An Roinn Sláinte
DEPARTMENT OF HEALTH

Governance Framework for the Department of Health

(Drafted in accordance with the
Corporate Governance Standard for the Civil Service)

21 April 2016 (updated October 2016)

Healthy Ireland

Tús Áite do Shábháilteacht Othar
Patient Safety First

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Foreword by the Secretary General

Ireland requires a strong, capable Civil Service that can respond to the pace and complexity of changes both at home and abroad. The Civil Service Renewal Plan sets out clear steps to ensure that the Civil Service has the capability and capacity to perform at the highest level. It focuses on the recommendations set out in the report of the Independent Panel on Strengthening Civil Service Accountability and Performance, in particular to ensure that the public know 'who does what and to whom are they accountable'. The Renewal Plan brings with it important new structures: the Civil Service Accountability Board and the Civil Service Management Board. These will give assurance to the public and the Government and civil servants themselves that things are being done in the right way and objectives are being met. Over the period of the Renewal Plan to (2014 – 2017), therefore, the governance framework for the Department of Health should evolve so that it can better adapt to social, political, environmental and economic changes.

In 2015 we established an integrated organisational development programme called *Working Better Together*. Through *Working Better Together* we are working towards achieving a Department which is: focused on priority outcomes; evidence-informed; responsible and accountable; supportive of staff; committed to learning and development; and open in sharing relevant information and collaborating with others. *Working Better Together* is also our Department's contribution to Civil Service Renewal.

During 2015, a new organisational design was developed and implemented, and revised Management Team responsibilities and membership introduced. In addition to the new organisational design and structure, improving organisational effectiveness will involve changes in how decisions are made; how work processes are designed and implemented; staff are trained, developed and supported; resources are deployed and managed; technology is used and performance is reviewed. In September 2015, an integrated programme of work was finalised to achieve this organisational development.

As part of the programme, nine project groups were established and tasked with progressing different workstreams; all with the goal of delivering a better environment in which to deliver our work, where on an on-going basis high performance is achieved, where collaborative working is promoted, and where we can all develop our knowledge and skills. These groups will report during the second quarter of 2016, and this Framework will be updated to take account of agreed organisational improvements arising from their work. The Framework is a

living document that will be regularly updated to reflect the Department's governance, policies and practices.

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Jim Breslin

Secretary General

Introduction

This Governance Framework aims to provide a clear overview of the principal aspects of corporate governance within the Department of Health.

The Governance Framework is drafted in accordance with the Corporate Governance Standard for the Civil Service[1]. It documents the governance arrangements for the Department, which are underlined by five key governance principles. The Framework may evolve over time with changes in Minister or in Government policy, but at all times it should provide a comprehensive foundation on which the Department's policies and actions develop in accordance with these principles of good governance.

The Framework also sets out the elements against which compliance with the Corporate Governance Standard will be measured.

[1] Department of Public Expenditure and Reform (November 2015)

Governance Principles

The following overarching principles have been set in the Corporate Governance Standard for the Civil Service and they also underpin the governance arrangements in the Department of Health.

Governance Principles

1. Good governance supports a culture and ethos which ensures behaviour with integrity, a strong commitment to ethical values, and respect for the rule of law.

2. Good governance helps to define priorities and outcomes in terms of sustainable economic and societal benefits and to determine the policies and interventions necessary to optimise the achievement of these priorities and outcomes. It means implementing good practices in transparency, reporting, communications, audit and scrutiny to deliver effective accountability.

3. Good governance means developing the Department's capacity, including the capability of the leadership team, management and staff.

4. Good governance means managing risks and performance through robust internal control systems and effective performance management practices.

5. Good governance ensures openness, effective public consultation processes and comprehensive engagement with domestic and international stakeholders.

Chapter 1 - Overview of the Department of Health

Governance Principle:

Good governance supports a culture and ethos which ensures behaviour with integrity, a strong commitment to ethical values, and respect for the rule of law.

This Chapter sets out the overall aim of the Department of Health and the values, behaviours and culture within the Department, as set out in the Statement of Strategy. It describes the organisation structure and how strategic planning, decision making and performance management are undertaken. It then gives an overview of internal communications arrangements and how the Department engages with external stakeholders. Finally, it outlines how the effectiveness of the Governance Framework will be reviewed.

1.1 Mission/Aim, Role and Functions of the Department of Health

Our overall aim, as set out in our Statement of Strategy (2015 -2017), is to improve the health and wellbeing of people in Ireland by:

- keeping people healthy;
- providing the healthcare people need;
- delivering high quality services; and
- getting best value from health system resources.

1.1.2 Statement of Strategy

The Department is required, every three years, or within six months of the appointment of a new Minister to prepare and publish a Statement of Strategy for the Department[2]. The Statement of Strategy is informed by the Programme for Government (2011 – 2016), and outlines high level priorities agreed by the Minister. These priorities translate into the Department's annual work programme and activities of the Divisions.

The Department of Health's Statement of Strategy sets out our overall aim, our role and our values (http://health.gov.ie/blog/publications/statement-of-strategy-2015-2017/). It also identifies the main risks, challenges and opportunities faced by the Department. It then sets out the actions we will take, organised into seven priority areas.

i. Drive the Healthy Ireland agenda

[2] Public Service Management Act, 1997

ii. Deliver improved patient outcomes
iii. Reform operational systems to drive high performance
iv. Introduce innovative funding models
v. Modernise health facilities and ICT infrastructure
vi. Implement agreed steps towards Universal Healthcare
Develop the Department's workforce and capability.

1.1.3 Role and Main Functions

Our Department's distinct role is four fold.

i. We provide leadership and policy direction for the health sector to improve health outcomes.
ii. We deliver governance and performance oversight to ensure accountable and high quality services.
iii. We collaborate to achieve health priorities and contribute to wider social and economic goals.
iv. We strive to have an organisational environment where high performance is achieved and knowledge and skills of staff are developed.

1.1.4 Statutory Requirements

Corporate governance measures for the Department of Health must be applied within the framework of constitutional and statutory provisions, and comply with the statutory provisions in the Ministers and Secretaries Acts 1924 to 2013, the Civil Service Regulation Acts 1956 to 2005, the Public Service Management Act 1997, and Comptroller and Auditor General Acts 1866 to 1998.

In addition a range of legislation underpins the Department's core functions. This legislation is set out at Appendix 1.

1.2 Our Values, Culture and Behaviour

The Department's Statement of Strategy sets out our core values, which are in keeping with the Governance Standard for the Civil Service and which are:

- A deep-rooted public service ethos of independence, integrity, impartiality, equality, fairness and respect
- A culture of accountability, efficiency and value for money
- The highest standards of professionalism, leadership and rigour.

1.2.1 Civil Service Code of Standards and Behaviour

The Standards in Public Office Commission (www.sipo.gov.ie) produces the Civil Service Code of Standards and Behaviour. The core values and behaviours required of civil servants are set out in this Code (drawn up pursuant to S10(11) of the Standards in Public Office Act 2001), and form part of the terms and conditions of service of all civil servants including Ministerial appointees.

The Code underpins the rules in many areas including in relation to impartiality and confidentiality, civil servants and politics, behaviour at work, improper use of influence, and the acceptance of gifts, hospitality, payment for outside work and appointments outside the Civil Service. A copy of the Code is given to every appointee who must certify in writing that they have read it.

This Code applies to permanent civil servants and those employed on a short term contract basis and all are expected to adhere to the following principles:

- Impartiality in the performance of our duties;
- showing due respect towards colleagues and respect for their beliefs and values;
- maintenance of high standards of service in all dealings with the public;
- attendance at work as required and compliance with the terms of sick leave regulations;
- adhering to the rules set out in the Code in relation to receipt of gifts;
- never seeking to use knowledge acquired in the performance of, or as a result of, official duties to benefit themselves, or others with whom they have personal, family or business ties. Also, never seeking to influence decisions on matters pertaining to official positions other than through established procedures;
- avoidance of improper disclosure of information gained in the course of official work in keeping with the terms of the Official Secrets Act 1963;
- generally, not standing for General or European elections or engaging in political activity. However, some more junior grades, if permitted, may stand for local elections and engage in political activity;
- having due regard for State resources;
- respecting the constraints of the law;
- non engagement in outside business or activity which would in any way conflict with the interests of the Departments or cause impairment to the carrying out of duties;

- if convicted of a criminal offence, or given the benefit of the Probation of Offenders Act 1907 when tried for a criminal offence, reporting of this to the Department;
- compliance by those who occupy "*designated*" positions with the obligations under the Ethics in Public Office Acts, 1995 and 2001, in relation to disclosure of interest.

1.2.2. Employment Equality Acts 1998 and 2004

The Department is fully committed to equality of opportunity in all its employment practices. Equality of opportunity means that:

- all employees can be confident that their rights under the Employment Equality Acts 1998 and 2004[3] are guaranteed and that no one will receive less favourable treatment because of gender, marital status, family status, sexual orientation, religious belief, age, disability, race or membership of the Traveller community;
- throughout their working lives, employees can be assured of equality of participation, regardless of gender, marital status, family status, sexual orientation, religious belief, age, disability, race or membership of the Traveller community;
- all employees have a responsibility to create a working environment in which differences are respected and in which all people – staff, clients and customers – are valued as individuals;
- as an employer, the Department will strive to achieve real equality of opportunity by continually monitoring its employment practices to ensure that they do not perpetuate existing inequalities.

This Department is also committed to the development and implementation of improved measures to promote and support the employment of individuals with disabilities.

1.2.3 Ethics in Public Office under the Ethics in Public Office Acts, 1995

The Ethics Acts[4] provide for the disclosure of interests, including material interests, which could influence certain civil servants, including special advisers, in the performance of their official duties. All staff at Principal Officer level and above are automatically prescribed as '*designated positions*' under the Acts. The Standards Commission publishes guidelines and 2001 (the Ethics Acts) for prescribed public servants as well as office holders (i.e., Ministers, Ministers of State, etc.) to ensure compliance by them with the requirements of the legislation.

[3] http://www.irishstatutebook.ie/eli/1998/act/21/enacted/en/html?q=employment+equality+act and http://www.irishstatutebook.ie/eli/2004/si/880/made/en/print?q=employment+equality+act&years=2004

[4] Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001

Under the Acts, each officer filling a '*designated position*' must submit an annual written statement in respect of their interest (and those of a spouse, child or stepchild) which could materially influence them in the performance of official duties. If an officer believes they have an interest to declare they must submit a Statement of Interest to the Secretary General of the Department. If there is no interest to declare, a Statement of "*Nil*" interest must be submitted. Officers are restricted in performing official duties where a material interest is involved.

1.2.4 Tax Clearance

The Standards in Public Office Act 2001 requires that persons who are appointed to senior office i.e., Deputy Secretary General level in the civil service must provide evidence of tax compliance.

1.2.5 Protected Disclosures

The Department's Management Board encourages staff to 'speak up' to raise any concerns they may have relating to potential wrongdoing in the workplace and to assure staff that it will provide the necessary support for staff who raise possible wrongdoings. A staff member who makes a protected disclosure under the Protected Disclosures Act 2014 is protected from penalisation (or threatened penalisation), which includes: suspension, lay-off or dismissal, demotion, and unfair treatment.

In accordance with Section 21 (1) of the Protected Disclosures Act 2014 the Department has established procedures for the making of protected disclosures by workers who are or were employed by the Department and for dealing with such disclosures. The Department has developed these procedures in accordance with the guidance issued by the Department of Public Expenditure and Reform. Where an issue is raised under the 2014 Act the following principles are applied by the Department:

- the concern will be treated seriously and investigated where it is considered appropriate;
- where an investigation takes place, the identity of the person raising the concern will be safeguarded insofar as this is practically possible;
- the person raising the concern will be advised on how the issue has been addressed, including the outcome of any investigation.

1.2.6 Regulation of Lobbying Act 2015

The Department has set out the names, grades and details of Designated Public Officials (DPO) under the Regulation of Lobbying Act 2015 (No. 5 of 2015). This includes the Minister and Ministers of State and their Special Advisers and individuals holding a position at Assistant Secretary level or higher. This allows members of the public to identify persons who are DPOs and it also assists lobbyists to source DPO's details in order to file a return to the Register held by the Standards in Public Office Commission.

Details of Committees which comply with the Transparency Code under the Act are set out on the Department's website at www.health.gov.ie

1.3 Organisational Structure

As set out in the Statement of Strategy, one of the Department's priorities is to develop our workforce and capability. This includes ensuring our organisational structure enables us to maintain sustainable resources to address emerging Departmental needs and priorities as well as fulfilling our core role of providing policy advice to the Minister, developing legislation and overseeing the agencies under the aegis of the Department. The outputs of Working Better Together include the development of a new organisation design, with clarity of roles and responsibilities for all Divisions and Units and setting out a three year workforce plan for the Department, aimed at maintaining sustainable resources to address Departmental priorities.

The Department is organised into ten Divisions as follows:

- Acute Care Division
- Finance and Evaluation Division
- Governance and Performance Division
- National HR Division
- Nursing/Midwifery, Mental Health, Drugs/Social Inclusion Division
- Policy and Strategy Division
- Primary Care Division
- Office of the Chief Medical Officer
- R&D and Health Analytics Division
- Social Care Division

An outline of the Department's organisational structure is set out in Table 1 at the end of this Chapter.

1.4 Strategic Planning, Decision Making and Performance Management

Strategic planning and establishing strategic direction are essential to the effective operation of the Department. The business planning framework is flexible to accommodate emerging priorities. It seeks to integrate related business processes such as setting objectives and performance measures, budgeting and estimates, risk management, organisational capacity/capability review, workforce planning and individual performance and development. Responsibilities are articulated through the system of Divisional business plans and the Performance Management and Development System (PMDS). Divisions have been organised to report to individual members of the Management Board, who in turn, report to the Secretary General who is responsible for the day-to-day running of the Department.

1.4.1 Programme for Government

The Programme for Government sets out the main commitments of the Government for its period in office. Commitments in the Programme for Government that are relevant to the Department of Health are articulated in the Department's Statement of Strategy. The Public Service Management Act 1997 prescribes that the Department must secure the approval of the Minister for Health for a three year Statement, which defines the objectives of the Department and the way in which it will achieve those objectives.

1.4.2 Business Planning

In order to achieve the goals set out in the three year Statement of Strategy, the Department plans its business annually. Each Unit and Division drafts annual business plans which set out the key outputs to be delivered in order to achieve the Department's strategic goals in the Statement of Strategy.

Internal HR Unit (and from mid-2016 Governance Unit) issues guidance and templates for the preparation of business plans by every Unit. Unit business plans, with a review of the key achievements from the previous year, are then discussed at the annual Divisional Business Planning meetings with the Secretary General and the Management Board, as early as possible in the calendar year. These meetings provide the Secretary General and each Management Board member with an opportunity to review the achievements of the previous year and form a shared understanding of the opportunities and priorities for the coming year. They also provide an opportunity for the Management Board to consider the management of any risks that are attached to Business Plan objectives.

1.4.3 Risk Management

Risk management is an integral part of the Department's business planning process. In setting out the key outputs for each annual business plan, Divisions take full account of the risks involved by identifying risks, evaluating their likelihood and potential impact and setting out mitigation measures to reduce either or both their likelihood and impact.

Risks are compiled in the Department's Risk Register. The most serious risks on the Risk Register are identified and assessed by the Management Board. Units are asked to have particular regard to mitigation measures against all the risks.

The Management Board meets as the Risk Management Committee on a quarterly basis to review the Risk Register and risk management process.

Detailed guidance for reporting the management of risk is provided to Units to ensure consistency in identification and evaluation of risks and the identification of mitigation measures. The Guidance takes account of the Department of Public Expenditure and Reform's Risk Management Guidance.
(See more detail also on risk management in Chapter 4 – *Audit Assurance and Compliance Arrangements*).

1.4.4 Performance Management and Development System

Business Planning is supported by the Performance Management and Development System (PMDS). The Performance Management and Development System (PMDS) is a tool that helps all managers and staff to manage and improve performance. Performance Management centres around the role and effectiveness of line managers in setting goals and reviewing and strengthening the performance of their staff. The formal recording of this information is done through the PMDS.

PMDS encompasses the following core principles:

- Creating a clear understanding of what is expected of staff and managers through effective planning and goal setting;
- Enhancing understanding of the strategic objectives of the organisation and individual contribution to achieving these;
- Regular review periods to ensure common understanding of progress towards achieving goals; and

- Fostering career progression through continuous learning and development.

PMDS is designed to be a fair and effective way of measuring and developing performance and should be seen as a two-way collaborative process which encourages staff and their managers to think about, discuss and agree on what needs to be done to strengthen individual performance, the performance of the Department and the service we deliver to the public. The recording of information relating to PMDS is captured in a computerised PMDS facility – Peoplepoint, which is provided by the Department of Public Expenditure and Reform.

1.4.5 Annual Report

The Annual Report sets out progress during any one year on the Department's three year Statement of Strategy. The Annual Report is compiled from information supplied by Units by the Press and Communications Office for approval by the Management Board and the Secretary General to submit to the Minister for approval (in accordance with the Public Service Management Act, 1997). It is submitted to Government for information and then laid before the Houses of the Oireachtas and published in both Irish and English on the Department's website.

1.5 Communication Arrangements

1.5.1 Internal Communication Arrangements

The Department of Health is committed to providing a professional, efficient and courteous service to all our customers, providing and delivering the highest quality of service in accordance with the Principles of Quality Customer Service.

1.5.2 Internal Networking

The Senior Management Network, comprised of Principal Officers and equivalents provides a forum for discussion among members and arranges workshops/information sessions on specific themes.

APEX, the network of Assistant Principal Officers operates in a likewise fashion and joint sessions may be organised between both networks on matters of strategic importance, which may also involve attendance by the Management Board.

Town Hall meetings are arranged on a quarterly basis by the Secretary General to discuss the Department and its work and to obtain feedback from staff on key issues.

1.5.3 Engagement with External Stakeholders/ Quality Customer Services

The Department is currently reviewing its Customer Service Action Plan and Customer Charter which will be published later this year. Both the Plan and the Charter will be the subject of internal and external consultations. The current Customer Charter is available on the Department's website.

The Customer Charter outlines our commitment to the customer, and describes:

- The levels of service customers are entitled to expect when they contact the Department.
- How customers' input can contribute to the improvement of our services.
- How customers can contact the Department, obtain further information or make a complaint.

The Department's customers are the general public, especially those who depend on health services, the Minister and Ministers of State, the Government and the Oireachtas, other Government Departments, the EU and other international bodies as well as health professionals, business, research forums and institutions, non governmental organisations, and health agencies. Many of our outputs can be delivered only in conjunction or in co-operation with other Departments, Offices and public bodies.

In formulating its policy, the Department has regard to the views of a wide range of interests, including the social partners, business and sectoral representatives, other Government Departments, research forums and institutions, and EU and international bodies, non governmental organisations, and also the views and expectations of society at large and health professions.

The Department has a Parliamentary Affairs Unit which co-ordinates the Department's significant interactions with the Oireachtas.

1.5.4 Managing Complaints

The Department's policy for dealing with complaints is based on the principles of Quality Customer Services as implemented through our Quality Customer Service Action Plan and

our Customer Charter. Its procedures for dealing with complaints are designed to assist our customers in making a complaint so that we can respond and, where possible, put things right. They aim to be fair transparent, independent. Each year the Department's Customer Service team receives over 5,000 enquiries either by email or phone call to the dedicated number and email address found on the Department's web site. Over 90% of these enquiries relate to the Health Service Executive and customers are advised in such cases of the relevant contact details in the HSE.

The Department has in the past taken significant policy initiatives to emphasise the importance of effective complaints processes in the wider health service. In particular, the introduction of a statutory complaints process in the Health Act 2004 (commenced in January 2007) was a progressive policy development in terms of public service provision in Ireland.

The importance of complaints processes is supported by the Department's work to ensure health service provision is subject to independent regulation. For example, the National Standards for Safer, Better Health Care approved by the Minister for Health in 2012 contain express requirements in relation to complaints procedures.

1.5.5 Global/International Role of the Department

The Department operates in a global context, primarily through Ireland's membership of the United Nations, the European Union, the Council of Europe and the World Health Organization. Under international human rights, and the ratification of UN treaties the Government has undertaken to put into place domestic measures and legislation compatible with their treaty obligations and duties. Where domestic legal proceedings fail to address human rights abuses, mechanisms and procedures for individual complaints or communications are available at regional and international levels to help ensure that international human rights standards are respected, implemented, and enforced at the local level.

There is a formal set of procedures for the management of EU policy. This includes:

(i) A formal internal system of notification of all legislative proposals to ensure the appropriate policy stance is adopted and that EU Directives are transposed in a timely fashion;
(ii) Liaison between Research Policy and International Unit and policy units;
(iii) Coherence to briefing for the EU Health Strategy initiatives.

1.6 The Department's Governance Framework

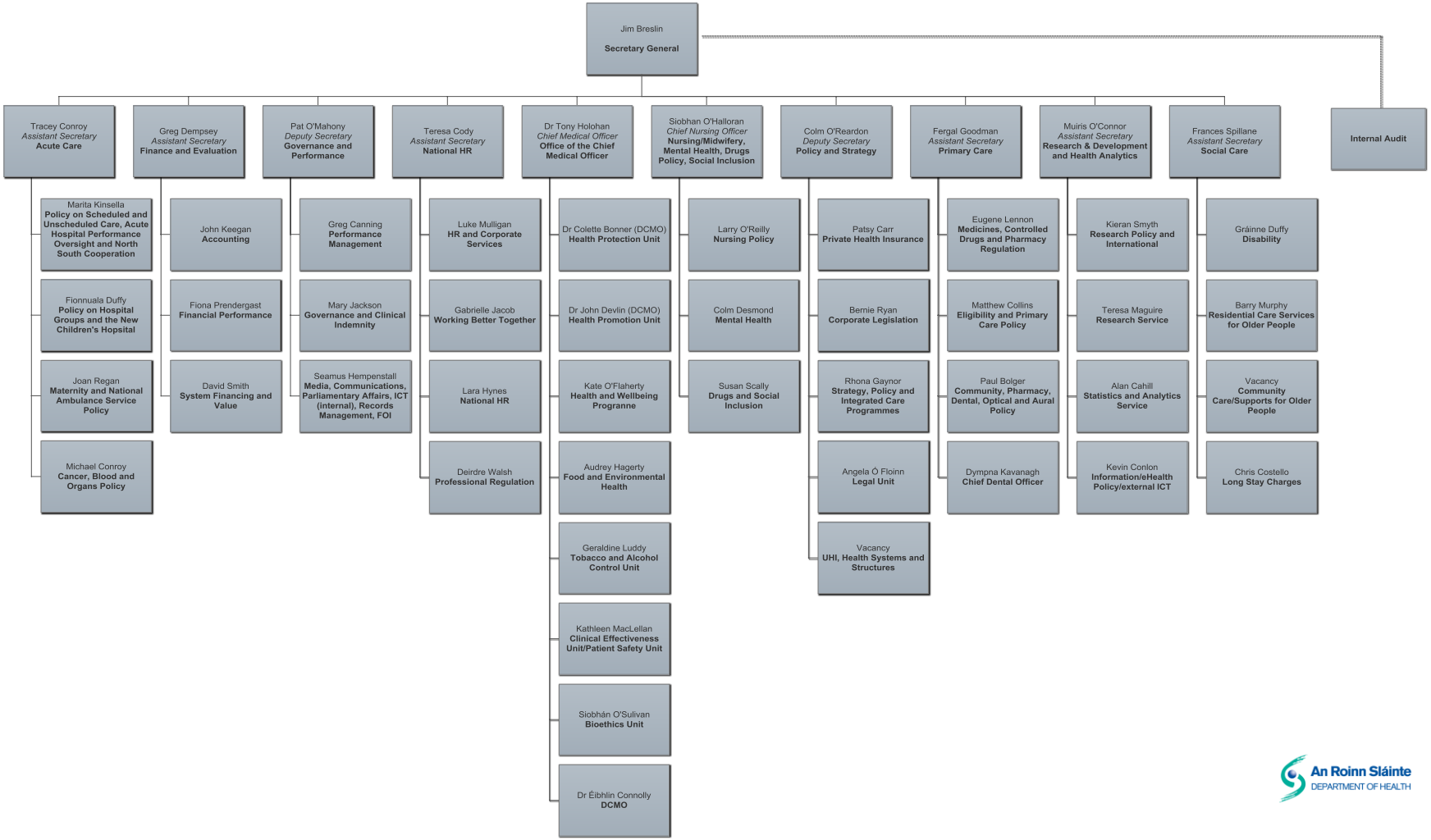
The objectives of this Governance Framework are to ensure that:

- the Department's systems of accountability and responsibility are effective, robust, clear, and identifiable, and
- the Governance Framework for the Department evolves so that we can better adapt to social, political, environmental and economic changes.

This Governance Framework is a dynamic document and will evolve in line with best practice, and/or as issues arise, and improved procedures and policies are developed.

Governance Unit will monitor this Framework and periodically submit it for review and discussion by the Management Board as part of the Board's ongoing consideration of governance in the Department.

Table 1 - Organisation Chart - Department of Health



Chapter 2 - Ministerial and Senior Management Roles and Assignment of Responsibilities

Governance Principle:

2

Good governance helps to define priorities and outcomes in terms of sustainable economic and societal benefits and to determine the policies and interventions necessary to optimise the achievement of these priorities and outcomes. It means implementing good practices in transparency, reporting, communications, audit and scrutiny to deliver effective accountability.

This chapter gives an overview of the roles and responsibilities of the Minister and Ministers of State and sets out the Department's relationship with its Ministers. It also gives an overview of senior management governance roles and responsibilities, including those relating to Secretary General and Accounting Officer, Special Adviser, those who exercise a senior management role within the Department, and the role for all staff; and how responsibility is assigned to officers of the Department for the performance of the functions under the Public Service Management Act 1997.

2.1 Role and Responsibilities of the Minister for Health

Article 28.4.2 of the Constitution provides that the Government shall be collectively responsible for Departments of State "administered" by the Members of the Government. Under Article 28.12 of the Constitution Ministers are "in charge of" Departments of State. The principal legislative provisions governing the Minister's powers are the Ministers and Secretaries Acts 1924 to 2013 and the Public Service Management Act 1997. The structures of the Department of Health and distribution of its business are regulated by these Acts.

The Ministers and Secretaries Act 1924, as amended, provides that the Minister for Health shall be the responsible head of the Department or Departments under his/her charge and "…shall be individually responsible to Dáil Éireann alone for the administration of the Department or Departments of which he is head…". This gives statutory effect to the constitutional principle of ministerial responsibility. The Minister bears political responsibility under the Act of 1924 for all actions within his or her Department. This Governance standard does not replace or usurp the *Carltona Doctrine* whereby powers vested in the Minister may be exercised, without any express act of delegation, by officials of certain seniority and responsibility.

2.2 Role and Responsibilities of the Minister of State

The Government has assigned four Ministers of State at the Department of Health. The Minister of State at the Department of Health with special responsibility for Disabilities and the Minister of State at the Department of Health with special responsibility for Mental Health and Older People, were appointed by way of Orders under the Ministers and Secretaries (Amendment) (No. 2) Act 1977 in July 2016. The Minister of State at the Department of Health with special responsibility for the National Drugs Strategy and the Minister of State with special responsibility for Health Promotion were appointed by way of Orders under the Ministers and Secretaries (Amendment) (No. 2) Act 1977 in October 2016.

Each Minister of State is accountable for developing and articulating Government policy within their respective areas of responsibility.

2.3 Department's Relationship with its Ministers

A key governance process is a Department's relationship and communication with its Minister and his/her advisers. The successful delivery of business priorities and programmes is contingent on these relationships operating effectively.

The relationship between the Minister(s) and the Department is fundamental to the Governance Framework of the Department. The function of the Department is to advise and support the Minister and give effect to the Minister's decisions and policies. The Framework of Assignments which assigns responsibility for the performance of functions to the Management Board members and Principal Officers under section 4(1) of the Public Service Management Act 1997 supports the delivery of corporate objectives.

Arrangements for meetings between the Management Board and the Minister, including matters covered, are detailed in the Terms of Reference which is attached in Appendix 2.

The Department's primary role is to support the Minister in the formulation and evaluation of policies for health and social care services. It also has a role in the strategic planning of health and social care services in consultation with the Health Service Executive, the

voluntary sector, other Government Departments and other interests. The Department has a leadership role in areas such as equity, quality, accountability and value for money.

2.4 Recording of Ministerial Decisions

Records must be kept of all submissions and advice to the Minister and of all decisions by the Minister regarding policy. The Private Office of the Minister ensures that a record is kept of all submissions to the Minister (including their subject matter and date) and that all Ministerial Decisions about non-trivial items are recorded and returned to the relevant Unit. Records are retained on the Department's document/file recording 'CRAFTS' system.

Submissions to the Minister are routed through the Head of the relevant Division and then forwarded, with any additional comments to the Secretary General. The Secretary General may add further comments/clarification and the file/submission is sent to the Minister's Private Secretary.

The Minister may consult further with advisers/officials where more detail or clarification is required. The Minister's written decision is subsequently recorded on the file and returned to the Private Secretary for transmission to the relevant Unit. In some instances the decision may also be communicated verbally, particularly in cases where urgent action is required (e.g. to seek legal advice or to issue a press release). An official note should be made of verbal communications which constituted significant decisions on policy or other matters.

The Secretary General meets the Minister at least once a week to agree priorities and ensure shared political/management oversight of progress, performance and issues as part of the decision making and monitoring role; and discuss the operation of the Department and issues arising.

2.5 Leadership and Organisational Capacity/Capability

The Management Board and Principal Officers lead and manage the implementation of the systems, processes and behaviours necessary to promote good corporate governance across the organisation so that all staff work together as a high performing team. While clear direction and support are crucial, each individual has a responsibility to show leadership, to contribute to the management of the Department as a whole and to actively support colleagues in meeting their objectives.

Leadership and management must set the tone for effective governance from the top while showing an example to staff of good governance behaviours and demonstrating a commitment to achieving Government objectives through accountable processes.

In 2015 the Department established an integrated organisation development programme. This programme, *Working Better Together*, set out an ambitious programme of actions with the aim of creating a better working environment in the Department where on an on-going basis high performance is achieved, where collaborative working is promoted and where staff can develop their knowledge and skills.

Working Better Together is working towards achieving a Department which is:

- Focused on priority outcomes
- Evidence-informed
- Responsible and accountable
- Supportive of staff in giving of their best
- Committed to the learning, personal and career development of all staff
- Open in sharing information and collaborating across/outside the organisation.

The changes within the organisation should ensure that:

- Departmental performance and outcomes are consistent with good governance obligations, and
- Appropriate strategy is in place to ensure that the organisation has the capacity to fulfil its mandate including clarity on roles and responsibilities.

A number of strategies, policies and plans are in place and under development to support organisational capacity and capability. They include:

- The Performance Management and Development System,
- Annual Business Planning and Review,
- Risk Management Policy and Risk Register,
- Workforce Development Plan,
- Learning and Development Strategy,
- Records Management Policy,
- ICT Governance and Security Policy,
- Communications Policy.

2.6 Role of the Secretary General

The Secretary General is the Administrative Head of the Department, the Accounting Officer and has overall management responsibility for the quality of advice submitted to the Minister. The respective responsibilities are set out below.

The Ministers and Secretaries Act 1924 and the Public Service Management Act 1997 outline the statutory responsibility of the Secretary General. Under the 1997 Act, certain duties are assigned to the Secretary General within the Department (section 4 (1), 9 (1) & 9 (2)), including, but not limited to:

- managing the Department;
- implementing Government policies appropriate to the Department;
- delivering outputs as determined with the Minister;
- providing advice to the Minister and using resources so as to meet the requirements of the Comptroller and Auditor General (Amendment) Act 1993 in relation to regularity and propriety as well as to economy, efficiency and effectiveness;
- preparing Statements of Strategy for submission to the Minister;
- providing progress reports to the Minister on the implementation of the Statement of Strategy;
- ensuring proper use of resources and the provision of cost-effective public services;
- making sure arrangements are in place to maximise efficiency in cross departmental matters;
- preparing an outline of how specific responsibilities are to be assigned so as to ensure that the functions performed on behalf of the Minister are performed by an appropriate officer, or an officer of an appropriate grade or rank down through the Department; and
- managing matters relating to appointments, performance, discipline and dismissal of civil servants below the grade of Principal or its equivalent.

The list of duties specified in the Public Services Management Act 1997 while extensive, are not necessarily exhaustive and the Secretary General may also be required, under the Act, to carry out other functions on behalf of the Minister. While the Secretary General may

delegate responsibility and accountability by way of assignment (where each officer is accountable to the Secretary General), he/she retains ultimate responsibility and accountability for the actions of the Department, irrespective of the delegation of assigned responsibilities.**2.6.1 Accounting Officer**

As Accounting Officer the Secretary General is personally responsible for the safeguarding of public funds and property under his or her control; for the regularity and propriety of all the transactions in each Appropriation Account bearing his or her signature; and for the efficiency and economy of administration in his or her Department. The Civil Service head of the Department/Office administering the Vote is normally appointed Accounting Officer on the premise that he or she alone is in a position to discharge responsibility for the money entrusted to a Department/Office, for the use made of its resources and for control of the assets in its keeping, such as land, buildings, stores, equipment or other property.

In addition to the above and, as Accounting Officer, while the Secretary General can put in place arrangements to assist with the aspects of the following governance obligations, he/she cannot delegate accountability to subordinate officers. These obligations are as follows:

- Preparation and presentation of Appropriation Accounts;
- Accounting Officer for the Health Vote, which includes funding for the HSE;
- Supplying a Statement of Internal Financial Control to the Comptroller and Auditor General with the Annual Appropriation Accounts;
- Appearance before the Public Accounts Committee;
- Putting in place an Internal Audit Unit;
- Establishing an Audit Committee;
- Monitoring by the Department of bodies under its aegis on behalf of the Minister;
- Approval of the award of major contracts; and
- Approval of payments greater than €1 million (where no Assistant Secretary is present).

2.7 Special Adviser(s) to the Minister or Minister of State

The primary functions of Special Advisers are to secure the achievement of Government

objectives and to ensure effective co-ordination in the implementation of the Programme for Government. The role and duties of Special Advisers are described in section 11 of the Public Service Management Act 1997. In summary, these are to assist the Minister or the Minister of State by (i) providing advice; (ii) monitoring, facilitating and securing the achievement of Government objectives that relate to the Department, as requested; and (iii) performing such other functions as may be directed while being accountable to the Minister or the Minister of State in the performance of those functions. The Special Adviser performs his or her role alongside the senior Civil Service in collectively supporting the Minister or Minister of State and the Government of the day. Special Advisers are not part of the line management system of the Department.

2.8 Responsibilities of Senior Management and all Staff

It is key to the proper administration of the functions entrusted to the Department that there is clarity about individual roles and responsibilities. This clarity is provided by the Secretary General and Management Board through the proper operation of the governance arrangements and management procedures within this Framework.

The Secretary General as Head of a Department assigns responsibility for the performance of functions by individual officers, or grade or grades of officer, to Principal Officer level in accordance with Section 4(1) and 9(2) of the Public Service Management Act 1997[5].

Under the Framework of Assignments key relationships with the Minister include the following:

- The Secretary General is responsible for providing policy advice to the Minister on all matters within the remit of the Department and for delivering outputs as determined by the Minister;

- Deputy Secretaries, Assistant Secretaries, the Chief Medical Officer and Chief Nursing Officer are responsible for advising Departmental Management and the Minister/Government on strategic direction, the formulation of policy and the implementation generally of Government health and social care policies; and

[5] Action 21 of the Civil Service Renewal Plan: Publish the framework for assignment of responsibilities for all Departments.

- Principal Officers are responsible for the management of their units, the delivery of their business objectives and provision of policy advice to the Management Board and the Minister.

Minister/Department interaction can occur routinely at any time and may not be confined to normal working hours and normal office arrangements. This derives from the 24/7 nature of the health and social care system and also Oireachtas working hours. A "one size fits all" approach would not be appropriate and a degree of flexibility time wise may be required at senior management level. Mobile phone contact details are available to the Minister for senior management from Principal Officer upwards. In supporting the Ministers in the discharge of their duties the Department ensures that, as necessary, officials engage with Ministers within normal business hours and at other times. Particularly at PO level, flexibility is built into the job description, but sometimes for people at other grades there is also a need for flexibility from time to time to operate beyond their normal duty hours, e.g. Private Members' debates or legislation.

2.8.1 Responsibilities of all Staff

All staff have a role to play in assuring good governance, adherence to the Civil Service Code of Standards and Behaviours in the performance of their duties, as well as to corporate policies, procedures, circulars and Office Notices. On joining the Department staff are informed of their obligations under the Civil Service Code of Standards and Behaviour which sets standards for service delivery, behaviour at work and integrity. They are also given appropriate documentation under all of these headings. All relevant corporate policies, procedures, circulars and Office Notices are notified to each relevant member of staff and also placed on the Department's intranet.

Chapter 3 – Management Board and other Governance Structures

Governance Principle:

3

Good governance means developing the Department's capacity, including the capability of the leadership team, management and staff.

This Chapter describes how the Management Board operates and the assignment of other functions by the Secretary General in the Department,

3.1 The Management Board

The Management Board operates to the principles of shared participation and personal and corporate responsibility for the operational success of the Department in supporting the Minister and Secretary General in the fulfilment of their statutory roles. Its members have a balance of skills and experience appropriate to fulfilling its responsibilities. The Management Board acts as a leadership and management team for the entire Department. It provides strategic leadership, direction and oversight in achieving the Department's corporate goals.

3.2 The Terms of Reference for the Management Board

The terms of reference for the Management Board are set out in Appendix 2.

There are two sub-committees of the Management Board as follows:

1. With regard to Working Better Together implementation, governance and oversight, a sub-committee, chaired by the Secretary General was established in July 2016 to monitor and oversee implementation for the 2016-2017 period. The sub-committee comprises 14 members from all levels of the Department and includes one external member.

2. With regard to Working Better Together - Enhancing Policy Development - the Policy Committee was established in August 2016. This committee, comprised of both internal and two external members and chaired by the Deputy Secretary for Policy and Strategy, has two key objectives:

    - To facilitate objective peer review of policy proposals and provide peer support on the development and finalisation of policy; and
    - To provide support to the Management Board and the Policy, Strategy and Integration Unit in implementing and sustaining a collaborative approach to policy-making and ensuring policy coherence across the Department.

3.3 Management Board Information/Documentation

Management Board documentation for its weekly meeting is provided to members in a timely manner (at least one working day prior to the date of the meeting of the Board).

Documentation includes:

- papers on any substantive issues being presented for consideration by the Management Board. These are generally presented on by the Principal Officer or Equivalent of the relevant line unit;
- other periodic updates relating to budget analysis, risk management, legal activity, HR developments, etc.
- updates on submissions to the Minister, Freedom of Information applications, communications issues and Government Memoranda.
- minutes of previous meetings, which are provided for consideration and approval.

3.4 Support to the Management Board

Agendas and documentation for formal meetings of the Board are collated by the Private Secretary to the Secretary General. The Secretary to the Board (Assistant Principal level) attends meetings and drafts the minutes, which are agreed by the Management Board. This person also advises the Secretary General (or Chairperson of the Board) of any issues arising.

3.5 Relationship with Minister, Minister of State and Special Adviser

Formal meetings of the Management Board and the Minister (and Ministers of State) are generally scheduled on a monthly basis. Special advisers also attend.

The agenda for these meetings is agreed between the Secretary General and the Minister and Ministers of State but standing agenda items include an update on significant issues (compiled by Management Board members), an update on the Department's legislative programme (compiled by Corporate Legislation Unit) and an update on progress on the Minister's priority projects on health reform.

The agenda of monthly Management Board meetings with the Minister, include, but are not limited to:

- Government priorities;
- Strategy;
- Key issues;
- Department performance; and
- Performance of the agencies falling within the remit of the Department.

3.6 Assignments of Functions

The Secretary General has made a number of assignments under Section 4 (1) of the Public Service Management Act 1997 at Deputy Secretary and Assistant Secretary levels to ensure that Management Board members have the authority necessary to give effect to shared and individual responsibilities.

3.7 Governance across Organisational Boundaries

The Department of Health leads significant engagement on cross-government, agency and sectoral working. The Department engages through such means as:

- implementation structures for 'Healthy Ireland', the National Policy Framework for Health;
- inter-Departmental implementation group on 'Children First';
- National Drugs Strategy;
- participation in a range of committees and groups including Cabinet Committees; and
- participation in whole-of-government projects such as those operating under the Civil Service Reform Programme.

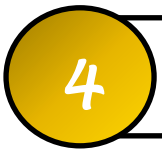
The Department places great emphasis on collaborative working between Government Departments, the HSE, advocates for health and social care, and academic and research-related stakeholders. The Department relies heavily on the support and collaboration of these bodies, and acknowledges the support received in the pursuit of effective working across all boundaries.

3.8 Communication with staff following on from Management Board meetings

As soon as is practicable after each Management Board meeting members of the Management Board meet Principal Officers and equivalents from each Unit in order to brief them on issues discussed and decisions made by the Board. Principal Officers and equivalents in turn inform staff in their Units as soon as possible about all relevant matters.

Chapter 4: Audit, Assurance and Compliance Arrangements

Governance Principle:



Good governance means managing risks and performance through robust internal control systems and effective performance management practices.

This Chapter sets out the process of audit and internal control in the Department, which are aimed at minimising risk. It also sets out the draft compliance framework, which needs to be finalised and used to check that the Department is meeting its obligations from the perspectives of statutory requirements, compliance with Government Decisions and also with administrative and policy decisions.

4.1 Statutory Governance Requirements

The Department is bound by various statutory requirements which are principally set out in the Public Financial Procedures booklet, Government Accounting Circulars, the Irish Statute Book, the Public Spending Code, the Code of Practice for the Governance of State Bodies and Public Bank Accounts arrangements.

In this regard, each Management Board member and each Head of Unit is responsible for the management of expenditure for their respective areas of responsibility. Day-to-day responsibility for budget resides at budget-holder level. The Department's Finance Unit has a particular oversight role in the management of the complete Vote.

4.1.1 Financial controls

The key financial controls in place include:

- Specific levels of authorisation within each Unit;
- Confirmation of financial controls by budget-holders;
- Segregation of duties across processes within the units;
- Accountability of budget-holders / units; and
- Adherence to Standards in Public Office Declarations of Interest by all relevant officers.

4.2 Accounting Officer and Financial Controls

The Secretary General, in addition to being the Administrative Head of the Department is also the Accounting Officer. As Accounting Officer the Secretary General is personally responsible for and accountable to the Oireachtas for regularity and propriety in the Department's accounts, the efficient and economical use of the Department's resources and for the control of assets held by the Department, in accordance with the Comptroller and Auditor General Acts 1866 to 1998.

In fulfilling this function, the Accounting Officer provides, as part of the annual Appropriation Account, a Statement of Internal Financial Control. The provision of this Statement is guided by Annual Statements of Financial Control signed by all budget-holders in the Department. Any weaknesses in controls identified as part of this process are addressed by the Department's Finance Unit in the context of its on-going interactions with budget-holders. Internal Audit and the Department's Audit Committee also play an important part in advising the Accounting Officer.

The provision of assurance to the Secretary General that the Department is compliant with its statutory obligations, including oversight by the Oireachtas, underpins the accountability of the Department and the legitimacy of its activities.

4.2.1 The Estimates Process

Detailed engagement between Finance Unit and each Unit which holds a budget takes place mid-year to determine the estimated budgetary requirements necessary to deliver the strategic outputs set out for that Unit. These meetings take place against the backdrop of an expenditure ceiling and the need to balance the allocations across competing demands.

When final allocations are settled and agreed, each Budget Manager (Deputy Secretary General/Assistant Secretary) is required to profile the allocated budgets according to their estimated spend timelines.

Management Board members are also required to set out the outputs that will be delivered for the resources allocated through the Business Plan process.

4.2.2 Appropriation Accounts

At the end of each financial year, the Department is required to report spending in the form of an Appropriation Account which is submitted for review and audit by the Office of the Comptroller & Auditor General. This Account must be delivered by the 31st March in the year following the year of account.

In support of the Statement of Internal Financial Control included within the Appropriation Account, Budget Managers are formally requested (on a quarterly basis) to confirm that they have reviewed spend for accuracy and correctness, and that they have reconciled any suspense accounts under their management. At the end of the accounting year, the Budget Manager is formally requested to complete and sign-off on an Appropriation Account questionnaire in relation to the operations of their Unit.

This Account is submitted for review by the Public Accounts Committee and the Secretary General is required to attend at that Committee on an annual basis to discuss and respond to any queries arising.

4.2.3 Funds Monitoring/Budget Control

A Financial Management System ensures that financial commitments are captured promptly and that robust financial management processes are in place. Finance Unit reports to the Secretary General and Management Board on a monthly basis, setting out spend compared to budget, projections to year end, and details of emerging expenditure pressures/savings.

A Compliance Report is in place to allow Budget Managers to monitor spending. This report will highlight significant variances from profile. Budget Managers are required to review this on a monthly basis and to report to Finance Unit on a quarterly basis. Finance Unit reviews reports and engages with relevant officers with regard to any significant variances.

4.2.4 Assurance Arrangements between the Accounting Officer and the Accounting Officer for the National Shared Services Office (NSSO)

The Shared Services Vote was created in January 2013 to support the Civil Service Shared Service programme committed to in the Public Service Reform Plan. The Shared Services Vote, which is operated by the Department of Public Expenditure and Reform, is the financial control and administration vehicle for Shared Services projects and for two Shared Service Operations for the Department of Health (PeoplePoint and Payroll Shared Services Centres (PSSC)).

The Department also has a shared service agreement with the Department of Children and Youth Affairs for the provision of Finance and ICT services.

In finalising the Department's annual Appropriation Account, the Accounting Officer links with the Accounting Officers in the other agencies to complete the Department's returns in relation to these services.

4.2.5 Role of Finance Unit

The role of the Finance Unit is to assist with the overall management of the financial affairs of the Department. This includes embedding a system of financial delegation, segregation of duties and accountability, the monitoring, analysing and reporting on expenditure against agreed budgets and preparing accounts at the end of each financial year for audit by the Comptroller and Auditor General.

The Unit has overall responsibility for accounts, payments, receipts, travel and subsistence, salaries and other allowances. It also has responsibility for a range of other functions which form an integral part of the Unit's business tasks. These include Multi-Annual Budgets, Estimates, Appropriation Accounts and financial briefing material for the Secretary General and the Minister. The Unit is also responsible, in conjunction with Human Resources and Support Services, for the operational costs associated with the Department`s administrative budget.

4.3 Public Procurement

All procurement in the Department is governed by public procurement rules and procedures. These rules are informed by National and European guidance on the procurement of supplies and services as set out in the publication Public Procurement Guidelines – Competitive Process, available on the Government Procurement website –

www.procurement.ie. These guidelines set out the steps to be followed in conducting an appropriate competitive process under EU and national rules. It is the responsibility of all officials, when engaging in a public procurement process, to ensure compliance with the relevant rules.

Under the terms of Circular 40/02 :Public Procurement Guidelines the Secretary General, as Accounting Officer, is required to provide a report annually to the C&AG outlining details of any contracts awarded which exceed a value of €25,000 exclusive of VAT and which were not subject to a competitive tendering process. These reports are forwarded to the C&AG by 31 March of the year following the award of the contract with a copy being sent to the Office of Government Procurement at the same time.

A Procurement Officer is assigned to ensure that the Department's procurement policy, procedures, practices and templates comply with EU law and National Guidelines, to provide support and advice as and when required to staff and to ensure procurement is compliant with EU law and National Guidelines.

4.4 Audit and Assurance Arrangements

A diagrammatic overview of audit and assurance arrangements in the Department is set out in Table 2 at the end of this chapter.

4.4.1 Internal Audit Unit

Internal Audit Unit in the Department provides an independent, objective assurance and consulting function within the Department to:

- evaluate and review our business systems through the audit programme;
- provide assurance to the Secretary General as Accounting Officer, senior management (Management Board members) and line managers (Principal Officers and equivalents) of the effectiveness of the management and control systems in place;
- make recommendations for improvements and to monitor the implementation of such recommendations.

The Internal Audit Unit is a separate, full-time unit within the Department which does not have any other executive functions. An overview of the Department's audit and assurance arrangements is set out at the end of this chapter.

4.4.2 Senior Management Responsibilities/Risk Management

A key responsibility of senior management (Principal Officers and Equivalents) is to have in place appropriate work procedures and practices. The aim of these procedures and practices is to ensure, as far as possible, that the work objectives are met in an efficient and effective manner as possible. Management are also responsible for identifying and managing, as far as possible, the likelihood of events occurring which may jeopardise the achievement of the Department's objectives. The control of these events, insofar as they are within the scope of the Department, is also a Management responsibility to be managed in accordance with the Department's risk management policy.

Management cooperate with the Head of Internal Audit in the audit planning process by identifying areas and activities, which carry significant financial, operational or other business risks. Management and staff are also expected to cooperate fully and in a timely manner with Internal Audit staff in the course of individual audit assignments.

Management are responsible for addressing audit concerns and for deciding on the appropriate action to be taken in response to reported audit findings and for the prompt implementation of audit recommendations.

4.4.3 Internal Audit Unit and Risk Assessment

The Internal Audit Unit operates under the guidance of both the Secretary General and the Audit Committee. The Unit's key objectives can be summarised as the review and appraisal of all systems and procedures intended to control the operation of the Department.

The scope of the Unit therefore, comprises all of the activities within the Department, for which the Secretary General is the Accounting Officer.

Risk analysis or risk assessment is an on-going function which determines audit priorities for the Unit. In this regard management plays an important and responsible role in identifying areas of concern, which may inform the audit programme. A strategic approach, with senior management input, is taken in planning audits with the overall aim of covering all of the functions of the Department over a rolling three year period.

The scope of the Internal Audit Unit's activities is determined using appropriate risk assessment tools to ensure adequate coverage of the Department's risks and exposures and will consider the specific needs of the Secretary General, senior management (Management Board Members) and line managers (Principal Officers and equivalents). Specifically, the Internal Audit Unit's scope of activities is to ascertain that the processes for controlling operations, as they have been designed and represented by management, are adequate and functioning correctly to ensure that:

- Resources are adequately protected;
- Financial, managerial and operating information is accurate and reliable;
- The Department's actions are in compliance with both the underlying objectives and the detailed expression of best practice, policies, standards, procedures and applicable regulations.

4.4.4 General Approach to Audit

The approach that the Unit takes to performing an audit is based primarily on the standards set by the Department of Finance and on the Standards for the Professional Practice of Internal Audit set down by the Chartered Institute of Internal Auditors – UK & Ireland.

The Head of Internal Audit furnishes quarterly reports on the status of outstanding recommendations to the Audit Committee, summarising observations and recommendations made and line managers' (Principal Officers and equivalents) responses to the audit findings.

The Head of Internal Audit reports findings and updates to the Secretary General through furnishing completed audit reports, updates on the implementation of audit recommendations and minutes of Audit Committee meetings. Minutes of Audit Committee meetings are also made available to the Programme Management Office and the C&AG.

4.4.5 Other Services

In order to meet its commitments to providing a meaningful service, the Unit is available, as far as possible, to provide advice to all Units in the Department. The Internal Audit Unit is consulted when:

- new systems/procedures/controls are being developed;

- existing systems/procedures/controls are being changed;
- advice is needed regarding aspects of systems/procedures/controls.

4.4.6 Standards of Audit Practice

The Head of the Internal Audit Unit develops and maintains a quality assurance and improvement programme that covers all aspects of the internal audit activity and continuously monitors its effectiveness. This programme includes periodic internal and external quality assessments and ongoing internal monitoring. Each part of the programme is designed to help the internal auditing activity add value and improve the Department's operations and to provide assurance that the internal audit activity is in conformity with the Standards and Code of Ethics of the Chartered Institute of Internal Auditors and the Department of Finance.

4.5 Audit Committee

The Audit Committee has been established by the Secretary General, as Accounting Officer, to assist him in fulfilling his oversight responsibilities relating to: the financial reporting process; systems of internal control; the risk management process and the audit process.

4.5.1 Audit Committee Effectiveness

Audit Committee independence is vital to the committee's ability to provide effective oversight of the organisation, its policies and procedures, its internal controls, its vulnerabilities and risks, its ethics and its 'tone at the top'. To ensure its effectiveness:

- The Audit Committee members are adequately trained in their responsibilities.
- The Audit Committee is fully briefed and kept up to date on any significant matters relating to its terms of reference.
- The Audit Committee periodically conducts a self-assessment to evaluate its own performance and to determine its effectiveness.
- The Annual Report of the Audit Committee to the Secretary General clarifies the Committee's role and focus attention on its major responsibilities and activities.

4.5.2. Audit Committee Responsibilities

The Audit Committee has a number of responsibilities assigned to it, including functions relating to Internal Control; Governance and Risk Management; Internal Audit; External Audit; Financial Management and Reporting Functions.

The Audit Committee invites the Comptroller and Auditor General (C&AG) to a meeting at least annually and prepares an Annual Report to the Secretary General reviewing its own operation; the activities of the Internal Audit Function and a self-assessment of its own effectiveness. The Audit Committee also performs a role in relation to Protected Disclosures.

The Secretary General appoints the three members and the Chairperson. The Audit Committee's Charter is at Appendix 3.

4.6 Risk Management

The Accounting Officer has ultimate responsibility for risk management. The Management Board constitutes the Department's '*Risk Committee'* and meets on a quarterly basis. The role of the Risk Committee is to aid the Department in embedding risk management and oversee its risk function including identification, assessment, and mitigation steps. It agrees a Corporate Risk Register. It also determines the parameters for the escalation of Unit risks for further examination. The Board has developed a pro-active management-led risk management policy as part of the Department's governance framework.

The Department adheres to the Department of Public Expenditure and Reform's Risk Management Guidance Report for Government Departments and Offices. This provides details on risk management policy and the process to help the Department achieve its strategic and operational objectives by managing and mitigating the risks which have the potential to affect the achievement of those objectives.

The Department's Risk Management Policy (January 2014) is available on the Department's website.

4.7 Compliance Framework

The Department's governance principles must be underpinned by a compliance process based on good knowledge management as well as monitoring and review arrangements. This process must be ongoing and dynamic. The obligations of the Department can be broken down into three categories:

1) Statutory
2) Government Decisions
3) Administrative and Policy Decisions

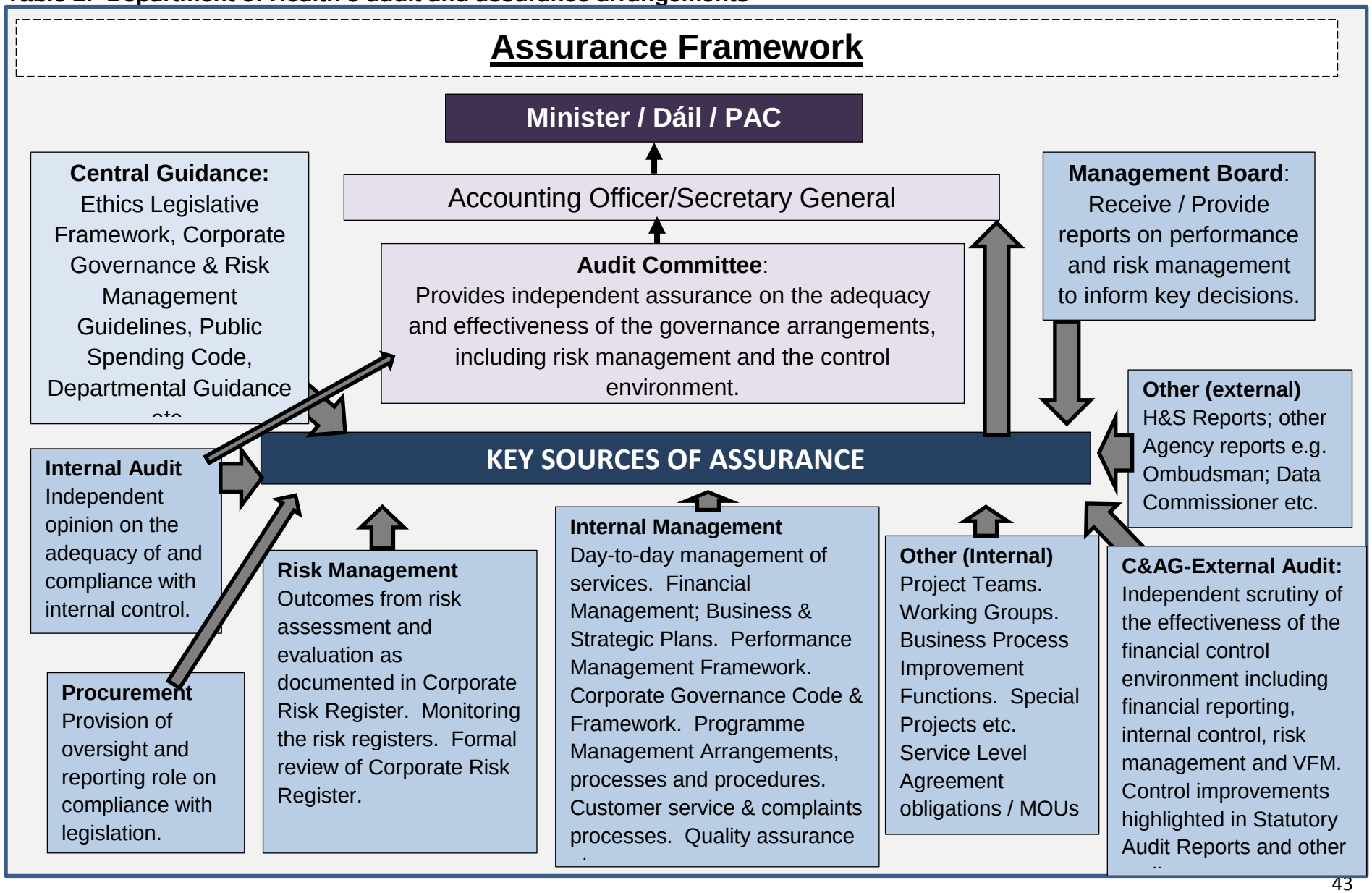
The Department will develop a Compliance Framework in accordance with best practice and advice from the Department of Public Expenditure and Reform. This will be an important tool in the management of the Department's risks, and will assist in identifying key statutory and other compliance requirements and the arrangements in place to oversee, monitor and ensure compliance.

The compliance framework will build on the systems and procedures in place in the Department to meet each of its obligations, and it will have regard to the Risk Management Guidance issued by the Department of Public Expenditure and Reform in February 2016.

The Compliance Framework will list the specific obligations identified and the arrangements in place to oversee, monitor and ensure compliance.

It will provide an overview of all compliance assurance activity in the Department, and identify who within the Department is responsible for each activity. It will also provide details of governance standards that are required to be met by statute, or on foot of government decisions or significant administrative or external commitments. A draft of the areas which will be covered in the Compliance Framework is set out in Appendix 4.

Table 2: Department of Health's audit and assurance arrangements



Chapter 5 - Bodies under the Aegis of the Department

Governance Principle:

5

Good governance ensures openness, effective public consultation processes and comprehensive engagement with domestic and international stakeholders.

This chapter sets out the governance and oversight arrangements of the bodies under the aegis of the Department.

5.1 Compliance with Legislation and the Code of Practice for Governance of State Bodies

While there is no precise definition of bodies under the aegis of a Department in the Civil Service, there are a number of responsibilities set out in various statutes, codes, guidance and procedures relating to the oversight and monitoring by Departments of bodies under their aegis.

The relationship between the Department and bodies under its aegis is determined primarily by:

- The underpinning legislation establishing the body; and
- The requirements set out in the Code of Practice for the Governance of State Bodies 2016.

Responsibility for delivery on the mandate and functions of a body under the aegis of the Department rests in the first instance with its Board, and the Chairman of the Board, or in the case of the HSE, with its Director General.

The Department agrees the level of services and budget for each of the bodies under its aegis through an annual Service Plan. The Service Plan acts as a performance contract between the Department and the body in which an agreed level of performance / service is formalised and which will ultimately result in the improved effectiveness and efficiency of public services. The agreements allow for the adoption of both annual and multi-annual

targets, and the development of output and outcome indicators including milestones to measure performance against targets.

For non-commercial state bodies funded directly by the Department, annual income and expenditure profiles are approved, monitored and controlled. For those not funded, monitoring of budget and expenditure and resources deployed is still required to ensure probity and best practice within each organisation. Ministerial approval is also needed where an increase/decrease in fees is requested by bodies which charge such fees.

5.1.1. Compliance with the Code of Practice for Governance for State Bodies

As well as complying with their obligations under legislation, the State bodies must comply with their obligations and responsibilities under the Department of Public Expenditure and Reform's Code of Practice for the Governance of State Bodies (2009, with an updated Code published in September 2016). The updated Code takes account of governance developments, public sector reform initiatives and stakeholder consultations. State Bodies under the aegis of the Department are required to confirm to the Minister that they comply with the Code of Practice for the Governance of State Bodies in their governance practices and procedures.

Each body is required to report annually to the Line Unit in the Department with responsibility for governance, on its compliance with all sections of the Code, including Board and director's responsibilities, compliance with codes of conduct, compliance with remuneration guidelines and procurement guidelines, its obligations under tax laws, legislative obligations, value for money and transparency, and all other functions specified in either legislation or contracts.

The updated Code of Practice has more detailed requirements for both the state bodies and the Department. A new requirement is that there is an Oversight Agreement – a written statement between the Minister/Department and the body under its aegis which clearly defines the terms of the Departments relationship with that body.

Under the updated Code the Department is required to agree a Performance Delivery Agreement (reviewed annually) with all bodies under its aegis including those which generate their own income and are not funded directly by the Exchequer.

Officials from the Unit in the Department with overall responsibility for governance of the body, hold at least two meetings during the year with the body specifically on corporate governance, service plans, workforce planning and other relevant matters. Other meetings are held as necessary.

5.1.2 Numbers and grades of staff in State bodies

The Department of Health, with the approval of the Department of Public Expenditure and Reform, approves the number and grade of staff in State bodies, except for the Voluntary Health Insurance Board, which is a commercial body.

5.2 Governance of the HSE

The HSE Directorate was established in 2013 following the enactment of the Health Service Executive (Governance) Act 2013. The Directorate is headed by the Director General as Chairperson, with other members of the Directorate being appointed by the Minister from persons employed as HSE National Directors. The Directorate is accountable to the Minister for the performance of the HSE's functions and is accountable to the Minister on behalf of the Directorate through the Secretary-General of the Department (see section 16C of the Health Act 2004, as inserted by section 7 of the Health Service Executive (Governance) Act 2013). The Director General is responsible for managing and controlling the administration and business of the HSE. This is undertaken on an operational basis through the Leadership Team and their supporting structures within the HSE.

The HSE has, under Section 35 of the Act, developed a Code of Governance, which has been approved by the Minister. The Code is reviewed and revised periodically (most recently in 2015).

The Code contains:

(*a*) the guiding principles applicable to the Executive as a public body having functions relating to health and personal social services;

(*b*) the structure of the Executive, including the roles and responsibilities of the Board and the Director General;

(*c*) the methods to be used to bring about the integration of health and personal social services;

(*d*) the processes and guidelines to be followed to ensure compliance with the reporting requirements imposed on the Executive by or under this Act;

(*e*) the Executive's internal controls, including its procedures relating to internal audits, risk management, public procurement and financial reporting; and

(*f*) the nature and quality of service that persons being provided with or seeking health and personal social services can expect.

The Executive indicates in its annual report its arrangements for implementing and maintaining adherence to the code of governance. In addition, since the Vote for the Executive has transferred to the Department of Health, the Department is strengthening its oversight of the HSE's compliance with its Code and also with the Code of Practice for the Governance of State Bodies.

The Health Service Executive (Governance) Act 2013 allows the Minister to issue directions to the HSE on the implementation of Ministerial and government policies.

Monthly meetings take place between the Department of Health and the HSE Directorate to monitor performance against the annual Service Plan. From a governance perspective the HSE will report annually to the Department on its compliance with the Code of Governance for State Bodies and any other relevant matters.

In addition to bodies directly under the Department's remit, there is a further complexity in relationships between the HSE and specific categories of bodies. The Health Act 2004 provides the legal framework for the HSE to enter into arrangements or agreements with two distinct categories of agencies/groups.

Section 38 (1) of the Act states that: *The Executive may, subject to its available resources and any directions issued by the Minister under section 10, enter, on such terms and conditions as it considers appropriate, into an arrangement with a person for the provision of a health or personal social service by that person on behalf of the Executive* and

Section 39 (1) states that: *The Executive may, subject to any directions given by the Minister under section 10 and on such terms and conditions as it sees fit to impose, give assistance to any person or body that provides or proposes to provide a service similar or ancillary to a service that the Executive may provide*.

In addition, Section 7(5) of the Health Act 2004 states that in performing its functions, the HSE shall have regard to services provided by voluntary or other bodies that are similar or ancillary to services that it is authorised to provide.

Each year the HSE provides funding to around 3,000 bodies, with approximately 39 section 38 bodies, coming within the HSE Employment Control Framework. Grants to the other agencies are covered under the provisions of Section 39 of the Health Act.

5.3 Bodies under the Aegis of the Department

Governance oversight for bodies under the aegis of the Department rests in a number of Units through the Department. Details of the body, persons with overall responsibility and establishing legislation are set out in Table 3 below.

A number of other Units must link with those responsible for overall governance of the State bodies as follows:

- Finance Unit leads on Estimates negotiations for the Department with the Department of Public Expenditure and Reform (DPER) and when finalised, arranges for their publication and a motion to be brought before the Dáil for its consideration. It works with Line Units to confirm the annual budget and related matters to each body in a letter of allocation each year.

  Finance Unit sets out in the Department's Financial Policies and Procedures the arrangements to be followed by Units and the respective bodies regarding the profiling of intended expenditure, regular drawdown of funds and monitoring of actual expenditure against profile.

- National HR Unit monitors the staffing of bodies under the Department's remit and manages the Minister's functions to approve the staffing arrangements of each body with the approval of the Minister for Public Expenditure and Reform. This includes arrangements with each body for developing business cases for staffing proposals, necessary sanctions from DPER, and engagement with the recruitment process, involving the Public Appointments Service.

- Governance Unit has developed a template form which requests information on each statutory body's compliance with the Code of Practice for Governance of State Bodies in a given year. The template is sent to each Line Unit which in turn sends it to the State body. It is completed and signed by the CEO/Registrar of the respective bodies and returned to the Line Unit. The Principal Officer co-signs the report and adds additional comments. This is returned to Governance Unit which provides an annual composite report to the Management Board on compliance of all bodies with the Code of Practice.

TABLE 3 below sets out the main features of the bodies under the aegis of the Department.

TABLE 3

5.3.1 DENTAL COUNCIL OF IRELAND

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
David O'Flynn, Registrar	Paul Bolger, Community Pharmacy, Dental, Optical and Aural Policy Unit	Minister for Health Protecting the public through registration and regulation of dentists and promoting high standards of professional education and professional conduct among registered persons.	Mainly self-funded. Department of Health provides funding for Education Manager's office Some funding from Department of Health Vote - Subhead E1	Dentists Act 1985 (under review)

Ministerial Requirements (arising from legislation) or Departmental requirements

- The Minister for Health appoints 4 Council members and may terminate the appointment of a member appointed by him.
- The Minister may by order direct the Council to discharge functions which it has failed, neglected or refused to perform. The Minister may remove the Council members from office for failure to comply with a direction given by him.
- Terms and conditions of employment and remuneration for the Registrar and staff of the Council are approved by the Minister with the consent of the Minister for Public Expenditure and Reform.
- Audited accounts of the Council are sent to the Minister for laying before the Houses of the Oireachtas.
- Ministerial consent is needed to borrow money for capital or current purposes.
- Ministerial consent is needed as to the level of registration fees charged.
- Ministerial consent is needed for establishing specialist registers and determining specialities to be recognised.
- For registered persons, the Minister is notified of erasure from the register as well as, restoration, suspension, termination of suspension or attachment of conditions
- The Minister consents to Schemes made by the Council for auxiliary dental workers or may order the Council to make Schemes.
- The Minister may assign functions to the Council under EU Directives.
- The Minister may request advice from the Council on matters relating to its functions.
- The Minister may make Regulations to give effect to any provisions of the Act.

5.3.2 FOOD SAFETY AUTHORITY OF IRELAND

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Pamela Byrne, CEO	Audrey Hagerty, Food Unit	Minister for Health Responsible for enforcing food safety legislation in around 50,000 food businesses in Ireland.	Department of Health Vote Subhead E1	FSAI Act, 1998

Ministerial Requirements (arising from legislation) or Departmental requirements

- FSAI must provide advice in relation to all food safety & food hygiene and on nutrition matters (as requested by the Minister).
- FSAI must provide a report at least annually on the state of food inspection services.
- FSAI must report to the Minister at least once per year on its activities during the year and this report is laid before both Houses of the Oireachtas.
- FSAI must provide financial statements, budgetary documentation and report any information on the scope of the FSAI's activities that the Minister sees fit.
- The Minister appoints members of the FSAI Board, FSAI's Food Safety Consultative Council (12 out of 24 members) and its Scientific Committee.
- The Minister sets terms for FSAI Board members and the CEO (with agreement/approval of Minister for Finance) and may remove members.
- FSAI CEO, Board members, Scientific Committee members and senior FSAI management must notify Minister of their interests.
- Ministerial consent is required for staff appointments and terms (with agreement of/approval from the Minister for Finance).
- FSAI must prepare and submit to the Minister schemes for the provision of superannuation benefits to staff of the FSAI.
- FSAI requires Ministerial consent to borrow money (with agreement/approval of the Minister for Finance).

5.3.3 FOOD SAFETY PROMOTION BOARD

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Ray Dolan, CEO	Audrey Hagerty, Food Unit	Minister for Health The FSPB/*Safe*food is principally charged with tasks involving food safety awareness-through public campaigns,	Funded by the North South Ministerial Council Department of Health's contribution is through Subhead E2	North/South Body set up under the Good Friday Agreement

		conferences, training and advising professionals and the general public		

Ministerial Requirements (arising from legislation) or Departmental requirements

- Accounts and annual reports submitted to the Minister and laid before both Houses of Oireachtas;
- The Minister selects some of the nominees to the Advisory Board for approval by both Ministers for Health at the North/South Ministerial Council (NSMC).
- The Minister agrees the Corporate Business Plan and Annual Business Plan with income and expenditure figures for approval at the NSMC.
- The Minister agrees the remuneration, allowances and expenses of the Chairperson, Vice-Chairperson and other members and other terms and conditions for approval by both Ministers at NSMC.
- The Minister may agree the dismissal of a person from the Board for approval by both Ministers at the NSMC.

The Minister selects some of the nominees to the Advisory Committee (including scientific experts and representatives of broader food safety interest) for approval by both Ministers for Health NSMC.

5.3.4 HEALTH AND SOCIAL CARE PROFESSIONALS COUNCIL (CORU)

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Ginny Hanrahan, Chief Executive Officer	Deirdre Walsh, Professional Regulation Unit	Minister for Health Its role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.	Department of Health Vote - Subhead E1 plus part funding from registration fees	Health and Social Care Professionals Act 2005

Ministerial Requirements (arising from legislation) or Departmental requirements

- Minister appoints all members of the Council and boards, with the consent of another Minister in some cases, including those nominated by registration boards or another Minister or co-opted by Council, and may remove members from office.
- Audit annual accounts presented and annual report submitted to the Minister and laid before Houses of the Oireachtas.

- Staff appointments and superannuation scheme require the Minister's approval and the consent of the Minister for Public Expenditure and Reform.

- Department monitors and controls expenditure and oversees annual business planning and medium term strategy

5.3.5 HEALTH INFORMATION AND QUALITY AUTHORITY

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Phelim Quinn, CEO	Dr Kathleen MacLellan, Patient Safety and Clinical Effectiveness	Minister for Health Its role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.	Department of Health Vote - Subhead E1 and income from fees	Health Act 2007

Ministerial Requirements (arising from legislation) or Departmental requirements

HIQA has a range of responsibilities to the Minister under the Health Act 2007 which include:-

- Submission of Corporate Plan every 3 years and Business Plan each year;
- Submission of annual Financial Statements and Annual Report to be laid before both Houses of Oireachtas;
- The Minister appoints the Chairperson and the members of the Board of the Authority.
- Ministerial consent is needed to acquire or dispose of assets.
- HIQA must seek Departmental approval to fill any replacement or new post within the Authority.
- HIQA must seek the Minister's approval for the appointment of authorised persons to monitor compliance with standards or to undertake investigations on behalf of the Authority.

5.3.6 HEALTH INSURANCE AUTHORITY

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Mr. Don Gallagher CE/Registrar	Patsy Carr, Health Insurance Unit	Minister for Health Regulation of the business of private health insurance in Ireland following the enactment of the European Union "Third Non-Life Insurance Directive". This Directive sets out the requirements of the internal market for Member States regarding non-life insurance, including health insurance.	None. In accordance with Section 17 of the Health Insurance Act, 1994, a levy on registered undertakings was introduced by regulation in order to fund the operations of the Authority.	The Health Insurance Acts 1994-2015 and regulations made thereunder.

Ministerial Requirements (arising from legislation) or Departmental requirements

- Annual Report and Accounts must be laid before both Houses of the Oireachtas.
- The Minister for Health has responsibility to appoint, re-appoint and remove members of the Board of the Health Insurance Authority.
- The Minister approves the Authority's Statement of Strategy.
- The Minister may with the consent of the Minister for Finance, (and insofar as the order relates to the supervision of registered undertakings, the Minister for D/JEI) confer on the Authority such additional functions in relation to health insurance and related matters as he/she considers appropriate.
- The Department of Health and D/PER agree the terms and conditions of employment and remuneration and superannuation of staff.

5.3.7 HEALTH RESEARCH BOARD

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Dr Graham Love, CEO	Kieran Smyth International and Research Policy Unit	Minister for Health The Board (HRB) is the lead agency in Ireland supporting and funding health research.	Department of Health Vote - Subhead B1	Health Research Board (Establishment) Order, 1986

Ministerial Requirements (arising from legislation) or Departmental requirements

- The Minister appoints all of the Board Members of the Board
- Remuneration and travelling and subsistence allowances determined by the Minister
- Ministerial consent required for appointment and removal of CEO
- Ministerial consent required in respect of employee numbers and remuneration
- Ministerial consent required to borrow money or sell, exchange, let or dispose of any land and purchase or lease land
- A copy of accounts and the auditor's certificate to be presented to Minister
- Minister may request that a person appointed by him examine the accounts of the Board
- Each year the Minister to receive a statement of proposed programme of research and estimated budgetary requirement, consistent with its Corporate Plan
- Minister to receive a report of the Board activities during the preceding year
- Minister may request information regarding the performance of the HRB

5.3.8 HEALTH SERVICE EXECUTIVE

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Tony O'Brien, Director	Various Units in DoH,	Minister for Health To provide safe, high quality health and personal social services to the population of Ireland.	Department of Health Various Subheads - H to L5	Health Act 2004

Ministerial Requirements (arising from legislation) or Departmental requirements

- The HSE must comply with the policies and objectives of the Government or any Minister of the Government to the extent that those policies and objectives may affect or relate to the functions of the Executive,
- The Minister may issue general written directions to the Executive
- In addition, the Minister may issue specific written directions to the Executive concerning the submission to the Minister, in such manner and within such period as the Minister may specify, of—
  (*a*) reports on any matter relating to *Part 7* or relating in any other way to the performance of the Executive's functions, even though such reports are the subject of a direction under *subsection (1)*, and
  (*b*) any information or statistics relating to the performance of the Executive's functions.
- The Executive shall comply with a direction issued by the Minister under this Act.
- The Minister shall ensure that, within 21 days after issuing a direction under *subsection (1)* or *(4)*, a copy of the direction is laid before both Houses of the Oireachtas.
- The Minister appoints the Board
- The Board shall inform the Minister of any matter that it considers requires the Minister's attention.
- The remuneration and allowances for expenses, if any, determined by the Minister out of money provided by the Oireachtas to a person appointed

- The Minister shall, on the recommendation of the Board, appoint a person to be the chief executive officer of the Executive.
- The Executive shall, with the approval of the Minister given with the consent of the Minister for Finance, determine—

(*a*) the terms and conditions of employment (including terms and conditions relating to remuneration and allowances) of employees appointed under this section, and
(*b*) the grades of the employees of the Executive and the numbers of employees in each grade.
The Executive shall prepare and submit to the Minister one or more than one scheme for granting superannuation benefits to or in respect of such employees (including the chief executive officer) of the Executive as it may think fit.

- A superannuation scheme submitted by the Executive under this section shall, if approved by the Minister with the consent of the Minister for Finance, be carried out by the Executive in accordance with its terms.
- Must submit its Annual Service Plan to the Minister and this must be approved by the Minister and laid before both Houses of the Oireachtas
- The Minister may refuse to approve a service plan unless it is amended in accordance with a direction issued by the Minister
- Annual report and audited accounts must be laid before the Houses of the Oireachtas

5.3.9 HEPATITIS C AND HIV COMPENSATION TRIBUNAL

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Karen O'Driscoll, SC, Chairperson	Michael Conroy, Cancer, Blood & Organs Policy Unit	Minister for Health To compensate, inter alia, persons infected with Hepatitis C as a result of the use of Human Immunoglobulin Anti-D or also with HIV as a result of the receipt of a blood transfusion or blood product within the Republic of Ireland.	Department of Health Vote - Subheads F3 and F4	Hepatitis C Compensation Tribunal Act, 1997. Hepatitis C Compensation Tribunal Amendment Act, 2002

Ministerial Requirements (arising from legislation) or Departmental requirements

- The Minister appoints the members of the Tribunal
- The Minister may make regulations giving effect to the Act and such regulations may, in particular but without prejudice to the generality of the foregoing, provide for all or any of the following matters— (a) vouching of items of special damage,
  (*b*) matters in relation to costs and expenses, (*c*) an official seal of the Tribunal.
- Every regulation made by the Minister under this Act shall be laid before each House of the Oireachtas as soon as may be after it is made
- The Minister may make arrangements to provide for the settlement of claims in respect of general and special damages by a claimant.
- The Tribunal shall submit a report of its activities and particulars of its accounts to the Minister at such time as the Minister directs.
- The Minister shall cause copies of such report to be laid before each House of the Oireachtas

5.3.10 IRISH BLOOD TRANSFUSION SERVICE

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Andrew Kelly CEO	Michael Conroy, Cancer, Blood & Organs Policy Unit	Minister for Health Ensures that there is an adequate supply of blood products, which meet the highest standards of quality and safety to the Irish health system.	Self-funding	SI 78 OF 1965

Ministerial Requirements (arising from legislation) or Departmental requirements

- Accounts are laid before both Houses of Oireachtas
- The Minister appoints all the members of the Board including the Chair
- The Board may, with the consent of the Minister , borrow money and purchase or take on lease any land
- The Board may, with the consent of the Minister, sell, exchange, let or otherwise dispose of any land vested in the Board
- The Minister may, whenever and so often as he thinks fit, declare that any of the powers conferred on the Board by this article shall be exercisable only with the consent of the Minister, and whenever any such declaration is in force, the said powers may, in relation to any office or employment to which the declaration applies, be exercised only with such consent.

5.3.11 HEALTH PRODUCTS REGULATORY AUTHORITY

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Dr Lorraine Nolan, Chief Executive Officer	Eugene Lennon, Medicines, Controlled Drugs and Pharmacy Legislation Unit	The Health (Delegation of Ministerial Functions) Order 2014 (S.I. No. 532 of 2014), delegated functions relating to the HPRA to Kathleen Lynch, Minister of State	The HPRA is largely self-funded by a fees system which is approved by the Minister for Health. Some funding provided by the Department of Health Vote-Subhead E1	Irish Medicines Board Acts 1995 and 2006

Ministerial Requirements (arising from legislation) or Departmental requirements

- The Minister appoints the Chairperson and members of the Authority.
- The Minister appoints members to the Advisory Committees.
- The HPRA submits an Annual report to the Minister. The Financial Statements are audited by the C&AG and are laid before the Houses of the Oireachtas.
- The Board of the Authority requires the consent of the Minister and the Minister for Finance to borrow money
- The fees charged by the Authority are approved by the Minister.
- The Department has quarterly meetings with the Authority to monitor activities and to ensure that Government procedures and requirements are followed.
- The Department works closely with the Authority on the achievements and the strategic objectives set out in the Authority's service plan.
- The Department liaises with Public Appointments Service with regard to appointments to the Authority.
- The Department, in consultation with the Department of Public Expenditure and Reform approves staffing requirements for the Authority.
- The HPRA is charged with establishing and publishing on its website a List of Interchangeable Medicinal Products. Under Section 5(4) of the Health (Pricing and Supply of Medical Goods) Act 2013, the Minister may request the HPRA to add a medicinal product, or group of medicinal products, to this List.

5.3.12 MEDICAL COUNCIL OF IRELAND

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Bill Prasifka, CEO	Mary Jackson, Governance and Clinical Indemnity Unit	Minister for Health Protecting patients by promoting and ensuring high standards amongst doctors registered in Ireland	Self-funded through income from fees of registrants	Medical Practitioners Act 2007

Ministerial Requirements (arising from legislation) or Departmental requirements

- Accounts and annual report must be presented to the Minister and laid before the Houses of Oireachtas
- The Minister nominates some and appoints all the members of the Board of the Council
- Ministerial consent needed to dispose of assets
- The Minister sets policy direction for the body and may give policy directions in writing to the Council
- The Minister approves the Strategy Statement and may request that it be amended.
- The Minister approves the business plan with income and expenditure figures and this must be placed before both Houses of the Oireachtas.
- The Minister, or a person authorised by the Minister may give a notice in writing to the Council to require the Council to provide information in relation to the performance of the Council's functions

- The Minister may by order passed in both Houses of the Oireachtas, confer on the Council such additional functions as he sees fit.
- The Minister may give general policy directions in writing to the Council in relation to the performance by the Council of its functions except any such functions (*a*) relating to the professional conduct and ethics of registered medical practitioners, or (*b*) under any of *Parts 7*, *8* and *9* of the 2007 Act.
- The DoH and DPER agree the terms and conditions of employment and remuneration of staff.

5.3.13 MENTAL HEALTH COMMISSION

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Patricia Gilheaney, CEO	Colm Desmond, Mental Health Unit	Minister for Health It is the regulator across all mental health services in Ireland	Department of of Health Vote - Subhead E1	Mental Health Act, 2001

Ministerial Requirements (arising from legislation) or Departmental requirements

- Accounts and annual report must be laid before both Houses of Oireachtas.
- The Minister nominates some and appoints all of the members of the Board of the Commission. The Minister appoints a member of the Commission to be chairperson.
- The Minister may remove a member of the Commission if, in the Minister's opinion, the member has become incapable of performing his/her functions, or it is necessary for the effective performance of the Commission.
- The Minister may request the Commission to conduct an inquiry into activities of an approved centre, or care and treatment provided to a specified patient, or any other matter in respect of which an inquiry would be appropriate.
- The Minister may, by order passed in both Houses of the Oireachtas, confer on the Commission such additional functions as he sees fit.
- The Minister may request the Commission to furnish information concerning or relating to the scope of its activities, or in respect of any account or report prepared.
- The DoH and DPER agree the terms and conditions of employment and remuneration and superannuation of staff.

5.3.14 NATIONAL CANCER REGISTRY

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Professor Kerri Clough Gorr	Michael Conroy, Cancer, Blood & Organs Policy Unit	Minister for Health Set up to record information on all cancer cases occurring in Ireland and has been collecting such data since 1994.	Department of Health Vote - Subhead E1	Established under the Health (Corporate Bodies) Act SI No 19/1991 and SI No 293/1996, amended by Section 65 of the Health (Miscellaneous Provisions) Act (No. 25 of 2009).

Ministerial Requirements (arising from legislation) or Departmental requirements

- The Board and Chairman of the Board are appointed by the Minister.
- The Board shall submit to the Minister a statement of its estimated budgetary requirement in respect of the following financial year
- A copy of the accounts and the auditor's certificate and report should be presented to the Minister within six months of the ending of the financial year to which they refer.
- The Minister may appoint a person to examine the books and accounts of the Board in respect of any financial year or other period.
- The Board shall in each year, not later than such day as the Minister shall direct, make a report to the Minister of its activities during the preceding year.
- The Minister may request information regarding the performance of its functions from time to time.
- The Board may, with the consent of the Minister and the approval of DPER, appoint on a contract basis, such and so many employees as the Board may think proper. The DoH and DPER determine the remuneration and conditions of service of staff.
- Ministerial consent is needed to (1) borrow money (2) sell, exchange, let or otherwise dispose of any land vested in it and, purchase or take on lease any land.

5.3.15 NATIONAL HAEMOPHILIA COUNCIL

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Administration provided by HSE	Michael Conroy	Minister for Health It advises the Minister on all aspects of Haemophilia	HSE	SI 451 of 2004

Ministerial Requirements (arising from legislation) or Departmental requirements

- The Minister appoints the members of the Council.
- The terms and conditions relating to the remuneration, superannuation and allowances for expenses of the Chief Officer shall be such as may be determined from time to time by the Minister, with the consent of the Minister for Finance

5.3.16 PAEDIATRIC HOSPITAL DEVELOPMENT BOARD

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
John Pollock, (Project Director)	Fionnuala Duffy, Acute Hospitals Policy Unit 2	Minister for Health Responsible for the planning, design, building and equipping of the new national children's hospital, to be co-located with St James's Hospital on its campus.	HSE	SI 246 of 2007 the National Paediatric Hospital Development Board (Establishment) Order, 2007

Ministerial Requirements (arising from legislation) or Departmental requirements

- Accounts and annual report must be laid before both Houses of Oireachtas
- The Minister nominates Chairperson and appoints all the members of the Board; Members resign by writing to the Minister; Minister may remove members for stated reasons
- remuneration for Chairperson may receive such as may from time to time be determined by the Minister
- Board appoints staff with consent of Minister; The DoH and DPER agree the terms and conditions of employment and remuneration and superannuation of staff
- The Board may, with the consent of the Minister, purchase, lease or exchange, hire or otherwise acquire, and hold, manage, develop, sell, dispose of, or lease any property, real or personal, and any interest therein.
- The Board shall plan, design, build, furnish and equip a national paediatric hospital ("the hospital") in accordance with a brief approved by the Executive with the prior consent of the Minister, and subject to any subsequent variations to this brief as may be determined by the Executive in consultation with the Board, and with the prior consent of the Minister;
- The Board shall keep the Minister and the Executive informed of progress and provide such information relating to the discharge of its functions as may be requested by the Minister or the Executive.

5.3.17 NATIONAL TREATMENT PURCHASE FUND

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Jim O'Sullivan, CEO	Marita Kinsella, Acute Hospitals Policy Unit 1	Minister for Health Supports the delivery of the reform of the scheduled and unscheduled care pathway with all of the clinical and managerial leaders in individual hospitals.	Department of Health Vote - Subhead E1	National Treatment Purchase Fund Board (Establishment) Order, 2004

Ministerial Requirements (arising from legislation) or Departmental requirements

- The NTPF Board is responsible for making arrangements with persons for the provision of hospital treatment to such classes of persons as may be determined by the Minister
- It must perform any other function in relation to the purchase of hospital treatment that the Minister may assign to it.
- The Board must submit estimates of income and expenditure to the Minister and shall furnish the Minister with any information required in relation to these estimates.
- Within 20 working days of having been notified of its grant/grants for a financial year, the Board must submit a service plan to the Minister for the year.
- The Board shall keep all proper and usual accounts of all moneys received or expended by it, including an income and expenditure account and balance sheet and any special accounts as the Minister may direct.
- A statement of accounts of the Board for each financial year shall be prepared and after such preparation be subject to audit by the C&AG
- The Board must provide the Minister with an annual report and this, along with the financial statements, must be laid before both Houses of Oireachtas.
- The Board must furnish the Minister with information relevant to the performance of its functions, if requested by Minister.
- The Board may, subject to the approval of the Minister, with the consent of the Minister for Finance, appoint members of staff and in appointing any member of staff, the Board shall comply with any directions given by the Minister relating to the procedure to be followed. The Board shall, subject to the approval of the Minister, with the consent of the Minister for Finance, determine the remuneration and conditions of service of these members of staff.
- The Board shall, subject to the approval of the Minister, with the consent of the Minister for Finance, determine the grades of the staff of the Board and the numbers of staff in each grade.

- The Minister appoints all members of the Board

5.3.18 NURSING AND MIDWIFERY BOARD OF IRELAND

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Mary Griffin, CEO	Larry O'Reilly, Chief Nursing Officer's Office	Minister for Health It protects public health. It is the regulatory body for the nursing and midwifery professions.	NMBI is self-funding but funding is also provided through the Department of Health Vote - Subhead E1	Nurses and Midwives Act 2011

Ministerial Requirements (arising from legislation) or Departmental requirements

- CEO is accountable to Dáil Eireann;
- The Board with the consent of the Minister of and the Minister for Public Expenditure and Reform, to acquire, hold and dispose of land or an interest in land, and to acquire, hold and dispose of any other property;
- The Board shall advise the Minister, either at the Minister's request or on its own initiative, on all matters relating to the other functions (i.e. not already listed in section of the Act) conferred on it by any provision of this Act;
- The Board may, with the approval of the Minister, make rules for the purposes of the better operation of any provision of this Act. The Board shall not make rules relating to a professional competence scheme except with the consent of the Minister and the Minister for Public Expenditure and Reform;
- CEO to disclosure information related to offences (Note: other bodies/ persons are also informed);
- The Board to publish the Statement of Strategy and business plan;
- The Board may, with the consent of the Minister for Finance and the Minister for Public Expenditure and Reform, borrow money for capital or current purposes;
- The Board appoints persons recruited through the PAS with the approval of the Minister and the Minister for Public Expenditure and Reform;
- The Board notifies the Minister of sanction to the registration of nurses or midwives

5.3.19 PHARMACEUTICAL COUNCIL OF IRELAND

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Niall Byrne, Registrar	Eugene Lennon, Medicines, Controlled Drugs and Pharmacy Legislation Unit	Minister for Health.	Self-funded, except for Department of Health grant for the Irish Institute of Pharmacy - Subhead E1	Pharmacy Act 2007

Ministerial Requirements (arising from legislation) or Departmental requirements

- The PSI annual report and financial statements are submitted to the Minister and are then laid before both Houses of Oireachtas by the Department.
- The PSI prepares and submits an annual service plan (does not require Ministerial approval) and a Corporate Strategy (2013-2017).
- The PSI Council has 21 members who are all appointed by the Minister. (Nine members are appointed at the Minister's discretion following the Public Appointments process).
- The Minister has the power to remove members of the Council.
- Ministerial consent required to charge/vary fees charged by the PSI.
- The DoH and DPER agree the terms and conditions of employment, remuneration and superannuation of PSI staff including the Registrar/CEO.
- It is the duty of the PSI to give the Minister information and advice on matters relating to its functions when requested by the Minister.
- The Minister may confer additional functions on the PSI.
- Rules made by the PSI under the Pharmacy Act 2007 are subject to the consent of the Minister and when made are submitted to the Minister for laying before both Houses of the Oireachtas.
- The PSI Code of Conduct for pharmacists is subject to the consent of the Minister and is laid before both Houses of the Oireachtas.

5.3.20 PRE-HOSPITAL EMERGENCY CARE COUNCIL

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
Peter Dennehy, CEO	Joan Regan, Acute Hospitals Unit	Minister for Health The Council is an independent statutory body which sets the standards for education and training for pre-hospital emergency care in Ireland.	Department of Health Vote - Subhead E1	SI No 109 of 2000 Pre Hospital Emergency Care Council (Establishment) Order, 2000

Ministerial Requirements (arising from legislation) or Departmental requirements

- The Council submits an annual report of its activities during the preceding year to the Minister.
- Annual Accounts must be laid before both Houses of Oireachtas
- The Council is obliged to submit information regarding the performance of its functions as and when requested by the Minister

- The Minister nominates some and appoints all the members of the Board of the Council
- Ministerial consent is needed to dispose of assets
- The Council may set and charge fees with Ministerial consent
- The Council may engage consultants as necessary from its allocated funding with Ministerial consent
- The Council is obliged to undertake any additional functions as assigned by the Minister
- The Council with consent from DoH and DPER will determine the remuneration and conditions of service of its officers.
- The Minister approves the Strategy Statement and may request that it be amended.

5.3.21 VOLUNTARY HEALTH INSURANCE BOARD

Accountable Person (i.e. Head of Office)	Principal Officer in DoH liaising with Body	Principal Minister or Department Functions	Exchequer Funding Source	Governing Legislation
John O'Dwyer Chief Executive	Patsy Carr, Health Insurance Unit	Minister for Health	Self-funding The Voluntary Health Insurance Board has sole responsibility for its assets and liabilities and has no recourse to State funds.	The Voluntary Health Insurance Acts 1957-2008 and Regulations made thereunder

Ministerial Requirements (arising from legislation) or Departmental requirements

The VHI's Annual Report and Accounts must be laid before both Houses of the Oireachtas.

The Minister for Health has responsibility to appoint, re-appoint and remove members of the Voluntary Health Insurance Board.

The remuneration level of the CEO of the VHI is determined by the VHI Statutory Board with the approval of the Minister for Health and the consent of the Minister for Public Expenditure and Reform.

5.3.21.1 Governance in the Voluntary Health Insurance Board (Vhi)

The Voluntary Health Insurance Board is the only commercial State Body under the aegis of the Department. The relationship between the Minister for Health and the Voluntary Health Insurance Board and its subsidiary Vhi Group Limited and in turn, its subsidy Vhi Insurance DAC is set out in an agreed Relationship Framework. VHI Insurance DAC was authorised as a non-life insurance undertaking by the Central Bank on 22 June 2015. Following the signing of S.I 324 of 2015 [Voluntary Health Insurance (Amendment) Act 2008 (Transfer Day) Order 2015] by the Minister for Health, the insurance business of the Vhi Statutory Board was transferred to Vhi Insurance DAC with effect from 31 July 2015. In addition, Vhi Healthcare Limited was also authorised on 22 June 2016 as an insurance intermediary. It is responsible for the sale of health insurance and diversified products underwritten by Vhi Insurance Ltd. All responsibility for the selling and underwriting of insurance business has been transferred from the Voluntary health Insurance Board to Vhi Healthcare Limited and Vhi Insurance DAC respectively.

Vhi is a commercial entity operating in a competitive private health insurance market and the Framework Agreement specifies the future governance arrangements including Board appointments. As there are significant advantages for good governance of the same individuals occupying directorship positions it is intended that the membership of the Voluntary Health Insurance Board, Vhi Group Limited and Vhi Insurance DAC will mirror each other.

The Minister for Health retains sole responsibility under the Voluntary Health Insurance Acts 1957-2008 to appoint, re-appoint and remove members of the Voluntary Health Insurance Board. However, consistent with existing practices and good governance procedures, all proposed appointments to the Voluntary Health Insurance Board should meet the requirements of the Central Bank of Ireland under its fitness and probity rules and all proposed appointments to Vhi Insurance Dac shall be subject to the approval of the Central Bank of Ireland under its Corporate Governance Code for Insurance Undertakings 2015.

5.3.22 Other Bodies

Other bodies under the aegis of the Department can be viewed on the Department of Public Expenditure and Reform's website www.stateboards.ie

5.3.22.1 Statutory Advisory Committees

Appointments to the Advisory Committees to the Food Safety Authority of Ireland (FSAI) and the Health Products Regulatory Authority (HPRA) are nominated by those bodies because of their specific technical expertise. Appointments to these bodies are not subject to the Department of Public Expenditure and Reform Guidelines, which require using the Public Appointments Service, as the experts required are often very limited in number and may have to remain on the advisory committees for a number of years because of this uniqueness. In each case the parent body (FSAI and HPRA) complies fully with the requirements of the Government Decision and Department of Public Expenditure and Reform Guidelines on appointments to the Board.

5.3.22.2 Hospitals

Under legislation members are appointed by the Minister to Beaumont Hospital, St James's Hospital, Tallaght Hospital, Dublin Dental Hospital and Leopardstown Park Hospital. Each of those hospitals is funded by the HSE under section 38 of the Health Act and their governance is the responsibility of the HSE. However, appointment of board members, where the Minister has nominating rights, is carried out in accordance with the Government Decision and Department of Public Expenditure and Reform Guidelines on appointments to State Boards, because each is a statutory board in its own right.

The Hospital Group Boards, which are administrative in nature, are listed on www.stateboards.ie as it is intended that they will eventually be placed on a statutory footing.

5.3.22.3 Consultative Council on Hepatitis C

The Consultative Council on Hepatitis C was established by the Minister for Health and Children in 1996 by Statutory Instrument (S.I. No 339 of 1996), to advise the Minister on all matters relating to Hepatitis C for persons who were infected by Hepatitis C through the administration within the State of blood and blood products. Its activities are funded by the HSE.

5.4 Appointments to State Boards

Arrangement for appointment to State Boards (commercial and non-commercial) are set out in the 'Guidelines on Appointments to State Boards' (2014). According to the Guidelines, all vacancies (subject to limited and specified exceptions including the role of the Chair) are advertised openly on the State Boards portal (www.stateboards.ie), operated by the Public Appointments Service (PAS). Applications are then processed by way of a transparent assessment system designed and implemented by the PAS to support the Minister in making appointments to State Boards under his/her remit. Appointments meet specific and detailed criteria determined in consultation with key stakeholders (such as the current Chair of the State Board concerned and the Public Appointments Service) as necessary for the effective performance of the relevant role(s).

Appendix 1 - Main legislation relating to the Department of Health

Assisted Decision-Making (Capacity) Act 2015

Mental Health (Amendment) Act 2015

Health Insurance (Amendment) Act 2015

Health (General Practitioner Service) Act 2015

Public Health (Standardised Packaging of Tobacco) Act 2015

Misuse of Drugs (Amendment) Act 2015

Health Insurance (Amendment) Act 2014

Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014

Health (Miscellaneous Provisions) Act 2014

Health (General Practitioner Service) Act 2014

Health Service Executive (Financial Matters) Act 2014

Health Identifiers Act 2014

Public Health (Sunbeds) Act 2014

Protection of Life During Pregnancy Act 2013

Health (Amendment) Act 2013

Health Service Executive (Governance) Act 2013

Public Health (Tobacco) (Amendment) Act 2013

Health Insurance (Amendment) Act 2013

Health (Pricing and Supply of Medical Goods) Act 2013

Health (Alteration of Criteria for Eligibility) Act 2013

Health and Social Care Professionals (Amendment) Act 2012

Health Insurance (Amendment) Act 2012

Criminal Justice (Female Genital Mutilation) Act 2011

Clotting Factor Concentrates and Other Biological Products Act 2012

Health (Provision of General Practitioner Services) Act 2012

Nurses and Midwives Act 2011

Health Insurance (Miscellaneous Provisions) Act 2011

Public Health (Tobacco) (Amendment) Act 2011

Medical Practitioners (Amendment) Act 2011

Health (Amendment) (NO. 2) Act 2010

Health (Miscellaneous Provisions) Act 2010

Health (Amendment) Act 2010

Health (Miscellaneous Provisions) Act 2009

Public Health (Tobacco) (Amendment) Act 2009

Nursing Homes Support Scheme Act 2009

Health Act 2008

Mental Health Act 2008

Health (Miscellaneous Provisions) Act 2007

Medical Practitioners Act 2007

PHARMACY ACT 2007

Health Act 2007

HEALTH (NURSING HOMES) (AMENDMENT) ACT 2007

Hepatitis C Compensation Tribunal (Amendment) Act 2006

Irish Medicines Board (Miscellaneous Provisions) Act 2006

Health and Social Care Professionals Act 2005

Health Amendment Act (2005)

Health Act 2004

Health (Amendment) Act 2004

Public Health (Tobacco) (Amendment) Act 2004

Health Insurance (Amendment) Act 2003

Hepatitis C Compensation Tribunal (Amendment) Act, 2002

Public Health (Tobacco) Act, 2002

Mental Health Act, 2001

Health Insurance (Amendment) Act, 2001

Health (Miscellaneous Provisions) Act, 2001

Food Safety Authority of Ireland Act, 1998

Control of Clinical Trials and Drugs Act 1990

Control of Clinical Trials Act 1987

MISUSE OF DRUGS ACT, 1984

Health Act, 1953

Health Act, 1947

Appendix 2 - Terms of Reference of the Management Board

1. Department's Aim and Functions

The overall vision in the Civil Service Renewal Plan is "*to provide a world class service to the State and to the people of Ireland*."

The Department of Health's vision is to set policy aimed at "*a Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility*."
Our overall aim is to improve the health and wellbeing of people in Ireland by:

- keeping people healthy;
- providing the healthcare people need;
- delivering high quality services; and
- getting best value from health system resources.

It is important that Government and the public have confidence that the Department's staff are effectively working towards reaching the overall policy goals of a Healthy Ireland.

2. Department's approach to policy making

Health policy can be defined as the "decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society.(WHO, 2011)
Overall health policy is set by Government. The Secretary General and the Management Board set the overall strategic direction for the Department of Health in accordance with Ministerial priorities and the overall budget assigned to the Department. The Department's role includes:

- advising on the strategic development of the health and social care system including policy and legislation;
- evaluating the performance of the health and social services; and
- working with other Government Departments and sectors to enhance people's health and well-being.

In order to effectively carry out its role the Department must deliver:

- Leadership and policy direction for the health sector to improve health outcomes
- Governance and performance oversight to ensure accountable and high quality services
- An organisational environment where, on an ongoing basis, high performance is achieved and the knowledge and skills of staff are developed

It must also collaborate with other Government Departments and sectors to achieve health priorities and contribute to wider social and economic goals

3. Membership of the Management Board

The members of the Department's Management Board are:

The Secretary General

Deputy Secretary General: Governance and Performance

Deputy Secretary General: Policy and Strategy

Chief Medical Officer

Assistant Secretary: Acute Care

Assistant Secretary: Finance and Evaluation

Assistant Secretary: National Human Resources

Assistant Secretary: International & Research Policy, Information and External ICT

Assistant Secretary: Nursing, Midwifery, Mental Health, Drugs and Social Inclusion

Assistant Secretary: Primary Care

Assistant Secretary: Social Care.

While not a member, the Special Adviser to the Minister may attend Management Board meetings for discussion on non-corporate matters. The Management Board may also be assisted from time to time by other officials who deliver presentations on major policy and management issues.

Board members have a responsibility to act in the best interests of the Department as a whole and are expected to take a wider corporate view of issues as well as those specific to their respective Divisions. Decisions at the Management Board will be taken as a collective. Where a consensus is not possible, the Secretary General will recommend a course of action, in consultation with other members, based on the overall view being expressed by members.

4. Relationship with Minister, Minister of State and Special Adviser(s)

Formal meetings of the Management Board and the Minister (and Ministers of State) are generally scheduled on a monthly basis. Special advisers attend as well.

The agenda for these meetings is agreed between the Secretary General and the Minister and Ministers of State but standing agenda items include an update on significant issues (compiled by Management Board members), an update on the Department's legislative

programme (compiled by Corporate Legislation Unit) and an update on progress on the Minister's priority projects on health reform.

The Minister may meet each of the Divisions during the year to review progress on objectives.

The agenda of monthly Management Board meetings with the Minister, include, but are not limited to:

- Government priorities;
- Strategy;
- Key issues;
- Department performance; and
- Performance of the agencies falling within the remit of the Department.

5. Roles

The Secretary General is the Chairperson of the Management Board. The role of the Chairperson includes:

a) Scheduling and chairing regular meetings;
b) Deciding, in consultation with relevant Management Board members as appropriate, the agenda for formal meetings of the Board; and
c) Ensuring the Management Board considers any significant issues which may impact on the Department's medium term capacity and capability or significant risks to delivery on its objectives, together with details of mitigating actions proposed or taken.

The role of the members of the Management Board includes:

a) Regular attendance and active participation at meetings of the Board;
b) Specific responsibilities arising from their individual roles as Board members;
c) Participating proactively in the management of the whole Department and not focusing only on their own functions in providing leadership and strategic direction, and driving and overseeing the implementation of strategies;
d) Using their experience to challenge and critically examine items under discussion by the Board;
e) Notifying the Board of any matters that threaten the propriety or value for money with which the Department carries out its business; and

f) Notifying the Board of any significant issues which may impact on the Department's medium term capacity and capability or significant risks to delivery of its objectives, together with details of mitigating actions proposed or taken.

6. Committees

Committees or working groups are formed as required to meet the corporate objectives of the Department.

7. Decisions and Reporting

The Board acts as a leadership and management team for the Department. It operates on the principles of shared participation and personal and corporate responsibility. Each member of the Board has responsibility for their own area but also has a responsibility, as a Management Board member, to contribute to the shared corporate goals of the Department.

Decisions of the Board are taken by the Board as a collective. Where a consensus is not possible, the Secretary General will recommend a course of action, based on the overall view being expressed by members.

The Secretary General has made a number of assignments under section 4 (1) of the Public Service Management Act 1997 at Deputy Secretary and Assistant Secretary level to ensure that Management Board members have the authority necessary to give effect to shared and individual responsibilities. Further information on the Framework of Assignments is detailed at Chapter 2 paragraph 8.

The role of members of the Board is complimentary to and does not conflict with the existing statutory roles of the Secretary General or of the Accounting Officer.

Decisions of the Management Board are recorded and minutes are published on the Department's Intranet and on the Department's website, in line with the provisions of the Freedom of Information Act 2014.

Generally, the Management Board considers issues in line with the action plan of the 2015-2017 Statement of Strategy (and as set out in annual Unit business plans) but (as set out below), the Management Board may consider any issue it deems relevant.

The Management Board approves certain statutory reports, some for submission to the Minister such as:

1. The Department's Statement of Strategy
2. The Department's Annual Report
3. The Department's Risk Register

Issues considered by the Management Board and which may require decisions include:

a) Major strategic challenges confronting the Department and strategies affecting the long term interests of the Department (including IT, financial and Human Resource allocation, Human Resources strategies);
b) Ensuring that cross-cutting and longer term issues are fully accounted for in resource planning, policy formulation and advice;
c) Budget allocation and performance, including progress of spending against profile (analysis of the Department's Vote);
d) Progress and status of major legislative initiatives being undertaken within the Department;
e) Progress and status of major projects against expected timeframes and budget;
f) Issues relating to Bodies under the aegis of the Department; and
g) Policy issues, including the implementation of Ministerial policies

In considering issues, the Management Board seeks to

h) Ensure effective communication throughout the organisation including dissemination of information on the role and decisions of the Management Board where appropriate, driving engagement with staff and communication with external stakeholders;
i) Ensure appropriate High-level consideration of significant management decisions made;
j) Ensure Strategic Human Resources and Organisational Capacity & Capability Reviews are conducted periodically;[6]
k) Ensure that opportunities exist to exploit and embrace technology and innovation to transform how services are delivered; and
l) Ensure that governance arrangements for the Department and the agencies under its aegis are reviewed.

[6] The Department will have regard to any recommendations emerging from the Organisational Capability Reviews to be established under Action 20 of the Civil Service Renewal Plan.

8. Performance and Evaluation

The Management Board will review these terms of reference at least annually and will amend them where it considers appropriate.

9. Management Board Information / Documentation

Management Board papers, where relevant, will be available to members in a timely manner (at least one working day previous to the date of the meeting of the Board). They should be relevant and concise and adequate to enable members to understand the background and context of the issues under discussion.

The agenda for formal meetings of the Board (which are usually held weekly on a Monday) is approved in advance by the Secretary General, except where responsibility for the agenda has been delegated to a Deputy Secretary.

Where necessary and appropriate, relevant officials of the Department are invited to attend Management Board meetings on particular matters.

10. Support to the Management Board

Papers for formal meetings are collated by the Private Secretary to the Secretary General and circulated as early as possible in the week preceding the meetings. The Secretary (Assistant Principal level) to the Management Board attends formal meetings and drafts the minutes, which are agreed by the Management Board. The Secretary also advises the Chairperson of any issues arising.

11. Internal Working Groups and Management Structures

Generally, where issues arise for consideration at Management Board level, they are brought there for consideration by the relevant Management Board member, supported by the relevant Unit.

From time to time, the Management Board may approve the establishment of working groups comprised of officials from different Units to address particular issues. Sometimes the working groups may include external stakeholders. In approving such working groups, the Management Board will nominate a chairperson who will report on progress to the Management Board, either directly, or through their Management Board member.

Appendix 3 Department of Health Audit Committee Charter

1 Policy Statement

The Department of Health (Department) recognises the significant contribution to good governance and effective internal control made by an efficient and effective Audit Committee. The Department supports the Audit Committee in discharging its responsibilities; respects its independence and undertakes to provide adequate resources to enable the Audit Committee to properly discharge its functions.

2 Purpose

The Audit Committee is part of the control environment, tasked with providing independent advice to the Secretary General regarding the suitability and robustness of the Department's internal control systems and procedures.

3 Authority

The Audit Committee is appointed to provide independent advice to the Secretary General and is responsible to him/her for its performance in this regard.

The Secretary General authorises the Audit Committee to:

3.1 Arrange investigations into matters within its scope of responsibility;

3.2 Seek any information it may require from officers of the Department;

3.3 Retain outside expertise to advise on the conduct of their activities or any special investigations (subject to financial approval by the Secretary General).

4 Membership

4.1 The Secretary General will appoint members and the Chairperson. The Audit Committee will consist of a minimum of four members, and include at least two members external to the Department.

4.2 The Chairperson of the Committee should come from outside the Department, and has right of access to the Secretary General.

4.3 At least one of the Audit Committee members should have recent and relevant financial experience.

4.4 The role requirements will be clearly communicated to potential members at the outset including time commitments and an indication of frequency of meetings.

4.5 Members may serve up to three years, with the option to extend by up to three years, or for such shorter period as the Secretary General may decide. .

4.6 A statement of members' interests will be prepared on an annual basis.

4.7 Where a conflict of interest arises in the course of the work of the Audit Committee, the member will bring this to the attention of the Chairperson and, where necessary, leave the room for the duration of the discussion and not take part in any decisions relating to the discussion. A note to this effect will be included in the minutes of the meeting.

4.8 Any vacancies which arise will be filled in line with the criteria by which the original members were appointed.

5 Meetings

5.1 To facilitate regular engagement with the Department, the Audit Committee will meet at least quarterly, with the authority to convene additional meetings as circumstances require.

5.2 All committee members are expected to attend each meeting.

5.3 A quorum of three will be required for each meeting. Where the Chairperson is unavailable for a specific meeting, the attending members will nominate an external member to act as chair for that meeting.

5.4 The Audit Committee should invite members of management, internal auditors or others to attend meetings and provide information, as necessary.

5.5 The Audit Committee (or at least the Chairperson) should meet with the Secretary General annually.

5.6 Meeting agendas will be prepared and provided in advance to members, along with appropriate briefing materials.

5.7 Minutes will be prepared and circulated to the Secretary General and MAC within ten working days of the date of the meeting.

5.8 Appropriate records of the work of the Audit Committee will be maintained.

6 Functions

The Audit Committee will carry out the following functions:

Internal Control

- Advise on the Department's internal control systems, including information technology security and control.
- Obtain and review internal audit reports, significant findings and recommendations together with management responses.
- Monitor management's implementation of audit recommendations from internal audit, external audit and other sources.

Governance and Risk Management

- Advise on the systems of control underlying the risk management framework and processes, including:

- receiving feedback from the Head of Internal Audit and the Department's management on the effectiveness of the risk management process; and
- taking such feedback into account for input into the priorities of the Internal Audit Unit work programme.

Internal Audit

- Review assessments of the internal audit function, including compliance with the Internal Audit Standards[7].
- Review with the Head of Internal Audit, and as necessary discuss with management, the Internal Audit Unit's charter, audit plans, activities, staffing, and organisational status.
- Receive progress reports on the audit plan assignments.
- Raise any concerns with Secretary General regarding the independence of the Internal Audit unit.
- On a regular basis, meet separately with the Head of Internal Audit to discuss any matters that the Audit Committee or Internal Audit Unit believes should be discussed privately.

External Audit

- On at least an annual basis, meet with the nominee of the Comptroller and Auditor General.
- Review the Internal Audit working relationship and liaison with the nominee of the Comptroller and Auditor General to ensure co-operation, avoidance of duplication and potential gaps in audit coverage.
- Review the external audit management letter and the Departmental response.

Financial Management

- Advise on the systems of control underlying the financial management processes, including:
  - reviewing the results of the external audit; and
  - reviewing the procedures and practices associated with financial management and budgeting.

Reporting Functions

- Regularly report to the Secretary General about audit committee activities, issues, and related recommendations by:
  - circulating to the Secretary General and the MAC Subcommittee on Internal Financial Control and the Comptroller and Auditor General, the agreed minutes of audit committee meetings as a matter of normal practice;
  - submitting an annual report to the Secretary General, within three months following year end, of the activities of the Audit Committee; and
  - availing of the Chairperson's right of access to the Secretary General.

[7] *Evaluation of conformance with the IIA Standards is required periodically under Standard 1300, the results of which will be communicated to the Secretary General and Audit Committee.*

- Provide an open avenue of communication between internal audit, the Office of the Comptroller and Auditor General, and the Secretary General.

Other Functions

- Perform other activities related to the charter as requested by the Secretary General.
- Review and assess the adequacy of the Audit Committee Charter on a biannual basis, and request Secretary General approval for any proposed changes;
- Confirm annually that all functions outlined in the written charter have been carried out.
- Evaluate the audit committee's performance on a regular basis.

7 Annual Report

An annual report reviewing the Audit Committee's operations should be prepared for the Secretary General and submitted within 3 months following year end. This report will include an assessment on the work of the Internal Audit Unit, the supports provided to the Audit Committee and a self-assessment of the Audit Committee's own effectiveness.

The annual report will also include confirmation that a review of this written charter has been completed at a frequency agreed between Secretary General and Chairperson.

The Audit Committee will follow up on any recommendations from the Secretary General arising from this report, or in the course of other interactions.

8 Protected Disclosures

The role of the Audit Committee in relation to protected disclosures is agreed with the Secretary General, in line with Departmental policy and any relevant guidelines. The Audit Committee role in relation to protected disclosures is:

- Oversight of the policy, its communication, implementation and periodic review;
- In the event that the Audit Committee receives a protected disclosure, the Audit Committee will refer the protected disclosures made to it to the Secretary General in line with Departmental policy.

Appendix 4 – Draft Compliance Framework for the Department of Health

The obligations of a Department can be broken down into 3 categories: a) statutory; b) government decisions; and c) administrative and policy initiatives.

A. Statutory Requirements or Established Compliance Obligations
1. Ministerial and Departmental functions under the Ministers and Secretaries Acts 1924 - 2013
2. Data Protection Act
3. Freedom of Information Act
4. Ethics/Standards in Public Office obligations
5. National Archives Act
6. Taxes Consolidation Act 1997[8]
7. Official Languages Legislation
8. Employment Law and Civil Service HR Legislative Provisions
9. Disability Legislation
10. Appropriation Accounts
11. Public Financial Procedures
12. Agreement of Strategy Statement with Minister
13. Submission of Annual Report to the Minister
14. Other Functions under the Public Service Management Act 1997
15. Health and Safety
16. Compliance to Cabinet Guidelines
17. EU Procurement Directives
18. Other relevant EU Directives
19. Children First Act 2015

B. Government Decisions
1. Input/Reports to Cabinet Committees on Public Service Reform
2. Input/Reports to Joint Committee on Health and Children
3. Appointments to State Boards
4. Implementation of Programme for Government Commitments within Department of Health's remit and updates on same
5. Guidelines on the Preparation of Strategy Statements

C. Administrative & Policy Initiatives
1. Integrated Reform Delivery Plan Returns
2. Review of Legislation in Accordance with Statutory or Government

[8] Government Departments should comply with tax and duties legislation and should ensure that all liabilities arising from such legislation are paid on or before the relevant due dates.

Commitments
3. Effective Business Planning Process
4. Oversight of Robust Performance Management Arrangements
5. Adherence to Civil Service HR Guidelines/Circulars
6. Timely and Accurate Replies to PQs and other Oireachtas Requests for Information
7. PAC Appearances
8. Statement of Internal Financial Control
9. Internal Audit Function
10. VFM Reports
11. Compliance with CPSA Codes of Practice
12. Responses to Questionnaires from OECD
14. Record Management Guidelines March 2013
15. Risk Register
16. Response to requests from OECD, UN and WHO

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