Airedale
NHS Foundation Trust

# Standing Orders Incorporating Standing Financial Instructions and Scheme of Delegation

## (For the regulation of proceedings and business of the Board of Directors)

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| Owner: | Chief Executive |
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## Foreword

(a) The Trust is a Public Benefit Corporation that was established by the granting of Authorisation issued by NHS Improvement (now NHS England).

(b) The statutory functions conferred on the Trust are set out in the 2006 Act and in the Trust's Licence. These Standing Financial Instructions are issued in accordance with financial provisions of The National Health Service Act 2006, and The Health and Social Care Act 2012, as amended by The Health and Care Act 2022 for the regulation of the conduct of foundation trusts in relation to all financial matters. They shall have effect as if incorporated in the Trust's Standing Orders.

(c) As a Public Benefit Corporation, the Trust has specific powers to contract in its own name and to act as corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable.

(d) Standing Order (SOs) regulate the proceedings and business of the Trust and are part of its corporate governance arrangements. In addition, as part of accepted Codes of Conduct and Accountability arrangements, the Board has adopted schedules of reservation of powers and delegation of powers. These schedules are incorporated within the Trust's Scheme of Delegation.

(e) The Trust has a Conflicts of Interest Policy, procedure for the Declaration of Interests and the Trust's Constitution form part of the regulatory framework of the Trust.

(f) The Standing Orders, Scheme of Delegation, Standing Financial Instructions and Budgetary Control Procedures provide a comprehensive business framework that is to be applied to all activities, including those of the Charitable Foundation. Members of the Board of Directors and all members of staff should be aware of the existence of and work to these documents.

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## Introduction

### Statutory Framework

Airedale NHS Foundation Trust (the Trust) is a statutory body, which came into existence on 1st June 2010 pursuant to authorisation of Monitor (now named as NHS England) under the Health and Social Care (Community Health and Standards) Act 2008 ("the 2008 Act").

The principal place of business of the Trust is:

Airedale General Hospital
Skipton Road
Steeton
Keighley
West Yorkshire
BD20 6TD

For administrative purposes, Airedale General Hospital is the Trust Headquarters.

The Trust is governed by statute, mainly the National Health Service Act 2006, Health and Social Care Act, 2012 and the Health and Care Act 2022.

These Standing Orders Incorporating Standing Financial Instructions and Scheme of Delegation are issued in accordance with financial provisions of The National Health Service Act 2006, and The Health and Social Care Act 2012, as amended by The Health and Care Act 2022 for the regulation of the conduct of foundation trusts in relation to all financial matters. They shall have effect as if incorporated in the Trust's Standing Orders

The National Health Service (Joint Working and Delegation Arrangements) (England) (Amendment) Regulations 2023. As an NHS Foundation Trust consideration is given when deciding to delegate or jointly exercise a function to Annex E limitations on delegation and joint working

### NHS Framework

The Code of Governance 2023 has been adopted by the Trust and its compliance is evidenced in its annual report.

The Trust has an Audit and Risk Committee, an Appointment and Remuneration Committee and a Nominations and Remuneration Committee, with formally agreed terms of reference.

The Trust has a register of possible conflicts of interest of members of both the Board of Directors, staff and Governors which is displayed on the Trust website

The Trust has processes and procedures in place for public access to information in relation to the Trust to line with the, the Freedom of Information Act 2000.

### Delegation of Powers

The Trust has powers to delegate and make arrangements for delegation. These Standing Orders set out the detail of these arrangements.

Under the Standing Order relating to the Arrangements for the Exercise of Functions (SO5), the Trust is given powers to "make arrangements for the exercise, on behalf of the Trust of any of their functions by a Trust committee, sub-committee or joint committee appointed by virtue of Standing Order 6 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Trust thinks fit or in accordance with the Constitution and the terms of the authorisation.

Delegated powers are covered in Annex A Scheme of Delegation and financial delegation as defined in the Standing Financial Instructions and Scheme of Delegation. These documents have effect as if incorporated into the Standing Orders.

**Integrated Governance**

The Board uses its committee structures to support in implementing a model of integrated governance.

**Collaboration across the WYAAT Service Area**

The following Trusts

- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate NHS Foundation Trust
- Leeds Teaching Hospital NHS Trust
- Mid Yorkshire NHS Trust

Actively consider and engage in collaboration for the benefit of patients and the community.

# 1. Interpretation

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 Officer).

Unless otherwise stated, words and expressions contained in these Standing Orders shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 as amended by the Health and Care Act 2022.

**"Accounting Officer"** means the Officer responsible and accountable for funds entrusted to the Trust. They shall be responsible for ensuring the proper stewardship of public funds and assets. In accordance with the Act, this shall be the Chief Executive Officer.

**"Associate Director"** means a director, who is an officer of the Trust appointed in accordance with the Constitution, allowing full participation in the work of the Board of Directors with the exception of formal voting rights.

**"Authorisation"** means the authorisation of the Trust by NHS England, the Independent Regulator of NHS Foundation Trusts

**"Board of Directors"** means the Chair, Non-Executive Directors and the Executive Directors appointed in accordance with the Trust's Constitution.

**"Budget"** means a resource, expressed in financial terms, approved 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 for a specific area of the organisation.

**"Chair"** is the person appointed in accordance with the Constitution to lead the Board of Directors and the Council of Governors. The expression "the Chair" shall be deemed to include the Deputy Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

**"Chair in Common"** is the person appointed in accordance with the Constitution to lead the Board of Directors and the Council of Governors of the Trust and other Trust(s).

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

**"Code of Governance"** means the Code of Governance for NHS Provider Trusts 2023

**"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 appointed by the Board of Directors.

**"Committee in Common"** means the collective group or representation from NHS organisations established to perform a particular function or duty.

**"Committee members"** mean persons formally appointed by the Board of Directors to sit on or to chair specific committees.

**"Constitution"** means the Constitution of the Trust as approved from time to time by NHS England, (NHSE) the Independent Regulator of NHS Foundation Trusts.

**"Contracting and procuring"** means the systems for obtaining the supply of goods,

materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

**“Council of Governors”** means the persons, elected and appointed, to fulfil the functions as laid out in the Constitution.

**"Deputy Chair"** means the Non-Executive Director appointed by the Council of Governors to take on the duties of Chair if the Chair is absent for any reason.

**"Finance Director"** means the Director of Finance who is the chief finance officer of the Trust.

**"Executive Director"** means a director who is an officer of the Trust appointed in accordance with the Constitution. For the purposes of this document, “director” shall not include an employee whose job title incorporates the word director but who has not been appointed in this manner.

**"Funds held on Trust"** shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under Sch. 2 Part II para 16.1c NHS & Community Care Act 1990. Such funds may or may not be charitable.

**HCA 2022** Health and Care Act 2022

**“Independent Regulator”** means the Regulator as updated in the Health and Care Act 2022

**"ICB”** means Integrated Care Board.

**“Memorandum of Understanding” (MoU)** means a bilateral or multilateral agreement between two or more parties expressing an intended will and/or common line of action between the parties.

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

**"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 director who is not an officer of the Trust and who has been appointed in accordance with the Constitution or under the previous appointment system. This includes the Chair of the Trust.

**"Officer"** means an employee of the Trust or any other person who exercises functions for the purposes of the Trust other than solely as a Staff Governor or Non-Executive Director of the Trust.

**"SFI’s"** means Standing Financial Instructions.

**"SO’s"** mean Standing Orders.

**"Trust"** means Airedale NHS Foundation Trust.

**“Trust Secretary”** 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 Standing Orders, Constitution and Regulatory guidance.

**“WYAAT”** means West Yorkshire Association of Acute Trusts – collaboration between the West Yorkshire and Harrogate acute providers.

# 2. The Trust

All business shall be conducted in the name of the Trust.

The roles and responsibilities of the Board of Directors are set out in Appendix 7 of the Constitution.

The powers of the Trust established under statute shall be exercised by the Board of Directors except as otherwise provided for in Standing Order 5.

Directors acting on behalf of the Trust as corporate Trustee of the Airedale Hospital and Community Charity are accountable for charitable funds held on trust to the Charity Commission.

The Board of Directors has resolved that certain powers and decisions may only be exercised or made by that Board in formal session. These powers and decisions are set out in the Scheme of Delegation.

## 2.1 Composition of the Board of Directors

The composition of the Board of Directors shall comprise both Executive and Non-Executive Directors.

The Board of Directors is to comprise:

A Non-Executive Chair

No fewer than four other Non-Executive Directors (one of whom shall act as the Senior Independent Director)

No fewer than four Executive Directors comprising:

- Chief Executive Officer
- Finance Director
- Registered Medical Practitioner or Registered Dentist (within the meaning of the Dentists Act 1984)
- Registered Nurse or a Registered Midwife

The Non-Executive Directors and Chair together shall be greater than the total number of voting Executive Directors.

Associate directors may be appointed to the Board of Directors from time to time but shall have no voting rights.

## 2.2 Appointment and removal of the Chair and Non-Executive Directors

### 2.2.1 Appointment

Only a member of the Public Constituency is eligible for appointment as the Chair or another non-executive director.

The Chair and the other non-executive directors are to be appointed by the Council of

Governors through a process of open competition, using the following procedure:

The Council of Governors will follow a best practice process, taking into account the provisions of the Code of Governance 2023, for the appointment of the Chair and the other Non- Executive Directors.

Open advertising will take place with advice from the Trust Secretary to the Appointments and Remunerations Committee to support the Council of Governors in the appointment of the Chair and Non-Executive Directors. If an external consultancy is engaged, it will be identified in the annual report alongside a statement about any other connection it has with the Trust or individual directors.

When considering the appointment of Non-Executive Directors, the Council of Governors will consider the views of the Board of Directors and the Appointments and Remuneration Committee on the qualifications, skills, knowledge and expertise required for each position by way of the Board Skills Matrix for the Trust.

Appropriate candidates will be identified by the Appointments and Remuneration Committee, considering succession planning, and taking into account the future challenges, risks and opportunities facing the Trust, along with the skills and expertise required within the Board of Directors to meet them; in accordance with the Code of Governance for NHS Foundation Trusts S2 (2023)

Directors on the Board of Directors and Governors on the Council of Governors must meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged).

The Appointment and Remunerations Committee for the Trust is responsible for the appointment of non-executive directors and has Governors in the majority.

The selection panel will comprise of.

- the Chair and,
- the senior independent director of the board of directors, and
- at least three (3) governors.
- For the appointment of the Chair, in accordance with best practice, best endeavours will be undertaken to have at least one external assessor from NHS England and/or another Trust and/or a representation from a relevant ICB.

- The Chair shall not be a member of the selection panel in the case of the appointment of a Chair and the Deputy Chair shall be invited to join the selection panel in their place.

The Chair and any other Non-Executive Director shall be appointed by the Council of Governors for a specified term of up to three (3) years and shall be eligible for re-appointment at the end of their term.

The Trust annual report will describe as appropriate the process followed by the Council of Governors to appoint the Chair and Non-Executive Directors.

### 2.2.2 Removal

The removal of the Chair or any other Non-Executive Director shall be a decision of the Council of Governors and shall be carried out in accordance with the following procedures:

Written reasons for the proposal shall be provided to the Trust Chair or the Senior Independent Director, who shall be given the opportunity to respond to such reasons.

In making any decision to remove a Non-Executive Director (other than the Chair), the Council of Governors shall consider any annual performance appraisal carried out by the Chair.

Removal of the Chair or any other Non-Executive Director shall require the approval of three-quarters of the members of the Council of Governors.

If any proposal to remove the Chair or other non-executive director is not approved at a meeting of the Council of Governors, no further proposal can be put forward to remove the Chair or such non-executive director based upon the same reasons within twelve (12) months of the meeting.

## 2.3 Other Appointments

The Board of Directors shall, following consultation with the Council of Governors, appoint one of the independent Non-Executive Directors to be the Senior Independent Director (SID). The Senior Independent Director is a Non-Executive Director appointed by the Board of Directors. The Senior Independent Director may be, but does not have to be, the Deputy Chair of the Board of Directors. They will be available to members of the Board and governors if they have concerns that contact through the usual channels of Chair, Chief Executive Officer, Executive Director of Finance and Trust Secretary has failed to resolve or where it would be inappropriate to use such channels. The Senior Independent Director also carries out the role of a Non-Executive Director.

## 2.4 Committees and Delegation

The Board of Directors may delegate any of its powers to:

- The Chief Executive Officer

- a Committee of Directors.
- an Executive Director.

Under s65Z6 of the NHS Act 2006 (as amended), the Trust can form a joint committee with relevant bodies, a local authority or combined authority to enable joint delivery of services.

The Board of Directors maintains a formal schedule of matters reserved for decision by the Board of Directors.

The Board of Directors has an Audit and Risk Committee comprising of

- A minimum of three (3) independent Non-Executive Directors.
- The chair of the Board of Directors is not a member.
- At least one member has recent and relevant financial experience.

The main roles and responsibilities of the Audit and Risk Committee include:

- monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance and reviewing significant financial reporting judgements contained in them.
- providing advice (where requested by the Board of Directors) on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's position and performance, business model and strategy.
- reviewing the Trust's internal financial controls and internal control and risk management systems.
- monitoring and reviewing the effectiveness of the Trust's internal audit function.
- reviewing and monitoring the External Auditor's independence and objectivity
- reviewing the effectiveness of the external audit process, taking into consideration relevant UK professional and regulatory requirements reporting to the Board of Directors on how it has discharged its responsibilities.
- The Trust has two appointment Committees: one responsible for considering appointments and remuneration for Non-Executive Directors (including the Chair) and one responsible for considering nominations and remuneration for Executive Directors.

The Board of Directors may appoint committees consisting wholly or partly of persons who are not Executive Directors or Non–Executive Directors of the Trust for any purpose that is calculated or likely to contribute to or assist it in the exercise of its powers, but it may not delegate the exercise of any of its powers to such committee.

## 2.5 Terms of Office of the Chair and Non-Executive Directors

The Chair and the Non-Executive Directors (NED) shall be appointed by the Council of Governors for a specified terms of up to three (3) years in accordance with the Code of Governance 2023. Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the Board of Directors and any decision to extend a term beyond six years should be subject to rigorous review.

To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.

## 2.6 Appointment of Deputy Chair of the Board of Directors

The Council of Governors shall be responsible for appointing a Deputy Chair to deputise for and support the Chair. The Deputy Chair shall preside at meetings of the Board of Directors or the Council of Governors when the Chair is unavailable or on occasions when the Chair declares a pecuniary interest that prevents them taking part in the consideration or discussion of a matter. The Deputy Chair shall be appointed for such a period, not exceeding the remainder of their term as Non-Executive Director of the Trust, as they may specify. Provision 3.6 sets out the provision if the Chair and Deputy Chair are absent.

Any Non-Executive Director so appointed may at any time resign from the office of Deputy Chair by giving notice in writing to the Chair. The Council of Governors may thereupon appoint another Non-Executive Director as Deputy Chair.

## 2.7 Powers of Deputy Chair

Where the Chair of the Trust has ceased to hold office or, has been unable to perform duties as Chair owing to illness, absence or any other cause, references to the Chair shall, so long as there is no Chair able to perform those duties, be taken to include reference to the Deputy Chair.

## 2.8 Joint Directors

Where more than one person is appointed jointly to the post in the Trust, which qualifies the holder for executive directorship or in relation to which an Executive Director is to be appointed, those persons shall become appointed as an Executive Director jointly and shall count for the purpose of the Standings Orders as one person.

## 2.9 Roles and Responsibilities of the Board of Directors

The Board will function as a corporate decision-making body and is collectively responsible for the performance of the Trust. All members of the Board of Directors have joint responsibility for every Board decision regardless of their individual skill or status (Section B, 2.17 Code of Governance 2023)

The Board of Directors as a whole shall be responsible for ensuring the quality and safety of the healthcare services, education, training and research delivered by the Trust (Section B, 2.16 Code of Governance 2023), and applying the principles and standards of clinical governance set out by Department of Health and Social Care (DHSC), NHS England (NHSE), the Care Quality Commission (CQC) and other relevant NHS bodies.

The Board of Directors shall act in accordance with the principles set out in the Fit and Proper Persons Test and the Well Led Framework and other such requirements.

## 2.10 Lead Roles for Board Members

The Chair will ensure that the designation of Lead roles or appointments of Board members as required or as set out in any statutory or other guidance, will be made in accordance with the guidance or statutory requirement.

## 2.11 The Trust Secretary (Company Secretary)

Both the appointment and removal of the company secretary should be a matter for the whole board. (Section B,2.15 Code of Governance 2023) .

All Directors have access to the advice of the Trust secretary, who is responsible for advising the Board of Directors on all governance matters in accordance with the Code of Governance (Section B, 2.15 Code of Governance 2023)

The Trust Secretary has a significant role in the administration of corporate governance (Appendix A Code of Governance 2023). In particular, the trust secretary would normally be expected to:

- ensure good information flows to the board of directors and its committees and between senior management, non-executive directors and the governors where relevant.
- ensure that procedures of both the board of directors and the council of governors are complied with.
- advise the board of directors and the council of governors (through the chair) on all governance matters.
- be available to give advice and support to individual directors, particularly in relation to the induction of new directors and assistance with professional development.

## 2.12 Declaration (Conflicts) of Interest of Directors

The Trust manages a declaration of interest programme in line with the policy as approved by the Audit and Risk Committee and the declaration are both on the Trust website.

# 3. Meetings of the Board of Directors

## 3.1 Admission of the Public and Press

The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Board of Directors but shall be required to withdraw upon the Board resolving as follows:

'That representatives of the press and other members of the public be excluded from the remainder of the 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).'

The Chair shall give such direction as seen fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on the grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Board resolving as follows:

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

Matters to be dealt with by the Board following the exclusion of representatives of the press, and other members of the public, as provided 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 and papers headed '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.

Nothing in these Standing Orders shall require the Board to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

## 3.2 Observers at Board Meetings

The Board of Directors shall 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's Board meetings, and will change, alter or vary these terms and conditions as it deems fit.

## 3.3 Calling Meetings

Ordinary meetings of the Trust Board shall be held on a bi-monthly basis at such times and places as the Trust Board may determine. Meetings of the Trust Board will be held in public.

The Board of Directors shall meet sufficiently regularly to discharge its duties effectively.

The Chair of the Trust may call a meeting of the Trust Board at any time.

One third or more of the voting Directors of the Trust 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.

Meetings of the Board of Directors shall be open to the public. The Board may resolve to exclude members of the public whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons. When determining whether members of the public shall be so excluded, the Board shall consider the provisions of the Public Bodies (Admission to Meetings) Act 1960.

### 3.4 Notice of Meetings and the Business to be Transacted

Before each meeting of the Trust Board a written notice (via e-mail or the electronic Board portal) specifying the business proposed so as to be available to members at least five clear days before the meeting. Lack of service of such a notice on any member shall not affect the validity of a meeting. Details of meetings and the public agenda will be published on the Trust's website.

A notice shall be presumed to have been served one day after posting or emailing. Lack of service of the notice on any director shall not affect the validity of a meeting.

In the case of a meeting called by directors in default of the Chair, those directors shall sign the notice, and no business shall be transacted at the meeting other than that specified in the notice.

Agendas will be sent to directors no less than three clear days before the meeting and supporting papers shall accompany the agenda, save in emergency.

### 3.5 Setting the Agenda

The Board of Directors may determine that certain matters shall appear on every agenda for a meeting. (Such matters may be identified within these Standing Orders or following subsequent resolution shall be listed in an Appendix to the Standing Orders.)

A director who requires an item to be included on the agenda should advise the Trust Secretary prior to the agenda being agreed with the Chair and no less than 7 days before a meeting.

### 3.6 Chair of Meeting

At any meeting of the Board of Directors the Chair, if present, shall preside. If the Chair is absent the Deputy Chair shall preside. If the Chair and Deputy Chair are absent such Non-Executive Director as the directors present shall choose shall preside.

If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If the Chair and Deputy Chair are absent, or are disqualified from participating, such Non-Executive Director as the directors' present shall choose shall preside.

### 3.7 Annual Members Meeting

The Trust will publicise and hold an annual members meeting, in accordance with the terms of the Constitution.

### 3.8 Notices of Motion

A director wishing to move or amend a motion should advise the Trust Secretary prior to the agenda being agreed with the Chair and no less than 7 clear days before a meeting. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda.

3.9 **Emergency Motion**

Subject to the agreement of the Chair, and subject to the provision of SO 3.8, a Director 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 Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision is final.

3.10 **Withdrawal of Motion or Amendments**

A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

3.11 **Motion to Rescind a Resolution**

Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the

signature of the director who gives it and also the signature of 4 other directors. When any such motion has been disposed of by the Board of Directors, it shall not be competent for any director other than the Chair to propose a motion to the same effect within 6 months; however, the Chair may do so if they consider it appropriate.

3.12 **Motions**

The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

When a motion is under discussion or immediately prior to discussion it shall be open to a director to move:

- An amendment to the motion.
- The adjournment of the discussion or the meeting.
- That the meeting proceeds to the next business.
- The appointment of an ad hoc committee to deal with a specific item of business.
- That the motion be now put.
- A motion under Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 resolving to exclude the public (including the press).

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

3.13 **Chair's Ruling**

Statements of directors made at meetings of the Board of Directors shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity, and any other matters shall be observed at the meeting.

3.14 **Voting**

Every question put to a vote at a meeting shall be determined by a majority of the votes of the Chair of the meeting and directors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the Chair of the meeting shall have a second or casting vote.

All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the directors present so request.

If at least four of the directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each director present voted or abstained.

If a director so requests, their vote shall be recorded by name upon any vote (other than by paper ballot).

In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.

Any member of the Board of Directors who is not able to be present in person may participate in a Board of Director's meeting by means of conference telephone or any other electronic means, which allows all persons participating in the meeting to hear each other. A director so participating shall be deemed to be present in person at such meeting and shall be entitled to vote and counted in the quorum. Such a Board of Directors meeting shall be deemed to take place where the largest group of those participating is assembled or, if there is no such group, where the Chair is located.

An officer who has been appointed formally by the Board of Directors 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. An officer attending 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.

Any Associate Directors on the Board of Directors will have no formal voting rights on a decision, nor the personal accountabilities associated with full Board membership.

No resolution shall be passed if it is opposed by all the Non-Executive Directors present or by all the Executive Directors present and voting.

3.15 **Minutes**

The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement and approval at the next ensuing meeting.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

Minutes shall be circulated in accordance with Directors' wishes. Where providing a record of the meeting, a set of notes from the meeting shall be made available to the public (required by Code of Practice on Openness in the NHS and the Freedom of Information Act) and circulated to the Council of Governors. A record of items discussed in private will be maintained and approved by the Board of Directors.

3.16 **Written Resolutions**

The Chair, or four (4) directors (including at least one Executive Director and one Non-Executive Director) who give written notice to the Secretary specifying the business to be carried out may propose a Board of Directors' written resolution.

A Board of Directors' written resolution is proposed by giving written notice of the proposed resolution to each director. Notice by post, delivery in person, fax or email shall constitute written notice.

Notice of a proposed Board of Directors' written resolution must dictate:

- The proposed resolution.
- How to signify agreement to the resolution; and
- The date by which it is proposed that the Board of Directors should adopt it. A proposed written resolution shall lapse if not adopted by the 28th day of circulation.

The resolution is deemed to have been passed when the required majority have signified their agreement to it by email or in writing.

3.17 **Joint Directors**

Where the office of a member of the Board is shared jointly by more than one person:

(i) either or both of those persons may attend or take part in meetings of the Board,

(ii) if both are present at a meeting, they should cast one vote if they agree,

(iii) in the case of disagreement, no vote should be cast,

(iv) the presence of either or both of those persons should count as the presence of one person for the purposes of SO 3.21 (Quorum)

3.18 **Suspension of Standing Orders**

Except where this would contravene any statutory provision or any provision of the authorisation or of the constitution, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board of Directors are present, including two Executive Directors and two Non-Executive Directors, and that a majority of those present vote in favour of suspension.

A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the directors.

No formal business may be transacted while Standing Orders are suspended.

The Audit and Risk Committee shall review every decision to suspend Standing Orders.

3.19 **Variation and Amendment of Standing Orders**

These Standing Orders shall be amended only if:

- a notice of motion under Standing Order 3.8 has been given; and

- no fewer than half of the Trust's total Non-Executive Directors in post vote in favour of amendment; and

- at least two-thirds of the Directors are present; and

- the variation proposed does not contravene a statutory provision or provision of the authorisation or of the Constitution.

3.20 **Record of Attendance**

The names of the Chair and Directors present at the meeting shall be recorded in the minutes. The Trust Secretary shall keep and maintain a record of the number of meetings of the Board of Directors and the attendance of individual directors. The Board of Directors may agree that its members can participate in its meetings by telephone, video or computer link in accordance with the Constitution. Participation where agreed shall be deemed to constitute presence in person at the meeting.

3.21 **Quorum**

No business shall be transacted at a meeting of the Board of Directors unless at least one-third of the members of the whole number of the Directors are present (including at least one Executive Director and two Non-Executive Directors), one of whom is the Chair or Deputy Chair and as such has a casting vote.

An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

If the Chair or Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO 7 and 9) they 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. The above requirement for two Executive Directors to form part of the quorum shall not apply where the Executive Directors are excluded from a meeting.

3.22 **Frequency**

The Trust shall hold meetings of the Board of Directors at least five times in each calendar year.

3.23 **Petition**

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

# 4. Meetings of the Council of Governors

## 4.1 Admission of the Public and Press

The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Council of Governors but shall be required to withdraw upon the Governors 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.'

The Chair (or Deputy Chair) shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Council of Governors 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 Council of Governors resolving as follows:

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

Nothing in these Standing Orders shall permit the Council of Governors to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place without the prior agreement of the Board.

## 4.2 Calling Meetings

General Meetings of the Council of Governors shall be held at such times and places as the Council of Governors may determine.

## 4.3 Notice of Meetings

Before each meeting of the Council of Governors, a notice of the meeting, specifying the business proposed to be transacted by it, shall be delivered to every Governor, or sent by email to the Governor, so as to be available to them at least three clear days before the meeting.

Lack of service of the notice on any Governor shall not affect the validity of the meeting. Meetings of the Council of Governors may be called by the Trust Secretary, or by the Chair.

Meetings of the Council of Governors may also be called by seven Governors (including at least one elected Governor and one appointed Governor) who shall give written notice to the Trust Secretary specifying the business to be carried out. The Trust Secretary shall send out a written notice to all Governors as soon as possible after receipt of such a request.

Agendas will be sent to Governors three clear days before the meeting and supporting papers, whenever possible, shall accompany the agenda, save in an emergency.

A notice shall be presumed to have been served one day after posting/emailing.

Notice of the Council of Governors meetings will be made public by whatever communication method the Trust determines.

All decisions taken in good faith at a meeting of the Council of Governors or of any committee shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Governors attending the meeting.

### 4.4 Chair of Meeting

At any meeting of the Council of Governors, the Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair, if present, shall preside. If the Chair and Deputy Chair are absent, one of the other Non-Executive Directors will be nominated by the Council of Governors to preside.

If the person presiding at the meeting of the Council of Governors has a conflict of interest in relation to the business being discussed, the Deputy Chair (or nominated Chair) will chair that part of the meeting.

### 4.5 Notices of Motion

A Governor wishing to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Trust Secretary, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned in the agenda.

### 4.6 Withdrawal of Motion or Amendments

A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

### 4.7 Motions

The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment of the Chair.

When a motion is under discussion or immediately prior to discussion it shall be open to a Governor to move:

- An amendment to the motion
- The adjournment of the discussion or the meeting (*)
- That the meeting proceeds to the next business
- The appointment of an ad hoc committee to deal with a specific item of business
- That the motion be now put (*)
- A motion under section 1 of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public (including the press)

* In the case of sub-paragraphs denoted by (*) above to ensure objectivity, motions may only be put by a Governor who has not previously taken part in the debate.

No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

4.8 **Chair's Ruling**

Statements of Governors made at meetings of the Trust shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevance, regularity and any other matter shall be observed at the meeting.

4.9 **Voting**

Every question at a meeting shall be determined by a majority of the votes of the Governors present and voting on the question and, in the case of the number of votes for and against a motion being equal, the person presiding at or chairing the meeting shall have a casting vote.

All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Governors present so request.

If at least one-third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.

If a Governor so requests, their vote shall be recorded by name upon any vote (other than by paper ballot).

In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

4.10 **Minutes**

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

Minutes shall be circulated in accordance with the Governors wishes. Where providing a record of a public meeting the minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

4.11 **Record of Attendance**

The names of the Governors present at the meeting shall be recorded in the minutes.

4.12 **Quorum**

At least one-third of Governors occupying elected or appointed Council of Governor seats shall form a quorum for the Council of Governors.

If a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see standing order 7 and 9) they shall not 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.

4.13 **Frequency**

The Council of Governors shall hold meetings at least four times a year in each calendar year.

The Council of Governors has adopted the Rules of Procedure for its meetings and the Annual Members Meeting which shall be regarded as part of these Standing Orders and can be found in the Constitution document.

4.14 **Attendance at Council of Governor Meetings**

The Council of Governors may invite the Chief Executive or any other member(s) of the Board of Directors, or a representative of the auditor or other advisers to attend a meeting of the Council of Governors.

Any Governor who is not able to be present in person may participate in a Council of Governors meeting by means of telephone conference or any other electronic means, which allows all persons participating in the meeting to hear each other. A Governor so participating shall be deemed to be present in person at such meeting and shall be entitled to vote and counted in the quorum. Such a Council of Governors meeting shall be deemed to take place where the largest group of those participating is assembled or, if there is no such group, where the Chair is located.

4.15 **Powers**

The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint committees to assist the Council of Governors in carrying out its functions. The Council of Governors may appoint Governors and may invite directors and other persons to serve on such committees. The Council of Governors may, through the Trust Secretary, request that external advisors assist them or any committee they appoint in carrying out its duties.

4.16 **Proposing Council of Governors Written Resolutions**

The Trust Secretary, Chair, or seven (7) governors (including at least two (2) elected governors and two (2) appointed governors) who give written notice to the Trust Secretary specifying the business to be carried out may propose a Council of Governors written resolution.

The following may not be passed as a written resolution: the removal of a non-executive director or Chair; removal of the auditor; or approval of a significant transaction.

A Council of Governors' written resolution shall be proposed by giving written notice of the proposed resolution to each governor. Notice by post, delivery in person, fax or email shall constitute written notice.

Notice of a proposed Council of Governors written resolution must indicate:

- the proposed resolution.
- how to signify agreement to the resolution; and
- the date by which it is proposed that the Council of Governors should adopt it. A proposed written resolution shall lapse if not adopted by the 28th day from circulation.

References in this paragraph to eligible Governors are to members of the Council of Governors who would have been entitled to vote on the matter had it been proposed at a meeting of the Council of Governors.

A decision may not be taken in accordance with this paragraph if the eligible Governors would not have formed a quorum at such a meeting.

The resolution is deemed to have been passed when the required majority (simple majority, or 75% if a special resolution) as appropriate of eligible Governors have signified their agreement to it.

Where decisions of the Council of Governors are taken by means other than at a face-to-face meeting or by written resolution, such decisions shall be recorded by the Trust Secretary in permanent written form.

4.17 **Disclosure of interests**

Members of the Council of Governor's shall disclose to the Council of Governor's any material interests as defined in the Trust Declaration of Interest policy held by a Governor, (or their spouse, co-habiting partner, close family member or close friend) and shall withdraw from the meeting and play no part in the relevant discussion or decision and shall not vote on the issue (and if inadvertently they do remain and vote, their vote shall not be counted).

Any governor who fails to disclose any interest required to be disclosed under the policy must permanently vacate their office if required to do so by a majority of the remaining governors.

4.18 **Declaration**

An elected governor may not vote at a meeting of the Council of Governors unless, before attending the meeting, they have made a declaration in the form specified by the Trust Secretary of the particulars of their qualification to vote as a member of the Trust and that they are not prevented from being a member of the Council of Governors. An elected governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of elected governors.

# 5. Arrangements for the exercise of functions by delegation

Subject to a provision in the authorisation or the Constitution, the Board of Directors may make arrangements for the exercise, on its behalf of any of its functions.

- by a committee.
- appointed by virtue of SO 5.3 below; or
- by an Executive Director or the Trust Secretary

In each case subject to such restrictions and conditions as the Board of Directors thinks fit.

## 5.1 Emergency Powers

The powers which the Board of Directors has retained to itself within these Standing Orders may in emergency be exercised jointly by the Chair and Chief Executive Officer after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chair and Chief Executive Officer shall be reported to the next formal meeting of the Board of Directors for ratification.

## 5.2 Delegation to Committees

The Board of Directors shall agree, as and when it deems appropriate, to the delegation of executive powers to be exercised by committees, which it has formally constituted. The Constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Board of Directors.

## 5.3 Delegation to Officers

Those functions of the Trust which have not been retained as reserved by the Board of Directors or delegated to a committee shall be exercised on its behalf by the Chief Executive Officer. The Chief Executive Officer shall determine which functions shall be delegated to officers to undertake.

The Chief Executive Officer shall prepare a Scheme of Delegation (which is set out in the Standing Financial Instructions) identifying proposals which shall be considered and approved by the Board of Directors, subject to any amendment agreed during the discussion. The Chief Executive Officer may periodically propose amendment to the Scheme of Delegation, which shall be considered and approved by the Board of Directors as indicated above.

Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board of Directors or the Executive Director of Finance or other executive director. Outside these statutory requirements the role of the Executive Director of Finance shall be accountable to the Chief Executive Officer for operational matters.

The arrangements made by the Board of Directors as set out in the Scheme of Delegation shall have effect as if incorporated in these Standing Orders.

## 5.4 Overriding Standing Orders

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 of Directors for action or ratification. All members of the Board of Directors, Council of Governors and staff have a

duty to disclose any non-compliance with these Standing Orders to the Chief Executive Officer as soon as possible.

# 6. Committees

## 6.1 Appointment of Internal Committees

The Board of Directors may appoint committees of the Trust, consisting wholly or partly of the Chair and Directors of the Trust.

A committee or joint committee appointed under this regulation may, subject to such directions as may be given by the Independent Regulator of the Trust, and in accordance with the Constitution, appoint sub-committees consisting wholly or partly of directors of the committee or joint committee (whether or not they are directors of the Trust); or wholly of persons who are not directors of the Trust or the committee of the Trust.

The Scheme of Delegation does not discharge accountability to Non-Executive Directors to provide information and advise the Board of Directors in accordance with any statutory requirements.

The Standing Orders of the Trust, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Trust. In which case the term "Chair" is to be read as a reference to the Chair of the committee as the context permits, and the term "director" is to be read as a reference to a member of the committee also as the context permits. (There is no requirement to hold meetings of committees established by the Trust in public.)

Each such committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board of Directors), as the Board of Directors shall decide and shall be in accordance with any legislation and regulation. Such terms of reference shall have effect as if incorporated into the Standing Orders.

Where Trust committees are authorised to establish sub-committees, they may not delegate executive powers to the sub-committee unless expressly authorised by the Board of Directors.

The Board of Directors shall approve the appointments to each of the Trust committees, which it has formally constituted.

The committees established by the Trust are:

- Appointments and Remuneration Committee
- Audit and Risk Committee
- Nominations and Remuneration Committee
- Finance, Performance and Digital Committee
- People Committee
- Quality and Safety Committee
- Airedale Hospital and Community Charitable Funds Committee
- Securing the Future Committee

The committee established by the Council of Governors is the Appointments and Remuneration Committee.

6.2 **West Yorkshire Association of Acute Trusts ('WYAAT')**

Membership of the WYAAT Committee in Common is defined in its Terms of Reference as agreed by all the Parties. The Board, along with the other WYAAT members, has agreed not to delegate any of its statutory functions to the Committee in Common. The scope of the Committee in Common incudes responsibility for leading the development of the WYAAT Collaborative Programme and the work streams in accordance with the defined key principles, including setting the overall strategic direction to deliver the Programme.

Such other committees may be established, as required, to discharge the - WYAAT's responsibilities e.g. Airedale & Bradford Collaboration Acute Services (ABCAS).

6.3 **Confidentiality**

A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Board of Directors or shall otherwise have concluded on that matter.

A Director of the Trust or a member of a committee shall not disclose any matter reported to the Board of Directors or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if that Board or committee shall resolve that it is confidential.

The WYAAT Committee in Common has a separate confidentiality agreement and information sharing protocol.

## 7. Declarations and Register of Interests

All existing Directors (including for the purposes of the standing order, Non-Executive Directors) declare relevant and material interests to the NHS Board of which they are a member (including the WYAAT Committee in Common). Any Directors appointed subsequently should do so on appointment. It is a condition of employment that those holding director or director-equivalent posts provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts. Fitness to hold such a post is determined in a number of ways, including (but not exclusively) by the Trust's Provider Licence, the Health & Social Care Act 2012 as amended by the Health & Care Act 2022 (Regulated Activities) Regulation, the Fit and Proper Person Regulations and the Trust's Constitution.

Declarations of Interest are defined in the Trust policy.

At the time the interests are declared they should be recorded in the Board of Director's minutes. Any changes in interests should be officially declared at the next Board meeting. It is the obligation of the Director to inform the Trust Secretary in writing within seven days of becoming aware of the existence of a relevant or material interest. It is also the responsibility of the Board member to record their interest(s) through the electronic system for making declarations.

A register of directors' interests is be maintained and held on the Trust website and presented annually to the Board of Directors. This will be formally recorded in the minutes. Any changes in interests should be officially declared via the Trust website portal for declarations.

During the course of a Board of Directors meeting, if a conflict of interest is established, the director concerned should withdraw from the meeting and play no part in the relevant discussion or decision. For the avoidance of doubt, this includes voting on such an issue where a conflict is established. If there is a dispute as to whether a conflict of interest does

exist, a majority vote will resolve the issue with the Chair having the casting vote. The WYAAT Committee in Common has a defined process for managing conflicts of interest both individual and organisational. The Trust's members of the WYAAT Committee in Common will adhere to declaring any interests in accordance with, and described in, the Conflicts of Interests section of the Memorandum of Understanding.

There is no requirement in the Code of Accountability for the interests of directors' spouses or partners to be declared; however, in accordance with the Nolan Principles of integrity, accountability and openness, good practice suggests that such declarations are strongly advisable (as are declaring the interests of other immediate family members and co-business partners). Standing Order 8, which is based on these regulations requires that the interests (or director's spouses, if living together) in contracts should be declared. Therefore, the interests of Board director's spouses and cohabiting partners should also be regarded as relevant.

If Directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair or Trust Secretary. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) 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 medical practitioners should also be considered.

Subject to contrary regulations being passed, the Registers will be available for inspection by the public free of charge. Copies or extracts of the Registers must be provided to Members of the NHS Foundation Trust free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-Members for copies or extracts of the register.

The Trust has in place conduct standards guidance based on the guidance document 'Managing Conflicts of Interest in the NHS – Guidance' issued by NHS England September 2024. The Trust's Conflicts of Interest Policy provides guidance to help ensure staff do not:

- Risk there being a conflict between private interests and NHS duties; and
- Accept an inappropriate gift, reward or inducement.

## 8. Compliance with the Fit and Proper Persons Regulations

The Trust has adopted and complies with the Fit & Proper Persons requirements framework 2023

The framework should be read in conjunction with the NHS Constitution, NHS People Plan, People Promise and NHS Leadership Competency Framework for leaders at board level. This Framework supports transparency and is the start of an ongoing dialogue between board members about probity and values. It is as a core element of a broader programme of board development, effective appraisals and values-based (as well as competency-based) appointments – all of which are part of the good practice required to build a 'healthy' board.

## 9. Exclusion of Chair and Directors in procedures on account of pecuniary interest

For the sake of clarity, the following definition of terms is to be used in interpreting this Standing Order - "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).

Subject to the following provisions of this Standing Order, if the Chair or a director of the Trust has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Trust 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.

The Board of Directors may exclude the Chair or a director 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.

Any remuneration, compensation or allowances payable to the Chair or a Non-Executive Director in accordance with the Constitution shall not be treated as a pecuniary interest for the purpose of this Standing Order.

For the purpose of this Standing Order the Chair or a director shall be treated, subject to SO 7 as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if:

(a) they, or a nominee of them, are a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made, or which has a direct pecuniary interest in the other matter under consideration; or

(b) they are a partner of or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration.

and in the case of married persons living together, the interest of one spouse shall, if known to the other, be deemed for the purposes of this Standing Order to be also an interest of the other.

The Chair or a director shall not be treated as having a pecuniary interest in any proposed contract or other matter by reason only:

(a) of membership of a company or other body, if there is no beneficial interest in any securities of that company or other body.

(b) of an interest in any company, body or person with which they are connected as mentioned in SO 7 above which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

Where the Chair or a Director:

(a) has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body; and

(b) the total nominal value of those securities does not exceed £25,000 or one percent of the total issued share capital of the company or body, whichever is the less; and

(c) if the share capital is of more than one class, the total nominal value of shares of any one class in which he/she has a beneficial interest does not exceed one percent of the total issued share capital of that class.

This Standing Order shall not prohibit them from taking part in the consideration or discussion of the contract or other matter or from voting on any question with respect to it without prejudice however to their duty to disclose their interest.

This Standing Order applies to a committee or sub-committee as it applies to the Board of Directors and applies to any member of any such committee or sub-committee (whether or not they are also a director of the Trust) as it applies to a director.

## 10. Standards of Business Conduct

### 10.1 Policy

Staff must comply with the guidance document 'Managing Conflicts of Interests in the NHS Guidance for staff and organisations 2024 . Trusts are required to implement a local Conflicts of Interests Policy to assist staff in maintaining strict ethical standards. Staff have access to the Trust's Conflicts of Policy via the Trust intranet.

### 10.2 Interests of Officers in Contracts*

If it comes to the knowledge of a Director or an Officer of the Trust that a contract in which they have a pecuniary interest not being a contract to which they are themselves a party, has been, or is proposed to be, entered into by the Trust they shall, at once, give notice in writing to the Chief Executive of the fact that they are interested therein. In the case of persons living together as partners, the interest one partner shall, if known to the other, be deemed to be also the interest of that partner.

An officer must also declare to the Chief Executive any other employment or business or other relationship of theirs, or a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interest of the Trust. The Trust requires interests, employment or relationships so declared by staff to be entered in a register of interests of staff.

Failure to declare any interest which may conflict with, or compromise, any employee's Trust duties and obligations in respect of the award, operation or administration of a Trust/NHS contract may result in a potential breach of the Bribery Act 2010 and necessitate further investigation by the Trust's counter fraud specialist.

*For the avoidance of doubt, this section relates to any employee who is involved in any procurement capacity on behalf of the Trust (not just tendered contracts).

### 10.3 Canvassing of, and Recommendations by, Directors in Relation to Appointments

Canvassing of Directors of the Trust, or members 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.

A Director 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 Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

Informal discussions outside appointment panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

### 10.4 Relatives of Directors or Officers

Candidates for any staff appointment shall, when making application, disclose in writing whether they are related to any Director 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.

The Directors and every officer of the Trust shall disclose to the Chief Executive Officer any relationship with a candidate of whose candidature that Director or officer is aware. It shall be the duty of the Chief Executive Officer to report to the Trust any such disclosure made.

Any alleged false representation contained on any application to the Trust, or failure to disclose any information when required to do so, may also result in investigation by the Trust's counter fraud specialist and/or NHS Protect and possible prosecution under the Fraud Act 2006.

On appointment, a Director (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 Director or holder of any office under the Trust.

Where the relationship of an officer or another Director to a Director is disclosed, the Standing Order headed 'Disability of Directors in proceedings on account of pecuniary interest' shall apply.

## 11. Custody of Seal and Sealing of Documents

### 11.1 Custody of Seal

The Common Seal of the Trust shall be kept by the Trust Secretary, in a secure place.

### 11.2 Sealing of Documents

The Seal of the Trust shall only be attached to documents where the sealing has first been approved by the Trust Board, or the Chief Executive and the Director of Finance, or their designated acting replacement in accordance with the Scheme of Delegated Authorities. The affixing of the Seal shall be attested and signed by two Executive Directors or one director and the Trust Secretary.

### 11.3 Register of Sealing

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 Audit and Risk Committee at least quarterly. (The report shall contain details of the seal number, the description of the document and date of sealing). The book will be held by the Chief Executive Officer or nominated officer.

## 12. Signature of documents

Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Trust Secretary or the Chief Executive, unless any enactment otherwise requires or authorises, or the Board of Directors shall have given the necessary authority to some other person for the purpose of such proceedings. For the purpose of defence documents in legal proceedings, the Trust Secretary, Claims and Legal Lead Manager, or their absence, Head of Patient Safety and Learning, shall be authorised to sign the necessary documentation on behalf of the Trust.

The Chief Executive Officer or nominated officers shall be authorised, by resolution of the Board of Directors, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board of Directors or committee or sub-committee to which that Board has delegated appropriate authority.

# 13. Miscellaneous

## 13.1 Standing Orders to be given to Directors and Officers

It is the duty of the Chief Executive Officer to ensure that existing directors and officers and all new appointees are notified of and understand their responsibilities within Standing Orders and SFIs. Updated copies shall be uploaded to the intranet and website.

## 13.2 Documents having the standing of Standing Orders

Standing Financial Instructions and the Scheme of Delegation shall have effect as if incorporated into Standing Orders.

## 13.3 Review of Standing Orders

Standing Orders, and all documents having effect as if incorporated in Standing Orders, shall be reviewed annually by the Board of Directors.

# STANDING FINANCIAL INSTRUCTIONS

## 14. INTRODUCTION

### 14.1 General

14.1.1 These Standing Financial Instructions (SFI's) are issued for the regulation of the conduct of 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). Note that SOs are a statutory requirement for foundation trusts but SFIs are not termed as such, although an equivalent set of rules is required by NHS England, which this document represents. The '*NHS Oversight Framework'* details how NHS England oversees and supports all NHS Trusts. Additional financial guidance is included in '*National Audit Office – Code of Practice'*, NHS Foundation Trust Annual Reporting Manual, all as updated, replaced or superseded from time to time. Other relevant guidance may be issued.

14.1.2 These SFI's detail the financial responsibilities, policies and procedures adopted by the Foundation Trust ('Trust'). They are designed to ensure that the Trust financial transactions are carried out in accordance with the law and with Government policy 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.

14.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the Trust and any subsidiaries the Trust may have from time to time. 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 Executive Director of Finance.

14.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Executive Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the Trust's SOs of the Board of Directors.

14.1.5 Failure to comply with SFIs and SOs is a disciplinary matter that could result in dismissal.

14.1.6 Overriding SFI's – If for any reason these SFI's 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 Audit and Risk Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non- compliance with these SFI's to the Executive Director of Finance as soon as possible.

14.1.7 Variations to these Instructions shall only be made by the Board, and normally on the recommendation of the Audit and Risk Committee.

14.1.8 A separate Scheme of Delegation and Procurement Governance Framework has been approved by the Board for the Securing the Futures Programme – see Appendix 1.

### 14.2 Responsibilities and delegation

14.2.1 The Board of Directors

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) and by ensuring appropriate audit provision.

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

14.2.2 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' document. All other powers have been delegated to such other Executive Directors in the Scheme of Delegation document, Subsidiary Boards or committees of the Board, as the Trust has established. The Board must approve the terms of reference of all committees reporting directly to the Board.

14.2.3 The Board will delegate responsibility for the performance of its functions in accordance with its Constitution, the SOs and the Scheme of Delegation document adopted by the Trust. The extent of delegation shall be kept under review by the Board.

14.2.4 The Chief Executive Officer and Executive Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

14.2.5 Within the SFI's, it is acknowledged that the Chief Executive Officer is ultimately accountable to the Board, and as Accounting Officer, to the Secretary of State for Health and Social Care, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive Officer has overall executive responsibility for the Trust's activities; is responsible to the Chair 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.

14.2.6 It is a duty of the Chief Executive Officer to ensure that the Board of Directors and, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs. In the event of absence of the Chief Executive Officer, the Deputy Chief Executive Officer will temporarily be delegated the authorisation limits outlined within the document.

14.2.7 The Executive Director of Finance is responsible for the SFIs and for keeping them appropriate and up to date, and:

(a) implementing the Trust's financial policies and for co-ordinating 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 Foundation 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 Foundation Trust, the duties of the Executive Director of Finance 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.

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

(a) the security of the property, assets and resources of the Trust.

(b) avoiding loss.

(c) exercising economy and efficiency in the use of resources.

(d) conforming to the requirements of NHS England, the conditions of the NHS Provider Licence, SOs, SFIs the Scheme of Delegation, and other relevant regulations.

14.2.9 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 Officer to ensure that such persons are made aware of this.

14.2.10 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 Executive Director of Finance.

# 15. AUDIT

## 15.1 Audit and Risk Committee

15.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit and Risk Committee, with clearly defined terms of reference, and following guidance from the HFMA NHS Audit Committee handbook, which will provide an independent and objective view of internal control by:

(a) overseeing Internal and External Audit, and Counter Fraud services.

(b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing of significant financial reporting judgements.

(c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), including its subsidiaries that support the achievement of the organisation's objectives.

(d) monitoring compliance with SOs and SFIs.

(e) reviewing schedules of losses and compensations and making recommendations to the Board.

(f) reviewing the arrangements in place to support the Board Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

(g) The Board of Directors shall satisfy itself that at least one member of the Audit and Risk

Committee has recent and relevant financial experience.

15.1.2 Where the Audit and Risk Committee consider 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 Chair of the Audit and Risk Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Independent Regulator of Trust's.

15.1.3 It is the responsibility of the Executive Director of Finance to ensure an adequate internal audit service is provided and the Audit and Risk Committee shall be involved in the selection process when/if there is a proposal to review the provision of Internal Audit services.

15.2 **Executive Director of Finance**

15.2.1 The Executive Director of Finance 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 and the coordination of other assurance arrangements.

(b) ensuring that the Internal Audit is adequate and meets the NHS mandatory internal audit standards.

(c) ensuring that the Trust maintains adequate Counter Fraud and Corruption arrangements and deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.

(d) ensuring that an annual internal audit report is prepared (with interim progress reports) for the consideration of the Audit and Risk Committee and the Board. 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) any 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.

(e) deciding at what stage to involve the police in cases of misappropriation of assets and any other irregularities (subject to the provisions of SFI 2.4 in relation to fraud and corruption).

15.2.2 The Executive Director of Finance and designated auditors 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 the Board and an employee's control; and

(d) explanations concerning any matter under investigation.

15.3 **Role of Internal Audit**

Internal Audit provides an independent and objective opinion to the Chief Executive Officer, the Audit & Risk Committee and the Board on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives.

15.3.1 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 including internal and external reporting and accountability processes.

(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.

(iv) Any form of risk, especially business and financial risk but not exclusively so.

(e) Internal Audit shall also independently verify the Assurance Statements in accordance with relevant guidance.

(f) the efficient and effective use of resources.

(g) Any investigations/project work agreed with and under the terms of reference laid down by the Executive Director of Finance.

(h) the adequacy of follow up actions by the Trust to internal audit reports.

(i) other matters as requested by directors and senior managers and agreed by the Head of Internal Audit or considered appropriate by the Head of Internal Audit.

(j) The Trust's Annual Governance Statement and Assurance Framework.

(k) The Trust's compliance with the Care Quality Commission's fundamental standards.

15.3.2 Internal Audit will provide at the Trust's request, an internal audit service for any Trust subsidiary.

15.3.3 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 Executive Director of Finance must be notified immediately and in the case of alleged or suspected fraud, the Local Counter Fraud Specialist must be notified.

15.3.4 The Head of Internal Audit (or equivalent title) will normally attend Audit and Risk Committee meetings and has a right of access to all Audit and Risk Committee members, the Chair and Chief Executive Officer of the Trust.

15.3.5 Internal audit reports will be distributed to relevant directors and managers who will be responsible for the implementation of agreed recommendations. Failure to act on audit reports within a reasonable period will be reported to relevant directors and the Audit and Risk Committee.

15.3.6 The Head of Internal Audit shall be accountable to the Executive Director of Finance. The reporting system for internal audit shall be agreed between the Executive Director of Finance, the Audit and Risk Committee and the Head of Internal Audit. The agreement shall comply with the guidance on reporting contained in the 'Audit Code' and the NHS FT Accounting Officer memorandum.

15.4 **External Audit**

15.4.1 The External Auditor is appointed by the Council of Governors with advice from the Audit and Risk Committee. The Audit and Risk Committee must ensure a cost-efficient service is provided and agree audit work-plans, except statutory requirements. If there are any problems relating to the service provided by the External Auditor, then this should be resolved in accordance with the Audit Code.

15.4.2 The External Auditor should annually express an opinion on his ability to rely on the work of internal audit.

15.4.3 The External Auditor must ensure that this service fulfils the functions and audit access and information requirements, as specified in Schedule 10 of the NHS Act 2006.

15.4.4 The Trust shall comply with the Audit Code and shall require the External Auditor to comply with the Audit Code.

15.4.5 Prior approval must be sought from the Audit & Risk Committee (the Council of Governors may also be notified) for each discrete piece of additional work (i.e. work over and above the audit plan, approved at the start of the year) awarded to external auditors. Competitive tendering is not required, and the Executive Director of Finance is required to authorise expenditure.

15.5 **Fraud, Bribery and Corruption**

15.5.1 In line with their responsibilities, the Chief Executive Officer and Executive Director of Finance shall monitor and ensure compliance with the NHS Standard Contract Service Condition 24 to put in place and maintain appropriate bribery, corruption and counter-fraud arrangements, having regard to the NHS Counter Fraud Authority counter-fraud requirements and guidance (informed by Government Functional Standard GovS 013: Counter Fraud).

15.5.2 The Executive Director of Finance is the board member responsible for bribery, corruption and counter-fraud in the Trust.

15.5.3 The Trust shall nominate a professionally accredited Local Counter Fraud Specialist

('LCFS'), to conduct the full range of bribery, corruption and counter-fraud work on behalf of the Trust as specified in the NHS Counter Fraud Authority counter-fraud requirements and guidance.

15.5.4 The LCFS shall report to the Executive Director of Finance and shall work with staff in the NHS Counter Fraud Authority, in accordance with the NHS Counter Fraud Authority counter- fraud requirements and guidance, the NHS Counter Fraud Manual, including the NHS Counter Fraud Authority's Investigation Case File Toolkit.

15.5.5 If it is considered that evidence of offences exists and that a prosecution is desirable, the LCFS will consult with the Executive Director of Finance to obtain the necessary authority and agree the appropriate route for pursuing any action e.g. referral to the police or NHS Counter Fraud Authority.

15.5.6 The LCFS will provide a written report, at least annually, on anti-fraud, bribery and corruption work within the Trust to the Audit and Risk Committee.

15.5.7 The LCFS will ensure that measures to mitigate identified risks are included in an organisational work plan which ensures that an appropriate level of resource is available to the level of any risks identified. Work will be monitored by the Executive Director of Finance and outcomes fed back to the Audit and Risk Committee.

15.5.8 In accordance with the Raising Concerns (Whistleblowing) Policy, the Trust shall have a whistle-blowing mechanism to report any suspected or actual bribery, corruption or fraud matters and internally publicise this, together with the national fraud and corruption reporting line by the NHS Counter Fraud Authority.

15.5.9 The Trust will report annually on how it has met the Government Functional Standard GovS 013: Counter Fraud in relation to bribery, corruption and counter-fraud work and the Director of Finance shall sign-off the annual return and authorise its submission to the NHS Counter Fraud Authority. The Executive Director of Finance shall sign-off the annual qualitative assessment (in years when this assessment is required) and submit it to the relevant authority.

15.5.10 Any prosecution or other offences relating to bribery, corruption or fraud against the Trust not involving the LCFS should be authorised by the Executive Director of Finance and will be reported to the Audit and Risk Committee.

# 16. ALLOCATIONS, BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

## 16.1 Preparation and Approval of Plans and Budgets

16.1.1 In accordance with the annual planning cycle, the Chief Executive Officer will compile and submit to the Board and the Council of Governors, the annual 'Operational Plan' which takes into account the Trusts financial requirements and forecast limits of available resources. The Trust's Operational 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.

(b) the Financial Plan for the year; and

(c) such other content as may be determined by NHS England.

16.1.2 The annual Operational Plan must be submitted to NHS England in accordance with NHS England's requirements.

16.1.3 The Executive Director of Finance will, on behalf of the Chief Executive Officer, prepare and submit an annual budget for approval by the Board. Such a budget will:

(a) be in accordance with the aims and objectives set out in the Trust Operational Plan.

(b) accord with demand, workforce and capacity plans.

(c) be produced following discussion with appropriate budget holders.

(d) be prepared within the limits of available funds; and

(i) identify potential risks.

(ii) be based on reasonable and realistic assumptions and reflect year-on-year cost efficiency and productivity programmes.

(iii) be in line with national planning guidance issued by NHS England.

16.1.4 The Executive Director of Finance shall monitor financial performance against budget, and report to the Board.

16.1.5 The Trust Operational Plan, which will include the annual budget, will be submitted to the Council of Governors in a general meeting.

16.1.6 All budget holders must provide information as required by the Executive Director of Finance to enable budgets to be compiled.

16.1.7 All budget holders will be issued with their allocated budgets at the commencement of each financial year. Allocated budgets will be deemed to have been accepted unless the budget holder has informed the Executive Director of Finance of non-acceptance.

16.1.8 The Executive Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage their budgets successfully.

16.2 **Budgetary Delegation**

16.2.1 The Chief Executive Officer, through the Executive Director of Finance, may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be signed and accompanied by a clear definition of:

(i) the amount of the budget.

(ii) the purpose(s) of each budget heading.

(iii) individual and group responsibilities.

(iv) authority to exercise virement.

(v) achievement of planned levels of service; and

(vi) the provision of regular reports.

16.2.2 The Chief Executive Officer and delegated budget holders must not exceed the budgetary

total or virement limits set by the Board.

16.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive Officer and will be considered as Productivity and Efficiency savings, or subject to any authorised use of virement.

16.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive Officer, or the Executive Director of Finance.

16.2.5 Budgets shall only be used for the purpose for which they were established.

16.3 **Budgetary Control and Reporting**

16.3.1 The Executive Director of Finance will devise and maintain systems of budgetary control. These will include:

(a) Financial reports to each meeting of the Board of Directors in a form approved by the Board containing sufficient information to allow the Directors of the Board to ascertain the financial performance of the Trust. This may include the following:

(i) income and expenditure to date showing trends and forecast year-end position.

(ii) balance sheet to date showing trends and forecast year-end position.

(iii) movements in cash and projected outturn against plan.

(iv) capital projects spend and projected outturn against plan.

(v) explanations of any material variances from plan.

(vi) details of any corrective action where necessary and the Chief Executive Officer's and/or Executive Director of Finance's view of whether such actions are sufficient to correct the situation.

(b) Financial performance is included in the Integrated Performance Report to the Board of Directors.

(c) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible.

(d) investigation and reporting of variances from financial, workload and manpower budgets.

(e) monitoring of management action to correct variances.

(f) arrangements for the authorisation of budget transfers and virements; and

(g) advising the Chief Executive Officer and Board of Directors of the consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the economic and financial impact of future plans and projects and review of the bases and assumptions used to prepare the budgets.

16.3.2 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 Executive Director of Finance.

(b) year on year cost efficiency and productivity schemes are identified.

(c) 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, and.

(d) no permanent employees are appointed without the approval of the Chief Executive Officer other than those provided for within the workforce establishment and available resources.

16.3.3 The Chief Executive Officer is responsible for identifying and implementing cost improvements, waste reduction and income generation initiatives in order to deliver a budget that will enable compliance with NHS England's Use of Resources regime.

16.3.4 The Executive Director of Finance shall keep the Chief Executive Officer, and the Board informed of the financial consequences of changes in policy, pay awards and trends affecting budgets, and shall advise on the financial and economic aspects of future plans and projects.

16.3.5 The Chief Executive Officer will incorporate a Vacancy Control Panel, responsible for approving recruitment. Proposed recruitment will be considered by the Vacancy Control Panel where within scope of the criteria contained within its Terms of Reference.

16.3.6 All new Clinical Consultant appointments will require approval of the Trust's Advisory Appointments Committee.

### 16.4 Capital Expenditure

16.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. Accounting for fixed assets must comply with the NHS Foundation Trust Annual Reporting Manual.

### 16.5 Performance Monitoring Forms and Returns

16.5.1 The Chief Executive Officer is responsible for ensuring that the appropriate monitoring forms are submitted to NHS England.

16.5.2 It is expected that most business cases will be identified and prioritised during the setting of the Trust Operational Plan and therefore Budget Setting Process. These cases will then be sent for approval at an appropriate point during the year.

## 17. ANNUAL ACCOUNTS AND REPORTS

### 17.1 Governance Process

17.1.1 The Executive Director of Finance, on behalf of the Foundation Trust, will:

(a) prepare annual financial accounts and corresponding financial returns in such form as NHS England and HM Treasury prescribe, the Trust's accounting policies and International Financial Reporting Standards.

(b) ensure these annual accounts and financial returns comply with current guidelines and directions given by NHS England as to their technical accounting content and information/data shown therein, before submission to NHS England.

17.1.2 The Trust Secretary will prepare the annual report in accordance with the guidance set out in the NHS Foundation Trust Annual Reporting Manual.

17.1.3 The Trust's annual report, annual accounts and financial returns to NHS England must be audited by the external auditor appointed by the Council of Governors.

17.1.4 The annual report and accounts (including the auditor's report) shall be approved by the Board of Directors, or by the Audit and Risk Committee, when specifically delegated the power to do so, under the authority of the Board of Directors.

17.1.5 The annual report and accounts (including the auditor's report) will be submitted to NHS England, in accordance with its timetable, by the Executive Director of Finance and put forward to be laid before Parliament in accordance with the prescribed timetable.

17.1.3 The Trust will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the NHS England NHS Foundation Trust Annual Reporting Manual (FT ARM) and the Department of Health and Social Care's Group Accounting Manual (GAM).

17.1.4 The annual report and annual accounts (including the auditor's report) must be published and presented to a general meeting of the Council of Governors each year and made available to the public for public inspection at the Trust's headquarters and made available on the Trust's website on or before 30 September each year. Any summary financial statements or report published are in addition to, and not instead of, the full annual report and accounts.

# 18. GOVERNMENT BANKING SERVICE ('GBS') ACCOUNTS, INVESTMENT AND EXTERNAL BORROWING

## 18.1 General

18.1.1 The Executive Director of Finance is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts in accordance with these SFI's and the Treasury Management Policy. This advice will take into account guidance/ Directions issued from time to time by NHS England.

18.1.2 The Board shall approve the banking arrangements.

18.1.3 The Audit and Risk Committee shall review banking arrangements periodically and make recommendations to the Board regarding the opening of any bank accounts in the name of the Trust or its subsidiaries.

## 18.2 GBS Accounts

18.2.1 In line with public sector practice, the Trust's principal bankers are those commercial banks working in partnership with the GBS, referred to below. However, these SFI's will apply to any other accounts opened in the name of the Trust or its subsidiaries from time to time.

18.2.1 The Executive Director of Finance is responsible for:

(a) GBS bank accounts and any non GBS bank accounts held for banking and merchant

purposes.

(b) establishing separate bank accounts for the Trust's non-exchequer funds as appropriate.

(c) ensuring that GBS bank accounts and nay non GBS bank accounts do not exceed the amount credited to the account except where arrangements have been made.

(d) Reporting to the Board any arrangements made with the Trust's bankers for accounts to be overdrawn.

(e) monitoring compliance with NHS England or DHSC guidance on the level of cleared funds; and

(f) ensuring covenants attached to bank borrowings are adhered to.

## 18.3 Banking Procedures

18.3.1 The Executive Director of Finance will prepare detailed instructions on the operation of GBS and other bank accounts which must include:

(a) the conditions under which the GBS and other bank accounts are to be operated.

(b) the limit to be applied to any overdraft if applicable; and

(c) those members of staff with mandated authority to carry out transactions (by signing

transfer authorities' cheques or other orders drawn on the Trust's accounts) in accordance

with the authorisation framework of these bank accounts.

18.3.2 The Executive Director of Finance must advise the Trust's bankers in writing of the conditions under which the account will operate.

18.3.3 All funds shall be held in accounts in the name of the Trust. No officer other than the Executive Director of Finance shall open any bank account in the name of the Trust.

18.3.4 The Executive Director of Finance shall be authorised to make payments using BACS and CHAPS and to establish appropriate procedures in accordance with locally agreed arrangements.

18.3.5 All payment instruments shall be treated as controlled stationery, with appropriate records being maintained.

18.3.6 Where payments are made by direct debit, each mandate shall be approved by the Executive Director of Finance.

### 18.4 Investments

18.4.1 The Executive Director of Finance will comply with the Treasury Management Policy, as approved by the Board of Directors for the investing of surplus funds.

### 18.5 External Borrowing

18.5.1 The Executive Director of Finance will advise the Board concerning the Trust's ability to pay interest on, and repay, both Public Dividend Capital and any proposed new borrowings, within the limits set by NHS England.

18.5.2 Any application for a loan or overdraft will only be made by the Executive Director of Finance or an employee so delegated by them.

18.5.3 All short-term borrowings should, if in the best interests of the Trust, be kept to the minimum period of time possible, consistent with the overall cash flow position.

18.5.4 All long-term borrowings must be consistent with the plans outlined in the current Operational Plan.

### 18.6 Tendering and Review (applicable to any non-GBS bank accounts only)

18.6.1 The Executive Director of Finance 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 for the Trust's banking business.

18.6.2 Competitive tenders for commercial banking services should be sought at least every five years. The results of the tendering exercise should be reported to the Board.

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

### 19.1 Income Systems

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

19.1.2 The Executive Director of Finance is also responsible for the prompt banking of all monies

received.

19.2 **Raising Invoices**

19.2.1 All invoices must be raised by the Directorate of Finance's Debtors Section, unless specifically agreed otherwise by the Executive Director of Finance.

19.3 **Fees and Charges (including for private use of Trust assets)**

19.3.1 The Foundation Trust shall follow the financial regime as determined by NHS England where applicable. The Executive Director of Finance may agree alternative payment mechanisms with Commissioners or the Integrated Care Board.

19.3.2 The Executive Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the DHSC or by legislation. 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 NHS England – Managing Conflicts of Interest Guidance document, shall be followed. Responsibility for approving the level of receivable rentals and for regularly reviewing rental and other charges shall rest upon the Executive Director of Finance.

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

19.3.4 Contracts must conform to the strategy and operational plans of the Trust and shall be approved according to the limits specified in these SFI's.

19.3.4 Any employee wishing to use Trust assets for private use must comply with the Trust's policies, including those on the use of the telephone and the loan of equipment.

19.4 **Parent Company Guarantees**

19.4.1 The Executive Director of Finance is responsible for the giving of parent company guarantees to suppliers on behalf of any subsidiary.

19.4.2 Any such guarantee issued by the Executive Director of Finance shall be reported to the next meeting of the Audit and Risk Committee.

19.4.3 No parent company guarantee shall be given on behalf of any joint venture company without the permission of the other shareholder(s) or members.

19.5 **Debt Recovery**

19.5.1 The Executive Director of Finance is responsible for the appropriate recovery action on all outstanding debts.

19.5.2 The Executive Director of Finance is responsible for establishing and maintaining procedures for the issuing of credit notes and the write-off of debt, within delegated limits, after all reasonable steps have been taken to secure payment.

19.5.3 Income not received should be dealt with in accordance with losses procedures.

19.5.4 Overpayments (including salary overpayments) should be detected (or preferably prevented) and recovery initiated.

19.5.5 A list of amounts written off shall be submitted by the Executive Director of Finance to the Audit and Risk Committee at least twice a year.

19.6 **Security of Cash, Cheques and other Negotiable Instruments**

19.6.1 The Executive Director of Finance 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; and

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust. Wherever practicable, the services of a specialist security firm or security personnel shall be used.

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

19.6.3 Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned, shall be reported to the Executive Director of Finance. Any significant trends should also be reported. Where there is prima facie evidence of fraud, bribery or corruption this should be reported in accordance with the Trust's bribery, corruption and counter-fraud reporting arrangements and the guidance provided by NHS Counter Fraud Authority. The referral will be investigated by the Trust LCFS. Where there is no evidence of fraud or corruption the loss should be dealt with in line with the Trust's Losses and Compensations Procedures.

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

19.6.5 The opening of incoming post should wherever possible be undertaken by two officers, unless otherwise formally agreed by the Executive Director of Finance. All cash, cheques, postal orders and other forms of payment received by an officer other than a cashier shall be entered immediately in an approved form of register. The remittances shall be passed to the cashier from whom a signature shall be obtained.

19.6.6 An official receipt shall be made out by the cashier for all cash received, together with a reason for the payment. Receipts for cheque payments etc. will be issued on demand.

19.6.7 The opening of cash tills, telephone and other coin operated machines, and the counting and recording of the takings shall be undertaken by two officers together.

19.6.8 The Executive Director of Finance shall ensure that there is a system for recording the transfer of custody of cash, cheques and other negotiable instruments from one person to another, and in what circumstances such records should be made.

19.6.9 Any employee who has any indication that the safe custody of cash etc. on the Trust's premises or in transit may be at risk, must immediately notify the Executive Director of Finance.

19.6.10 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 and signed 'declaration of indemnity' must be obtained from the organisation or individuals fully absolving the Trust from responsibility for any loss.

# 20. TENDERING AND CONTRACTING PROCEDURE

The Trust's wholly owned subsidiary, AGH Solutions Limited ('AGHS') is contracted to undertake tendering and the directors of AGHS are bound to act in accordance with the Trust's SO's as stated in the Articles of Association of AGHS. For the avoidance of doubt the procedures set out in this clause are replicated in the SO's applicable to AGHS.

## 20.1 Duty to comply with Standing Orders and Standing Financial Instructions

The DHSC requires NHS bodies to comply with the requirements of the Bribery Act 2010, insofar as they must ensure that they have adopted 'adequate procedures' to prevent bribery. Failure to do so may, in the event of a prosecution against a Trust employee for a bribery offence, result in the Trust also being liable for prosecution of a corporate offence under section 7 of the Act. 'Adequate procedures' extends to ensuring that sufficient and appropriate due diligence has been undertaken in respect of every potential and actual Trust supplier, regardless of how their services have been procured. Further advice and guidance may be obtained from the Trust counter fraud specialist.

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. 3.17 Suspension of Standing Orders is applied).

## 20.2 Capital Investment and Property Business Case Approval Guidance

The Trust shall comply as far as is practicable with the requirements of NHS England's 'Capital Investment and Property Business Case Approval guidance for NHS Trusts and Foundation Trusts.' 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 guidance "Consultancy spending approval criteria for providers.'

## 20.3 Formal Competitive Tendering

### 20.3.1 General Applicability

The Trust shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles.
- the rendering of services including all forms of management consultancy services (other than specialised sought from or provided by a body that would be classes as internal to the NHS)
- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

### 20.3.2 Health Care Services

Where the Trust elects to invite tenders for the supply of healthcare services these SO's and SFI's shall apply as far as they are applicable to the tendering procedure and need to be read in conjunction with SFI No.21.

The Health Care Services (Provider Selection Regime) Regulations 2023 shall be applied to any Health Care Services procurements.

**20.3.3 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 £30k excluding VAT for each tender either for the full contract period (including any extensions of contract) – whole life cost) or within the financial year.

b. where the supply is proposed under special arrangements negotiated by NHS England or the DHSC in which event the said special arrangements must be complied with.

c. regarding disposals as set out in Standing Financial Instructions No. 26.

d. where a call off contract under a national/regional public sector contract or contract frameworks/dynamic markets/dynamic purchasing systems is in place or where a preferred supplier is identified via an ICB/centrally funded scheme.

e. where a consortium/collaborative arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members.

f. where the requirement is covered by an existing contract.

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

g. in very exceptional circumstances where the Chief Executive Officer 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.

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.

The Executive Director of Finance will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

m. where allowed and provided for in the Capital Investment and Property Business

Case Approval Guidance.

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.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate Trust record and reported to the Audit and Risk Committee at each meeting.

n. Contracts awarded by the Nominated Officer in conjunction with points (d), (e) and are not required subject to authorisation in accordance with 20.7, as contracts awarded in these circumstances have been left through nationally negotiated contracts which have demonstrated best value and have been let through open competition in accordance with national procurement legislation. The Nominated Officer is not required to document and report this to the Board of Directors.

Transparency notices for contracts above £25,000 will be published in all instances.

### 20.3.4 Fair and Adequate Competition/Single Tender

The Trust shall endeavour to invite tenders from a number of firms/individuals to provide fair and adequate competition as appropriate, from at least three firms/individuals (where possible), having regard to their capacity to supply the goods or materials or to undertake the services or works required unless the goods required are from a sole manufacturer, or monopoly supplier then single tender is permitted.

### 20.3.5 Building and Engineering Construction Works

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with the Capital Investment and Property Business Case Approval Guidance) without NHS England approval.

### 20.3.6 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 Executive Director of Finance and be recorded on the Trust's tender summary report.

## 20.4 Contracting/Tendering Procedure

### 20.4.1 Invitation to tender

a. All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.

(i) every tender for goods, materials, services or disposals shall embody the NHS Terms and Conditions for the Supply of Goods and the Provision of Services, the NHS Standard Contract (Healthcare Services) or NHSE endorsed framework/dynamic market, dynamic purchasing system terms and conditions as are applicable; and

(ii) every tender for building or engineering works shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal or NEC Contracts in accordance with the most current regulations; 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 guidance and, in minor respects, to cover special features of individual projects.

**20.4.2 Receipt, safe custody and record of formal tenders.**

(i) The Electronic Return of Tenders

Tenders shall be sought and returned electronically via an external service system approved by the Chief Executive Officer/Executive Director of Finance, provided that:

- Such systems will be configured so that responses are secure and visible to the delegated staff only, upon the expiry of the published response deadline only.

- The electronic system will not detract in any way from the provisions of this document in any other way.

Tender responses will be accessed electronically by approved/delegated staff and saved in appropriate tender folders.

(i) .

**20.4.3 Opening tenders and register of tenders (Electronic Responses)**

(i) As soon as practicable after the release date of the tender, they shall be opened and saved by the Procurement Lead.

The Procurement lead employed by AGHS will be required to be present for the releasing of the tenders estimated above £30k. In the case where the Assistant Director of Procurement and Sustainability, AGHS or the Operational Head of Procurement, AGHS is the tender originator, a separate senior delegated officer will need to be present. 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.

(ii) A register shall be maintained by the Assistant Director of Procurement and Sustainability, AGHS, or a person authorised by them, to show for each set of competitive tender invitations despatched:

- the name of all firms' individuals invited.

- the names of firm's individuals from which tenders have been received:

- the date the tenders were opened.

- the price shown on each tender.

- a note where price alterations have been made on the tender.

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

(iii) 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 tendered upon their 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.

**20.4.4 Admissibility**

(i) 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 Officer.

(ii) Except in the circumstances of 20.4.4 where only one tender is sought and/or received, the Chief Executive Officer and Executive Director of Finance shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the Trust.

**20.4.5 Late tenders**

(i) 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 Officer or their nominated officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer, or significant financial, technical or delivery advantages would accrue, and is satisfied that there is no reason to doubt the bona fides of the tenders concerned.

(ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and if the process of evaluation and adjudication has not started.

(iii) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential

**20.4.6 Acceptance of formal tenders**

(i) Any discussions with a tenderer which are deemed necessary to clarify the technical aspects of his tender before the award of a contract will not disqualify the tender.

(ii) All tenders will be evaluated based on MAT (Most Advantageous Tender) and shall be governed in accordance with the prevailing act. The Assistant Director of Procurement and Sustainability, AGHS and Managing Director, AGHS may enter into post tender negotiations on terms of costs provided that the reasons for, and the results of, such negotiations are maintained in a permanent record.

(iii) 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 Officer.

(iv) The use of these procedures must demonstrate that the award of the contract was:

(a) not in excess of the going market rate / price current at the time the contract was

awarded.

(b) evaluated in accordance with MAT

(v) All tenders should be treated as confidential and should be retained for inspection.

### 20.4.7 Tender reports to the Board of Directors

Reports to the Board of Directors will be made on an exceptional circumstance basis only. The Audit and Risk Committee at each meeting shall receive a report from AGHS summarising tenders received and awarded.

**a. Financial Standing and Technical Competence of Contractors**

The Executive Director of Finance may make or institute any enquiries they deem 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.

**b. Pharmacy**

The purchase or procurement of all medicines by the Trust is made through the pharmacy under the control of the Chief Pharmacist. The majority of medicines are licensed through the Medicine Control Agency, and, as such, are purchased directly from the licensed manufacturer or through their authorised wholesaler outlets.

Unlicensed products, 'specials', and materials for clinical research are also procured by the pharmacy department, but with appropriate procedures in place to recognise the specific responsibilities of the Trust in relation to produce liability, and, in certain cases, the need for informed consent by patients before these products can be used.

The procurement of medicines is part of the overall medicines' management strategy, which also includes the use of patients' own medicines whilst in hospital, the preparation of patient specific medicines, and the overt links with policies for prescribing in the community the Trust serves.

## 20.5 Quotations: Competitive and non-competitive

### 20.5.1 General Position on quotations

Where possible, quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income does not exceed, or is not reasonably expected to exceed £30k excluding VAT. The requirements of the Bribery Act 2010 (evidencing sufficient due diligence and confirmation of prospective suppliers' anti-bribery arrangements) must still be complied with.

### 20.5.2 Competitive Quotations

(i) Where possible, 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.

(ii) Quotations should be in writing unless the Chief Executive Officer, or their 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.

(iii) All quotations should be treated as confidential and should be retained for inspection.

(iv) The Chief Executive Officer or the 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.

**20.5.3 Non-Competitive Quotations**

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

(i) 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.

(ii) the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts.

(iii) miscellaneous services, supplies and disposals.

(iv) 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 (i.e. (i) and (ii) of this SFI) apply.

**20.5.4 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 Officer or Executive Director of Finance.

**20.6 Authorisation of Tenders and Competitive Quotations**

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the value of the contract as follows:

| | |
|---|---|
| Budget holder level 1 | up to £1k |
| Budget holder level 2 | up to £5k |
| Budget holder level 3 | up to £30k |

(if on contract, see section 2.5 of the scheme of delegation)

Executive Director of Finance up to £500k

Board of Directors over £500k

These levels of authorisation may be varied or changed and need to be read in conjunction with the Board of Director's Scheme of Delegation, see section 2.6 of the scheme of

delegation.

Formal authorisation must be put in writing. In the case of authorisation by the Board of Directors this shall be recorded in their minutes.

**20.7 Instances where formal competitive tendering or competitive quotation is not required.**

Where competitive tendering or a competitive quotation is not required i.e., value under

£30k (excl. VAT) the Trust should adopt one of the following alternatives:

(a) The Trust shall use the NHS Supply Chain or other compliant routes to market for procurement of goods and services where appropriate, unless the Chief Executive Officer or nominated officers deem it inappropriate. Where more appropriate use of the public purse can be obtained alternative sources of supply should be considered. The decision to use alternative sources must be documented.

(b) The Trust shall use National and Regional Public Sector Contracts and for Estates contracts.

(c) If the Trust does not use the options in (a) and (b) - where tenders or quotations are not required, because expenditure is below £30k, the Trust shall procure goods and services in accordance with procurement procedures as specified in the Standing Orders.

(d) Where exemptions to formal tendering are not applicable, such as the Provider Selection Regime (PSR) for healthcare contract extensions and can be justified through formal documentation

**20.8 Private Finance for capital procurement**

The Trust should normally market test for PFI and PPI (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 Officer 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 Directors.

(d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

**20.9 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) The Procurement Act 2023, the Provider Selection Regime, the Public Contracts Regulations 2015 (where appropriate) and other statutory provisions.

(c) Any relevant directions including the Capital Investment and Property Business Case Approval Guidance, Estate code and guidance on the Consultancy spending approval criteria for providers

(d) Such of the NHS Standard Contract Conditions, NHS terms and conditions for the procurement of goods and non-clinical services or appropriate framework/dynamic market/dynamic purchasing system terms and conditions, as are applicable.

(e) Contracts with Trust's 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 Officer shall nominate an officer who shall oversee and manage each contract on behalf of the Trust.

**20.10 Personnel and Agency or Temporary Staff Contracts**

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

**20.11 Healthcare Service Contracts**

Service contracts with NHS commissioners for the supply of healthcare services shall be drawn up in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023.

The Chief Executive Officer shall nominate officers with power to negotiate for the provision of healthcare services with commissioners of healthcare.

**20.12 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 Officer or their 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 £20k, 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 issued but subject to compliance with such guidance.

**20.13 In-house Services**

**20.13.1** The Chief Executive Officer 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.

**20.13.2** 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 Officer or nominated officer/s and specialist.

b) In-house tender group, comprising a nominee of the Chief Executive Officer and technical support.

c) Evaluation team, comprising normally a Procurement Lead, Assistant Director of Procurement and Sustainability AGHS and an Executive Director of Finance representative. For services having a likely annual expenditure exceeding £100k, a non-officer member should be a member of the evaluation team.

**20.13.3** 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.

**20.13.4** The evaluation team shall make recommendations to the Board.

**20.13.5** The Chief Executive Officer shall nominate an officer to oversee and manage the contract on behalf of the Trust.

### 20.14 Applicability of SFIs on Tendering and Contracting to funds held in trust.

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.

The Executive Director of Finance may make or institute any enquiries deemed 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.

### 20.15 Cancellation of Contracts

Except where specific provision is made in model Forms of Contracts or Standing Schedules of Conditions approved for use within the National Health Service and in accordance with SO 11.2, there shall be inserted in every written contract a clause empowering the Trust to cancel the contract and to receive from the contractor the amount of any loss resulting from such cancellation if:

(a) the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward (contrary to the Bribery Act 2010) for doing or forbearing to do or having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the Trust; or

(b) for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust; or

(c) if the like act as shall have been done by any person employed by him/her or acting

on his/her behalf (whether with or without the knowledge of the contractor); or

(d) if in relation to any contract with the Trust the contractor or any person employed by him/her or acting on his/her behalf shall have committed any offence under the Bribery Act 2010 and other appropriate legislation.

### 20.16 Determination of Contracts for Failure to Deliver Goods or Materials

There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good (a) such default, or (b) in the vent of the contract being wholly determined the goods or materials remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

## 21. CONTRACTS FOR PROVISION OF SERVICES

### 21.1 Service Contracts

**21.1.1** The Board of Directors shall regularly review and shall at all times maintain and ensure the capacity and capability of the Trust to provide the mandatory goods and services referred to in its Terms of Authorisation and related schedules.

**21.1.2** The Chief Executive Officer, as the Accounting Officer, is responsible for ensuring the Trust enters into suitable Service Level Agreements (SLA) or contracts with NHS England/Integrated Care Boards and other commissioners for the provision of services and for considering the extent to which any NHS Standard Contracts issued by DHSC or NHS England are mandatory Service Contracts.

**21.1.3** Where the Trust enters into a relationship with another organisation for the supply or receipt of other services, clinical or non-clinical, the responsible officer should ensure that an appropriate contract is present and signed by both parties.

**21.1.4** All SLAs and other contracts shall be legally binding, shall comply with best costing practice and shall be devised so as to manage contractual risk, in so far is reasonably achievable in the circumstances of each contract, whilst optimising the Trust's opportunity to generate income for the benefit of the Trust and its service users.

**21.1.5** In discharging this responsibility, the Chief Executive Officer should take into account:

a) costing and pricing (in accordance with the NHS England financial regime or any alternatively agreed payment mechanism) and the activity/volume of services planned.

b) the standard of service quality expected.

c) the relevant national service framework (if any).

d) payment terms and conditions

e) amendments to contracts and non-contractual arrangements; and

f) any other matters relating to contracts of a legal or non-financial nature.

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

**21.1.7** The Executive Director of Finance shall produce regular reports detailing actual and forecast income, and oversee and approve cash flow forecasts, including figures relating to the collection of all income due under the contracts.

### 21.2 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 Officer 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 the best position to influence the event and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

### 21.3 Reports to Board on Contracts

The Chief Executive Officer, as the Accounting Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the contract. This will include information on the NHS Payment Scheme and contractual risks to income. tariff arrangements, which increasingly should be based upon Healthcare Resource Groups (HRGs). Where HRGs are unavailable for specific services, all parties should agree a common currency for application across the range of contracts.

## 22. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF EXECUTIVE DIRECTORS, ASSOCIATE DIRECTORS AND TRUST SECRETARY OF THE BOARD INCLUDING GOVERNORS

### 22.1 Remuneration and Terms of Service

**22.1.1** In accordance with the Trust's SO's, 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 its reporting arrangements.

**22.1.2** Any Trust Board post and some Senior Manager posts will be subject to the requirements of the Fit and Proper Persons Test which is administered by the Executive Director or People and OD, whose role includes responsibility for keeping the list of applicable posts up to date.

**22.1.3** Appointments to senior management or Director posts above the salary of the Prime Minister must be referred to NHS England and onward opinion from the Secretary of State.

The Committee will:

(a) advise (where NHSE & Treasury approval is required) or approve (where not) remuneration and terms of service for the Chief Executive Officer, and other Executive Directors and Associate Directors employed by the Trust including:

(i) all aspects of salary (including any performance-related elements/bonuses).

(ii) provisions for other benefits, including pensions and cars.

(iii) arrangements for termination of employment and other contractual terms.

(b) recommend and monitor the level and structure of remuneration for senior management, including the Trust Secretary.

(c) monitor and evaluate the performance of Executive Director and Associate Directors (and other senior employees including the Trust Secretary); and

(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.

**22.1.4** The Committee shall report in writing to the Board the basis for its decisions.

**22.1.5** The Nominations and Remuneration Committee will consider and need to approve proposals presented by the Chief Executive Officer for the setting of remuneration and conditions of service for other employees and officers covered by national terms and conditions. Terms and conditions for staff outside of the committees remit and not covered by national terms and conditions are the responsibility of the Chief Executive Officer and can be delegated to the Executive Director of People & OD.

**22.2 Staff Appointments, termination and changes**

**22.2.1** An Employee or Director to whom a staff budget or part of a staff budget is delegated may engage employees or hire agency staff subject to any approval that may be required by the Vacancy Control Panel (if applicable) and provided the post is within the limit of the approved budget and affordable staffing limit. They may also regrade employees after consultation with their Workforce Business Partner and job evaluation has taken place in accordance with Trust policy and with agreement by the Vacancy Control Panel.

22.2.1 The Trust's primary mechanism of engagement is for workers to be placed on payroll either through permanent employment or fixed term contracts. Where a requirement for temporary resourcing appears (or a specific short-term skills shortage) alternative forms of resourcing may be used including Bank and Agency. The use of bank must be in line with the Trust's procedures, ensuring required sign-off is obtained and that NHS and Tax regulation are complied with. Any off-payroll engagements must be compliant with IR35 legislation and approved by the Executive Director of Finance prior to contract signature.

22.2.2 All contracts of employment including recruitment, promotions and terminations will be transacted via Electronic Staff Record ('ESR') by the appropriate Workforce teams.

22.2.3 All staff employed by the Trust will be issued with a contract of employment. All agency staff engaged should be via an approved framework agency and through the Trusts agreed supplier. Any individuals directly engaged, who sit outside these two categories, should have a suitable contractual agreement in place. Engagement of agencies should

also be in line with prevailing NHS England requirements and rules.

22.2.4 Any appointments should follow the Trust Recruitment Policy found on the Trust intranet.

22.2.5 The Trust will seek to avoid the requirement to make staff redundant. The Trust will therefore always seek to redeploy where appropriate.

22.2.6 Pay and terms and conditions for staff are set by national or local agreements. Requests for new starter pay or other terms outside of national terms shall be approved by the Director of People & OD and Executive Director of Finance.

22.2.7 All time records, pay sheets and other pay records and notifications shall be in a format approved by the Executive Director of Finance and Executive Director of People & OD, and shall be certified and submitted in accordance with instructions issued by the Executive Director of Finance.

22.2.8 A signed copy of the appointment form and other such documents as they may require shall be sent to Directorates of the Executive Director of Finance and Executive Director of People & OD immediately upon a new employee commencing duty.

22.2.9 The Executive Director of Finance and Executive Director of People & OD shall be notified immediately and in a prescribed format, upon the effective date of change in the state of employment or personal circumstances of an employee being known.

**22.3 Processing Payroll**

22.2.10 The Executive Director of Finance 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; and

(d) agreeing method of payment.

**22.3.2** The Executive Director of Finance 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; and

(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.

**22.3.3** 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 Executive Director of Finance's instructions and in the form prescribed by the Executive Director of Finance.

(c) submitting termination forms and other such documents as the Executive Director of Finance and Executive Director of People & OD may require in the prescribed form immediately upon knowing the effective date of an employees 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 Executive Director of Finance must be informed immediately.

(d) maintaining detailed and accurate records of shift and hours worked which will result in enhanced payments (e.g., overtime, unsocial hours, call outs, etc); and

(e) maintaining detailed absence records for all employees and completing absence returns as specified by the Executive Director of People & OD.

**22.3.4** Regardless of the arrangements for providing the payroll service, the Executive Director of Finance 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.

**22.3.5** The Executive Director of People & OD shall be responsible for the determination of pay, including the verification that rate of pay and relevant conditions of service are in accordance with current agreements. The Executive Director of Finance shall be responsible for the proper compilation of the payroll, and for payments made.

**22.3.6** All employees shall be paid by bank credit transfer, unless otherwise agreed by the Executive Director of Finance. The Trust has partnered with Wagestream, a financial planning App that gives employees access to a percentage of their pay early for a flat fee,

**22.3.7** Payment of staff expenses shall be made by the Executive Director of Finance, or an authorised agent, in accordance with the current regulations, upon receipt of a prescribed claim form, duly completed and signed by a designated signatory. Managers and employees are jointly responsible and accountable for ensuring claims for pay and expenses are timely, correct and any under or over payments are highlighted as soon as discovered.

### 22.4 Contracts of Employment

**22.4.1** The Board shall delegate responsibility to the Executive Director of People & OD for:

(a) ensuring that all employees are issued with a Contract of Employment in a form which complies with employment and health & safety legislation; and

(b) dealing with variations to, or termination of, contracts of employment.

**22.4.2** The Executive Director of People & OD will prepare detailed procedures for the preparation, variation to and termination of contracts of employment, and ensure these are notified to managers.

## 23. NON-PAY EXPENDITURE

### 23.1 Delegation of Authority

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

**23.1.2** In accordance with the Executive Director of Finance's instructions:

(a) the Trust will issue computer access to authorised requisitioners within the Trust. Each department will be responsible for the safe keeping of access, and be responsible for their proper use within the organisation; and

(b) authorisation levels will be agreed by each department and the staff employed within that department, in accordance with 23.2.1 below.

(c) a weekly non-pay panel is held to review and challenge all contracts over £10k and all discretionary spend irrespective of value.

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

**23.1.4** The Council of Governors will be consulted on significant transactions.

### 23.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

**23.2.1** It shall be the duty of all budget holders to ensure that all goods and services they requisition, or purchase are necessary for the efficient working of the Trust. The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain best value for money for the Trust. In so doing, the advice of the Assistant Director, Commercial Services, AGHS, Managing Director, AGHS or other appropriate specialist shall be sought. Where this advice is not acceptable to the requisitioner, the Executive Director of Finance shall be consulted.

**23.2.2** All purchases of goods and services must be supported by appropriately certified requisitions, unless the Director of Finance agrees otherwise.

**23.2.3** The Director of Finance shall be responsible for the prompt payment of properly authorized accounts and claims in accordance with the Better Payment Practice Code (BPPC). Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

**23.2.4** The Executive Director of Finance 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 Board directors / employees (including specimens of their signatures) authorised to certify invoices. Where the authorisation system is computerised, the list will be maintained within the computerised system and the 'signature' will be in the form of electronic authorisation in accordance with the access and authority controls maintained within the computerised system. The list should be updated and reviewed on an ongoing basis.

(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 and are reasonable.

- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained.

- the account is arithmetically correct.

- the account is in order for payment.

(iii) A timetable and system for submission to the Executive 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.

(iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department; and

(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. 23.2.5 below.

**23.2.5 Prepayments**

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

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e., cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 3.5%).

(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 Executive Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed.

(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 Officer if problems are encountered; and

(e) In the case of contracts which require payments to be made on account during progress of the work / delivery of equipment, the Executive Director of Finance shall make progress payments on receipt of a certificate / invoice signed by the Head of Facilities, Head of Estates or Supplies Manager. Prior to payment of the final account, the Executive Director of Finance may arrange a financial examination of the project as they think appropriate.

### 23.2.6 Official orders

Official Orders must:

(i) be consecutively numbered.

(ii) be in a form approved by the Executive Director of Finance.

(ii) state the Trust's terms and conditions of trade; and

(iv) only be issued to, and used by, those duly authorised by the Chief Executive Officer.

### 23.2.7 Duties of Managers and Officers

Managers and officers must ensure that they comply fully with the guidance and limits specified by the Executive Director of Finance 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 in advance of any commitment being made.

(b) the following contracts should be submitted to the Finance Department for review prior to seeking approval as they are likely to need submission to the Capital Investment Group under revised accounting standard IFRS16: equipment leases, property leases, other contracts which include the supply of equipment which include separate charges for that equipment, other contracts which include the supply of equipment, other property guarantees.

(c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by NHS England.

(d) 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.

(ii) conventional hospitality, such as lunches in the course of working visits.

**(This provision needs to be read in conjunction with Standing Orders and the principles outlined in the national guidance contained in NHS England guidance 'Managing Conflicts of Interest Guidance document).**

(e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Executive Director of Finance on behalf of the Chief Executive Officer.

(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.

(g) verbal orders must only be issued very exceptionally - by an employee designated by the Chief Executive Officer 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 Foundation Trust to a future uncompetitive purchase.

(j) changes to the list of directors / employees authorised to certify invoices are notified to the Executive Director of Finance.

(k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Executive Director of Finance; and

(l) petty cash records are maintained in a form as determined by the Executive Director of Finance.

(m) all requisitions must be approved in line with the Trust Authorisation Framework.

(n) in certain circumstances, where regular transactions are made for items such as travel, courses and accommodation bookings and one-off purchases, a Trust purchasing card can be an alternative means of procurement.

(o) contracts above specified thresholds are advertised and awarded in accordance with UK legislations on public procurement.

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

## 24.1 Capital Investment

**24.1.1** The Chief Executive Officer:

(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.

**24.1.2** For every capital expenditure proposal, the Chief Executive Officer shall ensure:

(a) that a business case (in line with the guidance contained within the *Capital investment and property business case approval guidance for NHS trusts and foundation trusts*) 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; and

(iii) appropriate project management and control arrangements.

(b) that the Executive Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case.

**24.1.3** For capital schemes where the contracts stipulate stage payments, the Chief Executive Officer will issue procedures for their management, incorporating the recommendations of 'CONCODE'.

**24.1.4** AGHS shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with HMRC guidance and report the findings to the Executive Director of Finance.

**24.1.5** The Executive Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

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

The Chief Executive Officer 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. 20.6).

(c) approval to accept a successful tender (see overlap with SFI No. 20.7).

The Chief Executive Officer will issue a scheme of delegation for capital investment management in accordance with "Estatecode" guidance and the Trust's Standing Orders.

**24.1.7** The Executive Director of Finance 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. This guidance is contained within the Business Case Procedure'.

## 24.2 Asset Registers

**24.2.1** The Chief Executive Officer is responsible for the maintenance of registers of assets, taking account of the advice of the Executive Director of Finance 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 once a year. All discrepancies revealed during the verification exercise shall be notified to the Executive Director of Finance.

**24.2.2** The Trust shall maintain an asset register recording fixed assets. The minimum data set to be held within this register shall be as specified in the Guidance issued by NHS England.

**24.2.3** The Executive Director of Finance shall prepare procedural instructions on the disposal of assets.

24.2.3 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.

(d) Lease agreements in respect of Right of Use (ROU) assets that were previously treated as operating leases.

24.2.4 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).

24.2.5 Where leases that are treated as ROU assets are terminated their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

24.2.6 The Executive Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

24.2.7 The value of each asset shall be indexed to current values in accordance with methods specified in guidance issued by the Independent Regulator.

24.2.8 The value of each asset shall be depreciated using methods and rates as specified in the *guidance* issued by the Independent Regulator.

24.2.9 The Executive Director of Finance shall calculate and pay capital charges as specified in guidance issued by the Independent Regulator.

## 24.3 Security of Assets

**24.3.1** The overall control of fixed assets is the responsibility of the Chief Executive Officer advised by the Executive Director of Finance.

**24.3.2** Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Executive Director of Finance. 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, 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.

**24.3.3** All discrepancies revealed by verification of physical assets to the fixed asset register shall be notified to the Executive Director of Finance.

**24.3.4** Whilst each employee and officer have a responsibility for the security of property of the Trust, it is the responsibility of Board Directors 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.

**24.3.5** Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported to the Board of Directors and employees in accordance with the procedure for reporting losses and the requirements of insurance arrangements.

**24.3.6** Where practical, assets should be marked as Trust property.

**24.3.7** Assets valued at more than £5,000 shall be recorded in the Asset Register, and under this value should be entered in ward and department inventories.

**24.3.8** Inventories shall also be maintained, and receipts obtained for equipment on loan and all contents of furnished lettings.

# 25. STORES AND RECEIPT OF GOODS

The Trust's wholly owned subsidiary, AGH Solutions Limited ('AGHS') is contracted to undertake the storage and receipt of goods on behalf of the Trust. The directors of AGHS are bound to act in accordance with the Trust's SO's as stated in the Articles of Association of AGHS. For the avoidance of doubt the procedures set out in this clause are replicated in the SO's applicable to AGHS.

## 25.1 General position

**25.1.1** 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.

## 25.2 Control of Stores, Stocktaking, condemnations and disposal

**25.2.1** Subject to the responsibility of the Executive Director of Finance for the systems of

control, overall responsibility for the control of stores shall be delegated to the Managing Director, AGHS Solutions Ltd. The day-to-day responsibility may be delegated by them to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of any pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of the Managing Director, AGH Solutions Ltd.

**25.2.2** The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the Managing Director, AGH Solutions Ltd/Pharmaceutical Officer. Wherever practicable, stocks should be marked as health service property.

**25.2.3** The Executive Director of Finance in conjunction with the Managing Director, AGH Solutions Ltd shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.

**25.2.4** Stocktaking arrangements shall be agreed with the Executive Director of Finance and there shall be a physical check covering all items in store at least once a year, to coincide with the financial year end (unless a continuous stock checking system is in operation). The physical check shall involve at least one officer other than the person responsible for the stock / store. Stocktaking records shall be in a format prescribed by the Executive Director of Finance, be numerically controlled and signed by the officers undertaking the check.

**25.2.5** Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Executive Director of Finance.

**25.2.6** The Managing Director, AGH Solutions Ltd/Pharmaceutical Officer shall be responsible for a system approved by the Executive Director of Finance 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 Executive Director of Finance any evidence of significant overstocking and of any negligence or malpractice. Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

**25.2.7** Any surpluses or deficiencies revealed on stocktaking shall be reported to the Executive Director of Finance who may investigate if appropriate. Known losses of stock items not subject to stores control shall be reported to the Executive Director of Finance.

**25.2.8** Stocks which have been damaged, deteriorated or are not usable for any other reason than their intended purpose, or may have become obsolete, shall be written down to their net realisable value. Managers seeking to write off such values should follow procedures for reporting losses as laid down by the Executive Director of Finance.

**25.2.9** All goods received shall be entered onto an appropriate goods received / stock record on the day of receipt. A delivery note shall be obtained from the supplier at the time of delivery and shall be signed by the person receiving the goods.

**25.2.10** All goods received shall be checked as regards quantity and / or weight and be inspected as to quality and specification. If goods received are unsatisfactory, the record shall be marked accordingly. Where goods received are seen to be unsatisfactory, or short delivery, they shall only be accepted on the authority of the departmental manager or the Managing Director, AGH Solutions Ltd, and the supplier shall be notified immediately.

**25.2.11** The issue of stocks shall be supported by an authorised requisition note. Where a 'top up' system is used, a record shall be maintained as approved by the Executive Director of Finance.

### 25.3 Goods Supplied by NHS Supply Chain

**25.3.1** For goods supplied via the NHS Supply Chain central warehouses, the Chief Executive Officer 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 Executive Director of Finance who shall satisfy himself that the goods have been received before accepting the recharge.

## 26. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

### 26.1 Disposals and Condemnations

#### 26.1.1 Procedures

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

**26.1.2** When it is decided to dispose of a Trust asset, the Head of Department or authorised deputy establish whether it is needed elsewhere in the Trust and determine and advise the Executive Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate. The highest possible value will be realised, taking into account potential risks and reputational impacts.

**26.1.3** All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Executive Director of Finance.

(b) recorded by the Condemning Officer in a form approved by the Executive Director of Finance 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 Executive Director of Finance.

**26.1.4** The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Executive Director of Finance who will take the appropriate action.

**26.1.5** Disposal of assets valued at over [£100k] (higher of either market value or net book value) must be approved by the Chief Executive Officer.

### 26.2 Losses and Special Payments

#### 26.2.1 Procedures

The Executive Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments in accordance with the DHSC Group Accounting Manual and prepare a register.

**26.2.2** Any employee or officer discovering or suspecting a loss of any kind must immediately

act according to the Trust's Fraud, Bribery and Corruption Policy.

26.2.2 The Executive Director of Finance is responsible for monitoring compliance with the Directions of the Secretary of State and with any other instructions issued by the Counter Fraud Authority.

26.2.3 The Executive Director of Finance must notify the LCFS and the External Auditor of all frauds.

26.2.4 The Directorate or Service Manager shall inform the Executive Director of Finance of all other losses or recoveries of previously reported losses so they can be entered in the losses and special payments register.

26.2.5 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Executive Director of Finance. must immediately notify the Board and the External Auditor.

26.2.6 The Board shall approve the writing-off of losses.

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

26.2.8 For any loss, the Executive Director of Finance shall consider whether any insurance claim can be made.

26.2.9 The Executive Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded against each entry in the register.

26.2.8 No special payments exceeding delegated limits advised by the Department of Health shall be made without prior approval of the Board of Directors.

26.2.9 All losses and special payments must be reported to the Audit and Risk Committee on a regular basis.

26.2.10 The Trust will adhere to and be cognisant of the HM Treasury 'Managing Public Money Guidance' document in its use of public funds. Departments must always consult the Treasury about special payments unless there are specific agreed delegation arrangements in place. A department must seek Treasury approval, in advance for any special payment for which it has no delegated authority, or which exceeds its authority. Similarly, ALB's should consult their sponsor department should consult their sponsor departments in comparable circumstances. In turn, the department may need to consult the Treasury.

26.2.11 Special severance payments when staff leave public service employment should only be made in exceptional circumstances. Treasury approval is always required because they are novel, contentious and potentially repercussive.

# 27. INFORMATION TECHNOLOGY

### 27.1 Responsibilities and duties of the Executive Director of Finance

**27.1.1** The Executive Director of Finance, who is responsible for the accuracy and security of the computerised financial data of the Trust, 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 2018 and the 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; and

(d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as they may consider necessary are being carried out.

(e) ensure procedures are put in place to limit the risk of, and recover promptly from, interruptions to computer services.

**27.1.2** The Executive Director of Finance shall be satisfied 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.

**27.1.3** The Executive Director of Finance 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 Foundation Trust that we make publicly available.

**27.2 Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application**

**27.2.1** 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 Executive Director of Finance:

(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.

**27.2.2** No software package for use on Trust equipment (PCs, laptop, tablets) should be purchased without the knowledge of the Information Technology ('IT') department. Any quotes to purchase software should therefore be managed through the IT helpdesk. No hardware equipment should be connected to the network without the approval of the IT department.

**27.3 Contracts for Computer Services with other health bodies or outside agencies**

The Executive Director of Finance 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 Executive Director of Finance shall periodically seek assurances that adequate controls are in operation.

**27.4 Risk Assessment**

The Executive Director of Finance shall ensure that risks to the Foundation 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.

**27.5 Requirements for Computer Systems which have an impact on corporate financial systems.**

Where computer systems have an impact on corporate financial systems the Executive Director of Finance 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 staff have access to such data; and

(d) adequate controls are in place and such computer audit reviews as are considered necessary are being carried out.

## 28. PATIENTS' PROPERTY

**28.1** 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. Staff have a duty of care to make every effort to take care of patients' possessions, which are not handed in for safe keeping, particularly if the patient does not have the capacity to look after their own possessions. This includes items of daily living such as glasses, false teeth, hearing aids etc.

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

(a) by notices and information booklets, ***(notices are subject to sensitivity guidance)***

(b) by hospital admission documentation and property records.

(c) and/or the oral advice of administrative and nursing staff responsible for admissions; and

(d) 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.

**28.3** The Executive Director of Finance will 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.

**28.4** Where Department of Health and Social Care instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Executive Director of Finance.

**28.5** 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.

**28.6** 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.

**28.7** 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.

# 29. CHARITABLE FUNDS HELD ON TRUST

## 29.1 Corporate Trustee

29.1.1. The Trust is the sole corporate Trustee of Airedale Hospital and Community Charity, and is responsible for the management of funds it holds on trust and will comply with the Charities Commission latest guidance and best practice.

29.1.2 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.

29.1.3 The Executive Director of Finance 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.

29.1.4 The Trust shall ensure the establishment of the Airedale Hospital and Community Charitable Funds Committee, to which it delegates the majority of its Trustee role as set out in the Committee's Terms of Reference.

## 29.2 Accountability to Charity Commission and Secretary of State for Health and Social Care

(1) The Trustee's 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.

(2) 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 Board Directors and Trust officers must take account of that guidance before taking action.

## 29.3 Applicability of Standing Financial Instructions to funds held on Trust.

(1) 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.

(2) 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.

## 30. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT

The Executive Director of Finance shall ensure that all staff are made aware of, and comply with, the Trust's Conflicts of Interests Policy on acceptance of gifts, hospitality and sponsorship and other benefits in kind by staff. This policy follows NHS England guidance 'Managing Conflicts of Interests in the NHS Guidance' and is also deemed to be an integral part of these SOs and SFIs.

Declarations must be made in accordance with that Policy for inclusion in the Trust Register of Interests.

Staff should not be afraid to report genuine suspicions of fraud, bribery or corruption and should report all suspicions to the LCFS who is responsible for tackling any concerns. Alternatively, suspicions can be reported via the National NHS Fraud and Corruption Reporting Line (0800 028 4060) or via the National Fraud Reporting website (reportfraud.cfa.nhs.uk).

## 31. RETENTION OF RECORDS AND INFORMATION

**31.1** The Chief Executive Officer shall be responsible for maintaining archives for all records required to be retained in accordance with NHS England/DHSC guidelines.

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

**31.3** Records and information held in accordance with latest NHS England/DHSC guidance shall only be destroyed **before** the specified guidance limits at the express authority of the Chief Executive. Detail shall be maintained of records and information so destroyed.

**31.4 In addition, the requirements of the Data Protection Act 2018 and the Freedom of Information Act 2000 must be achieved.**

## 32. GOVERNANCE, RISK MANAGEMENT AND INSURANCE

### 32.1 Risk Management

The Chief Executive Officer shall ensure that the Trust has a sound system of risk management and internal control set out in strategy, policy and procedural documentation.

The risk management and associated policies 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 residual risk.

d) contingency plans to offset the impact of adverse events.

e) audit arrangements including internal audit, external audit, clinical audit, health and safety reviews.

f) a clear indication of which risks shall be insured; and

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 the Annual Governance Statement within the Annual Report and Accounts as required by current NHS guidance.

## 32.2 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.

## 32.3 Insurance arrangements with commercial insurers

**32.3.1** In exceptional circumstances it may be considered in the best interests of the Trust to engage commercial insurers. Examples when Trust's may enter into insurance arrangements with commercial insurers include:

(1) Trust's may enter commercial arrangements for **insuring motor vehicles** owned by the Trust including insuring third party liability arising from their use.

(2) The Trust may provide an **indemnity** to any member of the Council of Governors, the Board of Directors or the Trust Secretary. The Trust may purchase and maintain insurance against this liability for its own benefit.

(3) 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

(4) 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 an NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the Litigation Authority. In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Executive Director of Finance should consult NHS England.

## 32.4 Arrangements to be followed by the Board in agreeing insurance cover.

(1) Where the Board decides to use the risk pooling schemes administered by the NHS Resolution, the Executive Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Executive Director of Finance shall ensure that documented procedures cover these arrangements.

(2) 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 Executive Director of Finance 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 Executive Director of Finance 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.

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

### 32.5 Legal Proceedings (Claims and litigation)

**32.5.1** The Chief Executive Officer shall ensure that the Trust has an effective systems process for the management of claims. The Chief Executive Officer may delegate the signing of documents where this is a necessary step in legal proceedings involving the Trust, to any Executive Director or the Trust Secretary.

**32.5.2** Out of court settlement of claims from staff, patients and the public shall be made where NHS Resolution, in joint agreement with the Chief Executive Officer, considers it appropriate to do so.

### 32.6 Employment Tribunals

**32.6.1** All settlement agreements must be approved by the Executive Director of People and OD and applies to all employees of the Trust and its subsidiaries.

**32.6.2** All settlement agreements in excess of contractual entitlement must be approved by the Executive Director of People and OD. In certain cases, additional approval should be sought from NHSE and/or HM Treasury.

**32.6.3** NHSE must be consulted before making any special payments that are novel, contentious or repercussive. The Executive Director of People & OD, in the case of any compromise agreements, shall submit a business case to the approved by HM Treasury. Any payments made against legal advice must be approved by the Trust Board ahead of any payments being made.

## 33. MENTAL HEALTH ACT 1983 (INCORPORATING AMENDMENTS IN THE 2007 ACT)

In this section 'The Act' means the Mental Health Act 1983 ('MHA') as amended and 'The Code' means the Mental Health Act Code of Practice (DH 2008 ISBN 9780113228096). The term "Hospital Managers" means Airedale NHS Foundation Trust.

The purpose of this section is to clearly identify to whom the Hospital Managers delegate responsibilities under the Act in compliance with the MHA 1983 as amended. In England, NHS hospitals are managed by NHS Trusts, NHS Foundation Trusts and Clinical Commissioning Groups. For these hospitals, the Trusts themselves are defined as the Hospital Managers for the purposes of the Act [The Code 30.2].

The Hospital Managers have the authority to detain patients under the Act. They have the primary responsibility for ensuring that the requirements of the Act are followed. In particular, they must ensure that patients are detained only as the Act allows, that their treatment and care accord fully with its provisions and they are fully informed of and supported in exercising their statutory rights.

In practice, most of the decisions of the Hospital Managers are actually taken by individuals (or groups of individuals) on their behalf [The Code 30.5]. In this scheme of

delegation, unless otherwise stated, “Hospital Managers” **includes** anyone authorised to take decisions on their behalf [The Code 30.6].

### 33.1 Scope/Governance Arrangements

The Chief Medical Officer has responsibility for issues pertaining to the Mental Health Act in the Trust. The operational delivery of the Act is the responsibility of the Chief Operating Officer.

In the acute Trust setting and in the majority of circumstances, use of the Act is limited to section 5(2). Infrequently, specialist mental health providers will enact section 2, section 3 or section 5(4) on Trust patients according to their schemes of delegation.

Training in use of the Act Section 30.10 of The Code states: *Organisations in charge of hospitals retain responsibility for the performance of all hospital managers' functions exercised on their behalf and must ensure that the people acting on their behalf are competent to do so. It is for the organisation concerned to decide what arrangements to put in place to monitor and review the way that functions under the Act are exercised on its behalf – but many organisations establish a Mental Health Act steering or scrutiny group especially for that task.* The Trust will monitor training provision in the MHA through the Quality and Safety Committee.

### 33.2 Definitions

“Sections” are in the Mental Health Act 1983 as amended.

“Regulations” are in the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 2008.

AMHP – Approved Mental Health Professional.

### 33.3 Duties / Responsibilities/Scheme of Delegation

The Scheme of Delegation which outlines duties and responsibilities in relation to the Mental Health Act including training requirements is shown in the Scheme of Delegation section 7.9.

### 33.4 Monitoring Compliance

The following table outlines how the Trust will monitor compliance with the contents of this document.

| **Element to be monitored** | **Lead** | **Tool** | **Frequency** | **Reporting arrangements** |
|---|---|---|---|---|
| Patients subject to a section of the Mental Health Act* whilst an inpatient | Chief Nurse | MHA Audit | On-going and real time monitoring of all uses of the Act | Annual report to Quality and Safety Committee and exceptions as required |

| | | | | |
|---|---|---|---|---|
| Provision of information to patients (and their nearest relatives where appropriate) | Chief Nurse | MHA Audit | On-going and real time monitoring of all uses of the Act | Annual report to the Quality and Safety Committee and exceptions as<br><br>required |

**33.5 Receipt & Scrutiny of Statutory forms under the MHA 1983 (as amended)**

The procedure for the reporting of all section 5(2) events is described in the *SOP for detaining a patient under Section 5(2) Mental Health Act* (SOP TW- 120). Completed forms are returned to the quality and safety team where they will be scrutinised by the Chief Nurse for compliance with the Act.

*Monitoring systems will capture patients subject to sections 2 and 3 of the MHA using SystmOne data capture mechanisms.

**33.6 Policy Review**

A review of relevant and associated policies and procedures will be undertaken on a 3 yearly basis or sooner if necessary.

**Associated Documents**

• MHA 1983 Code of Practice

• Section 5(2) Standard Operating Procedures (ANHST reference TW-120).

**Supporting References – Statutory and Secondary Legislation**

• Mental Health Act 1983 (as amended 2007)

• Mental Health Act Code of Practice (DH 2008)

## 34. JOINT VENTURES (CONTRACTUAL AND CORPORATE) AND SUBSIDIARY COMPANIES

**34.1** The Executive Directors shall be authorised to develop commercial opportunities which may (or may not) lead to the establishment of a joint venture, either contractual or corporate or the formation of a subsidiary company. The Executive Directors shall keep the Board apprised of the subject matter via the Chief Executive Officer (or nominated officer).

**34.2** A joint venture, either contractual or corporate or a subsidiary company shall not be entered in to or incorporated unless authorised by the Board.

**34.3** Subsidiary companies and companies where the Trust is a joint shareholder are separate, distinct legal entities for commercial purposes and have distinct taxation, regulatory and liability obligations. As a separate, independent company, subsidiaries are subject to their own governance arrangements, which are the responsibility of the subsidiary's boards. Reference to the subsidiary's documents will need to be made.

**34.4** Whilst subsidiaries operate independently, their SFI's include a schedule of changes where prior approval of the Shareholder is required. This includes alteration of any

constitutional documents of the company. Any changes to the schedule of prior Shareholder approval will require approval of the Trust Board.

**ANNEX A**

# SCHEME OF DELEGATION

## (incorporating Securing the Future Programme Scheme of Delegation and Procurement Governance Framework)

| | |
|---|---|
| Author: | Trust Secretary & the Executive Director of Finance |
| Owner: | Chief Executive Officer |
| Date of Issue: | Version 1: |
| Approved By: | Audit & Risk Committee April 2026 |
| | Board of Directors May 2026 |
| Review date: | April 2027 |

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## 1. FUNDAMENTAL PRINCIPLES

### 1.1 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.

### 1.2 Redelegation of powers

For reasons of practicality, or to cover holidays or other periods of absence, directors and others named in the Scheme may wish to re-assign some or all of their delegated powers. In these circumstances, the following principles apply:

1. No financial or approval powers can be delegated to a subordinate officer in excess of the powers already invested in the delegating officer.
2. Powers may only be delegated to officers within the organisational control of the delegating officer.
3. All powers of delegation must be authorised by the delegating officer and provided in writing to the subordinate officer, and to the Chief Executive Officer (or, in their absence, the Executive Director of Finance) who retains the right to veto inappropriate re-delegations.
4. All short-term powers of delegation, such as holiday cover, must be provided in writing as above prior to the period for which approval is sought.
5. Powers are delegated on the condition that they cannot be further delegated. Where this is not the case the extent of the authority to delegate onwards must be included in the written authorisation described above.

## 2. FINANCE

| Delegated matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| **2.1 Accountability** | | | |
| 1. Accountable through NHS Accounting Officer to Parliament for stewardship of Trust resources. | Chief Executive | | |
| 2. Ensure that expenditure by the Trust complies with Parliamentary requirements. | Officer Chief | | |
| 3. To ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness. | Executive Officer<br><br>Chief Executive Officer or Executive Director of Finance | | |

| Delegated matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| **2.2 Strategy and plans** | | | |
| 1. Approve the strategic aims and objectives of the Trust. | Board of Directors | | |
| 2. Approve WYAAT proposals and business cases in accordance with WYAAT's Decision Gateway process. | Board of Directors | | |
| 3. Approve the Trust's participation in joint ventures – contractual and corporate and formation of subsidiary companies. | Board of Directors | | SFI 34 |
| 4. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State and Regulatory Body. | Board of Directors | | |
| 5. Approve the Trust's policies and procedures for the management of risk. | Board of Directors | | SFI 32 |
| 6. Approve annual budgets. | Board of Directors | | SFI 16 |
| 7. Approve annually the Trust's organisational development proposals. | Board of Directors | | |
| 8. Approve proposals for action on litigation against or on behalf of the Trust. | Board of Directors | Chief Executive | SFI 32.5 |
| 9. Review use of NHS Resolution risk pooling schemes. | Board of Directors | Officer Chief Executive Officer | SFI 32.4 |
| **2.3. Management of budgets - responsibility for keeping expenditure within budgets:** | | | |
| 1. For the totality of services | Chief Executive | Executive Director of Finance | SFI 16 |
| 2. At Directorate level | Director of Operations / Head of Service | Delegated Budget Holders | SFI 16 |
| 3. At individual budget level (pay and non-pay) | Delegated Budget Holder | | SFI 16 |
| **2.4 Virement (planned transfer) of resources within the financial year:** | | | |
| 1. Capital Virement:<br>- Up to £50k<br>- £50k + | Project Officer<br>Capital Investment Group | Executive Director of Finance | SFI 16 |

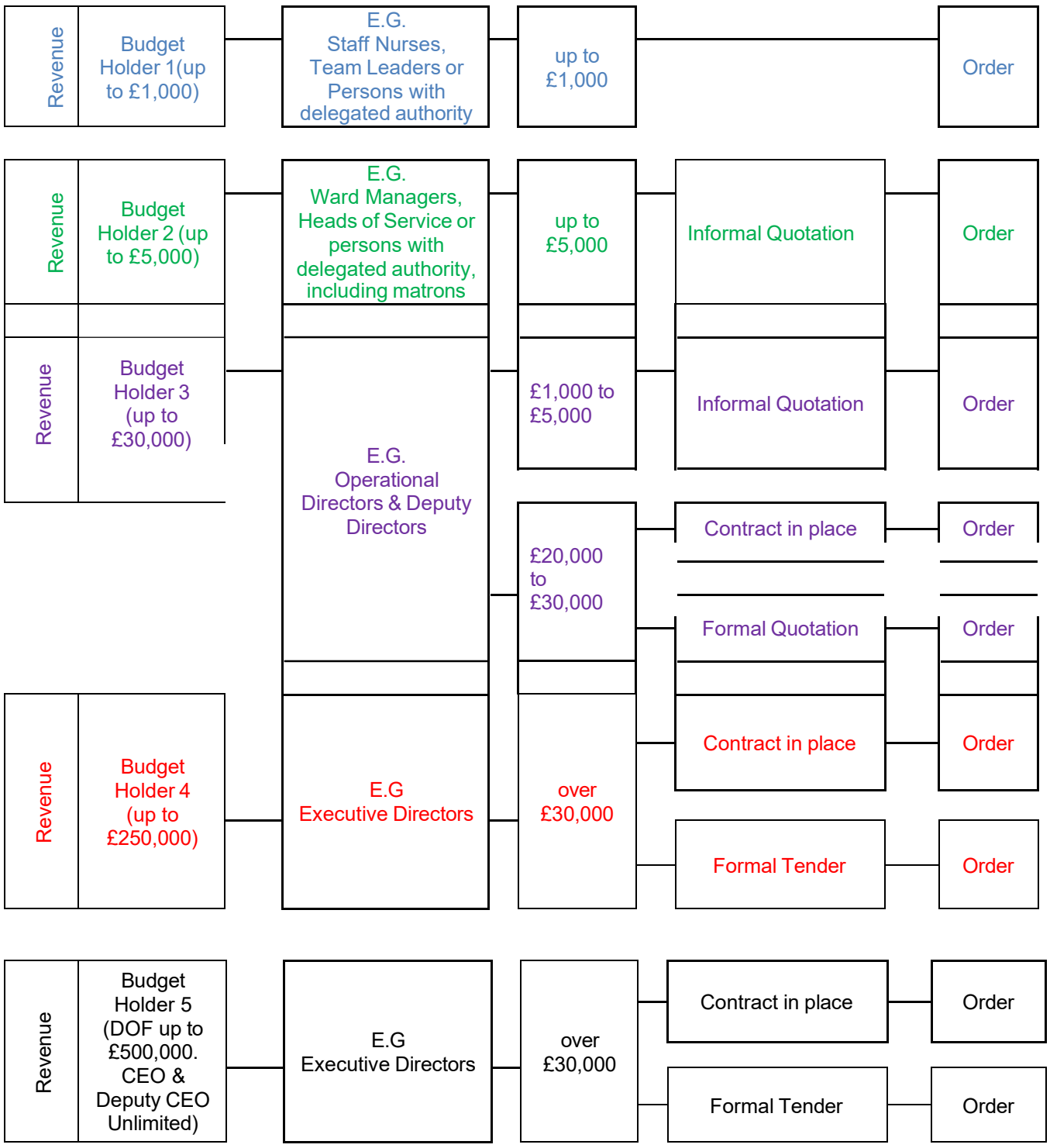
| | | | |
|---|---|---|---|
| 2. Revenue and establishment virement within overall allocated budget:<br><br>– Within a budget report<br><br>– Within Directorate<br><br>– Within Division but between Directorates | <br><br>Delegated Budget Holder<br><br>Chief Operating Officer / Head of Service<br><br>Chief Operating Officer/ Head of Service | Clinical Director | SFI 16 |

| **Delegated matter** | **Responsibility of** | **Can be delegated to** | **Related SFI, SO, Trust Policies** |
|---|---|---|---|
| - Between Divisions | Executive Director of Finance | Chief Operating Officer | |
| – Between pay and non-pay | Executive Director of Finance | | |
| **2.5 Bank accounts and loans** | | | |
| 1. Maintenance and operation of bank accounts | Executive Director of Finance | | SFI 18 |
| 2. Loan/borrowing arrangements | Executive Director of Finance | | SFI 18 |

| **2.6 Non-pay (revenue and capital expenditure)** | | | |
|---|---|---|---|
| 1. All other expenditure for which no specific budget has been established and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above). | Chief Executive Officer | Executive Director of Finance | SFI 16 |
| 2. Purchasing Cards: Authority to issue purchasing cards and setting of limits | Executive Director of Finance | Deputy Director of Finance or Assistant Director of Finance – Financial Accounts | |

**REVENUE AND CAPITAL EXPENDITURE (See Securing the Future Programme Scheme of Delegation for capex levels of authorisation)**

**Delegated levels of authorisation for budgeted expenditure are as follows**.




Capital Expenditure:

Orders and quotations/tenders should follow the same procedure as the revenue expenditure within the delegated capital limits stated in 2.7 below.
Up to £20,000 the Trust must receive an informal quotation before placing an order.
Over £20,000 the Trust must receive a formal quotation, unless there is a Contract in place
Over £30,000 the Trust must receive a formal tender, unless there is a Contract in place

| | | | |
|---|---|---|---|
| Delegated limits relate to capital schemes within the agreed annual programme, annual revenue costs or the combination of capital and revenue cost in the first full year. | | | |
| **2.7 Business cases** | | | |
| **REVENUE (annual or average)** | | | SFI 16 |
| 1. Up to £150k Annual Revenue (AGHS only) | Director to Director | Executive Director of Finance | |
| 2. Up to £300k Annual Revenue | Integrated Performance Review (IPR)<br>Securing The Future Programme Board | Chief Executive Officer/Executive Director of Finance | *All business cases require agreement by the Divisions (via Divisional Integrated Performance Reviews)* |
| 3. £300k-£1m Annual Revenue | Finance, Performance and Digital Committee<br>Securing The Future Committee | | |
| 4. Over £1m Annual Revenue (and all PFI proposals) | Board of Directors | Finance, Performance & Digital Committee | |
| **CAPITAL (annual or average)** | | | |
| 1. Up to 150k (AGHS only) | Director to Director | Executive Director of Finance | |
| 2. Up to £300k | Capital Investment Group<br>Securing The Future Programme Board | Chief Executive Officer/Executive Director of Finance | |
| 3.£300k to £1m | Finance, Performance & Digital Committee<br>Securing The Future Committee | | |
| 4. Over £1m | Board of Directors | Finance, Performance & Digital Committee | |
| **2.8. Asset register** | | | |
| Maintenance of the asset register | Chief Executive Officer | Executive Director of Finance | SFI 24 |
| **2.9 Quotation, tendering and contract procedures** | | | |
| 1. Obtaining a minimum of 3 written quotations (via multiquote if appropriate) for goods, services and maintenance contracts over £20k net to £30k net | Executive Director of Finance | Assistant Director, Commercial Services AGHS | SFI 20 |

| | | | |
|---|---|---|---|
| 2. Obtaining a minimum of 3 written competitive tenders for goods/services over £30K net | Executive Director of Finance | Assistant Director, Commercial Services, AGHS<br>Managing Director, AGHS | SFI 20 |

| | | | |
|---|---|---|---|
| 3. Waiving of quotations and tenders subject to SFIs and SOs (including approval of single tenders) | Chief Executive Officer/Executive Director of Finance | Deputy Director of Finance | SFI 20 |
| 4. Opening of paper tenders and quotations | Executive Director of Finance | Two directors or One director + Trust Sec | SFI 20 |
| 5 Opening of electronic Tenders and Quotations | Executive Director of Finance | Assistant Director, Commercial Services, AGHS | SFI 20 |
| 6. Acceptance of quotations/ permission to consider late quotations up to 30k | Executive Director of Finance | Assistant Director, Commercial Services, AGHS | SFI 20 |
| 7. Acceptance of tenders/ permission to consider late tenders over £30k | Executive Director of Finance | Assistant Director, Commercial Services/Managing g Director, AGHS | SFI 20 |
| **2.10 Expenditure variations on capital schemes** | | | |
| 1. Up to £300K | Capital Investment Group<br>Securing The Future Programme Board | Executive Director of Finance | SFI 20 |
| 2 £300k to £1m | Finance, Performance & Digital Committee<br>Securing The Future Committee | | SFI 20 |
| 3. Over £1m | Board of Directors | | SFI 20 |
| **2.11 Setting of fees and charges** | | | |
| 1. Private Patients, Overseas Visitors. Income Generation and other patient related services. | Executive Director of Finance | | SFI 19 |
| 2. Pricing of NHS Contracts | Executive Director of Finance | | |

| | | | |
|---|---|---|---|
| 3. Approval of healthcare contracts and other agreements resulting in income to the Trust<br>Approval of non-health care contracts and other resulting in income to the Trust | Chief Executive Officer<br>Executive Director of Finance | Executive Director of Finance<br>Deputy Director of Finance | |
| 4. Approval of variations to healthcare contracts:<br>▪ Up to £250K<br>▪ Over £250K | Chief Executive Officer or Executive Director of Finance<br>Board of Directors | | |
| **2.12 Expenditure on charitable and endowment funds** | | | |
| See separate Terms of Reference for Charitable Funds | | | SO /SFI 29 |

| | | | |
|---|---|---|---|
| **2.13 Acceptance of charitable funds and legacies** | | | |
| Up to £1,000<br>Above £1,000 - £7,500<br>Above £7,500 - £50,000<br>Over £50,000 | Fund Holder<br>Trust Secretary / Executive Director of Finance / Chief Executive Officer<br>Charitable Funds Committee<br>Corporate Trustee (Board of Directors) | | SO /SFI 29 (and Charitable Funds Terms of Reference) |
| **2.14 Property transactions** | | | |
| 1. Disposal and acquisition of land and buildings<br>• Up to £50K<br>• Above £50K<br>2. Change of use of land or buildings<br>3. Decisions regarding the management of RAAC | Chief Executive Officer Board of Directors<br>Board of Directors<br>Securing The Future Programme Board | Executive Director (with support from EDG) | SFI 24 |
| **2.15 Condemning and disposal of equipment** | | | |
| Items obsolete, obsolescent, redundant, and irreparable or cannot be repaired cost effectively.<br>Note: For disposals including those for sale the tendering and quotation limits shall apply. | Executive Director of Finance | Assistant Director of Finance, Financial Accounts | SFI 26 |

| 2.16 Losses and compensation, to include income and debt write-off | | | |
|---|---|---|---|
| Note: All losses, compensation and special payments shall be in accordance with FDL (98)2 & details of all such payments shall be presented to the Audit and Risk Committee. | | | SFI 26 |
| 1. Maintain a losses and special payments register | Executive Director of Finance | | SFI 26 |
| 2. Clinical cases settled by NHS Resolution | Associate Director of Patient Safety and Quality | /Legal Services (with Trust's Solicitors & NHS Resolution) | |
| 3. Non-clinical cases<br>▪ up to £15K<br>▪ over £15K | Executive Director of Finance Board of Directors | | |
| 4.Review schedules of losses and compensations and make recommendations to the Board | Audit and Risk Committee | | |

| 2.17 Petty cash disbursements (not applicable to Central Cashiers Office) | | | |
|---|---|---|---|
| 1. Expenditure up to £15 per item | Budget Holder | Assistant Director of Finance – Financial Accounts | SFI 23 |
| 2. Expenditure over £15 per item | Executive Director of Finance | Deputy Director of Finance | SFI 23 |
| 3. Repayment of patients monies up to £250 | Deputy Director of Finance / Assistant Director of Finance – Financial Accounts | | SFI 28 |
| 4. Repayment of patients monies in excess of £250 | Deputy Director of Finance | | SFI 28 |
| **2.18 Maintenance and update of Trust's financial procedures** | | | |
| Maintenance and update of Trust's financial procedures | Executive Director of Finance | Deputy Director of Finance | SFI 14 |
| **2.19 Investment of funds** | | | |
| Investment of funds (revenue)<br><br>Investment of funds (charitable) | Executive Director of Finance<br><br>Board of Directors acting as Corporate Trustee | Deputy Director of Finance/Assistant Director of Finance – Financial Accounts<br><br>Charitable Funds Committee | SFI 18 |

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|---|---|---|---|
| **2.20 Provision of services to other organisations** | | | |
| Legal and financial arrangements for the provision of services to other organisations | Executive Director of Finance | | SFI 18 |
| **2.21 External borrowing** | | | |
| Provide advice on proposed new borrowings, loans and overdrafts | Board of Directors | | SFI 18 |
| **2.22 Parent company guarantees** | | | |
| Issue of parent company guarantees to other organisations | Executive Director of Finance | | SFI 19 |

| **Delegated matter** | **Responsibility of** | **Can be delegated to** | **Related SFI, SO, Trust Policies** |
|---|---|---|---|
| **3.1 Audit** | | | |
| 1. Approve the appointment (and where necessary dismissal) of External Auditors. | Council of Governors | | SFI 14 |
| 2. Approval of external auditors' arrangements for the separate audit of funds held on trust, and the submission of reports to the Audit and Risk Committee meetings who will take appropriate action. | Board of Directors | Charitable Funds Committee | |
| 3. Receive the annual management letter from the external auditor and agree proposed action, taking account of the advice, where appropriate, of the Audit and Risk Committee. | Board of Directors | | |
| 4. Receive an annual report from the Internal Auditor and agree action. | Audit and Risk Committee | | |
| 5. Approve all non-audit work undertaken by external auditors | Audit and Risk Committee | | |
| **3.2 Annual reports and accounts** | | | |
| 1. Receipt and approval of the Trust's Annual Report and Annual Accounts. | Board of Directors | | SFI 17 |
| 2. Receipt and approval of the Annual Report and Accounts for funds held on Trust. | Board of Directors | | |
| 3. Ensure the accounts of the Trust are prepared under principles and in a format directed by NHSE. | Chief Executive Officer and Executive Director of Finance | | |
| 4. Sign the annual accounts on behalf of the Board. | Chief Executive Officer | | |
| **3.3 Implementation of internal and external audit recommendations** | | | |
| Implementation of internal and external audit recommendations | Executive Director of Finance | Deputy Director of Finance | SFI 15 |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| **4.1 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. | Board of Directors | | SO 5 |
| 2. Suspend Standing Orders (all decisions to suspend will be reviewed by the Audit and Risk Committee). | Board of Directors | | SO 3 |
| 3. Vary or amend the Standing Orders. | Board of Directors | | SO 3 |
| 4. Ratify any urgent decisions taken by the Chair in public session. | Board of Directors | | SO 5 |
| 5. Approve a scheme of delegation of powers from the Board to committees. | Board of Directors | | SO 5 |
| 6. Consider the declaration of members' and officers' interests that may conflict with those of the Trust and determine the extent to which that member may remain involved with the matter under consideration. | Board of Directors | | SO 7 |
| 7. Approve arrangements for dealing with complaints. | Board of Directors | | Complaints Management policy |
| 8. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications thereto. | Board of Directors | | |
| 9. Receive reports from committees including those that the Trust is required by the Secretary of State/NHSE or other regulatory organisation to establish and to take appropriate action on. | Board of Directors | | SO 6 |
| 10. Confirm the recommendations of the Trust's committees where the committees do not have executive powers. | Board of Directors | | SO 6 |
| 11. Approve arrangements relating to the discharge of the Trust's responsibilities as a Corporate Trustee for funds held on trust. | Board of Directors | | Terms of Reference Charitable Funds |
| 12. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Board. | Board of Directors | | SO 6 |
| 13. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property. | Board of Directors | | SFI 28 |
| 14. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention. | Board of Directors | | SO 5 |
| 15. Discipline members of the Board or employees who are in breach of statutory requirements or SOs. | Board of Directors | | SO 5 |
| 16. Final authority in interpretation of Standing Orders | Chair | | SO 5 |

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|---|---|---|---|
| **4.2 Integrated Governance** | | | |
| 1. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives<br><br>2. NHSE compliance with Standing Orders and Standing Financial Instructions | Board of Directors<br><br>Audit and Risk Committee | Audit and Risk Committee | |
| **4.3 Retention of records** | | | |
| Retention of records | Chief Executive Officer | Information Governance Manager | SO31 / Health Records Policy |
| **4.4 The keeping of a Declaration of Board Members and Officers' Interests and Sponsorship Register** | | | |
| The keeping of a Declaration of Interests and Commercial Sponsorship Register | Chief Executive Officer | Trust Secretary | SO 7 |
| **4.5 Hospitality** | | | |
| 1. Approve procedures for declaration of hospitality and sponsorship<br>2. Maintenance of gifts and hospitality register<br>3. Approval of receipt of both individual and collective hospitality. | Board of Directors<br><br>Chief Executive Officer<br><br>Executive Director or Chief Operating Officer | Audit and Risk Committee<br><br>Trust Secretary | SO 7<br><br>Conflicts of Interest Policy |

| **Delegated Matter** | **Responsibility of** | **Can be delegated to** | **Related SFI, SO, Trust Policies** |
|---|---|---|---|
| **4.6 Signing of legal documents** | | | |
| The signing of documents necessary in legal proceedings | Chief Executive | Executive Director/<br><br>Trust Secretary | SO 12 |
| **4.7 Attestation of sealing's in accordance with Standing Orders** | | | |
| Attestation of sealing's in accordance with Standing Orders | Two Directors or Director and Trust Secretary | | SO 11 |
| **4.8 The keeping of a Register of Sealings** | | | |
| The keeping of a Register of Sealings | Chief Executive Officer | Trust Secretary | SO 11 |
| **4.9 Authorisation of sponsorship deals** | | | |
| Authorisation of sponsorship deals | Chief Executive Officer | Executive Director of Finance | SO 7<br>Conflicts of Interest Policy |

| 4.10 Research and development | | | |
|---|---|---|---|
| Prior approval of schemes required from R&D committee.<br><br>Approval of research and development contracts (including variations or extensions):<br>▪ Up to £30K<br>▪ £30K to £250K<br>▪ £250K and over | Chief Medical Officer / Executive Director of Finance/ Chief Executive Officer<br><br>EDG<br><br>Board of Directors | Head of Research and Development | |
| **4.11 Review of Trust's compliance with the Information Governance Standards** | | | |
| Review of Trust's compliance with the Information Governance Standards | SIRO | Head of IT and Information Governance | Information Governance Policy and Strategy |
| **4.12 Freedom of Information Act** | | | |
| Release of information in line with the Freedom of Information Act | Chief Digital and Information Officer | Head of Communications | Freedom of Information Policy |

As a general principle, no Executive Director 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; and

(b) Within the limit of his approved budget and funded establishment.

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| **5.1 Policy determination** | | | |
| 1. Approve management policies including personnel policies incorporating arrangements for the appointment, removal and remuneration of staff. | Board of Directors | Chief Executive Officer and Executive Director of People & OD | SFI 22 |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| | | | |
| **5.2 Senior appointments and dismissals** | | | |
| 1. Appoint the Deputy Chair of the Board. | Council of Governors | | SO 2 |
| 2. Appoint, re-appoint and remove the Chair and Non-Executive Directors | Council of Governors | | SO 2 |
| 3. Ratify appointment of Chief Executive | Council of Governors | | Constitution |
| 4. Appoint the Senior Independent Director | Board of Directors | | SO 2 |
| 5. Appoint and dismiss committees (and individual members) that are directly accountable to the Board. | Board of Directors | | SO 6 |
| 6. Appoint, appraise, discipline and dismiss Executive Directors and Associate Directors (subject to Standing Orders). | Board of Directors | NRC | |
| 7. Confirm appointment of members of any committee of the Trust as representatives on outside bodies. | Board of Directors | EDG | |
| 8. Appoint, appraise discipline and dismiss the Trust Secretary (if the appointment of a Secretary is required under Standing Orders). | Board of Directors | | SO 2 |
| 9. Approve proposals regarding directors and senior employees and those of the Chief Executive for staff not covered by the Committee. | NRC | | SFI 22 |
| 10. AGH Solutions Ltd – appoint, remove and approve T&Cs for Board Directors and Company Secretary | Board of Directors | NRC | AGHS Articles of Association and AGHS SO's |
| **5.3 Personnel and pay** | | | |
| 1. Authorisation of timesheets (including agency timesheets) | Chief Operating Officer/ Head of Service | Delegated Budget Holder | SFI 22 |
| 2. <u>Establishment posts</u><br>Authority to fill funded post on the establishment with permanent staff | Chief Executive Officer | Vacancy Control Panel /Executive Director | SFI 22 |
| 3. <u>Non-establishment posts</u><br>Authority to appoint staff to post not on the formal establishment | Chief Executive Officer | Executive Director of People & OD | SFI 22 |
| 4. <u>Additional increments</u><br>Granting of additional increments to staff:<br>▪ within budget<br>• in excess of budget<br>▪ for Chief Executive Officer and Director posts | Chief Executive Officer and Executive Director of People & OD<br>Chief Executive Officer and Executive Director of People & OD<br>Board | Executive Director of Finance and Executive Director of People & OD<br>Executive Director of Finance & Executive Director of People & OD | SFI 22<br>Agenda for Change Regulations |

| | | | |
|---|---|---|---|
| | | NRC | |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| 6. Pay | | | |
| i. Authority to authorise overtime. | Chief Operating Officer/ Head of Service | Delegated Budget Holder | SFI 22 |
| ii. Authority to authorise travel and subsistence expenses. | Chief Operating Officer / Head of Service | Delegated Budget Holder | |
| iii. Authority to pay clinical excellence awards to Consultants. | Chief Executive Officer | Chief Medical Officer | |
| iv. Authority to pay discretionary points to staff grade and associate specialist doctors. | Chief Medical Officer | | |
| v. Review of remuneration and terms of service of executive directors and associate directors and senior employees ensuring 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 | NRC | | |

| | | | |
|---|---|---|---|
| 7. Leave<br>1. Approval of annual leave<br>Annual leave – approval of carry forward.<br>▪ Up to a maximum of 5 days (in exceptional circumstances):<br>▪ Over 5 days:<br>(i) Medical Staff<br>(ii) Other Staff<br>4. Approval of compassionate leave<br>(i) Up to 5 days<br>(ii) Up to 10 days<br>4. Special leave:<br>5. Maternity/Paternity leave | Chief Operating Officer/Head of Service<br>Chief Medical Officer<br>Chief Operating Officer/Head of Service<br>Director/Chief Operating Officer/Head of Service<br>As above<br>Director/Chief Operating Officer/Head of Service<br>Director/Chief Operating Officer/ Head of Service | Line Manager<br>Clinical Director<br>Line Manager<br>Line Manager | Annual Leave Policy<br>Special Leave Policy<br>Special Leave Policy<br>Parents Support Guidance |

| **Delegated Matter** | **Responsibility of** | **Can be delegated to** | **Related SFI, SO, Trust Policies** |
|---|---|---|---|
| 6. Leave without pay. | Chief Operating Officer/ Head of Service | Medical Director | Special Leave Policy |
| 7. Medical staff leave of absence – paid and unpaid. | Chief Executive Officer | | Special Leave Policy |
| 8. Time off in lieu | Director/Chief Operating Officer/ Head of Service | | Special Leave Policy |
| 9. Flexible working arrangements | Director/Chief Operating Officer/Head of Service | | Flexible Working Policy |
| 10. Approval of sabbaticals | Chief Executive Officer | | Special Leave Policy |

| | | | |
|---|---|---|---|
| 8. Sick leave | | | |
| 1. Extension of sick leave on half pay up to three months. | Director/ Executive Director of People & OD | Director of Operations/Head of Service | Sickness Absence Management policy |
| 2. Return to work part time on full pay to assist recovery. | Director/Executive Director of People & OD | As above | As above |
| 3. Extension of sick leave on full pay | Director/ Executive Director of People & OD | As above | As above |
| 9. Study leave | | | |
| 1. Study leave outside the UK – medical. | Chief Medical Officer | Clinical Director | Established medical staff study and professional leave policy. |
| 2. Study leave outside the UK – other. | Chief Executive Officer (or Chair in the case of the Chief Executive Officer) | Delegated Budget Holder | As above |
| 3. Medical staff study leave (UK) | Chief Medical Officer | Clinical Director | As above |
| 4. All other study leave (UK) | Chief Operating Officer | Delegated Budget Holder | As above |
| 10. Removal expenses<br>Rent and House Purchases: Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview) | Audit and Risk Committee | Executive Director of People & OD | Relocation Policy |
| 11. Grievance procedure<br>Note: All grievance cases must be dealt with strictly in accordance with the Grievance | Executive Director of People & OD | | Grievance Policy |

| **Delegated Matter** | **Responsibility of** | **Can be delegated to** | **Related SFI, SO, Trust Policies** |
|---|---|---|---|
| Policy and the advice of a Human Resources Officer should be sought. | | | |
| 12. Authorised car and mobile phone users<br>Requests for new posts to be authorised as car users or mobile phone users | Director/Chief Operating Officer/Head of Service | | Lease Car and Mobile Phone Procedures |
| 13. Renewal of fixed term contracts | Vacancy Control Panel | | Deployment Policy |

| | | | |
|---|---|---|---|
| 14. Ill health retirement<br><br>Authorisation of retirement on the grounds of ill health. | Via the Executive Director of People & OD (the decision can only be made by the NHS Pensions Agency) | | Outlined in the absence policy |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| 15. Redundancy<br>Authorisation of staff redundancy for staff covered within its terms of reference.<br>Authorisation of staff redundancy covered by Agenda for Change | NRC<br>Executive Director of People & OD and Executive Director of Finance | Executive Director of People & OD | Organisational Change Policy<br>As above |
| 16. Dismissal<br>Authorisation of staff dismissal<br>Note: All dismissal cases must be dealt with strictly in accordance with the Disciplinary Policy and the advice of a Human Resources Officer should be sought. | Chief Executive Officer | See Disciplinary Policy for cascade of delegated officers with authority to dismiss | Disciplinary Procedures Policy |
| 17. Severance Payments and Ex-Gratia/Non-Severance Payments<br>Directors and Senior Managers on locally determined pay arrangements<br>Severance Payments outside the remit of NRC<br>Ex-Gratia Payments (non-severance) | NRC (following approval by NHS England and HM Treasury<br>Executive Director of People and OD* (following approval from NHS England/ HM Treasury<br>NRC<br>*Subject to delegated authority limits | | |
| 18. Employment Tribunals<br>Settlement Agreements<br>Settlement Agreements in excess of contractual entitlement<br>Special payments requiring business case | Executive Director of People and OD<br>Executive Director of People and OD* (additional approval from NHSE/HM Treasury_<br>HM Treasury (and Trust Board if against legal advice) | | |
| **5.4 Engagement of staff not on the establishment** | | | |
| 1. Non-Medical Consultancy Staff | Chief Executive Officer | | SFI 22 |
| 2. Engagement of Trust's Solicitors<br>(Based on Trust's list of approved Solicitors) | Board Director, Trust Secretary/ Executive Director of People & OD | | |
| 3. Booking of Bank or Agency Staff<br>• Medical Locums | Chief Executive Officer | Chief Operating Officer Or HR Dept | |

| | | | |
|---|---|---|---|
| • Nursing<br>• Clerical | | or<br>Temporary Staffing Team | |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| **5.5 Facilities for staff not employed by the Trust to gain practical experience** | | | |
| Professional recognition, honorary contracts and insurance of medical staff, work experience students | Executive Director of People & OD or Chief Medical Officer | | HR Policies |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| **6.1 Security policy** | | | |
| 1. Corporate responsibility for implementation of the Security Policy | Board of Directors | | Security, Violence & Aggression Policy |
| 2. Overall statutory responsibility for security management within the Trust | Chief Executive Officer | Managing Director, AGH Solutions Ltd | Security, Violence & Aggression Policy |
| **6.2 Reporting of incidents to the police** | | | |
| 1. Where an offence is suspected | | | |
| • Criminal offence of a violent or clinical nature | Chief Executive Officer or Chief Operating Officer | Managing Director, AGH Solutions Ltd | SO 15<br>Bribery, Corruption and Anti-Fraud Policy |
| • Where a fraud or theft is involved | Executive Director of Finance or<br>Chief Executive Officer | Managing Director AGH Solutions Ltd (theft)/Local Counter-Fraud Specialist (fraud) | |
| 2. Other | Chief Operating Officer | Managing Director, AGH Solutions Ltd | |
| **6.3 Insurance, legal proceedings (claims and litigation) and risk management** | | | |
| Risk Management | Chief Executive Officer | | SFI 32 |
| Legal proceedings (claims and litigation) | Chief Executive Officer | | Claims Management Policy |
| Insurance | Trust Board | Executive Director of Finance | SFI 32 |
| **6.4 Review of all statutory compliance legislation and Health and Safety requirements including Control of Substances Hazardous to Health Regulations** | | | |
| Review of all statutory compliance legislation and Health and Safety requirements including Control of Substances Hazardous to Health Regulations | Chief Executive Officer | Health Safety & Emergency Planning Manager or Health & Safety Lead | Health and Safety Policy |
| **6.5 ID and security badges** | | | |

| | | | |
|---|---|---|---|
| Authority for the issue of ID and security badges and car park passes | Delegated Budget Holder | List maintained by Facilities Management | Security, Violence & Aggression Policy |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| Authority for the issue of authorised visitor car park passes | Executive Director of Finance (contractors)/<br>Trust Secretary (for Governors and FT members) | Managing Director, AGH Solutions Ltd (contractors) | Security, Violence & Aggression Policy<br>ID Badge policy |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| **7.1 Authorisation of new drugs** | | | |
| All new drugs should be approved from a clinical effectiveness point of view by the D&TC. Resourcing of approved drugs should then be subject to the business case approval process | | | |
| 1. Estimated total yearly cost per individual drug up to £25,000 | Chief Medical Officer | Clinical Director | Medicines Management Policy |
| 2. Estimated total yearly cost per individual drug above £25,000 | D&TC approval, subject to business case procedure | | Medicines Management Policy |
| **7.2 Purchasing drugs** | | | |
| Authority to purchase/contract:<br>▪ Up to £5K<br>▪ £5K to £50K<br>▪ £50K to £250K (unless on contract)<br>▪ Over £250K | <br><br>Senior Pharmacy Technician<br>Lead Pharmacist<br>Chief Pharmacist<br>Board of Directors | | SFI 20 |
| **7.3 Patients and relatives' complaints** | | | |
| 1. Overall responsibility for ensuring that all complaints are dealt with effectively | Chief Executive Officer | Complaints Manager | Complaints Management Policy |
| 2. Responsibility for ensuring complaints relating to a Directorate are investigated thoroughly | Nominated Directorate Investigating Manager | | Complaints Management Policy |
| **7.4 Infectious diseases and notifiable outbreaks** | | | |
| Infectious diseases and notifiable outbreaks | Chief Nurse | Consultant Microbiologist | Infection Prevention and Control Policy |
| **7.5 Patient group directives/prescribing** | | | |

| | | | |
|---|---|---|---|
| Approval of nurses and others to administer and prescribe medication beyond the normal scope of practice | Chief Nurse or Chief Medical Officer or Chief Pharmacist | | Nurse, Midwives, HV Act, Midwives Rules/Codes of Practice,<br>NMC Code of Professional Conduct/CSP Rules of Professional Conduct |

| Delegated Matter | Responsibility of | Can be delegated to | Related SFI, SO, Trust Policies |
|---|---|---|---|
| **7.6 Review of Medicines Inspectorate Regulations** | | | |
| Review of Medicines Inspectorate Regulations | Chief Medical Officer | Drugs & Therapeutic Committee | |
| **7.7 Clinical audit** | | | |
| Clinical Audit | Chief Medical Officer | Chief Nurse | |
| **7.8 Waiting list initiatives** | | | |
| Authority to undertake and approval to pay waiting list initiatives | Executive Director of Finance or Chief Operating Officer | | |
| **7.9 Mental Health Act 1983** | | | |
| Review the Trust's operation of the Act and governance arrangements (see appendix 1) | Chief Medical Officer | Chief Operating Officer | SFI 33 |

| SCHEME OF DELEGATION IMPLIED BY STANDING ORDERS | | |
|---|---|---|
| **SO REF** | **DELEGATED TO** | **DUTIES DELEGATED** |
| 3 | Chair | Final authority in interpretation of SO's. |
| 3.3 | Chair | Calling meetings. |
| 3.6 | Chair | Chair all board meetings and associated responsibilities. |
| 7 | Chief Executive Officer | Register(s) of interests. |
| 10.2 | Chief Executive Officer | Nominate an officer to oversee and manage contracts on behalf of the Trust. |
| 11.1 | Trust Secretary | Keep seal in safe place and maintain a register of sealing. |
| 11.2 | Chair & Chief Executive Officer | Attestation of sealing of documents. |
| 12 | Chief Executive Officer | Approve and sign all documents which will be necessary in legal proceedings. |
| 12 | Chief Executive Officer or nominated officer | Sign on behalf of the Trust any agreement or document not requested to be executed as a deed. |
| 13.1 | Chief Executive Officer | Existing Directors and employees and all new appointees are notified of and understand their responsibilities within Standing Orders and SFI's. |

## APPENDIX 1: Mental Health Act 1983 (and where relevant as amended by the 2007 Act): Scheme of Delegation by the Hospital Managers

### Director with responsibility: Chief Medical Officer Operational lead: Chief Operating Officer

**FUNCTIONS WHICH CANNOT BE DELEGATED TO OFFICERS OF THE TRUST**

| Function | Legislative Reference | Code of Practice Reference | Authorised Person / Committee |
|---|---|---|---|
| Review the Trust's operation of the Act, governance arrangements & varying this scheme of delegation | | Chapter 37 | Quality & Safety Committee & Board of Directors |

**FUNCTIONS DELEGATED TO OFFICERS OF THE TRUST**

| Function | Legislative Reference | Code of Practice Reference | Authorised Person / Committee |
|---|---|---|---|
| Recording admission for section 5(2) – Form H1 | MHA sections 5(2) Regulation 4(1)(g) | Chapter 18: holding powers | H1 Part 1: Medical Practitioner in Charge of Patient or nominated deputy H1 Part 2: the designated authorised hospital manger which is the Bed Manager in hours and out of hours the Acute Care Team Sister. |
| Formal Receipt and Scrutiny of statutory forms | MHA sections 5(2) | Chapter 18: holding powers | Chief Nurse |
| Provision of information on section 5(2) to patients and their nearest relative | MHA sections 5(2) | Chapter 2 | Bed Manager in hours and out of hours the Acute Care Team Sister will provide relative letter 5(2) and the rights leaflet S5 (2). |
| Patient discharged from section 5(2) detention before the expiry of the 72 hours holding period (with clarity over start and finish times of the detention period) | MHA sections 5(2) | Chapter 18: 18.19, 18.20 & 18.35 | Medical Practitioner in Charge of Patient or nominated deputy or Approved Mental Health Practitioner (AMHP). |

## APPENDIX 2 – MHA/MCA Training provision

| Programme | Frequency | Course Length | Delivery Method | Trainer(s) | Recording Attendance | Strategic & Operational Responsibility |
|---|---|---|---|---|---|---|
| Mandatory MCA/MHA Training for clinical staff | Every 2 years | 1 hour | Currently delivered face to face | Safeguarding team | Training team | Chief Nurse |

Medical Staff also receive specific training in the use of the MHA at induction sessions, foundation year programme training and department specific sessions, including Emergency Department training.

Copies of Standard Operating Procedure TW-120 are col-located with the MHA section 5(2) forms for ease of access.