to last more than 1 day. 	<ul style="list-style-type: none"> Loss/ interruption 8-31 days resulting in major damage or loss/impact on service. Major impact on public health and social care. Major unmet need. Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations. 	<ul style="list-style-type: none"> Loss/ interruption >31 days resulting in catastrophic damage or loss/impact on service. Catastrophic impact on public health and social care. Catastrophic unmet need. Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.

ENVIRONMENTAL (Air, Land, Water, Waste management)	• Nuisance release.	• On site release contained by organisation.	• Moderate on site release contained by organisation. • Moderate off site release contained by organisation.	• Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection etc).	• Toxic release affecting off-site with detrimental effects requiring outside assistance.
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GREEN - Low risk. Identified risks which fall in the green area are deemed low acceptable risks and require no immediate action. These should be managed by routine procedure and must be monitored regularly at departmental level.

YELLOW - Medium risk. Identified risks which fall in the yellow area are deemed medium risk to the Agency and may require further action within 12 months to reduce risk to an acceptable level. These would normally be actioned locally within Departments and monitored and entered on the Department Risk Register, as appropriate.

AMBER - High risk. Identified risks which fall in the orange area are deemed high risk to the Agency and require further actions within 6 months to reduce the risk to an acceptable level. These risks and agreed action plans should be considered by the Loca and risks that cannot be actioned or reduced locally should be forwarded to the relevant SMT member(s) for further consideration / actioning and entry on corporate risk register, if appropriate.

Likelihood Scoring Descriptors	Impact (Consequence) Levels				
	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	High	High
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

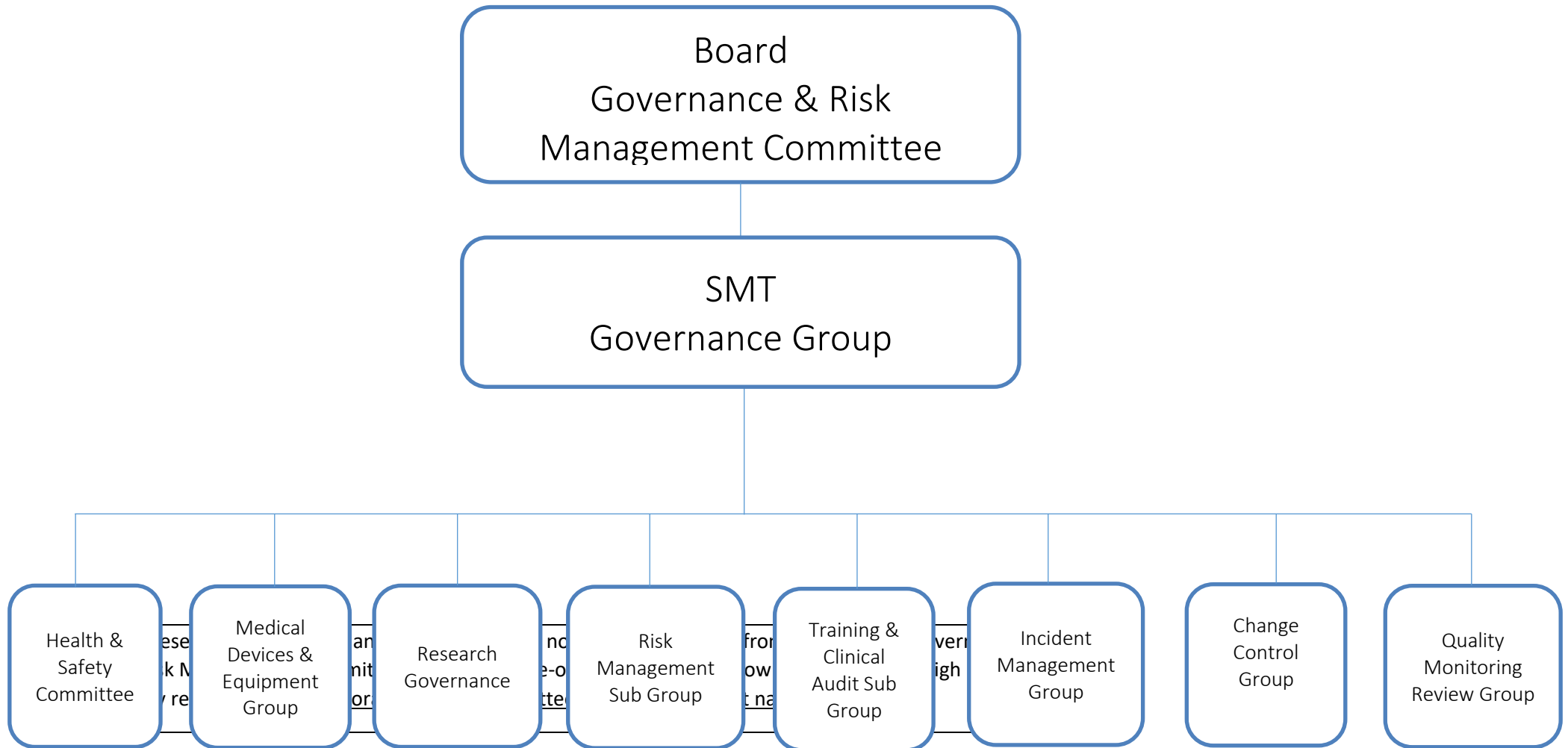
Green Low	Yellow 1 Medium	Amber High	Red Extreme
Manage by routine procedure	Management responsibility must be specific	Senior management attention needed	Immediate action required

Risk Likelihood Scoring Table			
Likelihood Scoring Descriptor	Score	Frequency (How often might it/does it happen?)	Time framed Descriptions of Frequency
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly

RED - Extreme risk. Identified risks which fall in the red area are deemed extreme risk to the Agency and must be reported to the Local Department Governance Committee. These risks require immediate action to reduce the level of risk and the relevant Director will ensure they are forwarded to) for further consideration/action as appropriate. The appropriate action as appropriate. The appropriate SMT member(s) will ensure the implementation of a time monitored action plan and provide regular reports to the Governance & Risk Management Committee. These risks will be added to the corporate risk register, if

Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually
Rare	1	This will probably never happen/recur	Not expected to occur for years

Appendix 4 – NIBTS GOVERNANCE & RISK MANAGEMENT STRUCTURE



Appendix 5 – Roles and Responsibilities

ROLE	DOCUMENT				
	Standing Orders	MSFM (2011)	Partnership Agreement (draft)	Appointment Letter	Job Description
<p>BOARD</p>	<p>The Agency Board The Board will function as a corporate decision-making body, executive and non-executive Members will be full and equal members. Their role as members of the Board will be to consider the key strategic and managerial issues facing the Agency in carrying out its statutory and other functions.</p> <p>Executive Members Executive Members shall exercise their authority within the terms of these Standing Orders and Standing Financial Instructions and the Scheme of Delegation.</p> <p>The Board exercises financial supervision and control by:</p> <ul style="list-style-type: none"> Formulating the financial strategy; Requiring the submission and approval of budgets within approved allocations/overall income; Defining and approving essential features in respect of important 	<p>THE NIBTS Board The Board must ensure the effective arrangements are in place to provide assurance on risk management, governance and internal control.</p> <p>The Board also has corporate responsibility for ensuring that the NIBTS fulfils the aims and objects set by the Department. In pursuit of its wider corporate responsibilities, the Board shall:</p> <ul style="list-style-type: none"> Establish the over strategic direction of the NIBTS; Ensure that the NIBTS’s performance fully meets its aims and objectives as efficiently and effectively as possible; Ensure that the Department is kept informed of any changes which are likely to impact on the strategic direction of NIBTS or on the attainability of its target, and determine 	<p>ALB Board The purpose of the ALB Board is to provide effective leadership and strategic direction to the organisation and to ensure that the policies and priorities set by the Minister for the Department are implemented. It is responsible for ensuring that the organisation has effective and proportionate governance arrangements in place and an internal control framework which allows risks to effectively identified and managed. The Board will set the culture and values of the organisation, and set the tone for the organisation’s engagement with the stakeholders and customers.</p> <p>The Board is responsible for holding the Chef Executive to account for the management of the organisation and the delivery of agreed plans and outcomes. The Board should also however support the Chief Executive as appropriate in the exercise of their duties.</p>	<p>Board of a Special HSC Agency</p> <ul style="list-style-type: none"> Accountable for the management performance of the agency (NIBTS) in the broadest sense Responsible for the efficient use of resources; ensuring the agency plays a full part in the future development of health and social care The Department will look to the agency Board to define clear objectives, communicate objectives to both inside and outside the organisation; and to work, through the management team, to ensure that the objectives are met. 	

	<p>procedures and financial systems (including the need to obtain value for money);</p> <ul style="list-style-type: none"> Defining specific responsibilities placed on members of the Board and employees as indicated in the Scheme of Delegation document. <p>The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the Reservation & Delegation of Powers document. All other powers have been delegated to the Chief Executive or such other committees as the Agency has established.</p> <p>All members of the Board and employees, severally and collectively, are responsible for:</p> <ul style="list-style-type: none"> (a) The security of the property of the Agency; (b) Avoiding loss (c) Exercising economy and efficiency in the use of resources (d) Conforming to the requirements of Standing Orders, Standing Financial 	<p>the steps needed to deal with such changes;</p> <ul style="list-style-type: none"> Ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operated within the limits of its statutory authority and any delegated authority set by the Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Boards into account all relevant guidance issued by the DFP and the Department or other relevant authority; Ensure that it receives and reviews regular financial information concerning the management of the NIBTS; is informed in a timely manner about any concerns about the activities of the NIBTS; and provides positive assurance to 	<p>It is for the Board to decide what information it needs, and in what format, for its meetings/effective operation. If the Board is not confident that it is being fully informed about the organisation this will be addressed by the Chair of the Board as the Board cannot be effective with out-of-date or only partial knowledge.</p> <p>The Audit and Risk Assurance Committee’s purpose/role is to support the Accounting Officer and Board on governance issues. In line with the handbook the Audit and Risk Assurance Committees focuses on:</p> <ul style="list-style-type: none"> Assurance arrangements over governance; financial reporting; annual reports and accounts, including the Governance Statement; and Ensuring there is an adequate and effective risk management and assurance framework in place. 		
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	<p>Instructions, Financial Procedures, the Scheme of Delegation and other financial procedures which the Finance Manager may issue.</p>	<p>the Department that appropriate action has been taken on such concerns;</p> <ul style="list-style-type: none"> • Constructively challenge the NIBTS’s executive team in their planning, target setting and delivery of performance; • Ensure that an executive member of the Board has been allocated lead responsibility for risk management; • Demonstrate high standards of corporate governance at all times, including using the independent audit committee to help the Board address the key financial and other risks facing the NIBTS; and • Appoint a Chief Executive to the NIBTS, and in consultation with the Department, set performance objectives and remuneration terms linked to these objectives for the Chief Executive which give due weight to the 			
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		<p>proper management and use of public monies</p> <p>Individual Board members' responsibilities</p> <p>Individual Board members shall act in accordance with their wider responsibilities as members of the Board – namely to:</p> <ul style="list-style-type: none">• Comply at all times with the Code of Practice adopted by the NIBTS and with the rules relating to the use of public funds and to avoiding conflicts of interest;• Not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations; and to declare publicly and to the Board any private interests that may be thought to conflict with their public duties;• Comply with the Board's rules on the acceptance of gifts and hospitality, and of business appointments as set out in the Financial Memorandum; and			
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		<ul style="list-style-type: none"> Act in good faith and in the best interests of the NIBTS. 			
ROLE	DOCUMENT				
	Standing Orders	MSFM (2011)	Partnership Agreement (draft)	Appointment Letter	Job Description
NON-EXEC	The Non-Executive Members will not be granted nor shall they seek to exercise any individual executive powers on behalf of the Agency. They may however, exercise collective authority when acting as members of or when chairing a committee of the Agency which has delegated powers.			Appointment letter for Non-Executive Board members: <ul style="list-style-type: none"> Advisory and supportive role to the organisation Not to lead but to use their experience to help the Board towards making balanced decisions in an objective manner Bring their range of knowledge and experience to the boardroom which are important adopt the ‘Corporate Governance Codes of Conduct and Accountability’ 	Job Description Pack for Non-Executive Board members: It is the role of the Non-Executive (Financial) Member to: <ul style="list-style-type: none"> Familiarise oneself with the work of the Board; Share in corporate responsibility for strategic decision making; Monitor progress towards agreed local and/or national targets and objectives; Assist in the development of policies and priorities to achieve these objectives; Guide the NIBTS in the development of its services to the HSC in the context of the internal market; Assist in determining management structures; Assist in determining the standing orders of the NIBTS and the schedule of delegated authorities and standing financial instructions; Sit on various committees and other sub-groupings of

					<p>the Board, e.g. Audit Committee, Remuneration Committee and various ad-hoc groups;</p> <ul style="list-style-type: none">• Monitor progress towards agreed targets and objectives set out in the corporate/business plan;• Participate in professional conduct and competency enquiries as well as staff disciplinary proceedings;• Assist in appointing and monitoring the performance of senior managers, including the appointment of the Chief Executive;• Engage in decision making on major procurement issues;• Oversee the handling of complaints against the NIBTS;• Represent the NIBTS at official or social occasions;• Become familiar with the variety of work carried on by the NIBTS;• Become informed about the policy and strategy of the Department, and the NIBTS relationship with it and the wider HSC. <p>Each member must:</p> <ul style="list-style-type: none">• Ensure that NIBTS carries out its statutory functions under legislation and in compliance with any directions and
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					<p>guidance issued by the Department of Health, Social Services and Public Safety and with all other statutory and administrative requirements for the use of public funds;</p> <ul style="list-style-type: none"> Act in accordance with the Codes of Conduct and Accountability for Health and Social Care.
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ROLE	DOCUMENT				
	Standing Orders	MSFM (2011)	Partnership Agreement (draft)	Appointment Letter	Job Description
CHAIR	<p>The Chair shall be responsible for the operation of the Board and chair all Board meetings when present. The Chair has certain delegated executive powers. The Chair must comply with the terms of appointment and with these Standing Orders.</p> <p>The Chair shall liaise with the DoH Public Appointments Unit over the appointment of Non-Executive members and once appointed shall take responsibility for their induction, their portfolios of interests and assignments, and their performance.</p> <p>The Chair shall work closely with the Chief Executive and</p>	<p>Personal Responsibilities: The Chair is accountable to the Minister through the Departmental Accounting Officer. Communications between the NIBTS Board and the Minister should normally be through the Chair (who will ensure that the other Board members are kept informed of such communications). He/she is responsible for ensuring that the NIBTS’s policies and actions support the Department’s wider strategic policies; and that the NIBTS’s affairs are conducted with probity. Where appropriate, these policies and actions should be clearly communicated and</p>	<p>ALB Chair The Chair is responsible for setting the agenda and managing the Board to enable collaborative and robust discussion of issues. The Chair’s role is to develop and motivate the Board and ensure effective relationships in order that the Board can work collaboratively to reach a consensus on decisions. To achieve this, he or she should ensure:</p> <ul style="list-style-type: none"> The Board has an appropriate balance of skills appropriate to its business; Board members are fully briefed on terms of appointment, duties, rights and responsibilities; 	<p>It is the role of the Non-Executive Chair to:</p> <ul style="list-style-type: none"> provide leadership to the Board in its role of providing oversight, scrutiny and stewardship of NIBTS work, which is directed and led on a daily basis by the executive team, led by the Chief Executive; provide leadership to the Non-Executive members of the Board in their role of providing non-executive oversight, scrutiny and stewardship of NIBTS work, exercising independent judgement and critical detachment; 	

	<p>shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.</p>	<p>disseminated through the NIBTS.</p> <p>In addition, the Chairperson has the following leadership responsibilities:</p> <ul style="list-style-type: none"> • Formulating the Board’s strategy for discharging it’s duties; • Ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Department; • 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 regularity and propriety; • Representing the views of the Board to the general public; and • Ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board members. Meetings must 	<ul style="list-style-type: none"> • Board members receive and maintain appropriate training; • The Minister is advised of needs when board vacancies arise; • There is a Board Operating Framework in place setting out the roles and responsibilities of the Board in line with relevant guidance; • There is a code of practice for Board members in place, consistent with relevant guidance. <p>The role also requires the establishment of an effective working relationship with the Chief Executive that is simultaneously collaborative and challenging. It is important that the Chair and Chief Executive act in accordance with their distinct roles and responsibilities as laid out in Managing Public Money and their appointment letters.</p> <p>The Chair has a presence in the organisation and cultivates external relationships which provide useful links for the organisation while being mindful of overstepping boundaries and becoming too</p>	<ul style="list-style-type: none"> • hold Board to account, as appropriate, for its overall performance as a Board; • ensure that the Board conducts its business effectively, that corporate governance structures operate effectively and that the Board discusses the right business at the right time based on the provision of appropriate management information by the Executive Directors; • ensure that Board business is managed in a manner that respects the boundary between executive and non-executive roles within the Board; • ensure the Board has adequate support; • conduct the annual performance appraisals of the Chief Executive and other Non-Executive Board members; • appoint Non-Executive members to an audit and any other committees as appropriate to support the business of the main Board; • lead in a non-executive capacity in NIBTS Accountability Review meetings with the Department of Health. 	
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		<p>be open to the public, the public should be advised of meetings through the press and the minutes must be placed on the NIBTS website within one month of the meeting in question.</p> <p>The Chair will also:</p> <ul style="list-style-type: none"> • Ensure that all the members of the Board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities and, within three months of the appointment, receive appropriate induction training, including on the financial management, risk management and reporting requirements of public sector bodies and on any material differences which may exist between private and public sector practice; • Advise the Department of the needs of the NIBTS when Board vacancies arise, with a view to ensuring a proper balance of professional, financial or other expertise; • Assess, annually, the performance of individual 	<p>involved in day to day operations or executive activities.</p>		
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		<p>Board members, including when they are being considered for re-appointment on the Board; and</p> <ul style="list-style-type: none"> Ensuring that a Code of Practice for Board members is in place, based on the Cabinet Office’s Code of Practice for Board Members of Public Bodies 			
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ROLE	DOCUMENT				
	Standing Orders	MSFM (2011)	Partnership Agreement (draft)	Appointment Letter	Job Description
CHIEF EXEC	<p>The Chief Executive shall be responsible for the overall performance of the executive functions of the Agency. He/she is the Accountable Officer for the Agency and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer Memorandum for Agency Chief Executives.</p> <p>The Chief Executive and Finance Manager will, as far as possible, delegate their detailed responsibilities, but they remain accountable for</p>	<p>The Chief Executive’s role as Accounting Officer:</p> <p>The Chief Executive, as the NIBTS’s Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day-to-day operations and management of the NIBTS. In addition he/she should ensure that the NIBTS as a whole is run on the basis of the standards (in terms of governance, decision making and financial management) set out in Box 3.1 to MPMNI.</p>	<p>ALB Chief Executive</p> <p>The role of the Chief Executive is to run business. The Chief Executive is responsible for all executive management matters affecting the organisation and for leadership of the executive management team.</p> <p>The Chief Executive is designated as Accounting Officer by the departmental Accounting Officer. As Accounting Officer they are responsible for safeguarding the public funds in their charge and ensuring they are applied only to the purposes for which they were voted and more</p>	<p>Appointment letter outlining responsibility as Accounting Officer of NIBTS:</p> <p>Chapter 3 of Managing Public Money Northern Ireland (MPMNI) sets out the responsibilities of accounting officers. This sets out your duties as accounting officer in which capacity you will be responsible for safeguarding public funds in your charge and ensuring that they are applied only to the purposes for which they were voted and, more generally, for efficient and economical administration.</p>	<p>JOB SUMMARY</p> <p>The Chief Executive is the executive member of the Agency Board and provides leadership and develops the vision for the strategic direction of the Agency. They secure the success of the Agency through the achievement of corporate and individual objectives in line with the overall policies and priorities of the Department of Health (DoH) and the Health and Social Care Board (HSCB).</p> <p>As the Accounting Officer for the Agency, the Chief Executive is accountable to the Agency</p>

<p>financial control.</p> <p>Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Minister for Health, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Agency’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 Agency’s system of internal control.</p> <p>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.</p>	<p>Responsibilities for accounting to the Assembly</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> • Signing the accounts and being responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Department or DFP; • Signing a Statement of Accounting Officer’s responsibilities, for inclusion in the annual report and accounts; • Signing a Statement on Internal Control regarding the NIBTS’s system of internal control, for inclusion of the annual report and accounts; • Signing a mid-year assurance statement on the condition of the NIBTS’s system of internal control; • Acting in accordance with the terms of MSFM (2011) and with instructions and relevant guidance in MPMNI and other instructions and guidance issued from time to time by 	<p>generally for efficient and economical administration.</p> <p>The Chief Executive is accountable to the Board for performance and delivery of outcomes and targets and is responsible for implementing the decisions of the Board and its Committees.</p> <p>He/she maintains a dialogue with the Chair on the important strategic issues facing the organisation and for proposing Board agendas to the Chair to reflect these. He/she ensures effective communication with stakeholders and communication on this to the Board. He/she also ensures that the Chair is alerted to forthcoming complex, contentious or sensitive issues, including risks affecting the organisation.</p> <p>The Chief Executive acts as a role model to other executives by exhibiting open support for the Chair and Board members and the contribution they make. The Chair and Chief Executive have agreed how they will work together in practice, understanding and respecting each other’s role,</p>	<p>To carry out the responsibilities as accounting officer, you need a thorough understanding of propriety and accountability issues – these are set out in the HM Treasury Handbook: Regularity and Propriety. Comprehensive training is available through a course run by the Chief Executives’ Forum which is specifically tailored for your needs in a Northern Ireland context.</p> <p>As accounting officer for the Northern Ireland Blood Transfusion Service you are accountable to the Assembly for the body’s use of resources in carrying out its functions as set out in the Financial Memorandum. You are responsible for all the matters in the Memorandum in respect of the body.</p> <p>In relation to your role, there are several areas, in particular, where the Assembly expects accounting officers to take personal responsibility:</p> <ul style="list-style-type: none"> • Regularity and propriety, including seeking DFP approval for any expenditure outside the normal delegations or outside the 	<p>Board, the DoH and HSCB (and ultimately the Minister) for the performance and governance of the Agency in the provision of high quality blood and components testing as well as donor care, responsive to the needs of the population in line with prevailing performance standards and targets.</p> <p>The Chief Executive is responsible for ensuring the collection, manufacture and supply of high quality blood components and for the provision of highly specialised clinical services to meet the emergency and elective needs of Patients in Northern Ireland within statutory and regulatory requirements set out in the Blood Safety and Quality Regulations (2005) as amended, the Health and Safety at Work Order (NI), GDPR and the Data Protection Act (2018).</p> <p>They are responsible and accountable for research, development and innovation to ensure a sustainable, safe supply of blood and components.</p> <p>As the chair of the Senior Management Team, the Chief</p>
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		<p>the Department and DFP – in particular, Chapter 3 of MPMNI and the Treasury document <i>Regularity and Propriety</i> (a copy of which the Chief Executive shall receive on appointment). Section IX of the Financial Memorandum refers to other key guidance; and</p> <ul style="list-style-type: none"> • Giving evidence, normally with the Accounting Officer of the Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the NIBTS. <p>Responsibilities to the Department Particular responsibilities to the Department include:</p> <ul style="list-style-type: none"> • Establishing, with the approval of the Department, the NIBTS’s Corporate and Business Plans in support of the Department’s wide strategic aims and objectives and targets in the Programme for Government, PSAs and Priorities for Action; • Informing the Department of the NIBTS’s progress in helping to achieve the Departments wide strategic 	<p>including the Chief Executive’s responsibility as Accounting Officer.</p> <p>Further detail on the role and responsibilities of the Chief Executive are as laid out in Managing Public Money NI and their Accounting Officer appointment letter.</p> <p>The Chief Executive’s role as Principal Officer for Ombudsman Cases</p> <p>The Chief Executive is the Principal Officer for handling cases involving the NI Public Sector Ombudsman. He/she shall advise the departmental Accounting Officer of any complaints about [ALB] accepted by the Ombudsman for investigation, and about the proposed response to any subsequent recommendations from the Ombudsman.</p>	<p>subheads of estimates, and carried through with appropriate disclosures in the Annual Report and Accounts;</p> <ul style="list-style-type: none"> • Selection and appraisal of programmes and projects: using the Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE) and relevant supporting guidance to evaluate alternatives, and good quality project and programme management techniques, such as Gateways Reviews, to track and where necessary adjust progress; • Value for money: ensuring that the organisation’s procurement, projects and processes are systematically evaluated and assessed to provide confidence about suitability, effectiveness, prudence, quality, good value and avoidance of error and other waste, judged for the public sector as a whole, not just for the Accounting Officer’s organisation; • Management of opportunity and risk to achieve the right balance commensurate with 	<p>Executive will lead, contribute to and participate in the corporate management and governance of NIBTS.</p> <p>The Chief Executive is accountable to the Permanent Secretary for ensuring that blood and its components issued by NIBTS are of the highest safety and quality produced through processes compliant with EU Directives 2002/98/EC and 2004/33/EC which are translated into the Blood Safety and Quality Regulations (BSQR) 2005.</p> <p>The Chief Executive is also responsible for ensuring NIBTS laboratory testing systems are complaint with ISO 15189.</p> <p>The Chief Executive has overall responsibility for the management and performance of the Agency, including meeting Ministerial priorities as defined by the DoH and HSCB, fulfilling statutory requirements, ensuring compliance with the Blood Safety and Quality Regulations (BSQR) 2005, delivering against performance targets, securing continuous improvement and for providing safe, high quality</p>
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		<p>aims and objectives, and relevant targets in the current Programme for Government, PSAs and PfA, and in demonstrating how resources are being used to achieve those objectives;</p> <ul style="list-style-type: none"> • Ensuring that timely forecasts and monitoring information on performance and budgetary control are provided to the Department, including prompt notification of overspends or underspends and that corrective action is taken; • Notifying to the Department any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, as appropriate and in timely fashion; • Ensuring that a system of risk management, based on Departmental guidance, is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets; • Ensuring that an effective system of programme and project management and contract management is maintained; 		<p>the institution’s business and risk appetite;</p> <ul style="list-style-type: none"> • Learning from experience, both using internal feedback, and from right across the public sector; and • Accounting accurately for the organisation’s financial position and transactions: to ensure that the government published financial information is transparent and up to date, and that the organisation’s efficiency in the use of resources is tracked and recorded. <p>Your judgement as accounting officer on matters for which you are responsible may only be overridden by the Board, in which case the Principal Accounting Officer should be informed as soon as possible. Advice to the Board is covered in the Accounting Officer Memorandum but in general terms you are responsible, inter alia, for advising the Board on matters of financial propriety, regularity or of prudent and economical administration, efficiency and effectiveness. You are also responsible for taking formal action if the Board is contemplating a course</p>	<p>and effective services within a clear financial framework.</p> <p>The Chief Executive will lead ongoing modernisation and reform within the Agency including the achievement of all organisational objectives, ensuring that appropriate, robust systems are in place and necessary changes are achieved within a transparent and effective governance framework.</p> <p>The Chief Executive is responsible for ensuring the Agency delivers on its vision, values and priorities, continually aligning these to the Agency's Strategic Plan and the regional Programme for Government.</p>
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		<ul style="list-style-type: none"> • Ensuring compliance with the Northern Ireland Public Procurement Policy; • Reporting on compliance with controls assurance and quality standards to the Department; • Ensuring that an Assurance Framework is developed and maintained; • Ensuring that a Business Continuity Plan is developed and maintained; • Ensuring that effective procedure for handling complaints about the NIBTS are established and made widely known within the NIBTS; • Ensuring that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and OFMDFM; • Ensuring that lifetime opportunities is taken into account; • Ensuring that the requirements of the Data Protection Act 1998 are complied with; • Ensuring that the requirements of the Freedom of Information Act 2000 are complied with and that a publication scheme is in place which is reviewed as required 		<p>that would infringe these requirements.</p> <p>You are liable to be summoned to appear before the Public Accounts Committee (PAC) to give evidence on the discharge of your responsibilities as Accounting Officer for the NIBTS in such circumstances the PAC would probably wish to take evidence from both the Principal accounting officer and yourself. The Principal Accounting Officer will answer on those matters affecting the NIBTS, which fall within their responsibility as Principal Accounting Officer. In giving evidence to the Committee you should be guided as appropriate by the Accounting Officer Memorandum.</p>	
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		<p>and placed on the website' and</p> <ul style="list-style-type: none"> • Ensuring that the requirements of relevant statutes, court rulings, and departmental directions are fully complied with. <p>The Chief Executive must also ensure that the effective procedures for handling adverse incidents are established and made widely known within the NIBTS.</p> <p>Responsibilities to the Board of the NIBTS</p> <p>The Chief Executive is responsible for:</p> <ul style="list-style-type: none"> • Advising the Board on the discharge of its responsibilities as set out in MSFM (2011), in the founding legislation and in any other relevant instructions and guidance that may be, or have been, issued from time to time; • Advising the Board on the NIBTS's performance compared with its aims and objectives; • Ensuring the financial considerations are taken fully into account by the Board at all stages in reaching and executing its 			
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		<p>decisions, and that standard financial appraisal techniques are followed; and</p> <ul style="list-style-type: none"> • Taking acting in line with Section 3.8 of MPMNI if the Board, or its Chairman, is contemplating a course of action involving a transaction which the chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness. <p>The Chief Executive’s role as Consolidation Officer: For the purposes of Whole of Government Accounts, the Chief Executive of the NIBTS is normally appointed by DFP as the NIBTS’s Consolidation Officer.</p> <p>As the NIBTS’s Consolidation Officer, the Chief Executive shall be personally responsible for preparing the consolidation information, which sets out the financial results and position of the NIBTS; for arranging for its audit; and for sending the information and the audit report to the Principal</p>			
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		<p>Consolidation Officer nominated by DFP.</p> <p>As Consolidation Officer, the Chief Executive shall comply with the requirements of the NIBTS Consolidation Officer Memorandum as issued by DFP and shall, in particular:</p> <ul style="list-style-type: none">• Ensuring that the NIBTS has in place and maintains sets of accounting records that will provide the necessary information for consolidation process; and• Prepare the consolidation information (including the relevant accounting and disclosure requirements and all relevant consolidation adjustments) in accordance with the consolidation instructions and directions (“Dear Consolidation Officer” (DCO) and “Dear Consolidation Manager” (DCM) letters) issued by DFP on the form, manner and timetable for the delivery of such information.			
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Appendix 6 – Membership of the NIBTS Board and Senior Management Team**Board:**

Chair: Ms Bonnie Anley

Non-Executive Members: Mrs Lorraine Lindsay
Mr Ian Henderson
Mr Philip Cathcart

Chief Executive: Mrs Karin Jackson

The following Senior Managers also attend Agency Board Meetings:

Medical Director: Dr Joanne Murdock

Head of HR & Corporate Services: Mr Ivan Ritchie

Quality & Regulatory Compliance Manager: Ms Angela Macauley

Finance & IT&M Manager: Mr Glenn Bell

Laboratory & Donor Services Manager: Mrs Alison Geddis

Appendix 7 – Board Assurance Arrangement Preparedness Assessment

Baker Tilly published a document entitled *Board Assurance: A toolkit for health sector organisations – Do we really know what we think we know*. This is a well led framework developed by Monitor, CQC and the Trust Development Authority which requires the Boards of all provider organisations to ensure there is an effective and comprehensive process in place to identify, understand, monitor and address current and future risks. It extends to include a Board assurance framework being in place, which is assessed by the Board, reflecting risks to the initiatives in the strategic plan.

The Baker Tilley document recommends that all organisations assess themselves with regards to their Board Assurance arrangements preparedness.

1 = Not yet established
/ fit for purpose

2 = Exist, but further improvement
improvement required

3 = Fully effective

		Assessment of preparedness		
Board assurance arrangements preparedness		1	2	3
1	The organisation's strategic plan objectives are clearly defined and understood?			✓
2	The organisation has a clearly defined approach to the management of risk?			✓
3	The organisation's approach to the management of risk ensures the focus is on those risks that will have a material impact on the achievement of its objectives?			✓
4	The organisation has a clear understanding of risk mitigation, including existing controls and planned actions?			✓
5	The organisation has clearly established risk management reporting and monitoring?			✓
6	There is commitment to the development of Board assurance arrangement from the top of the organisation			✓
7	The organisation has established a Board assurance policy and plan that is integrated with its risk management and other management arrangements?			✓
8	There is a clearly defined structure within the organisation that will support the development, establishment and embedding of the Board assurance arrangements?			✓
9	The organisation has clearly defined roles and specified responsibilities in connection with the application and operation of the Board assurance arrangements?			✓
10	The Board assurance BAF monitoring and review arrangements have been defined for the purposes of ensuring the right information gets to the right place and people to aid risk management and assurance decision making?			✓
11	The Board Assurance Framework (BAF) produces useful information?			✓
12	The organisation has mechanisms in place to ensure communication of outcomes from the risk management and Board Assurance Framework to inform the organisation of issues arising?			✓
13	The Board is clear about its roles and responsibilities and feels that these are discharged effectively?			✓
14	At least annually, the Board undertakes a review of its own effectiveness and this is used to inform a Board improvement / development plan?			✓

Appendix 8 – Cycle of Meetings

**NIBTS
MEETING DATES 2021**

SMT Minuted meeting 9.30AM Wednesday's CE's OFFICE/ZOOM (SMT ONLY)	GOVERNANCE & RISK MANAGEMENT 2.00PM Wednesday's LECTURE ROOM/ZOOM (3 NEMs & SMT)	AUDIT COMMITTEE 10.30am Thursday's LIBRARY/ZOOM (3 NEMs & Relevant SMT)	BOARD MEETING 11.30am Thursday's LECTURE ROOM/ZOOM (CHAIR, 3 NEMs & SMT)
13 January	20 January		
10 February		4 February	4 February
10 March			4 March
7 April	21 April		
5 May		6 May	6 May
9 June		17 June	17 June
7 July	21 July		
4 August			
8 September			9 September
6 October	20 October	14 October	14 October
10 November			
8 December		2 December	2 December

REMUNERATION COMMITTEE : 7 April 2021

BOARD PAPERS ISSUE BY: 30/01/2021, 25/02/2021, 29/04/2021, 10/06/2021, 27/08/2020, 07/10/2021, 25/11/2021

GOVERNANCE PAPERS ISSUE BY: 13/01/2021, 14/04/2021, 14/07/2021, 13/10/2021

HR & CS Dept – PAPERS TO ALISON C 3 working days prior to posting dates