

**Partnership Agreement between  
Department of Health and The Patient and  
Client Council (PCC)**

June 2023

## CONTENTS

Introduction .....	3
1. The Partnership Agreement.....	3
PCC Establishment and Purpose .....	7
2. Statutory Purpose and Strategic Objectives .....	7
PCC Governance Arrangements.....	10
3. Organisational Status .....	10
4. Governance Framework .....	10
5. PCC Council .....	12
6. Audit and Risk Assurance Committee .....	15
7. PCC Chair .....	16
8. PCC Chief Executive .....	16
Role of the Department of Health .....	19
9. Partnership Working with <i>PCC</i> .....	19
10. Lead Official.....	20
11. Annual Engagement Plan .....	21
12. Departmental Accounting Officer .....	23
13. Attendance at Public Accounts Committee .....	24
Assurance Framework .....	26
14. Autonomy and Proportionality.....	26
15. Council Effectiveness .....	27
16. Council Appraisals .....	29
17. Internal Audit Assurance.....	29
18. Externally Audited Annual Report and Accounts .....	30
Signatories .....	32
Annex 1 - Applicable Legislation .....	33
Annex 2 – Illustrative Annual Engagement Plan .....	37
Annex 3 - Delegations .....	48

Annex 4 – Illustrative System of Assurance .....50

Annex 5 – Concerns/Complaints in respect of Council members .....51

Annex 6 - Applicable Guidance .....53

Annex 7 - Role of the Minister ..... 54

Annex 8 - Partnerships between Departments and Arm’s Length Bodies: NI Code  
of Good Practice.....55

# Introduction

---

## 1. The Partnership Agreement

1.1 This document sets out the partnership arrangements between Patient and Client Council (PCC) and the Department of Health (DOH). In particular, it explains the overall governance framework within which PCC 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 the Code are:

<b>LEADERSHIP</b>
<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>
<b>PURPOSE</b>
<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>

*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.*

### **VALUE**

*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.*

### **ENGAGEMENT**

*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.*

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. Guidance on proportionate autonomy has been considered in determining the extent of engagement and assurance to be established between PCC and the DOH and this is reflected in this agreement.

1.4 DOH and PCC 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;
- Supporting and challenging each other on developing policy and delivery [when developing policy this may cut across more than one department];
- 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 PCC 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. The formal review will be proportionate to PCC's size and overall responsibilities and will be published on departmental and PCC websites as soon as practicable following completion.

1.6 A copy of this agreement has been placed in the Assembly Library and is available on the DOH and PCC websites.

## **PCC Establishment and Purpose**

---

### **2. Statutory Purpose and Strategic Objectives**

2.1 PCC is a body corporate established by the Health and Social Care (Reform) Act (Northern Ireland) 2009 which sets out its' functions as representing the interests of the public; promoting involvement of the public; and providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care. For Whole of Government Accounts NI purposes, the PCC is classified to the central government sector, as an Arm's Length Body sponsored by the Department of Health

2.2 PCC's statutory functions, duties and powers, as respects the provision of health and social care in Northern Ireland (2009 : 1§17(1))<sup>1</sup> are as follows;

*(a) representing the interests of the public;*

*(b) promoting involvement of the public;*

*(c) providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which a body to which this section applies is responsible;*

*(d) promoting the provision by bodies to which this section applies of advice and information to the public about the design, commissioning and delivery of health and social care;*

*(e) such other functions as may be prescribed.*

2.3 In exercising its functions under subsection (1)(a), the Patient and Client Council must consult the public about matters relating to health and social care; and report the views of those consulted to the Department (where it appears to the Council appropriate to do so) and to any other body to which this section applies appearing to have an interest in the subject matter of the consultation.

---

<sup>1</sup> [Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009 \(legislation.gov.uk\)](http://legislation.gov.uk)



- 2.4 The Patient and Client Council must publish any report arising from this in such a manner as the Department may direct.
- 2.5 In exercising its functions under subsection (1)(b), the Patient and Client Council shall promote the involvement of the public in consultations or processes leading (or potentially leading) to decisions by a body to which this section applied would or might affect (whether directly or not) the health and social well-being of the public.
- 2.6 In exercising its functions under subsection (1)(c), the Patient and Client Council shall arrange, to such extent as it considers necessary to meet all reasonable requirements, for the provision (by way of representation or otherwise) of assistance to individuals making or intending to make a complaint of a prescribed description.
- 2.7 The Patient and Client Council shall:
- Undertake research and conduct investigations into the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care; and
  - Provide advice regarding those methods and practices to bodies to which this section applied.
- 2.8 The Minister for DOH is answerable to the Assembly for the overall performance and delivery of both the DOH and the PCC.
- 2.9 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.
- 2.10 To that end there is strategic alignment between the aims, objectives and expected outcomes and results of the PCC and DOH.

2.11 The strategic aims of the PCC 2022-2025 are<sup>2</sup>:

- The public voice is influential regionally and locally in the design, planning, commissioning and delivery of health and social care.
- The Health and Social Care system is responding regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care.

In conjunction with the PCC's statutory functions, these strategic aims link to:

- New Decade, New Approach agreement and the draft Programme for Government, in particular: Outcome 4: *We help people live long, healthy, active lives, by ensuring satisfaction with health and social care.*
- Health and Wellbeing 2021: Delivering Together;
- Mental Health Strategy 2021-31;
- Future Planning;
- No More Silos;
- HSC Rebuild Programme.

---

<sup>2</sup> [PCC SSI 2022 - 2025](#)

## **PCC Governance Arrangements**

---

### **3. Organisational Status**

3.1 PCC 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 PCC has an established Corporate Governance Framework which reflects all relevant good practice guidance. The framework includes the governance structures established within the PCC and the internal control and risk management arrangements in place. This includes its Council and Committee Structure. The Department should be satisfied with the framework.

4.2 An account of this is included in PCC's annual Governance Statement together with the PCC's Council's 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 DoF website.

4.3 PCC 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 PCC 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.

4.4 The Health and Social Care (Reform) Act (Northern Ireland) 2009 (“the Reform Act”) provides the legislative framework within which the health and social care structures operate. It sets out the high-level functions of the various HSC bodies. It also provides the parameters within which each body must operate, and describes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

4.5 PCC is accountable to the DOH, through its Sponsor Branch, for governance and financial management within the organisation. It is operationally independent from other HSC bodies and has an important role in providing independent assurance to the DOH and to the wider public.<sup>3</sup>

---

<sup>3</sup> For further information please see [HSC Framework Document and Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009 \(legislation.gov.uk\)](#)

## 5. PCC Council

5.1 PCC is led by a Council, non-executive members of which are appointed by the Minister for DOH. The Patient and Client Council (Membership and Procedure) Regulations (Northern Ireland) 2009 state that the membership of the council should consist of:

### Membership

*2. (1) The number of members appointed by the Department for the purposes of paragraph 5(a) of Schedule 4 to the Act shall be 16.*

*(2) The members appointed under paragraph (1) shall include—*

*(a) five members of district councils;*

*(b) five representatives of voluntary organisations with an interest in health and social care; and*

*(c) one representative of a trade union.*

The appointment process for non-executive Council members complies with the Code of Practice on Public Appointments for Northern Ireland.

5.2 As Public Appointees Council members are office holders rather than employees; they are not subject to employee terms and conditions. Council appraisal arrangements are set out in paras 15.1 and 15.2, and matters for consideration in dealing with concerns/complaints in respect of Council members are provided in Annex 5.

5.3 The Council's operating framework/terms of reference provides further detail on roles and responsibilities and should align closely with this Partnership Agreement.

5.4 The purpose of the PCC's Council is to provide effective leadership and strategic direction to the organisation and to ensure that the policies and priorities set by the Minister for DOH 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 Council 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 Council is responsible for holding the Chief Executive to account for the management of the organisation and the delivery of agreed plans and outcomes. The Council should also however support the Chief Executive as appropriate in the exercise of their duties.

5.6 Council members act solely in the interests of the PCC and must not use the Council 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). PCC has a Council Code of Conduct and there are mechanisms in place to deal with any Council disputes/conflicts to ensure they do not become wider issues that impact on the effectiveness of the Council. A Council Register of Interests is maintained, kept up to date and is publicly available to help provide transparency and promote public confidence in the PCC.

5.7 Communication and relationships within the Council are underpinned by a spirit of trust and professional respect. The Council 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 Council dynamic.

5.8 It is for the Council to decide what information it needs, and in what format, for its meetings/effective operation. If the Council is not confident that it is being fully informed about the organisation this will be addressed by the Chair of the Council as the Council cannot be effective with out-of-date or only partial knowledge.

5.9 In order to fulfil their duties, Council members must undertake initial training, and regular ongoing training and development. Review of Council skills and development will be a key part of the annual review of the Council's effectiveness.

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

- 6.1 A further important aspect of PCC's governance framework is its Audit and Risk Assurance Committee, established in line with the extant Audit and Risk Assurance Committee Handbook (NI).
- 6.2 The Audit and Risk Assurance Committee's purpose/role is to support the Accounting Officer and Council on governance issues. In line with the handbook the Audit and Risk Assurance Committees focuses on:
- assurance arrangements over governance; financial reporting; annual reports and accounts, including the Governance Statement; and
  - ensuring there is an adequate and effective risk management and assurance framework in place.
- 6.3 PCC and DOH have agreed arrangements in respect of Audit and Risk Assurance Committees which include:
- attendance by departmental representatives in an observer capacity at PCC's Audit and Risk Assurance Committee meetings;
  - Access to PCC's Audit and Risk Assurance Committee papers and minutes;
  - Any input required from PCC's Audit and Risk Assurance Committee 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. PCC Chair**

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

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

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

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. PCC Chief Executive**

8.1 The role of the PCC Chief Executive is to run PCC'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 PCC 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 Council for PCC's performance and delivery of outcomes and targets and is responsible for implementing the decisions of the Council and its Committees. They maintain a dialogue with the Chair on the important strategic issues facing the organisation and for proposing Council agendas to the Chair to reflect these. They ensure effective communication with stakeholders and communication on this to the Council. They also ensure 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 Council 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<sup>4</sup> 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. He/she shall advise the departmental Accounting Officer of any complaints about PCC accepted by the Ombudsman for investigation, and about the proposed response to any subsequent recommendations from the Ombudsman.

---

<sup>4</sup> [Managing Public Money Northern Ireland - Chapters \(finance-ni.gov.uk\)](https://www.finance-ni.gov.uk/chapters)

## Role of DOH

---

### 9. Partnership Working with PCC

9.1 The DOH and PCC are part of a total delivery system, within the same Ministerial portfolio. The partnership between DOH and PCC 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 PCC has absolute clarity on how its purpose and objectives align with those of DOH. 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 DOH and PCC and where possible joint programme/project delivery Councils/ arrangements. PCC 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 Department of Finance (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 occurred or commitments entered into. The Accounting Officer of the DOH has established an internal framework of delegated authority for the Department and the PCC, found here:

[doh-hscf-23-2023.pdf \(health-ni.gov.uk\)](#)

Other specific approval requirements established in respect of PCC are set out at Annex 3 of this Partnership Agreement.

9.5 Once PCC's budget has been approved by the DOH Minister [and subject to any restrictions imposed by statute] PCC 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 DOH has appointed The Chief Nursing Officer as the lead senior official to manage the relationship with PCC and ensure effective partnership working. Engagement between the Department and PCC will be coordinated, collaborative and consistent. A clear sense of collaboration and partnership will be communicated to staff in both the Department and PCC in order to promote mutual understanding and support. The lead senior official is the Chief Nursing Officer, supported by the Grade 7 from Sponsor Branch. The Finance business partner in DoH is the 'Grade 7 Accountant' within DoH Finance Directorate.

10.2 The lead senior official is the policy lead for the policy area relating to PCC's business and has a clear understanding of PCC'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 departmental staff changes, time is taken to ensure they have a full understanding of PCC's business and challenges.

10.4 The lead senior official(s) in PCC Sponsor Branch will function as the primary, but not exclusive, channel for engagement between the Department and PCC. To maximise engagement and reduce the impact of limiting factors (time, policy/function area, roles and responsibilities), direct engagement between PCC and other departmental colleagues is encouraged, with PCC Sponsor Branch appraised.

## **11. Annual Engagement Plan**

- 11.1 The Department and PCC 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 PCC and the Department. The engagement plan will be specific to PCC and should not stray into operational oversight.
- 11.2 Engagement between the Department's lead official/their teams and PCC will be centred on partnership working, understanding of shared risks and working together on business developments that align with policy objectives.
- 11.3 Engagement between the Department's lead official/their teams and PCC will be conducted within a culture of openness, transparency, pragmatism and mutual respect for individual roles and responsibilities. This culture will be fostered through formal structures such as bi-monthly meetings, ground clearing and accountability meetings, enabling the PCC to set out the achievements, challenges and opportunities and enhanced with ongoing informal ad hoc conversations where both organisations can provide advice and support to each other whilst safeguarding the independence of the PCC (see for reference §4.5).
- 11.4 In conjunction with good governance controls within the organisation<sup>5</sup>, this culture will also underpin engagement when things go wrong or in times of crisis. The PCC Council is responsible for strategy and will focus on strategic issues. The Executive Team will be responsible for operational issues, with the Council providing effective oversight of performance. Accordingly, the Council can request information on any operational issues should it so wish. There needs to be clarity and openness as well as a culture of 'no surprises' between Chair and Chief Executive, Council and Executive Team. Engagement between the Department's lead official/their teams and PCC in these instances, will adopt a similar 'no surprises' approach and involve timely escalation of issues in the appropriate format and at the appropriate level. The DoH will ensure that any concerns it may have about the activities of the PCC are communicated to the

---

<sup>5</sup> Mindful also of the recommendations of the [Nicholl Report 2021](#)

Chair and Council requiring explanations and assurances that appropriate action has been taken. However, in general terms, the Department should leave the oversight and management of the PCC to the Council. Similarly, the PCC Chair in representing the Council and PCC has a direct link with Minister and shall address any concerns PCC may have through the appropriate channels, be that through Sponsor Branch, with Permanent Secretary or directly with Minister.

11.5 In line with relevant guidance<sup>6</sup>, PCC 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 PCC plans. Once approved it will be the Council of PCC that primarily holds the Chief Executive to account for delivery and performance. The Department will engage with PCC on areas of strategic interest, linking departmental policy and PCC delivery of policy intent.

11.6 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.

---

<sup>6</sup> Guidance issued by TEO on NICS Work Programme which includes guidance on business planning for an outcomes-based PfG/ODP

## **12. Departmental Accounting Officer**

- 12.1 The departmental Accounting Officer is accountable to the NI Assembly for the issue of grant in aid to PCC. He/she has designated the Chief Executive of PCC as PCC Accounting Officer and respective responsibilities of the departmental Accounting Officer and the PCC Accounting Officer are set out in Chapter 3 of Managing Public Money Northern Ireland. The departmental Accounting Officer may withdraw the PCC Accounting Officer designation if he/she concludes that the PCC 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 PCC Council will be given a full account of the reasons for withdrawal and a chance to make representations. Withdrawal of PCC 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 PCC Chief Executive is accountable to the PCC Council for their stewardship of PCC. This includes advising the Council 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 PCC Accounting Officer (on matters for which they are responsible) is over-ridden by the PCC Council. The PCC Accounting Officer must also take action if the PCC Council 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 PCC or its' Chief Executive.
- 12.4 The PCC Accounting Officer will provide a yearly declaration of fitness to act as Accounting Officer to the departmental Accounting Officer in line with new policy from DoF directive.

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

13.1 The PCC 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 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 Council, where appropriate.

13.3 In addition, the DOH 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 PCC. 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 the PCC;
- 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 PCC Accounting Officer's advice on transactions in relation to regularity, propriety or value for money is overruled by the body's Council or its Chair.

## **Assurance Framework**

---

### **14. Autonomy and Proportionality**

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

14.2 A proportionate approach to assurance will be taken based on PCC's overall purpose, business and budget and a mutual understanding of risk. The approach will include an agreed process through which the PCC 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 PCC's Accounting Officer will arrange for their written assurance to be scrutinized at the PCC Audit and Risk Assurance Committee and presented to the PCC Council prior to submission to the Department where possible. If not possible, or practicable, the Chair of the PCC Council should have sight of the assurance statement, prior to being submitted to the Department.

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

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

- Annual Review of Council Effectiveness;



- Completion of Council Appraisals which confirm Council member effectiveness;
- Internal Audit assurance and External Quality Assessment of the Internal Audit function;
- Externally audited Annual Report and Accounts, reviewed/considered by the PCC Audit and Risk Assurance Committee.

## **15. Council Effectiveness**

15.1 The PCC Chair will ensure that the PCC Council undertakes an annual review of Council Effectiveness<sup>7</sup> which encompasses committees established by the Council.

15.2 The Chair will discuss the outcome of the annual review of Council Effectiveness with the lead official to ensure a partnership approach to any improvements identified. This will inform the annual programme of Council training/development and discussions in respect of Council 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 PCC Council, proportionate to the size and complexity of PCC and keep this under review.

15.4 In addition to the annual review of Council Effectiveness PCC will undertake an externally facilitated review of Council effectiveness at least once every five years covering the performance of the Council, its Committees and individual Council 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 proportionate) and will share the findings/outcome report with the Department on completion of the review.

---

<sup>7</sup> [273004 NIAO Good Practice Guide - Board Effectiveness \(June 2022\).pdf \(niauditoffice.gov.uk\)](#)

## **16. Council Appraisals**

16.1 The Chair of the PCC will conduct an annual appraisal in respect of each Council member which will also inform the annual programme of Council training/development. The Chair will engage with the Chief Executive/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 CNO Chief Nursing Officer 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 Council Effectiveness available on the NIAO website. There will be close engagement between the Chair and the lead official on improvements identified through the appraisal process.

## **17. Internal Audit Assurance**

17.1 PCC 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 DOH 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.

17.2 In the event that the internal audit function is contracted out PCC shall ensure the DOH is satisfied that the contract specification for the internal audit service meets the requirements of PSIAS.

17.3 PCC 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. PCC will ensure the DOH'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.

17.4 PCC will ensure regular, periodic self-assessments of the internal audit function in line with PSIAS and will share these with the Department. PCC 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 [in some cases the EQA will be led by the departmental Head of Internal Audit. Where this is the case, this should be set out].

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

17.6 The Department will take assurance from the fact that PCC 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 PCC is required to prepare an Annual Report and Accounts in line with the Government Financial Reporting Manual (FReM) issued by the Department of Finance (DoF) and the specific Accounts Direction issued by DOH, and in accordance with the deadlines specified.

18.2 The Comptroller & Auditor General (C&AG) will arrange to audit the PCC's annual accounts and will issue an independent opinion on the accounts. The C&AG passes the accounts to DOH who shall lay/present/deposit them before the NI Assembly together with PCC's annual report

- 18.3 The C&AG will also provide a Report to Those Charged with Governance (RTTCWG) to PCC which will be shared with the Department.
- 18.4 PCC 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 PCC 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 PCC has used its resources in discharging its functions. The C&AG may also carry out thematic examinations that encompass the functions of PCC.
- 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, PCC 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

---

PCC and the [Department] 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 PCC and the DOH and any subsequent variations to the Agreement, if they are significant.



Signed (PCC Chair)

Date 29<sup>th</sup> November 2023



Signed (PCC Chief Executive)

Date 29<sup>th</sup> November 2023



Signed (Department – [at least Senior Lead Official])

Date 14/02/2024

## ***Annex 1 - Applicable Legislation***

---

# Health and Social Care (Reform) Act (Northern Ireland) 2009

### **The Patient and Client Council**

16—(1) There shall be a body corporate to be known as the Patient and Client Council.

(2) Schedule 4 applies in relation to the Patient and Client Council.

### **Functions of the Patient and Client Council**

17—(1) The Patient and Client Council has the following functions as respects the provision of health and social care in Northern Ireland—

(a) representing the interests of the public;

(b) promoting involvement of the public;

(c) providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which a body to which this section applies is responsible;

(d) promoting the provision by bodies to which this section applies of advice and information to the public about the design, commissioning and delivery of health and social care;

(e) such other functions as may be prescribed.

(2) In exercising its functions under subsection (1)(a), the Patient and Client Council must—

(a) consult the public about matters relating to health and social care; and

(b) report the views of those consulted to the Department (where it appears to the Council appropriate to do so) and to any other body to which this section applies appearing to have an interest in the subject matter of the consultation.

(3) In exercising its functions under subsection (1)(b), the Patient and Client Council shall promote the involvement of the public in consultations or processes leading (or potentially leading) to decisions by a body to which this section applies which would or might affect (whether directly or not) the health and social well-being of the public.

(4) In exercising its functions under subsection (1)(c), the Patient and Client Council shall arrange, to such extent as it considers necessary to meet all reasonable requirements, for the provision (by way of representation or otherwise) of assistance to individuals making or intending to make a complaint of a prescribed description.

(5) The Patient and Client Council shall—

(a) undertake research and conduct investigations into the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care; and

(b) provide advice regarding those methods and practices to bodies to which this section applies.

(6) The Patient and Client Council must publish any report under subsection (2)(b) in such manner as the Department may direct.

(7) In this section “the public” includes individuals, a group or community of people and a section of the public, however selected.

(8) This section and sections 18 and 19 apply to—

(a) the Department;

**F1**(b) .....

(c) the Regional Agency;

(d) HSC trusts; and

(e) special agencies.

(9) For the purposes of this section and sections 18 to 20 a body is responsible for health and social care—

(a) if the body provides or will provide that care to individuals; or

(b) if another person provides, or will provide, that care to individuals—

(i) at that body's direction;

(ii) on its behalf; or

(iii) in accordance with an agreement or arrangements made by that body with that other person;

and references to the provision of care include references to the provision of care jointly with another person.

### **Duty to co-operate with the Patient and Client Council**

**18—**(1) A body to which this section applies must co-operate with the Patient and Client Council in the exercise by the Council of its functions.

(2) In particular, such a body must—

(a) consult the Patient and Client Council with respect to such matters, and on such occasions, as the body considers appropriate, having regard to the functions of the Council;

(b) furnish to the Council, subject to such conditions as the body may specify, such information as the Council considers necessary to enable it properly to exercise its functions; and

(c) have regard to advice provided by the Council under section 17(5)(b).

(3) Regulations may make provision authorising members of the Patient and Client Council to enter, for the purposes of any of the Council's functions, premises of a kind described in subsection (4).

(4) Those premises are—

(a) any premises controlled by a body to which this section applies or by a person providing primary medical services or general dental, pharmaceutical or ophthalmic services under Part 2 or 6 of the Order of 1972; and

(b) premises of such other description as may be prescribed.

(5) Any power of entry conferred by regulations under subsection (3) is exercisable only so far as is necessary for the purpose of enabling the Patient and Client Council to exercise its functions, and is subject to such conditions as may be prescribed.

(6) A body to which this section applies shall have due regard to any views expressed by the Patient and Client Council regarding health and social care for which that body is responsible.

### **Public involvement and consultation**

19—(1) Each body to which this section applies must take such steps as it considers appropriate—

(a) to promulgate information about the health and social care for which it is responsible;

(b) to obtain information about—

(i) the needs of persons to whom that care is being or may be provided; and

(ii) the efficacy of that care;

(c) to encourage and assist persons to whom that care is being or may be provided—

(i) to avail of that care in an appropriate manner, having regard to the need to use resources in the most economic, efficient and effective way; and

(ii) to maintain and improve their own health and social well-being.

(2) In particular, each body to which this section applies must, before the end of the period of 9 months beginning with the day appointed for the coming into operation of this section, or, if later, the establishment of the body concerned—

(a) prepare a consultation scheme in accordance with section 20; and

(b) in the case of a health and social care body, submit the scheme to the Department.

(3) The Department may direct any health and social care body to which this section applies to submit a revised scheme to it.

(4) The Department may, after consulting the Patient and Client Council, approve a consultation scheme submitted to it under this section with or without amendments.

### **Public involvement: consultation schemes**



**20—(1)** A consultation scheme must make it clear how the body to which the scheme is to apply will make arrangements with a view to securing, as respects health and social care for which it is responsible, that the following are (directly or through representatives) involved in and consulted on the matters mentioned in subsection (2), namely—

(a) the Patient and Client Council;

(b) persons to whom that care is being or may be provided; and

(c) the carers of such persons (that is to say the individuals who provide a substantial amount of care on a regular basis for such persons but who are not employed to do so by a health and social care body).

(2) Those matters are—

(a) the planning of the provision of that care;

(b) the development and consideration of proposals for changes in the way that care is provided; and

(c) decisions to be made by that body affecting the provision of that care.

(3) The consultation scheme must provide for the body to which it is to apply—

(a) to have due regard to any comments submitted to it in response to the consultation; and

(b) to prepare a written statement which—

(i) summarises the comments received; and

(ii) sets out the body's response to those comments.

(4) The consultation scheme must provide that the body to which it is to apply shall take such steps as in its opinion will give adequate publicity to the statement.

**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 PCC 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 PCC. The template is not intended to be prescriptive and should be completed collaboratively and agreed between the Department and the PCC.

<b>Engagement Plan 2023/24</b>		
<b>Engagement Opportunities</b>		
<b>Nature</b>	<b>Frequency/Timing</b>	<b>Lead Departmental/PCC Officials</b>
<i>'ad hoc conversations' (Informal)</i> 11.3	<i>As needed</i>	<i>Sponsor Branch Team/CEO/HOO/HBS</i>
<i>Escalation of issues</i> 11.4	<i>As needed</i>	<i>As deemed appropriate</i>
<i>Bimonthly Sponsor Branch meetings (formal)</i>	<i>Bi-monthly</i>	<i>Sponsor Branch Team/PCC Executive Team</i>
<i>Ground Clearing (formal)</i>	<i>6 monthly</i>	<i>CNO, Sponsor Branch Team/PCC CEO, HOO, HBS</i>
<i>Accountability Meeting</i>	<i>Mid year and End year</i>	<i>Perm Sec, CNO/PCC Chair, CEO</i>

**Policy Development and Delivery**

*Add details of the planned engagement between the PCC and the Department in relation to development and monitoring of existing and new areas of policy.*

<b>Policy Area</b>	<b>Frequency/Timing</b>	<b>Lead Departmental/PCC Officials</b>

**Strategic Planning**

<b>Activity</b>	<b>Date</b>	<b>Lead Departmental/PCC Official</b>
<i>PCC Strategic Planning Workshops – encompassing strategic planning and risk identification. Informed by input on departmental priorities/plans and risk areas</i>	<i>Sufficiently well in advance of the Business Year to inform development of the Business Plan for the year ahead</i>	<i>As deemed appropriate</i>
<i>Engagement on the draft Business Plan and identification of areas of</i>		<i>Sponsor Branch Team/PCC CEO, HOO, HBS</i>

<i>strategic interest to the Department to inform further scheduled engagement during the year</i>		
<i>Submission/presentation of the PCC Business Plan</i>	<i>January each year</i>	<i>Sponsor Branch Team/PCC CEO, HOO, HBS</i>
<i>Formal Acknowledgment/Acceptance of the Approved PCC Business Plan</i>	<i>Within 1 month of receipt</i>	<i>Sponsor Branch Team</i>
<i>Report on assessment of progress made in the delivery of the Corporate / Business Plan's aim and objectives</i>	<i>Bi-monthly</i>	<i>Sponsor Branch Team/PCC CEO, HOO, HBS</i>

### **Joint Working**

*Add details of any interchange opportunities, and/or joint programme/project delivery Councils*

<b>Activity</b>	<b>Frequency/Timing</b>	<b>Lead Departmental/PCC Official</b>
<i>Addressing public perception of PCC's independence - Exploring role in 'independent assurance' to DoH</i>		<i>As deemed appropriate</i>

### **Council Appointments**

*Add details of any engagement related to Public Appointment exercises*

<b>Activity</b>	<b>Date</b>	<b>Lead Departmental/PCC Official</b>
<i>Activity to address current Council membership – a. review legislation around current Council constitution</i>		<i>Sponsor Branch Team/PCC CEO, HOO, HBS</i>
<i>b. recruitment of vacant positions to Council</i>		<i>PAU</i>
<i>Code of conduct for Council members</i>	<i>Once and when revised</i>	<i>PAU/PCC CEO, HOO, HBS</i>

<i>Register of Board members interests.</i>	<i>Annually</i>	
<i>All newly appointed Council Members have attended an appropriate training course preferably within 6 months of appointment. This training course (which is provided by either CIPFA or ON BOARD TRAINING) is in addition to any Induction training provided by the Chair and the PCC and increases their effectiveness in discharging their roles and responsibilities</i>		<i>Head of Business Support</i>
<p><b>Chief Executive Recruitment</b></p> <p><i>Add details of any engagement related to the recruitment of a new Chief Executive (if anticipated during the year ahead). PCC 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 Council as employer, the Department will work closely with the PCC in the recruitment and selection process in line with extant guidance.</i></p>		
<b>Activity</b>	<b>Date</b>	<b>Lead Departmental/PCC Official</b>
<i>PCC Chief Executive has acknowledged in writing receipt of a formal letter of designation as Accounting Officer defining the role and responsibilities of this position;</i>		<i>Sponsor Branch Grade 7 CNOG /PCC Chief executive</i>
<i>The PCC Chief Executive has, within six months and preferably within three months of appointment, attended an accounting officer training course run by Chief Executives Forum</i>		<i>Sponsor Branch Grade 7 CNOG/ PCC Chief Executive</i>
<i>Refresher Accounting Officer Training is undertaken at least every six years</i>		<i>Sponsor Branch Grade 7 CNOG/ PCC Chief Executive</i>

## Assurances

Add details of the timetable for submission of key assurance sources and any other assurance related activity

<b>Action</b>	<b>Date</b>	<b>Lead Departmental/PCC Official</b>
<i>Outcome of the Review of Council Effectiveness</i>	<i>Annual review with an externally facilitated review at least once every three years</i>	CNO
<i>Planning for the externally facilitated review of Council Effectiveness</i>	<i>Externally facilitated review at least once every three years</i>	CNO
<i>Council Appraisals and planned training/development for Council members</i>	<i>Following the end of the Business year.</i>	Chair
<i>Chair Appraisal</i>	<i>Following the end of the Business year. After Council Appraisals have been completed by the Chair and the annual Review of Council Effectiveness has concluded</i>	CNO
<i>Departmental Attendance at ARAC</i>	<i>Attendance as observer 1xpa</i>	Sponsor Branch Grade 7 CNOG
<i>The Annual report</i>	<i>Annually</i>	PCC CEO, HBS
<i>Assurance framework</i>	<i>Annually</i>	PCC CEO, HBS
<i>Code of practice for staff</i>	<i>Once and when revised</i>	PCC HBS

<i>Audit Committee terms of reference</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Audit Strategy</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Complaints procedure</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Anti-fraud policy</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Fraud response plan</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Whistleblowing procedures</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Grievance and disciplinary procedures</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Equality scheme</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Publication scheme</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Consultation scheme</i>	<i>Once and when revised</i>	<i>PCC HBS</i>
<i>Statement on internal controls</i>	<i>Annually</i>	<i>PCC HBS</i>
<i>Mid-year assurance statement</i>	<i>Annually</i>	<i>PCC CEO, HBS</i>
<i>Draft Governance Statement</i>	<i>May</i>	<i>PCC CEO, HBS</i>

<i>Annual report on compliance with Control Assurance Standards.</i>	<i>Annually</i>	<i>PCC CEO, HBS</i>
<i>Annual Internal Audit work plan.</i>	<i>Annually</i>	<i>PCC CEO, HBS</i>
<i>Internal Audit Progress report.</i>	<i>Annually</i>	<i>PCC CEO, HBS</i>
<i>Annual Fraud return</i>	<i>Annually</i>	<i>PCC CEO, HBS</i>
<i>The Head of Internal Audit's end of year and mid-year opinion on risk management, control and governance</i>	<i>Bi-annually</i>	<i>PCC CEO, HBS</i>
<i>Annual Report and Accounts</i>	<i>Yearly</i>	<i>Finance directorate DOH</i>
<i>Report to those Charged with Governance</i>	<i>Bi-annually</i>	<i>Governance unit DOH</i>

<i>Engagement on other planned NIAO reports</i>	<i>Ad hoc</i>	<i>NIAO/ PCC Head of Business Support</i>
<i>Head of Internal Audit Annual report/Opinion</i>	<i>Annually</i>	<i>Internal Audit/ PCC Head of Business Support</i>
<i>Internal Audit Strategy and Plans</i>	<i>Annually</i>	<i>Internal Audit/ PCC Head of Business Support</i>
<i>Internal Audit External Quality Assessment</i>	<i>To be conducted at least once every five years</i>	<i>Internal Audit/ PCC Head of Business Support</i>
<i>PCC to provide Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members.</i>	<i>Ahead of each ARAC meeting</i>	<i>PCC HBS</i>
<i>PCC to provide copies of the minutes and papers of all Council meetings to Sponsor Branch</i>	<i>Monthly</i>	<i>PCC HBS</i>



<i>PCC send a copy of their Corporate risk register to Sponsor Branch</i>	<i>Bi-annually</i>	<i>PCC HBS</i>
<i>Business continuity plan</i>	<i>Annually</i>	<i>PCC HBS</i>
<b>Budget Management</b>		
<i>Add details of the information and returns to be provided.</i>		
<b>Description of Request for Information</b>	<b>Frequency/timing</b>	<b>Lead departmental official/branch/PCC</b>
<i>Monitoring Returns</i>	<i>Monthly</i>	<i>DoH Finance Grade 7/FMU/All PCC's except Trusts and NIAS who report via SPPG</i>
<i>DoF Commissioned Monitoring Rounds</i>	<i>June, October, and January (work commences the previous month)</i>	<i>DoH Finance Grade 7/FMU/All PCC's except Trusts and NIAS who report via SPPG</i>
<i>Business cases outside APB delegated limits or falling within the definition of Novel, Contentious or repercussive</i>	<i>Ad hoc</i>	<i>DoH Finance Grade 7/FPAU/All PCCs</i>
<i>Write off outside delegated limits or which could be considered Novel, Contentious or repercussive</i>	<i>Ad hoc</i>	<i>DoH Finance Grade 7/FPAU/All PCCs</i>
<i>Clinical Negligence claims, EL/OL Claims outside delegated limits or which could be considered Novel, Contentious or repercussive</i>	<i>Ad hoc</i>	<i>DoH Finance Grade 7/FPAU/All PCCs</i>
<i>Test Drilling samples</i>	<i>Interim - November and Final – March</i>	<i>DoH Finance Grade 7/FPAU/All PCCs</i>
<i>FAU circulars and memos in relation to Year – End Accounts production*</i>	<i>Year – End (March)</i>	<i>DoH Finance Grade 7/ FAU / All PCCs</i>
<i>Circulars – FD letters*</i>	<i>Ad hoc</i>	<i>DoH Finance Grade 7/ FAU / All PCCs</i>
<i>Capital Spend Returns</i>	<i>Monthly</i>	<i>DoH Finance Grade 7/All PCCs</i>
<i>Capital Resource Limits (CRL) Returns</i>	<i>Ad hoc</i>	<i>DoH Finance Grade 7/All PCCs</i>

<i>ISNI Delivery Tracking System Updates</i>	<i>Monthly</i>	<i>DoH Finance Grade 7/All PCCs</i>
<i>Disposals</i>	<i>Bi-annually</i>	<i>DoH Finance Grade 7/All PCCs</i>
<i>General Capital Outturn</i>	<i>Annually</i>	<i>DoH Finance Grade 7/All PCCs</i>
<i>Capital Budget Exercises/10 Year Plan</i>	<i>Ad hoc</i>	<i>DoH Finance Grade 7/All PCCs</i>
<i>DoF Commissioned Monitoring Rounds – Capital</i>	<i>June, October, and January (work commences the previous month)</i>	<i>DoH Finance Grade 7/FMU/All PCCs</i>
<i>Ad Hoc Requests</i>	<i>Unknown/dependent on timescales imposed</i>	<i>All Finance/All PCCs</i>

\*Link to financial guidance [Finance, Procurement and Support Services | Department of Health \(health-ni.gov.uk\)](#):

- [External Financial Guidance](#)
- [Annual reports and accounts](#)

**Other**  
Tailor as required to reflect the specific requirements

<b>Item and Purpose</b>	<b>Submission Date</b>	<b>Lead Departmental/PCC Official</b>
<i>Accounting Officer - Fitness to Act as Accounting Officer</i>	<i>Periodic (specify) request from the departmental Accounting Officer</i>	<i>Sponsor Branch G7 and PCC CEO</i>

<i>Fraud Reporting</i>	<i>Immediate reporting of all frauds (proven or suspected including attempted fraud)</i>	<i>Department will report frauds immediately to DoF and C&amp;AG.</i>
<i>Fraud Reporting</i>	<i>Annual fraud return commissioned by DoF on fraud and theft suffered by PCC.</i>	<i>PCC HBS</i>
<i>Media management protocols – recognise independence of PCC to engage with media/announcements of corporate and policy communications significant to PCC - arrangements to share press releases where relevant – ensure no surprises.</i>		<i>PCC HBS</i>
<i>Preparation of business cases – departments and PCCs to consider working together to share expertise where appropriate.</i>	<i>When required</i>	<i>Sponsor Branch Grade 7 CNOG</i>
<i>Whistleblowing cases/ Speaking Up/Raising Concerns.</i>		<i>PCC HBS</i>
<i>Gifts and hospitality policy</i>		<i>PCC HBS</i>
<i>Review of relevance to PCC of Departmental information requests</i>	<i>6 monthly</i>	<i>PCC HBS</i>
<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/PCC Official</b>

<i>Light touch review of the Partnership Agreement</i>	<i>Schedule following the end of the Business Year</i>	<i>Sponsor Branch Grade 7 CNOG, PCC HBS</i>
<i>Formal review of the Partnership Agreement</i>	<i>To be conducted once every three years</i>	<i>Sponsor Branch Grade 7 CNOG, PCC HBS</i>

---

## ***Annex 3 - Delegations***

---

### ***Delegated authorities***

PCC 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 PCC'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.

### **PCC's Specific Delegated Authorities**

As set out at §4.4 of this Agreement, PCC is accountable to the DOH, through its Sponsor Branch, for governance and financial management within the organisation. It is operationally independent from other HSC bodies. This is necessary in enabling the PCC to fulfil its role in providing independent assurance to the Department, as set out in the HSC Framework Document<sup>8</sup>. This means that:

- PCC has a high degree of autonomy in relation to the operational activities of the PCC and how the PCC operationally fulfils its statutory functions<sup>9</sup>.

---

<sup>8</sup> [HSC Framework Document](#)

<sup>9</sup> Section 16 (1) and 17 of the Health & Social Care (Reform) Act (Northern Ireland) 2009, [Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009 \(legislation.gov.uk\)](#)

(In the context of the status of the PCC as an arms-length body of the Department of Health, this is demonstrated by a maximum degree of distance, or 'long arm', related to the operations of the organisation.)

- PCC has a low-medium degree of autonomy in relation to the governance and financial responsibilities of the organisation.

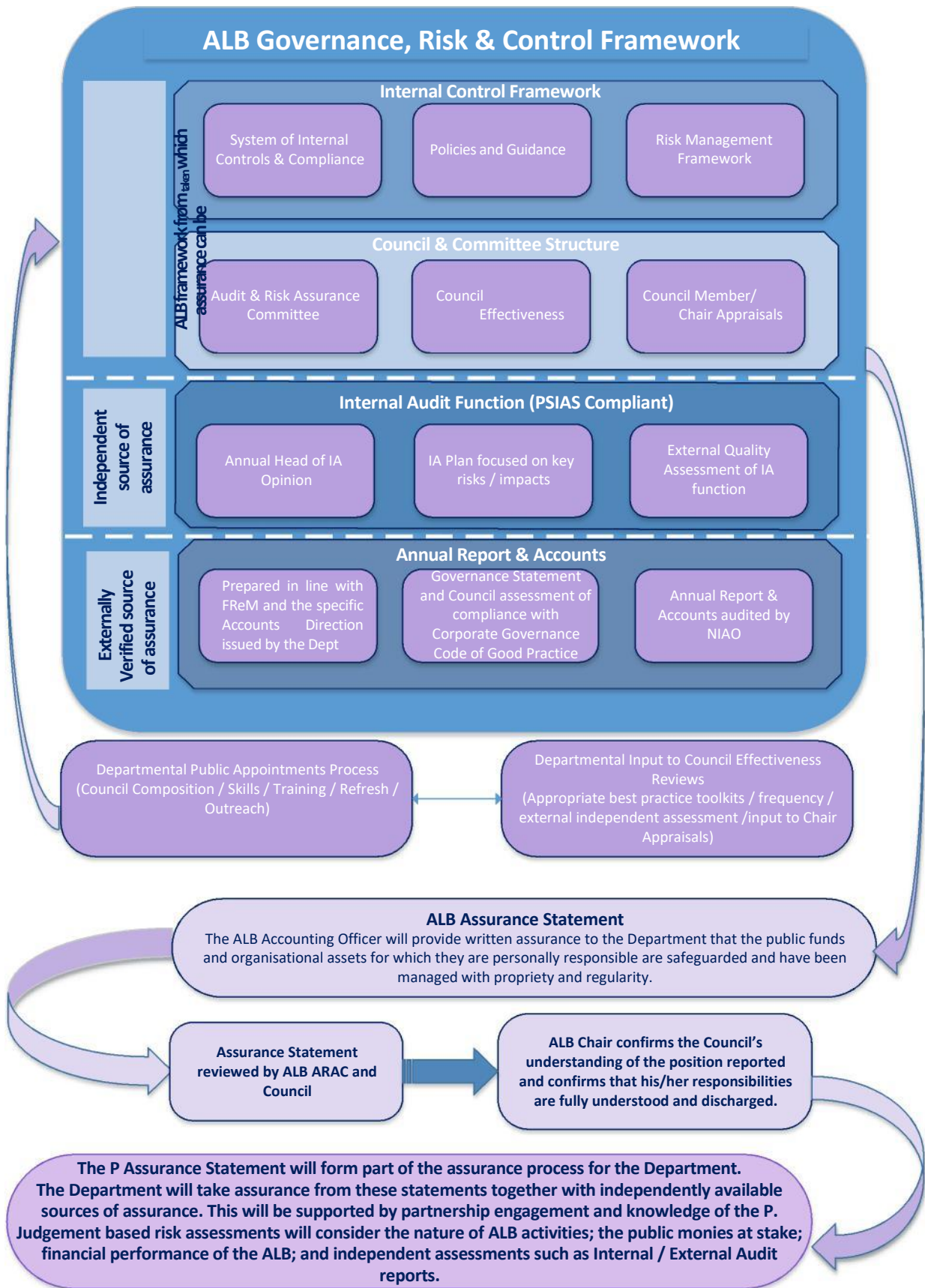
(In the context of the status of the PCC as an arms-length body of the Department of Health, this would be demonstrated by a more minimal degree of distance, or 'short arm', related to financial management and governance)

- The Accounting Officer of the DOH has established an internal framework of delegated authority for the Department and the PCC, found here:

[FMD 13-2023 - Revised HSC and NIFRS Delegated Limits.pdf](#)

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

# Annex 4 – Illustrative System of Assurance



## **Annex 5 – Concerns/Complaints in respect of Council 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 PCC Council 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 Council Members are Public Appointees/office holders rather than PCC employees a PCC employee may utilise PCC's grievance procedure/other HR procedure to raise a complaint against a Council member. The PCC employee raising the grievance should expect this to be handled in line with PCC's HR procedures.

Concerns/complaints might also be raised through:

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

Where a concern/complaint is received within PCC in respect of an individual Council Member this should be provided to the PCC 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 PCC Chair, PCC 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 Council's responsibilities are a matter for the Council to resolve through consensus based decision making in the best interests of the PCC.

Exceptionally a concern/complaint may be raised by a Council Member about a fellow Council Member or a senior member of PCC staff. The PCC 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 Council members should be reflected in all relevant procedures, including Standing Orders and Council Operating Frameworks.

## **Annex 6 - Applicable Guidance**

---

The following guidance is applicable to PCC

### **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
- Better Business Cases NI (BBCNI)
- 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

### **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

## **Annex 7 – Role of the Minister**

---

### **Role of the Minister**

The Chair of the PCC is responsible to the Minister. Communication between the Council 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 PCC 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 PCC as reflected in the PfG;
- Approving the PCC's Business Plan;
- Setting the PCC's budget; and
- Appointment of non-executive Council members. The Minister may also be involved in considering the size and composition of the PCC Council – see para 15.3.

## Annex 8

---

### NI Code of Good Practice



**NI Code of Good  
Practice v3 (300323).**