

MEETING OF THE PUBLIC TRUST BOARD

Held in public on Thursday, 5th August 2021 at 10.30am
Meeting held virtually via Microsoft Teams

AGENDA

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome; apologies and confirmation of quorum	Inform	Steve Field	Verbal	10.30
2.	Declarations of interest	Inform	Steve Field	Enclosure	
3.	Minutes of last meeting	Approve	Steve Field	Enclosure	
4.	Matters arising and action log	Review	Steve Field	Enclosure	
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
5.	Standing Orders/Standing Financial Instructions	Approve	Russell Caldicott	Enclosure	10.35
CLOSING ITEMS					
6.	Any other business	Discuss	Steve Field	Verbal	10.40
7.	Questions from the Public	Discuss	Steve Field	Verbal	
NEXT MEETING					
Thursday 2 September 2021					
EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC					
Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).					

MEETING OF THE PUBLIC TRUST BOARD – 5 August 2021

Declarations of Interest		AGENDA ITEM: 2	
Report Author and Job Title:	Trish Mills Trust Secretary	Responsible Director:	Steve Field, Trust Board Chair
Action Required	Approve ☐ Discuss ☐ Inform ☐ Assure ☒		
Executive Summary	The report presents a Register of Directors' interests to reflect the interests of the Trust Board members. The register is available to the public and to the Trust's internal and external auditors, and is published on the Trust's website to ensure both transparency and also compliance with the Information Commissioner's Office Publication Scheme.		
Recommendation	Members of the Trust Board are asked to note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Resource implications	There are no resource implications associated with this report.		
Legal and Equality and Diversity implications	It's fundamental that staff at the Trust are transparent and adhere to both our local policy and guidance set out by NHS England and declare any appropriate conflicts of interest against the clearly defined rules.		
Strategic Objectives	Safe, high quality care ☒	Care at home ☒	
	Partners ☒	Value colleagues ☒	
	Resources ☒		

Register of Directors Interests at June 2021

Name	Position held in Trust	Description of Interest
Professor Steve Field	Chair	Chair: Royal Wolverhampton NHS Trust
		Director: EJC Associates
		Trustee for Charity: Pathway Healthcare for Homeless People
		Trustee: Nishkam Healthcare Trust Birmingham
		Honorary Professor: University of Warwick
		Honorary Professor: University of Birmingham
Mr John Dunn	Vice Chair Non-executive Director	Non-Executive Director, Royal Wolverhampton NHS Trust
Mrs Anne Baines	Non-executive Director	Director/Consultant at Middlefield Two Ltd
		Associate Consultant at Provex Solutions Ltd (no longer an interest as at 25th May 2021)
		Birmingham and Solihull Mental Health Trust (from August 2021)
Ms Pamela Bradbury	Non-executive Director	STP Workforce Bureau (Vaccination Programme)
		Partner, Dr George Solomon is a Non-Executive Director at Dudley Integrated Health and Care Trust
Mr Ben Diamond	Non-executive Director	Director of the Aerial Business Ltd.
		Volunteer at Gracewell of Sutton Coldfield Care Home
		Partner - Registered nurse and General Manager at Gracewell of Sutton Coldfield Care Home
		Volunteer Vaccinator with St John's Ambulance
Mr Junior Hemans	Non-executive Director	Non-executive Director - Royal Wolverhampton NHS Trust
		Visiting Lecturer – University of Wolverhampton
		Director – Libran Enterprises (2011) Ltd
		Chair/Director - Wolverhampton African Caribbean Resource Centre
		Chair - Tuntum Housing Association (Nottingham)
		Company Secretary – The Kairos Experience Ltd.
		Member – Labour Party

Name	Position held in Trust	Description of Interest
Ms Mary Martin	Non-executive Director	Mentor – Prince's Trust
		Spouse is a therapist at Royal Wolverhampton NHS Trust
		Royal Wolverhampton NHS Trust - Non-Executive Director
		Trustee/Director, Non-Executive Member of the Board for the charity - Midlands Art Centre
		Trustee/Director, Non-Executive - B:Music Ltd
Mr Paul Assinder	Associate Non-executive Director	Director - Friday Bridge Management Company Ltd
		Non-Executive Director/Trustee - Extracare Charitable Trust (stood down 21 June 21)
		Chief Executive Officer - Dudley Integrated Health & Care Trust
		Director of Rodborough Consultancy Ltd.
		Governor of Solihull College & University Centre
Mr Rajpal Virdee	Associate Non-executive Director	Honorary Lecturer, University of Wolverhampton
		Associate of Provex Solutions Ltd.
		Lay Member, Employment Tribunal Birmingham
		Vice President of Pelsall Branch Conservative Party Association (from 19 th June 2021)
		Executive Director Children's Services - Walsall MBC
Mrs Sally Rowe	Associate Non-Executive	Trustee of the Association of Directors of Children's Services
		Chief Executive – Royal Wolverhampton NHS Trust
		Health policy advisor to the Labour and Conservative Parties
		Member – Dementia Health and Care Champion Group
		Member of Advisory Board – National Institute for Health Research
Professor David Loughton	Interim Chief Executive	Chair – West Midlands Cancer Alliance
		Director of Oaklands Management Company
		Spouse, Helen Willan, is Systems Manager at West Midlands Ambulance Service
		Clinical Adviser NHS 111/Out of Hours

Name	Position held in Trust	Description of Interest
		Non-Executive Director at whg
Prof Ann-Marie Cannaby	Interim Chief Nursing Officer/Deputy Chief Executive	Chief Nurse – Royal Wolverhampton NHS Trust
		Director – Ann-Marie Cannaby Limited
		Visiting Professor – Staffordshire University
		Honorary Fellow – La Trobe University, Victoria, Australia
		Teaching Fellow – Higher Education Academy
		Member – Royal College of Nursing
		Visiting Professor – Birmingham City University
Mr Russell Caldicott	Director of Finance and Performance	Member of the Executive for the West Midlands Healthcare Financial Management Association (HFMA)
Dr Matthew Lewis	Medical Director	Spouse, Dr Anne Lewis, is a GP and partner at The Oaks Medical Practice (Great Barr) and Blackwood Health Centre (Streetly)
		Director of Dr MJV Lewis Private Practice Ltd.
Ms Jenna Davies	Director of Governance	No Interests to declare.
Ms Catherine Griffiths	Director of People and Culture	Catherine Griffiths Consultancy Ltd
		Chartered Institute of Personnel (CIPD)
Mr Ned Hobbs	Chief Operating Officer	Father – Governor Oxford Health FT
		Sister in Law – Head of Specialist Services St Giles Hospice
Ms Ann-Marie Riley	Interim Director of Nursing	No interests to declare
Ms Glenda Augustine	Director of Performance & Improvement	No interests to declare

RECOMMENDATIONS

The Board is asked to note the report

MEETING OF THE PUBLIC TRUST BOARD
HELD ON THURSDAY, 1st JULY 2021 AT 10.30AM
HELD VIRTUALLY VIA MICROSOFT TEAMS

PRESENT

Members

Prof Steve Field CBE	Chair of the Board of Directors
Mr John Dunn	Non-Executive Director; Vice Chair, Board of Directors
Mrs Anne Baines	Non-Executive Director
Mr Ben Diamond	Non-Executive Director
Mr Junior Hemans	Non-Executive Director (left meeting after Patient Story)
Ms Mary Martin	Non-Executive Director
Mr Paul Assinder	Associate Non-Executive Director (joined at the Staff Story)
Mr Daren Fradgley	Director of Integration/Deputy Chief Executive
Prof Ann-Marie Cannaby	Interim Chief Nursing Officer/Deputy Chief Executive
Dr Matthew Lewis	Medical Director
Mr Russell Caldicott	Director of Finance and Performance
Mr Ned Hobbs	Chief Operating Officer
Ms Catherine Griffiths	Director of People and Culture
Mrs Glenda Augustine	Director of Planning and Improvement
Ms Jenna Davies	Director of Governance

In attendance

Lisa Carroll	Deputy Director of Nursing
Val Ferguson	Freedom to Speak Up Guardian
Kim Sterling	Freedom to Speak Up Guardian
Mr Garry Perry	Associate Director - Patient Relations and Experience (item 093/21)
Ms Amy Wallett	Infection Prevention and Control Lead (item 098/21)
Clair Bond	Deputy Director of People and Culture (item 103/21)
Rich Pearson	Chief Information Officers (item 103/21)
Mrs Trish Mills	Trust Secretary
Ms Jane Wilson	Staffside Representative
Ms Pat Usher	Staffside Representative
Ms Sally Evans	Director of Communications and Stakeholder Engagement
Ms Charlotte Hill	Medical Directorate Programme Lead
Ms Rani Virk	Divisional Director of Nursing, MLTC
Ms Cheryl Etches	RWT Support Team
Mr Mike Sharon	RWT Strategic Advisor to the Board
Ms Karen Kiteley	Healthwatch Walsall
Alison Nunney	Advanced Occupation Therapist Stafford ESD and Community Stroke Service;

Apologies

Prof David Loughton CBE	Interim Chief Executive
Mrs Pamela Bradbury	Non-Executive Director
Mr Rajpal Virdee	Associate Non-Executive Director
Mrs Sally Rowe	Associate Non-Executive Director

085/21	Welcome, Apologies and Confirmation of Quorum
	Prof Field welcomed everyone to the meeting and noted that the meeting would be recorded. Apologies above were noted. Prof Field thanked Mrs Trish Mills for the support she has provided to him personally and to the Board as a whole during her time as Trust Secretary, and wished her the best for her new role in the Welsh Ambulance Service NHS Trust. Prof Field also noted that this may be Dr Lewis's last meeting before he joins University Hospitals of North Midlands NHS Trust as their Chief Medical Officer. He wished Dr Lewis the very best and thanked him for everything has done at the Trust to improve patient safety for the people of Walsall.
086/21	Declarations of Interest
	The register of interests was received by the Board and the Chair noted that Mrs Martin had stood down from Extracare on 21st June. Prof Cannaby's interests had not been added on to the register, but were as follows: Chief Nurse – Royal Wolverhampton NHS Trust Director – Ann-Marie Cannaby Limited Visiting Professor – Staffordshire University Honorary Fellow – La Trobe University, Victoria, Australia Teaching Fellow – Higher Education Academy Member – Royal College of Nursing Visiting Professor – Birmingham City University Mr Virdee's recent appointment as Vice President of Pelsall Branch Conservative Party Association was also noted and will be added to the register.
087/21	Minutes of Last Meeting
	The minutes of the meeting on 3 rd June 2021 were approved as a true record.
088/21	Matters Arising and Action Log
	The Board received the action log and noted updated position statements and the items for closure as follows: Action 042/21 – This is the longstanding Board Assurance Framework (BAF) action which remains on the action log. Action 015/21 – Long-Covid development session: Mr Fradgley proposed that this session be included in the post-implementation review of the Walsall Together Business Case and scheduled later in July as they are intrinsically linked. He noted that long-Covid will also be covered in the restoration and recovery

	development session on 7th July. Agreed to close action. Action 063/21(b) – Acute Care Collaboration public engagement: The request for public engagement and involvement in the co-production of services developed through the Black Country and West Birmingham Acute Care Collaboration was raised at the Programme Board on 17th June. There is work underway with the Communication and Engagement Lead of the Black Country and West Birmingham Clinical Commissioning Group to address patient and public involvement. Communication and engagement is a standing agenda item on the Programme Board to ensure regular updates are received, and the Trust Board will be informed of developments through the Acute Care Collaboration papers. This action is complete. Action 065/21 – Improvement programme meeting with leads and chairs: Mr Dunn attended the Improvement Programme Board in June and advised there is an exercise underway to classify activity as business as usual or transformational programmes. Once this is completed a meeting will take place with the Chairs of the Committees to agree the focus. It was agreed to close this action. Action 066/21(b) – Patient story mental health on agenda of Acute Care Collaboration Board: Prof Field updated the Board that he will ensure this is added to the agenda. It was agreed to close the action. Action 066/21(c) – Patient story mental health tier 4 beds: Dr Lewis updated that discussions continue with partners on this. A clinical summit was held in June with Black Country Healthcare NHS Trust, the CCG and regional NHS team where several aspects in the management of children and young people was discussed. An action plan will be developed as a result of this. In the meantime Dr Lewis continues to engage in discussions with Black Country Healthcare NHS Trust and the CCG regarding an service level agreement for mental health provision, as well as developing a business case internally to ensure we provide outstanding mental health provision at the Trust. It was agreed to close the action. Action 070/21 – Circulation of month 1 financials: This is complete. Action 079/21 – Share breakdown of BAME community vaccine update: This is complete
089/21	Nolan Principles and Trust Values
	Prof Field brought the attention of the Board to the seven principles of public life (the Nolan Principles) and the Trust Values. Mr Hemans shared his views of the Nolan principle of objectivity, and how important it is that Board members are objective in terms of system and collaborative working to deliver excellent outcomes for the patients, staff and residents of Walsall and the Black Country. He stressed the need to be mindful of this in our planning and approach to ensure we deliver and improve services.

090/21	Chair's Report
	Prof Field reported that the Nominations and Remuneration Committee met on 16th June and approved the appointment of Professor Ann-Marie Cannaby as the interim Chief Nursing Officer/Deputy Chief Executive to Walsall Healthcare NHS Trust for six months in addition to her role as Chief Nursing Officer at the Royal Wolverhampton NHS Trust (RWT). The Committee also approved the appointment of a Walsall Healthcare NHS Trust (WHT) based Director of Nursing. Prof Cannaby reported that 11 applications had been received for the Director of Nursing role, with five strong applicants shortlisted for interview in August. Prof Field confirmed that the fit and proper person checks for 2020/21 were completed for directors, and those for 2021/22 were underway. Positive meetings had been held with the Chief Executive and leader of Walsall Council where a number of partnership issues were discussed, and the impact of the Walsall Together partnership was commended by the council.
091/21	Interim Chief Executive's Report
	Prof Cannaby presented Prof Loughton's report as he was on leave. Prof Loughton continues to divide his time between WHT and RWT. Prof Cannaby confirmed that work has started on the refurbishment of some of the wards on the old estate. Prof Cannaby added that the governance, nursing, medical and operations teams had worked very hard this month to return the evidence required for the Care Quality Commission (CQC) following their 9th March inspection. She also noted that the community team conducted an excellent CQC End of Life Assessment, and that more assessments will take place over the coming months. Prof Cannaby noted that the items before the Board today illustrated there is real strength in the organisation.
092/21	COVID-19 Board Assurance Framework Risk
	Mr Hobbs presented the COVID-19 BAF risk, noting that the overall risk score had reduced from 9 to 6 in the latest monthly cycle on the grounds of a reduced likelihood that COVID-19 prevents the board delivering its strategic objectives. He recommended however retaining the risk for another three months given the impact that the pandemic continues to have on community services and the rise in cases in the Walsall borough. Mr Assinder enquired as to whether the actions had taken account of the recent national strategy document on Long-Covid. Mr Fradgley confirmed that the strategy is being reviewed alongside the Long-Covid pathway, but will take that as

	an action to confirm through Walsall Together Prof Field requested the next report to confirm the current impact on pregnant women of COVID-19 if cases are rising, particularly on early births and rises in C-section rates. Mrs Evans confirmed there will be communication and engagement on this issue through the midwifery team and via social media. Mrs Martin sought assurance on the number of Trust staff overall who have been vaccinated and Mr Hobbs responded that 85.3% of staff had received their first vaccination, and over 75% had received the second dose. <u>Action</u> 092/21(a) - Confirmation that the national strategy document on Long-Covid has been taken into account in the Long-Covid pathways 092/21(b) - It was noted that the previous waves of COVID-19 saw a rise in early births and C-Section rates. Given the rise in COVID-19 cases in the borough, the current impact of this on pregnant women to be included in September report.
093/21	Patient Story
	Mr Garry Perry Associate Director – Patient Relations and Experience, introduced the audio story from the daughter of a patient who died in February 2020. The audio patient story reflected the issues highlighted by ‘Anita’ who felt that poor availability of a Sikh chaplain affected her mother’s dying wishes. Anita also referred to an assumption about her mother’s level of understanding which led to a patronisation when communicating with her. Learning has been taken regarding the emphasis on communication, availability of Chaplaincy information and recruitment to vacant Sikh chaplaincy post. Anita also referred to an assumption about her mother’s level of understanding which led to a patronisation when communicating with her. Mr Perry told the Board that learning has been taken from this event regarding the emphasis on communication, availability of Chaplaincy information and recruitment to vacant Sikh chaplaincy post. This includes a communications toolkit which underpins what action to take in emergencies such as this. Adverts are going out for the vacant posts and Mr Perry is working with the Chaplain on this. Mr Perry will take away suggestions by the Board to explore the use of recorded prayers where chaplains cannot be contacted. The issues will be raised in the Learning Matters newsletter and at the Patient Experience launch in the week commencing 26th July, and Anita will be involved in the action plan going forward to share insight and experience. Ms Rani Virk, Divisional Director of Nursing, Medicine and Long Term Conditions, informed the Board that patients now have a ‘what matters to me’ board behind their bed and the importance of their faith could now be included on that board. The Board passed on their thanks to Anita for bringing the issues to the attention

	of the Board and for agreeing to be involved in designing solutions to reduce the risk of this occurring for other families. The Board recognised the distress of colleagues involved in the care of Anita's mother and wanted to ensure the action plan developed will provide them with all the tools they require to deliver care in a compassionate way. Prof Field asked Mr Perry to feed back to the Board once the actions have been put in place.
PROVIDE SAFE, HIGH QUALITY CARE	
094/21	Quality, Patient Experience and Safety Committee Report
	Mr Ben Diamond chaired the Quality, Patient Experience and Safety Committee on 24th June, and he presented the highlight report, noting the following: • The patient story, which was heard at today's Trust Board, was also heard by the Committee, and there was detailed discussion on the changes put in place, and further actions planned, to address the issues raised by the patient's relative. • The Committee was assured that the historical CQC patient survey action plans had been signed off as complete and that the team were focusing on emerging surveys. • The Serious Incidents report was presented following input from the Committee in May. Three Serious Incidents were noted for May 2021, and the action plan for closure of the overdue actions was reviewed, with the oldest actions having been closed. Prof Field noted that he was reassured that work was underway, but not assured on Serious Incidents until the backlog is cleared. • The Committee was assured that safeguarding training was improving, and that governance improvements and partnership working underway will ensure training is embedded in the Trust and translated into practice. • The maternity report provided assurance in relation to recruitment to midwife and consultant positions. • The Infection Prevention and Control 2020/21 Annual Report was approved. • The Clinical Audit Plan for 2021/22 was approved. • Good progress was noted on restoration and recovery for both the acute and community.
095/21	Safe, High Quality Care Executive Report and CQC Inspection
	Dr Lewis and Ms Carroll presented the Safe, High Quality Care Report which included the BAF risk and performance dashboard which were also reviewed at the Quality, Patient Experience and Safety Committee in June. Dr Lewis drew the Board's attention to improvements to the two stage assessment under the Mental Capacity Act, recognising that this is not only an important legal task, but it is also demonstrates our response to respect the wishes of our

	patients. He noted that VTE is just below the 95% mark and that the Medicines and Long Term Conditions Division are auditing the patients who have not had an assessments to understand the cause, and to feedback to the doctors who clerk the patients on the importance of this task. Dr Lewis noted that an additional risk has been added in relation to safeguarding. The mental health risk remains at a risk score of 25 and is being reviewed regularly. There are active discussions with commissioners, the mental health Trust and regional NHS, and detailed action plans and business cases are being developed to mitigate the risk. Ms Carroll highlighted two outbreaks in May – one of MRSA colonisation and one of VRE. The outbreaks are closed and there was no harm to patients. The vacancy rate has reduced from 9% to 7% from last month and international nurses continue to on-board, with 19 in May and 27 in June.
096/21	Maternity Update
	Ms Jones-Charles presented the maternity update, noting this report provides assurance around maternity activity particularly, noting the number of births over last 12 months and 1:1 care. With respect to Ockenden, the Board were informed that we are on track with all targets, and that evidence has been uploaded to that effect on the national Ockenden portal. Ms Carroll and Ms Jones-Charles have reviewed and validated that evidence. Ms Jones-Charles confirmed that the maternity SIs have not noted any particular trends. With respect to staffing, 2.6 FTE (full time equivalent) midwives were recruited from the joint recruitment fair with RWT. The midwifery service recruited 12 FTE over June and are fast-tracking them where possible. Despite this a gap continues due to maternity leave and a favourable bank rate recently approved by the Executive is hoped to encourage staff to take up bank to cover this gap. The pressures are recognised in the risk register.
097/21	Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme
	Ms Jones-Charles reported that the maternity incentive scheme, which supports the delivery of safer maternity care, did not collect contributions during April 2020 to mitigate the financial impact COVID-19. Effectively this means that trust have had a 'year off' paying their contributions and additional time to implement the year three scheme. Mrs Jones-Charles informed the Board that the scheme is now in year three, and as with year two, the scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

	The Board reviewed progress against the ten maternity safety actions, noting all had been achieved. The Board approved the signing of the declaration form and submitting to the CNST before 15th July. Prof Cannaby congratulated the team for achieving the British Association of Perinatal Medicine (BAPM) standards. She informed the Board that it is a difficult standard to meet, and this is the first Trust she has worked at in 15 years that has achieved it. The Board commended the maternity team for this achievement and for the recruitment drive. They were encouraged to share this good practice more widely within the Trust.
098/21	Infection Prevention and Control Annual Report
	Ms Amy Wallett, Head of Infection Prevention and Control presented the Quarter 1 Infection Prevention and Control (IPC) 2021/22 report, including a summary of the IPC BAF showing a comparison from quarter 4 2020/21. The report also set out the IPC audits which are embedded in practice with a programme of work planned throughout the year. The Board noted the gaps in controls and the consequent improvement works to address them and commended Ms Wallett and the team for the work they have done during the pandemic. The Board were delighted to hear that Ms Wallett had recently returned to the Trust to lead the IPC team from University Hospitals Birmingham.
USE RESOURCES WELL	
099/21	Performance, Finance and Investment Committee Report
	Mr Dunn, Chair of the Performance, Finance and Investment Committee presented the highlight report from the Committee's meeting on 23rd June 2021, noting the following: • Post Implementation Reviews (PIRs) of business cases were presented, and it was agreed that the PIR for Walsall Together would be reviewed at a separate Committee meeting given the importance of the programme, and the success it has had in meeting its strategic objectives. • The Committee reviewed the Board Assurance Framework Risks for Use Resources Well, and Working Closely with Partners, noting that the latter had reduced its rating in month to 6. A Board Development session will be held in August to explore this further risk appetite and escalations further. • Financial performance remains strong with a surplus of £150K in month 2 and within budget for Horizon 1 (April to September 2021). • Restoration and recovery efforts in both the acute and community are on track. A Board Development session will be held to explore this further on 7th July. • Operational performance in the acute and community is strong.

	The Committee reviewed the critical IT incident on 26th May and commended the digital team and leadership for their swift recovery of the system.
100/21	Use Resources Well Executive Report
	Mr Hobbs and Mr Caldicott presented the Use Resources Well report, with Mr Caldicott noting the 2020/21 financial position has been concluded and external auditors agreed we hit our financial plan with a small surplus. Accounts and the annual report were filed on 29th June. He also noted that in month 2 of 2021/22 the Trust was reporting a small surplus of £150,000 with the potential to earn £1m of Elective Recovery Fund (ERF). The Trust is working with local partners in terms of making sure that that ERF resource is receivable and that all costs are accounted for in the STP. It is not accounted for in our reported position, which is similar to other trusts in the STP. For Horizon 1 there is a high degree of confidence the Trust will deliver the financial model put together by the STP, but there is a small risk which relates to 111 activity driving costs within the West Midlands Ambulance Service (WMAS) and discussions are continuing with the regulator and other STPs to ensure those costs are proportionate. Mr Caldicott did not see that risk materialising to an extent in Horizon 1 that would invoke the risk share arrangement. With respect to Horizon 2, the income allocation is still not known, but the Trust is working with the teams to determine budgets for the second half of the year and using Horizon 1 plus an efficiency ask as the basis for that work. There is work underway to understand the long term cost of COVID-19 to build into the recurrent budgets for 2022/23. The Board were informed that cash is strong, and on capital the Trust is on plan and moving at pace and on time with the Emergency Department. The risk to securing the additional allocation for the essential ward refurbishment is set out in the paper. Mr Hobbs noted the BAF risk for Use Resources Well has been updated but the score remains static. He added that May 2021 was the highest month of Emergency Department attendances on record and was almost 10% higher than May 2019. The national planning guidance advises trusts to expect a return to pre-Covid levels of demand, and he noted the Trust has not only returned but well exceeded that, with June likely to be similar. In that context, Mr Hobbs paid tribute to the Emergency Department teams for excellent performance in triage times and ambulance handover times. He also commended the acute and community teams for contributing to the third consecutive month in the top 20 performing Trusts in the country for the four hour emergency access standard. In elective care the Trust continues to deliver with very good access to diagnostic services, and is forecasting that June's performance will be back to delivering the constitutional standard of less than 1% of patients waiting over 6 weeks. In routine elective care Mr Hobbs was pleased to report the decreasing number of patients

	waiting in excess of 52 weeks, directly as a result of the increased operating theatres running since May. He also reported that the primary elective care risk that has been running for some months now related to access to suspected breast cancer and breast symptomatic appointments has reduced, with waiting times during June returning to within the two week standard. Mr Hobbs raised the predicted Respiratory Syncytial Virus (RSV) risk in the months ahead and the pressures that will place on the emergency pathways and the number of elective children's surgery operations the Trust will be able to undertake. He assured the Board that plans to address this are in advance draft format for dealing with that season. A break was called at 12.32pm to convene again at 1.00pm.
VALUE OUR COLLEAGUES	
101/21	People and Organisational Development Committee Report
	Mr Hemans, Chair of the People and Organisational Development Committee, presented the highlight report from the Committee meeting on 24th June 2021, noting the following: • The Committee noted good engagement with the staff pulse survey, the results from which are in the Value our Colleagues Executive Report for this meeting. • The People and Culture and the Digital Services Divisions presented their staff survey results and the action plans to address them. The Committee was encouraged to hear that the Staff Survey Oversight Group was a forum where the Divisions were able to adopt good practices from the learning, improvements and action plans of the other Divisions. • Future meetings will hear directly from the Division as to their plans to improve workforce performance metrics. • The Committee reviewed and adopted the Board Assurance Framework risks, which now encompass three separate risks and are included on the agenda of this meeting. • The Freedom to Speak up Guardians' Annual Report for 2020/21, which is also before the Board, was received by the Committee. • The teams involved in recruiting and on-boarding the overseas nurses were commended, particularly for their partnership working and the pastoral care provisions that are in place.
102/21	Value Our Colleagues Executive Report
	Ms Griffiths presented the Value Our Colleagues executive report, which included the BAF risk and workforce performance data. The Board noted that a

	complementary piece of work in addition to the international nurse recruitment includes an assessment centre which will be introduced over the summer to convert agency staff into permanent staff. Ms Griffiths noted there are zero vacancies for clinical support workers, and work continues with Walsall Housing Group to attract ancillary and support workers. The Board noted the excellent pulse survey return rate of 53.45%, which was a 20% uplift on the national staff survey, with over 2100 staff having taken the time to share their experiences. There have been some significant improvements, particularly for health and wellbeing and advocacy scores. Mrs Baines highlighted that none of the BAFs included action items to mitigate the risk. Ms Griffiths responded that this was a result of the BAF recently being split, but confirmed there were action plans for each risk under the improvement programme and all were on track. The actions and timeframes against each will appear on the next iteration.
103/21	Staff Survey
	Ms Griffiths introduced Ms Clair Bond, Deputy Director of People and Culture, and Mr Rich Pearson, Chief Information Officer. Both Directors presented their staff survey results and the action plans for their divisions. Mrs Baines asked how the learning and actions being developed by each Division are being shared Trust wide. Ms Bond responded that the Staff Survey Oversight Group was an excellent forum to do this, and that senior leaders from each Division are represented there and share best practice. The Board commended Ms Bond and Mr Pearson for the enthusiasm with which they presented their survey results and thanked them for the work they are doing leading their Divisions in this work.
104/21	Safe Staffing Report
	Ms Carroll presented the safe staffing report which had also been presented at the People and Organisational Development Committee. Ms Carroll noted that there 83 individuals are undertaking apprenticeships and 38 trainee Nursing Associates, eight of whom will complete in July, which is a pleasing investment in our own staff. She added that agency cap breaches have stayed static over the last few months, and with all the work underway currently to recruit to fill vacancies and staffing hub redeploying before going to bank or agency it is expected that will continue to fall over coming months. COVID-19 related absence is reducing but a close eye will be kept on this given the increases in CODI-19 in the area. Establishment reviews have taken place across the Trust and work is now ongoing to rebase our establishment, which will determine who we need, what skill mix and the investment required.

	The Board was informed that the Allocate e-roster system continues to roll out and the Emergency Department is the latest area to go on to e-roster. Mrs Baines queried whether the Community was included in the establishment review, given the number of vacancies it currently holds, and Ms Carroll responded that it was included, and her team is working closely with the Divisional Director for Nursing for Community to ensure it reflects a post-Covid environment. Prof Cannaby noted that the safer staffing tools used are primarily related to an acute-setting but that the desire is to understand activity across the Community so that is reflected in the reviews. Mr Fradgley advised that the trust is part of the national programme for demand and capacity, but that the review needs to be multi-disciplinary rather than just district nurses, particularly as 1600 Trust staff are represented in the Community.
105/21	Freedom to Speak Up Report Annual Report 2020/21
	Ms Sterling and Ms Ferguson presented the annual report for 2020/21. Ms Sterling advised that the perceived detriment by staff who speak up does not come out clearly in the report. She has found that staff feel that speaking up will result in some sort of negative activity towards them, with people happy to speak to the Guardians in confidence, but not always comfortable to have their identity known if escalated further. Mr Diamond noted that the perception of detriment by staff who speak up is one that he is aware of from his Pull up a Chair sessions. He urged members and others to challenge that so that staff who are brave enough to speak up feel valued and feel they have been listened to. That will support a culture of speaking up and provide confidence that detriment will not be suffered. Prof Field echoed this and thanked Ms Sterling and the Freedom to Speak Up Guardians for their report and presentation.
CARE AT HOME	
106/21	Walsall Together Partnership Board Report
	Mrs Baines, Chair of the Walsall Together Partnership Board presented the highlight report from the Board's meeting on 23rd June 2021, noting the following: - The Partnership Board discussed the verbal abuse staff in GP surgeries have been exposed to. It was recognised that this has been experienced by all partners, and that a partnership approach to communication to combat it should be coordinated by the partnership. The partnership's response to the issues of access that may be driving the behaviour was also discussed and will be explored further, as will the support that can be offered to staff. - The Partnership Board approved an approach to the governance and oversight of its response to reducing health inequalities in Walsall. This includes a Population Health and Inequalities Steering Group to coordinate

	this work and ensure strategic alignment for the reduction of health inequalities with the Integrated Care System (ICS) and at place. • The Walsall Together Outcomes Framework dashboard has matured to include broader the metrics on the wider determinants of health. • As part of the ICS/Integrated Care Provider development across the Black Country, each of the place-based partnerships have been allocated £250,000. • There are 3 risks currently rated at 16 (major) and another 2 risks rated at 20 (major). These relate to the size and scale of population health challenges; funding for ICS beds; COVID vaccination uptake in BAME communities; Walsall Healthcare recurrent investment in Community Services; and Primary care demand and capacity. Mitigations for these risks are in progress and have oversight from the integrated governance workstream and SMT respectively. • A further two risks were identified at the meeting and will be added to the risk register, including (a) the community nurses vacancies; and (b) the success of the interventions the partnership has and continues to put in place may place it in danger of not reaching the targets for Improving Access to Psychological Therapy (IAPT).
107/21	Care At Home Executive Report
	Mr Fradgley presented the Care at Home Executive Report, noting that all relevant Board Committees have been sighted on the detail in June. Mr Fradgley reiterated the invitation for members to attend the stand-alone meeting to discuss the post-implementation review for the Walsall Together business case, noting that it not only delivered its objectives, but exceeded all expectations. Mr Fradgley reported growing demand and challenges for services in the Community, citing the average cycle time for a Community Nurse in the west locality was 15 minutes pre-Covid and the average cycle time now is 48 minutes. This is as a result both of dealing with more complex conditions but also social isolations issues, as often this is the patient's only social contact of the day. Mr Fradgley informed the Board that Walsall Together had been approached by the CQC as a blueprint for an Integrated Care Provider (ICP) regulatory framework. He will keep the Board updated as this progresses. The Care at Home BAF risk has de-escalated to a risk score of 9 due to good mitigations, however he pointed out that this is below the risk appetite for this strategic objective, and that this signalled that there was an opportunity for us to do more in this area. Mr Hobbs reinforced his support for the work of the community teams in admission avoidance, and asked Mr Fradgley his thoughts on what may be driving the

	increased Emergency Department attendances. Mr Fradgley responded that the increases were predictable, and that the integrated assessment hub was introduced to mitigate that. He added that a piece of work had been commissioned to look at which parts of the system the activity is coming from, and it looks in the early stages that that is primary care i.e. public cannot access their GP so they are arriving at the general access points. He pointed out this was not a criticism of the primary care networks, as they are also seeing significant demand. Walsall Together will look at this in more detail in its coming meetings. He further added that discussions had started with the CCG to bring the Urgent Treatment Centre into the Walsall Together partnership also. Work on introducing digital access points in the community rather than the public attending the acute is also underway. In response to a query from Prof Field as to the links with the West Midlands Ambulance Service (WMAS), Mr Fradgley noted that the care navigation centre was designed for the ambulance service to give them local options, with 65% of the activity into the centre coming from WMAS or GPs directly as a route finder. By the end of the next financial quarter the centre will move to 24 hour operations, with the intention of that being the one point of access sitting behind 111 and 999.
WORK CLOSELY WITH PARTNERS	
108/21	Work Closely with Partners Executive Report
	Mr Hobbs presented the Work Closely with Partners report and BAF risk. He noted the BAF had reduced from a score of 9 to 6 on the grounds that partnership working is now much less of an impediment to delivering high quality sustainable care. He added however that that the urology integration plan between the Trust and RWT remains the key priority specialty, and we will not have the desired sustainability until that is formally approved. Prof Field congratulated the team on the level of clinical collaboration demonstrated with partners.
GOVERNANCE AND WELL LED	
109/21	Audit Committee Report
	Ms Martin, Chair of the Audit Committee presented the highlight report from the Committee meeting held on 23rd June 2021. - The 2020/21 annual report, audited financial statements, and quality account were approved by the Committee in accordance with the delegated authority provided to the Committee by the Trust Board on 3rd June 2021. The Annual General Meeting to present the annual filings will take place on 8th September. - The external auditors are still completing their work to issue their commentary on Value for Money. This should be available at the next Audit Committee for

	review and then publication on the Trust website by the deadline of 20th September 2021. - The Committee received the Head of Internal Annual Audit Opinion which was partial assurance with improvement required. It also received the final audit review of the 2020/21 programme, which was the Improvement Programme Review. That review provided partial assurance with improvement required. - The self-certification for the Trust's provider license was reviewed. This appears on the Trust Board agenda for this meeting. The Committee endorses the Trust Board's approval that the condition G6 and FT4 self-certification is formally signed off as "Confirmed" and publicised on the Trust website.
110/21	Provider License
	The self-certification for the Trust's provider license was reviewed, and Ms Davies noted that the Audit Committee endorsed its approval when it met on 23rd June. The Board approved the condition G6 and FT4 self-certification.
111/21	Charitable Funds Committee Report
	Mr Assinder, Chair of the Charitable Funds Committee presented the highlight report from the Committee meeting held on 17th June 2021. - There is good collaborative working between the charity and the Royal Wolverhampton NHS Trust (RWT) charity. - A tactical programme of work for the remainder of 2021/22 is underway, with the first draft of the long term strategy due to be reviewed by the Committee at their 9th December meeting. - The fundraising update was well received by the Committee, which noted the significant amount of work and events that have taken place and which are further planned. - The Committee approved a number expenditure requests under delegated authority totalling £91,558. - The financial value of the fund was £845,609 as at 31st March 2021. - The investment portfolio has grown from £773,000 at the start of the financial year to around £827,000 – growth of £54,000.
CLOSING ITEMS	
112/21	Any Other Business
	(a) Acute Care Collaboration Ms Augustine presented the report for information, noting that it had gone to all Trust Boards in the collaboration. Prof Field requested that this be included under the Work Closely with Partners agenda item for future meetings.

	(b) Data Security and Protection Toolkit (DSPT) Mrs Martin sought confirmation that the DSPT submission had been made on time. Mr Fradgley, Senior Information Risk Officer, confirmed it was submitted on time. He noted there were two areas that required additional improvements and both have action plans that are in the process of resolving them. The first related to cloud storage and will be completed by end of July and the second was training standards. The requirement for training is set at 95% and the Trust is at 92% with a trajectory to recover that in three months. He explained that it has not come to Audit Committee, the Performance, Finance and Investment Committee and Board as it was out of cycle given the national extension.
113/21	Questions from Public
	Mrs Pat Usher, Staffside, raised a concern that there was a noticeable lack of senior leadership representation at the opening of the reflective/memorial garden after the June Board, and that staff who took time out of their day to attend the opening and remember lost colleagues were very disappointed. Mrs Usher added her thanks to Prof Field for his attendance, but noted the opening had to be delayed as the Board meeting ran over time. This meant some staff had to return to their wards and miss the opening ceremony. Prof Field gave his apologies as did other members, recognising this was a significant event that should have been more well attended by way of respect to colleagues. Mrs Usher acknowledged that there is a commitment by the Board to the health and wellbeing of staff, but that this is not always demonstrated to staff and this was an example of that. The Board agreed to work with Staffside to honour staff, perhaps by a tree planting, and that this would come back to the next meeting. <u>Action:</u> 113/21 – Proposal for event to honour staff – possibly a tree planting – to come to September meeting. Resolution The Board resolved to invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960. The meeting finished at 2:45
	The next meeting will take place on Thursday 3rd September 2021.

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
042/20	04 June 2020	BAF and CRR	The BAF will continue to remain on the Board agenda each month until further notice.	Director of Governance	Monthly	Will remain open action for the agenda for foreseeable future	Open
063/21 (a)	06 May 2021	Acute Care Collaboration	A discussion to take place at the Walsall Together Partnership Board on how the acute care collaboration will address health inequalities and support the communications through place.	Director of Integration/Deputy CEO	02 September 2021		Not Due
066/21 (a)	06 May 2021	Patient Story (mental health)	Details of the planning in place for mental health training to come to the People and Organisational Development Committee and Mr Hemans to report back to Board.	Medical Director Chair of PODC	02 September 2021		Not Due
092/21 (a)	01 July 2021	COVID-19 BAF	Confirmation that the national strategy document on Long-Covid has been taken into account in the Long-Covid pathways	Director of Integration/Deputy CEO	02 September 2021		Not Due
092/21(b)	01 July 2021	COVID-19 BAF	It was noted that the previous waves of COVID-19 saw a rise in early births and C-Section rates. Given the rise in COVID-19 cases in the borough, the current impact of this on pregnant women to be included in September report.	Chief Operating Officer	02 September 2021		Not Due
	01 July 2021	AOB (memorial/reflection garden)	Proposal for event to honour staff – possibly a tree planting – to come to September meeting.	Director of Communications and Engagement	02 September 2021		Not Due

MEETING OF THE PUBLIC TRUST BOARD – 5th August 2021

Updating of Standing Orders and Standing Financial Instructions

AGENDA ITEM: 5

Report Author and Job Title:	Dan Mortiboys – Operational Director of Finance Trish Mills – Trust Secretary	Responsible Director:	Russell Caldicott- Director of Finance and Performance Jenna Davies – Director of Governance
Action Required	Approve ☒ Discuss ☐ Inform ☐ Assure ☐		
Executive Summary	The current Standing Orders (SOs) and Standing Financial Instructions (SFIs) were last formally updated in September 2018. Variations of financial limits have been subsequently agreed. Changes to the delegated limits in Standing Financial Instructions were approved by the Board in May 2021 with an implementation date from the 1st June 2021. This paper outlines the proposed changes to SOs and SFIs to ensure that they are fit for purpose, with the key changes outlined in the attached paper. The Audit Committee reviewed the SOs, SFIs and Scheme of Reservation and Delegation at their meeting on 26th July 2021 and endorse their approval.		
Recommendation	The Trust Board is requested to approve the revised Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.		
Does this report mitigate risk included in the BAF or Trust Risk Registers?	This report aligns to the BAF risk for use of resources and more specifically the risk to financial sustainability from increased delegated authority. The Accountability Framework implementation key and a fundamental aspect of Well Led and Care Quality Commission (CQC) assessment		
Resource implications	The resource implications are set out in this report. They centre on increased autonomy leading to increased risk of financial sustainability		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper		

Strategic Objectives	Safe, high quality care ☒	Care at home ☒
	Partners ☒	Value colleagues ☒
	Resources ☒	

Report on the Updating of Standing Orders and Standing Financial Instructions

1. PURPOSE OF REPORT

The purpose of the report is to provide the Trust Board with a summary of the changes which have been identified as part of a detailed review of the SOs and SFIs which has been undertaken during May and June 2021.

The main proposed changes to SOs and SFIs are summarised in section 3 below.

2. BACKGROUND

The Trust is required to review its SOs and SFIs on an annual basis. They were last reviewed and updated in September 2018 and approved by the Trust Board in December 2018.

A detailed review of the SOs and SFIs has been undertaken with guidance and terminology updated to the most recent publications.

SOs, SFIs and the Scheme of Reservation and Delegation to the Board provide a comprehensive governance framework for the functions of the Trust and require an annual review. All Executive and Non-Executive Directors, and Officers should be aware of the existence of these documents and, where necessary, be familiar with the detailed provisions.

3. DETAILS

The main changes to the Standing Orders are summarised below (highlighted green within SOs):

General

- A number of general updates to legislation, nomenclature, document structure, page numbering, job titles and roles have been made throughout the document, which have not been marked up.

Specific

- The foreword has been revised to provide emphasis on the importance and purpose of the SOs.
- The role of Senior Independent Director has been added to the SOs. This role supports the Trust Chair, conducts their annual appraisal and is available to members if they have concerns that cannot be resolved through normal channels (2.5).

- More specificity has been added in relation to Board Committees, in relation to their appointment, the applicability of the SOs to them and their delegations, and the confidentiality of proceedings (4.3-4.8 and 4.14).
- The role of the Auditor Panel has been added in line with the Local Audit and Accountability Act 2014 (4.10).
- The Nominations and Remuneration Committee is now the Remuneration Committee (4.11).
- The emergency powers of the Performance, Finance and Investment Committee have been clarified (5.2.2).
- Specific policies that require the Board's approval have been specified, those being the Conflicts of Interest Policy, Risk Management Policy, Fit and Proper Person Requirement Policy, and Health and Safety at Work Policy (6.1.2).
- Further detail on the standards of business conduct and the Nolan Principles have been added to embed them further in the usual business of the Trust (7.4.2-7.4.8).

The main changes to the Standing Financial Instructions are summarised below (highlighted green within SFIs):

General

- A number of general updates to legislation, policy, document structure, page numbering and job titles and roles have been made throughout the document.
 - A number of other updates have been made (and some sections confirmed) to be more in line with RWT SFIs.
- (These have not been highlighted in green)

Specific

- All values relating to approval and delegated limits have been reviewed and reflect what was agreed at Private Board. For simplicity these have been moved to an appendix within SFIs. (Appendix 1).
- Specific approval limits for losses and special payments have been added to be in line with RWT as not previously detailed. (Appendix 1).
- Reference has been added regarding the use of Purchase cards (14.5)
- Procurement levels now have more clarity around issues such as the updating of various EU procurement references. (e.g. 17.2, 17.5.2 and 17.6.1)
- Reference has been included to the use of self-employed management consultants and contractors (IR35) (18.6).
- The process for declarations of interest has been updated to reflect the revised Conflicts of Interest Policy in terms of:
 - clarity with the cost of trivial / inexpensive gifts, where they are under the value of £6 (19.6.2 (e) (i))
 - Using Electronic Staff Record (ESR) for inclusion in the Register of Interests. (27.3)
- Stocktaking arrangements have been strengthened to allow for exceptional circumstances in future years.(22.2.4)

4. RECOMMENDATIONS

The Trust Board is requested to approve the revised Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.

5. APPENDICES

Appendix 1- Revised SOs and SFIs

Appendix 2- Scheme of Reservation and Delegation

WALSALL HEALTHCARE NHS TRUST

STANDING ORDERS

August 2021
Version 2.4

Document Title		
STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS AND STANDING FINANCIAL INSTRUCTIONS		
Document Description		
Document Type	Corporate Governance Documentation	
Service Application	All Staff	
Version	2.4	
Lead Author(s)		
Name	Job Title	
Russell Caldicott	Director of Finance	
Trish Mills	Trust Secretary	
Jenna Davies	Director of Governance	
Change History		
Version	Date	Comments
2.3	9.11.19	1. A full review to ensure that the SFIs and Scheme of Delegation reflect current organisational responsibilities and current guidance and legislation
2.4	5 August 2021	A full review to ensure that the SFIs and Scheme of Delegation reflect current organisational responsibilities and current guidance and legislation. The material changes are reflected in the change table below.
Links with External Standards		
NHS Codes of Accountability		
Key Dates	DATE	
Ratification Date	5 August 2021	
Review Date	August 2022	

Executive Summary Sheet		
Document Title:	Standing Financial Instructions, Scheme of Delegation, Standing Orders	
Please Tick () as appropriate	This is a new document within the Trust	
	This is a revised Document within the Trust	✓
What is the purpose of this document?		
1. Standing Orders set out the statutory framework within which the Trust operates. This includes how the Trust Board and governance arrangements operate. 2. The Scheme of Delegation defines the control framework for committing resources. It identifies which functions the Chief Executive shall perform personally and those which have been delegated to other Directors or Officers. 3. The Standing Financial Instructions provide a business and financial framework within which all Board Members and employees of the Trust will be expected to work.		
How and when will this document be reviewed?		
The documents will be reviewed annually by the Trust Secretary Director of Governance and Director of Finance.		

Circulated to the following for consultation

Name / Committee / Group
Executive Team and Trust Management Board (July 2021)
Audit Committee (26 July 2021)
Trust Board (5 August 2021)

Version Control Summary

Version	Date	Changes	Author
2.3	9.11.19	1. A full review to ensure that the SFIs and Scheme of Delegation reflect current organisational responsibilities and current guidance and legislation	Interim Trust Secretary Director of Finance Director of Governance
2.4	5.8.21	The main changes to the <u>Standing Orders</u> are summarised below: General A number of general updates to legislation,	Interim Trust Secretary Director of Finance Director of Governance

		nomenclature, document structure, page numbering, job titles and roles have been made throughout the document. Specific • The foreword has been revised to provide emphasis on the importance and purpose of the SOs. • The role of Senior Independent Director has been added to the SOs. This role supports the Trust Chair, conducts their annual appraisal and is available to members if they have concerns that cannot be resolved through normal channels (2.5). • More specificity has been added in relation to Board Committees, in relation to their appointment, the applicability of the SOs to them and their delegations, and the confidentiality of proceedings (4.3-4.8 and 4.14). • The role of the Auditor Panel has been added in line with the Local Audit and Accountability Act 2014 (4.10). • The Nominations and Remuneration Committee is now the Remuneration Committee (4.11). • The emergency powers of the Performance, Finance and Investment Committee have been clarified (5.2.2). • Specific policies that require the Board's approval have been specified, those being the Conflicts of Interest Policy, Risk Management Policy, Fit and Proper Person Requirement Policy, and Health and Safety at Work Policy (6.1.2). • Further detail on the standards of business conduct and the Nolan Principles have been added to embed them further in the usual business of the Trust (7.4.2-7.4.8). The main changes to the <u>Standing Financial Instructions</u> are summarised below: General • A number of general updates to legislation, policy, document structure, page numbering and job titles and roles have been made throughout the document. • A number of other updates have been made (and some sections confirmed) to be more in line with RWT SFIs.	
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		Specific • All values relating to approval and delegated limits have been reviewed and reflect what was agreed at Private Board. For simplicity these have been moved to an appendix within SFIs. (Appendix 1). • Specific approval limits for losses and special payments have been added to be in line with RWT as not previously detailed. (Appendix 1). • Reference has been added regarding the use of Purchase cards (14.5) • Procurement levels now have more clarity around issues such as the updating of various EU procurement references. (e.g. 17.2, 17.5.2 and 17.6.1) • Reference has been included to the use of self-employed management consultants and contractors (IR35) (18.6). • The process for declarations of interest has been updated to reflect the revised Conflicts of Interest Policy in terms of: ○ clarity with the cost of trivial / inexpensive gifts, where they are under the value of £6 (19.6.2 (e) (i)) ○ Using Electronic Staff Record (ESR) for inclusion in the Register of Interests. (27.3) • Stocktaking arrangements have been strengthened to allow for exceptional circumstances in future years.(22.2.4)	
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FOREWORD

1. These Standing Orders and associated documents are extremely important. This document is designed to describe how the Trust operates i.e. how it is structured, how it takes decisions, and where authority and accountability is held. For effective governance the Trust Board must have in place arrangements to ensure that there is clarity about how and where decisions are made, and who makes them.
2. High standards of corporate and personal conduct are essential in the NHS. As the NHS is publicly funded, it is accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money. The Standing Orders, Standing Financial Instructions, procedures and the rules and instructions made under them provide a framework and support for the public service values which are essential to the work of the NHS of:
 - Accountability – the ability to stand the test of Parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
 - Probity – an absolute standard of honesty in dealing with the assets of the Trust; integrity in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.
 - Openness – transparency about NHS activities to promote confidence between the organisation and its staff, patients and the public.
3. The Trust Board has a responsibility to ensure that staff at all levels of the organisation confidently understand what delegated authority they have to make decisions, and are clear what to do when they do not have authority. The Scheme of Delegation sets out who has the authority to make decisions within the Trust.
4. Additional documents, which form part of these “extended” Standing Orders are:
 - Standing Financial Instructions, which detail the financial responsibilities, policies and procedures to be maintained by the Trust.
 - Schedule of Decisions Reserved to the Board of the Trust
 - Scheme of Delegated Authorities, which sets out delegated levels of authority and responsibility
5. All Executive and Non-Executive Directors and senior staff are expected to be aware of the existence of these documents, understand when they should be referred to and, where necessary and appropriate to their role, make themselves familiar with the detailed provisions.

SECTION A

INTERPRETATION AND DEFINITIONS FOR STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

Save as otherwise permitted by law, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which they should be advised by the Chief Executive or Director of Governance).

Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990 and other Acts relating to the National Health Service (including but not limited to the Health and Social Care Act 2012) or in the Financial Directions made under the Acts shall have the same meaning in these Standing Orders and Standing Financial Instructions and in addition:

"Accountable Officer" means the NHS officer responsible and accountable for funds entrusted to the Trust. The officer shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

"Trust" means Walsall Healthcare NHS Trust.

"Board" means the Chair, Executive and Non-Executive members of the Trust collectively as a body.

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

"Budget holder" means the director or employee with delegated authority to manage finances (income and expenditure) for a specific area of the organisation.

"Chair of the Board (or Trust)" is the person appointed by the Secretary of State for Health to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

"Chief Executive" means the chief officer of the Trust.

"Commissioning" means the process for determining the need for and for obtaining the supply of healthcare and related services by the Trust within available resources.

"Committee" means a committee or sub-committee created and appointed by the Trust.

"Committee members" means persons formally appointed by the Board to sit on or to chair specific committees.

"Director of Finance and Performance" means the chief financial officer of the Trust.

"Funds held on trust" shall mean those funds which the Trust holds at 1st April 1996 or date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under S.90 of the NHS Act 1977, as amended. Such funds may or may not be charitable.

"Legal Adviser" means the properly qualified person appointed by the Trust to provide legal advice.

"Member" means Executive or Non-Executive member of the Board as the context permits. Member in relation to the Board does not include its Chair.

"Associate Member" means a person appointed to perform specific statutory and non- statutory duties which have been delegated by the Trust Board for them to perform and these duties have been recorded in an appropriate Trust Board minute or other suitable record.

"Membership and Procedure Regulations" means the National Health Service (Membership and Procedure) Regulations (SI 1990 No. 2024) and subsequent amendments.

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

"Non-Executive Director" means a member of the Trust who is not an Executive of the Trust and is not to be treated as an Executive by virtue of the Membership and Procedure Regulations.

"Officer" (or staff) means employee of the Trust or any other person holding a paid appointment or office with the Trust.

"Executive Director" means is a member of the Trust who appointed in accordance with the Membership and Procedure Regulations

"Secretary to the Board" means a person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the Trust's compliance with the law, Standing Orders, and Department of Health and Social Care guidance.

"SFIs" means Standing Financial Instructions.

"SOs" means Standing Orders.

"Vice-Chair" means the Non-Executive Director appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

"Associate Board Member" – means a person appointed to a post in the Trust, which qualifies the holder for Executive membership, however that person shall be deemed a non-voting member.

"Motion" means a formal proposition to be discussed and voted on during the course of a meeting.

"NHSE/I" means NHS England and Improvement

Wherever the title Chief Executive, Director of Finance and Performance, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them.

Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust.

SECTION B – STANDING ORDERS

1. INTRODUCTION

1.1. Statutory Framework

- 1.1.1. The Walsall Healthcare NHS Trust (the Trust) is a statutory body which came into existence on 1st April 2011 under The Walsall Healthcare National Health Service Trust (Establishment) Amendment Order 2011 no 791 “Establishment Order”. This was amended on 11th February 2013 by way of the Walsall Hospitals National Health Service Trust (Establishment) Amendment Order 2013 No. 59, amending article 4 of the Establishment Order by increasing the number of directors of the trust.
- 1.1.2. The principal place of business of the Trust is Moat Road, Walsall, West Midlands, WS2 9PS.
- 1.1.3. NHS Trusts are governed by Acts of Parliament, mainly the National Health Service Act 1977 (NHS Act 1977), the National Health Service and Community Care Act 1990 (NHS & CC Act 1990) as amended by the Health Authorities Act 1995 and the Health Act 1999 and the Health and Social Care Act 2012.
- 1.1.4. The functions of the Trust are conferred by this legislation.
- 1.1.5. As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health and Social Care. The Trust also has a common law duty as a bailee for patients’ property held by the Trust on behalf of patients.
- 1.1.6. The Trust also has statutory powers under Section 28A of the NHS Act 1977, as amended by the Health Act 1999 and now contained in the NHS Act 2006, to fund projects jointly planned with local authorities, voluntary organisations and other bodies.
- 1.1.7. The Code of Accountability requires the Trust to adopt Standing Orders for the regulation of its proceedings and business. The Trust must also adopt Standing Financial Instructions as an integral part of Standing Orders setting out the responsibilities of individuals.
- 1.1.8. The Trust will also be bound by such other statutes and legal provisions which govern the conduct of its affairs.

1.2. NHS Framework

- 1.2.1. In addition to the statutory requirements the Secretary of State for Health and Social Care, through the Department of Health and Social Care issues further directions and guidance. These are normally issued under cover of a circular or letter.
- 1.2.2. The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives (a scheme of delegation). The code also requires the establishment of audit and remuneration committees with formally agreed terms of reference. The Trust’s Conflicts of Interest Policy, these Standing Orders and Codes of Conduct make various requirements concerning possible conflicts of interest of Board members.
- 1.2.3. The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS and should be considered in conjunction with the Freedom of Information Act 2000.

1.3. Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. The Standing Orders set out the detail of these arrangements. Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO 5) the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 4 or by an Officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or as the Secretary of State for Health and Social Care may direct". Delegated Powers are covered in a separate document entitled 'Schedule of Matters reserved to the Board and Scheme of Delegation' and have effect as if incorporated into the Standing Orders and Standing Financial Instructions.

1.4. Integrated Governance & Quality

Trust Boards are now encouraged to move away from silo governance and develop integrated governance that will lead to good governance and to ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical, information and research governance. Integrated governance will better enable the Board to take a holistic view of the organisation and its capacity to meet its legal and statutory requirements and clinical, quality and financial objectives.

2. THE TRUST BOARD: COMPOSITION OF MEMBERSHIP, TENURE AND ROLE OF MEMBERS

2.1. Composition of the Membership of the Trust Board

- 2.1.1. The voting membership of the Trust Board shall comprise the Chair and six Non-Executive Directors, together with up to five Executive Directors. At least half of the membership of the Trust Board, excluding the Chair, shall be independent Non-Executive Directors.
- 2.1.2. The Executive Directors **with voting rights** shall include:
 - (a) Chief Executive
 - (b) Director of Finance, or equivalent
 - (c) Medical Director
 - (d) ~~Director of Nursing~~ **Chief Nurse**, or equivalent
 - (e) Chief Operating Officer
- 2.1.3. The Board may appoint additional Executive Directors, in crucial roles in the Trust, to be non-voting members of the Trust Board. **They include:**
 - (a) **Director of Integration**
 - (b) **Director of Nursing**
 - (c) **Director of Governance**
 - (d) **Director of People and Culture**
 - (e) **Director of Planning and Improvement**
- 2.1.4. **The Board may appoint lay persons to the** Trust Board and confer the title Associate Non-Executive Director on these individuals as an indication of their corporate responsibility. These individuals are entitled to attend meetings of the Trust Board but are not Board Members for the purpose of Membership and Procedure Regulations and as such they have no voting rights.
- 2.1.5. The Trust shall have not more than 13 and not less than 8 members (unless otherwise determined by the Secretary of State for Health and Social Care, and set out in the Trust's Establishment Order or such other communication from the Secretary of State for Health and Social Care).

2.2. Appointment of Chair and Members of the Trust

- 2.2.1. Paragraph 3 of Schedule 3 to the NHS 2006 Act, provides that the Chair is appointed

by the Secretary of State for Health and Social Care, but otherwise the appointment and tenure of office of the Chair and members are set out in the Membership and Procedure Regulations and terms and conditions as set out by the NHSE/I.

2.3. Terms of Office of the Chair and Members

- 2.3.1. The regulations setting out the period of tenure of office of the Chair and members and for the termination or suspension of office of the Chair and members are contained in regulations 7 to 9 of the Membership and Procedure Regulations.

2.4. Appointment and Powers of Vice-Chair

- 2.4.1. Subject to Standing Order 2.4.2 below, the Chair and members of the Trust may appoint one of their numbers, who is not also an Executive Director, to be Vice-Chair, for such period, not exceeding the remainder of their term as a member of the Trust, as they may specify on appointing them.
- 2.4.2. Any member so appointed may at any time resign from the office of Vice-Chair by giving notice in writing to the Chair. The Chair and members may thereupon appoint another member as Vice-Chair in accordance with the provisions of Standing Order 2.4.1.
- 2.4.3. Where the Chair of the Trust has died or has ceased to hold office, or where they have been unable to perform their duties as Chair owing to illness or any other cause, the Vice-Chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be; and references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-Chair.

2.5. Appointment of the Senior Independent Director

- 2.5.1. Subject to Standing Order 2.5.2 below, the Chair and members of the Trust may appoint one of their numbers, who is not also an Executive Director, to be the Senior Independent Director for such period, not exceeding the remainder of their term as a member of the Trust, as they may specify on appointing them.
- 2.5.2. Any member so appointed may at any time resign from the role of Senior Independent Director giving notice in writing to the Chair. The Chair and members may thereupon appoint another member as Senior Independent Director in accordance with the provisions of Standing Order 2.5.1.
- 2.5.3. The senior independent director supports the Chair, conducts their annual appraisal, is available to members of the Trust if they have concerns that contact through the usual channels of the Chair, the Chief Executive, the Director of Governance or the Secretary to the Board has failed to resolve or where it would be inappropriate to use such channels.

2.6. Joint Members

- 2.6.1. Where more than one person is appointed jointly to a post mentioned in regulation 6 of the Membership and Procedure Regulations those persons shall count for the purpose of Standing Order 2.1 as one person.
- 2.6.2. Where the office of a member of the Board is shared jointly by more than one person:
- (a) either or both of those persons may attend or take part in meetings of the Board;
 - (b) if both are present at a meeting they should cast one vote if they agree;
 - (c) in the case of disagreements no vote should be cast;
 - (d) the presence of either or both of those persons should count as the presence of one person for the purposes of Standing Order 3.11 Quorum.

2.7. Role of Members

- 2.7.1. The Board will function as a corporate decision-making body, Executive and Non-Executive Members will be full and equal members. Their role as members of the Trust Board will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

(a) Chair

The Chair shall be responsible for the operation of the Board and chair all Board meetings when present. The Chair has certain delegated executive powers. The Chair must comply with the terms of appointment and with these Standing Orders.

The Chair shall liaise with the NHSE/I over the appointment of Non-Executive Directors and once appointed shall take responsibility either directly or indirectly for their induction, their portfolios of interests and assignments, and their performance.

The Chair shall work in close harmony with the Chief Executive and shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

(b) Non-Executive Directors

The Non-Executive Directors shall not be granted nor shall they seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as members of or when chairing a committee of the Trust which has delegated powers.

(c) Chief Executive

The Chief Executive shall be responsible for the overall performance of the executive functions of the Trust. The Chief Executive is the Accountable Officer for the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer Memorandum for Trust Chief Executives.

(d) Executive Directors

Executive Directors shall exercise their authority within the terms of these Standing Orders, Standing Financial Instructions and the Scheme of Delegation.

~~(3) ————— Director of Finance and Performance~~

~~The Director of Finance and Performance shall be responsible for the provision of financial advice to the Trust and to its members and for the supervision of financial control and accounting systems. He/she shall be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.~~

2.8. The Unitary Board:

The Trust Board is designed as a unitary Board with decisions to be reached by discussion and consensus, with all Executive Directors and Non-Executive Directors permitted to participate in all discussions. All members of the Trust Board are bound collectively to the decisions taken by the Board.

2.9. Corporate Role of the Board

- 2.9.1. All business shall be conducted in the name of the Trust.
- 2.9.2. All funds received in trust shall be held in the name of the Trust as corporate trustee. In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.
- 2.9.3. The powers of the Trust established under statute shall be exercised by the Board meeting in public session except as otherwise provided for in Standing Order 3.
- 2.9.4. The Board shall define and regularly review the functions it exercises on behalf of the Secretary of State for Health and Social Care.

2.10. Schedule of Matters reserved to the Board and Scheme of Delegation

The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in the 'Schedule of Matters Reserved to the Board' and shall have effect as if incorporated into the Standing Orders. Those powers which it has delegated to officers and other bodies are contained in the Scheme of Delegation.

2.11. Lead Roles for Board Members

The Chair will ensure that the designation of lead roles or appointments of Board members as required by the Department of Health and Social Care, or as set out in any statutory or other guidance will be made in accordance with that guidance or statutory requirement (e.g. appointing a lead Board Member with responsibilities for Infection Control, [Freedom to Speak Up](#) or Child Protection Services etc.).

3. MEETINGS OF THE TRUST

3.1. Calling meetings

- 3.1.1. Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Board may determine.
- 3.1.2. The Chair of the Trust may call a meeting of the Board at any time.
- 3.1.3. One third or more Members of the Board may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the Members signing the requisition may forthwith call a meeting.

3.2. Notice of Meetings and the business to be transacted

- 3.2.1. Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be delivered to every member, sent by post to the usual place of residence of each member [or by email to their usual email address or such other means as to ensure such notice is received](#), and so as to be available to members at least three clear days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.
- 3.2.2. In the case of a meeting called by members in default of the Chair calling the meeting, the notice shall be signed by those members.
- 3.2.3. No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.6.
- 3.2.4. A member desiring a matter to be included on an agenda shall make their request in writing

to the Chair at least ten clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than ten days before a meeting may be included on the agenda at the discretion of the Chair.

The Board may determine that certain matters shall appear on every agenda for a meeting of the Board either indefinitely or for a specified period.

- 3.2.5. Before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be given. A public notice shall be displayed at the Trust's principal offices and on its website at least three clear days before the meeting (required by the Public Bodies (Admission to Meetings) Act 1960 s.1(4)).

3.3. Agenda and Supporting Papers

The Agenda will be sent to members five working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will otherwise be dispatched no later than three clear days before the meeting, save in emergency.

3.4. Petitions

Where a petition has been received by the Trust the Chair shall include the petition as an item for the agenda of the next meeting.

3.5. Notice of Motion

- 3.5.1. Subject to the provision of Standing Orders 3.7 'Motions: Procedure at and during a meeting' and 3.8 'Motions to rescind a resolution', a member of the Board wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.
- 3.5.2. The notice shall be delivered at least ten clear days before the meeting. The Chair shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

3.6. Emergency Motions

Subject to the agreement of the Chair, and subject also to the provision of Standing Order 3.7 'Motions: Procedure at and during a meeting', a member of the Board may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Trust Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

3.7. Motions: Procedure at and during a meeting

3.7.1. Who may propose

A Motion may be proposed by the Chair of the meeting or any member present. It must also be seconded by another Member.

3.7.2. Contents of Motions

The Chair may exclude from the debate at their discretion any such Motion of which notice was not given on the notice summoning the meeting other than a Motion relating to:

- (a) the reception of a report;

- (b) consideration of any item of business before the Trust Board;
- (c) the accuracy of minutes;
- (d) that the Board proceed to next business;
- (e) that the Board adjourn;
- (f) that the question be now put.

3.7.3. Amendments to Motions

A Motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to Motions shall be moved relevant to the Motion, and shall not have the effect of negating the Motion before the Board.

If there are a number of amendments, they shall be considered one at a time. When a Motion has been amended, the amended Motion shall become the substantive Motion before the meeting, upon which any further amendment may be moved.

3.7.4. Rights of reply to Motions

(a) Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original Motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

(b) Substantive/original Motion

The member who proposed the substantive Motion shall have a right of reply at the close of any debate on the Motion.

3.7.5. Withdrawing a Motion

A Motion, or an amendment to a Motion, may be withdrawn.

3.7.6. Motions once under debate

When a Motion is under debate, no Motion may be moved other than:

- (a) an amendment to the Motion;
- (b) the adjournment of the discussion, or the meeting;
- (c) that the meeting proceed to the next business;
- (d) that the question should be now put;
- (e) the appointment of an 'ad hoc' committee to deal with a specific item of business;
- (f) that a member/director be not further heard;
- (g) a Motion under Section 1 (2) or Section 1 (8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press (see Standing Order 3.17).

In those cases where the Motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Board who has not taken part in the debate and who is eligible to vote.

If a Motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive Motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

3.8. Motion to Rescind a Resolution

- 3.8.1. Notice of Motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the Trust Board may refer the matter to any appropriate Committee or the Chief Executive for recommendation.
- 3.8.2. When any such motion has been dealt with by the Trust Board it shall not be competent for any member other than the Chair to propose a Motion to the same effect within six months. This Standing Order shall not apply to Motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

3.9. Chair of meeting

- 3.9.1. At any meeting of the Trust Board the Chair, if present, shall preside. If the Chair is absent from the meeting, the Vice-Chair (if the Board has appointed one), if present, shall preside.
- 3.9.2. If the Chair and Vice-Chair are absent, such member (who is not also an Officer Member of the Trust) as the Members present shall choose shall preside. This provision is also applicable to Committee meetings.

3.10. Chair's ruling

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

3.11. Quorum

- 3.11.1. No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and Members, including at least one member who is also an Executive Director of the Trust and one member who is a Non-Executive Director, is present.
- 3.11.2. An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.
- 3.11.3. If the Chair or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO No.7) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

3.12. Voting

- 3.12.1. Save as provided in Standing Orders 3.13 - Suspension of Standing Orders and 3.14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of members present and eligible to vote on the question. In the case of an equal vote, the person presiding (i.e.: the Chair of the meeting) shall have a second, and casting vote.
- 3.12.2. At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- 3.12.3. If at least one-third of the members present so request, the voting on any question may be recorded so as to show how each member present voted or did not vote (except when conducted by paper ballot).

- 3.12.4. If a member so requests, their vote shall be recorded by name.
- 3.12.5. In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.
- 3.12.6. An Officer who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise the voting rights of the Executive Director.
- 3.12.7. An Officer attending the Trust Board meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. An Officer's status when attending a meeting shall be recorded in the minutes.
- 3.12.8. For the voting rules relating to joint members see Standing Order 2.6.

3.13. Suspension of Standing Orders

- 3.13.1. Except where this would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or the rules relating to the Quorum (SO 3.11), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the Members of the Board are present, including at least one member who is an Executive Director of the Trust and one Member who is a Non-Executive Director, and that at least two-thirds of those members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Trust Board's minutes.
- 3.13.2. A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and members of the Trust.
- 3.13.3. No formal business may be transacted while Standing Orders are suspended.
- 3.13.4. The Audit Committee shall review every decision to suspend Standing Orders.

3.14. Variation and amendment of Standing Orders

- 3.14.1. These Standing Orders shall not be varied except in the following circumstances:
- (a) upon a notice of motion under Standing Order 3.5;
 - (b) upon a recommendation of the Chair or Chief Executive included on the agenda for the meeting;
 - (c) that two-thirds of the Board members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Trust's Non-Executive Directors vote in favour of the amendment;
 - (d) providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State for Health and Social Care.

3.15. Record of Attendance

The names of the Chair and Members present at the meeting shall be recorded.

3.16. Minutes

- 3.16.1. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.
- 3.16.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

3.17. Admission of public and the press

3.17.1. Admission and exclusion on grounds of confidentiality of business to be transacted

The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Trust Board **resolving** as follows:

'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960.

Guidance should be sought from the NHS Trust's Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion.

3.17.2. General disturbances

The Chair (or Vice-Chair if one has been appointed) or the person presiding over the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Trust's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Trust Board resolving as follows:

'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Trust Board to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

3.17.3. Business proposed to be transacted when the press and public have been excluded from a meeting

Matters to be dealt with by the Trust Board following the exclusion of representatives of the press, and other members of the public, as provided in 3.17.1 and 3.17.2 above, shall be confidential to the members of the Board.

Members and Officers or any employee of the Trust in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Trust, without the express permission of the Trust. This prohibition shall apply equally to the content of any discussion during the Board meeting which may take place on such reports or papers.

3.17.4. Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Trust or Committee thereof. Such permission shall be granted only upon resolution of the Trust.

3.18. Observers at Trust meetings

The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of Committees

Subject to such directions as may be given by, or on behalf of, the Secretary of State for Health

and Social Care, the Trust may, appoint Committees of the Trust, consisting wholly or partly of directors of the Trust or wholly of persons who are not directors of the Trust. Committees will be subject to review by the Trust Board from time to time. Minutes, or a representative summary of the issues considered and decisions taken, of any committee appointed under this Standing Order are to be formally recorded and submitted for inclusion onto the agenda of the next possible Trust Board meeting.

4.2. Joint Committees

- 4.2.1. Joint committees may be appointed by the Trust by joining together with one or more other health service bodies, or other Trusts consisting of, wholly or partly of the Chair and Members of the Trust or other health service bodies, or wholly of persons who are not members of the Trust or other health bodies in question.
- 4.2.2. Any committee or joint committee appointed under this Standing Order may, subject to such directions as may be given by the Secretary of State for Health and Social Care or the Trust or other health bodies in question, appoint sub-committees consisting wholly or partly of members of the committees or joint committee (whether or not they are members of the Trust or health bodies in question) or wholly of persons who are not Members of Walsall Healthcare NHS Trust

4.3. Applicability of Standing Orders and Standing Financial Instructions to Committees

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall as appropriate apply to meetings and any committees established by the Trust. In which case the term “Chair” is to be read as a reference to the Chair of other committees as the context permits, and the term “member” is to be read as a reference to a member of other committees also as the context permits. There is no requirement to hold meetings of committees established by the Trust in public.

4.4. Terms of Reference

Each such Committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide and shall be in accordance with any legislation and regulation or direction issued by the Secretary of State for Health and Social Care. Such terms of reference shall have effect as if incorporated into the Standing Orders.

4.5. Delegation of powers by Committees to Sub-Committees

Where Committees are authorised to establish sub-committees or groups they may not delegate executive powers to the sub-committee or group unless expressly authorised by the Trust Board. Each Committee shall approve the Terms of Reference of each sub-committee reporting to it. Minutes, or a representative summary of the issues considered and decisions taken of any sub-committee shall be submitted for inclusion onto the agenda of the next committee meeting to which it reports.

4.6. Approval of Appointments to Committees

The Board shall approve the appointments to each of the Committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither members nor officers, shall be appointed to a Committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State for Health and Social Care. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

4.7. Appointments for Statutory functions

Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State for Health and Social Care, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State for Health and Social Care.

4.8. Mandatory and Statutory Committees to be established by the Trust Board

The Committees to be established by the Trust will consist of statutory and mandatory; and non-mandatory committees.

4.9. Role of Audit Committee

4.9.1. The Trust Board shall appoint a committee to undertake the role of an audit committee. This role shall include providing the Trust Board with a means of independent and objective review of the financial systems and of general control systems that ensure that the Trust achieves its objectives, the reliability of the financial information used by the Trust and of compliance with law, regulations, guidance and codes of conduct. This Committee will pay due regard to good practice guidance, including, in particular, the NHS Audit Committee Handbook. [The role of the Audit Committee is also described in s.11 of the Standing Financial Instructions.](#)

4.9.2. The terms of reference of the Audit Committee shall have effect as if incorporated into these Standing Orders and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.

4.9.3. [Membership of the Audit Committee shall accord with the Local Audit and Accountability Act 2014 with respect to independence.](#)

4.10. Role of the Auditor Panel

4.10.1. [The Trust Board shall nominate its Audit Committee to act as its Auditor Panel in line with schedule 4, paragraph 1 of the Local Audit and Accountability Act 2014.](#)

4.10.2. [The Auditor panel shall advise the Trust Board on the selection and appointment of the external auditor.](#)

4.10.3. [The terms of reference of the Auditor Panel shall have effect as if incorporated into these Standing Orders and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust](#)

4.11. Role of ~~Nomination and~~ Remuneration Committee

4.11.1. The Trust Board shall appoint a Committee to undertake the role of a remuneration committee. This role shall include providing advice to the Trust Board about [the appointment and appropriate remuneration and terms of service for the Chief Executive and other Executive Directors \(Regulations 17-18, Membership and Procedure Regulations\)](#), as well as advising the Trust Board on the terms of service of other senior officers, and ensuring that the policy of the Trust Board on remuneration and terms of service is applied consistently. [The Remuneration Committee is further referred to in SFI 18.1.](#)

4.11.2. The Committee shall advise the Trust Board on the size, structure and membership and succession plans for the Trust Board and maintain oversight of the performance of the Chief Executive and Executive Directors.

4.11.3. The terms of reference of the Remuneration Committee shall have effect as if incorporated into these Standing Orders and their approval shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.

4.12. Role of the Charitable Funds Committee

- 4.12.1. The Trust Board, acting as Corporate Trustee, shall appoint a Committee to be known as the Charitable Funds Committee, whose role shall be to advise the Trust on the appropriate receipt, use and security of charitable monies.
- 4.12.2. The terms of reference of the Charitable Funds Committee shall have effect as if incorporated into these Standing Orders and shall be recorded in the appropriate minutes of the Trust Board, acting as Corporate Trustee, and may be varied from time to time by resolution of the Trust Board, acting in this capacity.

4.13. Non mandatory committees

- 4.13.1. The Trust Board shall appoint such additional non-mandatory Committees as it considers necessary to support the business and inform the decisions of the Trust Board (Regulations 15-16, Membership and Procedure Regulations).
- 4.13.2. The terms of reference of these Committees shall have effect as if incorporated into these Standing Orders. The approval of the terms of reference shall be recorded in the appropriate minutes of the Trust Board and may be varied from time to time by resolution of the Trust Board.
- 4.13.3. The membership of these Committees may comprise Non-Executive Directors or Executive Directors, or a combination of these. The membership and voting rights shall be set out in the terms of reference of the Committee and shall be subject to approval by the Board.
- 4.13.4. The current non-mandatory Committees in place are (at July 2021):
 - (a) Quality, Patient Experience and Safety Committee
 - (b) Performance, Finance and Investment Committee
 - (c) People & Organisational Development Committee
 - (d) Walsall Together Partnership Board

These are subject to change at the discretion of the Trust Board. All new, or amended non-mandatory Committees will have the same standing and will be subject to the same Standing Orders.

4.14. Proceedings in Committee to be confidential

- 4.14.1. There is no requirement for meetings of Committees and sub-committees to be held in public, or for agenda or records of these meetings to be made public. However, the records of any meetings may be required to be disclosed, should a valid request be made under the rights conferred by the Freedom of Information Act 2000, and there is no legal justification for non-disclosure.
- 4.14.2. Committee members should normally regard matters dealt with, or brought before the Committee as being subject to disclosure, unless stated otherwise by the Chair of the Committee. The Chair shall determine whether specific matters should remain confidential until they are reported to the Board.

5. ARRANGEMENTS FOR THE EXERCISE OF TRUST FUNCTIONS BY DELEGATION

5.1. Delegation of Functions to Committees, Officers or other bodies

- 5.1.1. Subject to such directions as may be given by the Secretary of State for Health and Social Care, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a Committee, sub-committee appointed by virtue of Standing Order 4, or by an officer of the Trust, or by another body as defined in Standing Order 5.1.2 below, in each

case subject to such restrictions and conditions as the Trust thinks fit.

- 5.1.2. Section 19 of the NHS Act 2006 allows for regulations to provide for the functions of Trust to be carried out by third parties. In accordance with the Membership and Procedure Regulations, the functions of the Trust may also be carried out in the following ways:

- (a) by another Trust;
- (b) jointly with any one or more of the following: NHS trusts, NHSE/I or Clinical Commissioning Groups
- (c) by arrangement with the appropriate Trust or Clinical Commissioning Group, by a joint committee or joint sub-committee of the Trust and one or more other health service bodies;
- (d) in relation to arrangements made under S63(1) of the Health Services and Public Health Act 1968, jointly with one or more NHSE/I, NHS Trusts or Clinical Commissioning Group.

- 5.1.3. Where a function is delegated by these Regulations to another Trust, then that Trust or health service body exercises the function in its own right; the receiving Trust has responsibility to ensure that the proper delegation of the function is in place. In other situations, i.e. delegation to committees, sub-committees or officers, the Trust delegating the function retains full responsibility.

5.2. Emergency Powers and urgent decisions

- 5.2.1. The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.8) may, in emergency or for urgent decisions, be exercised by the Chief Executive and the Chair. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Trust Board for formal ratification.

- 5.2.2. In the event of an urgent decision being required by the Performance, Finance and Investment Committee to respond to an opportunity or risk, the Chief Executive, the Director of Finance and Performance, or their deputies shall consult formally with the Chair of the Trust, the Chair of Performance, Finance, and Investment Committee and at least one other Non- Executive Director who will constitute an Committee of the Board for this purpose. The decision of this Committee will be reported to the next Performance, Finance and Investment Committee. The urgency procedure should only be applied in circumstances where it is not possible to hold an urgent extraordinary Performance, Finance and Investment Committee meeting.

5.3. Delegation to Committees

- 5.3.1. The Board shall agree from time to time to the delegation of executive powers to be exercised by other Committees, sub-committees, groups or joint-committees, which it has formally constituted in accordance with directions issued by the Secretary of State for Health and Social Care. The constitution and terms of reference of these committees, sub-committees, groups or joint committees, and their specific executive powers shall be approved by the Board in respect of its sub-committees.
- 5.3.2. When the Board is not meeting as the Trust in public session it shall operate as a committee and may only exercise such powers as may have been delegated to it by the Trust in public session.

5.4. Delegation to Officers

- 5.4.1. Those functions of the Trust which have not been retained as reserved by the Board or delegated to other Committee or sub-committee or joint-committee shall be exercised on behalf of the Trust- by the Chief Executive. The Chief Executive shall determine which functions they will perform personally and shall nominate Officers to undertake the remaining functions for which the Chief Executive will still retain accountability to the Trust.
- 5.4.2. The Chief Executive shall prepare a Scheme of Delegation identifying their proposals which

shall be considered and approved by the Board. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board.

- 5.4.3. Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of the Director of Finance and Performance to provide information and advise the Board in accordance with statutory or Department of Health and Social Care requirements. Outside these statutory requirements the roles of the Director of Finance and Performance shall be accountable to the Chief Executive for operational matters.

5.5. Schedule of Matters Reserved to the Trust and Scheme of Delegation of powers

The arrangements made by the Board as set out in the Schedule of Matters Reserved to the Board and Scheme of Delegation of powers shall have effect as if incorporated in these Standing Orders.

5.6. Duty to report non-compliance with Standing Orders and Standing Financial Instructions

If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Trust Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

6. OVERLAP WITH OTHER TRUST POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS

6.1. Policy statements: general principles

- 6.1.1. The Trust Board will from time to time agree and approve policy statements/ procedures which will apply to all or specific groups of staff employed by Walsall Healthcare NHS Trust. The decisions to approve such policies and procedures will be recorded in an appropriate Trust Board minute and will be deemed where appropriate to be an integral part of the Trust's Standing Orders and Standing Financial Instructions.

- 6.1.2. The policies listed below, and any other policies the Trust may resolve to approve from time to time, are reserved to the Trust Board for approval. The approval of other Trust wide policy documents is delegated to the Trust Management Board:

- (a) Conflict of Interest Policy
- (b) Risk Management Policy
- (c) Fit and Proper Person Requirement Policy
- (d) Health and Safety at Work Policy

6.2. Specific Policy statements

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policies, which shall have effect as if incorporated in these Standing Orders::

- (a) Conflicts of Interest Policy;
- (b) Disciplinary and Appeals Procedures

6.3. Standing Financial Instructions

Standing Financial Instructions adopted by the Trust Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders, as will the Reservation of Powers to the Board and Delegation of Powers.

6.4. Specific guidance

Notwithstanding the application of SO 6.1 above, these Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health and Social Care, including but not limited to:

- (a) Caldicott Guardian 1997 (and all subsequent guidance);
- (b) Human Rights Act 1998;
- (c) Freedom of Information Act 2000.

7. DUTIES AND OBLIGATIONS OF BOARD MEMBERS/DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS

7.1. Declaration of Interests

7.1.1. Requirements for Declaring Interests and applicability to Board Members

The “Managing Conflicts of Interest in the NHS: Guidance for staff and organisations” issued by NHSE/I in 2017 requires Trust Board Members to declare interests which are relevant and material to the NHS Board of which they are a member. All existing Board Members must declare such interests. Any Board members appointed subsequently should do so on appointment. All Board Members are required to confirm that they are a ‘fit and proper person’ within the meaning of the Health and Social Care Regulations.

7.1.2. Interests which are relevant and material

(a) Interests which should be regarded as "relevant and material" are:

- (i) Directorships, including Non-Executive Directorships held in private companies or Plcs (with the exception of those of dormant companies);
- (ii) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
- (iii) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS;
- (iv) A position of Authority in a charity or voluntary organisation in the field of health and social care;
- (v) Any connection with a voluntary or other organisation contracting for NHS services;
- (vi) Research funding/grants that may be received by an individual or their department;
- (vii) Interests in pooled funds that are under separate management.

(b) Any member of the Trust Board who comes to know that the Trust has entered into or proposes to enter into a contract in which they or any person connected with them (as defined in Standing Order 7.3 below and elsewhere) has any pecuniary interest, direct or indirect, the Board member shall declare their interest by giving notice in writing of such fact to the Trust as soon as practicable.

7.1.3. Advice on Interests

If Board Members have any doubt about the relevance of an interest, this should be discussed with the Chair of the Trust or with the Director of Governance.

Financial Reporting Standard No 8 (issued by the ~~Accounting Standards Board~~ Financial Reporting Council) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

7.1.4. Recording of Interests in Trust Board minutes

At the time Board members' interests are declared, they should be recorded in the Trust Board minutes. Any changes in interests should be declared at the next Trust Board meeting following the change occurring and recorded in the minutes of that meeting.

7.1.5. Publication of declared interests in Annual Report

Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

7.1.6. Conflicts of interest which arise during the course of a meeting

During the course of a Trust Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion or decision. (See overlap with SO 7.3)

7.1.7. Conflict of Interest Policy and Counter-Fraud Policy

Any potential or actual conflicts of interest must be dealt with in line with the Trust's Conflict of Interest Policy and the Trust's Counter Fraud Policy

7.2. Register of Interests

7.2.1. The Chief Executive will ensure that a Register of Interests is established to record formally declarations of interests of Board or Committee members. In particular the Register will include details of all directorships and other relevant and material interests (as defined in SO 7.1.2) which have been declared by both Executive and Non-Executive Trust Board members.

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

7.2.3. The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of local residents and to publicize arrangements for viewing it.

7.3. Exclusion of Chair and Members in proceedings on account of pecuniary interest

7.3.1. Definition of terms used in interpreting 'Pecuniary' interest

For the sake of clarity, the following definition of terms is to be used in interpreting this Standing Order:

(a) "spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);

(b) "contract" shall include any proposed contract or other course of dealing.

(c) "Pecuniary interest" Subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if:-

- (i) they, or a nominee of them, is a member of a company or other body (not being a public body), with which the contract is made, or to be made or which has a direct pecuniary interest in the same, or
- (ii) they are a partner, associate or employee of any person with whom the contract is made or to be made or who has a direct pecuniary interest in the same.

7.3.2. Exception to Pecuniary interests

A person shall not be regarded as having a pecuniary interest in any contract if:-

- (a) neither they nor any person connected with them has any beneficial interest in the securities of a company of which they or such person appears as a member, or
- (b) any interest that they or any person connected with them may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence them in relation to considering or voting on that contract, or
- (c) those securities of any company in which they (or any person connected with him/her) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.

Provided however, that where paragraph (c) above applies the person shall nevertheless be obliged to disclose/declare their interest in accordance with Standing Order 7.1.2 (ii).

7.3.3. Exclusion in proceedings of the Trust Board

- (a) Subject to the following provisions of this Standing Order, if the Chair or a member of the Trust Board has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust Board at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- (b) The Secretary of State for Health and Social Care may, subject to such conditions as they may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to them in the interests of the National Health Service that the disability should be removed. (See SO 7.3.3 on the 'Waiver' which has been approved by the Secretary of State for Health).
- (c) The Trust Board may exclude the Chair or a member of the Board from a meeting of the Board while any contract, proposed contract or other matter in which they have a pecuniary interest is under consideration.
- (d) Any remuneration, compensation or allowance payable to the Chair or a Member by virtue of paragraph 11 of Schedule 3 to the National Health Service Act 2006 shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- (e) This Standing Order applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not they are also a member of the Trust) as it applies to a member of the Trust.

7.3.4. Waiver of Standing Orders made by the Secretary of State for Health and Social Care

- (a) Power of the Secretary of State for Health and Social Care to make waivers

Under regulation 20(1) of the Membership and Procedure Regulations there is a power for the Secretary of State for Health and Social Care to issue waivers if it appears to the Secretary of State for Health and Social Care in the interests of the health service that the disability in regulation 20 (which prevents a chair or a member from taking part in the consideration or discussion of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (b) to (d) below.

- (b) Definition of 'Chair' for the purpose of interpreting this waiver

For the purposes of paragraph 7.3.3.(3) (below), the “relevant chair” is

- (i) at a meeting of the Trust, the Chair of that Trust;
- (iii) at a meeting of a Committee –
 - in a case where the member in question is the Chair of that Committee, the Chair of the Trust;
 - in the case of any other member, the Chair of that Committee.

(c) Application of waiver

A waiver will apply in relation to the disability to participate in the proceedings of the Trust on account of a pecuniary interest. It will apply to:

- (i) A member of the Trust who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of –
 - services under the National Health Service Act 2006; or
 - services in connection with a pilot scheme under the National Health Service Act 2006;

for the benefit of persons for whom the Trust is responsible.

- (ii) Where the ‘pecuniary interest’ of the member in the matter which is the subject of consideration at a meeting at which they are present:-
 - arises by reason only of the member’s role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;
 - has been declared by the relevant chair as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:-
 - are members of the same profession as the member in question,
 - are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Trust is responsible.

(d) Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

- (i) the member must disclose their interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
- (ii) the relevant chair must consult the Chief Executive before making a declaration in relation to the member in question pursuant to paragraph 7.3.3 (2) (b) above, except where that member is the Chief Executive;

(iii) in the case of a meeting of the Trust:

- the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded;
- may not vote on any question with respect to it.

(iv) in the case of a meeting of the Committee:

- the member may take part in the consideration or discussion of the

- matter which must be subjected to a vote and the outcome recorded;
- may vote on any question with respect to it; but
- the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by, the Trust Board.

7.4. Standards of Business Conduct

7.4.1. Trust Policy and National Guidance

All Trust staff and members of must comply with the Trust's Standards of Business Conduct and Conflicts of Interest Policy and the national guidance contained in HSC(93)5 on

~~'Standards of Business Conduct for NHS staff'~~ "Managing Conflicts of Interest in the NHS: Guidance for staff and organisations" issued Feb 17 by NHS England); (see SO 6.2) now in part amended by the Bribery Act 2010.

7.4.2. The Trust considers it to be a priority to maintain the confidence and continuing goodwill of its patients, public and fellow service providers. The Trust will ensure that all staff are aware of the standards expected of them and will provide guidance on their personal and professional behaviour.

7.4.3. The NHS Constitution 2016 identifies a number of key rights that all staff have and makes a number of further pledges to support staff in delivering NHS services. It goes on to set out the legal duties and expectations of all NHS staff, including:

- (a) to accept professional accountability and maintain the standards of professional practice as set out by the relevant regulatory bodies;
- (b) to act in accordance with the terms of contract of employment;
- (c) not to act in a discriminatory manner;
- (d) to protect confidentiality;
- (e) to be honest and truthful in their work;
- (f) to aim to maintain the highest standards of care and service;
- (g) to maintain training and personal development to contribute to improving services;
- (h) to raise any genuine concerns about risks, malpractice or wrongdoing at work at the earliest opportunity;
- (i) to involve patients in decisions about their care and to be open and honest with them and;
- (j) to contribute to a climate where the truth can be heard and learning from errors is encouraged.

7.4.4. The Trust adheres to and expects all staff to abide by the seven principles of public life set out by the Parliamentary Committee on Standards of Public Life. These are:

Selflessness: Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability: Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty: Holders of public office have a duty to declare any private interests relating to their

public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership: Holders of public office should promote and support these principles by leadership and example.

7.4.5. All staff are expected to conduct themselves in a manner that reflects positively on the Trust and not to act in a way that could reasonably be regarded as bringing their job or the Trust into disrepute. All staff must:

- (a) act in the best interests of the Trust and adhere to its values and this code of conduct;
- (b) respect others and treat them with dignity and fairness;
- (c) seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- (d) be honest and act with integrity and probity;
- (e) contribute to the workings of the Trust and its management and directors in order to help them to fulfil their role and functions;
- (f) recognise that all staff are individually and collectively responsible for their contribution to the performance and reputation of the Trust;
- (g) raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate and;
- (h) accept responsibility for their performance, learning and development.

7.4.6. All Directors must act in accordance with the Professional Standards Authority's 'Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England' 2012

7.4.7. Gifts and hospitality shall only be accepted in accordance with the Trust's Conflicts of Interest Policy. Officers of the Trust shall not ask for any rewards or gifts; nor shall they accept any rewards or gifts of significant value.

7.4.8. All gifts and hospitality, other than those that are of clearly minimal value (as determined by the Trust's Conflicts of Interest Policy), should be declared via the Electronic Staff Record. Acceptance of gifts by way of inducements or rewards is a criminal offence under the Fraud Act 2006 and the Bribery Act 2010.

7.4.9. Interest of Officers in Contracts

- (a) Any officer or employee of the Trust who comes to know that the Trust has entered into or proposes to enter into a contract in which they or any person connected with them (as defined in SO 7.3) has any pecuniary interest, direct or indirect, the Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or Trust's Secretary to the Board as soon as practicable.
- (b) An Officer should also declare to the Chief Executive any other employment or business or other relationship of them, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust.
- (c) The Trust will require interests, employment or relationships so declared to be entered in a register of interests of staff.

7.4.10. Canvassing of and Recommendations by Members in Relation to Appointments

Canvassing of members of the Trust or of any Committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

Members of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph of this Standing Order

shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

7.4.11. Relatives of Members or Officers

- (a) Candidates for any staff appointment under the Trust shall, when making an application, disclose in writing to the Trust whether they are related to any member or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render them liable to instant dismissal.
- (b) The Chair and every member and officer of the Trust shall disclose to the Trust Board any relationship between themselves and a candidate of whose candidature that member or officer is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.
- (c) On appointment, members (and prior to acceptance of an appointment in the case of Executive Directors) should disclose to the Trust whether they are related to any other member or holder of any office under the Trust.
- (d) Where the relationship to a member of the Trust is disclosed, the Standing Order headed 'Disability of Chair and members in proceedings on account of pecuniary interest'-(~~SO 7~~) 'Exclusion in proceedings of the Trust Board (SO7.3) shall apply.

8. CUSTODY OF SEAL, SEALING OF DOCUMENTS AND SIGNATURE OF DOCUMENTS

8.1. Custody of Seal

The common seal of the Trust shall be kept by the Chief Executive or a manager nominated by them in a secure place.

8.2. Sealing of Documents

- 8.2.1. The common seal shall not be affixed to any documents unless the sealing has been authorised by a resolution of the Board or of a committee thereof, or where the Board has delegated its powers.
- 8.2.2. Where it is necessary that a document shall be sealed, it must be approved and signed by the Director of Finance (or an officer nominated by them). The seal shall be affixed in the presence of two senior managers duly authorised by the Chief Executive, and not from the originating department, and shall be attested by them.

8.3. Register of Sealing

- 8.3.1. The Chief Executive shall keep a register in which they, or another manager authorised by them, shall enter a record of the sealing of every document.
- 8.3.2. An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing shall be made to the Trust ~~at least quarterly~~ Board after each sealing. The report shall contain details of the seal number, the description of the document and date of sealing.

8.4. Signature of documents

- 8.4.1. Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.
- 8.4.2. In land transactions, the signing of certain supporting documents will be delegated to

Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

9. MISCELLANEOUS (see overlap with SFI No. 19.3)

9.1. Joint Finance Arrangements

The Board may confirm contracts to purchase from a voluntary organisation or a local authority using its powers under Section 256 & 257 of the NHS Act 2006. The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services, using its powers under Section 256 & 257 of the NHS Act 2006.

See overlap with Standing Financial Instruction No. 19.3.

SECTION C - STANDING FINANCIAL INSTRUCTIONS

10. INTRODUCTION

10.1. General

- 10.1.1. These Standing Financial Instructions (SFIs) are issued in accordance with the Trust (Functions) Directions 2000 issued by the Secretary of State which require that each Trust shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SOs).
- 10.1.2. These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Board and the Scheme of Delegation adopted by the Trust.
- 10.1.3. These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the Trust, Walsall Together and any constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance and Performance.
- 10.1.4. Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance and Performance must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders (contained within the Trust Constitution), particularly in relation to tending and contracting procedures, which were previously contained within the Trust Constitution but are now reproduced within this document for ease of reference.
- 10.1.5. Failure to comply with Standing Financial Instructions and Standing Orders is a disciplinary matter that could result in dismissal.

10.1.6. Overriding Standing Financial Instructions

If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance shall be reported to the Director of Finance and Performance, Director of Governance and escalated to the Audit Committee as appropriate for referring action or ratification. All members of the Trust Board and officers have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance and Performance as soon as possible.

10.2. Responsibilities and delegation

10.2.1. The Trust Board

The Board exercises financial supervision and control by:

- (a) formulating the financial strategy;
- (b) requiring the submission and approval of budgets within approved allocations/overall income;
- (c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);

- (d) defining specific responsibilities placed on members of the Board and employees as indicated in the Scheme of Delegation document.

10.2.2. The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Reservation of Matters Reserved to the Board' section of this document. All other powers have been delegated to such other committees as the Trust has established.

10.2.3. **The Chief Executive**

Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Secretary of State, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities; is responsible to the Chairman and the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

10.2.4. It is a duty of the Chief Executive to ensure that existing directors and officers and all new appointees are notified of and put in a position to understand their responsibilities within these SFIs.

10.2.5. **The Director of Finance and Performance**

The Director of Finance and Performance is responsible for:

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

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

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

10.2.6. **Board Members and Employees**

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

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

10.2.7. **Contractors and their employees**

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

- 10.2.8. For all members of the Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board and employees discharge their duties must be to the satisfaction of the Director of Finance.
- 10.2.9. It shall be the duty of any officer having evidence of, or reason to suspect, financial or other irregularities or impropriety in relation to these SFIs to report these suspicions without delay to the Director of Finance and Performance and/or the Trust's Local Counter Fraud Specialist for further investigation and action as appropriate, in line with the Trust's 'Anti-Fraud, Bribery and Corruption Policy'.

11. AUDIT

11.1. Audit Committee

- 11.1.1. In accordance with Standing Orders, and following guidance from the NHS Audit Committee Handbook, the Board shall establish a committee of non-executive directors as an Audit, and Risk Committee with formal terms of reference, approved by the Board, to perform such monitoring, reviewing and other functions as are appropriate to provide an independent and objective view of internal control.
- 11.1.2. The Board shall satisfy itself that at least one member of the Audit Committee has recent and relevant financial experience.
- 11.1.3. The Audit Committee will provide an independent and objective view of internal control by:
- (a) overseeing audit arrangements, including strategic and annual audit plans for Internal and External Audit services on behalf of the Trust Board;
 - (b) reviewing financial information and systems and monitoring the integrity of the financial statements and reviewing significant reporting judgements, including the draft Annual Accounts;
 - (c) reviewing the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the Trust's activities (both clinical and non-clinical);
 - (d) reviewing schedules of write-offs and Losses and Special Payments on behalf of the Board and reviewing all occasions on which the Trust Board waives standing orders;
 - (e) ensuring that agreed actions and recommendations arising out of internal and external audit reports are appropriately progressed;
 - (f) monitoring compliance with SOs and SFIs;
 - (g) reviewing the work of other committees and other significant assurance providers, where relevant and appropriate;
 - (h) overseeing counter fraud arrangements provided by the Local Counter Fraud Specialist within the Trust; and is accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present within the organisation; and
 - (i) ensuring that the function of the Audit Committee complies, as appropriate, with the latest Healthcare Financial Management Association (HFMA) NHS Audit Committee Handbook recommendations.
- 11.1.4. Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health and Social Care. (To the Director of Finance and Performance in the first instance.)
- 11.1.5. It is the responsibility of the Director of Finance and Performance to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.

11.2. Director of Finance and Performance

11.2.1. The Director of Finance and Performance is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) ensuring that the Internal Audit is adequate and meets the Public Sector Audit Standards (PSIAS);
- (c) The Director of Finance and Performance is accountable for the provision of strategic management of all counter fraud, bribery and corruption work within the organisation.
- (d) The Director of Finance and Performance is responsible for the provision of assurance to the executive board in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.
- (e) Deciding at what stage to involve the Accredited Security Management Specialist (ASMS) and the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- (f) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee. The report must cover:
 - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards;
 - (ii) major internal financial control weaknesses discovered;
 - (iii) progress on the implementation of internal audit recommendations;
 - (iv) progress against plan over the previous year;
 - (v) strategic audit plan covering the coming three years;
 - (vi) a detailed plan for the coming year.

11.2.2. The Director of Finance and Performance, Operational Director of Finance, designated auditors, Local Counter Fraud Specialist and Accredited Security Management Specialist are entitled without necessarily giving prior notice to require and receive:

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

11.3. Internal Audit

11.3.1. Internal Audit will review, appraise and report upon:

- (a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;
- (b) the adequacy and application of financial and other related management controls;
- (c) the suitability of financial and other related management data;
- (d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) fraud and other offences;
 - (ii) waste, extravagance, inefficient administration;
 - (iii) poor value for money or other causes.
- (e) The adequacy of follow up actions to audit reports.

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

11.3.3. The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of the Trust.

11.3.4. The Head of Internal Audit shall be accountable to the Director of Finance and Performance. The reporting system for internal audit shall be agreed between the Director of Finance and Performance, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the PSIAS. The reporting system shall be reviewed at least every three years.

11.4. External Audit

11.4.1. The Local Accountability and Audit Act 2014 and The Local Audit (Health Services Bodies Auditor Panel and Independence) Regulations 2015 require the Trust to appoint external auditors. Audit Committee will ensure the Trust appoints external auditors. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on to the Trust Board if the issue cannot be resolved.

11.5. Fraud, Bribery and Corruption

11.5.1. In line with their responsibilities, the Chief Executive and Director of Finance and Performance shall monitor and ensure compliance with the NHS Standard Contract Service Condition 24 to put in place and maintain appropriate anti-fraud, bribery and corruption arrangements, having regard to the NHS Requirements of the Government Functional Standards 013: Counter Fraud.

11.5.2. The Trust shall nominate a professionally accredited Local Counter Fraud Specialist ("LCFS"), to conduct the full range of anti-fraud, bribery and corruption work on behalf of the trust as specified in the Counter Fraud Functional Standard.

11.5.3. The LCFS shall report to the Director of Finance and Performance and shall work with staff in the NHS Counter Fraud Authority, in accordance with the Counter Fraud Functional Standard, the Counter Fraud Manual and the NHS Counter Fraud Authority's Investigation Case File Toolkit.

11.5.4. The Local Counter Fraud Specialist will provide a written report, at least annually, on anti-fraud, bribery and corruption work within the Trust.

11.5.5. The Trust will report annually on how it has met the standards set by the NHS Counter Fraud Authority in relation to anti-fraud, bribery and corruption work and the Director of Finance and Performance shall sign-off the annual self-review and authorise its submission to the NHS Counter Fraud Authority. The Director of Finance and Performance shall sign-off the annual qualitative assessment (in years when this assessment is required) and submit it to the relevant authority.

11.5.6. The Trust will comply with relevant government standards including the NHS Requirements of the Government Functional Standard 013: Counter Fraud; this includes NHS Requirement 1B, which includes support of the role of the Counter Fraud Champion to promote awareness of fraud, bribery and corruption within the organisation.

11.6. Security Management

11.6.1. The Trust shall employ a suitable person to carry out the duties of the Accredited Security Management Specialist (ASMS).

11.6.2. The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director and the appointed Accredited Security Management Specialist (ASMS).

12. ALLOCATIONS, PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

12.1. Preparation and Approval of Plans and Budgets

- 12.1.1. The Chief Executive shall prepare at least every five years or more regularly as required, a statement of strategic direction for approval by the Board.
- 12.1.2. The Chief Executive will compile and submit to the Board an Annual Plan. The Plan will contain:
- (a) a statement of the significant assumptions on which the plan is based;
 - (b) details of major changes in workload, delivery of services or resources required to achieve the plan.
- 12.1.3. Prior to the start of the financial year (or in line with the internal reporting timetable) the Director of Finance and Performance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:
- (a) be in accordance with the aims and objectives set out in the Annual Plan;
 - (b) accord with workload and manpower plans;
 - (c) be produced following discussion with appropriate budget holders;
 - (d) be prepared within the limits of available funds;
 - (e) identify potential risks.
- 12.1.4. The Director of Finance and Performance shall monitor financial performance against budget and plan, periodically review them, and report to Performance Finance & Investment Committee and the Board.
- 12.1.5. Officers shall provide the Director of Finance and Performance with all financial, statistical and other relevant information as necessary, for the compilation of such budgets, plans, estimates and forecasts.
- 12.1.6. The Director of Finance and Performance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.
- 12.1.7. Operating surpluses may be used to:
- (a) spend on revenue;
 - (b) meet locally determined health needs;
 - (c) build up cash reserves for future investments;
 - (d) finance an investment or purchase; or
 - (e) make payments on a loan.
- 12.1.8. Operating surpluses may not be distributed to members.

12.2. Budgetary Delegation

- 12.2.1. The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:
- (a) the amount of the budget;
 - (b) the purpose(s) of each budget heading;
 - (c) individual and group responsibilities;
 - (d) authority to exercise virement;
 - (e) achievement of planned levels of service;
 - (f) the provision of regular reports.

- 12.2.2. The Chief Executive and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.
- 12.2.3. Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
- 12.2.4. Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance and Performance.

12.3. **Budgetary Control and Reporting**

- 12.3.1. The Director of Finance and Performance will devise and maintain systems of budgetary control. These will include:
- (a) monthly financial reports to the Board in a form approved by the Board containing:
 - (i) income and expenditure to date showing trends and forecast year-end position
 - (ii) movements in working capital;
 - (iii) summary cash flow and forecast year-end position;
 - (iv) capital project spend and projected outturn against plan;
 - (v) explanations of any material variances that explain any movements from the planned retained surplus/deficit position at the end of the current
 - (vi) details of any corrective action where necessary and the Chief Executive's and/or Director of Finance and Performance's view of whether such actions are sufficient to correct the situation;
 - (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
 - (c) investigation and reporting of variances from financial, workload and manpower budgets;
 - (d) monitoring of management action to correct variances; and
 - (e) arrangements for the authorisation of budget transfers.
- 12.3.2. The Director of Finance and Performance shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects.
- 12.3.3. Each Budget Holder is responsible for ensuring that:
- (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board;
 - (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
 - (c) no permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and manpower establishment as approved by the Board.
- 12.3.4. The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Plan and a balanced budget.
- 12.3.5. The Trust's business case procedure is to be followed by managers when proposing service changes.
- 12.3.6. Performance, Finance and Investment Committee shall monitor and review performance against Business Cases and report to the Board. Business Cases will be reported to the Board by 'exception' where benefits have not been delivered as originally approved.

12.3.7. All major business cases must be subject to a benefits realisation process, which will be monitored by the Performance, Finance and Investment Committee.

12.4. Capital Expenditure

12.4.1. The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in the tendering and contracting procedures – section 17).

12.5. Performance Monitoring Returns

12.5.1. The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the to the Independent Regulator and any other requisite monitoring organisation within the prescribed timescales; and also that:

- (a) financial performance measures have been defined and are routinely monitored;
- (b) reasonable targets have been identified for these measures;
- (c) a robust system is in place for managing performance against the targets;
- (d) reporting lines are in place to ensure that overall performance is managed effectively; and
- (e) arrangements are in place to manage/respond to adverse performance.

13. ANNUAL ACCOUNTS, REPORTS AND QUALITY ACCOUNT

13.1. Annual Accounts

13.1.1. The Director of Finance and Performance, on behalf of the Trust, will:

- (a) keep accounts and in respect of each financial year must prepare annual financial accounts, in such form as the Independent Regulator may, with the approval of NHSE/I
- (b) ensure that, in preparing annual accounts, the Trust complies with any directions given by the Independent Regulator with the approval of NHSE/I as to:
 - (j) the methods and principles according to which the accounts are to be prepared; and
 - (ii) the information to be given in the accounts;
- (c) ensure that a copy of the annual accounts and any report of the External Auditor on them are laid before Parliament and that copies of these documents are sent to the Independent Regulator in accordance with the timescales prescribed.

13.2. Auditing of Accounts

The Trust's annual accounts, financial returns and annual report must be audited by the External Auditor in accordance with appropriate auditing standards.

The Trust's Audited Annual Accounts (including the Auditor's report) must be presented to the Board for approval or the Audit Committee (when specifically delegated the power to do so, under the authority of the Board). The Trust's audited accounts must be made available to the public.

13.3. Publication of Annual Report

The Director of Governance, on behalf of the Trust, will prepare an annual report in accordance with the requirements of Department of Health's Annual Reporting Manual. This annual report will be presented to the Board for approval. A copy will be forwarded to the Independent Regulator in line with the prescribed timescales.

13.4. Quality Account

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The Director of Nursing on behalf of the Trust will prepare the Quality Report in the format prescribed by NHSEI. The Quality Report presents a balanced picture of the Trust's performance over the financial year and up to the June submission date. The Chief Executive and Chairman shall sign off the "Statement of Directors Responsibilities in respect of the "Quality Report" under the Health Act 2009 and the NHS (Quality Accounts) Regulations 2010 as well as NHSE/I Quality Account requirements.

14. BANK AND GBS ACCOUNTS

14.1. General

14.1.1. The Director of Finance and Performance is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance and directions issued from time to time by the regulator. The Board shall approve the banking arrangements.

14.1.2. The Board shall approve the banking arrangements in line with the Treasury Management Policy.

14.1.3. The Audit Committee will review banking arrangements periodically.

14.2. Bank and GBS Accounts

14.2.1. The Director of Finance and Performance is responsible for:

- (a) bank accounts and Government Banking Services (GBS) accounts
- (b) establishing separate bank accounts for the Trust's non-exchequer funds
- (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;
- (d) reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn.
- (e) monitoring compliance with NHSEI or DHSC guidance on the level of cleared funds.

14.3. Banking Procedures

14.3.1. The Director of Finance and Performance will prepare detailed instructions on the operation of bank and GBS accounts which must include:

- (a) the conditions under which each bank and GBS account is to be operated;
- (b) those authorised to sign cheques or other orders drawn on the Trust's accounts.

14.3.2. The Director of Finance and Performance must advise the Trust's bankers in writing of the conditions under which each account will be operated.

14.4. Tendering and Review

14.4.1. The Director of Finance and Performance will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders or benchmarking for the Trust's commercial banking business.

14.4.2. Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary for GBS accounts.

14.5. Purchase Cards

14.5.1. The Director of Finance and Performance shall approve the allocation, limits and operation of credit/purchase cards on behalf of the Trust (in line with SFIs 20 and 23); implement arrangements to monitor whether the credit/purchase cards are being used appropriately; and take action where inappropriate use is identified.

14.5.2 Changes to the limits of purchase cards can be approved by the Director of Finance and Performance or Operational Director of Finance.

14.5.3 Permanent changes to purchase card limits will require an approved business case.

14.5.4 All changes to limits whether temporary or permanent must be reported to the Audit Committee.

15. AGREEMENTS FOR PROVISION OF SERVICES

15.1. Contracts with Commissioners

15.1.1. The Board shall regularly review and shall at all times maintain and ensure the capacity of the Trust to provide the commissioner requested services referred to in the Provider License and other Terms of Authorisation and related schedules.

15.1.2. The Chief Executive, as Accounting Officer, supported by the Director of Finance and Performance, is responsible for ensuring that contracts are in place with commissioners for the provision of services to patients in accordance with the Business Plan.

15.1.3. Contracts with commissioners shall comply with best costing practice and shall be so devised as to minimise contractual risk whilst maximising the Trust's opportunity to generate income. Contracts with commissioners are legally binding and appropriate legal advice, identifying the organisation's liabilities under the terms of the contract, should be considered.

15.1.4. Contracts with commissioners will be signed by both parties in accordance with the Scheme of Delegation.

15.1.5. In carrying out these functions, the Chief Executive should take into account the advice of the Director of Finance and Performance regarding:

- (a) costing and pricing of services (in accordance with PbR) and the activity/volume of services planned;
- (b) payment terms and conditions;
- (c) billing systems and cash flow management;
- (d) any other matters of a financial nature;
- (e) the contract negotiation process and timetable;
- (f) the provision of contract data;
- (g) contract monitoring arrangements;
- (h) amendments to contracts; and
- (i) any other matters of a legal or non-financial nature.

15.1.6. Prices should match national tariff under PbR, where appropriate, but the Trust can negotiate locally agreed prices where services are not covered by the national tariff.

15.1.7. The Director of Finance and Performance shall produce regular reports (in the form of service line reports) detailing actual and forecast service activity income with a detailed assessment of the impact of the variable elements of income. These reports will be submitted to the Performance, Finance and Investment Committee and the Trust Board.

15.1.8. The Trust will maintain a public and up-to-date schedule of the authorised goods and services which are being currently provided, including non-mandatory health services, as set out in the Trust Licence.

15.2. Other Contracts

15.2.1. Where the Trust enters into a relationship with another organisation for the supply or receipt of services – clinical or non-clinical – the responsible officer should ensure that an appropriate

contract is in place and signed by both parties.

15.2.2. No officer shall enter into any form of contract on behalf of the Trust unless they have specific authority to do so, in line with the Scheme of Delegation and relevant Trust policies and procedures. This applies even if the contract has no obvious financial value attached to it, e.g. agreements to advertise on Trust premises or documentation. Refer also to the Trust's 'Advertising Policy' for such agreements.

15.2.3. Contracts should incorporate:

- (a) a description of the service and indicative activity levels;
- (b) the term of the agreement;
- (c) the value of the agreement;
- (d) lead officers;
- (e) performance and dispute resolution procedures; and
- (f) risk management and governance arrangements.

15.2.4. Contracts should be reviewed and agreed on an annual basis or as determined by the term of the agreement so as to ensure value for money and to minimise any potential loss of income.

15.3. Involving Partners and Jointly Managing Risk

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

15.3.1. The Trust has a duty to work together collaboratively with all other local stakeholders. The interests of the Trust will not be pursued where this will adversely impact upon the interests of the local health and care system as a whole.

15.3.2. Services that are looking to enter a financial or non-financial contract/SLA/memorandum of understanding for a product and/or service, clinical or non-clinical, either as a supplier or purchaser, have a responsibility to contact both the internal contracting and procurement teams; which are part of the Finance directorate, prior to entering into any agreement. Together they advise on the contractual processes that need to be undertaken to avoid non-payment and/or legal consequences.

16. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

Income Systems

16.1.1. The Director of Finance and Performance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

16.1.2. All such systems shall incorporate, where practicable, the principles of internal check and separation of duties.

16.1.3. The Director of Finance and Performance is also responsible for the prompt banking of all monies received.

16.2. Fees and Charges

16.2.1. The Trust shall follow the Department of Health and Social Care's guidance and regulations in

setting prices for NHS service agreements.

16.2.2. The Director of Finance and Performance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health's Commercial Sponsorship – Ethical standards in the NHS (Nov 2000), 2017 NHS England Managing Conflicts of Interest in the NHS: Guidance for staff and organisations and the Trust policy on Conflicts of Interest shall be followed.

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

16.3. Debt Recovery

16.3.1. The Director of Finance and Performance is responsible for the appropriate recovery action on all outstanding debts.

16.3.2. Outstanding debts will be reviewed periodically and follow up action taken, dependent upon the value of the debt and length of time outstanding.

16.3.3. Income and salary overpayments not received after all attempts at recovery have failed should be dealt with in accordance with losses procedures.

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

16.4. Security of Cash, Cheques and other Negotiable Instruments

16.4.1. All officers have a responsibility to ensure that any Trust monies in their possession or under their responsibility are properly safeguarded and are held securely when not in use.

16.4.2. The Director of Finance and Performance is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- (b) ordering and securely controlling any such stationery;
- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
- (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

16.4.3. Trust monies shall not under any circumstances be used for the encashment of private cheques or IOUs.

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

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

17. TENDERING AND CONTRACTING

17.1. **Duty to comply with Standing Orders and Standing Financial Instructions**

The procedure for making all contracts by or on behalf of the Trust shall comply with these Standing Orders and Standing Financial Instructions (except where Standing Order No. 3.13 Suspension of Standing Orders is applied).

The Bribery Act 2010 replaces the fragmented and complex offences at common law and in the Prevention of Corruption Acts 1889-1916. This broadly defines the new Act:

- Two general offences of bribery:
 - Offering or giving a bribe to induce someone to behave, or to reward someone for behaving, improperly; and
 - Requesting or accepting a bribe either in exchange for acting improperly, or where the request or acceptance is itself improper.
- A corporate offence of failure by a commercial organisation to prevent a bribe being given or offered by an employee or agent of the Trust, subject to a defence of 'adequate procedures' being in place at the Trust to prevent a bribe.
- Bribing a foreign official.

Staff must be aware of the provisions of the bribery risks associated with gifts and hospitality, conflicts of interest and abuse of authority within the procurement process.

Staff should be aware of the Trust's Anti-fraud, Bribery and Corruption policy and Conflicts of Interest policy.

Staff involved in tendering, procurement and contracting processes should make declarations regularly for each transaction of any interest that they may have, or family or friends may have in a supplier.

Declarations of Interests, and gifts and hospitality should also be sought regularly from staff engaged in procurement related activities.

17.2. **Government Directives Governing Public Procurement**

The United Kingdom joined the WTO Agreement on Government procurement on 1st January 2021. Under this agreement, the European Union and the United Kingdom have taken mutual commitments to give access to each other operators for goods and services and other public procurement opportunities

Directives by the Government Procurement Agreement promulgated by the Department of Health and Social Care prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

17.3. **E-Tendering**

The Trust should have policies and procedures in place for the control of all tendering activity carried out using an e-tendering system, this will incorporate reverse auction processes.

17.4. **Capital Investment in accordance with IFRS and Department of Health and Social Care Guidance**

The Trust shall comply as far as is practicable with the requirements of the Department of Health and Social Care, IFRS and "Estate code" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health and Social Care guidance "The Procurement and Management of Consultants within the NHS" and guidance from NHSE/I.

17.5. Formal Competitive Tendering

17.5.1. General Applicability

The Trust shall ensure that competitive tenders are invited for:

- (a) the supply of goods, materials and manufactured articles;
- (b) the tendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DHSC);
- (c) For the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens);
- (d) For disposals.

17.5.2. Testing/Quotations/Tendering

- (a) Informal price testing, i.e. written competitive quotes from one or more suppliers wherever possible. £0-£10,000
- (b) Competitive quotations are required from three suppliers for contracts valued at between £10,000 and £50,000
- (c) Competitive tenders should be obtained for all contracts where the estimated expenditure or income is likely to exceed £50,000 +

All include VAT.

17.5.3. It is a breach of regulations to split contracts to avoid appropriate tendering / quotation thresholds. The value used should be the overall contract value for the life of the equipment or service not annual costs, and including VAT.

17.5.4. The Trust shall ensure that requirements are tendered openly in a clear and transparent manner or procured via approved framework agreements. Use of approved frameworks must be in line with the requirements of the framework. Any use of frameworks which is not through a mini competition exercise, for example a direct award, should be justified with a waiver.

17.5.5. Health Care Services

Where the Trust elects to invite tenders for the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure and need to be read in conjunction with SFI No. 15

17.5.6. Exceptions and instances where formal tendering need not be applied

Formal tendering procedures **need not be applied** where:

- (a) the estimated expenditure or income does not, or is not reasonably expected to, exceed £50,000 (life of contract) including VAT;
- (b) where the supply is proposed under special arrangements negotiated by the DHSC in which event the said special arrangements must be complied with (such as procure22);
- (c) regarding disposals as set out in Standing Financial Instructions No. 23;

In exceptional circumstances it may be impractical to follow the tendering process. If so, a request for waiver of Standing Financial Instructions (SFIs) (relating to quotations and tenders) must be completed.

The reason for waiving competitive tendering procedures shall be documented in a permanent record and approved, before any order may be placed or any financial commitment entered into, by the relevant Executive Director and Committee.

All waivers must be completed prospectively.

If any officer is uncertain about the Trust's tendering and quotation requirements or the waiver

procedure they must contact the Trust's Procurement team for advice and guidance.

Failure to plan the work properly and as a result be time restricted is not a justification for waiver. Such instances will be recorded as non-compliant and reported to the Audit Committee.

All waivers will be reported to the Audit Committee for oversight and scrutiny purposes.

Formal tendering procedures **may be waived** in the following circumstances:

- (d) in very exceptional circumstances where the Chief Executive decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate Trust record;
- (e) where the requirement is covered by an existing contract;
- (f) where framework agreements are in place and have been approved by the procurement department;
- (g) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
- (h) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;
- (i) where specialist expertise is required and is available from only one source;
- (j) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
- (k) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;
- (l) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the Trust is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned;
- (m) where allowed and provided for in the Capital Investment Manual.

- The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

All single source waivers **MUST** be authorised by the Deputy Director of Procurement or Director of Procurement (under £50k) and Operational Director of Finance (over £50k).

17.5.7. Fair and Adequate Competition

Where the exceptions set out in SFI Nos. 17.1 and 17.5.3 do not apply, the Trust shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than three firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

Business partners and suppliers should be made aware in writing of the Trust's Anti-Fraud, Bribery and Corruption policy.

All suppliers should be required to declare any personal or family relations within the NHS organisation at the pre-contract stage.

Suppliers will be asked to complete a non-collusion declaration and non-canvassing declaration as part of the tendering process. Nil return declarations need to be made, and will be routinely sought from suppliers throughout the tendering process, at both the commencement and conclusion of the process.

If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded with the approval of the ISPD Procurement board.

Where only one tender is sought and/or received, the Operational Director of Finance and the Deputy Director of Procurement shall, as far as practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the trust.

17.5.8. List of Approved Firms

The Trust shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Director of Finance and Performance it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Executive (see SFI 17.6.8 List of Approved Firms).

17.5.9. Building and Engineering Construction Works

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Departmental of Health and Social Care approval.

17.5.10. Items which subsequently breach thresholds after original approval

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Audit Committee, and be recorded in an appropriate Trust record.

17.6. Contracting/Tendering Procedure

17.6.1. Invitation to tender

- (a) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.
- (b) The Trust may require that tenders are submitted electronically and/or in hard copy. Where tenders are required in hard copy the invitation to tender shall state that no tender will be accepted unless:
 - (i) submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the Trust (or the word "tender" followed by the subject to which it relates) and the latest date and time for the receipt of such tender addressed to the Chief Executive or nominated Manager
 - (ii) that tender envelopes/packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.
 - (iii) Every invitation to tender must require each bidder to give an undertaking not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the Trust, its employees or officers concerning the contract opportunity tendered.
 - (i v) For electronic tenders, no tender will be considered for acceptance unless submitted electronically through the appropriate process using the eTendering service as instructed in the tender.

Separate procedures shall be established to cover the electronic tendering system, which will enable tenders to be electronically handled from the [UK Government e-notification Find A Tender Service \(FTS\)](#) advertisement to award stage, with all mail and documentation sent and received via a fully auditable and verified eTendering portal.

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

17.6.2. **Receipt and safe custody of tenders**

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

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

For electronic tenders, an electronic date/time stamp of all actions is automatically created through the eTendering service. This audit trail is available for review in real-time by all officers with appropriate access rights and cannot be edited. Tenders cannot be 'opened' or supplier information viewed until the pre-determined time and date for opening has passed.

17.6.3. **Opening tenders and Register of tenders**

For Electronic Tenders:

- All tenders will be accepted by the unlocking of the E-Tendering tool.
- All changes will be fully auditable within the E-Tendering tool.

For paper based tenders:

As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Chief Executive and not from the originating department.

- (a) A member of the Trust Board will be required to be one of the two approved persons present for the opening of tenders. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the Trust's Scheme of Delegation
- (b) The 'originating' Department will be taken to mean the Department sponsoring or commissioning the tender.
- (c) The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Director of Finance and Performance or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders.
- (d) All members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department. The Trust's Secretary to the Board will count as a Director for the purposes of opening tenders.
- (e) Every tender received shall be marked with the date of opening and initialed by those present at the opening.
- (f) A register shall be maintained by the Chief Executive, or a person authorised by him, to show for each set of competitive tender invitations dispatched:
 - the name of all firms/individuals invited;

- the names of firms individuals from which tenders have been received;
- the date the tenders were opened;
- the persons present at the opening;
- the price shown on each tender;
- a note where price alterations have been made on the tender.

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

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

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

17.6.4. **Admissibility**

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

Where the form of contract includes a fluctuation clause all applications for price variations must be submitted in writing by the tenderer for approval by the Director of Finance and Performance.

17.6.5. **Late tenders**

- (a) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Chief Executive or his nominated officer decides that there are exceptional circumstances i.e. dispatched in good time but delayed through no fault of the tenderer.
- (b) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Chief Executive or his nominated officer or if the process of evaluation and adjudication has not started.
- (c) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Chief Executive or his nominated officer.

17.6.6. **Acceptance of formal tenders (See overlap with SFI No. 17.7)**

- (a) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender.
- (b) The lowest tender, if payment is to be made by the Trust, or the highest, if payment is to be received by the Trust, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

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

- (i) experience and qualifications of team members;

- (ii) understanding of client's needs;
- (iii) feasibility and credibility of proposed approach;
- (iv) ability to complete the project on time.

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

- (c) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
- (d) The use of these procedures must demonstrate that the award of the contract was:
 - (i) not in excess of the going market rate / price current at the time the contract was awarded
 - (ii) that best value for money was achieved.
- (e) All tenders should be treated as confidential and should be retained for inspection.

17.6.7. **Tender reports to the Trust Board**

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

17.6.8. **List of approved firms (see SFI No. 17.5.8)**

- (a) **Responsibility for maintaining list**
A manager nominated by the Chief Executive shall on behalf of the Trust maintain lists of approved firms from who tenders and quotations may be considered. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to tender and as to whose technical and financial competence the Trust is satisfied. All suppliers must be made aware of the Trust's terms and conditions of contract.
- (b) **Building and Engineering Construction Works**
 - (i) Invitations to tender shall be made only to firms included on the approved list of tenderers compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147) or more recent guidance.
 - (ii) Firms included on the approved list of tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, and the Disabled Persons (Employment) Act 1944 and any amending and/or related legislation.
 - (iii) Firms shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.
- (c) **Financial Standing and Technical Competence of Contractors**
The Director of Finance and Performance may make or institute any enquiries he deems appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

17.6.9. **Exceptions to using approved contractors**

If in the opinion of the Chief Executive and the Director of Finance and Performance or the Director with lead responsibility for clinical governance it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Chief Executive should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.

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

17.7. Quotations: Competitive and non-competitive

17.7.1. General Position on quotations

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed the amounts as laid down in the Trust's Scheme of Reservation and Delegation.

17.7.2. Competitive Quotations

- (a) Quotations should be obtained from at least 3 firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the Trust; or where it can be shown that less than three is a sufficient number of quotes to ensure fair and adequate competition as appropriate to ensure the Trust receives good value for money subject to market conditions.
- (b) Quotations should be in writing unless the Chief Executive or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.
- (c) All quotations should be treated as confidential and should be retained for inspection.
- (d) The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the Trust, or the highest if payment is to be received by the Trust, then the choice made and the reasons why should be recorded in a permanent record.

17.7.3. Non-Competitive Quotations

Non-competitive quotations in writing may be obtained in the following circumstances:

- (a) the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the responsible officer, possible or desirable to obtain competitive quotations;
- (b) the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts;
- (c) miscellaneous services, supplies and disposals;
- (d) where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this SFI (17.5.6 (a), (b) apply.

17.7.4. Quotations to be within Financial Limits

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

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17.8. Authorisation of Tenders and Competitive Quotations

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with (e.g. an appropriate budget exists), formal authorisation and awarding of a contract is stated in the Appendix.

17.9. Instances where formal competitive tendering or competitive quotation is not required

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

- (a) the Trust shall use the NHS Supply Chain (formerly NHS Logistics) for procurement of all goods and services unless the Chief Executive or nominated officers deem it inappropriate. The decision to use alternative sources must be documented.
- (b) If the Trust does not use the NHS Supply Chain (formerly NHS Logistics) - where tenders or quotations are not required, because expenditure is below £10,000 the Trust shall procure goods and services in accordance with procurement procedures approved by the Director of Finance and Performance.

17.10. Private Finance for capital procurement

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

- (a) The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
- (b) Where the sum exceeds delegated limits, a business case must be referred to the appropriate Department of Health for approval or treated as per current guidelines.
- (c) The proposal must be specifically agreed by the Board of the Trust in the light of such professional advice as should be reasonably sought in particular with regard to vires.
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

17.11. Compliance requirements for all contracts

The Board may only enter into contracts on behalf of the Trust within the statutory powers delegated to it by the Secretary of State and shall comply with:

- (a) The Trust's Standing Orders and Standing Financial Instructions;
- (b) Government Directives and other statutory provisions;
- (c) Any relevant directions including the Capital Investment Manual, Health Building Note HBN 00-08 Part A and B and guidance on the Procurement and Management of Consultants;
- (d) Such guides like the NHS Standard Contract Conditions as are applicable.
- (e) contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance.
- (f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.
- (g) In all contracts made by the Trust, the Board shall endeavour to obtain best value for money by use of all systems in place. The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

17.12. Personnel and Agency or Temporary Staff Contracts

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

It is important to note the difference between interim and management consultancy. An interim or independent contractor refers to self-employed workers engaged by the Trust to undertake specific work for which they directly invoice the Trust. These are generally interim contractors who are covering vacant posts or interims appointed to undertake a specific piece of work i.e. project management.

Management Consultancy is a service provided by a company to provide expertise and advice to the Trust on a specific issue where the Trust does not have the skills, expertise or capacity to deliver the required piece of work or advice.

17.13. Procurement of Consultancy Services

The Regulators have issued specific guidance setting out expenditure delegation limits for individual organisations and requiring central Regulator approval for all consultancy engagements above a certain value. All Trust budget holders must follow the latest iteration of this guidance whenever procuring consultancy services.

For consultancy engagements the latest Regulator guidance and the rules in these SFI's apply.

17.14. Healthcare Services Agreements

Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the Care Act 2014 and administered by the Trust. Service agreements are not contracts in law and therefore not enforceable by the courts. However, a contract with a Foundation Trust, being a PBC, is a legal document and is enforceable in law.

The Chief Executive shall nominate officers to commission service agreements with providers / purchasers of healthcare in line with a commissioning plan approved by the Board.

17.15. Disposals

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

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;
- (c) items to be disposed of with an estimated sale value of less than £10,000 this figure to be reviewed on a periodic basis;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- (e) land or buildings concerning which DHSC guidance has been issued but subject to compliance with such guidance.

All such instances will be fully documented.

17.16. In-house Services

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

- 17.16.2. In all cases where the Board determines that in-house services should be subject to competitive tendering the following groups shall be set up:
- (a) Specification group, comprising the Chief Executive or nominated officer/s and specialist.
 - (b) In-house tender group, comprising a nominee of the Chief Executive and technical support.
 - (c) Evaluation team, comprising normally a specialist officer, a supplies officer and a Director of Finance and Performance representative. For services having a likely annual expenditure exceeding £1,000,000, a non-executive member should be a member of the evaluation team.
- 17.16.3. All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.
- 17.16.4. The evaluation team shall make recommendations to the Board.
- 17.16.5. The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.
- 17.17. **Applicability of SFIs on Tendering and Contracting to funds held in trust**
- 17.17.1. These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the Trust's trust funds and private resources.
- 17.17.2. Contracts Involving Funds Held on Trust - shall do so individually to a specific named fund. Such contracts involving charitable funds shall comply with the requirements of the Charities Acts/Charity Commission.

18. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EXECUTIVE COMMITTEE AND EMPLOYEES

18.1. Board Remuneration and Terms of Service

- 18.1.1. In accordance with Standing Orders the Board shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.
- 18.1.2. The Committee will:
- (a) Make decisions and inform the Board about appropriate remuneration and terms of service for the Chief Executive, other very senior managers including:
 - all aspects of salary (including any performance-related elements / bonuses);
 - provisions for other benefits, including pensions and cars;
 - arrangements for termination of employment and other contractual terms;
 - (b) Agree and inform the Board on the remuneration and terms of service of officer members of the Board (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
 - (c) monitor and evaluate the performance of individual officer members (and other senior employees);
 - (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such

national guidance as is appropriate.

18.1.3. The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of officer members. Minutes of the Board's meetings should record such decisions.

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

18.1.5. The Trust will pay allowances to the Chairman and Non-Executive Directors of the Board in accordance with instructions issued by the Secretary of State for Health.

18.2. Funded Establishment

18.2.1. The workforce plans incorporated within the annual budget will form the funded establishment.

18.2.2. The funded establishment of any department may not be varied without the approval of the Chief Executive.

18.2.3. Each Director must ensure that all of their budget holders operate within the agreed staffing establishment.

18.3. Staff Appointments

18.3.1. No officer or member of the Trust Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) unless authorised to do so by the Chief Executive or nominated representative;
- (b) within the limit of their approved budget and funded establishment.

18.3.2. The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc., for employees.

18.3.3. All staff engagements must comply with the latest regulations on staff appointments issued by the Independent Regulator and HM Revenue and Customs (HMRC).

18.4. Processing Payroll

18.4.1. The Director of Finance and Performance is responsible for:

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

18.4.2. The Director of Finance and Performance will issue instructions regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;
- (e) checks to be applied to completed payroll before and after payment;

- (f) authority to release payroll data under the provisions of the Data Protection Act;
- (g) methods of payment available to various categories of employee and officers;
- (h) procedures for payment by cheque, bank credit, or cash to employees and officers;
- (i) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;
- (k) maintenance of regular and independent reconciliation of pay control accounts;
- (l) separation of duties of preparing records and handling cash;
- (m) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

18.4.3. Appropriately nominated managers have delegated responsibility for:

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

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

Managers and employees are jointly responsible and accountable for ensuring that claims for pay and expenses are timely and correct.

18.4.5. All employees have a responsibility to check their own payslips each month and bring any under or overpayments to the attention of the Trust's Payroll and Pensions department as soon as discovered so that appropriate corrective action can be taken. The Trust has specific policies in relation to the recovery of salary overpayments and also the correcting of salary underpayments.

18.5. **Contracts of Employment**

18.5.1. It is the responsibility of the Director of People and Culture for:

- (a) ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation; and
- (b) dealing with variations to, or termination of, contracts of employment.

18.6. **Use of self-employed management consultants and contractors (IR35)**

18.6.1. The Director of People and Culture shall establish procedures to ensure that the Trust's interests are protected in the contractual arrangements entered into with self-employed consultants and contractors. These procedures shall ensure that the contractual arrangements do not contravene HM Revenues and Customs' requirements regarding the avoidance of tax and national insurance contributions through the use of intermediaries, such as service companies or partnerships, known as Intermediaries Legislation, or "IR35".

18.6.2. All Trust officers responsible for procuring services from self-employed individuals shall ensure that they comply with the procedures established.

19. NON-PAY EXPENDITURE

19.1. Delegation of Authority

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

19.1.2. The Chief Executive will set out:

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

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

19.2. Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

19.2.1. Official Ordering and Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Director of Finance and Performance (and/or the Chief Executive) shall be consulted.

19.2.2. System of Payment and Payment Verification

The Director of Finance and Performance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

19.2.3. The Director of Finance and Performance will:

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

- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
 - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
 - the account is arithmetically correct, with discounts having being taken as appropriate;
 - the account is in order for payment, containing a valid cost code.
- (iii) A timetable and system for submission to the Director of Finance and Performance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
- (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 20.2.4 below.

19.2.4. Prepayments

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

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages.
- (b) The appropriate officer must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) The Director of Finance and Performance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account Government public procurement rules where the contract is above a stipulated financial threshold);
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

19.2.5. Official orders

Official orders must:

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

19.2.6. Duties of Managers and Officers

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

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation) leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance and Performance in advance of any commitment being made;
- (b) contracts above specified thresholds are advertised and awarded in accordance with Government rules on public procurement;
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health and Social Care and NHSE/I;
- (d) Comply with Procurement Policy Notices issued by the Cabinet Office
- (e) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars, where they are under the value of £6;
 - (ii) conventional hospitality, such as lunches in the course of working visits;

(This provision needs to be read in conjunction with Standing Order No. 6 and the principles outlined in the national guidance contained in “Managing Conflicts of interest in the NHS: Guidance for staff and organisations” issued Feb 17 by NHS England and 2017 NHS England Managing Conflicts of Interest in the NHS: Guidance for staff and organisations);

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

19.2.7. The Chief Executive and Director of Finance and Performance, Contracts and Performance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with all applicable guidance. The technical audit of these contracts shall be the responsibility of the relevant Director.

19.3. Joint Finance Arrangements with Local Authorities and Voluntary Bodies

19.3.1. Payments to local authorities and voluntary organisations made under the powers of section 256 & 257 of the NHS Act 2006 **shall** comply with procedures laid down by the Director of Finance and Performance which shall be in accordance with these Acts. (See overlap with Standing Order No. 9.1)

19.3.2 Section 75 partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities. Resources and management structures can be integrated and functions can be reallocated between partners.

20. EXTERNAL BORROWING & INVESTMENTS

The Director of Finance and Performance will be responsible for the management of the Trust's cash flow.

20.1. External Borrowing

- 20.1.1. The Trust must ensure must ensure compliance with the Prudential Borrowing Code set by the Independent Regulator.
- 20.1.2. The Director of Finance and Performance will advise the Board concerning the Trust's ability to pay interest on, and repay, both the originating capital debt and any proposed new borrowing. The Director of Finance and Performance is also responsible for reporting periodically to the Board concerning the originating debt and all loans, overdrafts and associated interest.
- 20.1.3. The Board will agree the list of employees (including specimens of their signatures) who are authorised to make short term borrowings on behalf of the Trust. This must contain the Chief Executive, Deputy Chief Executive and the Director of Finance and Performance.
- 20.1.4. The Director of Finance and Performance must prepare detailed procedural instructions concerning applications for loans and overdrafts.
- 20.1.5. All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money, and comply with the latest guidance from the Department of Health.
- 20.1.6. Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Director of Finance and Performance. The Board must be made aware of all short term borrowings at the next Board meeting.
- 20.1.7. All long-term borrowing must be consistent with the plans outlined in the current Annual Plan and be approved by the Trust Board.

20.2. Investments

- 20.2.1. The Audit Committee will review and approve the Trust's Treasury Management Policy
- 20.2.2. Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board
- 20.2.3. The Director of Finance and Performance is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.
- 20.2.4. The Director of Finance and Performance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

21. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

21.1. Capital Investment

21.1.1. The Chief Executive:

- (a) shall ensure that there is an adequate appraisal and approval process in place for

- determining capital expenditure priorities and the effect of each proposal upon business plans;
- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.

21.1.2. For every capital expenditure proposal the Chief Executive shall ensure:

- (a) that a business case is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - (ii) the involvement of appropriate Trust personnel and external agencies;
 - (iii) appropriate project management and control arrangements;
- (b) that the Director of Finance and Performance has reviewed and confirmed the accuracy of costs and revenue consequences detailed in the business case.

Every business case requiring authorisation above the division/directorate's delegated authorities will need an executive sponsor.

21.1.3. For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of Health Building Note HBN 00-08 Part A and B.

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

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

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

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

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender (see overlap with SFI No. 17.6);
- (c) approval to accept a successful tender (see overlap with SFI No. 17.6).

The Chief Executive will issue a scheme of delegation for capital investment management and the Trust's Standing Orders.

21.1.7. The Director of Finance and Performance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes as determined by the Department of Health's Delegated Limits for Capital Investment (Gateway reference 15284) and other NHSEI guidance.

21.2. Private Finance

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

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

- (b) Where the sum involved exceeds delegated limits, the business case must be referred to the Department of Health or in line with any current guidelines.
- (c) The proposal must be specifically agreed by the Board.

21.3. Asset Registers

- 21.3.1. The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance and Performance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted at least once a year.
- 21.3.2. Each Trust shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified within the International Financial Reporting Standards, (IFRS).
- 21.3.3. Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
 - (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
 - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 21.3.4. Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 21.3.5. The Director of Finance and Performance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 21.3.6. The value of each asset shall be indexed to current values in accordance with methods specified in IFRS or as specifically directed by the Department of Health and Social Care.
- 21.3.7. The value of each asset shall be depreciated using methods and rates as specified in IFRS or as specifically directed by the Department of Health and Social Care
- 21.3.8. The Director of Finance and Performance of the Trust shall calculate and pay capital charges as specified IFRS or as specifically directed by the Department of Health and Social Care.
- 21.3.9. All departments must ensure that where equipment is loaned out, it is reported to the Finance Department. A register of loan equipment will be maintained on behalf of the Director of Finance and Performance.

21.4. Security of Assets

- 21.4.1. The overall control of fixed assets is the responsibility of the Chief Executive.
- 21.4.2. Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance and Performance. This procedure shall make provision for:
 - (a) recording managerial responsibility for each asset;
 - (b) identification of additions and disposals;
 - (c) identification of all repairs and maintenance expenses;
 - (d) physical security of assets;
 - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
 - (f) identification and reporting of all costs associated with the retention of an asset;
 - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

- 21.4.3. All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance and Performance.
- 21.4.4. Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.
- 21.4.5. Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and employees in accordance with the procedure for reporting losses.
- 21.4.6. Where practical, assets should be marked as Trust property.

22. STORES AND RECEIPT OF GOODS

22.1. General position

- 22.1.1. Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:
 - (a) kept to a minimum;
 - (b) subjected to annual stock take;
 - (c) valued at the lower of cost and net realisable value.

22.2. Control of Stores, Stocktaking, Condemnations and Disposal

- 22.2.1. Subject to the responsibility of the Director of Finance and Performance for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated by the Chief Executive to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance and Performance. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any other stores such as theatres or fuel oil shall be the responsibility of a designated manager
- 22.2.2. The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Officer. Wherever practicable, stocks should be marked as health service property.
- 22.2.3. The Director of Finance and Performance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 22.2.4. Stocktaking arrangements shall be agreed with the Director of Finance and Performance and there shall be a physical check covering all items in store at least once a year. External Audit and Internal Audit will be consulted on appropriate levels of stocktaking to ensure the trust has control but not onerous stock counting. High value items will be counted at least once per year. In exceptional circumstances alternative arrangements may be agreed with the Director of Finance and Performance.
- 22.2.5. Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance and Performance.
- 22.2.6. The designated Manager/Pharmaceutical Officer shall be responsible for a system approved by the Director of Finance and Performance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The

designated Officer shall report to the Director of Finance and Performance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. 25 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

22.3. Goods supplied by NHS Supply Chain

- 22.3.1. For goods supplied via the NHS Supply Chain (formerly NHS Logistics) central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance and Performance who shall satisfy himself that the goods have been received before accepting the recharge.

23. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

23.1. Disposals and Condemnations

23.1.1. Procedures

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

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

- 23.1.3. All unserviceable articles shall be:

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

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

23.2. Losses and Special Payments

23.2.1. Procedures

The Director of Finance and Performance must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

- 23.2.2. Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and the Director of Finance and Performance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and Performance and/or Chief Executive. Where a criminal offence (theft and assault) is suspected, the Director of Finance and Performance must immediately inform the Accredited Security Management Specialist and the police if theft or arson is involved. In cases of fraud, bribery and corruption or of anomalies which may indicate fraud, corruption

or bribery, the Director of Finance and Performance must inform the relevant LCFS and the NHSCFA in accordance with the Government Functional Standard 013: Counter Fraud.

The Director of Finance and Performance must notify the NHSCFA and the External Auditor of all frauds.

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

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

23.2.4 Within limits delegated to it by the Department of Health and Social Care, the Audit Committee shall approve the writing-off of losses (including invoices and adjusting debtors in the balance sheet).

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

23.2.6 For any loss, the Director of Finance and Performance should consider whether any insurance claim can be made.

23.2.7 The Director of Finance and Performance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

23.2.8 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health and Social Care.

23.2.9 All losses and special payments must be reported to the Audit Committee at least on a quarterly basis.

24 INFORMATION TECHNOLOGY AND DATA SECURITY

24.1 Responsibilities and Duties

24.1.1 The Director of Finance and Performance is responsible for the accuracy and security of the computerised performance and financial data of the Trust they shall:

- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998 2018 and the UK General Data Protection Regulation.;
- (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

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

24.2 Responsibilities and Duties of other Directors and Officers

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

- (a) details of the outline design of the system;
- (b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

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

24.2.3 The Trust shall nominate an executive director or other senior member of the Board (or equivalent senior management group/committee) to be responsible to the Board for information risk management, called a senior information risk owner (SIRO). The role of the SIRO is defined within the information governance toolkit. The SIRO is the leading advocate for information risk to the Board, advising on how information security risks could impact upon the strategic goals of the Trust.

24.3 Contracts for Computer Services with other health bodies or outside agencies

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

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

24.4 Risk Assessment

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

24.5 Requirements for Computer Systems which have an impact on corporate financial systems

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

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

25 PATIENTS' PROPERTY

25.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or

confused patients, or found in the possession of patients dying in hospital, or dead on arrival.

- 25.2 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- notices and information booklets; (notices are subject to sensitivity guidance)
- hospital admission documentation and property records;
- the oral advice of administrative and nursing staff responsible for admissions,

that the Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

- 25.3 The Chief Operating Officer in liaison with the Director of Finance and Performance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

- 25.4 Where Department of Health and Social Care instructions require the opening of separate accounts for patients' moneys, these shall be opened and operated under arrangements agreed by the Director of Finance and Performance.

- 25.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

- 25.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

- 25.7 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

26. FUNDS HELD ON TRUST

26.1. Corporate Trustee

Standing Order No. 2.7 outlines the Trust's responsibilities as a corporate trustee for the management of funds it holds on trust, and the need for compliance with Charities Commission latest guidance and best practice.

The discharge of the Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

The Director of Finance and Performance shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

26.2. Accountability to Charity Commission and Secretary of State for Health and Social Care

Although the management processes may overlap with those of the Organisation of the Trust, the trustee responsibilities must be discharged separately and full recognition given to

the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.

The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Trust Board members and Trust officers must take account of that guidance before taking action.

26.3. Applicability of Standing Financial Instructions to funds held on Trust

In so far as it is possible to do so, most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust. This section covers those instructions which are specific to the management of funds held on Trust.

The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

The Director of Finance and Performance is to arrange for the administration of all existing trusts in conjunction with the Legal Adviser if appropriate. They are to ensure that a governing instrument exists for every trust and are to produce detailed codes of procedure covering every aspect of the financial management of funds held on trust, for the guidance of directors and employees. Such guidelines are to identify the restricted nature of certain funds.

The Director of Finance and Performance is to periodically review the funds in existence and make recommendations, where appropriate. The Director of Finance and Performance may recommend an increase in the number of funds where this is consistent with this Body's policy for ensuring the safe and appropriate management of restricted funds, e.g., designation for specific stations or departments.

26.4. Sources of New Funds

Donations. In respect of donations, the Director of Finance and Performance is to:

- a. provide guidelines to officers of the Trust as to how to proceed when offered funds. These include:
 - i. the identification of the donors intentions;
 - ii. where possible, the avoidance of new trusts;
 - iii. the avoidance of impossible, undesirable or administratively difficult objects;
 - iv. sources of immediate further advice; and
 - v. treatment of offers for personal gifts; and
- b. provide secure and appropriate receipting arrangements which will indicate that funds have been accepted directly into the Trust's trust funds and that the donor's intentions have been noted and accepted.

Legacies and Bequests. The Director of Finance and Performance is to:

- a. provide guidelines to officers of the Trust covering any approach regarding:
 - i. the wording of wills; and
 - ii. the receipt of funds/other assets from executors;
- b. where necessary, obtain grant of probate, or make application for grant of letters of administration, where the Trust is the beneficiary.;
- c. be empowered, on behalf of the Trust, to negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty.; and
- d. be directly responsible, in conjunction with the Legal Adviser, for the appropriate treatment of all legacies and bequests.

Fund-raising. The Director of Finance and Performance is to:

- a. after consultation with the Legal Adviser, deal with all arrangements for fund-raising by and/or on behalf of the Trust and ensure compliance with all statutes and regulations;
- b. be empowered to liaise with other organisations/persons raising funds for the Trust and provide them with an adequate discharge. The Director of Finance and Performance is the only officer empowered to give approval for such fund-raising subject to the overriding direction of the Board;
- c. be responsible, along with the Legal Adviser, for alerting the Board to any irregularities regarding the use of the Trust's name or its registration numbers; and
- d. be responsible, after due consultation with the Legal Adviser, for the appropriate treatment of all funds received from this source.

Trading Income. The Director of Finance and Performance is to:

- a. be primarily responsible, along with the Legal Adviser and other designated officers, for any trading undertaken by the Trust as corporate trustee; and
- b. be primarily responsible, along with the Legal Adviser, for the appropriate treatment of all funds received from this source.

Investment Income. The Director of Finance and Performance is responsible for the appropriate treatment of all dividends, interest and other receipts from this source (see below).

26.5. **Investment Management**

The Director of Finance and Performance is to be responsible for all aspects of the management of the investment of funds held on trust. The issues on which advice is to be provided to the Board include:

- a. in conjunction with the Legal Adviser, the formulation of investment policy within the powers of the Trust under statute and within governing instruments to meet its requirements with regard to income generation and the enhancement of capital value;
- b. the appointment of advisers, brokers, and, where appropriate, fund managers:
 - i. the Director of Finance and Performance is to agree, in conjunction with the Legal Adviser, the terms of such appointments; and for which
 - ii. written agreements are to be signed by the Chief Executive;
- c. pooling of investment resources and the preparation of a submission to the Charity Commission for them to make a scheme;
- d. the participation by the Trust in common investment funds and the agreement of terms of entry and withdrawal from such funds;
- e. that the use of Trust assets are to be appropriately authorised in writing and charges raised within policy guidelines;
- f. the review of the performance of brokers and fund managers; and
- g. the reporting of investment performance.

26.6. **Disposition Management**

The exercise of the Trust's dispositive discretion is to be managed by the Director of Finance and Performance in conjunction with the Board. In so doing the Director of Finance and Performance is to be aware of the following:

- a. the objects of various funds and the designated objectives;
- b. the availability of liquid funds within each trust;
- c. the powers of delegation available to commit resources;
- d. the avoidance of the use of exchequer funds to discharge trust fund liabilities (except where administratively unavoidable), and to ensure that any indebtedness to

- e. the Exchequer is discharged by trust funds at the earliest possible time;
- f. that funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the Trust; and
- f. the definitions of 'charitable purposes' as agreed by the **DHSC** with the Charity Commission.

26.7. **Banking Services**

The Director of Finance and Performance is to advise the Board and, with its approval, is to ensure that appropriate banking services are available to the trust as corporate trustee. These bank accounts are to permit the separate identification of liquid funds to each trust where this is deemed necessary by the Charity Commission.

26.8. **Asset Management**

Assets in the ownership of or used by the Trust as corporate trustee, are to be maintained along with the general estate and inventory of assets of the Trust. The Director of Finance and Performance is to ensure:

- a. in conjunction with the Legal Adviser, that appropriate records of all assets owned by the Trust as corporate trustee are maintained, and that all assets, at agreed valuations, are brought to account;
- b. that appropriate measures are taken to protect and/or to replace assets. These to include decisions regarding insurance, inventory control, and the reporting of losses;
- c. that donated assets received on trust rather than into the ownership of the Secretary of State are accounted for appropriately; and
- d. that all assets acquired from funds held on trust which are intended to be retained within the trust funds are appropriately accounted for, and that all other assets so acquired are brought to account in the name of the Secretary of State.

26.9. **Reporting**

The Director of Finance and Performance is to ensure that regular reports are made to the Board with regard to, *inter alia*, the receipt of funds, investments, and the disposition of resources.

The Director of Finance and Performance is to prepare annual accounts in the required manner, which is to be submitted to the Board within agreed timescales.

The Director of Finance and Performance, in conjunction with the Legal Adviser, is to prepare an annual trustees' report (separate reports for charitable and non-charitable trusts) and the required returns to the DHSC and to the Charity Commission for adoption by the Board.

26.10. **Accounting and Audit**

The Director of Finance and Performance is to maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.

The Director of Finance and Performance is to ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year. The Director of Finance and Performance will liaise with external audit and provide them with all necessary information.

- The Board is to be advised by the Director of Finance and Performance on the outcome of the annual audit. The Chief Executive is to submit the Management Letter to the Board.

26.11. **Administration Costs**

The Director of Finance and Performance is to identify all costs directly incurred in the

administration of funds held on trust and, in agreement with the Board, is to charge such costs to the appropriate trust accounts.

26.12. Taxation and Excise Duty

The Director of Finance and Performance is to ensure that the Trust's liability to taxation and excise duty is managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.

27. ACCEPTANCE OF GIFTS BY STAFF

27.1. The Director of Governance shall ensure that all staff are made aware of the trust's Conflicts of Interest Policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance issued by NHSE "Managing Conflicts of Interest in the NHS" and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions.

27.2 This policy details the behaviour expected of individuals with regard to:

- a) Interests (financial or otherwise) in any matter affecting the Trust and the provision of services to patients, public and other stakeholders;
- b) Conduct by an individual in a position to influence purchases;
- c) Employment and business which may conflict with the interests of the Trust;
- d) Relationships which may conflict with the interests of the Trust;
- e) Hospitality and gifts and other benefits in kind such as sponsorship.

27.3 **Declarations relating to the above must be made to the Director of Governance via the Electronic Staff Record (ESR) for inclusion in the Register of Interests.**

27.4 Staff must be made aware of and follow the law as set out in the Bribery Act 2010 at all times. Under the Bribery Act 2010 it is a criminal offence to:

- a) Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so, and
- b) Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

28. RETENTION OF RECORDS

28.1. The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health and Social Care (DHSC) guidelines i.e. Records Management Code of Practice for Health and Social Care 2016.

28.2. The records held in archives shall be capable of retrieval by authorised persons.

28.3. Records held in accordance with latest DHSC guidance shall only be destroyed at the express instigation of the Chief Executive. Detail shall be maintained of records so destroyed.

29. RISK MANAGEMENT AND INSURANCE

29.1. Programme of Risk Management

The Chief Executive shall ensure that the Trust has a programme of risk management, in

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accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Board.

The programme of risk management shall include:

- a) a process for identifying and quantifying risks and potential liabilities;
- b) engendering among all levels of staff a positive attitude towards the control of risk;
- c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d) contingency plans to offset the impact of adverse events;
- e) audit arrangements including; Internal Audit, clinical audit, health and safety review;
- f) a clear indication of which risks shall be insured;
- g) arrangements to review the Risk Management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make an Annual Governance Statement within the Annual Report and Accounts as required by current Department of Health guidance.

29.2. **Insurance: Risk Pooling Schemes administered by NHS Resolution**

The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually

29.3. **Insurance Arrangements with Commercial Insurers**

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

- (a) Trust's may enter commercial arrangements for **insuring motor vehicles** owned by the Trust including insuring third party liability arising from their use;
- (b) Where the Trust is involved with a consortium in a **Private Finance Initiative contract** and the other consortium members require that commercial insurance arrangements are entered into; and
- (c) Where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the NHS Resolution. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Director of Finance and Performance should consult the Department of Health and Social Care.

29.4. **Arrangements to be followed by the Board in agreeing Insurance Cover**

- (a) Where the Board decides to use the risk pooling schemes administered by the NHS Resolution the Director of Finance and Performance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance and Performance shall ensure that documented procedures cover these arrangements.
- (b) Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Director of Finance and Performance shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Director of Finance and Performance will draw up formal documented procedures for the

management of any claims arising from third parties and payments in respect of losses, which will not be reimbursed.

- (c) All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Director of Finance and Performance should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

AUTHORISATION LEVELS

15 AGREEMENTS FOR PROVISION OF SERVICES

Approval to sign contracts other than for the provision of healthcare by the Trust:-

Contract Approval Level	Limit
Deputy Director of Procurement or Director of Procurement	To £50,000
Chief Executive/Director of Finance and Performance	To £250,000
Performance, Finance and Investment Committee	To £750,000
Trust Board	Over £750,000

Approval to sign contracts (including contract variations) where the trust is the provider of healthcare services to NHS and other Commissioners:-

Contract Approval Level	Limit
Divisional Directors	To £50,000
Director of Finance and Performance	Up to 10% of Trust turnover
Trust Board	Above 10% of Trust turnover

12.3 Budgetary Control and Financial Reporting

12.3.6/12.3.7 Business Case Monitoring

21.1 Capital Investment

21.1.2 Business Case Approval limits

Business Case Approval	Proposed limits	Additional information
Divisional Board	Above £25,000	For Divisional oversight (within budget)
Trust Management Board	Above £50,000	CSS, estates and Corporate
Performance, Finance and Investment Committee	Above £150,000 to £750,000	As per Covid-19 limit changes
Trust Board	Over £750,000	

TMB sign off all cases, but have no delegated financial authority

*excluding schemes impacting on PFI

17.5.6 Exceptions and instances where formal tendering need not be applied

Single Source Waivers – Authority to waive competitive process	Value
Deputy Director of Procurement or Director of Procurement	Upto £50,000
Operational Director of Finance / Director of Finance/Chief Executive	Over £50,000

17.6 Contracting/Tendering Procedure

17.5.2 Testing/Quotations/Tendering

17.7 Quotations: Competitive and non-competitive

All financial limits quoted are the total for the life of the contract

Threshold £ <u>excluding VAT</u>	Minimum* no. of quotations/tenders	Activity
Up to £10,000	Informal Price Testing : One or more quotations	If no contract exists, one or more quotations should be sought using suppliers already on Integra system where possible. Raise a requisition within Integra.
£10,001 to £50,000	Competitive Quotations: Three written quotations	- If no contract exists, work alongside buyers in Procurement Department to produce an Invitation to Quote (which will be issued via e-tendering system). - Where estimated spend exceeds £25,000 and quotations are not sought under a Framework Agreement or Dynamic Purchasing System then the opportunity must also be advertised on Contracts Finder, unless the contract is to be awarded on a single tender basis. - All quotations received should be evaluated for best VFM - Raise a requisition within Integra
£50,001 up to UK Gov <u>Public Contracts Regulations</u> threshold (currently £122,976) (or other applicable threshold, e.g. £4,733,252 for works)	Competitive Tenders: Three or more formal tenders	- Conduct a formal tender with the involvement of Procurement
UK Gov threshold and above	Competitive Tenders: Five or more formal tenders	Conduct a formal tender with the involvement of Procurement

* unless agreed with the Deputy Director of Procurement or Director of Procurement

17.8 Authorisation of Tenders and Competitive Quotations

All financial limits quoted are the total for the life of the contract

Authorisation of Expenditure (including contract extensions)	Limits
Designated budget holders (or nominated officer)	Up to £10,000
Divisional Directors or Equivalent (or nominated officer)	Up to £25,000
Chief Executive and Director of Finance and Performance (or nominated Director)	Up to £250,000
PFIC	Up to £750,000
Trust Board	Over £750,000

19. NON-PAY EXPENDITURE

19.1 Delegation of Authority

Approval limits for requisitions

Authorisation of Expenditure	Limits
Budget Manager e.g. Ward Manager	Up to £10,000
Senior Budget Manager- Care Group	Up to £15,000
Divisional leadership; • Clinical Director • Divisional Director of Operations • Divisional Director of Nursing	Up to £50,000
Deputy Director	Up to £50,000
Executive Director	Up to £75,000
Chief Executive and Director of Finance and Performance	Up to £150,000

23 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

23.2 Losses and Special Payments

Approval limit	Limits
Director of Finance and Performance/Operational Director of Finance	Up to £5,000
Audit Committee	Above £5,000

Note – all losses, compensation and special payments to be reported to the Audit Committee

26. FUNDS HELD ON TRUST

The following authorisation limits apply to charitable funds expenditure:

Authorisation of Expenditure	Limits
Restricted to the relevant Fund manager for the designated fund balance, with the approval of the Divisional Director	Up to £5,000
Chief Executive, Director of Finance and Performance and the Charitable Funds Committee **	Up to £100,000
Corporate Trustee	Over £100,000

** Urgent decisions in relation to expenditure outside of the Charitable Funds Committee meetings must have the approval of the Chair of the Charitable Funds Committee, the Director of Finance and Performance and the Chief Executive. The urgent decision must be reported to the next meeting of the Charitable Funds Committee meeting for formal ratification.

STANDING ORDERS/STANDING FINANCIAL INSTRUCTIONS V.2.4 – AUGUST 2021

SECTION D - SCHEME OF RESERVATION AND DELEGATION

REF	THE BOARD	DECISIONS RESERVED TO THE BOARD
NA	THE BOARD	General Enabling Provision The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.
NA	THE BOARD	Regulations and Control 1. Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business. 2. Suspend Standing Orders. 3. Vary or amend the Standing Orders. 4. Ratify any urgent decisions taken by the Chairman and Chief Executive in public session in accordance with SO 5.2.1. 5. Approve a scheme of delegation of powers from the Board to committees. 6. Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration. 7. Require and receive the declaration of officers' interests that may conflict with those of the Trust. Approve arrangements for dealing with complaints. 8. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto. 9. Receive reports from committees including those that the Trust is required by the Secretary of State or other regulation to establish and to take appropriate action on. 10. Confirm the recommendations of the Trust's committees where the committees do not have executive powers. 11. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust. 12. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board. 13. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property. 14. Authorise use of the seal. 15. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with SO 5.6. 16. Discipline members of the Board or employees who are in breach of statutory requirements or SOs.

NA	THE BOARD	Appointments/ Dismissal 1. Appoint the Vice Chairman of the Board. 2. Appoint and dismiss committees (and individual members) that are directly accountable to the Board. 3. Appoint, appraise, discipline and dismiss Executive Directors (subject to SO 2.2) 4. Confirm appointment of members of any committee of the Trust as representatives on outside bodies. 5. Appoint, appraise, discipline and dismiss the Secretary (if the appointment of a Secretary is required under Standing Orders). 6. Approve proposals of the Remuneration Committee regarding directors and senior employees.
NA	THE BOARD	Strategy, Plans and Budgets 1. Define the strategic aims and objectives of the Trust. 2. Approve proposals for ensuring quality and developing governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State for Health and Social Care 3. Approve the Trust's policies and procedures for the management of risk and Health and Safety; Risk Management; Fit and Proper Person Requirements; and Conflicts of Interest. 4. Approve all business cases requiring investment in excess of £750,000 5. Approve budgets. 6. Ratify proposals for acquisition, disposal or change of use of land and/or buildings. 7. Approve PFI proposals. 8. Approve the opening of bank accounts. 9. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £250,000 over a 3 year period or the period of the contract if longer. 10. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Finance (for losses and special payments) previously approved by the Board. 11. Approve individual compensation payments. 12. Approve proposals for action on litigation against or on behalf of the Trust. 13. Review use of NHS Resolution risk pooling schemes.
	THE BOARD	Policy Determination 1. Approve management policies including personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff.

	THE BOARD	Audit 1. Approve the appointment (and where necessary dismissal) of External Auditors and advise the Audit Commission on the appointment. Approval of external auditors' arrangements for the separate audit of funds held on trust, and the submission of reports to the Audit Committee meetings who will take appropriate action. 2. Receive the annual management letter received from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee. 3. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.
NA	THE BOARD	Annual Reports, Accounts and Quality Account 1. Receipt and approval of the Trust's Annual Report and Annual Accounts. 2. Receipt and approval of the Annual Report and Accounts for funds held on trust. 3. Receipt and approval of the Trust's Quality Account
NA	THE BOARD	Health and Safety 1. Approval of the Trusts Health and Safety Policy 2. Receipt of the Annual Health and Safety Report
NA	THE BOARD	Monitoring 1. Receive of such reports as the Board sees fit from committees in respect of their exercise of powers delegated. 2. Continuous appraisal of the affairs of the Trust by means of the provision to the Board as the Board may require from directors, committees, and officers of the Trust as set out in management policy statements. 3. All monitoring returns required by the Department of Health and Social Care and the Charity Commission shall be reported, at least in summary, to the Board. 4. Receive reports from DoF on financial performance against budget and Local Delivery Plan. 5. Receive reports from CE on actual and forecast income from SLA.

DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
SO 4.9 SFI 11.1	AUDIT COMMITTEE	The Committee will: 1. Advise the Board on internal and external audit services; 2. The Committee shall review the establishment and maintenance of an e effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives; 3. Monitor compliance with Standing Orders and Standing Financial Instructions; 4. Review schedules of losses and compensations and making recommendations to the Board. 5. Review the annual financial statements prior to submission to the Board. 6. Act as Audit Panel for the Trust
SO 4.11 SFI 18.1	REMUNERATION COMMITTEE	The Committee will: 1. Advise the Board about appropriate remuneration and terms of service for the Chief Executive, other Executive Directors and other senior employees including: 2. All aspects of salary (including any performance-related elements/bonuses); 3. Provisions for other benefits, including pensions and cars; 4. Arrangements for termination of employment and other contractual terms; 5. Make recommendations to the Board on the remuneration and terms of service of executive directors and senior employees to ensure they are fairly rewarded for their individual contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff; 6. Proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate advise on and oversee appropriate contractual arrangements for such staff; 7. The Committee shall report in writing to the Board the basis for its recommendations.

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
	Any Committee established by the Board	1. The Committee(s) will advise the Board according to the specific Terms of Reference agreed by the Board of Walsall Healthcare NHS Trust and in accordance with NHS Policy and Legislation.

SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTABLE OFFICER MEMORANDUM

REF	DELEGATED TO	DUTIES DELEGATED
8	CHIEF EXECUTIVE (CE)	Accountable through NHS Accounting Officer to Parliament for stewardship of Trust resources
10	CE AND DIRECTOR OF FINANCE (DoF)	Ensure the accounts of the Trust are prepared under principles and in a format directed by the Secretary of State. Accounts must disclose a true and fair view of the Trust's income and expenditure and its state of affairs. Sign the accounts on behalf of the Board.
11	CHIEF EXECUTIVE	Sign a statement in the accounts outlining responsibilities as the Accountable Officer. Sign a statement in the accounts outlining responsibilities in respect of Internal Control.
13 and 14	CHIEF EXECUTIVE	Ensure effective management systems that safeguard public funds and assist the Trust Chairman to implement requirements of corporate governance including ensuring managers: “have a clear view of their objectives and the means to assess achievements in relation to those objectives be assigned well defined responsibilities for making best use of resources have the information, training and access to the expert advice they need to exercise their responsibilities effectively.”
14	CHAIRMAN	Implement requirements of corporate governance.
15	CHIEF EXECUTIVE	Achieve value for money from the resources available to the Trust and avoid waste and extravagance in the organisation's activities. Follow through the implementation of any recommendations affecting good practice as set out on reports from such bodies as the Audit Commission and the National Audit Office (NAO).
17	DoF	Operational responsibility for effective and sound financial management and information.
17	CHIEF EXECUTIVE	Primary duty to see that DoF discharges this function.
18	CHIEF EXECUTIVE	Ensuring that expenditure by the Trust complies with Parliamentary requirements.
20	CE and DoF	Chief Executive, supported by Director of Finance, to ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.

21	CHIEF EXECUTIVE	If CE considers the Board or Chairman is doing something that might infringe probity or regularity, he/she should set this out in writing to the Chairman and the Board. If the matter is unresolved, he/she should ask the Audit Committee to inquire and if necessary the SHA and Department of Health.
23	CHIEF EXECUTIVE	If the Board is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the CE's responsibility for value for money, the CE should draw the relevant factors to the attention of the Board. If the outcome is that you are overruled it is normally sufficient to ensure that your advice and the overruling of it are clearly apparent from the papers. Exceptionally, the CE should inform the Strategic Health Authority and the DH. In such cases, and in those described in paragraph 24, the CE should as a member of the Board vote against the course of action rather than merely abstain from voting.

SCHEME OF DELEGATION DERIVED FROM THE CODES OF CONDUCT AND ACCOUNTABILITY

DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
BOARD	Approve procedure for declaration of hospitality and sponsorship.
BOARD	Ensure proper and widely publicised procedures for voicing complaints, concerns about misadministration, breaches of Code of Conduct, and other ethical concerns.
ALL BOARD MEMBERS	Subscribe to Code of Conduct.
BOARD	Board members share corporate responsibility for all decisions of the Board.
CHAIR AND NON EXECUTIVE/OFFICER MEMBERS	Chair and non-officer members are responsible for monitoring the executive management of the organisation and are responsible to the Secretary of State for the discharge of those responsibilities.
BOARD	The Board has six key functions for which it is held accountable by the Department of Health on behalf of the Secretary of State: 1. to ensure effective financial stewardship through value for money, financial control and financial planning and strategy; 2. to ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation; 3. to appoint, appraise and remunerate senior executives; 4. to ratify the strategic direction of the organisation within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them; 5. to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary; 6. to ensure effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs.
BOARD	It is the Board's duty to:

	1. act within statutory financial and other constraints; 2. be clear what decisions and information are appropriate to the Board and draw up Standing Orders, a schedule of decisions reserved to the Board and Standing Financial Instructions to reflect these, 3. ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account; 4. establish performance and quality measures that maintain the effective use of resources and provide value for money; 5. specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Board can fully undertake its responsibilities; 6. establish Audit and Board Nominations and Remuneration Committees on the basis of formally agreed terms of reference that set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the main Board.
CHAIRMAN	It is the Chairman's role to: 1. provide leadership to the Board; 2. enable all Board members to make a full contribution to the Board's affairs and ensure that the Board acts as a team; 3. ensure that key and appropriate issues are discussed by the Board in a timely manner, 4. ensure the Board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions; 5. lead Non-Executive Board members through a formally-appointed Board Nominations and remuneration Committee of the main Board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other Executive Board members; 6. appoint Non-Executive Board members to an Audit Committee of the main Board; 7. advise the Secretary of State on the performance of Non-Executive Board members.
CHIEF EXECUTIVE	The Chief Executive is accountable to the Chairman and Non-Executive members of the Board for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship. The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Board.
	The other duties of the Chief Executive as Accountable Officer are laid out in the Accountable Officer Memorandum.
NON EXECUTIVE DIRECTORS	Non-Executive Directors are appointed by the NTDA to bring independent judgment to bear on issues of strategy, performance, key appointments and accountability through the Department of Health to Ministers and to the local community.
CHAIR AND DIRECTORS	Declaration of conflict of interests.

BOARD	NHS Boards must comply with legislation and guidance issued by the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or in on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.
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SCHEME OF DELEGATION FROM STANDING ORDERS

SO REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
Section A & 3.10	CHAIRMAN	Final authority in interpretation of Standing Orders (SOs).
2.4	BOARD	Appointment of Vice Chairman
3.1	CHAIRMAN	Call meetings.
3.9	CHAIRMAN	Chair all Board meetings and associated responsibilities.
3.10	CHAIRMAN	Give final ruling in questions of order, relevancy and regularity of meetings.
3.12	CHAIRMAN	Having a second or casting vote
3.13	BOARD	Suspension of Standing Orders
3.13.4	AUDIT COMMITTEE	Audit Committee to review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board)
3.14	BOARD	Variation or amendment of Standing Orders
4.4 & 4.5	BOARD	Formal delegation of powers to sub committees or joint committees and approval of their constitution and terms of reference. (Constitution and terms of reference of sub committees may be approved by the Chief Executive.)
5.2	CHAIRMAN & CHIEF EXECUTIVE	The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Executive after having consulted at least two Non-Executive members.
5.4	CHIEF EXECUTIVE	The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals that shall be considered and approved by the Board, subject to any amendment agreed during the discussion.
5.6	ALL	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.

7.1	BOARD	Declare relevant and material interests.
7.2	CHIEF EXECUTIVE	Maintain Register(s) of Interests.
7.4	ALL STAFF	Comply with national guidance contained in Managing Conflicts of Interest in the NHS: Guidance for staff and organisations” issued Feb 17 by NHS England);
7.4	ALL	Disclose relationship between self and candidate for staff appointment. (CE to report the disclosure to the Board.)
8.1/8.3	CHIEF EXECUTIVE	Keep seal in safe place and maintain a register of sealing.
8.4	CHIEF EXECUTIVE /EXECUTIVE DIRECTOR	Approve and sign all documents, which will be necessary in legal proceedings.

SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
10.1.3	DIRECTOR OF FINANCE	Approval of all financial procedures.
10.1.4	DIRECTOR OF FINANCE	Advice on interpretation or application of SFIs.
10.1.6	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.
10.2.3	CHIEF EXECUTIVE	Responsible as the Accountable Officer to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Control.
10.2.3	CHIEF EXECUTIVE & DIRECTOR OF FINANCE	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.
10.2.4	CHIEF EXECUTIVE	To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.
10.2.5	DIRECTOR OF FINANCE	Responsible for: a) Implementing the Trust's financial policies and coordinating corrective action; b) Maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented. c) Ensuring that sufficient records are maintained to explain Trust's transactions and financial position; d) Providing financial advice to members of Board and staff; e) the design, implementation and supervision of systems of internal financial control f) Maintaining such accounts, certificates etc as are required for the Trust to carry out its statutory duties.
10.2.6	ALL MEMBERS OF THE BOARD AND EMPLOYEES	Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
10.2.7	CHIEF EXECUTIVE	Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.
11.1.1	AUDIT COMMITTEE	Provide independent and objective view on internal control and probity.
11.1.4	CHAIR	Raise the matter at the Board meeting where Audit Committee considers there is evidence of ultra vires transactions or improper acts.
11.1.3	AUDIT COMMITTEE	Provide an independent and objective view of internal control
11.2.1	DIRECTOR OF FINANCE	Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.)
11.2.1	DIRECTOR OF FINANCE	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.
11.3	HEAD OF INTERNAL AUDIT	Review, appraise and report in accordance with from Department of Health and Social Care and best practice.
11.4	AUDIT COMMITTEE	Ensure cost-effective External Audit.
11.5	CHIEF EXECUTIVE & DIRECTOR OF FINANCE	Monitor and ensure compliance with NHS Standard Contract Service Condition 24 to put in place and maintain appropriate anti-fraud, bribery and corruption arrangements, having regard to the NHS Requirements of the Government Functional Standards 013: Counter Fraud..
11.6	CHIEF EXECUTIVE	Monitor and ensure compliance with security management arrangements

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
12.1.3 & 12.1.4	DIRECTOR OF FINANCE	Submit budgets to the Board for approval. Monitor performance against budget; submit to the Board financial estimates and forecasts.
12.1.6	DIRECTOR OF FINANCE	Ensure adequate training is delivered on an ongoing basis to budget holders.
12.2.1	CHIEF EXECUTIVE	Delegate budget to budget holders.
12.2.2	CHIEF EXECUTIVE & BUDGET HOLDERS	Must not exceed the budgetary total or virement limits set by the Board.
12.3.1	DIRECTOR OF FINANCE	Devise and maintain systems of budgetary control.
12.3.3	BUDGET HOLDERS	Ensure that a) no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board; b) approved budget is not used for any other than specified purpose subject to rules of virement; c) no permanent employees are appointed without the approval of the CE other than those provided for within available resources and manpower establishment.
12.3.4	CHIEF EXECUTIVE	Identify and implement cost improvements and income generation activities in line with the Annual Plan.
12.5.1	CHIEF EXECUTIVE	Submit monitoring returns
13.1	DIRECTOR OF FINANCE	Preparation of annual accounts and reports.
13.3	Director of Governance	Preparation of Annual Report

13.4	Director of Nursing	Preparation of Quality Account
14.1	DIRECTOR OF FINANCE	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (Board approves arrangements.)
14.5	DIRECTOR OF FINANCE	Approve the allocation, limits and operation of credit/purchase cards
15.1.2	CHIEF EXECUTIVE	Must ensure the Trust enters into suitable Service Level Agreements (SLAs) with service commissioners for the provision of NHS services.
15.1.7	CHIEF EXECUTIVE	As the Accountable Officer, ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA.
16.	DIRECTOR OF FINANCE	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.
16.2.3	ALL EMPLOYEES	Duty to inform DoF of money due from transactions which they initiate/deal with.
17.	CHIEF EXECUTIVE	Tendering and contract procedure.
17.5.6	CHIEF EXECUTIVE	Waive formal tendering procedures.
17.5.6	CHIEF EXECUTIVE	Report waivers of tendering procedures to the Audit Committee.
17.5.8	DIRECTOR OF FINANCE	Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the CE.
17.6.2	CHIEF EXECUTIVE	Responsible for the receipt, endorsement and safe custody of tenders received.
17.6.3	CHIEF EXECUTIVE	Shall maintain a register to show each set of competitive tender invitations dispatched.

17.6.4	CHIEF EXECUTIVE AND DIRECTOR OF FINANCE	Where one tender is received will assess for value for money and fair price.
17.6.6	CHIEF EXECUTIVE	No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
17.6.8	CHIEF EXECUTIVE	Will appoint a manager to maintain a list of approved firms.
17.6.9	CHIEF EXECUTIVE	Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.
17.7.2	CHIEF EXECUTIVE	The Chief Executive or his nominated officer should evaluate the quotation and select the quote, which gives the best value for money.
17.7.4	CHIEF EXECUTIVE or DIRECTOR OF FINANCE	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Trust and which is not in accordance with these Instructions except with the authorisation of the Chief Executive.
17.10	CHIEF EXECUTIVE	Demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
17.10	BOARD	All PFI proposals must be agreed by the Board.
17.11	CHIEF EXECUTIVE	Nominate an officer who shall oversee and manage each contract on behalf of the Trust.
17.12	CHIEF EXECUTIVE	Nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.
17.14	CHIEF EXECUTIVE	Nominate officers to commission service agreements with providers / purchasers of healthcare in line with a commissioning plan approved by the Board
17.16	CHIEF EXECUTIVE	The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.
17.16. 5	CHIEF EXECUTIVE	The Chief Executive shall nominate an officer to oversee and manage the contract on behalf of the Trust.

18.1.1	BOARD	Establish a Board Nominations and Remuneration Committee.
18.1.2	BOARD NOMINATIONS AND REMUNERATION COMMITTEE	Advise the Board on and make recommendations on the remuneration and terms of service of the CE, other officer members and senior employees to ensure they are fairly rewarded having proper regard to the Trust's circumstances and any national agreements; Monitor and evaluate the performance of individual senior employees; Advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.
18.1.3	BOARD NOMINATIONS AND REMUNERATION COMMITTEE	Report in writing to the Board its advice and its bases about remuneration and terms of service of directors and senior employees.
18.1.4	BOARD	Approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Nominations and Remuneration Committee.
18.2.2	CHIEF EXECUTIVE	Approval of variation to funded establishment of any department.
18.3	CHIEF EXECUTIVE	Staff, including agency staff, appointments and re-grading.
18.4.1 and 18.4.2 and 18.4.4	DIRECTOR OF FINANCE	Ensure that the chosen method for payroll processing is supported by appropriate terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
18.4.3	NOMINATED MANAGERS	Submit time records in line with timetable. Complete time records and other notifications in required form. Submitting termination forms in prescribed form and on time.
18.5	Director of People and Culture	Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and Deal with variations to, or termination of, contracts of employment.
18.6	Director of People and Culture	The Director of People and Culture shall establish procedures to ensure that the Trust's interests are protected in the contractual arrangements entered into with self-employed consultants and contractors.

19.1	CHIEF EXECUTIVE	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.
19.1.3	CHIEF EXECUTIVE	Set out procedures on the seeking of professional advice regarding the supply of goods and services.
19.2.1	REQUISITIONER	In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's adviser on supply shall be sought.
19.2.2	DIRECTOR OF FINANCE	Shall be responsible for the prompt payment of accounts and claims.
19.2.3	DIRECTOR OF FINANCE	a) Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed; b) Prepare procedural instructions [where not already provided in the Scheme of Reservation and Delegation or procedure notes for budget holders] on the obtaining of goods, works and services incorporating the thresholds; c) Be responsible for the prompt payment of all properly authorised accounts and claims; d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable; e) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; f) Instructions to employees regarding the handling and payment of accounts within the Finance Department; g) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received
19.2.4	APPROPRIATE EXECUTIVE DIRECTOR	Make a written case to support the need for a prepayment.
19.2.4	DIRECTOR OF FINANCE	Approve proposed prepayment arrangements.
19.2.4	BUDGET HOLDER	Ensure that all items due under a prepayment contract are received (and immediately inform DoF if problems are encountered).
19.2.5	CHIEF EXECUTIVE	Authorise who may use and be issued with official orders.
19.2.6	MANAGERS AND OFFICERS	Ensure that they comply fully with the guidance and limits specified by the Director of Finance.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
19.2.7	CHIEF EXECUTIVE DIRECTOR OF FINANCE	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the applicable guidance. The technical audit of these contracts shall be the responsibility of the relevant Director.
19.3	DIRECTOR OF FINANCE	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 28A of the NHS Act.
20.1.2	DIRECTOR OF FINANCE	The DoF will advise the Board on the Trust's ability to pay dividend on PBC and report, periodically, concerning the PDC debt and all loans and overdrafts.
20.1.3	BOARD	Approve a list of employees authorised to make short term borrowings on behalf of the Trust. (This must include the CE and DoF.)
20.1.4	DIRECTOR OF FINANCE	Prepare detailed procedural instructions concerning applications for loans and overdrafts.
20.1.6	CHIEF EXECUTIVE OR DIRECTOR OF FINANCE	Be on an authorising panel comprising one other member for short term borrowing approval.
20.2.3	DIRECTOR OF FINANCE	Will advise the Board on investments and report, periodically, on performance of same.
20.2.4	DIRECTOR OF FINANCE	Prepare detailed procedural instructions on the operation of investments held.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
21.1.1	CHIEF EXECUTIVE	(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans; (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.
21.1.2	CHIEF EXECUTIVE	that a business case is produced setting out: (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; (ii) the involvement of appropriate Trust personnel and external agencies; (iii) appropriate project management and control arrangements;
21.1.2	DIRECTOR OF FINANCE	Review and confirm the accuracy of costs and revenue consequences detailed in the business case.
21.1.3	CHIEF EXECUTIVE	Issue procedures for management of contracts involving stage payments.
21.1.4	DIRECTOR OF FINANCE	Assess the requirement for the operation of the construction industry taxation deduction scheme.
21.1.5	DIRECTOR OF FINANCE	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.
21.1.6	CHIEF EXECUTIVE	Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender. Issue a scheme of delegation for capital investment management.
21.1.7	DIRECTOR OF FINANCE	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.
21.2.1	DIRECTOR OF FINANCE	Demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
	FINANCE	asset registers.
21.3.8	DIRECTOR OF FINANCE	Calculate and agree capital charges in accordance with IFRS or as specifically directed by the Department of Health and Social Care requirements.
21.4.1	CHIEF EXECUTIVE	Overall responsibility for fixed assets.
21.4.2	DIRECTOR OF FINANCE	Approval of fixed asset control procedures.
21.4.4	BOARD, EXECUTIVE MEMBERS AND ALL SENIOR STAFF	Responsibility for security of Trust assets including notifying discrepancies to DoF, and reporting losses in accordance with Trust procedure.
22.2	CHIEF EXECUTIVE	Delegate overall responsibility for control of stores (subject to DoF responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded.
22.2	DIRECTOR OF FINANCE	Responsible for systems of control over stores and receipt of goods.
22.2	DESIGNATED PHARMACEUTICA L OFFICER	Responsible for controls of pharmaceutical stocks
22.2	DESIGNATED ESTATES OFFICER	Responsible for control of stocks of fuel oil and coal.
22.2.2	NOMINATED OFFICERS	Security arrangements and custody of keys

SFI REF	DELEGATED TO	AUTHORITIES/DUTIES DELEGATED
22.2.3	DIRECTOR OF FINANCE	Set out procedures and systems to regulate the stores.
22.2.4	DIRECTOR OF FINANCE	Agree stocktaking arrangements.
22.2.5	DIRECTOR OF FINANCE	Approve alternative arrangements where a complete system of stores control is not justified.
22.2.6	DIRECTOR OF FINANCE	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.
22.2.6	NOMINATED OFFICERS*	Operate system for slow moving and obsolete stock, and report to DoF evidence of significant overstocking.
22.3.1	CHIEF EXECUTIVE	Identify persons authorised to requisition and accept goods from NHS Supply Chain.
23.1.1	DIRECTOR OF FINANCE	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.
23.2.1	DIRECTOR OF FINANCE	Prepare procedures for recording and accounting for losses, special payments and informing police in cases of suspected arson or theft.
23.2.2	ALL STAFF	Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department / nominated officer should then inform the CE and DoF.
23.2.2	DIRECTOR OF FINANCE	Where a criminal offence (theft and assault) is suspected, immediately inform the Accredited Security Management Specialist and the police if theft or arson is involved. In cases of fraud, bribery and corruption or of anomalies which may indicate fraud, corruption or bribery, inform the relevant LCFS and the NHSCFA in accordance with the Government Functional Standard 013: Counter Fraud.

23.2.2	DIRECTOR OF FINANCE	Notify the NHSCFA and the External Auditor of all frauds
23.2.3	DIRECTOR OF FINANCE	Notify Board and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial).
23.2.4	AUDIT COMMITTEE	Approve write off of losses (within limits delegated by DHSC).
23.2.6	DIRECTOR OF FINANCE	Consider whether any insurance claim can be made.
23.2.7	DIRECTOR OF FINANCE	Maintain losses and special payments register.
24.1	DIRECTOR OF FINANCE	Responsible for accuracy and security of computerised financial data.
24.1.2	DIRECTOR OF FINANCE	Satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation assurances of adequacy must be obtained from them prior to implementation.
24.2.2	DIRECTOR OF GOVERNANCE	Shall publish and maintain a Freedom of Information Scheme.
24.2.1	RELEVANT OFFICERS	Send proposals for general computer systems to Director of Integration.
24.3	DIRECTOR OF FINANCE	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review. Seek periodic assurances from the provider that adequate controls are in operation.
24.4	Director of Integration	Ensure that risks to the Trust from use of IT are identified and considered and that disaster recovery plans are in place.

24.5	DIRECTOR OF FINANCE	Where computer systems have an impact on corporate financial systems satisfy himself that: a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists; c) DoF and staff have access to such data; Such computer audit reviews are being carried out as are considered necessary.
25.2	CHIEF EXECUTIVE	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.
25.3	CHIEF OPERATING OFFICER AND DIRECTOR OF FINANCE	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of.
25.6	DEPARTMENTAL MANAGERS	Inform staff of their responsibilities and duties for the administration of the property of patients.
26.1	DIRECTOR OF FINANCE	Shall ensure that each trust fund, which the Trust is responsible for managing is managed appropriately.
27	DIRECTOR OF GOVERNANCE	Ensure all staff are made aware of the Trust policy on the acceptance of gifts and other benefits in kind by staff
28	CHIEF EXECUTIVE	Retention of document procedures in accordance with Department of Health and Social Care (DHSC) guidelines i.e. Records Management Code of Practice for Health and Social Care 2016
29.1	CHIEF EXECUTIVE	Risk management programme exists.
29.1	BOARD	Approve and monitor risk management programme.

29.2	BOARD	The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.
29.4	BOARD	(a) Where the Board decides to use the risk pooling schemes administered by the NHS Resolution the Director of Finance and Performance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance and Performance shall ensure that documented procedures cover these arrangements. (b) Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Director of Finance and Performance shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance and Performance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses, which will not be reimbursed. (c) All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible').
29.4	DIRECTOR OF FINANCE	Ensure documented procedures cover the management of claims and payments below the deductible in each case