

**Partnership Agreement**

**between**

**The Department of Health**

**and**

**The South Eastern Health and Social Care  
Trust**

04 January 2024

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## Introduction

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### 1. The Partnership Agreement

- 1.1 This document sets out the partnership arrangements between the South Eastern Health and Social Care Trust (SEHSCT) and the Department of Health (the Department). In particular, it explains the overall governance framework within which SEHSCT operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined.
- 1.2 The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes. Underpinning the arrangements are the principles set out in the NI Code of Good Practice '**Partnerships between Departments and Arm's-Length Bodies**' which should be read in conjunction with this document. The principles which are laid out in the Code are:

LEADERSHIP
<i>Partnerships work well when Departments and Arm's Length Bodies demonstrate good leadership to achieve a shared vision and effective delivery of public services. Strong leadership will provide inspiration, instil confidence and trust and empower their respective teams to deliver good outcomes for citizens.</i>
PURPOSE
<i>Partnerships work well when the purpose, objectives and roles of Arm's Length Bodies and the sponsor department are clear, mutually understood and reviewed on a regular basis. There needs to be absolute clarity about lines of accountability and responsibility between departments and Arm's Length Bodies. In exercising statutory functions Arm's Length Bodies need to have clarity about how their purpose and objectives align with those of departments.</i>

<b>ASSURANCE</b>
<i>Partnerships work well when departments adopt a proportionate approach to assurance, based on Arm's Length Bodies' purpose and a mutual understanding of risk. Arm's Length Bodies should have robust governance arrangements in place and in turn departments should give Arm's Length Bodies the autonomy to deliver effectively. Management information should be what is needed to enable departments and Arm's Length Bodies to provide assurance and assess performance.</i>
<b>VALUE</b>
<i>Partnerships work well when departments and Arm's Length Bodies share knowledge, skills and experience in order to enhance their impact and delivery. Arm's Length Bodies are able to contribute to policy making and departmental priorities. There is a focus on innovation, and on how departments and Arm's Length Bodies work together to deliver the most effective policies and services for its customers.</i>
<b>ENGAGEMENT</b>
<i>Partnerships work well when relationships between departments and Arm's Length Bodies are open, honest, constructive and based on trust. There is mutual understanding about each other's objectives and clear expectations about the terms of engagement.</i>

A full copy of the NI Code can be found at Annex 8.

1.3 This document should also be read in conjunction with guidance on proportionate autonomy which provides an outline of the principles and characteristics for proportionate autonomy (see DAO (DoF) 06/19). Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance to be established between SEHSCT and the Department and this is reflected in this agreement.

1.4 DoH and SEHSCT are committed to:

- Working together within distinct roles and responsibilities;
- Maintaining focus on successful delivery of Programme for Government outcomes and Ministerial priorities (see also paras 2.6 and 2.7);
- Maintaining open and honest communication and dialogue;
- Keeping each other informed of any issues and concerns, and of emerging areas of risk; - "No surprises"
- Supporting and challenging each other on developing policy and delivery
- Seeking to resolve issues quickly and constructively; and

- Acting at all times in the public interest and in line with the values of integrity, honesty, objectivity and impartiality.
- 1.5 The effectiveness of the partnership and the associated Engagement Plan will be reviewed each year by the Department and SEHSCT in order to assess whether the partnership is operating as intended and to identify any emerging issues/opportunities for enhancement. This can be carried out as part of existing governance arrangements. The Partnership Agreement document itself will be reviewed formally at least once every three years to ensure it remains fit for purpose and up to date in terms of current governance frameworks.
- 1.6 The formal review will be proportionate to the size and overall responsibilities of SEHSCT and will be published on the Departmental and SEHSCT websites as soon as practicable following completion.
- 1.7 A copy of this agreement has been placed in the Assembly Library and is available on the Departmental and SEHSCT websites.

## SEHSCT Establishment and Purpose

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### 2. Statutory Purpose and Strategic Objectives

- 2.1 The SEHSCT is classified as a health and social care body (akin to an executive non-departmental public body) established by means of an Establishment Order made under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991 (the 1991 Order). The Establishment Order is the South Eastern Health and Social Care Trust (Establishment) Order (Northern Ireland) 2006 (the 2006 Establishment Order). For national accounts purposes SEHSCT is classified to the central government sector.
- 2.2 SEHSCT is established for the purposes specified in Article 3 of the 2006 Establishment Order ([The South Eastern Health and Social Services Trust \(Establishment\) Order \(Northern Ireland\) 2006 \(legislation.gov.uk\)](#)). These include any functions of the Department with respect to the administration of health and social care that the Department may direct.
- 2.3 The Minister for the Department of Health is answerable to the Assembly for the overall performance and delivery of both the Department and SEHSCT.
- 2.4 The Executive's outcome-based approach to delivery recognises the importance of arm's length bodies and departments working collaboratively and together in a joined-up approach to improve overall outcomes and results.
- 2.5 To that end there is strategic alignment between the aims, objectives and expected outcomes and results of SEHSCT and the Department.
- 2.6 The strategic aims of SEHSCT are set out in Trust Corporate Plan which sets out the vision and values. SEHSCT has 4 key priorities, all of which are underpinned by the overarching principle of working in partnership. The Trust will focus on:
- embedding safety, quality and experience of care in all that we do;

- providing timely access to care and support for service users in need;
- improving the health and wellbeing of our community and reducing health inequalities;
- supporting our people to deliver high quality care.

The corporate priorities are aligned to Ministerial direction in respect of Service Delivery Plans and Regional policy and actions agreed to support the delivery of regional strategic direction. In addition, the Trust ensures that the priorities align with the Draft Programme for Government.

Monitoring of Performance is facilitated through accountability arrangements which include monthly performance meetings for all Operational Directorates, regular reports presented to the Finance & Performance Sub-Committee and Trust Board. This also includes compliance with the governance, risk management and Safety, Quality & Experience agendas.

A regional programme of work is underway to develop the Northern Ireland Integrated Care System (ICS) which will outline the priorities and strategic outcomes the system will be required to deliver; it is anticipated that this will be launched 2024. The Trust will then revise its business planning arrangements accordingly to ensure priorities are aligned to the associated Strategic Outcomes Framework that accompanies this ICS. The SEHSCT will continue to seek to improve collaborative working with key community and statutory partners and contribute to the strategic outcomes aligned to the draft Programme for Government as part of the New Area Integrated Care Partnership Boards.



## **SEHSCT Governance Arrangements**

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### **3. Organisational Status**

- 3.1 SEHSCT is a legal entity in its own right, employing its own staff and operating at arm's-length from the Department. As a legal entity it must comply with all associated legislation including legislation relating to its employer status.

### **4. Governance Framework**

- 4.1 SEHSCT has an established Corporate Governance Framework which reflects all relevant good practice guidance. The framework includes the governance structures established within SEHSCT and the internal control and risk management arrangements in place. This includes its Board and Committee Structure. The Department should be satisfied with the framework. Within SEHSCT the Corporate Governance Framework is known as the Integrated Governance and Assurance Framework.
- 4.2 An account of this is included in SEHSCT's annual Governance Statement together with the SEHSCT Board's self-assessment of its compliance with the extant Corporate Governance Code of Good Practice (NI). Any departure from the Corporate Governance Code must be explained in the Governance Statement. The extant Corporate Governance Code of Good Practice (NI) is available on the Department of Finance (DoF) website.
- 4.3 SEHSCT is required to follow the principles, rules, guidance and advice in *Managing Public Money Northern Ireland*. A list of other applicable guidance and instructions which SEHSCT is required to follow is set out in Annex 6. Good governance should also include positive stakeholder engagement, the building of positive relationships and a listening and learning culture.

## **5. SEHSCT Board**

- 5.1 SEHSCT is led by a Board, non-executive members of which are appointed by the Minister of Health. The Health and Social Services Trusts (Membership and Procedure) (Amendment) Regulations (Northern Ireland) 2007, Article 2 states that 'The maximum number of directors of an HSS trust shall be thirteen.' The Board comprises a Non-Executive Chair, seven Non-Executive Directors, a Chief Executive and four Executive Directors. The appointment process for non-executive Board members complies with the Code of Practice on Public Appointments for Northern Ireland. The Health and Social Services Trusts (Membership and Procedure Regulations (Northern Ireland) 1994, Article 3(2) states that 'The executive directors of an HSS Trust shall be appointed by the relevant committee'.
- 5.2 As Public Appointees Board Non-Executive members are office holders rather than employees, they are not subject to employee terms and conditions. Board appraisal arrangements are set out in paras 15.1 and 15.2 and matters for consideration in dealing with concerns/complaints in respect of Board members are provided in Annex 5.
- 5.3 The Board's operating framework/terms of reference/Standing Orders provide further detail on roles and responsibilities and should align closely with this Partnership Agreement.
- 5.4 The purpose of the SEHSCT Board is to provide effective leadership and strategic direction to the organisation and to ensure that the policies and priorities set by the Minister for Health are implemented. It is responsible for ensuring that the organisation has effective and proportionate governance arrangements in place and an internal control framework which allow risks to be effectively identified and managed. The Board will set the culture and values of the organisation and set the tone for the organisation's engagement with stakeholders and customers.

- 5.5 The Board is responsible for holding the Chief Executive to account for the management of the organisation and the delivery of agreed plans and outcomes. The Board should also however support the Chief Executive as appropriate in the exercise of their duties.
- 5.6 Board members act solely in the interests of SEHSCT and must not use the Board as a platform to champion their own interests or pursue personal agendas. They occupy a position of trust, and their standards of action and behaviour must be exemplary and in line with the seven principles of public life (Nolan principles). SEHSCT has a Board Code of Conduct and Code of Accountability for Board members and there are mechanisms in place to deal with any Board disputes/conflicts to ensure they do not become wider issues that impact on the effectiveness of the Board. A Board Register of Interests is maintained, kept up to date and is publicly available to help provide transparency and promote public confidence in SEHSCT.
- 5.7 Communication and relationships within the Board are underpinned by a spirit of trust and professional respect. The Board recognises that using consensus to avoid conflict or encouraging members to consistently express similar views or consider only a few alternative views does not encourage constructive debate and does not give rise to an effective Board dynamic.
- 5.8 It is for the Board to decide what information it needs, and in what format, for its meetings/effective operation. If the Board is not confident that it is being fully informed about the organisation this will be addressed by the Chair of the Board as the Board cannot be effective with out-of-date or only partial knowledge.
- 5.9 To fulfil their duties, Board members must undertake initial training, and regular ongoing training and development. Review of Board skills and development will be a key part of the annual review of Board effectiveness.

## **6. Audit Committee and Governance Assurance Committee**

- 6.1 A further important aspect of SEHSCT's governance framework is its Audit Committee and Governance Assurance Committee (which includes Risk Management), established in line with the extant Audit and Risk Assurance Committee Handbook (NI).
- 6.2 The Audit and Governance Assurance Committees purpose/role is to support the Accounting Officer and Board on governance issues. In line with the handbook the Audit and Governance Assurance Committees focus on:
- assurance arrangements over governance; financial reporting; annual reports and accounts, including the Governance Statement; and
  - ensuring there is an adequate and effective risk management and assurance framework in place.
- 6.3 SEHSCT and the Department have agreed arrangements in respect of Audit and Assurance Committees which include:
- attendance by departmental representatives in an observer capacity at SEHSCT's Audit and Governance Assurance Committee meetings;
  - Access, as required, to SEHSCT Audit and Governance Assurance Committees papers and minutes;
  - Any input required from SEHSCT's Audit and Governance Assurance Committees to the Departmental Audit and Risk Assurance Committee.
- 6.4 Full compliance with the Audit and Risk Assurance Committee Handbook (NI) is an essential requirement. In the event of significant non-compliance with the handbook's five good practice principles (or other non-compliance) discussion will be required with the Department and a full explanation provided in the annual Governance Statement.
- 6.5 The extant Audit and Risk Assurance Committee Handbook (NI) is available on the DoF website.

## 7. SEHSCT Chair

7.1 The Chair is responsible for setting the agenda and managing the Board to enable collaborative and robust discussion of issues. The Chair's role is to develop and motivate the Board and ensure effective relationships in order that the Board can work collaboratively to reach a consensus on decisions. To achieve this, the Chair should ensure:

- The Board has an appropriate balance of skills appropriate to its business;
- Board members are fully briefed on terms of appointment, duties, rights and responsibilities;
- Board members receive and maintain appropriate training;
- The Minister is advised of SEHSCT's needs when Board vacancies arise;
- There is a Board Operating Framework (Standing Orders) in place setting out the roles and responsibilities of the Board in line with relevant guidance;
- There is a code of practice for Board members in place, consistent with relevant guidance.

7.2 The role also requires the establishment of an effective working relationship with the SEHSCT Chief Executive that is simultaneously collaborative and challenging. It is important that the Chair and Chief Executive act in accordance with their distinct roles and responsibilities as laid out in Managing Public Money NI and their appointment letters.

7.3 The Chair has a presence in the organisation and cultivates external relationships which provide useful links for the organisation while being mindful of overstepping boundaries and becoming too involved in day-to-day operations or executive activities.

## 8. SEHSCT Chief Executive

- 8.1 The role of the SEHSCT Chief Executive is to run SEHSCT's business. The Chief Executive is responsible for all executive management matters affecting the organisation and for leadership of the executive management team.
- 8.2 The Chief Executive is designated as SEHSCT Accounting Officer by the departmental Accounting Officer (see section 12). As Accounting Officer, they are responsible for safeguarding the public funds in their charge and ensuring they are applied only to the purposes for which they were voted and more generally for efficient and economical administration.
- 8.3 The Chief Executive is accountable to the Board for SEHSCT's performance and delivery of outcomes and targets and is responsible for implementing the decisions of the Board and its Committees. The Chief Executive maintains a dialogue with the Chair on the important strategic issues facing the organisation and for proposing Board agendas to the Chair to reflect these. The Chief Executive ensures effective communication with stakeholders and communication on this to the Board. The Chief Executive also ensures that the Chair is alerted to forthcoming complex, contentious or sensitive issues, including risks affecting the organisation.
- 8.4 The Chief Executive acts as a role model to other executives by exhibiting open support for the Chair and Board members and the contribution they make. The Chair and Chief Executive have agreed how they will work together in practice, understanding and respecting each other's role, including the Chief Executive's responsibility as Accounting Officer.
- 8.5 Further detail on the role and responsibilities of the Chief Executive are as laid out in Managing Public Money NI and their Accounting Officer appointment letter.

The Chief Executive's role as Principal Officer for Ombudsman Cases

8.6 The Chief Executive is the Principal Officer for handling cases involving the NI Public Sector Ombudsman. The Chief Executive shall advise the departmental Accounting Officer, through their relevant Sponsor Branch contact, of any complaints about SEHSCT accepted by the Ombudsman for investigation, and about the proposed response to any subsequent recommendations from the Ombudsman.

## Role of the Department of Health

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### 9. Partnership Working with SEHSCT

- 9.1 The Department of Health and SEHSCT are part of a total delivery system, within the same Ministerial portfolio. The partnership between the Department and SEHSCT is open, honest, constructive and based on trust. There is mutual understanding of each other's objectives and clear expectations on the terms of engagement.
- 9.2 In exercising its functions SEHSCT has absolute clarity on how its purpose and objectives align with those of the Department. There is also a shared understanding of the risks that may impact on each other, and these are reflected in respective Risk Registers.
- 9.3 There is a regular exchange of skills and experience between the Department and SEHSCT and where possible joint programme/project delivery boards/arrangements. SEHSCT may also be involved as a partner in policy/strategy development and provides advice on policy implementation/ the impact of policies in practice.
- 9.4 The DoF has established, on behalf of the Assembly, a delegated authority framework which sets out the circumstances where prior DoF approval is required before expenditure can be incurred, or commitments entered into. The Accounting Officer of the Department of Health has established an internal framework of delegated authority for the Department and its ALBs [[HSC\(F\) 33-2023 - Revised HSC & NIFRS Delegated Limits and requirements for Departmental / DoF approval](#)] which applies to SEHSCT. Where other specific approval requirements are established in respect of SEHSCT these will be set out at Annex 3.
- 9.5 Once SEHSCT's budget has been approved by the Minister and the Department [and subject to any restrictions imposed by statute / the Minister / this Partnership Agreement or any other circulars, directives, and best practice guidance that may



issue from, or by way of, the Department] SEHSCT shall have authority to incur expenditure approved in the budget without further reference to the Department. Inclusion of any planned and approved expenditure in the budget shall not however remove the need to seek formal departmental approval where proposed expenditure is outside the delegated limits (as laid out in Annex 3) or is for new schemes not previously agreed. Nor does it negate the need to follow due processes laid out in guidance contained in Managing Public Money NI and Better Business Cases NI.

## **10. Lead Official**

10.1 The Department has appointed an Executive Board Member (EBM) Sponsor supported by a lead senior official (Director level) to manage the relationship with SEHSCT and ensure effective partnership working. Engagement between the Department and SEHSCT will be co-ordinated, collaborative and consistent. A clear sense of collaboration and partnership will be communicated to staff in both the Department and SEHSCT in order to promote mutual understanding and support. The lead senior official will normally be supported by other team members and key contacts within the Department such as Sponsorship Branch and Finance.

10.2 The lead senior official is the Sponsorship lead for the SEHSCT business and has a clear understanding of SEHSCT's responsibilities for policy implementation/operational delivery and the relevant audiences/stakeholders involved.

10.3 The lead senior official will ensure that where there are relevant Departmental policy staff changes, time is taken to ensure they have a full understanding of SEHSCT's business and challenges.

## **11. Annual Engagement Plan**

11.1 The Department and SEHSCT will agree an engagement plan before the start of each business year. The Annual Engagement Plan (Annex 2) will set out the

timing and nature of engagement between SEHSCT and the Department. The engagement plan will be specific to SEHSCT and should not stray into operational oversight.

11.2 Engagement between the Department's lead official/their teams and SEHSCT will be centred on partnership working, understanding of shared risks, and working together on business developments that align with policy objectives.

11.3 In line with relevant guidance<sup>1</sup>, SEHSCT will work in collaboration and partnership with the Department to prepare corporate and business plans. There should be good high level strategic alignment between departmental and SEHSCT plans. Once approved it will be the Board of SEHSCT that primarily holds the Chief Executive to account for delivery and performance. The Department will engage with SEHSCT on areas of strategic interest, linking departmental policy and SEHSCT delivery of policy intent.

11.4 The Annual Engagement Plan will also reference the agreed management and financial information to be shared over the course of a year. The aim will be to ensure clear understanding of why information is necessary and how it will be used. Where the same, or similar information is required for internal governance information requirements will be aligned so that a single report can be used for both purposes. In addition, the engagement plan should consider opportunities for learning and development, growth and actions which could help achieve better outcomes.

## 12. Departmental Accounting Officer

12.1 The Departmental Accounting Officer is accountable to the NI Assembly for the issue of grant in aid to SEHSCT. The Departmental Accounting Officer has designated the Chief Executive of SEHSCT as SEHSCT Accounting Officer and respective responsibilities of the departmental Accounting Officer and the SEHSCT Accounting Officer are set out in Chapter 3 of Managing Public Money

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<sup>1</sup> Guidance issued by TEO on NICS Work Programme which includes guidance on business planning for an outcomes-based PfG/ODP

NI. The Departmental Accounting Officer may withdraw the SEHSCT Accounting Officer designation if they conclude that the SEHSCT Accounting Officer is no longer a fit person to carry out the responsibilities of an Accounting Officer or that it is otherwise in the public interest that the designation be withdrawn. In such circumstances the SEHSCT Board will be given a full account of the reasons for withdrawal and a chance to make representations. Withdrawal of SEHSCT Accounting Officer status would bring into question employment as Chief Executive and the Chair should engage with the Department should such circumstances arise.

12.2 As outlined in section 8, the SEHSCT Chief Executive is accountable to the SEHSCT Board for the stewardship of SEHSCT. This includes advising the Board on matters of financial propriety, regularity, prudent and economical administration, efficiency and effectiveness.

12.3 The departmental Accounting Officer must be informed in the event that the judgement of the SEHSCT Accounting Officer (on matters for which they are responsible) is over-ridden by the SEHSCT Board. The SEHSCT Accounting Officer must also take action if the SEHSCT Board is contemplating a course that would infringe the requirement for financial propriety, regularity, prudent and economical administration, efficiency or effectiveness. In all other regards, the departmental Accounting Officer has no day-to-day involvement with SEHSCT or its' Chief Executive.

12.4 In line with DoF requirements, the SEHSCT Accounting Officer will provide an annual declaration of fitness to act as Accounting Officer to the Departmental Accounting Officer.

### **13. Attendance at Public Accounts Committee**

13.1 The SEHSCT Chief Executive/Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as Accounting Officer (as laid out in their Accounting Officer

appointment letter) on issues arising from the Comptroller and Auditor General's (C&AG's) studies or reports following the annual audit of accounts.

13.2 The Chair may also, on occasion, be called to give evidence to the Public Accounts Committee on such relevant issues arising within the C&AG's studies or reports, in relation to the role and actions taken by the Board, where appropriate.

13.3 In addition, the Departmental Accounting Officer may be summoned to appear before the Public Accounts Committee to give evidence on the discharge of their responsibilities as departmental Accounting Officer with overarching responsibility for SEHSCT. In such circumstances, the departmental Accounting Officer may therefore expect to be questioned on their responsibilities to ensure that:

- there is a clear strategic control framework for SEHSCT;
- sufficient and appropriate management and financial controls are in place to safeguard public funds;
- the nominated Accounting Officer is fit to discharge his or her responsibilities;
- there are suitable internal audit arrangements;
- accounts are prepared in accordance with the relevant legislation and any accounting direction; and
- intervention is made, where necessary, in situations where the SEHSCT Accounting Officer's advice on transactions in relation to regularity, propriety or value for money is overruled by the body's Board or its Chair.

## Assurance Framework

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### 14. Autonomy and Proportionality

14.1 The Department will ensure that SEHSCT has the autonomy to deliver effectively, recognising its status as a separate legal entity which has its own Board and governance arrangements. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance established between SEHSCT and the Department and is reflected in this agreement.

14.2 A proportionate approach to assurance will be taken based on SEHSCT's overall purpose, business and budget and a mutual understanding of risk. The approach will include an agreed process through which the SEHSCT Accounting Officer provides written assurance to the Department that the public funds and organisational assets for which they are personally responsible are safeguarded, have been managed with propriety and regularity, and use of public funds represents value for money.

14.3 Recognising the governance arrangements in place within the organisation, the SEHSCT Accounting Officer will arrange for their written assurance to be discussed at the SEHSCT Audit Committee and Governance Assurance Committee and presented to the SEHSCT Board prior to submission to the Department where possible. If not possible, or practicable, the Chair of the SEHSCT Board should have sight of the assurance statement, prior to it being submitted to the Department.

14.4 The SEHSCT Chair will provide written confirmation that the SEHSCT Accounting Officer's formal assurance has been considered by the Board and is reflective of SEHSCT's current position.

14.5 In addition to the SEHSCT Accounting Officer's written assurance, the Department will take assurance from the following key aspects of SEHSCT's own governance framework:

- Annual Review of Board Effectiveness;
- Completion of Board Appraisals which confirm Board member effectiveness;
- Internal Audit assurance and External Quality Assessment of the Internal Audit function;
- Externally audited Annual Report and Accounts, reviewed/considered by the SEHSCT Audit Committee and Governance Assurance Committee.

## 15. Board Effectiveness

15.1 The SEHSCT Chair will ensure that the SEHSCT Board undertakes an annual review of Board Effectiveness<sup>2</sup> which encompasses committees established by the Board.

15.2 The Chair will discuss the outcome of the annual review of Board Effectiveness with the DoH EBM Sponsor and the lead official to ensure a partnership approach to any improvements identified. This will inform the annual programme of Board training/development and discussions in respect of Board composition and succession.

15.3 In line with any parameters set out in founding (or other) legislation, the Chair in conjunction with the Department, and Ministers where appropriate, will consider the size and composition of the SEHSCT Board, proportionate to the size and complexity of SEHSCT and keep this under review.

15.4 In addition to the annual review of Board Effectiveness SEHSCT will undertake an externally facilitated review of Board effectiveness at least once every three years covering the performance of the Board, its Committees and individual Board members. The Chair will liaise with the Department to identify a suitably skilled facilitator for the external review (this can be a peer review and should be

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<sup>2</sup> NIAO Good Practice Guide on Board Effectiveness

proportionate) and will share the findings/outcome report with the Department on completion of the review.

## **16. Board Appraisals**

16.1 The Chair of SEHSCT will conduct an annual appraisal in respect of each Non-Executive Board member which will also inform the annual programme of Board training / development. The Chair will engage with the Chief Executive / Departmental EBM Sponsor and lead official as appropriate on improvements identified through the appraisal process and the annual training/development programme.

16.2 The Chair's annual appraisal will be completed by the relevant EBM Sponsor within the Department. The appraisal will take account of the Key Characteristics of a good chairperson (particularly for the Chair to have well developed interpersonal skills) set out in the NIAO Good Practice Guide on Board Effectiveness available on the NIAO website. There will be close engagement between the Chair and EBM Sponsor on improvements identified through the appraisal process.

## **17. Internal Audit Assurance**

17.1 SEHSCT is required to establish and maintain arrangements for an internal audit function that operates in accordance with the Public Sector Internal Audit Standards (PSIAS). The Department must be satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving appointments are in accordance with PSIAS.

SEHSCT utilise BSO's Internal Audit services. BSO Internal Audit is PSIAS compliant and based on an overarching Service Level Agreement and Memorandum of Understanding with the Department, BSO discharges functions, such as Internal Audit to HSC Trusts, on behalf of DoH.

17.2 SEHSCT will provide its internal audit strategy, periodic audit plans and annual audit report, including the Head of Internal Audit's opinion on risk management, control and governance to the Department. SEHSCT will ensure the Department's internal audit team have complete right of access to all relevant records. This applies whether the internal audit function is provided in-house or is contracted out.

17.3 SEHSCT will ensure regular, periodic self-assessments of the internal audit function in line with PSIAS and will share these with the Department. SEHSCT will also liaise with the Department on the External Quality Assessment (EQA) of the internal audit function which (in line with PSIAS) is required to be conducted at least once every five years by a qualified independent assessor.

17.4 SEHSCT will alert the Department to any less than satisfactory audit reports at the earliest opportunity on an ongoing basis. SEHSCT will also alert the Department to a less than satisfactory annual opinion from the Head of Internal Audit at the earliest opportunity. SEHSCT and the Department will then engage closely on actions required to address the less than satisfactory opinion in order to move SEHSCT to a satisfactory position as soon as possible.

17.5 The Department will take assurance from the fact that SEHSCT has met the requirements of PSIAS and has a satisfactory annual opinion from the Head of Internal Audit as part of its overall assurance assessment.

## **18. Externally Audited Annual Report and Accounts**

18.1 SEHSCT is required to prepare an Annual Report and Accounts in line with the Government Financial Reporting Manual (FReM) issued by DoF and the specific Accounts Direction issued by the Department, and in accordance with the deadlines specified.

18.2 The C&AG will arrange to audit the SEHSCT's annual accounts and will issue an independent opinion on the accounts. The C&AG passes the accounts to the



Department who shall lay them before the NI Assembly together with SEHSCT's annual report.

18.3 The C&AG will also provide a Report to Those Charged with Governance (RTTCWG) to SEHSCT which the Trust will share with the Department.

18.4 SEHSCT will alert the Department to any likely qualification of the accounts at the earliest opportunity. In the event of a qualified audit opinion or significant issues reported in the RTTCWG the Department will engage with SEHSCT on actions required to address the qualification/significant issues.

18.5 The Department will take assurance from the external audit process and an unqualified position as part of its overall assurance assessment.

18.6 The C&AG may carry out examinations into the economy, efficiency, and effectiveness with which SEHSCT has used its resources in discharging its functions. The C&AG may also carry out thematic examinations that encompass the functions of SEHSCT.

18.7 For the purpose of audit and any other examinations, the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.

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

## Signatories

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SEHSCT and the Department of Health agree to work in partnership with each other in line with the NI Code of Good Practice '*Partnerships between Departments and Arm's-Length Bodies*' and the arrangements set out in this Agreement.

DoF Supply will approve the initial Partnership Agreement between SEHSCT and the Department of Health and any subsequent variations to the Agreement, if they are significant.

X   
Signed (SEHSCT Chair)  
Date 4th June 2024.

X 

Signed (SEHSCT Chief Executive)  
Date 04.06.24.

  
Signed (Department of Health)  
Date 5/6/24.

## **Annex 1 - Applicable Legislation**

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List the founding legislation and other key statutes which provide SEHSCT with its statutory functions, duties and powers.

The applicable legislation is:

- [Health and Personal Social Services \(Northern Ireland\) Order 1972 \(legislation.gov.uk\)](#)
- [The Health and Personal Social Services \(Northern Ireland\) Order 1991 \(legislation.gov.uk\)](#)
- [The Health and Personal Social Services \(Northern Ireland\) Order 1994 \(legislation.gov.uk\)](#)
- [The South Eastern Health and Social Services Trust \(Establishment\) Order \(Northern Ireland\) 2006 \(legislation.gov.uk\)](#)
- [The Health and Social Services Trusts \(Membership and Procedure\) \(Amendment\) Regulations \(Northern Ireland\) 2007 \(legislation.gov.uk\)](#)
- [Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009 \(legislation.gov.uk\)](#)

## Annex 2 –Annual Engagement Plan

Good engagement is one of the key principles in the Partnership Code, underpinning the other principles of: Leadership; Purpose; Assurance; and Value.

As laid out in the Code, partnerships work well when relationships between departments and ALBs are open, transparent, honest, constructive and based on trust and when there is mutual understanding of each other's objectives and clear expectations about the terms of engagement.

The template provided outlines the key areas of engagement between Departments and ALBs. The template is not intended to be prescriptive and should be completed collaboratively and agreed between the Department and the ALB.

Engagement Plan 2024/25		
<b>Policy Development and Delivery</b>		
<i>Add details of the planned engagement between the ALB and the Department in relation to development and monitoring of existing and new areas of policy.</i>		
<b>Policy Area</b>	<b>Frequency/Timing</b>	<b>Lead Departmental/ALB Officials</b>
Relevant DoH Policy	As required	DoH Policy Leads Relevant SEHSCT Director
<b>Strategic Planning</b>		
<b>Activity</b>	<b>Date</b>	<b>Lead Departmental/ALB Official</b>
ALB Strategic Planning Workshops – encompassing strategic planning and risk identification. Informed by input on departmental priorities/plans and risk areas	Sufficiently well in advance of the Business Year to inform development of the Business Plan for the year ahead	DoH Policy Leads Relevant SEHSCT Director
Engagement on the draft Business Plan and	As required	DoH Policy Leads

identification of areas of strategic interest to the Department to inform further scheduled engagement during the year		Relevant SEHSCT Director
Submission/presentation of the ALB Business Plan	February each year	SEHSCT Chief Executive
Approval of the ALB Business Plan	March each year	DoH Policy Leads
Engagement on areas of strategic interest iro the ALB Business Plan during the year	January each year	DoH Policy Leads Relevant SEHSCT Director
<b>Joint Working</b> <i>Add details of any interchange opportunities, and/or joint programme/project delivery boards</i>		
<b>Activity</b>	<b>Frequency/Timing</b>	<b>Lead Departmental/ALB Official</b>
N/A	N/A	N/A
<b>Board Appointments</b> <i>Add details of any engagement related to Public Appointment exercises</i>		
<b>Activity</b>	<b>Date</b>	<b>Lead Departmental/ALB Official</b>
Public Appointments, new appointments, reappointment, or extension activity	Bi-annual Workplan / as required	DoH Head of Public Appointments DoH Head of HSC Sponsorship Branch
Succession Planning	Bi-annual	DoH Head of Public Appointments
Completion of Skills Audits for Non-Executive Directors	As required	DoH Head of Public Appointments DoH Head of HSC Sponsorship Branch SEHSCT

Completion of Skills Audits for Non-Executive Chairs	As required	DoH Head of Public Appointments  DoH Head of HSC Sponsorship Branch and EBM (with input from a range of relevant stakeholders, which may include the Minister, the Permanent Secretary, other senior Departmental officials, the outgoing Chair and if appropriate the CEO)  SEHSCT Outgoing Chair
<b>Chief Executive Recruitment</b>		
<i>Add details of any engagement related to the recruitment of a new Chief Executive (if anticipated during the year ahead). ALBs should engage with the Department at an early stage in the event of the recruitment of a new Chief Executive. While recognising the role of the Board as employer, the Department will work closely with the ALB in the recruitment and selection process in line with extant guidance.</i>		
<b>Activity</b>	<b>Date</b>	<b>Lead Departmental/ALB Official</b>
Approval to recruit to posts in Senior Executive grades (including Chief Executive)	In advance of proposed recruitment	DoH Director of Workforce Policy
Chief Executive acknowledges, in writing, receipt of a formal letter of designation as Accounting Officer defining the role and responsibilities of this position.	As required	SEHSCT Chief Executive  DoH Head of HSC Sponsorship Branch
Chief Executive has, within six months and preferably within three months of appointment, attended an accounting officer training course run by Chief Executives Forum	Between 3 and 6 months of appointment	SEHSCT Chief Executive  DoH Head of HSC Sponsorship Branch
Refresher Accounting Officer Training is	Every 6 years	SEHSCT Chief Executive  DoH Head of HSC Sponsorship Branch

undertaken at least every six years		
<b>Assurances</b> <i>Add details of the timetable for submission of key assurance sources and any other assurance related activity</i>		
<b>Action</b>	<b>Date</b>	<b>Lead Departmental/ALB Official</b>
Outcome of the Review of Board Effectiveness	Annual review with an externally facilitated review at least once every three years	SEHSCT Chair
Planning for the externally facilitated review of Board Effectiveness	Externally facilitated review at least once every three years	SEHSCT Chair
Board Appraisals and planned training/development for Board members	Following the end of the Business year.	SEHSCT Chair DoH Director of Public Appointments DoH Director of HSC Sponsorship
Chair Appraisal	Following the end of the Business year. After Board Appraisals have been completed by the Chair and the annual Review of Board Effectiveness has concluded	DoH Director of Public Appointments DoH EBM Sponsor DoH Permanent Secretary
Departmental Attendance at ARAC	Attendance as observer 1xpa	DoH Head of HSC Sponsorship Branch
Assurance Statement	Bi-annual mid and end year	SEHSCT Chief Executive DoH Head of HSC Sponsorship Branch DoH Head of Governance Unit

Draft Governance Statement	Annual - end year	SEHSCT Chief Executive DoH EBM Sponsor DoH Head of HSC Sponsorship Branch DoH Head of Governance Unit
Annual Report and Accounts	Annual	SEHSCT Chief Executive DoH Director of Finance
Report to those Charged with Governance	Bi-annual	SEHSCT Chief Executive
Engagement on other planned NIAO reports	As required	SEHSCT Chief Executive
Head of Internal Audit Annual report/Opinion	Annual	SEHSCT Chief Executive
Internal Audit Strategy and Plans	Annual	SEHSCT Chief Executive
Internal Audit External Quality Assessment	To be conducted at least once every five years	SEHSCT Chief Executive
Ground Clearing Meetings	Bi-Annual	DoH EBM Sponsor DoH Director of HSC Sponsorship SEHSCT Directors
Accountability Meetings	Mid and end year	DoH Permanent Secretary DoH EBM Sponsor SEHSCT Chair SEHSCT Chief Executive
Internal Audit reports with less than satisfactory assurance	Once - for consideration/ comment/ approval (where noted)	SEHSCT Directors DoH Policy Leads DoH Head of HSC Sponsorship Branch
Fraud return	Annually - for consideration/ comment/ approval (where noted)	Relevant SEHSCT Director DoH Finance Director
Annual Report, with the draft submitted to the Department two weeks before the publication date	Annually - For information	SEHSCT Chief Executive DoH Finance Director



<i>(detailed timetable for the annual accounts, SIC etc is set by Finance Directorate)</i>		
Anti-Fraud Policy	Once, and then when revised - for information	Relevant SEHSCT Director DoH Finance Director DoH Head of HSC Sponsorship Branch
Assurance Committee papers (including draft minutes) for each meeting as and when issued to Committee members	Monthly - For information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Assurance Framework	Annually - For information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Assurance/Governance Committee Terms of Reference	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members)	Monthly - For information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Audit Committee Terms of Reference	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Internal Audit 3 Year Strategy	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Board meeting papers (including draft minutes) for each meeting as and when issued to Board members)	Monthly - For information	SEHSCT Chief Executive DoH Head of HSC Sponsorship Branch
Business Continuity plan	Annually - For information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch

Code of Conduct for board members	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Code of Practice for staff	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Complaints procedure	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Consultation Scheme	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Corporate Plan (including the Business Plan), must be produced for Departmental approval	Annually - for consideration/ comment/ approval (where noted)	SEHSCT Chief Executive DoH Head of HSC Sponsorship Branch
Corporate Risk Register	Bi-annual - for consideration/ comment/ approval (where noted)	SEHSCT Chief Executive DoH Head of HSC Sponsorship Branch
Equality scheme	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Fraud Response Plan	Once, and then when revised - for information	Relevant SEHSCT Director DoH Director of Finance DoH Head of HSC Sponsorship Branch
Grievance and Disciplinary procedures	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Head of Internal Audit's end-of-year and mid-year opinions on risk management, control and governance	Annually - for consideration/ comment/ approval (where noted)	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Inspection reports by external bodies (e.g. RQIA, MHRA, HTA, CPA), as specified in directions	Once - for consideration/ comment/ approval (where noted)	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch

Internal Audit Progress Report	Annually - for consideration/ comment/ approval (where noted)	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Internal Audit work-plan	Annually - for consideration/ comment/ approval (where noted)	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Mid-year Assurance Statement (by end-October each year)	Annually - for consideration/ comment/ approval (where noted)	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
NIAO management letters	Once - for consideration/ comment/ approval (where noted)	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
Publication scheme	Once, and then when revised - for information	Relevant SEHSCT Directors DoH Head of HSC Sponsorship Branch
Register of board members' interests	Annually - For information	Relevant SEHSCT Directors DoH Head of HSC Sponsorship Branch
Report on quarterly assessment of progress being made in the delivery of the Corporate/Business Plan's aims and objectives	Quarterly - for consideration/ comment/ approval (where noted)	SEHSCT Performance Director DoH Head of HSC Sponsorship Branch
Whistle-blowing procedures	Once, and then when revised - for information	Relevant SEHSCT Director DoH Head of HSC Sponsorship Branch
<b>Budget Management</b>		
<i>Add details of the information and returns to be provided.</i>		
<b>Item and Purpose</b>	<b>Date</b>	<b>Lead Departmental/ALB Official</b>
Engagement on budget requirements and Forecast Expenditure for the Financial Year	Annual	SPPG Director of Finance and Corporate Governance – HSC Relevant SEHSCT Director

Departmental approval of the annual budget	Annual	SPPG Director of Finance and Corporate Governance - HSC
Monthly Financial Management Returns	Monthly	SPPG Director of Finance and Corporate Governance – HSC
Monthly Cash Forecast	Monthly	SPPG Director of Finance and Corporate Governance – HSC
Monitoring Round Returns	As required	SPPG Director of Finance and Corporate Governance - HSC
Provisional Outturn	Annual/As required	SPPG Director of Finance and Corporate Governance - HSC
Final Outturn	Annual/As required	SPPG Director of Finance and Corporate Governance - HSC
DoF Commissioned Monitoring Rounds	June, October, and January (work commences the previous month)	DoH Head of Financial Management Unit / ALB
Business cases outside APB delegated limits or falling within the definition of Novel, Contentious or repercussive	Ad hoc	DoH Head of Finance Policy and Accountability / ALBs
Write off outside delegated limits or which could be considered Novel, Contentious or repercussive	Ad hoc	DoH Head of Finance Policy and Accountability Unit / ALBs
Clinical Negligence claims, EL/OL Claims outside delegated limits or which could be considered Novel, Contentious or repercussive	Ad hoc	DoH Head of Finance Policy and Accountability Unit / ALBs
Test Drilling samples	Interim - November and Final – March	DoH Head of Finance Policy and Accountability Unit / ALBs

FAU circulars and memos in relation to Year – End Accounts production*	Year – End (March)	DoH Head of Financial Accounting Unit / All ALBs
Circulars – FD letters*	Ad hoc	DoH Head of Finance Policy and Accountability Unit / DoH Head of Financial Accounting Unit / All ALBs
Capital Spend Returns	Monthly	DoH Head of Capital Resources Unit / All ALBs
Capital Resource Limits (CRL) Returns	Ad hoc	DoH Head of Capital Resources Unit / All ALBs
ISNI Delivery Tracking System Updates	Monthly	DoH Head of Capital Resources Unit / All ALBs
Disposals	Bi-annually	DoH Head of Capital Resources Unit / All ALBs
General Capital Outturn	Annually	DoH Head of Capital Resources Unit / All ALBs
Capital Budget Exercises/10 Year Plan	Ad hoc	DoH Head of Capital Resources Unit / All ALBs
<b>Other</b>		
<i>Tailor as required to reflect the specific requirements</i>		
<b>Item and Purpose</b>	<b>Submission Date</b>	<b>Lead Departmental/ALB Official</b>
Accounting Officer - Fitness to Act as Accounting Officer	Periodic (specify) request from the departmental Accounting Officer	DoH Director of Governance Unit DoH Director of HSC Sponsorship
Fraud Reporting	Immediate reporting of all frauds (proven or suspected including attempted fraud	DoH Head of Finance Policy and Accountability Unit
Media management protocols – independence of SEHSCT to engage with media/announcements of corporate and policy	Ad hoc	DoH Director of Communications

communications significant to SEHSCT - arrangements to share press releases where relevant – ensure no surprises.		
Preparation of business cases – departments and ALBs to consider working together to share expertise where appropriate.	Ad hoc	DoH Director of Estates
Whistleblowing cases/ Speaking Up/Raising Concerns.	Ad hoc	DoH Head of Corporate Governance Unit
NI Public Service Ombudsman (NIPSO) Cases	Ad hoc	SEHSCT Chief Executive DoH Director of HSC Sponsorship
<b>Review of the Partnership Arrangement</b> <i>Tailor as required to reflect the specific requirements</i>		
<b>Item and Purpose</b>	<b>Date</b>	<b>Lead Departmental/ALB Official</b>
Light touch review of the Partnership Agreement	Schedule following the end of the Business Year	DoH EBM Sponsor SEHSCT Chair SEHSCT Chief Executive
Formal review of the Partnership Agreement	To be conducted once every three years	DoH Permanent Secretary DoH EBM Sponsor SEHSCT Chair SEHSCT Chief Executive

## Annex 3 - Delegations

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### Delegated authorities

SEHSCT shall obtain the Department's prior written approval before:

- entering into any undertaking to incur any expenditure that falls outside the delegations or which is not provided for in the ALB's annual budget as approved by the Department;
- incurring expenditure for any purpose that is or might be considered novel or contentious, or which has or could have significant future cost implications;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the Department;
- making any change of policy or practice which has wider financial implications that might prove repercussive or which might significantly affect the future level of resources required; or
- carrying out policies that go against the principles, rules, guidance and advice in Managing Public Money Northern Ireland.

### **SEHSCT Specific Delegated Authorities**

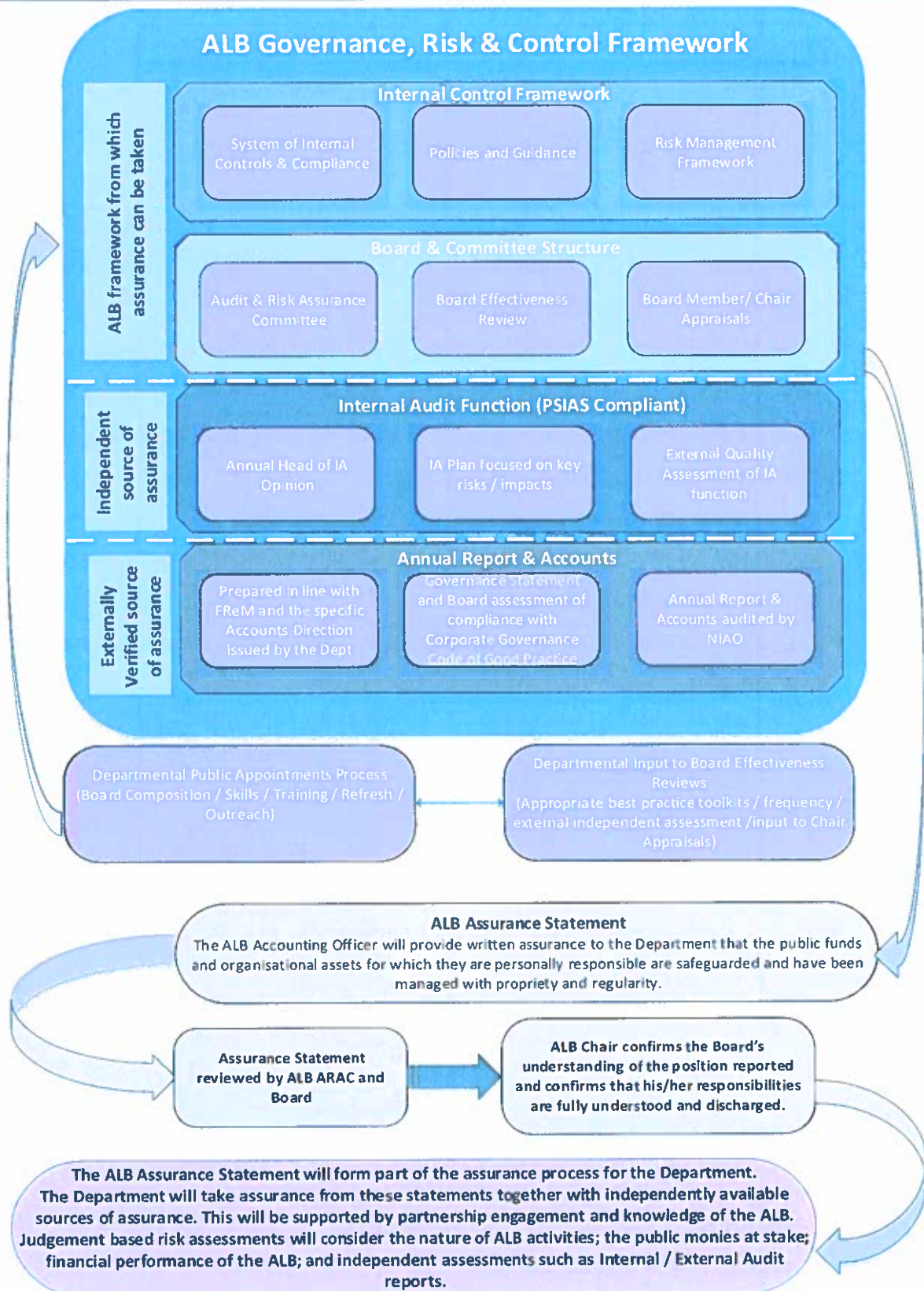
The Department's internal framework of delegated authority applies to SEHSCT

[\[HSC\(F\) 33-2023 - Revised HSC & NIFRS Delegated Limits and requirements for Departmental / DoF approval\]](#).

There are no other specific delegated authorities applicable to SEHSCT.

***These delegations shall not be altered without the prior agreement of the department and, where applicable, DoF.***

## Annex 4 – System of Assurance





## **Annex 5 – Concerns/Complaints in respect of Board members**

In line with the NI Code of Good Practice and the arrangements in this Partnership Agreement the approach to concerns/complaints raised in respect of SEHSCT Board members should be transparent and collaborative. The principle of early and open engagement is important, with the Department made aware of any concerns/complaints as soon as practicable.

While Board Members are Public Appointees/office holders rather than SEHSCT employees an SEHSCT employee may utilise SEHSCT grievance procedure/other HR procedure to raise a complaint against a Board member. The SEHSCT employee raising the grievance should expect this to be handled in line with SEHSCT HR procedures.

Concerns/complaints might also be raised through:

- Raising Concerns/Whistleblowing arrangements;
- Complaints processes;
- Directly with SEHSCT or the Department.

Where a concern/complaint is received within SEHSCT in respect of an individual Board Member this should be provided to the SEHSCT Chair who should notify the Department at the outset in order that lead responsibility for handling the complaint/concern is clear in advance.

Where a concern/complaint relates to the SEHSCT Chair, SEHSCT should notify the Department at the outset for the Department to determine the approach to handling the complaint/concern.

Differences of view in relation to matters which fall within the Board's responsibilities are a matter for the Board to resolve through consensus based decision making in the best interests of the SEHSCT.

Exceptionally a concern/complaint may be raised by a Board Member about a fellow Board Member or a senior member of SEHSCT staff. The SEHSCT Chair should notify

the Department at the outset to ensure that arrangements for handling the concern/complaint are clear. The Department may determine that it should make arrangements to deal with the concern/complaint. This will be agreed at the outset.

Arrangements for concerns/complaints in respect of Board members should be reflected in all relevant procedures, including Standing Orders and Board Operating Frameworks.

## **Annex 6 - Applicable Guidance**

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The following guidance is applicable to SEHSCT:

### **Guidance issued by the Department of Finance**

- Managing Public Money NI
- Public Bodies – A Guide for NI Departments
- Corporate Governance in central government departments – code of good practice
- DoF Risk Management Framework
- HMT Orange Book
- The Audit and Risk Assurance Committee Handbook
- Public Sector Internal Audit Standards
- Accounting Officer Handbook – HMT Regularity, Propriety and Value for Money
- Dear Accounting Officer Letters
- Dear Finance Director Letters
- Dear Consolidation Officer and Dear Consolidation Manager Letters
- The Consolidation Officer Letter of Appointment
- Government Financial Reporting Manual (FReM)
- Guidance for preparation and publication of annual report and accounts
- Procurement Guidance
- Better Business Cases NI

### **Other Guidance and Best Practice**

- Specific guidance issued by the Department
- EU Delegations
- Recommendations made by the NI Audit Office/NI Assembly Public Accounts Committee
- NIAO Good Practice Guides
- Guidance issued by the Executive's Asset Management Unit
- NI Public Services Ombudsman guidance
- Commissioner for Public Appointments for Northern Ireland Guidance

## **Annex 7 – Role of the Minister**

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### **Role of the Minister**

The Chair of SEHSCT is responsible to the Minister. Communication between the Board and the Minister should normally be through the Chair.

The departmental Accounting Officer is responsible for advising the relevant Minister on a number of issues including the SEHSCT objectives and targets, budgets and performance.

In addition to being answerable to the Assembly as laid out in paragraph 2.4, the Minister is also responsible for:

- Setting the strategic direction and overall policies and priorities for the ALB as reflected in the PfG;
- Approving the ALB's Business Plan;
- Setting the ALB's budget; and
- Appointment of non-executive board members. The Minister may also be involved in considering the size and composition of the SEHSCT Board – see para 15.3.

## **Annex 8 – Partnerships between Departments and Arm's Length Bodies: NI Code of Good Practice**

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### **NI Code of Good Practice**

[NI Code of Good Practice v3 \(300323\).pdf \(finance-ni.gov.uk\)](#)

